FY 2024 PERFORMANCE PLAN			
	Home-Delivered Meals	ADSD/CSCB/AAA	Helen King x1734 Rachel Coates x1727
Program Purpose	Enhance nutrition and socialization for home-bound adults aged 60 and older, persons with disabilities and their caregivers so that vulnerable adults may remain independent in the community and link with other supportive home and community-based services.		
Program Information	Home-Delivered Meals (HDM) are mandated by the Federal Older Americans Act (OAA) and administered locally by the Arlington Area Agency on Aging (AAA), part of the Department of Human Service's Aging and Disability Services Division (ADSD), Community Supports and Coordination Bureau.		
	 The program promotes self-suffiremain independent in the common homebound adults aged 60 or one. ADSD's Aging and Disability Reseligibility, performs intake assess Meals on Wheels of Arlington. In program participants are perform Specialists. Assessments and real Instrument (UAI) and Nutrition Shigher risk are referred to nutritidietician. Meals on Wheels of Arlington, a to deliver the meals. The meal vand delivers meals to control to the production. 	nunity by targeting mover and persons with ource Center (ADRC) sments and submits itial assessments and ned by one of the oversessments consist of the country of the counseling providing providing providing providing profit organization endor, Jeffrey's Cate	neal delivery to frail, permanent disabilities. screens all referrals for qualified applicants to d annual reassessments for erstrength Human Services of the Uniform Assessment t (NSI). Participants at led by a registered n, coordinates volunteers
	 and delivers meals to a central leteral provides 1/3 of the D client 2 meals, the meals provided participants. Meals are prioritized to older additional limited English proficiency) and federal Older Americans Act. Parallel states are some scale tied to federal proficiency of the scale tied to federal proficiency. Funding for the Home Delivered American's Act, with 90% of the Nutrition Services Incentive Proficulty. Home-Delivered Meals is often of services that an older adult recelling-term services and supports. Meals on Wheels of Arlington sulparticipants under the age of 60 	aily Calorie requirem e 66 and 2/3% of dai ults with greatest nee there is no cost requi ticipants are invited overty; however, no Meals Program is pro cost covered by Fed gram (NSIP) funding ne of the initial home ives and is a primary cosidizes meals for a li	ed (lower income and fred per guidelines from the to contribute based on a one is denied service due ovided through the Older eral Title III C2 and the and 10% State General e/community-based access point for additional imited number of
	 Home-Delivered Meals is often of services that an older adult recelling-term services and supports Meals on Wheels of Arlington sulphase 	ives and is a primary Osidizes meals for a l	access point for additional imited number of

Service Delivery Model

- Beginning in March 2020, due to the COVID-19 pandemic, operations shifted to bulk delivery: ten meals (five flash frozen and five fresh), once per week to protect the safety of participants and volunteers. The program continues to operate under this model, and clients express an overwhelming preference for the once-a-week delivery. A daily route of two meals per weekday is offered to individuals who are not able to participate in the bulk delivery, or for whom a daily check-in is vital to their ability to remain independent and safe in the community.
- The program continues to dedicate part of one of the ADRC overstrength positions to perform the required initial assessments and annual reassessments for program participants. This allocation of resources ensures the program is able to meet our statutory requirements in a timely manner.
- This service delivery model is expected to continue in FY 2025.

PM1: How much did we do?

Staff

Total 1.25 Staff FTEs:

- 0.30 FTE Supervisor/AAA Director
- 0.40 FTE Overstrength Assessment/Reassessment Specialist
- 0.30 FTE Staff Human Services Clinician
- 0.15 FTE Staff Registered Dietician
- 0.10 FTE Outreach Specialist

Customers And Service Data

	FY 2021	FY 2022	FY 2023	FY 2024
Participants	453	341	321	288
Participants Age 80+	213	131	127	104
Meals on Wheels Participants	227	230	240	250
Meals Delivered	97,294	89,357	80,143	87,271

PM2: How well did we do it?

- 2.1 Customer Satisfaction with Food Quality, Nutrition and Choice
- 2.2 Compliance with Eligibility Determinants

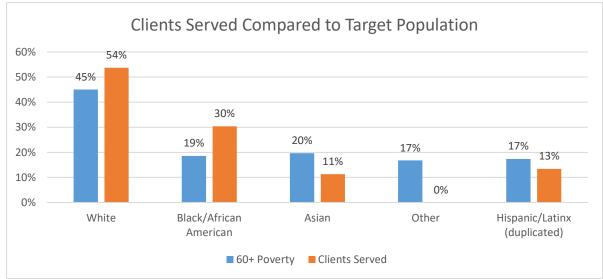
PM3: Is anyone better off?

- Participants continue to live independently and are more likely to be referred to other services
- 3.2 Stabilize and Reduce Nutritional Risk

Home Delivered Meals Measure 1 Program Participants

Data





Data Summary

- In FY 2024 there was a 10% decrease in the total number of HDM clients served. The number of participants in the Meals on Wheels program increased 4%.
- The number of participants 80+ years old decreased 18%. The total number of meals delivered increased 9%.
- The Home Delivered Meals Program serves a higher percentage of white and Black residents than the overall population of Arlington residents 60+ in poverty. Hispanic/Latinx residents are underserved.
- 5 clients were not included in the race and ethnicity analysis due to information not provided in the demographics.

- The number of participants increased significantly during COVID but are now returning to pre
 COVID levels. The Home Delivered Meals program requires that participants meet the
 definition of homebound defined in the State Service Standards issued by DARS. These
 regulations were relaxed during the pandemic to ensure that older adults maintained safe,
 reliable access to healthy nutrition. The emergency declaration was lifted in May 2023 and
 the program returned to the stricter definition of home bound in determining eligibility.
- A fire at the adjacent warehouse in Alexandria in January impacted Jeffery's Catering operations for 2 weeks. A temporary meal service was initiated during the outage, and additional shelf-stable meals were provided to participants. Jeffery's quickly identified a temporary space and resumed operations.
- We continue to work with Jeffery's Catering on ensuring variety in food options in the menu cycles. Jeffery's uses the same menu for the City of Alexandria and Fairfax County, so we have to coordinate menu changes with these jurisdictions. A part-time Registered Dietician is scheduled to onboard in Q1 of FY 2025 that will continue to work on ensuring varietal and nutritional menu options for participants.
- The demand for services remained high, and the team referred on average 2-4 clients per week for home delivered meals.
- The Federal Government cut funding for the NSIP program reducing the allocation to Arlington by 46%. The cost of meals increased 3.4% in April 2024. To provide the same number of meals, with no price increase in FY 2025, we project a shortfall of \$105,000 in FY 2025, which equates to more than 17,000 meals for the year – or approximately 34 clients/week we will not be able to serve. Funding sources provided during COVID, such as ARPA, expire in September 2024.
- In FY 2024: the average age of participants was 77 years; 56% were female and 67% of all participants were in poverty. Close to three quarters (73%) of participants lived alone. Participants with limited English proficiency comprised 19% of the total individuals served. Half of the participants (50%) required assistance with 2 or more activities of daily living.

Recommendations	Target Dates
Continue to evaluate underserved populations, who could benefit from home delivered meals.	Ongoing
Working with Meals on Wheels of Arlington, identify grant opportunities to close the funding gap.	• FY 2025 Q2
• Conduct targeted outreach to participants who discontinue the service within the first month to determine root cause.	• FY 2025 Q3

Forecast

• For FY 2025, anticipate a modest increase in the number of participants to 290 aligning with the percentage increase of older adults in the community.

Home Delivered Meals Measure 2.1 Customer Satisfaction with Food Quality, Nutrition and Choice

Data



Data Summary

 Customer satisfaction data is not yet available for 2024. A late fall survey is planned.

What is the story behind the data?

Traditionally, the survey has been conducted in the Spring, and we have utilized admin staff
and interns to contact the recipients. In FY 2024, increased demand in our programs, along
with staffing shortages, have postponed the survey to late fall. Feedback from the survey is
utilized to inform the quarterly menu planning cycle.

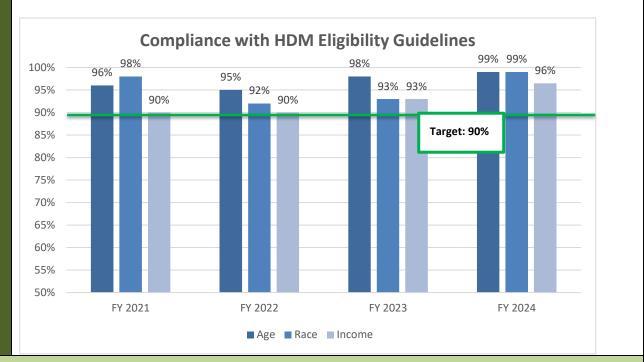
Recommendations	Target Dates	
Utilize ADSD Admin Staff to survey all Meals on Wheels participants in FY 2025.	• FY 2025 Q2	
Continue to evaluate options to incorporate more variety into the menu.	Ongoing	
Explore alternate methods to administer the satisfaction surveys.	• FY 2025 Q3	

Forecast

FY 2025: Continue to see satisfaction rates at or above the target of 85%.

ADSD/AAA/HDM Measure 2.2 Compliance with Eligibility Determinants

Data



Data Summary

- In FY 2024, compliance improved for all metrics and all metrics met eligibility guidelines.
- AAA staff monitor program eligibility metrics on a quarterly basis and data reflects compliance with state guidelines.

- Program eligibility is established by the Federal Older Americans Act to ensure priority to the most vulnerable populations. Participants must be age 60 or older, and priority is given to low-income minorities.
- Virginia Department of Aging and Rehabilitative Services (DARS) program guidelines requires no more than 10% of program participants to have missing demographic information that includes: age, race, and income (poverty status). Any percentage less than 90% places the AAA out of compliance with eligibility guidelines.
- According to governing guidelines, required demographic information about age, race, and income must be collected during the initial assessment, which is conducted by AAA/ADRC staff.
- The Age and Race categories increased to 99% compliance this year. Income increased to 96% this year.
- Dedicated staff who complete assessments and reassessments have helped to significantly improve compliance, especially with a substantial increase in new referrals and reassessments for participants who remain active in the program.

Recommendations		Target Dates	
 Continue to conduct quarterly quality assurance to ensure 	•	Quarterly	
compliance with federal guidelines.			
 Review demographic reports with staff to maintain focus on 	•	Quarterly	
proper data recording.			

Continue to utilize focal points of contact for MOW assessments

 Ongoing

Forecast

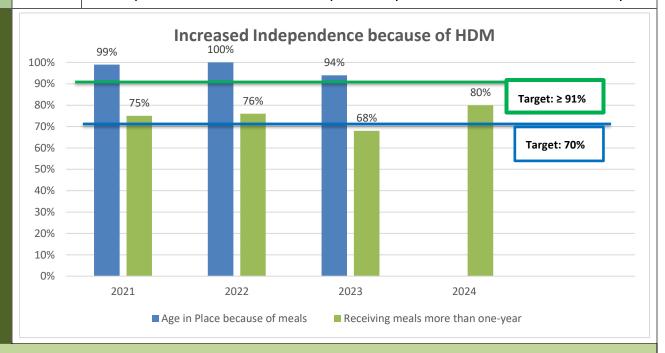
• In FY 2025, target ≥90% data completion for all demographic data to remain in compliance with reporting required eligibility information.

ADSD/AAA/HDM Participants continue to live independently and remain in the community

Data

Measure

3.1



Data Summary

- Customer satisfaction data is not yet available for 2024. A late fall survey is planned.
- In FY 2024, 80% of the participants have remained in the program more than one year. Seven (7) participants have been in the program for 10 or more years and the average length of participation is 2 years. Data is derived from the PeerPlace data system.

- Participants remain in the program because it promotes aging in place, independence, and healthy living.
- Most older adults who live independently will need supportive services. Living independently
 with home and community-based services results in cost savings compared to a nursing
 facility, estimated at \$12,623 per month for a semi-private room in the D.C. metro area.
- The home-delivered meals program provides participants with a nutritious meal, plus a
 safety check and face-to-face contact to improve quality of life. By targeting support to
 vulnerable adults who are homebound and isolated, the program helps to provide
 opportunities for socialization, extending the length of time an older adult may live
 independently in the environment of their choice.

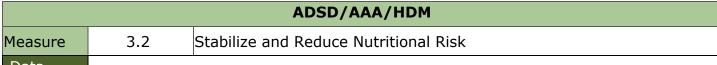
Recommendations	Target Dates
Continue to promote the holistic benefits of the program, namely nutrition, socialization, and wellness.	Ongoing
 Continue to ensure volunteers and staff are trained to recognize risk factors, know how to refer for services, and understand benefits of interventions. 	Quarterly

- Evaluate options for collecting discharge reasons to understand reasons for service discontinuation. Analyze closing reasons by age, race, and ethnicity.
- Explore options to increase participation from racial/ethnic groups who may not feel food/meal options meet their needs and preferences.
- Explore options to identify and address social isolation.
- Explore advocacy opportunities through Northern Virginia Aging Network (NVAN) and the Virginia Association of Area Agencies on Aging (V4A) for meals to be included as a Medicaid reimbursed expense.

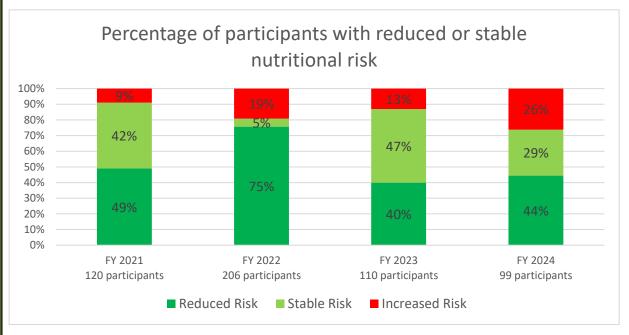
- FY 2025 Q3
- FY 2025 Q3
- FY 2025 Q4
- FY 2025 Q4

Forecast

• FY 2025: AAA anticipates these numbers will continue to remain constant, at or above 91% as aging in the community is the reported preference among older adults and 70% of individuals will remain in the program.



Data



Data Summary

- Between July 2023 and June 2024, 183 participants were assessed for nutritional risk. Comparison data from FY 2023 is available for 99 participants.
- Nutrition Screening Initiative scores were compared between FY 2024 and the previous fiscal year to determine if the nutrition risk score was lower, remained the same or had increased.
- Of those assessed, 74% reflected reduced or stable risk and 26% reflected increased risk.

- Nutrition is a key factor in maintaining health and independence, especially for older adults.
 Malnutrition can result in a decline in physical health, including loss of bone and muscle mass, decline in cognitive function, higher hospitalization rates, and mortality.
- As part of the initial assessment and annual reassessment process, participants are asked questions from the Nutrition Screening Initiative (NSI) checklist and a score is computed based on their answers. A score of six or higher is considered high-risk.
- The NSI reflects a point in time assessment. Factors such as a recent hospitalization or fall could result in a higher score that is not necessarily reflective of the client's overall functioning.
- Dedicated staff to focus on the assessments and reassessment kept the program in compliance with the state mandates and enables a more accurate reflection of the effectiveness of the program and the benefit of having staff support dedicated to the program.
- Age is a factor in nutrition risk. Research indicates that adults aged 85 and older are at particular risk for malnutrition. In FY 2024, for the participants who received the NSI, 21% (39/183) are ages 85 and above.

• The AAA tracks the nutrition risk of participants aged 80 and older. Of those age 80 and above, 83% scored a 6 or higher on the NSI.

The AAA Registered Dietitian (RD) offers one-on-one nutrition counseling to all participants who score 6 or higher on the NSI. In FY 2024, the AAA RD provided nutrition counseling to 43 individuals.

Recommendations	Target Dates	
 Continue to closely track and analyze nutritional screening scores and offer education and referrals for participants who score moderate to high nutritional risk. 	 Ongoing 	
 Partner with the Benefits Enrollment Center for outreach to the participants to connect them to appropriate services based on need: SNAP benefits, Arlington Food Assistance Center (AFAC) for supplemental groceries, VICAP for Patient Assistance to help with medication costs, socialization programs, and Community Living 	• FY 2025 Q4	
Program (CLP). Perform analysis of nutrition risk by race and ethnicity.	• FY 2025 Q4	

Forecast

• In FY 2025, we anticipate meeting or exceeding target rates of 80% of reduced or stable risk.