

WENDY GREUEL
CONTROLLER

December 5, 2012

Honorable Antonio R. Villaraigosa, Mayor
Honorable Carmen Trutanich, City Attorney
Honorable Members of the Los Angeles City Council

During difficult economic times, the City's at-risk populations feel the impact disproportionately more than other populations, especially the City's senior population. Today, I am releasing an audit of the Los Angeles Department of Aging's (LADOA) fiscal and program operations, revealing that the Department needs to better demonstrate that it is effectively targeting services to seniors with the greatest economic and social needs. At a time when City residents need services the most, City leadership cannot be assured that the most vulnerable seniors are being reached. As we continue to feel the impact of the economic recession, the City needs to ensure that Los Angeles' seniors are getting the services they need.

LADOA plays a critical role in caring for one of our most dependent populations, our City's seniors. While LADOA has adequate fiscal controls over its approximately \$25 million annual budget, the department's approach does not allow for the most effective expenditure of its funds on nutrition, transportation, and senior community services employment programs. The Department's approach does not encourage efficiency, nor does it allow for accurate tracking of dollars spent or to reach the most vulnerable of the senior population. The Department lacks a comprehensive and reliable tracking system to demonstrate the effectiveness of its outreach activities and has not created the necessary mechanisms to measure the success of its programs. Program monitoring has been focused on compliance issues rather than results or cost effectiveness.

My audit revealed that LADOA can improve its services and administration of its key programs. These programs provide services that our City's seniors depend on - meals in a congregate setting and by home delivery, personalized door-to-door transit service, and a senior community service employment service that offers assignments as job training in public and non-profit agencies. While all of these programs are accessible to seniors across the City, eligibility requirements are not standardized citywide.

Without a comprehensive system to collect program data and measure accurate results, seniors are at a disadvantage because those that need assistance the most may not be

Honorable Antonio R. Villaraigosa, Mayor
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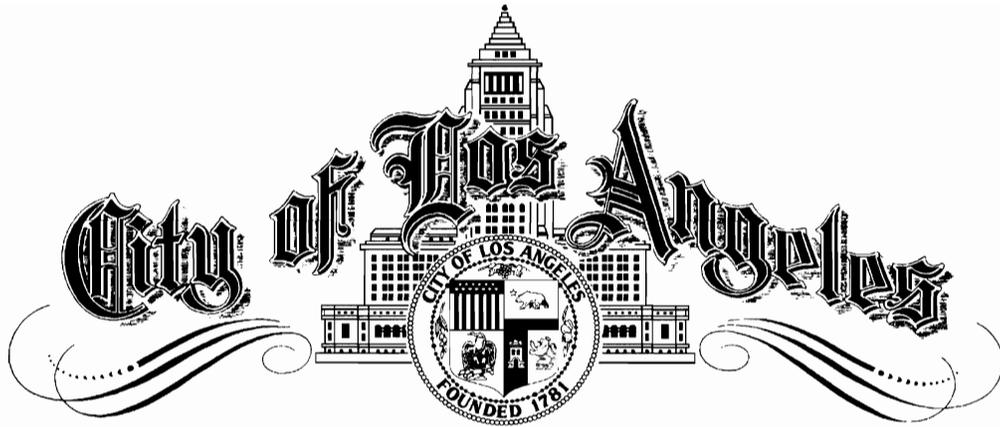
reached. It is essential that LADOA improve its efforts to improve its program tracking to reach the City's most vulnerable seniors.

I urge LADOA to implement my audit recommendations to improve our City's efforts to provide for our seniors. As Los Angeles' senior population continues to grow, it is imperative that LADOA's resources are administered to produce the best results in the most cost effective manner. I look forward to partnering with LADOA to improve the lives of our seniors across Los Angeles.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Greuel". The signature is fluid and cursive, with a long horizontal stroke at the end.

WENDY GREUEL
City Controller



WENDY GREUEL
CONTROLLER

December 5, 2012

Ms. Laura Trejo, General Manager
Department of Aging
3580 Wilshire Blvd., Suite 300
Los Angeles, CA 90010

Dear Ms. Trejo:

Enclosed is a report entitled "Audit of the Department of Aging's Fiscal and Program Operations." A draft of this report was provided to your Department on October 31, 2012. Comments provided by your Department at the exit conference held on November 8, 2012 were evaluated and considered prior to finalizing the report.

Please review the final report and advise the Controller's Office by January 4, 2013 of the actions planned and/or taken to implement the recommendations. An electronic template of the Audit's Findings and Recommendations can be provided to your staff to facilitate this process. If you have any questions or comments, please contact me at (213) 978-7392.

Sincerely,

A handwritten signature in black ink, appearing to read 'Farid Saffar', written in a cursive style.

FARID SAFFAR, CPA
Director of Auditing

Enclosure

cc: Gaye Williams, Chief of Staff, Office of the Mayor
Brian Currey, Legal Counsel to the Mayor, Office of the Mayor
Miguel A. Santana, City Administrative Officer
Gerry F. Miller, Chief Legislative Analyst
June Lagmay, City Clerk
Independent City Auditors

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City of Los Angeles Office of the Controller

Audit of the Department of Aging's Fiscal and Program Operations

December 5, 2012

Wendy Greuel
City Controller

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AUDIT OF THE DEPARTMENT OF AGING'S FISCAL AND PROGRAM OPERATIONS

EXECUTIVE SUMMARY

The Controller's Office has completed an audit of the Department of Aging's (LADOA) fiscal and program operations. The overall objective of the audit was to examine the Department's sources of funding and how these funds are spent to carry out its mission and objectives. This involved evaluating how the Department plans, programs, and spends funds to ensure the effective use of resources to achieve the Department's mission and objectives.

BACKGROUND

LADOA's mission is:

"To improve the quality of life, independence, health and dignity of the City's older population by managing community based senior programs that are comprehensive, coordinated, and accessible, and to advocate for the needs of older citizens."

LADOA annually administers approximately \$25 million in funds, mostly from the federal government, flowing through the California Department of Aging (CDA). The City and its contracted service providers are required to provide matching funds for some programs. LADOA receives grant funds by submitting claims for reimbursement to CDA. Funds received are deposited into City accounts, and the funds are used to reimburse service providers and pay for directly operated programs. A portion of grant receipts, \$3 million, is used to fund LADOA's internal operations.

Pursuant to the federal Older Americans Act (OAA), Area Agencies on Aging (AAA) were established throughout California to locally administer OAA programs. In 1973, CDA designated the City of Los Angeles as Planning Service Area 25 (PSA 25), with the City limits as boundaries. It is the only City in the State of California designated as an AAA.

The City (PSA 25) is divided into fifteen geographic Aging Service Areas (ASAs) to facilitate the delivery of services to older adults and their caregivers. ASAs are closely geographically aligned with Council districts. LADOA contracts with community-based organizations for the delivery of services through Multipurpose Senior Centers (MPCs or Senior Centers), which are designated as community focal points located in each of the 15 ASAs.

Examples of major programs administered by LADOA include:

- Nutrition Programs - Meals are provided to individuals in a congregate setting (at a MPC or a satellite meal site) or delivered to an individual's home. While there are no fees charged for the meals, participants are encouraged to voluntarily donate to the program.
- Transportation Programs- The City operates a transportation assistance program (Cityride) for individuals age 65 or older and qualified disabled persons who reside in the City and select areas of Los Angeles County. The program offers participants with reduced cost permitted taxi rides and Cityride Dial-A-Ride services. Cityride offers curb-to-curb transit assistance, where riders are picked up by the curbside.

To ensure that the transportation needs of frail, elderly and disabled persons who are not capable of accessing curb-to-curb services are met, the Department also provides a personalized door-to-door transportation service through its MPC-based Paratransit Program, as an enhancement to Cityride. Both programs are funded with Proposition A (Prop A), Local Transit Assistance funds and administered by the Department of Transportation.

- Senior Community Service Employment Program - The program offers participants community service assignments as job training in public and non-profit agencies. The goals of the program are to promote useful opportunities in community service activities and to move participants into unsubsidized employment, where appropriate, so that they can achieve economic self-sufficiency. LADOA directly administers this program and currently has 201 active participants.

SCOPE AND METHODOLOGY

Our audit was performed in accordance with Generally Accepted Government Auditing Standards and covered activities for fiscal years 2010-11 and 2011-12. In conducting our audit, we interviewed LADOA management and Senior Center staff; reviewed applicable Older Americans Act (OAA) and Prop A policies and procedures; and sampled over 160 client case files at seven Senior Centers to determine the accuracy of the reported client information and the effectiveness of program delivery. We also visited a sample of meal sites and conducted ride-alongs to observe client services and to solicit client feedback.

We focused our detailed testwork on three programs – nutrition, transportation and senior community service employment. These programs receive two-thirds of the Department's annual funding.

OVERALL ASSESSMENT

As the population of older City residents continues to increase, the demand for services to help older adults maintain their independence also continues to rise. With limited federal resources, it is imperative that LADOA management continue to refine its administrative processes and oversight to ensure that the Department and its network of community-based organizations continue to efficiently and effectively administer programs to maximize services for the most vulnerable and neediest senior citizens residing in the City.

We found that LADOA has adequate fiscal controls over the receipts, disbursements and use of program funds. For example, we noted that funds were appropriately disbursed to providers for specific programs and activities, as required, and no inappropriate expenditures were identified. Also, in general, the seniors that we encountered during our ride-alongs and site visits provided positive comments regarding the services they received both from the Department and its providers. In addition, we determined that the congregate and home-delivered meals are being served generally to eligible individuals.

This audit, however, found several areas where LADOA can improve in providing its services. For example, the City's contracting process takes too long and needs to be streamlined to prevent the likelihood of future service interruptions. LADOA also needs to develop metrics to better demonstrate that it is effectively targeting services to seniors with the greatest economic and social needs. However, this task is impaired due to the fact that LADOA lacks a comprehensive system to collect accurate program data. It is also imperative that LADOA start tracking and evaluating whether its job training program is effective in transitioning older adults to unsubsidized employment. In addition, the Department must increase oversight of its providers to ensure consistency in how programs are administered throughout the City. The following are the key findings from the audit:

KEY FINDINGS

- While the Older American Act was created to serve the needs of all seniors, the Act requires each Area Agency on Aging to give preference to senior citizens with the greatest social and economic needs (particularly low-income and minority individuals). LADOA does not track, and therefore is not able to clearly demonstrate, the effectiveness of its outreach activities to these targeted groups within the City.**

In 2006, Congress amended the Older Americans Act to primarily establish that AAAs prioritize providing services to older individuals with the greatest economic need and the greatest social need, older individuals with limited English proficiency, and older individuals at risk for institutional placement, with particular attention to low-income minority individuals. In other words, while the OAA is concerned with

providing services to all seniors, its intent is to target and prioritize services to the neediest and vulnerable seniors in each PSA.

Although LADOA and its contracted providers conduct various outreach presentations targeting minority communities and low-income individuals, the Department does not track or measure the effectiveness of its outreach efforts to determine the level of Department services provided to these targeted groups. Effective targeting would allow the Department to use its limited OAA resources to help those who are at the greatest risk, generally defined by OAA as persons who are poor, minority, and at risk for institutionalization.

□ **LADOA's contracts with providers lack performance accountability for the number of meals served.**

LADOA determines the contracted number of meals to be served in each ASA by dividing the amount allocated to the ASA (based on the formula discussed in finding #2) by \$4.97. This would suggest LADOA intends to reimburse providers \$4.97 per meal served. For example, if an ASA is allocated \$200,000 for the congregate meal program, the provider will be contracted to serve 40,241 meals (i.e., \$200,000 divided by \$4.97).

The contracted number of meals established for each provider appears to be simply a goal, because providers are not paid based on the number of meals actually served. Instead, LADOA reimburses providers based on actual costs, up to the contract maximum. This current payment process does not penalize providers for serving less than the contracted number of meals. As long as a provider submits expenses that are within the approved monthly budget, the provider would be paid even if they are underperforming with respect to the contracted number of meals. This approach does not encourage efficiency and results in different dollar per meal rates paid to providers.

We surveyed other AAAs to determine whether the agencies reimburse providers based on costs or a fixed price per meal. All AAAs that we contacted, including Los Angeles County, Contra Costa County, San Francisco and San Diego, disclosed that they paid their providers a fixed dollar per each meal served. Paying a negotiated fixed dollar per meal would help increase effectiveness by establishing performance accountability, and would simplify contracting and payment processes.

□ **Program monitoring practices focus overwhelmingly on compliance issues, not program results or cost effectiveness.**

LADOA's program monitors are responsible for monitoring service providers/contractors by periodically visiting each MPC, interviewing contractor personnel, reviewing onsite and digitized documentation, and observing constituent

participation and performance. However, monitoring activities primarily focus on compliance issues.

Our site visits revealed several inconsistencies in how providers carry out the programs, indicating that LADOA's current program monitoring activities need to be strengthened. For example, while program monitors look for sign-in sheets at congregate sites, they do not attempt to validate sign-in sheets to the number of meals reported by providers. We found several problems in this area. Also, program monitors do not always visit satellite meal locations nor do they periodically ride-along to observe how services are being delivered. In addition, while program monitors review participant files, we found inconsistencies in program requirements among Centers. Furthermore, as discussed in findings #1 and #5 of this report, monitors do not measure whether providers' outreach activities are effective in increasing services to targeted groups, nor do they attempt to determine whether providers are effectively managing programs.

Improved comprehensive program monitoring should incorporate both compliance and performance aspects to ensure agencies comply with program requirements, and that program outcomes are maximized and funds are used in the most cost-effective manner. Major elements of a performance review include analyzing process efficiency, resource utilization and whether outcomes are delivered in a cost effective manner.

□ **Eligibility requirements for home-delivered meals and for the transportation program are not consistent amongst Centers.**

Eligibility requirements for home-delivered meals are not consistent at all locations. For example, of the seven Centers we visited, two MPCs require a doctor's certification as part of their assessment of clients requesting home-delivered meals. The other five do not. Also, providers use different versions of the eligibility evaluation forms, some are more detailed than others. This resulted in individuals in different parts of the City being subjected to different rules and eligibility requirements.

We also noted some meals were delivered to individuals living in expensive neighborhoods or areas that could be considered high-income. Since the program is open to all seniors regardless of income level, this is not a violation of any federal policies. However, this suggests a need for the Department and its providers to focus outreach efforts to identify and target services to the neediest individuals in each ASA.

With respect to the transportation program, some MPCs do not require a door-to-door certification, while some do. Even for MPCs that do require door-to-door certifications, a review of sampled files shows they do not always obtain certifications before enrolling clients for the program.

During our ride-alongs, we noted many participants were waiting to be picked up at the curbside of their homes, indicating many may not necessarily need door-to-door assistance, which is the defining factor for LADOA's Paratransit Program compared to the broader Cityride services. Further, since door-to-door certifications were not always required or obtained, it is questionable whether several participants actually qualified for the specialized program.

- **LADOA does not track performance measures related to whether participants in its older worker training program subsequently obtain unsubsidized employment.**

OAA established six core indicators of performance for the Senior Community Service Employment Program, with three indicators relating to each of the program's dual goals. Three indicators: (1) community service hours, (2) service level, and (3) service to most in need, relate to the community service goal. The other three indicators: (1) entered employment, (2) employment retention, and (3) average earnings, relate to the unsubsidized employment goal.

A review of the City's performance relative to these indicators for the previous two years revealed that the City tracked and achieved established performance metrics for community service, service level and service to most in need – all related to the community service goal. However, it did not track the three other goals related to whether participants are actually being transitioned to unsubsidized employment. This indicates that the Department may be focused only on the community service aspect of the program.

The Department stated that it probably has transitioned some participants to unsubsidized employment during the last two years but that the main problem is that they have not been tracking participants consistently after they exited the program. Without tracking these measures, it is difficult for the Department to show that the program is effective in meeting its intended goal of transitioning participants to unsubsidized employment and self-sufficiency.

- **Provider contracts are not executed timely, affecting providers' ability to operate the programs effectively.**

As of mid-September 2012, LADOA did not have contracts in place for an Evidenced-Based program that should have started on April 1, 2012. Similarly, as of mid-September, LADOA had not executed any OAA contracts for FY 2012-13 that began on July 1, 2012. Thus, the contractors were performing services without an official contract in place.

Providers that we visited expressed concerns and stated that they may not have the financial ability to continue to provide service for several months without funding. The cash flow difficulty is especially greater for providers with multiple ASA contracts

and smaller organizations that do not have a high line of credit or reserves from where they can draw funds to continue to finance operations.

One possible solution to reduce the time taken to execute agreements may be for the Department to enter into multi-year contracts with providers. However, according to the City Attorney's Office, the Administrative Code limits Departments' contracting authority until the "fiscal allocation" is known. Hence, LADOA is prohibited from committing the City to a multi-year agreement with providers because the funding levels for future years are unknown.

In order to resolve this issue, the Administrative Code may have to be modified to permit LADOA to execute multi-year agreements, up to an anticipated maximum based on funding availability. To avoid future service interruption, the Department must work with all parties to streamline the process to reduce the time taken to complete annual contracts with providers. Any service interruption would adversely affect seniors who depend on these services.

- **The Department's funding formula to local ASAs that was adopted in 1993 does not adequately address the more recent emphasis of the OAA that gives preference to seniors with the most social and economic needs.**

The City's current formula uses factors and weightings that are slightly different from the State's intra-state funding formula. The Department was unable to fully explain how the factors and associated weights used in City's allocation formula were originally derived. We analyzed the Department's FY 20012-13 allocation to determine whether using the State formula would have resulted in significantly different allocation amounts from the City's current formula.

Our analyses show the two methodologies produce no material differences in funding allocated to the majority of the ASAs, although CDA's methodology slightly favors 9 of the 15 ASAs. Since LADOA has generally changed the distribution percentages only every ten years based on census data, the cumulative effect of the differences could be substantial over a ten-year period for some ASAs (ASA #1 deriving the greatest benefit and ASA #10 losing the most funding). Because of the substantial differences over time, it would be beneficial for the Department to revisit its methodology to determine whether it needs to be updated to ensure that it is appropriately distributing funds to target the neighborhoods with the most vulnerable seniors in the City.

- **LADOA lacks a comprehensive system to collect program data and report accurate results.**

LADOA uses its in-house developed Client Tracking System (CTS) to collect and to electronically transmit program data to CDA. CTS lacks adequate system functionality to ensure the accuracy and reliability of transactions. We found the data in CTS is unreliable. During our site visits, we noted several instances where

providers underreported numbers in CTS. For example, at one location, a CTS report shows the MPCs served a total of 16,568 congregate meals during FY 2011-12 instead of 63,509 per records maintained in a spreadsheet outside of CTS. At another MPC, CTS shows home-delivered meals served of 16,819 instead of 35,293.

In an attempt to increase accuracy, the Department continues to rely on a combination of CTS and manual processes to collect required data from the MPCs. This is inefficient and cumbersome. Our discussions with CDA disclosed that CTS is the only such system used by any AAA in California, as other AAAs use off-the-shelf software to manage their program data. Benefits described by these agencies, including Contra Costa, San Francisco and Los Angeles County, include ease of uploading data to the CDA system, fewer system glitches, fewer duplicate entries, and overall cost savings. LADOA management cited costs as the reason for not exploring a replacement to CTS. However, the Department was unable to provide evidence of a formal cost/benefit analyses, and the human costs of continuing an inefficient method of dual data entry have not been considered. The Department needs to resolve its system reliability issue by exploring alternative off-the-shelf aging software to minimize the inefficiencies that exist in its current data collection process.

The details of these and other findings are discussed in the audit findings and recommendations section of this report.

REVIEW OF REPORT

On October 31, 2012, a draft report was provided to LADOA management. We held an exit conference with LADOA representatives on November 8, 2012 to discuss the contents of the audit report. LADOA management agreed with the findings and recommendations. LADOA's comments were evaluated and considered as we finalized the report. We would like to thank LADOA management and staff for their cooperation and assistance during the audit.

CONTROLLER'S ACCOUNTABILITY PLAN

RECOMMENDATIONS	PAGE	MAYOR/COUNCIL ACTION REQUIRED	DEPARTMENT ACTION REQUIRED
SECTION I – PROGRAM ADMINISTRATION AND OVERSIGHT			
1. LADOA management should develop a methodology to determine the effectiveness of its outreach efforts to low-income and minority seniors. This must first address the reliability of client data collected, and then include a periodic determination of whether it is providing services to low-income and minority seniors at least in relative proportion to their population in each ASA, with the goal of gradually increasing their rate of participation.	26		LADOA
2. LADOA management should revisit the allocation formula currently used for ASAs in comparison to the State IFF. If changes appear warranted, LADOA should consider adopting a revised allocation method for ASAs.	31		LADOA
3. LADOA management should formally evaluate whether it should incorporate a “fixed price per meal” into future provider contracts for congregate and home-delivered meals served. As an alternative, LADOA management should consider penalizing ASAs who do not meet certain goals.	34		LADOA
4. LADOA management should work with the Mayor's Office, the City Attorney, City Administrative Officer and the providers to pursue any necessary changes in the Los Angeles Administrative Code that would allow the Department to execute multi-year contracts, subject to grant funding availability.	36	Mayor and Council	LADOA City Attorney CAO

RECOMMENDATIONS	PAGE	MAYOR/COUNCIL ACTION REQUIRED	DEPARTMENT ACTION REQUIRED
5. LADOA management should pursue alternative software solutions to the Client Tracking System to eliminate redundant data entry and to improve the system interface and integration with other systems.	39		LADOA
6. LADOA management should ensure the goals and objectives established in the Area Plan reflect stated intentions of the AAA, and continue to measure their progress in order to achieve desired results over time, up and until new or revised goals and objectives are established.	41		LADOA
SECTION II – PROGRAM DELIVERY AND MONITORING			
7. LADOA management should enhance program monitoring to include an assessment of Centers’ cost effectiveness, as well as compliance with grant funding guidelines.	44		LADOA
8. LADOA management should establish procedures to follow up with Centers identified with unusual or unexpected results from the cost effectiveness analyses.	44		LADOA
9. LADOA management should periodically verify the supporting documentation maintained by providers to support the number of meals reported.	47		LADOA
10. LADOA management should encourage providers to share best practices on how to keep satellite locations vibrant to attract more participation from seniors, especially those sites located in senior housing.	47		LADOA
11. LADOA management should clarify the eligibility requirements for the home-delivered meal programs. This should	48		LADOA

RECOMMENDATIONS	PAGE	MAYOR/COUNCIL ACTION REQUIRED	DEPARTMENT ACTION REQUIRED
include ensuring that providers use the same procedures and forms to evaluate participants and clarifying whether a doctor's certification is required.			
12.LADOA management should monitor to ensure that providers are complying with home-delivered meal program requirements, including ensuring that signed applications are on file for participants before services are provided, and that approved menus are followed.	48		LADOA
13.LADOA management should have program monitors perform periodic unannounced site visits and ride-alongs to ensure providers are carrying out each program in accordance with guidelines.	49		LADOA
14.LADOA management should evaluate the cost effectiveness of keeping satellite meal sites with poor attendance open.	49		LADOA
15.LADOA management should enhance outreach activities to ensure services are provided to low-income and the neediest individuals.	49		LADOA

RECOMMENDATIONS	PAGE	MAYOR/COUNCIL ACTION REQUIRED	DEPARTMENT ACTION REQUIRED
16.LADOA management should clarify for providers, the door-to-door eligibility requirement for the MPC-based Paratransit transportation program.	51		LADOA
17.LADOA management should monitor to ensure that providers are complying with the eligibility requirements, including making sure that signed applications are on file for participants before services are provided.	51		LADOA
18.LADOA management should clarify providers' responsibilities with respect to Cityride applications completed by clients.	51		LADOA
19.LADOA management should establish a process to properly document initial assessments of eligible applicants who are not placed in the program due to unavailability.	53		LADOA
20.LADOA management should consider establishing a waiting list to ensure that every eligible applicant is provided an opportunity to complete the enrollment process on a first come first serve basis.	53		LADOA
21.LADOA management should begin tracking all six required core performance measures related to the Senior Community Service Employment Program.	55		LADOA

BACKGROUND, OBJECTIVES, SCOPE, AND METHODOLOGY

BACKGROUND

OLDER AMERICANS ACT

Congress passed the Older Americans Act (OAA) in 1965 in response to concerns about a lack of community social services for older persons in the United States. The legislation established authority for federal grants to be provided to States for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) at the federal level within the Department of Health and Human Services to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

AoA's mission is "to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities." Although senior citizens may receive services under many other federal programs, the OAA is considered to be the major vehicle for organizing and delivering social and nutrition services to this group, and their caregivers.

AREA AGENCY ON AGING

Pursuant to the OAA, Area Agencies on Aging (AAA) were established throughout California to locally administer OAA programs. In 1973, the California Department of Aging (CDA) designated the City of Los Angeles as Planning Service Area 25 (PSA 25), with the City limits as its boundaries. It is the only City in the State of California designated as an AAA.

Originally, the City's Office on Aging was organizationally placed within the Mayor's Office. In 1977, the Office on Aging was incorporated into the Community Development Department, as one of that department's divisions. In 1983, the Department of Aging (LADDA or the Department) was created by Ordinance¹ to "assume responsibility for providing programs, activities and services formerly provided for senior citizens by the Aging Division of the Community Development Department."²

The OAA intends each AAA to be the leader on aging issues on behalf of all older persons in its planning and service area. According to Section 1321.53 (a) of the Code

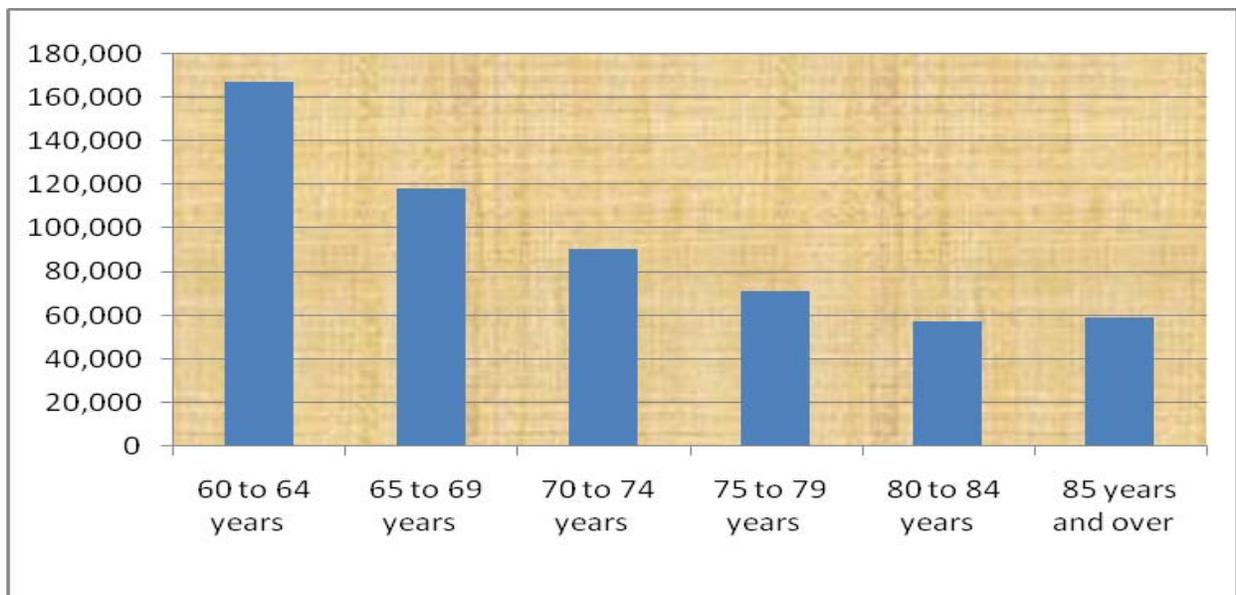
¹ Ordinance no. 157,596, effective 15 May 1983

² LAAC §22.570

of Federal Regulations, an AAA “shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the planning and service area.” Each AAA is required to develop an Area Plan on Aging to carry out, directly or through contractual or other arrangements, programs for senior citizens living within its PSA. LADOA is responsible for developing, receiving CDA approval for, and administering the Area Plan on Aging for PSA 25. The Department’s mission is “*To improve the quality of life, independence, health and dignity of the City’s older population by managing community based senior programs that are comprehensive, coordinated, and accessible, and to advocate for the needs of older citizens.*”

According to the 2010 United States census data, of the 3.7 million City residents, 563,000 are aged 60 or older. This represents an increase of 19% in the number of older residents since the 2000 Census, with over two-thirds of the increase due to the increase in the older minority population. The older ethnic/minority population increased by 33% (over 75,000) from 2000 to 2010, and now accounts for 54.3% of all older adults in the City. The chart below shows the breakdown of senior population in the City according to the 2010 U.S. Census.

2010 Population of Older Adults in the City of Los Angeles



Source: 2010 U.S. Census

The City (PSA 25) is divided into fifteen geographic Aging Service Areas (ASAs) to facilitate the delivery of services to older adults and caregivers. An additional Senior Center is located in the Central Business District (skid row) that caters to the needs of older residents living in this area. ASAs are closely geographically aligned with Council districts and there is at least one ASA in each of the seven Community Plan Areas.

LAD's OA contracts with community-based organizations for the delivery of services through Senior Multipurpose Centers (MPCs or Senior Centers) designated as community focal points and located in each of the 15 ASAs. The Table below shows the breakdown of the older adult population by ASA according to the 2010 U.S. Census.

Table 1

Population of City's Older Adults (60+) By ASA		
Ageing Service Area (ASA)	60+ Total	60+ Minority
ASA #1 Northwest Valley	48,008	16,981
ASA #2 Northeast Valley	34,137	20,985
ASA #3 Southwest Valley	63,929	16,750
ASA #4 Mid Valley	38,926	22,707
ASA #5 East Valley	38,565	9,014
ASA #6 Westside	41,496	9,174
ASA #7 West Wilshire	40,654	9,453
ASA #8 Northside	40,401	20,869
ASA #9 East Side	43,003	36,108
ASA #10 City	41,520	36,203
ASA #11 Southwestern	32,486	22,462
ASA #12 West Adams	24,269	22,862
ASA #13 Central	24,789	23,670
ASA #14 South Central	23,287	22,974
ASA #15 Harbor	27,346	15,459
Total Population	562,816	305,671
<i>Source: LADOA Records Based on 2010 US Census</i>		

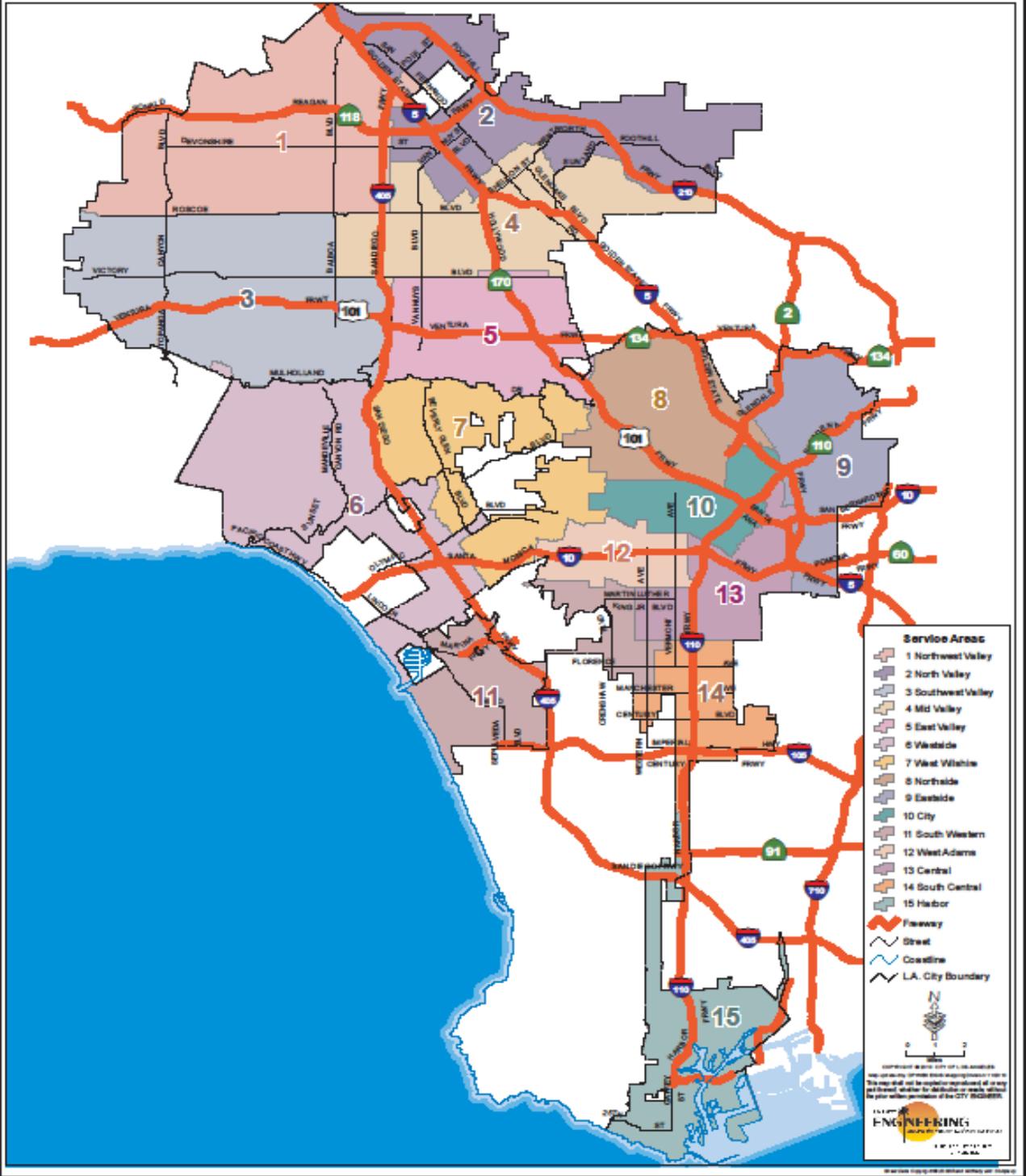
A map of the ASAs showing geographic boundaries is on the next page.



CITY OF LOS ANGELES

Aging Service Areas

Department of Aging
CITY OF LOS ANGELES



The table below shows the ASAs, the MPCs (the focal point within each ASA), and the current contractor responsible for providing services to seniors living in each ASA.

Table 2

Multi-Purpose Senior Centers and Providers in Each ASA		
ASA	Multipurpose Senior Center (MPC)	Contractor/Provider
NW Valley (#1)	Robert M. Wilkinson	San Fernando Interfaith Council
NE/ North Valley (#2)	Alicia Broadus-Duncan	San Fernando Interfaith Council
SW Valley (#3)	ONEgeneration	ONE generation
Mid Valley (#4)	Bernardi Multipurpose	San Fernando Interfaith Council
East/SE Valley (#5)	Southeast Valley	San Fernando Interfaith Council
Westside (#6)	Felicia Mahood Senior	Jewish Family Services (JFS)
West Wilshire (#7)	Freda Mohr	Jewish Family Services (JFS)
Northside (#8)	Hollywood	Assistance League of Southern California (1)
East Side (#9)	International Institute	International Institute (IILA)
Central City (#10)	St. Barnabas	St. Barnabas
Southwestern (#11)	PCS - Southwestern	People Coordinated Services (PCS)
West Adams (#12)	PCS - West Adams	People Coordinated Services (PCS)
Central (#13)	Theresa Lindsay	Watts Labor Community Action Committee
S Central (#14)	Bradley	Watts Labor Community Action Committee
Harbor (#15)	Wilmington	Wilmington Jaycees
Central Bus. District	James Wood	Single Room Occupancy Corporation
(1) - St Barnabas took over effective October 1, 2012. Source: LADOA Records		

ADVISORY COUNCIL ON AGING

The OAA requires AAAs to establish an advisory council to help further the area agency's mission of developing and coordinating community-based systems of services for all older persons in the PSA. LADOA has a Council on Aging (CoA), whose 25 members are appointed by the Department's General Manager.

The CoA conducts public hearings, reviews and comments on community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older citizens in the City. CoA members help

identify issues and solutions to the challenges of service delivery and program satisfaction facing seniors and service providers. CoA members also provide input on the development of the City's annual operational plan submitted to CDA and actively support the planning and development of community-based systems of care.

PROGRAM PLANNING

LADOA bases its programmatic decisions on United States (US) census data, and on input from public hearings, County-wide surveys of older adults, meetings of Directors of City MPCs, and from the LADOA Council on Aging. For its 2013-16 Area Plan, LADOA expanded the planning process by including input from focus groups, and by comparing financial data from the LADOA survey to the Los Angeles' Elder Economic Security Standard Index (EESSI).

The EESSI reports the minimum amount of money individuals and families need to cover basic living expenses in Los Angeles.³ LADOA reported that many older adults have less than half the money needed to pay for their basic monthly needs. This planning process resulted in an Area Plan with goals and objectives approved by CDA.

PROGRAMS

LADOA oversees over 40 programs that operate either from LADOA headquarters or from 16 MPCs. Services are provided at 86 nutrition sites, MPCs, in the homes of seniors, by telephone, online, or in the form of transportation.

Appendix B provides a description of all of LADOA's programs and services. The primary sources of the Department's funding and their related funded programs, include the following:

OLDER AMERICANS ACT (OAA)

- Title III-B Supportive Services
- Title III-C1 Congregate Meals
- Title III-C2 Home Delivered Meals
- Title III-D Disease Prevention/Health Promotion
- Title III-E Family Caregiver
- Title V Senior Community Service Employment Program
- Title VII-A Ombudsman
- Title VII-B Elder Abuse Prevention

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAMS (CDBG)

- Alternative Housing for the Aging
- Evidenced-Based Programs
- Emergency Alert Response Systems Program

³ UCLA Center for Health Policy Research, January 2007. http://www.healthpolicy.ucla.edu/eess0208_pdf/los-angeles-city.pdf .

PROPOSITION A LOCAL TRANSIT ASSISTANCE FUND

- Transportation

CITY GENERAL FUNDS

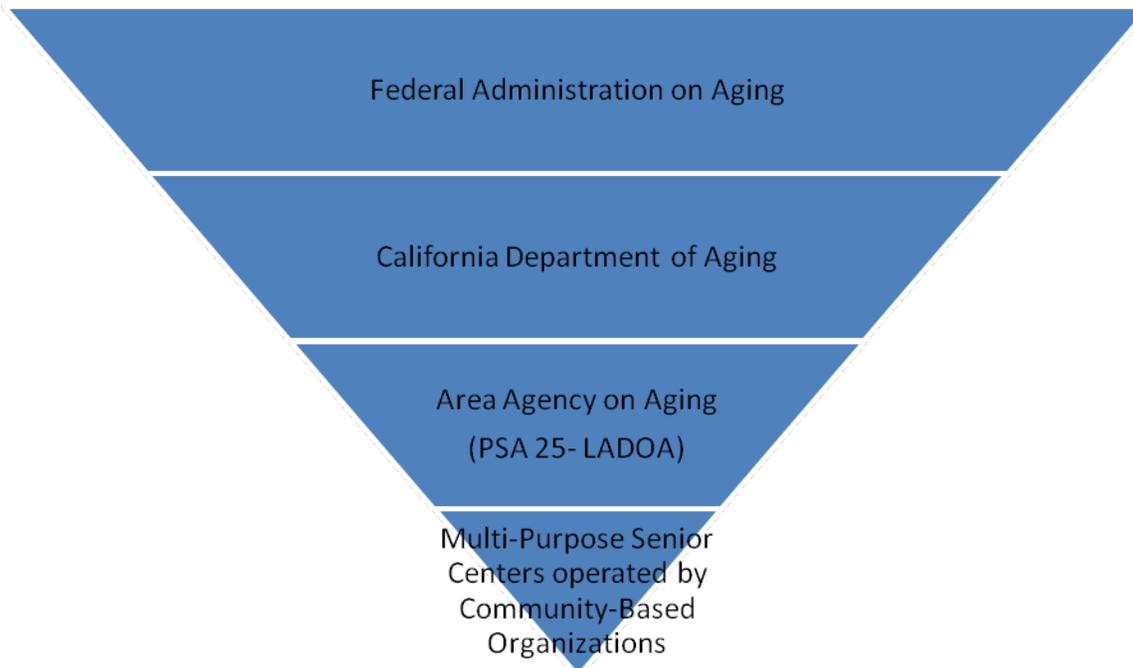
- Home Delivered Meal Program (the City appropriated \$1.8 million in FY 2011-12 to supplement OAA funding for the Title III-C2 program)

Other than the Senior Community Service Employment Program (Title V) which is directly administered by the Department, the services are primarily provided through contract providers with oversight by LADOA to ensure contract performance.

PROGRAM FUNDING

The federal Administration on Aging (an office within the Department of Health and Human Services), distributes OAA grant funds based on a formula related to the ratio of seniors in each state to the country's total senior population. Using its Intra-State Funding Formula, California Department of Aging (CDA) re-allocates funding to each of the 33 planning and service areas in the State. The City receives the second largest amount of OAA funding in the State. In addition to the formula grant, funding for these programs is also received from other federal and private sources, as well as the City's General Fund. OAA's oversight and hierarchy is as follows:

OAA OVERSIGHT AND HIERARCHY



LADOA annually administers approximately \$25 million in funds, mostly from the federal government, flowing through the CDA. The City and its contracted service providers are required to provide matching funds (Table 3 below) for some programs. LADOA

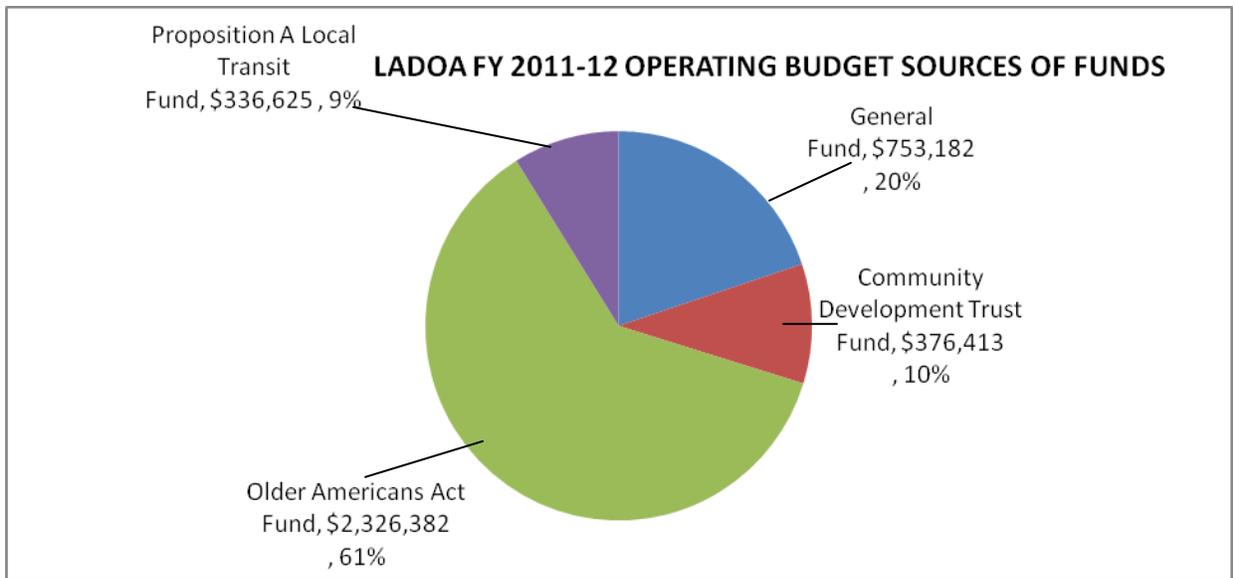
receives grant funds by submitting claims for reimbursement to CDA. Funds received are deposited into City accounts, and the funds are used to reimburse service providers and pay for directly operated programs. A portion of grant receipts, \$3 million, is used to fund LADOA's internal operations. Table 3 below shows the FY 2011-12 estimated grant receipts and the associated City matching funds. In addition, the General Fund provided \$1.8 million in FY 2011-12 to supplement OAA funding for the Home-Delivered Meals program (III-C2).

Table 3

FY 2011-12 Estimated Grants Receipts for Senior Programs		
Purpose/Source	Grant Receipts	City Match
Senior Social Services	\$ 4,596,896	\$ 564,499
Senior Citizen Nutrition Program	\$ 8,898,398	\$ 978,824
Senior Community Service Employment	\$ 1,704,627	\$ 217,169
Preventive Health Services	\$ 245,873	\$ 24,686
Proposition A (Transportation)	\$ 3,599,500	
CDBG	\$ 1,861,949	
Family Caregiver Program	\$ 1,635,652	\$ 408,913
	\$ 22,542,895	\$ 2,194,091
<i>Source: FY 2011-12 Adopted Budget</i>		

OPERATING BUDGET

The Department's FY 2011-12 operating budget was \$3.8 million, 95% of which is used to fund payroll for 41 positions. The Department receives approximately \$3 million (79%) of its budget from special funds and the remaining \$753,000 (20%) is from the General Fund. Sources of funding for the Department's operating budget are as follows:



Source: FY 2011-12 Adopted Budget

OBJECTIVES, SCOPE AND METHODOLOGY

The overall objective of this audit was to examine the Department’s sources of funding and how these funds are spent to carry out its mission and objectives. This involved evaluating how the Department plans, programs, and spends funds to ensure the effective use of resources to achieve the Department’s mission and objectives.

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Fieldwork was conducted between February and August 2012 and covered activities for FY 2010-11 and FY 2011-12. For our sample selection of MPCs to review during this audit, we selected one MPC from each of the City’s seven Community Plan Areas.

Since the East, Harbor, and West Plan Areas each have only one MPC within their boundaries, we visited these three MPCs. For the four remaining Plan Areas (North Valley, South Valley, Central and South) that each have more than one MPC, the MPC selected for review was based on their reported low performance indicators for nutrition and transportation program services, and high discrepancies between the nutrition data in the Department’s Client Tracking System and data reported to CDA for the MPCs. The seven Community Plan Areas and the MPCs we visited are as follows:

Community Plan Area Multi-Purpose Senior Center (MPC)

- | | |
|----------------|--|
| ➤ North Valley | Robert M. Wilkinson |
| ➤ South Valley | ONE Generation |
| ➤ Central | Freda Mohr |
| ➤ East | International Institute of Los Angeles |
| ➤ West | Felicia Mahood |
| ➤ South | Bradley |
| ➤ Harbor | Wilmington |

In conducting our audit, we interviewed LADDA management, senior center staff, and reviewed applicable OAA and Proposition A policies and procedures to obtain an understanding of the service delivery system. We also conducted walkthroughs of the tracking systems used by the Department and Centers to understand the data collection and reporting processes.

We focused our detailed testwork on three programs – nutrition, transportation and senior community service employment. These programs receive two-thirds of the Department’s annual funding. We reviewed a sample of over 160 client case files at 7 senior centers to determine the accuracy of the reported client information and the effectiveness of program delivery. In addition, we rode along with Center’s home-delivered meals and transportation drivers to observe client service and to solicit client feedback. The remainder of this report details our findings, comments, and recommendations.

AUDIT FINDINGS AND RECOMMENDATIONS

SECTION I: PROGRAM ADMINISTRATION AND OVERSIGHT

Finding #1: While the Older American Act was created to serve the needs of all seniors, the Act requires each Area Agency on Aging to give preference to senior citizens with the greatest social and economic needs (particularly low-income and minority individuals). LADOA does not track, and therefore is not able to clearly demonstrate, the effectiveness of its outreach activities to these targeted groups within the City.

In 2006, Congress amended the Older Americans Act to primarily establish that AAAs prioritize providing services to older individuals with the greatest economic need and the greatest social need, older individuals with limited English proficiency, and older individuals at risk for institutional placement, with particular attention to low-income minority individuals. In other words, while the OAA is concerned with providing services to all seniors, its intent is to target and prioritize services for the neediest and most vulnerable seniors within each PSA.

Effective targeting allows the Department to use its limited OAA resources to helping those who are at the greatest risk.

According to Section 306 (a) (4) (i) of the OAA, an area plan must:

“provide assurances that the AAA will (1) set specific objectives, consistent with State policy for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (2) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and (II) establish proposed methods to achieve the objectives described in items (1) and (2).”

To comply, the Department, in its annual plan states that it assures that its outreach efforts would identify, among others, individuals eligible for assistance under OAA, with special emphasis on older individuals with the greatest economic and social needs (with particular attention to low-income minority individuals).

The Department’s Information and Assistance Division conducts various outreach presentations targeting minority communities and low-income individuals every year. It has also translated many of its brochures and handouts into several languages (Spanish, Mandarin, Korean, Armenian, etc.) to target non-English speaking seniors. Staff are also assigned to coordinate outreach efforts and activities with Council district

offices with high concentrations of low-income and minority older adults. However, the Department does not track or measure the effectiveness of its outreach efforts to determine the level of Department services provided to these targeted groups.

Also, although the Department incorporates language in its contracts that require providers to target services to these individuals, LADOA does not coordinate its outreach activities with providers nor does it monitor providers' outreach efforts. Center staff reported that they hand out fliers in low-income neighborhoods in an attempt to reach out to the seniors living in those neighborhoods. However, like LADOA, Centers also do not track nor measure how effective their outreach efforts are in impacting the level of services provided to the targeted groups.

Staff indicated that since these programs are not means-tested, and participants do not have to provide any income information, it is difficult to determine the level of services provided to low-income individuals. Without such measurement, it is difficult to assess whether outreach activities are effective in increasing the participation of targeted groups. Further, without a methodology to measure the outcome or results over time, it is difficult for the Department to demonstrate that it is meeting the intent of this OAA provision.

We noted the Department collects, and most participants voluntarily provide, information that could be used to develop metrics to measure the effectiveness of its outreach activities on increasing participation of targeted groups. However, the Department does not use "low-income" or "ethnic" data that Centers collect to periodically determine whether it is providing services to the number of minority and low-income seniors, at least in relative proportion to their population in each ASA, with the goal of gradually increasing the rates of participation.

LADOA staff stated that they looked into the participation rate of the targeted groups for each ASA a few years ago and found that additional efforts are required. This was a one-time project, and a review of the result for the MPCs that we visited disclosed that data used for those analyses was incomplete. Also, as discussed in Finding #5, we noted significant data reliability problems with the client data collected by Centers and reported to LADOA. The Department needs to resolve data accuracy issues before the system data can be used to accurately measure participation rates, or used to develop any other metrics to measure the effectiveness of its outreach activities.

Recommendation

- 1. LADOA management should develop a methodology to determine the effectiveness of its outreach efforts to low-income and minority seniors. This must first address the reliability of client data collected, and then include a periodic determination of whether it is providing services to low-income and minority seniors at least in relative proportion to their population in each ASA, with the goal of gradually increasing their rate of participation.**

Finding #2: The Department's funding formula to local ASAs that was adopted in 1993 does not adequately address the more recent emphasis of the OAA that gives preference to seniors with the most social and economic needs.

FUNDING ALLOCATION PROCESS

The federal Administration on Aging allocates OAA funding to the States based on the proportion of seniors residing in each state based on census data. Section 1321.37 of the OAA regulations require each state agency to develop an intrastate funding formula (IFF) that takes into account, to the maximum extent feasible, the best available statistics on the geographical distribution of individuals aged 60 and older in the State. In accordance with the 2006 amendments, the formula must also give preference to older individuals with the greatest economic or social needs, with particular attention to low-income minority individuals. In response, CDA developed its IFF to distribute funds to the 33 AAAs in California.

CDA Intrastate Funding Formula

According to the California State Plan, the CDA's IFF was developed (1) to support the provision of needed services to older persons; (2) to reflect the relative emphasis required by the OAA; (3) to provide consistent emphasis to individuals with certain characteristics, regardless of their area of residence; and (4) to be responsive to California's diversity.

CDA developed its formula to allocate program funds based on weighted population figures. Weighted population totals are computed for each PSA by combining the following factors:

- The number of non-minority persons aged 60 and older in each PSA is multiplied by a weight of 1.0. This recognizes that while OAA requires CDA to give "preference" and "particular attention" to older individuals with certain characteristics, other older individuals with needs are also served.
- The number of minority persons aged 60 and older in each PSA is multiplied by a weight of 2.0 (twice as much weight as "non-minority").

- The number of low-income persons aged 60 and older in each PSA is also multiplied by a weight of 2.0.
- The number of geographically isolated persons aged 60 and older in each PSA is multiplied by a weight of 1.5 (rural area factor).
- The number of Medi-Cal eligible persons aged 60 and older in each PSA is multiplied by a weight of 1.0 (considered only for Title IID funding).
- The total weighted population for each PSA is converted into a proportion of the total weighted population for all PSAs, and the result is used to allocate and distribute funds.

By assigning twice as much weight to the low-income and minority populations as the “60+ non-minority”, CDA believes it is appropriately targeting and giving “preference” and “particular attention” to older individuals with the greatest economic and social need, as required by the OAA. CDA’s formula and associated weights for distributing OAA funding described above can be summarized as follows:

<u>CDA Formula Factor</u>	<u>Weight</u>
60+ non-minority	1
60+ minority	2
Low Income	2
Rural Area	1.5

CDA’s formula has resulted in the City receiving the second largest allocation in the State.⁴

LADOA Funding Formula

LADOA also has a funding formula it uses to allocate OAA funds to the 15 ASAs within the City. The City’s formula was approved by Council and was last revised in 1993. The LADOA uses four categories of demographic data from the Census to make the allocation.

LADOA then weights census data for each ASA using the following four categories:

<u>Formula Factor</u>	<u>% Weight</u>
60+	20
Frailty	30
60+ minority	25
Low Income	25

⁴ Los Angeles County PSA receives the largest funding allocation in the State, and oversees programs for seniors residing in all cities within the County, excluding the City of Los Angeles.

The Census demographic data, weighted by these factors, are used to proportionally distribute funds to ASAs.

As noted above, the City's current formula uses factors and weightings that are slightly different from the State's IFF. For example, the Department assigns weight to the total population (60+), while CDA breaks up the total population into "60+ minority" and "60+ non-minority" before applying weights to them. Also, the Department's formula has a 30% weighting for frailty, but the CDA does not include this factor in its formula. The Department was unable to fully explain how the factors and associated weights used in the City's allocation formula were derived and/or why the formula is inconsistent with the CDA's IFF.

We recognize that AAAs are not mandated to use CDA's formula within their PSAs. However, since CDA's formula was developed to place emphasis on minority and low-income seniors in compliance with the OAA's intent, it would appear reasonable for the City to apply the same formula to distribute funds to the ASAs within the City.

To determine whether using the State formula would have resulted in significantly different allocation amounts from the City's current formula, we analyzed the Department's allocation for FY 2012-13. Table 4 below page shows the results:

Table 4
Comparison of Funding Allocations Among ASAs
Using the City Versus the State Formula

	% of OAA funding Allocated by LADOA Using City Formula	% of OAA Funding Calculated Using State Methodology	Difference	Estimated FY 2012-13 Funding Impact (1)	Estimated 10- Year Impact (2)
	A	B	C= B - A	D	E
ASA # 1 NW Valley	6.67%	7.01%	0.34%	\$ 40,137	\$ 401,373
ASA # 2 NE Valley	5.75%	6.05%	0.30%	\$ 35,575	\$ 355,748
ASA # 3 SW Valley	9.23%	9.17%	-0.06%	\$ (6,878)	\$ (68,780)
ASA # 4 Mid Valley	6.98%	7.07%	0.10%	\$ 11,532	\$ 115,320
ASA # 5 East Valley	5.38%	5.42%	0.04%	\$ 4,690	\$ 46,897
ASA # 6 Westside	5.59%	5.65%	0.06%	\$ 7,297	\$ 72,974
ASA # 7 W. Wilshire	5.95%	5.79%	-0.15%	\$ (18,085)	\$ (180,852)
ASA # 8 Northside	7.53%	7.30%	-0.23%	\$ (27,063)	\$ (270,628)
ASA # 9 East Side	8.77%	8.96%	0.19%	\$ 22,784	\$ 227,840
ASA # 10 City	9.99%	9.54%	-0.45%	\$ (52,970)	\$ (529,695)
ASA # 11 Southwestern	6.20%	6.26%	0.06%	\$ 7,059	\$ 70,587
ASA # 12 West Adams	5.67%	5.59%	-0.08%	\$ (9,773)	\$ (97,732)
ASA # 13 Central	6.55%	6.15%	-0.40%	\$ (46,608)	\$ (466,076)
ASA # 14 South Central	5.39%	5.40%	0.01%	\$ 603	\$ 6,029
ASA # 15 Harbor	4.37%	4.64%	0.27%	\$ 31,699	\$ 316,995
	<u>100.00%</u>	<u>100.00%</u>			

(1) Based on FY 2012-13 OAA Allocation of \$11,733,166. Each ASA received an average of over \$780,000.

(2) Assumes LADOA uses the same allocation % for ten years, and funding remains at the FY 2012-13 level.

Source: Column A was calculated by LADOA while columns B,C, D & E were auditor calculated based on Department's ASA population records.

Since LADOA has generally changed the distribution percentages only every ten years based on census data, the cumulative effect of the differences could be substantial over a ten-year period for some ASAs (ASA #1 deriving the greatest benefit and ASA #10 losing the most funding).

For example, assuming the same annual funding level, CDA's methodology could result in approximately \$400,000 in additional funding over ten years for ASA #1 (Northwest Valley). On the other hand, CDA's methodology would result in a decrease of over \$530,000 in funding for ASA #10 (City) during the same period. Because of this wide variability, it would be beneficial for the Department to revisit its methodology to

determine whether it needs to be updated to ensure that it is appropriately distributing funds to target the neighborhoods with the most vulnerable seniors in the City.

Mid-Year Reallocation Process

The Department stated that the initial allocations may not be all that important because it performs a mid-year reallocation to help ensure funds are appropriately moved to areas where there is a greater demand for services. Halfway through the fiscal year, Department managers analyze approved budget versus actual expenditures for each program, as well as performance metrics for each program to assess whether the provider is on track to achieve established goals.

These evaluations form the basis for the Department's reallocation of funding to maximize total spending during the program year. During this process, providers who are not spending all budgeted amounts may lose a portion of their allocated funding to other providers.

While the idea of a mid-year review process appears reasonable as a monitoring tool, LADOA's process is flawed because it penalizes providers who do not spend 100% of funds allocated to them. For instance, if a provider is unable to fill a budgeted position for a period of time, resulting in less personnel expense, the provider would lose the unspent amount to redistribution. However, a provider who incurs expenses on par with their approved budget would not see a reduction in funding even if it is underperforming. For example, we noted one provider that achieved 83% of its goal for congregate meals as of the time the Department computed its redistribution, but this provider did not have its personnel funding reduced because its costs were on par with its budget.

In addition, mid-year reallocations should not replace a balanced and practical initial allocation that focuses limited resources on the neediest and the most vulnerable seniors in the City. Initial allocations should be used as a planning tool and should reflect realistic expectations of services to be provided in each ASA.

Furthermore, despite the Department's mid-year reallocation, we noted that the Department is still not maximizing the funding awards it receives. In FY 2009-10, the Department left approximately \$1.5 million (from Title III and Title V programs) in OAA funds unspent. CDA later reallocates these funds (along with funds remaining from other AAAs) as One Time Only (OTO) funds to PSAs around the State, including the City. However, the reallocation usually occurs near the end of the subsequent fiscal year, leaving the Department with very little time to obtain the Council's approval to properly distribute and spend the funds. LADOA staff attributed this large unspent amount to the fact that AAAs were mandated to spend funds received under the 2009 American Recovery and Reinvestment Act before their regular OAA appropriation.

In FY 2010-11, LADOA did not spend approximately \$1.3 million out of \$16.3 million (8%) in Title III and V appropriations. The Department indicated that because of the State's budget impasse, it did not receive funding until approximately six months into

the fiscal year, which contributed to the unspent appropriations. However, since LADOA was able to secure a temporary bridge loan from the City, the impact of the delay was somewhat mitigated and the Department could have better coordinated with its providers to maximize FY 2010-11 awards.

The Department may not be effectively utilizing the funding it receives to obtain maximum benefits for as many seniors as possible. We encourage the Department to work with its network of providers to better plan its programs. As discussed throughout this report, increased outreach efforts to targeted seniors, improved contracting processes, and a reexamination of the allocation process would help support that outcome.

Recommendation

- 2. LADOA management should revisit the allocation formula currently used for ASAs in comparison to the State IFF. If changes appear warranted, LADOA should consider adopting a revised allocation method for ASAs.**

Finding #3: LADOA's contracts with providers lack performance accountability for the number of meals served.

LADOA determines the contracted number of meals to be served in each ASA by dividing the amount allocated to the ASA (based on the formula discussed in finding #2) by \$4.97⁵. This would suggest LADOA intends to reimburse providers \$4.97 per meal served. For example, if an ASA is allocated \$200,000 for the congregate meal program, the provider will be contracted to serve 40,241 meals (i.e., \$200,000 divided by \$4.97).

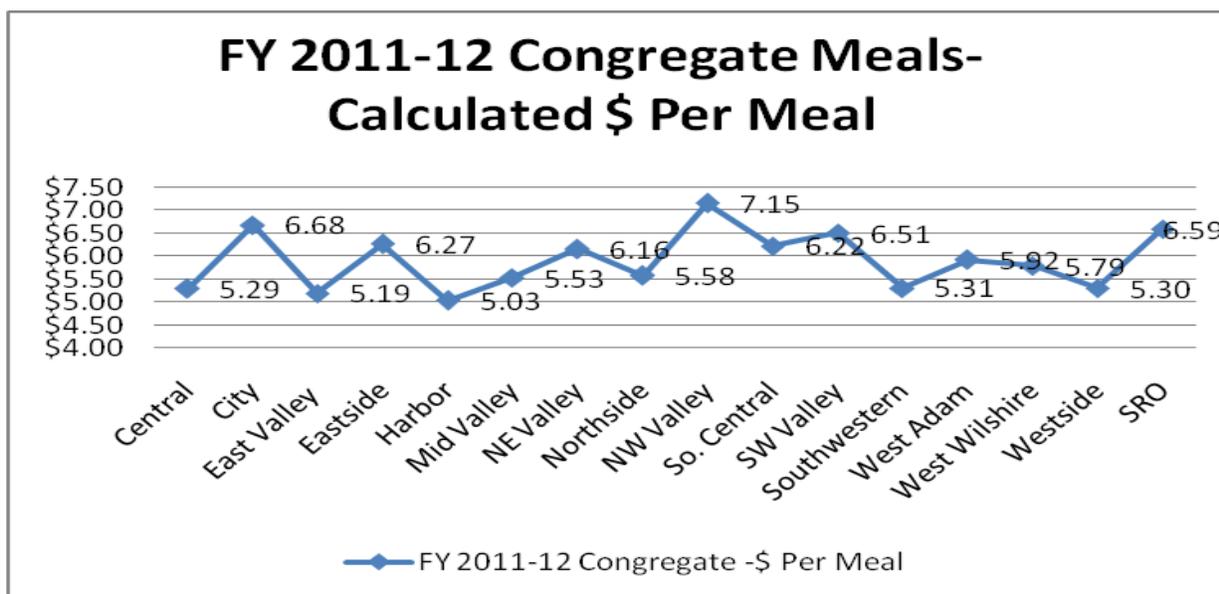
The contracted number of meals established for each provider appears to be simply a goal, because providers are not paid based on the actual number of meals served. Instead, LADOA reimburses providers based on actual costs, up to the contract maximum. Each provider prepares an annual budget (personnel, direct and indirect costs) based on the amount allocated to the ASA that the provider is contracted to serve. Projected annual budgets are further broken down by month. Approved budgets become expenditure guides and are included in each provider's contract along with the contracted number of meals.

To seek monthly reimbursement, providers submit actual expenses, which are required to be in line with the approved budget. However, the current payment process does not penalize providers for serving less than the contracted number of meals. As long as a provider submits expenses that are within the approved monthly budget, the provider

⁵ LADOA indicated the \$4.97 cost per meal for congregate meals has been used for quite some time, and they do not know how the number was originally derived. LADOA uses \$5.79 per meal to compute the number of contracted home-delivered meals.

will be paid, even if they are underperforming with respect to the contracted number of meals. This approach does not encourage efficiency and results in different dollar per meal rates paid to providers.

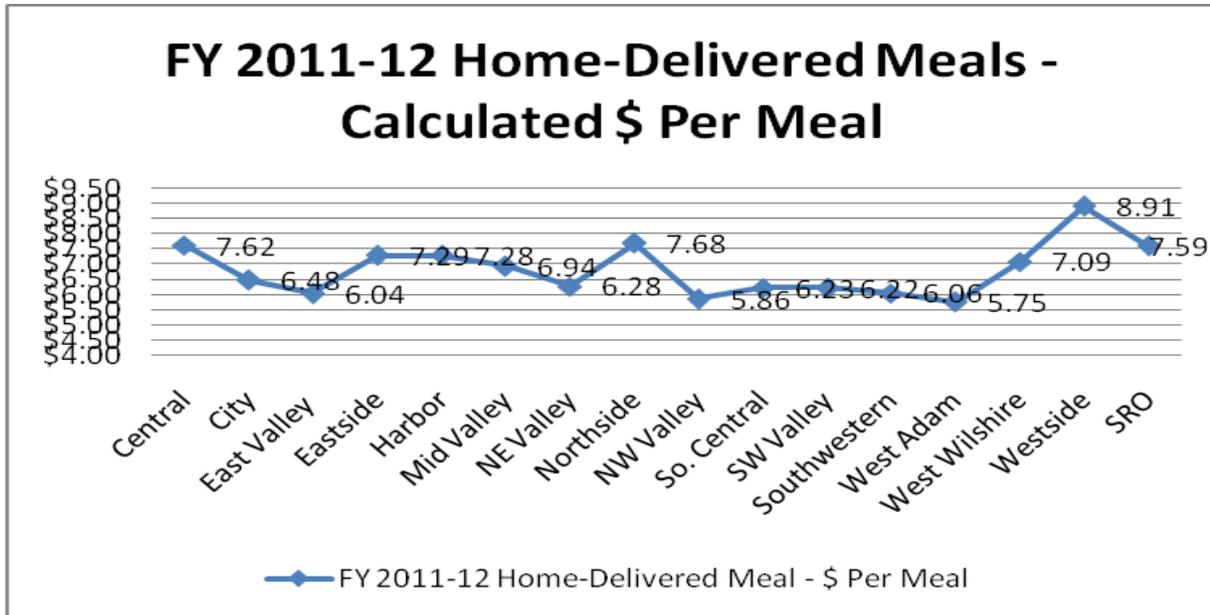
To determine the extent to which the dollar per meal rate differs from one provider to another, we analyzed FY 2011-12 nutrition expenditures and the number of meals served, as recorded in LADOA's records provided to us. It should be noted that, as discussed in Finding #5, we found program data, including the number of meals reported, to be unreliable. Nonetheless, to improve efficiency, the Department needs to reexamine its payment process for congregate and home-delivered meals. The chart below shows the result of our analyses of dollar per meal rates for congregate meals:



As noted above, the average amounts paid per congregate meal ranged from \$5.03 to \$7.15 (a difference of 42% between the two figures), resulting in an average of \$5.91 per meal. In general, the providers with the highest rates are those that served less than the contracted number of meals. This indicates that LADOA's current payment process does not encourage effectiveness. Because the Department does not penalize providers for serving less than the contracted number of meals, it is possible for an inefficient provider to be paid the contracted maximum, even if it does not provide the contracted number of meals.

For example, South West Valley served 92% of 65,122 contracted meals, which resulted in \$6.51 per meal, a higher than average dollar per meal. For this ASA, assuming the Department paid an average dollar cost per meal of \$5.91, it could have served thousands more in additional congregate meals to needy seniors and/or reduced the amount paid to the ASA.

Similarly, our analysis of the average amounts paid per home-delivered meal shows that the payment per home-delivered meal ranged from \$5.75 to \$8.91 (a difference of 55% between the two figures), with an average of \$6.64. The home-delivered dollar per meal rates are shown in the chart below:



As shown above, Westside’s per home-delivered meal cost of \$8.91 was the highest in FY 2011-12. During that fiscal year, Westside served only 73.5% (20,025 of 27,227) of the contracted number of meals. Again, for this ASA, assuming the Department paid an average dollar per meal of \$6.64, LADOA would have been able to serve over 6,800 additional home-delivered meals or reduce the amount paid to the ASA.

We surveyed other AAAs to determine whether the agencies reimburse providers based on costs (up to the contract maximum) or a fixed price per meal served. All AAAs that we contacted, including Los Angeles County, Contra Costa County, San Francisco and San Diego disclosed that they paid their providers a fixed dollar amount per each meal served. Paying a negotiated fixed dollar per meal would help increase effectiveness by establishing performance accountability, and would simplify contracting and payment processes. However, before a “fixed price per meal” can be implemented, the Department must resolve its data accuracy issues and ensure it has a process to accurately determine the number of meals each provider serves.

LADOA management stated that it sees some benefits to a “fixed-dollar-per-meal” methodology, but that this option may present some drawbacks. Management explained that it developed its current system of paying providers using costs (up to the contract maximum) because many of its community-based providers are small organizations and have overhead costs that need to be covered to make the contract feasible. However, management stated it would contact other AAAs to obtain more information on how these agencies set up their agreements.

Recommendation

- 3. LADOA management should formally evaluate whether it should incorporate a “fixed price per meal” into future provider contracts for congregate and home-delivered meals served. As an alternative, LADOA management should consider penalizing ASAs who do not meet certain goals.**

Finding #4: Provider contracts are not executed timely, affecting providers’ ability to operate the programs effectively.

Every four years, LADOA issues a Request For Proposal (RFP) to solicit bids from non-profit community-based organizations to operate multi-purpose senior centers and provide OAA services. The last RFP was issued in 2010. For 12 of the 15 ASAs, the Department received only one proposal each. We reviewed the RFP evaluation and selection process and noted that the process appears reasonable and in compliance with applicable policies.

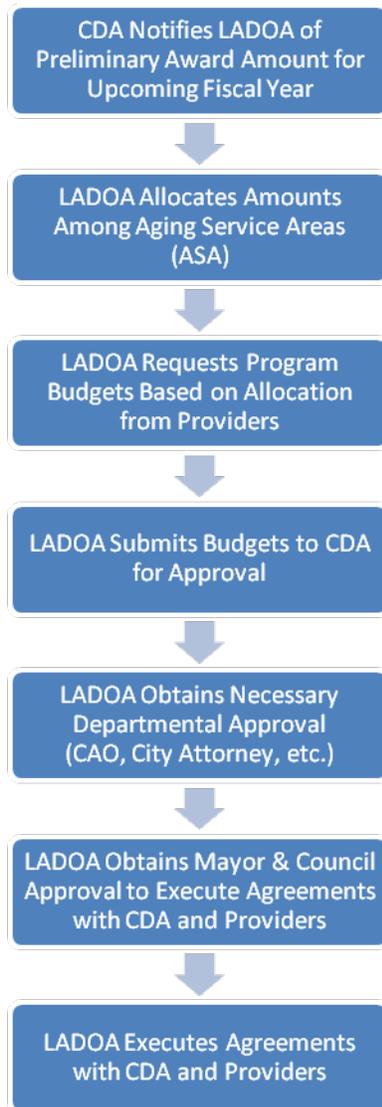
However, the execution of annual contracts with providers appears to take too long. We noted that FY 2011-12 OAA contracts were executed at the end of August 2011, two months after the beginning of that fiscal year. As of mid-September 2012, LADOA still did not have contracts in place for an Evidenced-Based program that should have started on April 1, 2012. Similarly, as of mid-September, LADOA had not executed any OAA contracts for FY 2012-13 that began on July 1, 2012. Thus, the contractors were performing services without an official contract in place, and they were unable to receive funds to pay for these services.

In the meantime, providers are expected to continue to serve seniors without interruption since they will be reimbursed once the contracts are in place. Providers that we visited expressed concerns and stated that they may not have the financial ability to continue to provide service for several months without receiving funding. Some indicated that they may have to layoff staff because of their inability to meet payroll. The cash flow difficulty is especially greater for providers with multiple ASA contracts and smaller organizations that do not have a high line of credit or reserves from which they can draw funds to continue to finance operations. Any interruption in service would adversely affect seniors who depend on these services.

The main contributing factor to the delay is the fact that several agencies are involved in the contracting process. The process begins with CDA providing preliminary grant awards to the Department. LADOA allocates funding to ASAs based on the City’s allocation formula and requests providers to prepare their program budgets based on funding allocated to each ASA. The Department then obtains necessary approvals from the City Administrative Office (CAO) and the City Attorney. Budget documents are submitted to CDA for preliminary approval. LADOA then requests Mayor and Council approval to accept the grant funds and to execute contracts with CDA and the

successful bidders for the senior programs. Once approved by the Mayor and Council, the Department can then execute agreements with CDA and the providers. The process is depicted by the diagram below:

LADOA ANNUAL CONTRACT PROCESS



As noted above, the process can only begin when CDA notifies LADOA of grant awards. LADOA has no control over CDA's processes. However, we noted that, over the last few years, CDA has notified the Department in or around March, leaving the Department about three months to complete the next steps before the beginning of the fiscal year when the provider contracts would become effective. Our discussions with other AAAs disclosed that three to four months has typically been sufficient for them to get contracts in place. LADOA staff agrees that the City process could be streamlined to reduce time.

Department staff indicated that they encounter delays when providers do not turn in their budgets timely or when they have to work with City staff who are unfamiliar with OAA senior programs. Other AAAs reduce the time taken to execute contracts by executing multi-year agreements that allow them the flexibility to change annual funding amounts. For example, the Los Angeles County and Contra Costa County AAAs both have four-year agreements with their providers, with annual amendments to reflect funding level changes. According to these agencies, they are able to execute annual funding amendments for the second, third and fourth years of their contracts much faster and well before a new fiscal year begins.

While the City also solicits bids every four years, an agreement is typically executed for one year. For each of the three subsequent years, LADOA executes a full contract amendment and goes through the same lengthy approval process for these subsequent years. It would be more efficient to execute a multi-year agreement covering four years, which specifies a maximum contract amount for each year and, in total. Department management stated the possibility of using multi-year contracts has been discussed with the City Attorney's Office. However, little progress has been made to date.

According to the City Attorney's Office, the Los Angeles Administrative Code limits Departments contracting authority until the "fiscal allocation" is known. Hence, LADOA is prohibited from committing the City to a multi-year agreement with providers because the funding levels for future years are unknown.

In order to resolve this issue, the Administrative Code may have to be modified to permit LADOA to execute multi-year agreements, up to an anticipated maximum based on funding availability. This would allow providers to better plan their operations to maximize funding to serve as many seniors as possible.

Recommendation

- 4. LADOA management should work with the Mayor's Office, the City Attorney, City Administrative Officer and the providers to pursue any necessary changes in the Los Angeles Administrative Code that would allow the Department to execute multi-year contracts, subject to grant funding availability.**

Finding #5: LADOA lacks a comprehensive system to collect program data and report accurate results.

Inadequate System Functionality

LADOA and its contractors enter data and program activity into the Department's Client Tracking System (CTS). LADOA developed CTS "in-house," and continues to devote resources to modify and enhance it. CTS is used to process intake forms, track meals

served, and manage transportation services. The Department also uses CTS to electronically submit required data to CDA and other agencies.

However, system development and support have been inadequate, which has contributed to data reliability issues facing the Department over the past several years. Between 2005 and 2010, when the employee who developed CTS transferred out of the Department, use of CTS by providers declined substantially due to lack of training and support. Because this individual developed the system and was the only in-house expert, the Department was heavily dependent on him for system maintenance. During this individual's absence, LADOA manually compiled data for reporting to CDA and several providers stopped using the system. When the employee returned to LADOA and restarted CTS in late 2010, only about half of the providers were using CTS.

CTS lacks adequate system functionality to ensure the accuracy and reliability of transactions. To determine whether data submitted by LADOA to CDA are accurate, we reviewed a copy of the error log from a recent CDA upload and noted it listed an error with the "Submission Result" of "fail" for 475 records. We also analyzed a file of "unduplicated clients" submitted for the 4th Quarter of June 2011 and found the data contained nearly 400 duplicates. LADOA systems staff agreed that there were errors in "unduplicated client" numbers submitted to CDA. The lack of adequate system functionality to prevent errors has led LADOA and providers to place excessive reliance on manual and redundant data entry.

CTS also does not currently have a case management module; therefore, case management services and notes must be kept manually. Having a comprehensive system would provide Department monitors the ability to review case notes and provide adequate and on-time supervision of providers. LADOA stated that it is planning to implement such a module in the future.

Also, it is difficult for providers to interface their own systems with CTS, which requires Center staff to input data into multiple systems. Finally, as technology advances, the current program software utilized will soon become obsolete, likely making it difficult for LADOA to upgrade, if necessary.

Data Reliability

CDA requires the Department to periodically submit a variety of data including a demographic file and units of service by program. LADOA also uploads transportation data to the National Transit Database periodically. According to the Department, up until about five years ago, the Department had primarily accumulated and summarized this data manually. In FY 2008-09, CDA implemented a new system, and started requiring AAAs to electronically submit data.

As stated above, one factor undermining system data reliability is the fact that MPCs only selectively enter data into CTS, increasing the risk of incomplete data. For example, in reviewing the spreadsheet used to compile the numbers reported to CDA

for FY 2011-12, we noted the Department underreported the number of meals for one MPC by over 14,000. This was primarily due to the provider not fully utilizing the CTS and to input errors by the Department. While the provider reported the number of meals manually, LADOA staff erroneously missed entering the numbers, which then caused the number reported to be understated.

During our site visits, we noted several other instances where providers underreported numbers in CTS. For example, at one location, a CTS report shows the MPCs served a total of 16,568 congregate meals during FY 2011-12 instead of 63,509 per records maintained in a spreadsheet outside of CTS. At another MPC, CTS shows home-delivered meals served of 16,819 instead of 35,293. However, as discussed in the next section of this report, we also found that some of the numbers reported to the Department could not be fully supported.

In an attempt to increase accuracy, the Department continues to rely on a combination of CTS and manual processes to collect required data from the MPCs. This is inefficient. Staff and providers are spending a considerable number of hours gathering data. Many providers expressed concerns that the administrative functions of collecting and gathering data is too cumbersome, and is becoming even more time consuming because they have to document participant profiles and units of service in multiple systems manually and in CTS, and in some cases, in the provider's own in-house systems. Some Department program staff even maintain their own ad hoc spreadsheets for tracking MPC performance data for monitoring purposes, because they consider the CTS data unreliable.

Our discussions with CDA disclosed that CTS is the only in-house developed system used by any AAA in California. CDA further indicated that LADOA data uploads to the CDA's system often generate data errors that result in occasional data rejection and re-submission.

Other AAAs use off-the-shelf software to manage their program data. Contra Costa and San Francisco AAAs both stated that they used to have similar data reliability challenges when they used their own in-house data collection system, and praised their current off-the-shelf software. Los Angeles County also uses off-the-shelf software to track its senior program data. Benefits described by these agencies included ease of uploading data to CDA system, fewer system glitches, fewer duplicate entries, and overall cost savings.

LADOA management cited costs as the reason for not exploring these options. However, the Department was unable to provide evidence of a formal cost/benefit analysis to show that the human costs of inefficient dual data entry have been considered as part of this decision making. To improve data reliability and the quality of performance metrics being reported to CDA and other agencies, the Department needs to resolve its system reliability issue and explore alternative options to minimize the inefficiencies that exist in its current data collection process.

The Department stated that it is now researching several off-the-shelf packages but has yet to find a package that could accommodate all their program and financial monitoring needs. Since the Department is not likely to find an off-the-shelf software package that would accommodate 100% of its current processes, LADOA should re-engineer its processes to take advantage of available packages. LADOT management stated that it will continue looking at alternative solutions that would help eliminate redundancy and improve data reliability.

Recommendation

- 5. LADOA management should pursue alternative software solutions to the Client Tracking System to eliminate redundant data entry and to improve the system interface and integration with other systems.**

Finding #6: LADOA met only 12 of 41 (29%) objectives related to four broad goals established in 2009. The Department no longer tracks the majority of remaining unmet objectives.

Goal setting is a basic tool that managers use to set directions for their organizations. Having established goals and objectives helps raise the commitment level of those involved, and helps the organization, whether private or public, achieve them. However, when goals and objectives are not measured or followed-through to completion, it sends a message that the organization lacks focus and commitment.

CDA requires each AAA to establish priorities for the planning cycle based on its needs assessment.⁶ The identification of priorities involves analyzing various data from the needs assessments to identify new initiatives or to determine what changes are needed to improve existing services. Each AAA must then develop goals and objectives related to the identified priorities. Goals are broad concepts that reflect the AAA's mission, while objectives are specific, measurable statements of action intended to meet the AAA's goals.

Once established at the beginning of a cycle, AAAs report the status to CDA at the end of each of the next three years. In its 2009-12 Area Plan, LADOA established four broad goals along with 41 specific related objectives. The Department also included specific actions to be taken to achieve each objective. The four goals were to:

- Promote comprehensive, accessible, and culturally competent system of community-based older adult and caregiver programs.
- Secure additional funding for long-term program expansion, create opportunities for committed community support, and carry out capacity building for an entire system of care.

⁶ The planning cycle for the City is every four years. The current cycle covers 2009-2012.

- Promote elder rights by working with older adults on a strengths based approach by providing information and program resources for older adults to defend their dignity, independence, and hard earned resources.
- Expand intergenerational programming with older adults actively sharing their life experience to assist building community capacity.

We reviewed the Department's area plans and subsequent updates to assess the Department's accomplishments relative to the established goals. Of the 41 specific objectives related to the four goals, LADOA only met 12. According to LADOA's 2011 status reported to CDA, the Department's accomplishments can be summarized as follows:

- 12 objectives were met
- 9 objectives were not met
- 18 objectives were partially achieved
- 1 objective - the result was unclear
- 1 objective is no longer applicable

The Department indicated that CDA does not require an update for the last year of each cycle, preferring instead for LADOA to concentrate on the new Area Plan for the 2013-16 cycle. For this reason, there is no final update that clearly shows whether LADOA met each objective by the end of the four-year cycle. Of the 27 objectives (18 partially completed and 9 objectives not completed) that appear to be in progress, we noted the Department no longer tracks 19 objectives and has stopped working towards achieving them. LADOA stated that these objectives were not included in the new plan because they were not required by CDA.

However, we noted that some of the objectives are still relevant. For example, one incomplete program development objective was to implement a pilot project relating to the provision of dental services for older adults who are without health insurance. Another objective was to develop a pilot project at four MPCs that will provide computer training for seniors, including repair and installation. The intent of this objective was to create a team of seniors who can train home-bound seniors and/or their caregivers on the use of the computer to access services.

Even if no longer required by the CDA, these objectives and several others from the 2009 Area Plan may still be worthwhile. The Department should reevaluate these objectives and eliminate any outdated or redundant actions but definitively conclude on how the Department met each one. These overall results should be considered in future planning efforts to form new goals and objectives.

Recommendation

- 6. LADOA management should ensure the goals and objectives established in the Area Plan reflect stated intentions of the AAA, and continue to measure their progress in order to achieve desired results over time, up and until new or revised goals and objectives are established.**

SECTION II: PROGRAM DELIVERY AND MONITORING

MONITORING PROCESS

LADOA has eight staff assigned to perform fiscal and program monitoring of providers and program delivery. The following are brief descriptions of their duties.

Fiscal Monitoring

The Department's Fiscal Division is responsible for monitoring grants administered by the Department. The Department's accountants review monthly invoices against the approved budget to ensure costs are allowable, reasonable and in line with the terms of the contracts. Each contracted service provider must also provide LADOA a copy of its annual single audit in compliance with OMB Circular A-133. The Department has two internal auditors on staff who complete a desk review noting: 1) whether each contracted service provider has submitted a single audit report, and if so, 2) whether the report notes any unresolved findings.

The purpose of the LADOA's auditor review is to determine whether an agency's audit report contains all elements required under federal regulations and generally accepted government auditing standards. The report is also evaluated for adequacy in meeting the City's single audit requirements, and the usefulness to the LADOA programs.

Based on the auditor's log, there have been no problems with the agency's single audits in the recent past. We also reviewed a sample of single audit reports in comparison to Department records to ensure that the schedule of federal expenditures reported in single audit reports matched LADOA's records, and that there were no material findings in the reports. No exceptions were noted.

Program Monitoring

Finding #7: Program monitoring practices focus overwhelmingly on compliance issues, not program results or cost effectiveness.

LADOA's six program monitors are responsible for monitoring service providers/contractors by periodically visiting each MPC, interviewing contractor personnel, reviewing onsite and digitized documentation, and observing constituent participation and performance. However, monitoring activities primarily focus on compliance issues. During their site visits, program monitors complete standardized questionnaires/checklists developed specifically to evaluate each program. Specifically, monitors look for the following:

- Home Delivered Meals (III C2) – review client files to ensure they include intake forms, initial assessment (and periodic re-assessment for continued eligibility), and signed doctor's certificates indicating clients' condition and/or eligibility for the service.

Monitors are also required to review the performance of the provider (i.e., number of meals delivered versus goal), perform a cursory review of budget versus expenditures to date, and discuss performance issues with the provider.

- Congregate Meals (III C1) - At meal sites, the monitors:
 - look for sign-in sheets
 - ensure that a donation box is present and locked
 - ensure volunteers and staff are being properly supervised
 - ensure written emergency procedures exist
 - observe whether all seniors appear to be 60 and above, and that no senior is turned away
 - ensure proper display of ways for seniors to provide feedback on services provided
 - review to ensure that a system is in place to properly capture information into CTS.

LADOA also has a Citywide contract with Consultant Nutrition Services (CNS) to monitor all dining centers and food provider vendors to ensure they are complying with dietary requirements, sanitation standards, food handling practices, temperature controls, etc. CNS staff also ride-along with home delivery drivers to ensure compliance with food handling procedures. CNS submits reports of site visits and inspections to the Department.

- Transportation Program – monitors perform vehicle inspections to ensure equipment (especially the wheelchair lift) is working, review drivers' logs, dispatch logs, maintenance logs and client files. Client files must contain evidence of their need for the service, including an intake form, a copy of the Cityride application, a completed LADOA certification form, an assessment form and acknowledgement of user guidelines. Ride-alongs are encouraged, if time permits, in order to observe driver conduct and to ensure drivers properly assist clients from the door of their home to the door of the vehicle.
- Case Management (III B) – monitors review at least five client files during each visit. They generally look for evidence of eligibility and case management activities by reviewing intake forms, care plans, case activity records, lists of medications, client consent forms, etc.

After each visit, monitors prepare written reports which include a completed questionnaire and overall comments, which are submitted to the program monitoring manager. The reports are subsequently forwarded to the Assistant General Manager

and General Manager for signature. These reports provide an opportunity to inform LADOA management of performance issues involving any provider.

Despite these monitoring steps, our site visits revealed several inconsistencies in how providers carry out the programs, indicating that LADOA's current program monitoring activities need to be strengthened. For example, while program monitors look for sign-in sheets at congregate sites, they do not attempt to validate sign-in sheets to the number of meals reported by providers. We found several problems in this area. Also, program monitors do not always visit satellite meal locations nor do they periodically ride-along to observe how services are being delivered. In addition, while program monitors review participant files, we found inconsistencies in program requirements among Centers. Furthermore, as discussed in findings #1 and #5, monitors do not measure whether providers' outreach activities are effective in increasing services to targeted groups, nor do they attempt to determine whether providers are effectively managing programs.

Improved comprehensive program monitoring should incorporate both compliance and performance aspects to ensure agencies comply with program requirements, and that program outcomes are maximized and funds are used in the most cost-effective manner. Major elements of a performance review include analyzing process efficiency, resource utilization, and whether outcomes are delivered in a cost effective manner.

Recommendations

LADOA management should:

- 7. Enhance program monitoring to include an assessment of Centers' cost effectiveness, as well as compliance with grant funding guidelines.**
- 8. Establish procedures to follow up with Centers identified with unusual or unexpected results from the cost effectiveness analyses.**

The remainder of this report details our observations, by program, based our site visits.

NUTRITION PROGRAMS (TITLE III C1 AND C2)

According to OAA Section 330, the purposes of the nutrition programs are to: (1) reduce hunger and food insecurity; (2) promote socialization of older individuals; and (3) promote the health and well-being of older individuals by helping them gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Services are provided through this program to individuals aged 60 or older, in a congregate setting (i.e., at the MPCs or one of the Department's satellite meal sites) or

in-home. Some of the providers have kitchens to prepare meals that they serve and some providers contract with a caterer to provide meals.

CONGREGATE MEALS

Meals are served daily at each of the 16 MPCs and at over 80 satellite meal sites throughout the City. Some meal sites do not serve meals everyday because of low demand. Individuals 60 years and older can stop by at any of these locations and get a meal during lunch. While there are no fees charged, participants are encouraged to voluntarily donate to the program.

The suggested donation per meal for eligible seniors ranges from \$1.25 to \$3.50, depending on location. Non-senior caretakers or those who accompany seniors may also eat at these meal sites. However, they must wait until all seniors have been served and must pay a higher amount. For eligible non-seniors, suggested donations range from \$3.00 to \$7.00 per meal. In FY 2011-12, LADOA providers reportedly served a total of 834,064 meals at the congregate sites.

LADOA's contracts with its providers have established goals with respect to the number of meals each provider should serve annually. The contracted number of meals is determined by dividing the total contract budget allocation for this program by \$4.97. For example, a provider who is allocated \$200,000 under the congregate meal program based on the City's formula (discussed in finding #2) would be expected to serve at least 40,241 meals ($\$200,000/4.97$) during the program year. The contracted numbers for each ASA are further broken down by sites. Each month, providers report to the Department the number of meals served along with actual expenditures. The providers are also expected to maintain supporting documentation for the number of meals reported. Currently, providers maintain sign-in sheets to support the number of meals reported as served to the Department.

Finding #8: Providers could not fully support the number of meals served as reported to the Department. In addition, attendance at several satellite meal sites is poor in comparison to meal sites located at senior centers.

At each MPC and site that we visited, our primary objective was to determine if individuals being served were eligible seniors. We also observed the conditions at the meal sites and solicited feedback from clients on the quality of services received. We also tested a sample of supporting documents to validate performance data reported to LADOA. Our observations at the Centers are as follows:

- In general, all individuals receiving meals at the sites appeared to be eligible, and individuals receiving meals typically signed-in. Seniors generally provided positive feedback on the service and the meals.

- The number of meals served, as reported by several sites, could not be fully supported. At one site, individuals were told to sign-in twice so that they could receive a double portion (two meals). The number of participants who came each day was then multiplied by two, to obtain the number of meals reported for the day. While providers are not prohibited from serving two meals to a participant at a time, a second serving should be served only to avoid waste due to unanticipated low attendance and only after every eligible senior has been served at least once. Reporting the number of meals in this manner gives the impression that more participants are being served at the site than were actually present.

A detailed review of sign-in sheets for this site disclosed that this had been the practice at least for the two months that we reviewed. The MPC Director and the assigned monitor were unaware of this situation until we brought it to their attention.

One reason for this practice could be an attempt to keep the site open, since the Department established a minimum average number of meals that must be served each day to keep a location open. However, rather than serving two meals to each participant, efforts should be made to reach out to more eligible seniors. It should be noted that this appears to be an isolated situation. We did not see this problem at any other meal site. The Department addressed this issue with the provider immediately after we brought it to their attention.

We also noted several small differences between sign-in sheets and the numbers reported at six of seven locations visited. The number of meals reported were overstated in some cases, and understated in others. Centers attributed errors to unreliable scanners and CTS problems as well as seniors who may have forgotten to sign for their meals. While the differences were small, they do affect the accuracy of data reported to CDA. The Department stated that it is in the process of implementing a new roster-based tracking system to better account for the number of meals served at congregate sites.

- We noted significant differences in attendance at meal sites located at MPCs compared to those at satellite locations. Senior Centers enjoy good and consistent attendance, while attendance at the majority of the satellite meal sites were inconsistent, leading to some sites being closed due to poor demand. It was particularly surprising that some of the meal sites located in senior housing complexes had low attendance.

Based on our observations and discussions with providers, it appears the MPCs are more successful at drawing seniors into the congregate meal program because of other social activities and programs that seniors can enjoy at these locations. Many satellite meal locations generally do not have other activities for seniors. The sites that do offer other activities also tended to attract higher numbers of participants. For example, we noted two satellite locations that offer

dance activities twice a week had excellent attendance on those days, compared to other days when there were no additional activities.

Recommendations

LADOA management should:

- 9. Periodically verify the supporting documentation maintained by providers to support the number of meals reported.**
- 10. Encourage providers to share best practices on how to keep satellite locations vibrant to attract more participation from seniors, especially those sites located in senior housing.**

HOME-DELIVERED MEALS

To be eligible for home-delivered meals, an individual must be home-bound due to illness, incapacity, disability, or isolation, and be unable to prepare meals or go to a meal site. Because home-bound meal recipients are typically more frail, they are usually referred to the program by a hospital, a family member, or other service. Eligible individuals may receive one hot meal per day for at least five days a week. In some ASAs, one or two additional frozen meals are also provided to participants for the weekends. In FY 2011-12, LADOA providers reportedly served 751,551 home-delivered meals.

Before an applicant starts receiving home-delivered meals, Center staff make a house visit to verify the applicant is home-bound. Staff are also required to periodically assess whether the individual is still eligible for the program. The periodic reassessment is necessary to ensure clients who may no longer be eligible are removed so other eligible individuals can be added. For example, if an individual who was enrolled because of illness, but later recovered well enough to go to a congregate site or prepare his/her own meal, the individual should be removed and the spot offered to another eligible senior.

Finding #9: Eligibility requirements for home-delivered meals are not consistent from Center to Center.

For the home-delivered program, we rode along with Center drivers to observe service, verify that recipients are home-bound, and obtain feedback from clients on food quality and service. We also selected a sample of 10 client files at each MPC (from a log of home-delivered participants) to review evidence of their eligibility for the program. We noted the following:

- Participants were generally happy with their home-delivered meals and services. However, at one MPC, at least five seniors stated that they hadn't received "juice" and "milk" for a few weeks. Also, on the day of our visit, this MPC

delivered different menu items from what was on the printed menu for the day. Subsequent discussions with MPC staff suggests the change of menu might be due to tight funding, since the contract for the current year was not yet in place during our visit in August. (The issue related to untimely contracting was discussed in Finding #4).

- Eligibility requirements are not consistent at all locations. For example, of the seven Centers we visited, two MPCs require a doctor's certification as part of their assessment of clients requesting home-delivered meals. The other five do not. Also, providers use different versions of the eligibility evaluation forms, some are more detailed than others. This resulted in individuals in different parts of the City being subjected to different rules and eligibility requirements.
- At two MPCs, Center staff were unable to locate five of the 20 files selected for review (four at one location and one at the other). There were no exceptions at the other five MPCs related to files.
- During our ride-alongs, we verified that, in general, meals were delivered to individuals who are home-bound. We also noted some meals were delivered to individuals living in expensive neighborhoods or areas that could be considered high-income. Since the program is open to all seniors regardless of income level, this is not a violation of any federal policies.

However, this suggests a need for the Department and its providers to focus outreach efforts to identify and target services to the neediest individuals in each ASA. Low-income individuals tend to lack awareness of these programs. As discussed in an earlier section of this report, LADOA was unable to demonstrate the effectiveness of its outreach to these target groups.

Recommendations

LADOA management should:

- 11. Clarify the eligibility requirements for the home-delivered meal programs. This should include ensuring that providers use the same procedures and forms to evaluate participants and clarifying whether a doctor's certification is required.**
- 12. Monitor to ensure that providers are complying with home-delivered meal program requirements, including ensuring that signed applications are on file for participants before services are provided, and that approved menus are followed.**

13. **Have program monitors perform periodic unannounced site visits and ride-alongs to ensure providers are carrying out each program in accordance with guidelines.**
14. **Evaluate the cost effectiveness of keeping satellite meal sites with poor attendance open.**
15. **Enhance outreach activities to ensure services are provided to low-income and the neediest individuals.**

TRANSPORTATION (PROP A)

The City operates a transportation assistance program (Cityride) for individuals age 65 or older and to qualified disabled persons residing in the City and select areas of Los Angeles County. The program offers participants reduced costs for the purchase of City of Los Angeles permitted taxi rides and Cityride Dial-A-Ride services. Cityride offers curb-to-curb transit, which means riders are picked up by the curbside in front of their homes.

To ensure that the transportation needs of frail, elderly and disabled persons who are not capable of accessing curb-to-curb services are met, LADOA provides a personalized door-to-door transportation service through its MPC-based Paratransit Program, as an enhancement to Cityride. Both programs are funded with Proposition A, Local Transit Assistance funds and administered by the Department of Transportation.

MPC Transportation Coordinators screen clients for eligibility. To qualify for the MPC-based program, an individual must be eligible and enroll for Cityride. In addition, the participant must reside in the City (within the ASA served by the MPC), and require door-to-door or special assistance when leaving home.

Finding #10: Eligibility requirements for the transportation program are not consistent from Center to Center.

Specifically, the Department's Program Manual states that:

*"an individual is eligible for this program if they are 65 years of age or older **and** require door-to-door assistance, or an individual who is disabled due to a physical and/or mental impairment **and** require door-to-door assistance."*

LADOA requires that each client have a completed application on file by the second pickup. Agencies are also expected to review and verify age and/or disability documentation as well as the submission of a Cityride application. Certification of a participant's need for door-to-door assistance may be provided by a physician, rehabilitation counselor, clinical social worker or psychologist. Services are provided Monday through Friday between 8:00 am to 5:00 pm. Clients can schedule trips for

medical appointments, shopping, banking, or to the MPCs. We noted a high percentage of trips were for medical appointments or to MPCs.

During our visits to the MPCs, we rode-along with Center drivers to observe service, and to verify whether recipients appear to require door-to-door assistance. We also selected a sample of 10 client files at each MPC to verify whether the file contains evidence of door-to-door eligibility for the program.

We noted the following:

- Center staff have different understandings of participant eligibility requirements. While all MPCs understand that primary eligibility is at least 65 years of age or disabled, the door-to-door requirement is unclear, leading to inconsistency with respect to eligibility evidence requested by different MPCs.

Some MPCs do not require a door-to-door certification while some do. Even for MPCs that do require door-to-door certifications, a review of sampled files shows they do not always obtain certifications before enrolling clients for the program.

During our ride-along, we noted many participants were waiting to be picked up at the curbside of their homes, indicating many may not necessarily need door-to-door assistance. Further, since door-to-door certifications were not always required or obtained, it is questionable whether several participants qualified for the program. Center staff informed us that participants prefer the MPC-based program to Cityride because the service is more personalized, convenient and timely. While these reasons are understandable, the intent of the program is to focus on those who are unable to access Cityride or other forms of transportation. The Department needs to clarify the eligibility requirements for this program.

- There is also confusion with respect to what providers should do with the Cityride applications that participants completed and turned into the provider. Center staff were not aware that completed Cityride applications should be forwarded to Cityride Administration.

We noted some facilities submit Cityride applications on behalf of the participants, while some require participants to mail their applications directly to Cityride. In both cases, Center staff do not always follow up to ensure that clients are enrolled in Cityride.

- At the MPCs, 17 of 70 (24%) files reviewed did not have signed applications on file for the participants. Center staff stated that many participants simply do not send in their applications. Despite the lack of response regarding their applications, the MPCs continue to provide services. We noted many of the participants with no applications on file have been receiving services for over a year.

Recommendations

LADOA management should:

- 16. Clarify for providers, the door-to-door eligibility requirement for the MPC-based Paratransit transportation program.**
- 17. Monitor to ensure that providers are complying with the eligibility requirements, including making sure that signed applications are on file for participants before services are provided.**
- 18. Clarify providers' responsibilities with respect to Cityride applications completed by clients.**

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (TITLE V)

The Senior Community Service Employment Program (SCSEP) was established by Congress as part of the Older American Act⁷. The program is also known as "Title V", based on the authorizing section of the Older American Act. Through CDA, the Department of Labor (DOL) - Employment and Training Administration provides directions and funding for the program.

This program offers participants community service assignments as job training opportunities in public and non-profit agencies. The DOL describes the dual goals of the program as to promote useful opportunities in community service activities, and to also move SCSEP participants into unsubsidized employment, where appropriate, so that they can achieve economic self-sufficiency. LADOA directly administers this program and currently has 201 active participants. The number of slots available to the City is determined by CDA and is contingent on available funding. For example, in FY 2009-10, the City was allotted 295 positions. However, the number was reduced to 170 in FY 2011-12.

Individuals who participate in the program must be residents of California, at least 55 years of age, and have an income that does not exceed 125 percent of the federal poverty level. Currently, this amount equates to approximately \$1,164 per month or \$13,963 annually.

After a prescribed period of on-the-job training (a participant may stay in the program for a maximum of 4 years), individuals are either transitioned into unsubsidized employment or rotated to other training positions in the community to further upgrade their skills and assist in finding unsubsidized employment. Participants are paid for their services, which is considered "on-the-job training" at an hourly rate that is the higher of

⁷ DOL defines the term "community service employment" to mean part-time, temporary employment paid with grant funds, through which eligible individuals are engaged in community service and receive work experience and job skills that can lead to unsubsidized employment.

the State or federal minimum wage. Participants are also eligible for workers compensation, holiday pay corresponding to City holidays (a maximum of 4 hours), and an annual physical examination from the Personnel Department.

Participant Enrollment

Finding #11: LADOA does not maintain assessment documentation for Title V eligible applicants that were not placed. Therefore, it may be difficult for LADOA to demonstrate placements are made through a fair and equitable process.

Individuals can seek enrollment in the Title V program at the City's WorkSource Centers, by contacting the Department directly, or through a referral from one of the MPCs. The program was originally operated by CDD but was transferred to the Department since LADOA primarily provides services to this age group.

- Interested applicants are directed to the LADOA (program monitor or staff) for an initial assessment. The Initial assessment involves performing a preliminary determination of eligibility by obtaining basic information such as age, income, and job skills the applicant may have.
- If there is an open slot, an eligible applicant completes an enrollment application. This includes a more detailed discussion of skills, interests, talents, work history, physical capabilities, income, potential for performing proposed community service assignment duties, and potential for transition to unsubsidized employment. Proof of income and completed application is maintained in the participant file.
- Once enrolled, program monitors complete an individual employment plan (IEP) with the applicant based on the assessment. This will include necessary steps and training the applicant needs to achieve unsubsidized employment. The IEP is continuously monitored and updated during annual re-certifications.
- After enrollment, the participant is processed for payroll and placed at a non-profit or government agency (called host agencies) for the on-the-job training assignment. Though they are not City employees, participants' trainee stipends are processed through the City's PaySR system. Every two weeks, training hours are tallied and approved by the host agencies' supervisors and faxed to the program monitor.
- Host agencies provide the participant an opportunity to learn new skills in his/her area of interests for an average of 20 hours a week. Host agencies complete periodic evaluations to provide feedback to trainees and the Department.
- Enrollees are recertified annually to ensure they continue to meet the program's eligibility requirements.

There are many more applicants than available slots, so placement is not assured. However, LADOA does not maintain a waiting list and/or the initial assessment forms for these applicants. Because there are no records of when the applicants came in, it is not possible for the Department to ensure that eligible applicants are provided an opportunity to complete the enrollment process on a first-come/first-served basis. Maintaining initial assessment documentation or a waiting list would help the Department ensure that placement is based on a fair and equitable process.

Recommendations

LADOA management should:

- 19. Establish a process to properly document initial assessments of eligible applicants who are not placed in the program due to unavailability.**
- 20. Consider establishing a waiting list to ensure that every eligible applicant is provided an opportunity to complete the enrollment process on a first come first serve basis.**

Performance Indicators

Finding #12: LADOA does not track performance measures related to whether participants in its older worker training program subsequently obtain unsubsidized employment.

According to a DOL-issued document, Congress expressed its sense of the benefits of the SCSEP, stating, “placing older individuals in community service positions strengthens the ability of the individuals to become self-sufficient, provides much-needed support to organizations that benefit from increased civic engagement, and strengthens the communities that are served by such organizations.” OAA established six core indicators of performance for the SCSEP that appear to relate to two dual goals of the program - community service and unsubsidized employment. The indicators are as follows:

- **Community Service** – Calculated as the number of hours of community service in the reporting period, divided by the number of hours of community service funded by the grant, minus the number of paid training hours in the reporting period.
- **Entered Employment** – Calculated as the number of participants employed in the first quarter after the exit quarter, divided by the number of participants who exit during the quarter.

- Employment Retention – Of those participants who are employed in the first quarter, the ratio of the number of those still employed in the second and third quarters after they exit, to the number who exited.
- Average Earnings – Of those who are employed in the first, second and third quarters, total earnings in the second and third quarters after the exit quarter, divided by the number of exiters during the period.
- Service Level – Number of eligible participants served, calculated as the number of participants who are active on the last day of the reporting period or who exit during the reporting period, divided by the number of modified community service positions.
- Service to Most in Need – Calculated as the average number of barriers per participant.

The following table shows the goals and the City’s reported performance on these indicators in comparison to other State AAAs for the last two years:

Table 5

CITY'S SCSEP PERFORMANCE INDICATORS (2010 & 2011)							
		2010			2011		
		Goal	LA	CA	Goal	LA	CA
1	Community Service	50%	80.10%	82.40%	50%	79.00%	73.50%
2	Entered Employment	31.90%	0%	35%	23%	0%	14.50%
3	Employment Retention	53.00%	0%	74.20%	68%	0%	69%
4	Average Earnings	\$8,330	0	\$9,417	\$ 8,330	\$ -	\$ 10,765
5	Service Level	100%	118.00%	128%	100%	147.10%	146.50%
6	Service to Most in Need	2.32	2.53	2	2.26	2.5	2.06
Source: DOL SPARQ SYSTEM							

As noted in the table, the City achieved established goals for community service, service level and service to most in need. It also did better than the State overall in these categories in 2011. However, for the two years, it did not track the three other goals related to whether participants are actually being transitioned to unsubsidized employment. This indicates that the Department may be focused only on the community service aspect of the program, but not on the second goal of the program.

The program manager stated that the Department probably has transitioned some participants to unsubsidized employment during the last two years, but they have not been tracking participants consistently after they exited the program. The manager also stated that the City is achieving a higher level with respect to serving the “most in need”, which may have an adverse effect on the number that could eventually obtain

unsubsidized employment. However, without tracking these measures, it is difficult for the Department to show that the program is effective in meeting its intended goal of transitioning participants to unsubsidized employment and self-sufficiency.

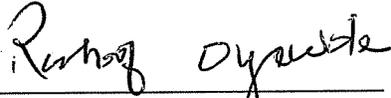
Recommendation

21. LADOA management should begin tracking all six required core performance measures related to the Senior Community Service Employment Program.

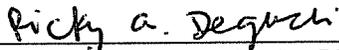
Respectfully submitted,



Will Newman, CPA, CFE
Internal Auditor III



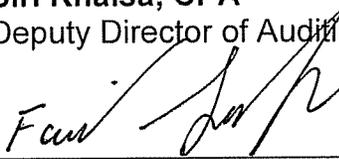
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August 31, 2012

**OFFICE OF THE CONTROLLER
AUDIT OF THE DEPARTMENT OF AGING’S FISCAL AND PROGRAM OPERATIONS**

Ranking of Recommendations

Finding Number	Description of Finding	Ranking Code	Recommendations
SECTION I. PROGRAM ADMINISTRATION AND OVERSIGHT			
1.	While the Older American Act was created to serve the needs of all seniors, the Act requires each Area Agency on Aging to give preference to senior citizens with the most social and economic needs (particularly low-income and minority individuals). LADOA does not track, and therefore is not able to clearly demonstrate, the effectiveness of its outreach activities to these targeted groups within the City.	U	1. LADOA management should develop a methodology to determine the effectiveness of its outreach efforts to low-income and minority seniors. This must first address the reliability of client data collected, and then include a periodic determination of whether it is providing services to low-income and minority seniors at least in relative proportion to their population in each ASA, with the goal of gradually increasing their rate of participation.
2.	The Department’s funding formula to local ASAs that was adopted in 1993 does not adequately address the more recent emphasis of the OAA that gives preference to seniors with the most social and economic needs.	U	2. LADOA management should revisit the allocation formula currently used for ASAs in comparison to the State IFF. If changes appear warranted, LADOA should consider adopting a revised allocation method for ASAs.
3.	LADOA’s contracts with providers lack performance accountability for the number of meals served.	N	3. LADOA management should formally evaluate whether it should incorporate a “fixed price per meal” into future provider contracts for congregate and home-delivered meals served. As an alternative, LADOA management should consider penalizing ASAs who do not meet certain goals.

Finding Number	Description of Finding	Ranking Code	Recommendations
4.	Provider contracts are not executed timely, affecting providers' ability to operate the programs effectively.	U	4. LADOA management should work with the Mayor's Office, the City Attorney, City Administrative Officer and the providers to pursue any necessary changes in the Los Angeles Administrative Code that would allow the Department to execute multi-year contracts, subject to grant funding availability.
5.	LADOA lacks a comprehensive system to collect program data and report accurate results.	N	5. LADOA management should pursue alternative software solutions to the Client Tracking System to eliminate redundant data entry and to improve the system interface and integration with other systems.
6.	LADOA met only 12 of 41 (29%) objectives related to four broad goals established in 2009. The Department no longer tracks the majority of remaining unmet objectives.	D	6. LADOA management should ensure the goals and objectives established in the Area Plan reflect stated intentions of the AAA, and continue to measure their progress in order to achieve desired results over time, up and until new or revised goals and objectives are established.
SECTION I. PROGRAM DELIVERY AND MONITORING			
7.	Program monitoring practices focus overwhelmingly on compliance issues, not program results or cost effectiveness.	N N	LADOA management should: 7. Enhance program monitoring to include an assessment of Centers' cost effectiveness, as well as compliance with grant funding guidelines. 8. Establish procedures to follow up with Centers identified with unusual or unexpected results from the cost effectiveness analyses.
8.	Providers could not fully support the number of meals served as reported to the Department. In addition, attendance at several satellite meal sites is poor in comparison to meal sites located at senior centers.	U N	LADOA management should: 9. Periodically verify the supporting documentation maintained by providers to support the number of meals reported. 10. Encourage providers to share best practices on how to keep satellite locations vibrant to attract more participation from seniors, especially those sites located in senior housing.

Finding Number	Description of Finding	Ranking Code	Recommendations
9.	Eligibility requirements for home-delivered meals are not consistent from Center to Center.	<p>U</p> <p>U</p> <p>D</p> <p>N</p> <p>U</p>	<p>LADOA management should:</p> <p>11. LADOA management should clarify the eligibility requirements for the home-delivered meal programs. This should include ensuring that providers use the same procedures and forms to evaluate participants and clarifying whether a doctor's certification is required.</p> <p>12. Monitor to ensure that providers are complying with home-delivered meal program requirements, including ensuring that signed applications are on file for participants before services are provided, and that approved menus are followed.</p> <p>13. Have program monitors perform periodic unannounced site visits and ride-alongs to ensure providers are carrying out each program in accordance with guidelines.</p> <p>14. Evaluate the cost effectiveness of keeping satellite meal sites with poor attendance open.</p> <p>15. Enhance outreach activities to ensure services are provided to low-income and the neediest individuals.</p>
10.	Eligibility requirements for the transportation program are not consistent from Center to Center.	<p>U</p> <p>N</p> <p>D</p>	<p>LADOA management should:</p> <p>16. Clarify for providers, the door-to-door eligibility requirement for the MPC-based Paratransit transportation program.</p> <p>17. Monitor to ensure that providers are complying with the eligibility requirements, including making sure that signed applications are on file for participants before services are provided.</p> <p>18. Clarify providers' responsibilities with respect to Cityride applications completed by clients.</p>
11.	LADOA does not maintain assessment documentation for Title V eligible applicants that were not placed. Therefore, it may be difficult for LADOA to demonstrate placements are	<p>N</p>	<p>LADOA management should:</p> <p>19. Establish a process to properly document initial assessments of eligible applicants who are not placed in the program due to unavailability.</p>

Finding Number	Description of Finding	Ranking Code	Recommendations
	made through a fair and equitable process.	D	20. Consider establishing a waiting list to ensure that every eligible applicant is provided an opportunity to complete the enrollment process on a first come first serve basis.
12.	LADOA does not track performance measures related to whether participants in its older worker training program subsequently obtain unsubsidized employment.	U	21. LADOA management should begin tracking all six required core performance measures related to the Senior Community Service Employment Program.

Description of Recommendation Ranking Codes

U- Urgent-The recommendation pertains to a serious or materially significant audit finding or control weakness. Due to the seriousness or significance of the matter, immediate management attention and appropriate corrective action is warranted.

N- Necessary- The recommendation pertains to a moderately significant or potentially serious audit finding or control weakness. Reasonably prompt corrective action should be taken by management to address the matter. The recommendation should be implemented within six months.

D- Desirable- The recommendation pertains to an audit finding or control weakness of relatively minor significance or concern. The timing of any corrective action is left to management's discretion.

N/A- Not Applicable

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**COMMUNITY BASED (MPC) OLDER AMERICAN ACT SENIOR SERVICES
(contracted)**

1. In-Home Services

Personal Care – provision of personal assistance, stand-by assistance or supervision for persons having difficulties with one or more Activities of Daily Living.

Homemaker – provision of assistance to persons having difficulty with one or more Instrumental Activities of Daily Living.

Chore - Provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

2. Nutrition

Congregate Meals - A nutritious hot meal is offered to seniors five days a week at over 86 sites throughout the City. Meals are provided from six ethnically oriented menus.

Home-Delivered Meals - A nutritious hot meal is delivered to seniors five days a week to older persons who are homebound by reason of illness, disability, or are otherwise isolated. Meals are provided from six ethnically oriented menus.

Nutrition Education (Congregate and Home Delivered Meals) - Provides accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

Millennium Menu Meals – were created to upgrade senior meals at the MPCs and home delivered meals for the purpose of increasing program participation and offered as often as possible within existing resources and through special fund development efforts.

3. Supportive Services

Care Management - Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which requires the provision of services by formal service providers.

Transportation - Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Legal Assistance - Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

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Information and Assistance -- Provides individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; and ensures (to the extent practical) the individual receives the services needed, and are aware of the opportunities available, by establishing adequate follow-up procedures.

Outreach - Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits. Includes advocacy on the client's behalf for services.

Housing - Services designed to assist individual clients to secure adequate living arrangements.

Security/Crime - To assess the need; and provide clients security and safety devices such as: medical alert, locks, dead bolts, and smoke and burglar alarms, in order to enhance their safety and security.

Activity Programming/Scheduling - To arrange or provide organized social, art/recreational, health, and/or nutritional services for program clients to maintain/enhance their level of functioning.

Visiting - To visit a client to provide reassurance and comfort.

Telephone Reassurance – Scheduled calls to a client to provide comfort and support.

Community Education/Advocacy - To educate groups of older persons, their families, friends, and community organization/facility staff on rights, benefits, and entitlements for older persons either residing at home or living in an institutional setting.

Employment - Activities designed to maintain or obtain employment for older persons or to assist them in selecting and entering into a second career.

Consumer Empowerment- Enable older persons to avoid exploitation by providing discount programs, consumer education, and assistance in completing financial forms and service applications.

Mental Health - Services provided to older persons that specifically relate to their emotional or mental health; including comprehensive assessment.

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Older Adult Services and Information System (OASIS) - Active seniors 60+ are offered cultural, educational, and informational programs and services. Sponsoring organizations include the May Department Stores Company, Delta Sigma Theta Life Development, Incorporated, and Jewish Family Services.

Hotel Alert – provisions of social and nutritional services for the elderly residing in the Central Business District of downtown Los Angeles.

4. COMMUNITY BASED (MPC) PROPOSITION A SENIOR SERVICES (contracted)

Transportation – provides door-to-door transportation for frail seniors and adults with disabilities

5. CITYWIDE OLDER AMERICAN ACT SENIOR SERVICES (contracted)

Health Promotion/Disease Prevention -To provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meals programs, or at other appropriate sites.

Family Caregiver Support Program – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist caregivers in assessing their role and facilitating access to caregiver resources. Conferences are provided in English and Spanish.

Ombudsman - provides assistance to residents of long-term care facilities and their family members in resolving problems related to the quality of their care.

Elder Abuse Prevention – designed to increase public education and awareness on those persons/populations at high risk for abuse, how to identify and report abuse and provide community access to prevent abuse and assist caregivers.

Legal Services- Attorneys and paralegals travel to the fifteen MPC's throughout the city to offer seniors legal assistance on issues concerning their rights, benefits and entitlements.

6. CITYWIDE OLDER CALIFORNIAN ACT SENIOR SERVICES (contracted)

Alzheimer's Day Care Resource Center – provides support services for individuals with Alzheimer's Disease and other dementia related disorders and provides support to their families and caregivers.

Linkages – provides case management services to frail adults 18 years of age and older with disabilities in order to prevent premature or inappropriate institutionalization. The

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program is designed for those who would normally not be eligible for other case management services due to age, income, and disability criteria.

Respite – provides funding for unpaid caregivers, who have the responsibility for the primary care of a frail elderly and functionally impaired adult, to purchase respite services.

Health Insurance Counseling Advocacy Program – provides health insurance counseling and advocacy services to Medicare enrollees and provides education to healthcare consumers on how to advocate for themselves.

7. CITYWIDE COMMUNITY DEVELOPMENT BLOCK GRANT SENIOR SERVICES (contracted)

Alternative Housing for the Aging – provides affordable housing alternatives for low-income seniors through roommate matching, referrals and Co-op housing communities.

Adult Day Program – a community based program that provides older adults social activities, meals, recreation, and assistance with activities of daily living and is designed to meet the individual needs of one who may have physical, emotional, or mild-cognitive impairments and requires assistance and supervision to remain independently in the community.

8. DEPARTMENT OF AGING DIRECT SERVICES

Information and Assistance (OAA) - Seniors can call the LADOA directly and be referred to a wide array of service providers including agencies that handle potential incidents of elder abuse. In addition to telephone information on local agencies and other services provided to seniors, a directory identifying LADOA programs and agencies by local region is available. Service referral is provided to assist Spanish-speaking and Asian language-speaking seniors.

Senior Community Service Employment Program (OAA) Eligible participants (ages fifty-five and over who meet federal low-income guidelines) are paid to work twenty hours each week at senior centers, libraries, child care centers, and other nonprofit community service organizations. This program offers participating seniors the opportunity to remain active and productive as well as to supplement their retirement incomes. The goal is to transition these elderly individuals back into unsubsidized employment environments.

Emergency Alert Response Program (CDBG) - Telecommunication equipment that assists a senior in the event of an emergency is offered through this program to

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homebound seniors who live alone and meet certain federal income guidelines. This is a collaborative effort with regional Case Management programs.

L.A. Cares [City Funded] - is a collaborative program with the City's Department of Water and Power (DWP), Housing Department, multipurpose senior centers (MPC), and sponsoring agencies. DWP representatives are on the alert for signs that a senior may be in need of assistance to maintain their independence. On referral, case managers at a local MPC are responsible for evaluating and addressing each situation. The LADOA also collaborates with the DWP and other utilities on the distribution of energy saving light bulbs and fans to help seniors cope with the hot summer months, telephone equipment, and enrolling low income older adults in LifeLine programs.

File of Life – part of L.A. Cares, is a collaboration with local government emergency response personnel. This program provides critical medical information to emergency response personnel during a medical emergency for older adults.