

# New York City Department for the Aging

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## Oversight of the Home Delivered Meals Program

Report 2020-N-5 | January 2022

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

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Division of State Government Accountability



# Audit Highlights

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## Objective

To determine whether the New York City Department for the Aging (DFTA) effectively oversees the provision of home delivered meals. The audit covered the period from July 2018 through February 2021. Additionally, we reviewed documentation related to DFTA's new Home Delivered Meals program contracts awarded in January 2021.

## About the Program

In testimony before the New York City (NYC or City) Council on September 20, 2021, the Executive Director of Hunter College's Food Policy Center stated that hunger, food insecurity, and access to nutritious nutrient-dense food (e.g., fresh produce, whole grains, lean proteins) are public health crises that impact many seniors (adults age 60 and older) who live with limitations such as difficulty walking up stairs, carrying heavy items like grocery bags, and preparing their own meals.

DFTA is the City agency primarily responsible for addressing public policy and service issues for the aging. As of 2019, there were over 1.76 million seniors residing in the City, and this number is expected to increase to 1.86 million by 2040. Seniors who have difficulty preparing meals may be eligible for home delivered meals.

The federal Older Americans Act requires that grant funding be used for the provision of various services for seniors, including access to nutrition and in-home services. DFTA created the Home Delivered Meals (HDML) program to maintain or improve the nutritional status of seniors who are unable to prepare meals. DFTA contracts with community-based organizations (providers) for meal delivery services. DFTA pays providers for each meal, but only those that are actually delivered. In addition, clients can make voluntary contributions to the providers for the meals.

Meal deliveries serve an additional benefit in that, during the face-to-face transaction with the client, providers are able to assess the client's overall wellness and condition. Specifically, providers are required to report any neglect, unsanitary conditions, and signs of abuse. However, during the COVID-19 pandemic, social distancing rules precluded the opportunity for these close-up assessments.

The COVID-19 pandemic caused a severe economic slowdown, including community business closures, which could have increased food insecurity. In 2020, DFTA provided home delivered meals to nearly 4,000 more seniors than in the prior year. Without such programs, seniors would be at an even greater risk for food insecurity.

Providers are selected through a request for proposal solicitation process, which may include DFTA's consideration of the provider's past performance – a criterion that was included in DFTA's 2020 RFP for HDML services. To assess provider performance, DFTA employs nutritionists who conduct unannounced provider inspections to determine food safety, cleanliness, and nutrition. DFTA also contracts with case management agencies, so that its clients have a case manager to identify their needs, connect them to services, coordinate care, and respond to and resolve any issues that arise. These case managers are required to contact their clients at least once every 2 months to check on their welfare.

Clients can submit meal delivery complaints (e.g., poor meal quality, unsatisfactory delivery experience, non-delivery) directly to DFTA or the provider. DFTA has a performance measure to address client complaints within 14 days of the complaint.

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DFTA employs a variety of tools to determine the overall success and performance of the program, including nutritionist assessments, client satisfaction surveys, and annual provider evaluations. The results of these evaluations are recorded in a procurement portal, PASSPort. This information can be used during procurements to help DFTA award contracts.

In fiscal year 2020, DFTA reported that 4,663,561 home delivered meals were served to over 31,000 homebound seniors.

## Key Findings

DFTA does not provide adequate oversight of its HDML program:

- DFTA did not ensure that providers were only paid for meals that were actually delivered or that client complaints were resolved timely.
- Where assessments have identified deficiencies, DFTA does not take proactive steps to ensure the issues have been corrected.
  - For a sample of providers, food nutrition and safety issues, such as vermin/roach activity and contamination, recurred from one year to the next.
  - There are no consequences, such as punitive actions, for providers that fail to correct compliance violations.
- DFTA's satisfaction survey methodology was poorly developed, resulting in clients with limited English language proficiency being excluded from participation.
- DFTA awarded new contracts to providers with noted deficiencies because DFTA may not have considered past performance in its procurement process.

## Key Recommendations

- Identify providers with recurring food safety and nutritional issues. Develop controls to ensure that these issues are sufficiently addressed to prevent future occurrences.
- Develop guidelines or protocols for conducting surveys to include seniors with limited or no English proficiency.
- Track the HDML complaints received by DFTA to ensure they are resolved within 14 days.
- Develop formal written policies and procedures regarding route review of meal delivery; include a testing protocol to determine if meals were actually delivered to clients directly.
- Ensure DFTA effectively factors in past performance when selecting providers for contracts.



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**Office of the New York State Comptroller  
Division of State Government Accountability**

January 20, 2022

Lorraine Cortés-Vázquez  
Commissioner  
New York City Department for the Aging  
2 Lafayette Street  
New York, NY 10007

Dear Commissioner Cortés-Vázquez:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By doing so, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of the Home Delivered Meals Program*. This audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Division of State Government Accountability*

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# Glossary of Terms

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<b>Term</b>	<b>Description</b>	<b>Identifier</b>
CAP	Corrective Action Plan	<i>Key Term</i>
CTS	Correspondence Tracking System	<i>System</i>
DFTA	New York City Department for the Aging	<i>Auditee</i>
DOHMH	Department of Health and Mental Hygiene	<i>Agency</i>
Dynamics 365	NYC 311 referral system	<i>System</i>
HDML program	Home Delivered Meals program	<i>Key Term</i>
MMR	Preliminary Fiscal 2021 Mayor's Management Report	<i>Key Term</i>
Providers	Home delivered meal providers	<i>Key Term</i>
RFP	Request for proposal	<i>Key Term</i>
STARS	Senior Tracking Analysis and Reporting System	<i>System</i>
Survey	DFTA's annual client satisfaction survey	<i>Key Term</i>

# Background

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In testimony before the New York City (NYC or City) Council on September 20, 2021, the Executive Director of Hunter College's Food Policy Center stated that hunger, food insecurity, and access to nutritious nutrient-dense food (e.g., fresh produce, whole grains, lean proteins) are public health crises that impact many seniors (adults age 60 and older) who live with limitations such as difficulty walking up stairs, carrying heavy items like grocery bags, and preparing their own meals.

The NYC Department for the Aging (DFTA) is the City agency primarily responsible for addressing public policy and service issues for the aging. It is the largest agency in the federal network of Area Agencies on Aging in the United States. DFTA's planned spending for the fiscal year ended June 30, 2021 was approximately \$417 million, including \$296 million and \$46 million in City and State funding, respectively, with the remainder from federal funds. As of 2019, there were nearly 1.76 million adults aged 60 and older (seniors) residing in the City. This number is expected to increase to 1.86 million by 2040.

DFTA's mission is to work to eliminate ageism and ensure the dignity and quality of life of the City's diverse older adults, and to support their caregivers through service, advocacy, and education. As part of its fulfillment of this mission, DFTA created the Home Delivered Meals (HDML) program to maintain or improve the nutritional status of seniors who are unable to prepare meals. DFTA contracts with community-based organizations (providers) for meal delivery services. These delivery services were provided through 23 contracts with 17 providers. In fiscal year 2020, DFTA awarded 22 new contracts to 14 providers, which included 13 of the previous 17 providers. While providers may be awarded multiple contracts, their performance is separately monitored based on the specific geographic area set by the contract.

In fiscal year 2020, DFTA reported that 4,663,561 home delivered meals were served to over 31,000 homebound seniors. DFTA pays providers for each meal, but only those that are actually delivered. In addition, clients can make voluntary contributions to the providers for the meals.

Meal deliveries serve an additional benefit in that, during the face-to-face transaction with the client, providers are able to assess the client's overall wellness and condition. Specifically, providers are required to report any neglect, unsanitary conditions, and signs of abuse. However, during the COVID-19 pandemic, social distancing rules precluded the opportunity for these up-close assessments.

Clients can submit meal delivery complaints (e.g., poor meal quality, unsatisfactory delivery experience, non-delivery) directly to DFTA or the provider. DFTA has a performance measure to address client complaints regarding home delivered meals within 14 days of the complaint. DFTA also uses a variety of tools to determine the overall success and performance of the program, including nutritionist assessments, client satisfaction surveys, and annual provider evaluations. DFTA's nutritionists conduct unannounced visits to each provider annually, using a "Nutrition Assessment Tool" checklist to assess food safety, cleanliness, and nutrition. In addition, DFTA performs client satisfaction surveys to determine client experiences related to timeliness of delivery and quality of meals. Each year, DFTA completes provider

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performance evaluations in PASSPort, its procurement portal, by responding to a set of uniform questions such as, “If services are ongoing, is the vendor providing the service timely and in compliance with contract terms?” Providers receive a total score ranging from 0-100, which is categorized as either unsatisfactory, poor, satisfactory, good, or excellent. This information can be used during procurements to assist DFTA in awarding contracts.

In 2020, DFTA issued a new request for proposal (RFP) for HDML services. In this RFP, DFTA identified past performance as one criterion for consideration in evaluating the contractor’s experience. According to Section 319 of the NYC Charter and Procurement Policy Board rules, criteria established in an RFP are used to score the proposals ahead of the responsibility determination. Responsibility determinations are performed to ensure the selected proposer can actually deliver the services and has the business integrity to justify receiving public tax dollars.

# Audit Findings and Recommendations

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DFTA did not ensure that its contracted providers always delivered quality, safe, nutritious, and timely meals to the City's seniors who are dependent on them to meet their nutritional needs. Moreover, DFTA did not ensure providers were only paid for meals that were actually delivered. While DFTA occasionally tests whether deliveries are documented, DFTA tolerates a 3% difference between the number of meals actually delivered compared to the number that providers were paid for. Overall, in fiscal year 2020, DFTA reported 4,663,561 home delivered meals were served to seniors; 3% of delivered meals in 2020 would equate to nearly 140,000 meals.

In addition, DFTA could not demonstrate that it addressed all HDML complaints. We found that some complaints were resolved after the 14-day period allowed. Furthermore, for a sample of five providers, a total of 27 non-compliant issues found by DFTA nutritionists in 2019 were again detected in 2020. These included roach/vermin activity and failure to prevent food contamination.

Additionally, DFTA's client satisfaction surveys were flawed. Most notably, clients with limited English language proficiency were excluded from participation.

DFTA's process for awarding new HDML contracts in fiscal year 2020 did not consider significant areas of poor past performance by proposers who nevertheless received new contracts. For example, one provider (Provider 1) received a new contract despite a poor fiscal year 2020 performance evaluation rating of 39.8 out of 100 and a failing fiscal year 2019 HDML client satisfaction survey.

Clients are afforded the opportunity to make voluntary contributions toward their HDML programs. Aggregate contributions totaled \$1.5 million in fiscal year 2018, \$1.5 million in fiscal year 2019, and \$1.3 million in fiscal year 2020. However, DFTA did not verify that the recipient providers used these funds to benefit their programs nor were they assured that all contributions were recorded.

## Meal Delivery and Client Contribution Oversight

DFTA established guidelines for providers to follow in operating their HDML programs, along with performance expectations and reporting requirements regarding the delivery of meals and clients' voluntary contributions to the program. However, DFTA did not adequately oversee providers' accountability for the delivery of meals or for clients' contributions.

### Meal Delivery

DFTA requires providers to design delivery routes and create daily or weekly route sheets for each driver, as appropriate. Route sheets must include the delivery person's name, name of the route, delivery time of the last meal, delivery instructions, and the client's name and address.

DFTA does not have written policies or procedures regarding route sheet reviews. However, DFTA conducts two types of route sheet reviews to verify meal delivery, evaluate results, and follow up with providers:

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- A review of weekly route sheets, wherein DFTA selects a week's route sheets from each provider annually and compares authorized meals to those clients listed on the route sheets with those listed in its Senior Tracking Analysis and Reporting System (STARS) to determine whether each name appears in both locations.
  - A review of monthly route sheets (prior to fiscal year 2020), wherein each year DFTA selects and reviews a month's worth of route sheets to determine how closely the units delivered, as reported on the route sheets, matched the number of units submitted on the invoices for that month. DFTA selected a total of 14 providers – six in fiscal year 2018 and eight in fiscal year 2019 – for this review. To factor in human error made in reporting meals, DFTA allows for a 3% variance between meals reported on the route sheets and invoiced meals as an informal standard for reconciliation.

While DFTA counts the number of meals listed on the route sheet, it does not take additional steps to independently verify whether the number of meals delivered is reasonable. For example, Provider 1 reported delivering a meal to a client on May 30, 2019. However, the client submitted a complaint in NYC 311 that the delivery was missed. DFTA officials informed us that clients do not receive meals when in the hospital, but further stated that they did not follow up with the provider or the client to see if the meal was actually delivered on that day.

We requested the reports and corresponding copies of route sheets for DFTA's monthly review of these 14 providers. However, DFTA provided documentation for just 12 providers but did not provide route sheets for all the routes for the remaining two providers – Provider 1 and Provider 2. Without adequate supporting documentation, DFTA cannot support that it conducted these reviews; therefore, we have no assurance that DFTA performed reviews of these two providers.

For example, DFTA officials initially informed us that there are 32 total routes for Provider 1 but subsequently provided us a list of just 28 routes. They did not provide an explanation for the discrepancy. Ultimately, they provided the route sheets for only 3 of the 4 weeks for 27 routes. We found that 10 of these 27 route sheets did not have space allotted for recording the daily/weekly count of delivered meals.

We reviewed DFTA's monthly route reviews for fiscal years 2018 and 2019. DFTA sampled one month of route sheets from a total of 14 providers (six in fiscal year 2018 and eight in fiscal year 2019). Eight providers invoiced meal amounts in excess of the meals documented on the route sheet. For these providers, DFTA paid for 265 meals, totaling \$2,316, that were not delivered in that month. DFTA officials explained that, during their review of monthly route sheets, they reconcile the number of meals billed by the provider to the number noted on the route sheets. Any variance below 3% of the total meal count is accepted. DFTA officials could not provide support for how the 3% was calculated or determined. A 3% threshold can represent a significant number of meals. Overall, in fiscal year 2020, DFTA reported 4,663,561 home delivered meals served to seniors; 3% of delivered meals in 2020 would be nearly 140,000 meals.

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DFTA officials informed us that a new HDML Service Delivery mobile application was tested for a 3-month period and nine providers participated in the pilot process. DFTA officials believe this application will strengthen the home delivery process by recording deliveries in real time and allowing for data accuracy and less human error. However, they also informed us that they have no current plans to use the application to ensure that meals are actually delivered to the clients.

## Client Contributions

Clients may voluntarily contribute to the HDML program. Providers receive these contributions, paid in cash or by check in sealed envelopes, either through collection by the delivery person or via mail. The total amount of contributions can be significant: \$1.5 million was reported in fiscal year 2018; \$1.5 million in fiscal year 2019; and \$1.3 million in fiscal year 2020.

DFTA officials explained that certain procedures are performed to reconcile whether contributions reported reflect actual contributions. However, these bank records and other provider contribution receipts were not maintained. Without such documentation, there is no way to adequately assess these reconciliation procedures.

DFTA officials informed us that the expectation is that providers will reinvest these funds to improve their HDML programs. However, DFTA officials admitted that they do not verify that the money was actually used for this purpose. Providers are not required to report how they use donations and DFTA does not request such information from providers. Thus, there is a risk that providers may be using the contributions for unrelated purposes.

## Recommendations

1. Develop formal written policies and procedures regarding route review of meal delivery; include a testing protocol to determine if meals were actually delivered to clients.
2. Perform a cost-benefit analysis to determine the appropriateness of the 3% allowance.
3. Develop a system to track and verify client contributions and ensure the contributions are used to benefit the HDML program.

## Complaint Monitoring

### Complaints Received by DFTA

DFTA receives HDML complaints, such as poor meal quality, unsatisfactory delivery experience, late meals, and non-delivery, primarily from NYC 311, Aging Connect (a DFTA hotline for aging services), and the Mayor's Office. DFTA uses two separate systems to receive and document these complaints:

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- Dynamics 365 – an external system used by NYC 311 to refer service requests and complaints to the appropriate City agency. The NYC 311 operator collects the name, address, telephone number, and purpose of the call and then generates a service request number.
  - The Correspondence Tracking System (CTS) – DFTA's internal system used to capture complaints received through DFTA's website, NYC 311, and the Mayor's Office.

DFTA officials informed us that they check these systems regularly. Furthermore, DFTA has a performance measure to address home delivered meal complaints within 14 days of the complaint. In order to respond properly to complaints, DFTA first must determine whether the complainant is a registered home delivered meal client. The STARS system contains information on whether the client is enrolled and with which provider. However, according to DFTA, neither Dynamics 365 nor CTS interfaces with STARS. Therefore, if DFTA needs additional client or provider information for a complaint, it will need to manually search for the client in STARS.

After a complaint is resolved, there is no link from the complaint number to the resolution, with all of the corresponding information such as provider name. The lack of data integration prevents DFTA from easily determining whether the complaints were fully resolved, and which providers had the most complaints, which would be beneficial in making determinations of provider performance.

We requested the HDML Dynamics 365 complaint data for the period July 2018 through February 2021 and the CTS complaint data for July 2018 through December 2020, which totaled 618 HDML complaints. We reviewed the resolution information for these complaints (475 Dynamics 365 complaints and 143 CTS complaints) and found that 178 (146 and 32, respectively) were not resolved within the 14-day expectation. Furthermore, of these 178 complaints, DFTA could not support that 33 (two from Dynamics 365 and 31 from CTS) were resolved.

Late resolution of complaints may adversely affect the vulnerable individuals who rely on HDML meals due to their inability to prepare their own food. DFTA officials told us that 26 of 31 unresolved complaints were actually resolved but not updated as “closed” in the CTS system due to staff shortage. However, DFTA officials did not provide any evidence to show when and how these complaints were resolved. Furthermore, they told us that five complaints remain unresolved.

In addition, we question whether complaints that were closed were adequately addressed. For example, an 80-year old severely handicapped client complained that Provider 3 did not deliver his/her meals. DFTA closed the complaint after a fourth unsuccessful attempt to contact the client. DFTA contracts with case management agencies for the purpose of working with clients to identify their needs, connect to services, and coordinate care. However, DFTA officials could not tell us whether they contacted this client's case manager or provider to find out whether the client was okay, and if so, whether delivery problems had been resolved. Moreover, we noted that the same client made a second complaint a month later, claiming that DFTA had

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removed the client from the program inappropriately. The complaint resolution stated that DFTA closed the complaint when the client was not reachable after one attempt.

## Provider-Received Complaints

DFTA requires providers to develop a written complaint procedure for handling complaints they receive directly and to provide copies of the complaint procedure to all clients and to DFTA annually. In addition, providers must log complaints and their resolutions. Providers are to resolve these complaints within 1 week and complaint logs must be submitted to DFTA.

To determine how DFTA monitors providers' complaint processing, we interviewed DFTA officials responsible for reviewing complaint logs. A DFTA official informed us that he selects five complaints from each provider's log and reviews them during the provider's annual assessment; however, he did not provide a methodology for how those five complaints are selected or how they are used to complete the assessments. He also informed us that DFTA does not follow up with the providers on those sampled complaints.

Furthermore, DFTA does not take steps to determine whether the number of complaints attributed to each provider is realistic. There is a risk that providers may not submit all complaints that they receive to DFTA in order to avoid a poor assessment. We sampled the fiscal year 2019 complaint logs from five providers (Provider 1, Provider 3, Provider 4, Provider 5, and Provider 6). One provider reported five complaints, another reported one complaint, and the remaining three, including Provider 1, did not report any complaints. Provider 1 received a failing grade in DFTA's 2019 customer satisfaction survey, making it even less likely that this provider did not receive any complaints. DFTA officials admitted that these numbers appeared to be unrealistically low.

Another factor that would cause provider complaint totals to be understated is that a sizable number of complaints are likely conveyed by clients to their case managers, since these individuals serve as the main point of contact for all DFTA services and are required to contact the clients regularly to check on their welfare. However, DFTA does not have a formal requirement or mechanism for case managers, who are under a different contract than providers, to share the HDML complaints they receive with DFTA. Thus, DFTA would likely be unaware of most of these complaints and therefore unable to factor them in when evaluating the providers.

## Recommendations

4. Develop a means by which HDML complaints received are linked to the respective providers and the complaint resolution.
5. Track the HDML complaints received by DFTA to ensure they are resolved within 14 days.

6. Ensure that the number of complaints reported by providers are realistic and that case managers share complaints they receive with DFTA.

## Food Safety and Nutrition

Pursuant to NYC, State, and federal guidelines and standards, providers are required to meet the nutritional needs of all senior clients. DFTA’s nutritionists conduct unannounced visits to each provider annually to assess compliance. The nutritionists use a “Nutrition Assessment Tool” checklist containing questions pertaining to food safety, cleanliness, and nutrition and enter their findings in DFTA’s Program Assessment System, which generates non-compliance reports that are sent to the providers. The providers then have 15 days to submit a Corrective Action Plan (CAP) specifying actions that will be taken to correct the issues, as well as the expected dates of completion. The nutritionists subsequently visit the providers to verify the correction. DFTA does not compare previous assessments to current assessments to identify recurring issues. Moreover, there are no consequences, such as punitive actions, for not correcting compliance violations. Notably, in a previous OSC audit of DFTA, *Congregate Meal Services for the Elderly* (Report [2016-N-5](#)), we found recurring non-compliance issues at senior centers.

We requested and received the fiscal year 2019 nutritional assessment reports, CAPs for those reports, and the fiscal year 2020 nutritional assessment reports for the five sampled providers referenced previously. We determined that a total of 27 non-compliant issues that nutritionists found in 2019 were detected again in 2020, as shown in the following table:

### HDML Recurring Non-Compliance Issues in 2020

HDML Provider	Community Districts Served	Number of Recurring Non-Compliant Issues
Provider 1	Manhattan 8 and 11	13
Provider 3	Queens 9, 10, and 12	2
Provider 4	Manhattan 1, 2, 3, 5*, and 6	4
Provider 5	Staten Island 1, 2, and 3	3
Provider 6	Manhattan 4, 5*, and 7	5
<b>Total Recurring Issues</b>		<b>27</b>

\*Providers 4 and 6 both service Manhattan Community District 5.

The 27 recurring issues included:

- 17 food safety or cleanliness issues – presence of roach/vermin activity in kitchens; food not properly maintained in a manner that preserves quality and safeguards against contamination
- 4 nutrition issues – canned/frozen vegetables exceeded 220 mg sodium per serving; meals exceeded the Dietary Reference Intake threshold for sodium and carbohydrates

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- 6 administrative issues – none of the providers submitted their Department of Health and Mental Hygiene (DOHMH) inspection reports and CAPs within 24 hours of inspection; additionally, one provider did not retain the required records

DFTA officials responded that, in many cases, the original issue had been corrected, but the nutritionists found a new issue in the same category at the next visit. However, violations that are similar in nature, such as food safety and nutrition compliance, should be considered recurring issues. For example, DFTA's 2019 assessment found that Provider 1 had evidence of dead roaches in the basement food storage area. Provider 1 reported in its CAP that, as of July 2019, the facility has regularly scheduled extermination visits. However, 2 months later during DFTA's fiscal year 2020 assessment, DFTA found mice droppings in the basement food storage area as well as bathroom light covers filled with dead insects. Critically, DFTA's fiscal year 2020 assessment did not reference the non-compliance in fiscal year 2019.

These recurring issues can represent areas where providers struggle to meet nutritional requirements. We encourage DFTA to consider patterns of non-compliance in addition to its current nutritional assessment checklist. Doing so may further enhance controls over the preparation of meals, thereby protecting seniors from improperly prepared foods.

## Recommendation

7. Identify providers with recurring food safety and nutritional issues. Develop controls to ensure that these issues are sufficiently addressed to prevent future occurrences.

## Client Satisfaction Surveys

DFTA performs annual client satisfaction surveys (surveys) that ask clients a series of questions related to the timeliness of delivery and quality and appropriateness of the meals. DFTA does not have a formal policy in place for conducting these surveys, but typically samples a number of providers and draws a sample of clients from each provider. While DFTA officials stated that the survey methodology was open to change based on lessons learned, we found weaknesses in the manner in which the surveys were conducted.

### English-Only Surveys

According to the Preliminary Fiscal 2021 Mayor's Management Report (MMR), "The NYC Department for the Aging and its contracted providers are committed to providing services in the most culturally and linguistically competent manner, so that older adults seeking assistance are supported by the City in which they live." It adds that by making "decisions with the equity lens in mind, DFTA is able to ensure that all groups – especially historically under-served ones such as people of color, immigrant

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groups, and those with limited English – obtain the services they need.” Further, the MMR states that “focusing conscious attention on the needs of under-served groups strengthens services for them, and reviewing data disaggregated to such groups allows DFTA to measure whether intended impacts are being achieved.”

Consistent with the Older Americans Act, the New York State Office for the Aging directs DFTA to target vulnerable populations, such as persons with limited English language skills, to identify those who need services and to increase service delivery by identifying and removing barriers to participation in aging services. However, DFTA did not take steps to ensure that individuals with limited English-speaking skills were surveyed. DFTA officials informed us that in fiscal years 2018 and 2019, when the surveyor would encounter a client who did not speak English, they would thank the client for their time and exclude that person from the survey. In fiscal year 2020, DFTA excluded clients whose primary language was not English from the survey sample at the outset.

According to a 2019 DFTA report on NYC senior demographics, there are many community districts in the city where seniors have limited English proficiency. We note that 28% of the total senior population in NYC speak limited English. Since seniors with limited English proficiency are not included in the surveys, these survey results do not represent all clients’ feedback or opinions on services they receive. Furthermore, as community districts generally share the same geographic boundaries as the catchment areas assigned to particular providers, DFTA is also limiting the customer satisfaction data for those providers.

Of 72,264 seniors in Bronx Community Districts 1 through 6 (serviced by Provider 2), 36,355 (50%) rely on other languages (Spanish, Chinese, Russian, Italian, French, Korean, and Haitian) as they are not fluent in English (see Exhibit).

DFTA officials attributed the exclusion of non-English speakers from surveys to a lack of staff who are multilingual. However, according to DFTA’s language access policy and plan for fiscal year 2018, DFTA’s current resources include language line services, which offer translation and interpretation services in over 170 languages as well as multilingual staff to assist limited English proficiency individuals. In addition, DFTA officials informed us that STARS has information on clients’ primary language; however, DFTA did not utilize these existing resources to facilitate their outreach efforts.

## Survey Methodology Deficiencies

We requested the surveys for fiscal years 2018, 2019, and 2020, including methodology, results, and follow-up actions. The surveys featured questions covering timeliness of meal delivery and the quality and appropriateness of meals. Our review found:

- In fiscal year 2018, DFTA surveyed clients of six of the 23 providers but did not evaluate the results for these providers to determine which were considered acceptable or passing. Moreover, DFTA did not share the survey results with the six providers.

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- In fiscal year 2019, DFTA surveyed clients of all 23 providers. Seven providers did not pass the survey, but DFTA officials did not provide evidence that they contacted those seven providers to formulate a plan of action to address areas where improvements were needed.
  - In fiscal year 2020, DFTA surveyed clients of 10 of the 23 providers; however, DFTA officials informed us that they have not yet finalized the results.

Furthermore, DFTA did not establish benchmarks for client satisfaction in any of the categories surveyed. Instead, DFTA averaged the scores for each question across all providers. A passing satisfaction score would be any score that was within 5 percentage points of the average. DFTA officials did not provide justification for the 5% threshold.

By not establishing an expected level of customer satisfaction, DFTA is not holding its providers accountable to a high level of performance. For example, if the overall average provider performance in a given year was poor, the passing grade is lowered for all providers. This methodology does not effectively promote higher-quality services to seniors.

According to DFTA officials, they are working on ways to improve the survey methodology and plan to use a different methodology to determine whether a provider passes a survey. DFTA officials informed us that changes to the methodology are still in progress; however, they added that there is no specific requirement on their part to conduct these surveys.

We questioned how DFTA would assess client satisfaction in the absence of DFTA-conducted surveys. DFTA officials responded that they rely on providers to perform their own surveys of client satisfaction and report the results to DFTA. However, DFTA does not review or verify these results, and thus there is a risk that the providers will not submit accurate and complete surveys to avoid poor evaluations by DFTA.

## Recommendations

8. Develop formal written policies and procedures regarding survey methodology, evaluation of results, and follow-up with providers.
9. Develop guidelines or protocols for conducting surveys to include seniors with limited or no English proficiency.
10. Utilize current resources to provide interpretation and translation services to seniors with limited or no English proficiency while conducting client satisfaction surveys.

## Oversight of Provider Performance

DFTA is responsible for monitoring the activities of all HDML providers to ensure programs serve meals that fall within nutrition standards and meet service quality

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standards. Provider contracts require that DFTA evaluate the providers' performance each year in the categories of timeliness, fiscal administration, and performance. DFTA is also responsible for overseeing provider compliance with their contracts. We determined that DFTA's oversight of the HDML program was deficient based on the lack of follow-up on provider non-compliance issues described above (food safety and nutrition violations, survey results, and complaints), as well as flaws in assessing and evaluating providers and the lack of penalties assessed for poor performers. Significantly, this resulted in DFTA awarding new contracts to providers with a history of poor performance.

## Penalties Not Assessed

We note DFTA determined some providers had performed poorly and even one of the providers indicated that their performance would not improve; however, DFTA did not levy any penalties. Furthermore, there are no provisions in the 2021 contracts that explicitly allow DFTA to levy penalties for poor performance. DFTA is likely to struggle to ensure providers' adequate performance if there is no effective mechanism to hold them accountable.

## New Contract Awards

In fiscal year 2020, DFTA released a new RFP wherein proposals were scored on a scale of up to 100 by three DFTA evaluators. Scores are divided into six categories: experience; customer service; food and food preparation; delivery procedures; organizational capabilities and business operations; and budget, reporting, and contract management. According to the NYC Charter, Section 319, "Proposals may be solicited through a request for proposals with award to the responsible offeror whose proposal is determined to be the most advantageous to the city, taking into consideration the price and such other factors or criteria as are set forth in the request for proposals. No other factors or criteria shall be used in the evaluation and award of the contract except those specified in the request for proposals."

According to the 2020 RFP, "The contractor would have recently (within past three (3) years) contracted with a City government agency and would be able to show success through evaluations conducted by that oversight agency. If the contractor has not contracted with DFTA or with another City agency within the past three (3) years, the contractor would have had a state or federal contract within that timeframe." DFTA received 134 proposals for the new RFP and awarded 22 contracts to 14 providers, including 13 of the previous 17 providers. We found that providers who performed poorly under the previous contract were nevertheless awarded new contracts. DFTA officials explained that, according to NYC procurement rules, when they score proposals, they can only review the content submitted by the provider. Based on this explanation, unless the submitted proposal included copies of past DFTA evaluations, DFTA would not negatively score a provider whose proposal claimed satisfactory performance under past DFTA contracts even though DFTA's own performance evaluations indicated significant deficiencies providing services.

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We compared the proposals from the five sampled providers with DFTA's performance evaluations, nutrition assessments, customer satisfaction surveys, and providers' CAPs. We noted instances in which the proposals did not include significant deficiencies identified by DFTA evaluations. Following is a summary of these deficiencies for the five providers we sampled:

#### **Provider 1**

- Customer Service – Provider 1 did not pass the HDML client satisfaction survey for fiscal year 2019. Despite questions in the proposal specific to customer satisfaction, the provider did not include this information in its proposal. Subsequently, two of the three proposal evaluators awarded a perfect score in this category.
- Delivery Procedures – In its fiscal year 2019 CAP, Provider 1 acknowledged its inability to deliver all meals within 2 hours, stating “unfortunately, the routes will continue to exceed 2 hours.” Provider 1 did not include this information in its proposal and received a perfect score in this category from all three evaluators. Additionally, DFTA officials informed us that 2 hours is no longer a requirement in the new contract. However, we note that the new contract states “within 5 business days of enrollment in the program, the contractor shall provide the client with the following information: the scheduled timeframe of delivery; this timeframe should be within a two-hour window.”
- Food and Food Preparation – The fiscal year 2019 and 2020 nutrition assessments indicated that Provider 1 had food temperature issues. In addition, the provider's meals exceeded the maximum allowed sodium content. Provider 1 did not include this information in its proposal and received a perfect score from two evaluators.

#### **Provider 4**

- Food and Food Preparation – The fiscal year 2019 and 2020 nutrition assessments noted issues with cleanliness, maintenance of equipment, storage of food, vermin, sodium content, and food temperature. Provider 4 did not include this information in its proposal and received a perfect score from two evaluators. The remaining evaluator gave a high score.

#### **Provider 6**

- Food and Food Preparation – In fiscal year 2020, the provider had several issues, including the presence of vermin in food service areas. The presence of filth and flies in the facility resulted in a failing grade during its DOHMH inspection. In fiscal years 2019 and 2020, the provider also received citations for poor temperature controls and failure to initiate CAPs for non-compliance issues. Provider 6 did not include this information in its proposal and received a perfect score from two evaluators. The remaining evaluator gave a near-perfect score.

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Notwithstanding DFTA's application of NYC's procurement rules, when poor-performing providers are subsequently awarded new contracts, there is a risk that they will continue to provide substandard home delivered meal service for the duration of the new contract. Ultimately, the vulnerable seniors who rely on these meals may suffer the effects of late, undelivered, poor quality, unhealthy, and/or unsafe food.

DFTA officials stated that they did consider providers' past performance when conducting their responsibility determination for the proposals. We reviewed DFTA's responsibility determinations for the new contracts and found that they included adverse information checks through LexisNexis, Google search, and NYC Department of Investigation vendor name check, among others. However, we did not find evidence that DFTA reviewed its own evaluations of its providers, including nutrition assessments, CAPs, and client satisfaction surveys. For example, DFTA's responsibility determination for Provider 1 did not consider its fiscal year 2020 performance evaluation even though the provider received a "poor" rating.

## Recommendations

- 11.** Ensure DFTA effectively factors in past performance when selecting providers for contract awards.
- 12.** Enact contract language to allow for performance-related penalties for poor performance.

# Audit Scope, Objective, and Methodology

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The audit objective was to determine whether DFTA effectively oversees the provision of home delivered meals to eligible seniors. The audit covered the period from July 2018 through February 2021. Additionally, we reviewed documentation related to DFTA's new HDML program contracts awarded in January 2021.

To accomplish our objective and assess the relevant internal controls related to DFTA's monitoring of home delivered meals, we interviewed key personnel from DFTA and reviewed relevant laws, regulations, policies, and procedures. Furthermore, we selected a judgmental sample of providers with some of the larger contracts by dollar amount to review the results of their nutritional assessments. The same sample of providers was also used to determine whether new contracts were awarded to poor-performing providers. Our judgmental sample cannot be projected to the population. To determine if HDML client complaints regarding DFTA services were resolved in a proper and timely manner, we reviewed CTS and NYC 311 client complaints. To assess DFTA's oversight over customer service, we reviewed client satisfaction surveys. To review DFTA's oversight over food delivery, we reviewed DFTA's 2018 and 2019 monthly route reviews. As part of audit procedures, the audit team used Geographic Information Systems (GIS) software for geographic analysis.

# Statutory Requirements

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## Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. These 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 objective. We believe that the evidence obtained during our audit provides a reasonable basis for our findings and conclusions based on our audit objective.

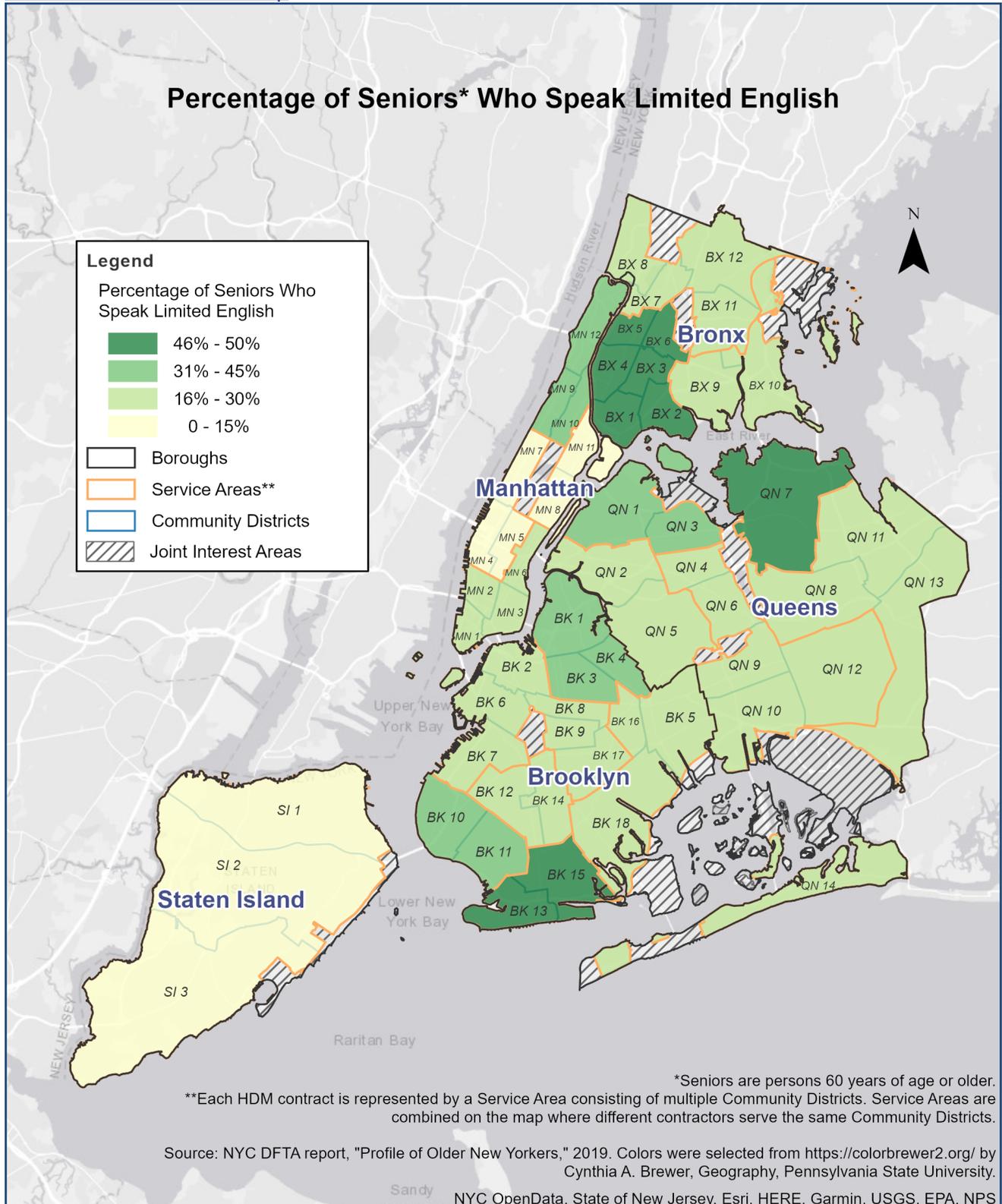
## Reporting Requirements

We provided a draft copy of this report to DFTA officials for their review and formal comment. Their comments were considered in preparing this final report and they are attached in their entirety at the end of the report. DFTA officials generally agreed with the audit recommendations and indicated that certain actions have been and will be taken to address them. We address a specific section of DFTA's response in a State Comptroller's Comment.

Within 180 days after the final release of this report, we request that the Commissioner of the New York City Department for the Aging report to the State Comptroller, advising what steps were taken to implement the recommendations contained in this report, and if the recommendations were not implemented, the reasons why.

# Exhibit

[Click to View Interactive Map](#)



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# Agency Comments

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Lorraine Cortés-Vázquez  
Commissioner

December 14, 2021

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New York, NY 10007

212.AGING NYC  
212.244.6469

Mr. Kenrick Sifontes  
Office of the State Comptroller  
Division of State Government Accountability  
59 Maiden Lane - 21st Floor  
New York, NY 10038

Dear Mr. Sifontes:

Thank you for the opportunity to respond to the draft report entitled: "Oversight of Home Delivered Meals Program." Enclosed you will find the Department for the Aging's formal response.

Sincerely

A handwritten signature in black ink that reads "Lorraine Cortés-Vázquez". The signature is fluid and cursive, with the last name being particularly prominent.

Lorraine Cortés-Vázquez  
Commissioner

CC: Jose Mercado  
Michael Bosnick  
Michael Ognibene  
Louella Bayers  
Laudrey Lamadiu  
Edgar Yu  
Blanca N. Arismendi



NYC Department for the Aging Draft Audit Report Response

**Recommendation 1:** Develop formal written policies and procedures regarding route review of meal delivery; include a testing protocol to determine if meals were actually delivered to clients.

**Response:** DFTA accepts this recommendation and will develop policies and procedures regarding route review of meal delivery. We expect to have the polices ready March 31, 2022.

**Recommendation 2:** Perform a cost-benefit analysis to determine the appropriateness of the 3% allowance.

**Response:** DFTA accepts this recommendation and in the coming months will review the appropriateness of the allowance and create a new allowance by April 2002 and implement by July 1, 2022.

**Recommendation 3:** Develop a system to track and verify client contributions and ensure the contributions are used to benefit the HDML program

**Response:** DFTA accepts this recommendation and will develop a system to further track and verify client contributions. We expect to have the polices ready by June 30, 2022.

**Recommendation 4:** Develop a means by which HDML complaints received are linked to the respective providers and the complaint resolution.

**Response:** DFTA accepts this recommendation. Aging Connect uses two systems for capturing and monitoring complaints. Dynamics 365 is a citywide system with 311 oversight and the Correspondence Tracking System (CTS) is an internal system used by DFTA. Aging Connect will explore improving the process for managing HDM Complaints received through the Correspondence Tracking System (CTS). This includes developing a plan for receiving a complaint, entering caller information and complaint narrative into the system, and including the provider's information. Aging Connect will work with HDM program staff to enter complaint resolutions into CTS and close out complaints as they are resolved.

**Recommendation 5:** Track the HDML complaints received by DFTA to ensure they are resolved within 14 days



**Response:** FTA accepts this recommendation. The Agency also notes that in FY22, to date, DFTA's response rate for resolving "Home Delivered Meals Missed Delivery" complaints received through our Dynamics 365 system within 14 days is 100%. In addition, Aging Connect will explore developing a tracking mechanism to monitor referred complaint date and program resolution date in our Correspondence Tracking System.

**Recommendation 6:** Ensure that the number of complaints reported by providers are realistic and that case managers share complaints they receive with DFTA.

**Response:** DFTA accepts this recommendation. Our Home-Based Services team will develop a system for the case management programs to report HDML complaints to DFTA. We expect to have the polices ready by January 31, 2022.

**Recommendation 7:** Identify providers with recurring food safety and nutritional issues. Develop controls to ensure that these issues are sufficiently addressed to prevent future occurrences.

**Response:** DFTA accepts this recommendation and is building a report in our Program Assessment System that tracks recurring issues from year to year. As part of the initial assessment for the year, the nutrition staff will use this report to note when issues are recurring. Any recurring food safety and sanitation issues will be noted in the assessment and providers will be asked to provide proof that the issues is corrected within one week of the assessment visit. Non-compliance with these guidelines will adversely impact the provider's performance rating in PassPort.

**Recommendation 8:** Develop formal written policies and procedures regarding survey methodology, evaluation of results, and follow-up with providers.

**Response:** DFTA accepts this recommendation and has already developed policies regarding follow up with Providers to ensure that they address any negative results found during the satisfaction survey. Survey procedures and methodology are attached.

**Recommendation 9:** Develop guidelines or protocols for conducting surveys to include seniors with limited or no English proficiency.



**Response:** DFTA accepts this recommendation. Administration of the HDM satisfaction survey has been conducted solely in English but has included a diverse population of clients to include race, ethnicity, gender, and geography. Subsequent administration of the survey will expand the inclusion of diverse populations to include language. The language inclusion will be accomplished using multilingual staff and language access lines within the Agency.

**Recommendation 10:** Utilize current resources to provide interpretation and translation services to seniors with limited or no English proficiency while conducting client satisfaction surveys

**Response:** Refer to response for recommendation #9.

**Recommendation 11:** Ensure DFTA effectively factors in past performance when selecting providers for contract awards.

**Response:** DFTA strongly disagrees with this recommendation and its wording as the audit report does not find nor indicate any instance of non-compliance with the NYC Charter and/or the Procurement Policy Board Rules ("PPB Rules") when factoring in a vendor's past performance. This is even more apparent when reading the last bullet in the "Key Findings" section on page 2 of the audit report, where it is unable to make a definitive statement about whether DFTA considered past performance in its award selections. The finding states, "DFTA awarded new contracts to providers with noted deficiencies because DFTA may not have considered past performance in its award evaluation process." (emphasis added) Oddly, the audit also does not indicate the specific section of the PPB Rules that they are relying on in their finding, but it was clearly represented during the course of the audit that they were referring to PPB Rule Section 2-09(b)(20), which covers the preparation of a "Recommendation for Award". In our response, we noted, "The PPB Rule noted in the audit "... a contracting officer shall use assessment of vendor's performance during the prior contract period", refers to PPB 2-09(b)(20). This rule refers to the contents to be included in the of the Recommendation for Award paperwork. Please note that the recommendation for award paperwork comes after the evaluation/selection process. When processing the recommendation for award paperwork DFTA's Office of Procurement looks at PassPort evaluations only; not at nutritional assessments and/or client satisfaction surveys as these assessment tools are considered when the PassPort evaluation is being created. As noted above past performance may not be considered unless requested in request for proposals and thus DFTA evaluated/selected the new awardees in full accordance with the PPB Rules and the New York City Charter."

[Comment 1](#)



**Recommendation 12:** Enact contract language to allow for performance-related penalties for poor performance.

**Response:** DFTA accepts this recommendation and will develop a system of accountability for repeated poor performance results by withholding a portion of the contract budget as a part of a corrective action plan. We expect to have the polices by April 2022 and implement by July 1, 2022.

# State Comptroller's Comment

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1. We stand by our audit conclusion. During the audit, we reviewed procurement rules for both the scoring of proposals (NYC Charter Section 319) and the awarding of contracts to specific vendors (Procurement Policy Board [PPB] Rules section 2-09(b)(20)). As noted on page 17 of the report, DFTA explicitly listed past government performance as part of the criteria in the RFP. Additionally, as we noted on page 18, certain providers did not include the results of DFTA's performance evaluations in their proposals. Based on the scoring and notes, we question whether DFTA effectively considered providers' past performance when evaluating their proposals. DFTA's process for relying on providers to include in their proposals the results of DFTA's own performance evaluations led to instances where providers simply did not report negative evaluations. As DFTA officials stated they can only review the content included when scoring a proposal, they could not apply the results of past DFTA evaluations during this phase of the procurement process. We conclude that this process was ineffective in considering past performance.

Moreover, the PPB states that "the Contracting Officer shall use the following sources of information to support determinations of responsibility or non-responsibility: ... (ii) VENDEX and other records of evaluations of performance, as well as verifiable knowledge of contracting and audit personnel." As noted on page 18, Provider 1 had received a "poor" rating in their PASSPort evaluation. However, DFTA still deemed the vendor responsible to perform the services.

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