



Home Delivered Meals Program

Concept Paper

October 28, 2019

Purpose and Rational for the Concept Paper

The New York City Department for the Aging (DFTA) anticipates issuing a Request for Proposals (RFP) for its Home Delivered Meals (HDM) Program in early Calendar Year 2020. This concept paper is being issued to provide the public and potential proposers with a summary of the findings from recent program analysis, an overview of the proposed changes to the program, and an overview of the HDM program as it currently operates. DFTA invites readers of this concept paper to provide feedback as DFTA prepares the RFP.

Background Information

DFTA's mission is to eliminate ageism and preserve dignity and high quality of life to ensure that New York City's diverse older adults can age in place. As an agency of New York City government and an Area Agency on Aging (AAA) under the federal Administration for Community Living, DFTA receives federal, state and city funds to provide essential services as well as referrals for older adults and people of all ages with disabilities, and to provide support to caregivers.

As part of the portfolio of services for New York's homebound older adult population, DFTA operates the Home Delivered Meals (HDM) Program through a network of contracted community based providers, subcontractors and commercial caterers, described in detail below. It is DFTA's goal to ensure that the meals provided to older adults in this program are not only nutritious and meet regulatory guidelines, but are appealing to a diverse and evolving population of older New Yorkers. As the older adult population has grown and shifted demographically in composition, DFTA and its providers have instituted several program enhancements to better meet the needs of meal recipients. For example, contracted providers have begun to offer more cultural meals in their regular menus so as to meet the food preferences of the population of older adults they serve. DFTA plans to make further progress in delivering culturally appropriate meals citywide. Several issues of food quality have also been addressed. This concept paper lays out additional enhancements that DFTA is considering and for which it is seeking input from respondents to the concept paper.

Moreover, DFTA would like to tap into recent innovations in the world of food preparation and delivery in order to obtain the strongest possible HDM program – as defined by quality, choice, and diversity – to achieve better nutrition outcomes for seniors.¹

¹ Bloom, Ilse et al. "Influences on diet quality in older age: the importance of social factors" *Age and ageing* vol. 46,2 (2017): 277-283.

Summary Findings

In preparation for the release of this concept paper and subsequent RFP, DFTA completed a rigorous learning process that included a literature review, data analysis, survey feedback from senior meal program recipients, and provider focus groups.

DFTA engaged an independent consulting firm to examine the HDM program to assess its strengths and identify areas for improvement. Leading practices in other cities were also researched and taken into consideration as was the evolving world of food preparation and delivery. DFTA sought input from food industry experts, current and former HDM contractors, and most importantly a statistically significant number of older adults who currently receive home delivered meals as well as a sample of those who opted out of receiving meals.

DFTA used the findings to conduct a series of stakeholder engagement sessions with HDM contractors, HDM subcontractors and case management agency (CMA) representatives to learn, in depth, the areas of the program that should be kept and those that could be improved. Over 300 comments were made by the diverse sample of stakeholders ranging from a need for more equitable and higher reimbursement rates to a desire to have better training for drivers and deliverers. These comments have been taken into consideration and will be referenced throughout this concept paper.

The cumulative analysis and insights from the rigorous learning process revealed a number of areas in which the current system works well, as well as areas that could be strengthened to better meet the needs and preferences of the homebound older adult population and potentially make the system more efficient. Some key findings are detailed below.

Expanding meal choice and improving quality

Though there has been an increase over time in meal diversity, the survey of meal recipients found that one in five older adults identified the lack of variety and choice as their least favorite aspect of the program, and one in four recommended increasing meal options and making the food more appealing as a way to improve the program². Older New Yorkers have a diverse array of needs and preferences, but the current HDM program has limited meal formats (hot or frozen) and cuisines (regular or kosher, with Korean, Chinese, vegetarian, etc., being served in some parts of the city), among which to choose.

Format: While the last RFP allowed proposers the opportunity to offer an additional meal format, namely, fresh chilled³, only one contractor initiated a process to incorporate this option. Currently, 87% of the meals delivered are hot

² Of note, a total of 38% of those surveyed had no complaints about the program/could not identify an area for improvement.

³ *Fresh Chilled* is defined as prepared meals that are to be refrigerated and reheated later. This is different from a cold meal (salad or sandwich). The shelf-life (if refrigerated at a proper temperature) of fresh-chilled meals is 5-7 days.

and 13% are frozen. The percentage of hot vs. frozen meals varies greatly across the HDM program's 23 catchment areas, i.e., in some areas of the City, less than 1% of meal recipients receive a frozen meal, but in other areas over half of the seniors opt to receive a frozen meal despite no major differences in the demographics of those catchment areas.

Cuisine: When surveyed, clients and providers all believe there should be more variety in the meals offered to older adults, and 50% indicated that a meal that is culturally/religiously aligned is important to them. Stakeholders added that while meeting the cultural/religious needs of individuals is important, there are considerations about the number and types of meals that can be created in one kitchen each day and the cost of offering a greater choice. DFTA offers kosher meals citywide, and 18.4% of meal recipients choose this option⁴. This is the only citywide option for a cultural/religious cuisine. Each provider is responsible for delivering meals within a geographic area, and DFTA strongly encourages providers to develop menus that reflect the preferences of the older adults in those areas. In eighteen (of twenty three) geographic areas of the city, seniors can opt to receive a culturally/religiously aligned meal. In some areas, the seniors can opt for a Chinese, Korean, Polish, Halal, Caribbean, or vegetarian meal; excluding kosher, the cultural meals comprise about 4% of the total meals delivered system-wide. And while other providers incorporate meals (e.g., Latin) into their 'regular' menus, there is unequal access to culturally aligned meals citywide. DFTA plans to incentivize equal access to culturally relevant meals in the RFP.

Many clients do not eat the entire meal immediately upon receiving it.

Seniors shared that instead of eating the hot meal immediately, they store it in the refrigerator or freezer to reheat later while some left the meal on the counter to eat later; sometimes they do not eat it at all. DFTA learned that some seniors donate parts of their meal to neighbours while keeping the rest due to portion size or food preferences. These findings are supported by what was shared by case managers and DFTA program staff. Some current HDM providers and other stakeholders want to be able to offer an alternative meal, which is in line with DFTA's interest in creating more choice in the system. The findings differ from the long-standing belief that the large majority of meals need to be delivered hot and ready to eat. Instead, the findings suggest that other meal formats, such as frozen or fresh chilled, may be important to consider given the range of needs, preferences, and lifestyles among seniors⁵. Meals that are kept at a hot temperature for extended periods of time also lose nutrients and quality, negatively impacting the nutritional value of the meal and resulting in non-compliance with State Office for the Aging (SOFA) standards.

⁴ A total of 18.4% of the meals are kosher, which is much greater than the percentage of households keeping kosher. This disparity could stem from a preference for the taste and quality of the kosher meals.

⁵ In El Paso, Texas, the home delivered meals programs provides both hot and chilled meals to clients. They deliver a hot meal two days a week along with meals that could be reheated on the days where a delivery does not occur. DFTA is interested in alternative ways to deliver meals.

Provider kitchens are often operating at or over capacity.

Less than half of all meals delivered in the program today are prepared by the contracted provider. Those who cook meals onsite sometimes encounter difficulties in managing inventory volume and keeping up with the increasing demand for meals. Office and administrative spaces have been converted to refrigeration and freezer storage spaces. Moving to a larger space within a target location is a complex process given high New York real estate costs. Demand is expected to increase due to population growth, and space limitations could lead to providers finding alternative solutions, e.g., group storage spaces. Stakeholders in the summer sessions echoed earlier feedback and suggested DFTA purchase/coordinate to find shared storage space for providers who are within a close geographic proximity.

Decentralized purchasing and multiple layers of contracting drive system complexity and expense.

The way in which a meal is procured and/or prepared and then delivered to a client varies from program to program. Meals reach clients in several ways, some of which are more efficient than others, like:

- A. The primary contractor prepares and then delivers meals;
- B. The primary contractor purchases catered meals (from one or more vendors) and then delivers them;
- C. The primary contractor subcontracts the cooking to a non-profit provider (e.g., a senior center) but then delivers the meal themselves.

And while these now occur in DFTA's network, DFTA finds disadvantages to these models of service delivery:

- D. The primary contractor purchases catered meals and then subcontracts the delivery to another non-profit provider;
- E. The primary contractor subcontracts part of the catchment area to another non-profit provider who prepares and delivers meals;
- F. The primary contractor subcontracts part of the catchment area to another non-profit provider who purchases catered meals (from one or more subcontractors) and then delivers them.

Fewer handoffs in the process make for a better quality product as there is more control by the contractor. Inefficiencies and possible complications arise when there are layers in the contracting process such as those described in Items D, E, and F. Each layer reduces the amount of money potentially spent on food. Primary contractors are reimbursed for each meal reported as delivered and often reimburse each subcontractor at a lower rate accounting for overhead (see examples "C" and "D" above): the actual amount of money spent on the food is potentially decreased in this scenario. In addition, because each contractor manages its operations independently of one another, different rates are often charged by the same commercial caterer for the

same meal. Heavy reliance on subcontracts also creates difficulties in ensuring accountability to the program standards.

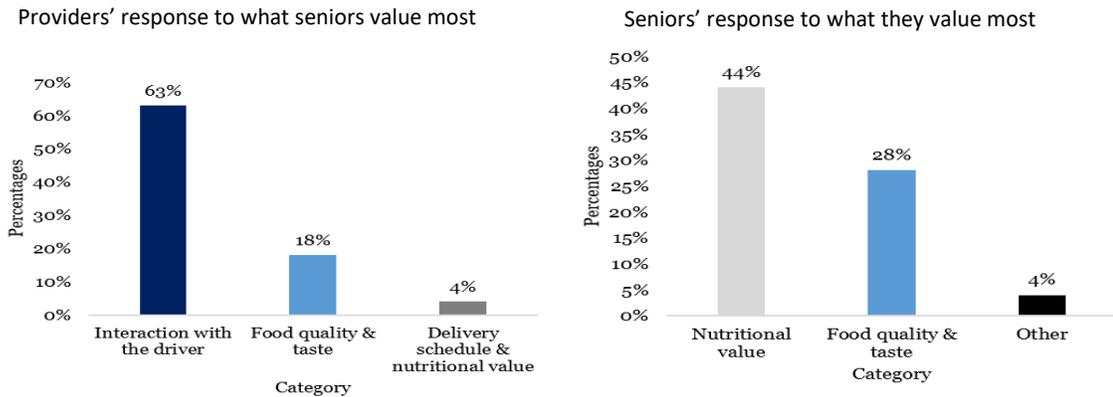
For these reasons, DFTA plans to give preference to proposals that would use more direct preparation-through-delivery models similar to A-C above unless the proposer can clearly demonstrate why they are proposing a model similar to D-F.

Meal distribution locations are not always strategically sited relative to the location of senior populations.

HDM providers are not always located near the largest senior populations/meal recipients—potentially increasing travel costs, time it takes for the meal to arrive, and quality of the meal when it arrives. Locating providers close to large populations of older New Yorkers will help decrease delivery times, allowing providers to deliver hot meals quickly and also provide seniors with more predictable delivery schedules. Some stakeholders noted that the “two-hour rule”, i.e., that a hot meal should be delivered within two hours of heating, is difficult to meet due to long routes, congestion, parking, and other factors. This supports, in some way, a need for either more meal distribution sites and/or adjustments in catchment areas.

Providers emphasize social interaction, while meal recipients most value high quality, nutritious meals.

The surveys for the senior meal recipients and provider staff members were intentionally designed to allow for comparisons of responses between questions. When asked to name the most important aspect of the program, most providers indicated that they believed clients valued their interactions with drivers/deliverers the most, whereas the highest percentage of the clients responded that they valued the nutritional value of the meal the most. Further, the amount of time allotted per delivery is not conducive to more than an open door and pleasant greeting and is not considered by some to represent a meaningful social interaction. The difference between provider and recipient responses to the question of social interaction should not be considered at odds with one another: seniors who want social interaction should receive it (perhaps in a more targeted way/from a different program), and everyone should receive uniformly high quality, nutritious meals with choice and diversity.



Source: Provider and Client Survey, February – March 2017

Concepts for the upcoming RFP

Taking the findings into consideration, several areas for enhancement and improvement of the Home Delivered Meals system emerged. In order to better meet the needs of meal recipients, DFTA considers the following factors to be key to potential design changes anticipated through the upcoming RFP:

1) Increase the number of choices for seniors enrolled in the HDM program.

In addition to the four standard meal choices (hot regular, frozen regular, hot kosher, and frozen kosher), DFTA may consider fresh chilled meals. DFTA would like to see increases in cultural/religious meal options based on the demographics of the communities in the catchment areas. Once under contract, providers and DFTA would use client feedback on preferences, Census data, historic program data and firsthand knowledge to determine what to offer that would create equity in the system and access to cultural/religious meals that do not exist currently. In order for this to happen, DFTA enumerates immediately below a number of elements that may be incorporated into the new contracts. They include items related to: 1) meal format (fresh chilled, frozen, hot); 2) taste and identity preference (cultural and religious meals); and 3) increased equity in meal recipients' experience of the HDM program, from delivery schedule to meal options:

- Proposers who have the ability to procure (through subcontractor/caterer or cooking) and deliver fresh chilled meals as one option for meal recipients will have an advantage. Fresh chilled meals would be another possible alternative for clients who want and can prepare and manage the receipt of multiple meals on a less than daily basis.

- DFTA may reconfigure the current geographic catchment areas to optimize delivery logistics and support the creation of culturally aligned meal options based on demographics in those areas, square mileage, projected population growth, and land use/ built environment.
- DFTA may establish stand-alone contracts for cultural meals to meet the needs/preferences of existing and future clients. DFTA is considering establishing specific contracts for Korean, Chinese, Caribbean, Polish, Halal, Latin, Haitian, and Kosher meals.
- DFTA will require programs that serve a catchment area with a prevailing immigrant/ethnic population that has a distinct cuisine associated with it to incorporate those cuisines in menu planning.
- DFTA may encourage some level of subcontracting with smaller non-profit organizations and caterers who specialize in serving a particular type of cultural or religious cuisine, as well as encourage the use of MWBE certified subcontractors.
- DFTA will require providers to deliver at least one vegetarian or non-meat/seafood meal a week.
- DFTA will allow contractors in one catchment area to deliver to a neighboring catchment area if the cultural/religious meal option seniors prefer is not available from their designated provider.

2) Create a system that better monitors the quality of the meals delivered to the clients.

The surveys conducted with seniors revealed that some items delivered were sometimes overcooked, lacked flavor, and were otherwise unappealing. Moreover, DFTA is aware that some meals remain on the truck for an extended period of time in heat, compromising the appeal and nutrition content. In order to improve the quality of the meals:

- Contractors who commit to purchasing 10% of food from local sustainable farms will have an advantage over those not using local sources.
- Increase the frequency of the required satisfaction surveys to once every quarter and ensure that the surveys include questions about taste, quality and food preferences. Proposers who develop an instant feedback process whereby clients can rate food, food quality, and/or the delivery staff can earn extra points in the RFP. Customer feedback programs should include clear response mechanisms on the part of providers to address customer concerns.
- DFTA will require providers to frequently monitor client satisfaction with the meals for quality control purposes. Taste testing could be one type of QC.
- An HDM application currently under development will assist providers and DFTA in tracking delivery timeliness.

3) Increase the amount of high quality food provided.

In part because of the multi-layered contracting process, whereby contractors are using subcontractors, the amount of money being invested into actual food purchases varies from provider to provider. Moreover, some programs use local grocery stores and other small scale food suppliers to purchase food, which sometimes yields a higher price than if purchasing through a group purchasing arrangement. DFTA plans to:

- Give an advantage in the RFP to proposers who can demonstrate that their programming and budgeting will maximize investment of available dollars into high-quality food and proposers who offer the most choices to meal recipients.
- Set fair and equitable reimbursement rates in the upcoming RFP.
- Require that if a contractor is using a subcontractor for cultural/religious meals, all but the designated indirect rate as laid out in the proposer's budget must be passed through the subcontractor/caterer;
- Incentivize the use of Group Purchasing Organizations (GPO) by giving an advantage in the RFP to proposers who commit to using a GPO for 10% of their overall purchases.
- Contractors committing to program features that will broaden access to resources while in some cases helping to control costs, such as food hubs and joining food purchase partner groups and other relevant food-related organizations including but not limited to Greenmarket Co. (GrowNYC), will also have an advantage in the RFP.
- DFTA collects from its contracted providers the rates each catering company charges. In the future, DFTA plans to discuss disparities in rates with providers so they can negotiate a better rate with the most knowledge available. DFTA does not want to see caterers charging different rates for the same meal from different HDM providers.
- DFTA encourages private fundraising. Success in raising private funds will not result in reductions in a program's public funding level.

4) Modify DFTA policies that may be causing undesirable disparities across programs.

While many of the challenges faced in the program can be addressed through redesigning certain aspects of the HDM program, some challenges primarily concern adopting new policies in the case management program. One major finding in the analysis revealed that in some geographic catchment areas, nearly half of the clients were receiving frozen meals, while in a neighboring catchment area, less than 1% of the meals delivered are frozen, with no measurable differences in population characteristics. The delivery of frozen (or fresh chilled) meals can result in a program with lower cost and higher quality meals; in general, delivering multiple meals at one time costs less as a whole to deliver because they are delivered less frequently than those meals delivered daily. Religious meals tend to cost more than regular meals, and DFTA has historically resolved this by configuring the reimbursement rate based on the number of kosher vs. non-kosher meals it served in the previous year, establishing a blended rate. To ameliorate these discrepancies, DFTA will:

- Set separate rates for and ask contractors to report meals delivered by category; DFTA is considering establishing two categories: 1) non-Religious and 2) Religious (e.g., Kosher and Halal).
- Allow CMAs and HDMs to authorize the “multiple meal” option (frozen/fresh chilled) during the HDM intake.
- Consider delivery of both hot and frozen and/or fresh chilled meals to individual recipients who desire such a mix.
- Encourage programs to offer additional cuisines as the lack of choice may be contributing to the high number of kosher meals ordered in the system.

5. Increase innovation in the design and implementation of HDM.

- Promote sustainability in the form of food transport and delivery as well as materials to package the food items; and
- Encourage program design features and partnerships to increase delight in the menus and the provision of the food to the clients.

DFTA invites current contractors, subcontractors, seniors and other stakeholders to share their insights concerning the aforementioned proposed changes to the Home Delivered Meals program, as well as any other information they may have concerning how to operate a high-quality home delivered meal program, by sending comments to DFTA’s Agency Chief Contracting Officer as listed at the end of this document.

Overview of the Current HDM Program

On any given weekday throughout the City, approximately 18,000 homebound older people receive a home delivered meal. As set by New York State’s Office for the Aging, to be eligible for these meals, one must be:

- Age 60 or older;
- Unable to attend a congregate meal program because of an accident, illness or frailty
- Lack formal or informal supports who can regularly provide meals
- Is able to live safely at home if meals are delivered
- Unable to prepare meals due to at least one of the following;
 - Lacks adequate cooking facilities
 - Lacks knowledge or skills to prepare meals
 - Unable to safely prepare meals
 - Unable to shop or cook

DFTA currently contracts with 23 community based organizations to operate this program from Monday through Friday, and the network delivers 4.5 million meals annually through these contracts. The provision of a meal to a frail older person helps to ensure that nutritional needs are met and thereby contributes to a person’s ability to maintain overall health and live independently in the community. Contracts vary considerably in funding levels, geographic areas covered, and number of older New Yorkers served. Each contractor is responsible for

delivering meals in a pre-determined geographic catchment area of the City; each area comprises a group of Community Districts.

HDM programs can do outreach and enroll clients directly, though most programs do not take on this role. The HDM program is linked to DFTA's Case Management Agencies (CMA). CMAs perform in-depth assessments of social, psychological, mental, and physical well-being in order to identify their needs and assist clients in living independently in the community. If a client is in need of a home delivered meal, the CMA is responsible for performing a comprehensive phone assessment and then authorizing meal delivery to the client and sending a referral to the local HDM program. The HDM program accepts the referral and begins delivering meals to the client within one-to-three business days. The CMA is responsible, during the full assessment, for determining if the older person is capable of managing the receipt of multiple meals twice a week in lieu of a hot meal delivered daily and then advising the client on the available meal choices so the client can decide which choice is best for them.

As a federally funded service (through the Older Americans Act), the HDM program must adhere to certain federal, state and local laws. These laws were established to ensure that meal recipients are offered nutritious and balanced meals. For the purposes of this concept paper, it is important to note that meals prepared for the HDM program must meet federal, state and local standards. Some of these standards are as follows:

- NYC food standards⁶;
- Meals provide one-third of the Daily Recommended Intake (adult);
- Labeling must include a nutrition facts panel, date prepared and consumed by, and food handling instructions;
- Menus must include variety; and
- Menus are submitted to DFTA for approval several months in advance.

Through a public-private partnership arrangement, Citymeals on Wheels, a non-profit organization, provides funding to DFTA-funded HDM contractors to deliver weekend meals, holiday meals, and emergency food boxes.

Proposed Term of the Contract(s)

The contract start date will be July 1, 2020, and the term of the contract will extend through June 30, 2023, with the possibility of three annual extensions. DFTA reserves the right to renew the contracts for an additional 3 years.

Total Funding Available/Sources of Funding

DFTA anticipates that the funding for DFTA's HDM Program will be approximately \$120,000,000 for three years (\$40,000,000 per year). DFTA anticipates reimbursing providers based on the number and types of meals delivered.

⁶ <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>

Procurement Timeline

An RFP is expected to be released in early calendar year 2020.

Use of HHS Accelerator

To respond to the forthcoming Home Delivered Meals Program RFP and all other client and community services Requests for Proposals, vendors must first complete and submit an electronic pre-qualifications application using the City's Health and Human Services (HHS) Accelerator system. The HHS Accelerator system is a web-based system maintained by the City of New York for use by its human services agencies to manage procurement of services.

The forthcoming Home Delivered Meals Program RFP will be released through the HHS Accelerator system. Only organizations with a pre-qualified HHS Accelerator Business Application and Services Application for the following will be able to propose:

- Food and Nutrition
- Case Management
- Transportation
- Recreational Services

To submit a Business and Services application to become eligible to apply for this and other client and community services RFPs, please visit: <http://www.nyc.gov/hhsaccelerator>.

Contact Information and Deadline for Questions/Comments

Comments are invited by no later than 5:00 p.m. on December 11, 2019. Please email Michelle Biondi at mbiondi@aging.nyc.gov and write "Home Delivered Meals Program Concept Paper" in the subject line. Alternatively, written comments may be sent to the following address:

Erkan Solak
Agency Chief Contracting Officer
New York City Department for the Aging
2 Lafayette Street, 4th Floor, Room 400
New York, NY 10007