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City of Alexandria, Virginia

MEMORANDUM

DATE: JULY 29, 2025

TO: JAMES PARAJON, CITY MANAGER

FROM: ROBERT SNYDER, CHIEF INTERNAL AUDITOR

SUBJECT: DCHS DARS COMPLIANCE REVIEW (FS26-01)

Background

From April 23rd-24th, 2024 The Virginia Department for Aging and Rehabilitative Services (DARS) conducted an on-site Governance and Financial Compliance Review for the City of Alexandria's Department of Community and Human Services (DCHS). Specifically, the review was conducted for DCHS's Division of Aging and Adult Services (DAAS). The audit period was from October 30, 2020, through December 31, 2023. This audit was broken down into four (4) sections. Section A of the review was designed to ensure that the program met governance and financial compliance requirements. Section B focused on the congregate and home delivered nutrition programs. Section C was centered around the monitoring of policies and procedures for the transportation program. Section D focused on the review and monitoring of policies and procedures for in-home services and care coordination for Elderly Virginians Program. **The total funding for this program is \$244,688.**

Discussion

The DARS team issued their Compliance Review Report on October 29, 2024. The report had nine (9) findings and 20 observations. Findings are defined by DARS as: a process or procedure that is not in compliance with any applicable governing regulation established by the grantor agency. All findings require a corrective action plan for them to be closed. Observations can be positive, negative, or neutral. Negative observations either do not break any compliance regulations or it is a new requirement that DARS has discretion regarding the implementation timeline. While recommendations are provided for negative observations agencies are not required to provide DARS with a formal response.

The Division of Aging had the following findings:

Finding 1 – Division of Aging could not provide the requested documents in a timely fashion. In other words, DARS was not able to test all of the areas because Division of Aging didn't provide all the documents. (Governance and Financial Compliance section)

Finding 2 – Ten (10) employees of Division of Aging did not have the correct background check completed for them. (Governance and Financial Compliance section)

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Finding 3 – Division of Aging could not produce a written Personnel policy during the time of the monitoring review. (Governance and Financial Compliance section)

Finding 4 – The subcontractors senior center staff lacked adequate documentation of required annual training hours (Congregate and Home Delivered Nutrition Programs)

Finding 5 – The posted menu at the Charles Houston Senior Center did not list all meal components for the day tested. (Congregate and Home Delivered Nutrition Programs).

Finding 6 – On the day tested the Charles Houston Center did not serve lunch to the participants. (Congregate and Home Delivered Nutrition Programs).

Finding 7 – The Income Reporting Sheet for intake of clients at the St. Martin's Senior Center had the old HHS Poverty Guidelines (2018). Repeat finding. (Congregate and Home Delivered Nutrition Programs).

Finding 8 – The Service Confirmation letter has “confusing” information which was a prior observation but was not corrected. (Congregate and Home Delivered Nutrition Programs).

Finding 9 – The Ill or Injured Participants Policy did not include a procedure for contacting the participants emergency contact. Repeat finding. (Congregate and Home Delivered Nutrition Programs)

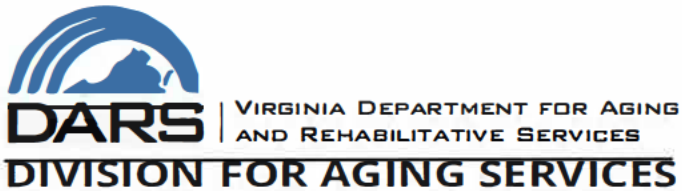
Division of Aging also had 20 observations. Two (2) of them were neutral and the other 18 were negative. The observations were broken down in the following way

- 3 observations dealt with governance and financial compliance
- 3 observations dealt with the Congregate Meal Program
- 2 observations dealt with policies and procedures
- 5 observations dealt with the menu
- 2 observations were disease prevention and health promotion
- 4 observations were about the transportation program (2 neutral, 2 negative)

DARS informed Division of Aging that they had 60 days from the receipt of the report to provide their CAP. On December 31, 2024 the Division of Aging provided the CAP. On May 30th, 2025, DARS contacted the Division of Aging and informed them that they approved the corrective actions and the monitoring review was complete.

Conclusion:

Based on the DARS letter dated May 30, 2025, OIA considers this engagement closed. Should you have any questions, please contact our office at OIA@alexandriava.gov.



05/30/2025

CLOSING LETTER

[REDACTED]
6101 Stevenson Ave
Suite 200
Alexandria, VA 22304

Dear Chris Moore,

This correspondence is in regard to a compliance review that was completed by the Department for Aging and Rehabilitative Services, Division for Aging Services.

The Governance, Financial, and Program Compliance Review of the Division of Aging and Adult Services Department of Community and Human Services began on April 23, 2024, for the period beginning October 30, 2020, through December 31, 2023. The review was based on the inspection of applicable records and documents and the inquiry of personnel.

During our review, we identified findings that required a corrective action plan. We thank you and the agency staff for the timely response to the review and for making the necessary corrections. Having satisfied the requirements of the Corrective Action Plan, DARS considers this review session to be closed. If there are any questions concerning this review, please contact [REDACTED]

Sincerely,



[REDACTED]
Deputy Commissioner, Division for Aging Services
Department for Aging and Rehabilitative Services
1610 Forest Ave, Suite 100 Henrico, VA 23229

CC: Kate Garvey
[REDACTED]

Alexandria Division of Aging and Adult Services

Alexandria, Virginia

Report on Governance/Financial and Program Compliance Review

For the period ended December 31, 2023

Onsite review conducted April 23-24, 2024



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Background

The Division of Aging Services (DAAS) offers a range of services to meet the needs of Alexandria's elderly, with special emphasis on the needs of those most at risk of institutionalization, minorities, low-income elderly and persons with disabilities. The services are part of the community-based long-term care system for Alexandria's older residents. The DAAS plans and operates programs, and has contracts for legal services, in-home services, meals preparation and a regional long-term care ombudsman program. The long-term care ombudsman program resolves complaints from individuals concerning care from nursing homes, homes for adults and in-home providers.

The DAAS provides staff-support to the city's Commission on Aging whose citizen members are appointed by the City Council to represent the residents of the community.

The following services are offered by the DAAS: transportation; senior centers with daily lunches; health insurance counseling; subsidized in-home care; meals on wheels; adult protective services; assistance for persons with disabilities; adult day program for at-risk seniors; and income tax preparation assistance.

Report Definitions

The following is a listing of terms used in this report.

Finding: A process or procedure that is not compliant with the requirements found in the Older Americans Act, State Law, Federal or State Regulations, Department of Aging and Rehabilitative Services (DARS) Service Standards, Generally Accepted Accounting Principles, and internal agency policies. This includes compliance requirements with federal, state, or local funding of other programs not funded through DARS. All findings require a Corrective Action Plan.

Corrective Action Plan (CAP): The agency is required to submit a CAP for every finding within 60 days of receiving the monitoring report, however, if the issue involves a matter of safety or time is of the essence, a shorter response time may be given. Often the finding states the required corrective action. The agency must follow the required action or propose an alternative action with the CAP to bring the finding into full compliance. The corrective action plan must be fully implemented with all corrections addressed within 8 months of receiving the monitoring report. DARS will review the proposed Corrective Action Plan.

Observation: Observations may be positive, neutral, or negative. Negative observations involve one of the following: 1) a process or procedure (or lack thereof) not specified in any authoritative pronouncement or not a direct violation; or 2) a new requirement where DARS has discretion in the timeframe of its implementation. If a negative observation is not corrected by the following monitoring review, the observation will generally become a finding. Neutral observations describe a process or situation that was examined during the course of the review.

Recommendation: Recommendations are provided for negative observations. Suggested actions that may improve a management practice or unregulated activity, service program, and/or improve agency operations. Agencies are not required to provide DARS with a formal response to the recommendation, but the agency must seriously consider the recommendation or identify an alternative action to correct a negative observation.

Best Practice: A project or practice worthy of recognition and sharing with other agencies for replication.

Section A: Governance and Financial Compliance

The on-site Governance and Financial Compliance Review began on April 23, 2024, with an entrance conference meeting. The audit period was from January 1, 2022, to December 31, 2023. Records were not uploaded to the secure server as requested prior to the review and very few records were made available during the two days of the monitoring visit.

The component areas include the following:

- Applicable financial and personnel policies and procedures
- Independent audit report completion and timely submission
- Other regulatory audit/monitoring reports
- Whistleblower policy
- Council on Aging minutes, membership, and bylaw requirements
- Budget maintenance, reporting and review process
- Financial reporting/Grant Reports – budget, revenue, and expenditures
- AMR procedures
- Client demographic and service data in PeerPlace system
- Senior management and staff personnel files
- Travel expense policies and procedures/invoice review
- Property and equipment policies and procedures
- Equipment purchase approval process
- Nutrition program expenditures

Finding 1: Due to lack of available documents, most of the above areas were not tested during our visit. The on-site review included the examination of some personnel records, inspection of transportation documents, program elements, and the inquiry of personnel.

Reference: Section 3.21 of the DARS Area Plan states that the “State Agency reserves the right to monitor all administrative, programmatic, and financial activities related to this Contract to ensure compliance with the terms of this Contract.”

The same section also states “The Area Agency shall cooperate and assist in any State Agency efforts to evaluate the performance including the effectiveness and cost of activities under this Contract. The Area Agency shall respond to the State Agency’s request for additional information to evaluate performance or to address any PFCR findings.”

The scope of our review included tests of reports and related records, review of relevant documents and limited interviews with staff. These procedures were performed in accordance with generally accepted Government Auditing Standards. Our review was more limited than would be necessary to provide an opinion on all areas, or to uncover all errors, irregularities or noncompliance that may nevertheless occur and not be detected.

Required Corrective Action: AAAs must comply with all documentation requests per contract and regulations. Uploads must be completed in a timely fashion according to contract.

Personnel Policies/Personnel File Review:

Finding 2: The agency is using a DSS background check, not the required Virginia State Police background check. Ten employees were missing this required CCRE background check.

Reference: Area Plan and contract, Section 3.12 “All employees employed after May 1, 2015, must have a criminal background check. The minimum background check shall include the Central Criminal Records Exchange (CCRE) through the Virginia State Police.”

Five personnel files were reviewed to ensure the following documentation was maintained on each employee: job application, position description, offer letter of employment, education training credentials, annual performance evaluation, and changes in compensation that were supported with a payroll/change status form. Evidence of the required criminal background check by CCRE through the Virginia State Police was requested for all employees hired after 2015.

Required Corrective Action: Alexandria Division of Aging and Adult Services must request Virginia State Police CCRE criminal background checks on all employees hired after 5/1/2015. The results of the background check must be disclosed and retained in the employee’s personnel file.

Observation 1: The required whistleblower policy was not posted as required.

The whistleblower policy in the employer required notice area was not posted at the time the Monitoring Team arrived.

Reference: Section 3.33 of the DARS Area Plan contract: “The Area Agency shall develop and implement a Whistleblower Policy, sometimes referred to as a Fraud, Waste and Abuse Policy. In accordance with IRS guidance, the policy shall protect from retaliation individuals who report credible information on illegal practices or violations. The policy shall be approved by the governing board or governing body no less than every five (5) years and identify to whom such information shall be reported and how employees are made aware of the policy. The Whistleblower Policy shall be posted in a location frequented by employees in close proximity to employer required notices.”

Recommendation: The whistleblower policy should be reviewed to ensure compliance with the contract, including the approval requirements. The posted notice should be updated as needed and remain in view with other required employer notices. This is being classified as an observation because it was corrected while the Monitoring Team was onsite.

Finding 3: The Alexandria Division for Aging and Adult Services did not upload to the secure server and could not produce a written policy or procedure manual for personnel policy or procedures.

Reference: DARS Area Plan Contract 3.19: "The Area Agency shall have written policies and procedures approved by the governing board or governing body no less than every five (5) years for personnel administration."

Some City personnel policies were later uploaded to the secure server; however, these were available at the time of the visit.

Required Corrective Action: A comprehensive manual be assembled that contains all the policies with the policy difference requirements clearly spelled out for those working with older adults. The contract requirements that may differ from City policy should be clearly noted. The prior monitoring report (for the period ended August 31, 2020) also contained a recommendation to ensure personnel files are complete, as some files were missing required documentation.

Observation 2: Out of town travel and mileage reimbursements were requested for the Division Chief and Long-Term Care Coordinator. Documentation provided included reservations. The documents provided to verify travel expenses were unclear; it appears that one document is used to estimate expenses for approval, and then the same document is used to claim expenses. The estimate amounts are crossed out and the actual amounts overwritten in the same space. The credit card statements were provided, presumably as evidence, to document the actual amount charged for lodging. Receipts for air travel and hotels were not provided.

Recommendation: Good internal controls and acceptable accounting practices require complete and clear documentation. Payment for transportation should be documented with receipts, rather than cost estimates from reservations. Preapproval documents should not be overwritten. Actual expenses require paid receipts.

Observation 3: A comprehensive Financial Policy Manual available to guide the decision-making process of the staff at DAAS was not provided and no manual for the City of Alexandria could be provided to staff upon request. It is unknown if the city policies align with the requirements of the contract.

Reference: Section 3.13 of the Area Plan and Contract requires that the Area Agency develop and maintain a complete Financial Policy Manual. "The Area Agency shall abide by all principles and standards for financial management and accounting found in Virginia Administrative Code 22VAC30-60, Administration of Grants and Contracts.

The Area Agency shall develop and maintain a complete, accurate, and up-to-date set of written financial policies in the form of an officially adopted manual, as referenced in Virginia

Administrative Code 22VAC30-60-190. This manual shall cover the area agency's own financial policies and fiscal policies applicable to its subcontractors.

At a minimum, the manual shall provide for a description of each of the following accounting applications and the internal controls in place to safeguard the agency's assets: billings, receivables, cash receipts, purchasing, accounts payable, cash disbursements, payroll, inventory control, property and equipment, and general ledger. Each of the agency's fiscal activities for revenue/receipts, disbursements and financial reporting shall also be described.”

No Fiscal Policies and Procedures Manual was uploaded to the secure server, no manual was available during our time on site. To date, two individual policies have been provided via email, Charge Cards and Prompt Payment. Some additional policies have been uploaded to the secure server after our visit and have not been reviewed nor included in this report.

Recommendation: It is recommended that a comprehensive manual be assembled that contains all the relevant financial policies. The contract requirements that may differ from city policy should be clearly noted.

Due to the inadequate response, DARS Division for Aging Services considers the financial and governance monitoring of the Alexandria Division of Aging and Adult Services to be incomplete. We will be revisiting the Agency again in calendar year 2025 to complete a thorough review of the finance and governance area. We are attaching a copy of the Monitoring Instrument to assist the staff in preparing for the requirements of this follow-up visit. We will notify you in advance of our planned dates to review this area of your operations.

You may consider the following Sections of this report to be Final Determinations.

Section B: Congregate and Home Delivered Nutrition Programs

Nutrition & Wellness at the Division of Aging and Adult Services (DAAS)

Summary: Alexandria Office of Aging and Adult Services' nutrition and wellness services were reviewed on location from April 23-25, 2024, in addition to a desk review being conducted during that time. These services included the following: the Congregate Meal (CM) program, the Home Delivered Meal (HDM) program, Nutrition Counseling, Nutrition Education, Disease Prevention/Health Promotion (DP/HP) and the Senior Farmers' Market Nutrition Program (SFMNP). On April 23, 2024, the Charles Houston Senior Center was observed. On April 24, 2024, a HDM route was followed, and the St Martin de Porres Senior Center was visited.

Congregate Meal Program

Finding 4: Both of the subcontractors' senior center staff lack adequate documentation of required annual training hours.

Reference: DARS Service Standard states, "workers shall receive a minimum of 10 (ten) documented hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities. This may include participant donations, safe food handling, taking and recording food temperatures, and what to do if meal temperatures are not in compliance."

Required Corrective Action: Please create a system for providing and tracking training hours for each staff member. Provide DARS with evidence that the training is now underway and that a tracking system has been set up. Following a discussion related to this topic, Alexandria plans to include this requirement in the subcontractors' contracts, which is renewed every 3 years.

Finding 5: The posted menu at Charles Houston Senior Center does not list all meal components. The posted menu for April 30th stated, "Boxed lunch, Crispy Sandwich, Potato Salad, Watermelon." No protein or dairy listed. Only 2 of 3 required servings of fruits and vegetable are shown.

Reference: DARS Menu Planning Guidelines, "menus posted for client information may simply list in menu fashion the food items to be served for the week or month."

Required Corrective Action: Provide DARS with evidence that client menus list all meal components.

Finding 6: On the date of the visit, no lunch meal provided to any of the participants at the Charles Houston site. The site manager stated that participants “don’t like” today’s menu and she doesn’t want to waste food. ob It was observed that participants bring their own Cheetos and Ginger Snaps to the site.

Reference: DARS Congregate Nutrition Service Standard: “Each nutrition services provider must provide at least one hot or other appropriate meal in a congregate setting each day the site is in operation.”

Following the site visit, additional meetings were held on April 24 and May 15 with Alexandria’s DAAS leadership to discuss this finding. After discussion, it was determined that Alexandria’s RDN will work with staff and participants to determine the need and food preferences for this location. The meal provider was contacted, and the fish chowder was removed from the menu. Alexandria’s leadership stressed the importance of ordering meals to the new site manager. Alexandria may want to consider a different CM model option like restaurant meals, etc. DARS provided Alexandria with restaurant partnership resources from ACL.

Processed snacks are not considered a legitimate replacement for balanced meals. The intention of nutrition services is to help older Americans stay healthy and prevent the need for more costly medical interventions.

Required Corrective Action: Provide DARS with evidence that the Charles Houston site has worked through this issue and that Alexandria’s older adults in need are receiving and eating a balanced meal.

Observation 6: Participant surveys for Charles Houston had only one question related to the menu, which was, “Is lunch at the center an important part of your day?” The response choices included the following: very important, important, enjoyable but not necessary, I do not eat meals at the center. Although the participants survey results were not summarized, as required by the CM service standard, most of the responses provided for this review stated, “I do not eat at the center” or that the” meal was enjoyable but not necessary.”

Recommendation: Summarize participant survey results so that the agency can use the data to make necessary changes to the program, e.g., menu changes. Also consider asking more specific questions to determine what steps the program needs to take to provide nutritious meals that participants will eat and to those in need.

Observation 7: Charles Houston participant surveys were not summarized. Also, Alexandria should consider asking additional questions specific to the meal to determine client satisfaction and to seek feedback on what other foods might be added to the menu.

Recommendation: Summarize survey results to identify program improvements as part of the required evaluation process. Per DARS’ CM Service Standard, *the agency must develop a*

written program evaluation plan to conduct regular systematic analysis of the persons served and the impact of the service. Evaluation may include client surveys for program planning and menu input. Surveys should be compiled and summarized in a format reporting how the data gathered will be used to improve services.

Finding 7: The Income Reporting sheet for Intake/Registration of Clients at St. Martin's Senior Center has 2018 HHS Poverty Guidelines. This was a previous observation.

The image shows three identical copies of an 'Income Reporting Sheet for Intake/Registration of Clients' from Catholic Charities Diocese of Arlington. Each sheet includes a header with the organization's logo and name, followed by a section for client information (Name, Date, By, and Address). Below this is a section for income reporting with checkboxes for '1. 100% of poverty line or below', '2. 125% of poverty line or below', '3. 150% of poverty line or below', and '4. 175% of poverty line or below'. The bottom section contains the '2018 HHS Poverty Guidelines' table.

Family Size	100%	125%	150%	175%
1	\$14,580	\$18,225	\$21,870	\$25,515
2	\$19,950	\$24,938	\$29,625	\$34,275
3	\$25,320	\$31,650	\$37,350	\$43,050
4	\$30,690	\$38,363	\$45,000	\$52,725
5	\$36,060	\$45,075	\$53,625	\$62,400
6	\$41,430	\$51,788	\$61,250	\$71,025
7	\$46,800	\$58,500	\$68,875	\$79,650
8	\$52,170	\$65,213	\$76,500	\$88,275

Required Corrective Action: Update the Federal Health and Human Services (HHS) Poverty Guidelines on the Income Reporting sheet with the current year information. Provide DARS with the updated sheet.

Observation 8: The suggested donation amounts at St Martin de Porres has not been revised since 2016.

The image shows a 'LUNCH DONATIONS' sign with suggested donation amounts based on monthly income. The sign lists the following amounts:

- \$450 & \$500, donation will be\$ 1.75
- \$501 & \$550, donation will be\$ 2.00
- \$551 & \$600, donation will be\$ 2.25
- \$601 & \$650, donation will be\$ 2.75
- \$651 & \$700, donation will be\$ 3.75
- \$701 & Over, donation will be\$ 6.00

Guests under age 60...\$ 6.00

Recommendation: Consider updating the donation recommendation to be in line with 2024.

Observation 9: The freezer temperature at Charles Houston Senior Center was observed at 28°. A workorder was submitted.

Home Delivered Meals Program

Finding 8: Alexandria's Service Confirmation letter for HDM has the following confusing information, "Criteria includes, but is not limited to, not being unable to leave your home unless you are accompanied by another person." This was a previous observation in 2020 that has not been corrected.

Required Corrective Action: Please correct the written language by removing the word "not" to "being unable" to be compliant with the HDM service standard, that states, *"Someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. The recipient may be able to go to medical appointments but needs escort assistance to do so safely."*

Policies and Procedures

Observation 10: Alexandria's policies do not appear to be approved by any oversight entity, nor do they appear to be on official letterhead.

Recommendation: Update the policies to a more formal format. This could include revision dates, approval information, etc.

Finding 9: Alexandria's *Ill or Injured Participants* policy does not include a procedure for contacting the participant's emergency contact. Please note that this is a repeat observation from 2020, which requires elevation to a finding for this review.

Required Corrective Action: Update the policy to include a procedure for notifying the ill or injured participant's emergency contact. Per the CM Service Standard, *site staff shall keep emergency contact information on hand for each participant. Emergency contact information shall be kept up to date. Per DARS' HDM Service Standard, a written plan that describes procedures to be followed if a client is ill or injured when a meal is delivered shall be explained to staff, volunteers, the homebound participant, and their authorized representative or emergency contact person.*

Observation 11: Alexandria's *Use of Nutrition Screening Results* policy is adequate; however, it should include how clients are being referred for other services based on the NSI results, which would be in addition to moving ahead on the wait list, as the current policy states.

Recommendation: Please update the policy accordingly. Per DARS CM Service Standard, *at a minimum, the screening results may be used in the following ways: Referral to appropriate services such as (1) dental professionals for those with tooth or mouth problems, (2) the SNAP program, food bank, or other social programs if they indicate they don't have enough money to buy food, (3) their*

doctor or a dietitian if they have a chronic condition requiring a special diet. Screening results may also be used for planning nutrition education programs. For example, educating participants how to increase fruit and vegetable intake or to shop for and prepare nutritious meals, depending on what the screening form shows. Results could also be a criterion in prioritizing client needs for nutrition service especially when program funding is limited.

Menu Review

Alexandria contracts with Jeffery's Catering for both CM and HDM which includes frozen meals. Alexandria is transitioning its shelf stable meals from Blue Dog to Emergi-meals.

Observation 12: Alexandria requires senior centers to keep three days of shelf stable food on hand at the center in case of sheltering in place, whereas the majority of AAAs send a supply of shelf stable meals home with participants in the event of the center closing due to an emergency such as inclement weather, etc.

Recommendation: Evaluate current practices and revise as necessary.

Observation 13: Alexandria's RDN made several recommendations on the May 2024 menu from Jeffery's Catering; however, this reviewer was not provided with an updated and compliant menu showing these recommendations being implemented.

Recommendation: For Alexandria's records and for client information, please be sure to keep a copy of the corrected menu. Alexandria's RDN should be signing the final approved menus. Whoever approves Alexandria's menus should sign the menus showing their approval and credentials.

Assessments/Reassessments

Observation 14: During the date span of 12/01/2022 to 03/31/2023, there were 3,512 CM units recorded. During the same date span one year later (12/01/2023 to 03/31/2024), there were 785 CM units recorded. This is a 77.64% decrease in CMs. For ACL OAAPS (Older Americans Act Performance System) reporting, DARS must explain any variance occurring within a 2-year comparison that exceeds 10% and this one does.

Additionally, the AAA Service Summary report for a date span of 10/01/2023 to 03/31/2024 shows a total of 2,020 units in PeerPlace for CM but only 926 units were reported on Alexandria's AMR for the same date span. This indicates that more units were provided as compared to what the agency was reimbursed for.

Recommendation: PeerPlace data should match the units on the AMR each month. Please work with the No Wrong Door help desk at nbywdhelp@dars.virginia.gov if further clarification is needed.

Observation 15: Assessments/reassessments were reviewed for both CM and HDM participants. PeerPlace's AAA Services Required Assessment Report for CM clients from 8/29/23 to 2/29/24 showed 25 overdue assessments out of 132 records. Those client IDs are: [REDACTED]

There were 61 overdue CM NSIs. Please see Attachment A for those client IDs. There were two blank NSIs. Those client IDs are: [REDACTED] and [REDACTED].

Recommendation: Please update. Reach out to the No Wrong Door help desk at nwdhelp@dars.virginia.gov if further assistance is needed.

Observation 16: PeerPlace's AAA Services Required Assessment Report for HDM clients from 8/29/23 to 2/29/24 showed 24 overdue assessments out of 87 records. Those client IDs are: [REDACTED]

There were 23 overdue HDM NSIs. Those client IDs are: [REDACTED]

There were three HDM clients with blank NSIs: [REDACTED].

Recommendation: Please update. Reach out to the No Wrong Door help desk at nwdhelp@dars.virginia.gov if further assistance is needed.

Disease Prevention/Health Promotion (DP/HP)

Observation 17: Alexandria's evidence-based program, SAIL, is currently on hold due to the program not having a qualified instructor to teach a bi-weekly class. The agency is considering offering Bingocize for its participants in the near future.

Following this review, a meeting was held between DARS and Alexandria to discuss the next steps for Alexandria to offer this required service. Since then, the agency submitted an updated Area Plan identifying Bingocize as the DP/HP service to be provided this year. As of Sept. 24, 2024, Alexandria has submitted for purchase Bingocize leader training spots, the toolkit, the license and additional prize boxes. Alexandria plans to begin offering this required service in January 2025.

Recommendation: To help with increased participation of any evidence-based programming, DARS recommends that the AAA promotes (and documents) evidence-based services to CM and HDM participants and their caregivers. Per the DP/HP Service Standard, *disease prevention and health promotion services and information shall be provided at multipurpose senior*

centers and congregate meal sites, or at other appropriate community sites convenient and accessible to older individuals.

Senior Farmers Market Nutrition Program (SFMNP)

Best Practice: The promotional materials for this program were colorful, to the point, and easy to navigate. One example was the *Road to Fresh* document that shows a road with points along the way representing the farmers markets with the days and times of the farmers markets in the Alexandria area.

Observation 18: Alexandria needs to strengthen its SFMNP policies and procedures by adding these additional required topics: How the vouchers are secured while in agency possession and what the agency uses to track and record voucher issuance.

Recommendation: Update these policies and procedures to include the above-mentioned USDA required topics: How the vouchers are secured while in agency possession and what the agency uses to track and record voucher issuance

Section C: Transportation Program

The Transportation Program at Alexandria Area Agency on Aging was monitored April 23rd-April 25th 2024. The monitor requested to review the following policies and procedures, as well as relevant supporting documents that pertain to the transportation program:

- Client Assessment and Reassessment Data in PeerPlace;
- Safety Policies & Procedures;
- Driver Testing;
- DMV Record Check for Drivers;
- Driver Criminal Background Check;
- Driver Personnel Records & Job Descriptions;
- Vehicle Accident Policies & Procedures and Accident Reports;
- Fleet Inventory and Certificate of Insurance;
- Method of Tracking Units of Service; and
- Consumer Contributions/Program Income Policies & Procedures

The areas monitored are based on the DARS Service Standard for Transportation Services. During the review, the monitor identified the observations and findings below:

Administrative Elements

Best Practice: The City of Alexandria utilizes a Fleet Service Portal to track and maintain service records on all City vehicles used for the purposes of program and service delivery. This portal effectively maintains vehicle service records, repair history, vehicle maintenance schedules and other pertinent details for each vehicle in the fleet.

Observation 19: Error on the active vehicle list provided by [REDACTED], vehicle number 0216 is a 2013 model. It is listed correctly in the fleet portal.

Recommendation: Ensure active vehicle lists are kept current and correct.

Section D: In-Home Services and Care Coordination for Elderly Virginians Program

Monitoring of the Alexandria Area Agency on Aging (Alexandria AAA) Adult Day Care (ADC) and Care Coordination for Elderly Virginians Program (CCEVP) Level 1 was conducted in-person and began April 23, 2024. Alexandria AAA policies and procedures and client records were reviewed. Alexandria AAA has a direct service waiver for the ADC program but has two contracts for temporary staffing with The Medical Team and Adult Companion Care, Inc., when needed. A random sample of 8 PeerPlace client records, 7 ADC and 1 CCEVP, were reviewed. Unless specifically stated otherwise, all programs reviewed were compliant with established service standards.

General

Observation 20: There were no previous findings from the September 2020 monitoring report. There was one recommendation regarding verification of income language in policy, which was corrected after the previous monitoring.

In-Home Services- Adult Day Care

Observation 21: Two Consent Forms were missing in the PeerPlace record and two were in the PeerPlace record but overdue. Alexandria AAA staff was able to verify that current consents were contained within the paper records on site. No ongoing concerns coincide with this observation.

Care Coordination for Elderly Virginians Program- CCEVP Level 1

Observation 22: The CCEVP Program has been in transition due to staff retirement. It served 1 individual within the previous 12 months. A new Care Coordinator has been hired and the program is expected to reasonably expand within the next 12 months. Technical Assistance was provided onsite, and Alexandria AAA can reach out to DARS if they have any questions or would like further technical assistance and/or training.

Section E: Exit Meeting

Because this monitoring visit was incomplete, no exit meeting was held. A follow-up visit has been scheduled in February 2025.