Older Adult Centers (*formerly Senior Centers*)
Concept Paper

August 21, 2020

Purpose and Rationale for the Concept Paper

Before the current COVID-19 crisis, on a typical weekday, about 30,000 older adults attended an Older Adult Center[1] (traditionally known as "senior centers") to socialize with friends, take an art class, participate in an exercise program, and/or enjoy a meal. On average, older adults visited a center two days a week, with many attending more frequently. Centers have operated a minimum of 250 days a year, and they are typically open from 8:30 a.m. to 4:30 p.m., with some variation from one center to another. Roughly 20 percent of members have attended solely for socialization, classes, and other activities without participating in the congregate meal. While meals are important for many attendees, it is clear that other activities and services have also drawn adults to the centers.

In recent years, the NYC Department for the Aging (NYC Aging or "the Department"), which funds a total of 249 centers located in every Community District as well as 38 other sites affiliated with those centers, has worked with its provider partners to diversify the portfolio and enhance the services and activities offered with the aim of meeting the needs and preferences of a changing older New Yorker demographic. Through this concept paper, NYC Aging seeks stakeholder input on ways to further augment the types of centers funded in the NYC Aging network, with the understanding that some centers may be "generalist" in nature providing a variety of services, some may have a model with a specialized focus, and others are primarily food centers or congregate meal centers. The Department's overarching goal is that Older Adult Centers provide a range of high quality services, programs, and resources that attract, meet the needs of, and enrich the lives of a diverse group of older New Yorkers. Diversifying the mix of centers will create more options for older adults to choose from, which should, in turn, increase the overall ability of the network to attract even more New Yorkers across the age range of older adults.

The COVID-19 period has underscored the potential for Older Adult Centers to use virtual programming as a way to extend its services both to people who have difficulty getting to centers and to those who do not have a particular interest in visiting centers but find the virtual offerings to be highly appealing. The number of centers creating virtual programming opportunities has increased more than three-fold during this period, and it is the Department's aim to foster the expansion of virtual programming throughout the network on a permanent basis.

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[1] Older Adult Center is a working title; please see section on Page 3 labeled "*Senior Center Nomenclature"* for further explanation.

Virtual programming activities offered by the centers are highly varied, ranging from exercise classes to theatre arts, musical presentations, chat groups, and information sessions on benefits, resources and services available to older people. Through this concept paper, the Department hopes to hear from stakeholders about how to further expand and maximize the use of virtual programming as cost efficiently as possible, so as to increase access to the valuable programming provided by centers by as many interested New Yorkers as possible, both among those already partaking of NYC Aging-funded program opportunities as well as those new to the world of aging services. This interest on the part of NYC Aging extends from the current situation related to COVID-19 through to the post-COVID-19 period when current and new members are able to return to centers.

At the time of publication of this concept paper, the Department is working with its partners in City government to determine next steps in the provision of food to center members in upcoming months. Given the unpredictability associated with the progression of the COVID-19 virus, these or other changes in food provision could still be in effect at the point of implementation of new contracts. NYC Aging will keep stakeholders abreast of any such developments as planning and implementation proceed.

NYC Aging wants to ensure that the network of centers it funds is prepared for major weather events—such as snow, heat waves, hurricanes/flooding—and other emergencies—such as acts of terrorism or outbreaks of communicable diseases. As a significant City resource for shelter from the elements with access to transportation (albeit limited), centers can play an important role in helping the City cope with catastrophic events and maintain the safety of older adults and other neighbors. This has only been more apparent during the COVID-19 pandemic, when many centers have proven to be vital resources to their clients and the local community, through activities such as wellness calls to avoid social isolation and as sites for pick-up or delivery of meals. NYC Aging plans to ask contractors to play a major role in times of emergency to help the City recover during and after a disaster.

Finally, through the upcoming RFP and as introduced in this concept paper for public comment, NYC Aging also intends to continue to dedicate resources to immigrants with limited English language proficiency and/or those who have recently arrived in the United States. Currently, most centers employ staff that have deep knowledge of the communities they serve as they emphasize cultural and linguistic competence in their workplace practices. While most centers are responding to their communities' cultural composition by way of hiring multi-lingual staff, there are emerging populations of seniors who are potentially underserved, including special populations (such as LGBTQ or persons with disabilities). It is NYC Aging's intention to address the gaps in service, creating more equity in the system.

Program Background
NYC Aging is the lead Mayoral agency addressing public policy and service issues for the aging; it is the largest agency in the federal network of Area Agencies on Aging (AAA) in the United

States. Established to represent and address the needs of elderly residents of New York City, the Department administers and promotes the development and provision of accessible services for older persons and serves as an advocate on legislative and policy issues. NYC Aging's mission is to work to eliminate ageism and ensure the dignity and quality-of-life of New York City's diverse older adults, and for the support of their caregivers through service, advocacy, and education. NYC Aging continues its long history of collaborative partnerships with community-based organizations for the provision of programs and services, which aim to foster independence, safety, wellness, community participation and quality-of-life.

Since the founding in the Bronx of the first government-funded senior center in the United States in 1943, the City has been home to a number of vibrant centers, with services and activities that numerous members have said enrich and even transform their lives. Currently, as mentioned above, NYC Aging funds and oversees a network of 249 Older Adult Centers[2] and 38 sites[3] affiliated with those centers across the five boroughs. The centers exist in a range of physical settings—public housing (NYCHA) developments, church and synagogue recreation rooms/basements, freestanding leased sites in private locations, city-owned buildings, senior housing and more. Rather than operate centers directly, NYC Aging contracts with a range of providers including but not limited to non-profit organizations, religiously oriented organizations, settlement houses, and community centers. The network is diverse, and through the Older Adult Center RFP, NYC Aging would like to make many more gains in matching centers' diversity with that of the older New York City population.

During the last procurement, NYC Aging divided the network into two groups: Neighborhood Centers (NCs) (n=233) and Innovative Senior Centers (ISC) (n=16). The development of ISCs, originally viewed as a vision of the future of center programming, was the first phase in addressing the needs and preferences of a younger cohort of older adults, as well as shifting the major focus of centers from meals to other types of programming, even as meals remain a critical offering of each center. However, the ISCs and NCs overlap a great deal in the types of services that they offer, so that NYC Aging has shifted its focus from creating two tiers to making more uniform investments across the network. Thus, the de Blasio administration has made major investments in the Older Adult Center system, such that overall funding has increased substantially since the commencement of the current Mayoral administration. Second, the increased dollar investment in centers made it possible for NYC Aging to develop an approach to allocating funds more equitably than in the past, taking into account both economies of scale associated with larger versus smaller centers, and accounting for fixed costs in determining equitable funding levels for each center. These two factors have helped narrow the gap to more consistently allocate funds across the system and to allow for more flexibility in program model(s).

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[2] These include 16 Innovative Senior Centers and 233 Neighborhood Centers.

[3] These include satellite sites, drop-off centers, and social clubs. Affiliated sites were not a part of the Senior Center RFP released in 2011.

At their core, based on federal Older Americans Act guidelines, all centers are required to offer nutritional support (meals and nutrition education); information and assistance in obtaining benefits and services; linkages to other community-based organizations and resources; health promotion classes, including evidence-based programming; and recreation and other opportunities for social engagement. How centers go about providing these core services varies greatly, but all must take into consideration the populations served and their attendees' preferences when designing their programs and services. It is also important to take into account participant characteristics, such as level of poverty; linguistic, ethnic, and cultural composition; level of educational attainment; and disabilities/common health conditions.

Concepts in the Upcoming RFP
In preparation for the upcoming RFP, NYC Aging has:
- Conducted a community needs analysis;
- Interviewed various stakeholders;
- Reviewed current state data;
- Conducted a literature review identifying what draws/would draw older people of different ages, from early 60s to the 90s and beyond, to attend centers;
- Held stakeholder engagement sessions on center operations and cuisine; and
- Convened a workgroup that focused on identifying best practices.

The concepts for the upcoming RFP laid out below have been informed by this work. NYC Aging invites readers of this concept paper to provide feedback and additional information and insights:

Senior Center Nomenclature
The name 'senior centers' has been identified by many stakeholders as a deterrent to attendance by older adults. Many older adults believe that using the word 'senior' creates an unnecessary stigma as many who would otherwise attend a center do not associate with being a senior. Although City, State, and Federal guidelines refer to centers as 'senior centers', NYC Aging has the latitude to retitle centers. One positive term to label the portfolio of centers is Older Adult Centers. Within this system-wide term, providers could retain/add as desired specific names for each site that they operate. Through this concept paper, NYC Aging invites readers to suggest other possible system-wide nomenclature that they may find preferable to NYC Aging's suggestion of Older Adult Center.

Innovative Models
NYC Aging would like to see proposers adapt their centers to the needs of their community by experimenting with a variety of service delivery models. This notion was echoed by center directors in the stakeholder engagement sessions, where it was stated repeatedly that "one size does not fit all." Many center directors noted that they were in essence operating several models within one center to address the various needs of the diverse array of participants attending. Minimum service levels, if they are set, would still need to be met and core functions provided (nutrition, information and assistance, health and wellness programming, education/recreation

classes, socialization opportunities, and community linkages), but program design could vary considerably as a way to promote innovation and to attract members of varying interests.

NYC Aging is open to a variety of delivery models and will encourage proposals to offer a model, or mix of models, that works best for their community. As mentioned above, through this concept paper, the Department is seeking ideas for how to use state of the art virtual programming both to increase the variety of models and programming as well as attract a larger number of members, either through individual center efforts or collaborations among centers.

Possible models include but are not limited to[4] the list immediately below. Please note that there are not firm "boundaries" among the models; rather, an individual center may combine elements of two of more models, sometimes employing virtual programming to increase the range and types of offerings or to engage in collaborations with other community service providers:

a. **Comprehensive model**: Aims to offer a wide range of activities and services of broad appeal, sometimes on weekends and outside of regular business hours, to people of varying ages and interests within the community; this is often referred to as a "multi-generational model."
b. **Wellness Center model:** Highlights access to fitness centers and activities, such as evidence-based health promotion workshops, to promote strong positive physical and mental health outcomes. Often includes coordination with healthcare professionals and other partners.
c. **Lifelong Learning model:** Focus on intellectual stimulation and creative/art activities that are culturally and linguistically diverse. Often partners with other off-site organizations (such as libraries and arts organizations).
d. **Continuum of Care model:** Focused on providing health and wellness activities throughout the aging life span, tailoring activities and opportunities to older adults as they 'age-in-community' and transition from all levels of fitness, ability, and frailty. Often comprehensive collaboration with inter-disciplinary institutions and providers.
e. **The Café model:** Provides a restaurant-type setting for all ages, but also hosts activities and programs to enhance the physical and mental well-being of older adults.
f. **Next Chapter model:** Similar in some ways to the Lifelong Learning model, the Next Chapter model is distinguished by its emphasis on helping members explore possibilities to increase their financial security and independence. This is done through fostering older individuals' use of their skills and experiences to take on paid work, engage in civic activities, or participate in specialized volunteer programming. Some centers may also wish to create a learning institute as a centerpiece of this model to help participants enhance skills post retirement.

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[4] More details on different types of new Older adult Center models can be found in the following reports: (1) Lawler, K. (December 2011): "*Transforming Senior Centers into 21st Century Wellness Centers*," AARP Louisiana State Office; and (2) Pardasani M, Sporre K, and Thompson PM. (March 2009): "*New Models of Senior Center Taskforce*: Final Report" for the National Institute of Senior Centers (NISC).

g. **Entrepreneurial Center model:** Use of diverse funding sources—such as philanthropic and other private funding or offering opportunities to generate income based on the skills of older adults—to help centers become more independent and provide more long term sustainabilitiy. May also offer non-traditional hours to meet diverse consumer needs.

h. **Older Adult Centers without walls:** Utilizes existing community resources to enhance the service model, expose centers to individuals who wouldn't otherwise attend a center event, and avoid duplication of programs/services. For example, a library that hosts a film appreciation event could co-sponsor that event with the local center and offer the center a table for information at the event. For reciprocity, the center would then host an event at their facility and invite the library to co-sponsor the event for center members and perhaps other interested community members.

Regardless of the model, there are common themes that unify forward-thinking center directors and administrators: collaboration, responsiveness, accountability, creativity, and dedication. NYC Aging recognizes that proposers to the upcoming RFP may have alternative and/or hybrid models that would work for the community of older adults in specific catchment areas and welcomes feedback on possible innovations, as well as collaboration across providers to expand service opportunities. Responses to the concept paper should also suggest ideas for centers' integration into the community, including building connections to existing services and resources, to more effectively attract new clients and facilitate referrals to needed services. In addition, as previously stated, the COVID-19 pandemic has resulted in a heightened awareness of the need for remote programming and other uses of technology to ensure continued connection in all situations; the Department looks forward to hearing stakeholder suggestions for incorporating virtual programming into center operations.

Contracting and Units of Service

Various stakeholders have recommended that NYC Aging allow providers to adjust contracted service level units after contract award. This would allow for better operational management and increase the ability of providers to be more responsive to community needs. Most center directors noted that it is difficult to know years in advance the needs of the community, noting that those needs may change in type or degree over time. NYC Aging will assess possible ways to allow for flexibility in adjusting contracted service units on an annual basis. If an adjustment in units is warranted, NYC Aging would determine if the budget should remain unchanged or would require a corresponding adjustment based on contracting and/or other City guidelines and rules. For example, in accordance with the City's contractual terms found in Appendix A, Section 10.02, titled "Reductions in Federal, State and/or City Funding", any reduction in funds would be accompanied by an appropriate reduction in services and vice versa.

NYC Aging would continue to require the provision of certain services but is considering the elimination of required minimum service levels in an effort to see some congruence between funding and proposed service units. NYC Aging would encourage proposers to establish realistic service levels based on historical data and projected community growth. Some minimum service levels, e.g., meals, have been historically difficult to meet for some centers, while others are

overutilized. While NYC Aging will be encouraging ongoing outreach and community engagement (*see Marketing/Advertising/Outreach section on page 8*), as well as developing a policy regarding chronic underutilization, NYC Aging wants to fund centers that propose and can provide high quality programming at realistic service levels rather than fund centers that are chronically underperforming based on unrealistic proposals. Commenters are invited to make suggestions on what units of service and performance/outcome metrics are most appropriate for the contracts, including qualitative measures. Of course, these suggestions need to take into account State requirements. Where not currently allowed, interesting ideas for counting and measurement could be discussed with the State.

Serving Diverse Populations

NYC Aging seeks to promote Older Adult Centers as microcosms of the larger society through attracting a racially, ethnically and culturally diverse group of members reflective of New York City's cosmopolitan population. This includes attracting older people of various ages, welcoming special populations (e.g., LGBTQ, persons with disabilities), and promoting cultural and linguistic competence:

> *Younger Cohort.* The number of older adults aged 65-74 attending centers is comparable to the overall population of that age cohort, while people aged 75+ attend in particularly large numbers. Those aged 60-64 are significantly under-represented at centers for various reasons including the fact that many are still employed, are connected socially, take classes at local community centers and at libraries, or do not identify as a senior.[5] While many people aged 60-64 are well connected and engaged in community activities, NYC Aging welcomes and would give additional consideration to proposals that aim to attract younger cohorts who may not be so well connected, such as classes in aging well, affording retirement, lifelong learning courses[6], speed dating sessions, smart phone support groups, book clubs, yoga, Zumba, Pilates, and motorcycle clubs.

> *Cultural and Linguistic Competence.* NYC Aging and its contracted network of providers are committed to providing services in the most culturally and linguistically competent manner so that all older adults seeking assistance are supported by the City in which they live. To that end, NYC Aging is looking to continue to award contracts to proposers who can successfully demonstrate their knowledge of the community in which the center is located; this includes welcoming and serving special populations (e.g., LGBTQ, persons

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[5] Pardasani M (2019): "Senior Centers: If you build will they come?" *Journal of Educational Gerontology* 45(2): 120 -133. Accessed online: https://doi.org/10.1080/03601277.2019.1583407.

[6] (1) Fitzpatrick & McCabe (2008): "Factors That Influence Perceived Social and Health Benefits of Attendance at Senior Centers" *Journal of Activities, Adaptation & Aging* 30(1): 23-45. Accessed online: https://doi.org/10.1300/J016v30n01_02; (2) Hewson, Kwan, Sharw and Lai (2018): "Developing Age-Friendly Social Participation Strategies: Service Providers' Perspectives about Organizational and Sector Readiness for Aging Baby Boomers" *Journal of Activities, Adaptation & Aging* 42(3): 225-249. Accessed online: https://doi.org/10.1080/01924788.2017.1398034; (3) MaloneBeach and Langeland (2011): "Boomers' Prospective Needs for Senior Centers and Related Services: A Survey of Persons 50–59" *Journal of Gerontological Social Work* 54(1): 116-130. Accessed online: https://doi.org/10.1080/01634372.2010.524283; (4) Paradsani M (2010): "Senior Centers: Characteristics of Participants and Nonparticipants" *Journal of Activities, Adaptation & Aging* 34(1): 48-70. Accessed online: https://doi.org/10.1080/01924780903552295.

with disabilities), planning activities that are culturally aligned with those communities, and serving foods that reflect the cuisine and dietary preferences of significant ethnic and demographic groups in the community. NYC Aging will also be requiring contractors to have a telephonic interpretation service contract with a language interpretation services provider of their choice to assist clients in accessing services if they have Limited English Proficiency (LEP). Moreover, contractors should have the ability to recruit culturally and linguistically competent staff to meet the needs and preferences of the clients they serve. In the soon to be released RFP, NYC Aging will share a list of populations in each Community District that are LEP. NYC Aging will ask proposers to explain their plan for addressing any language and cultural gaps at the proposed center; if a proposer does not anticipate serving a listed LEP population, a rationale needs to be provided for that decision.

Innovations in funding and other types of support
The centers currently in NYC Aging's portfolio vary in funding, scope of services, type of facility, and types of population each attracts, among other areas. Another variation is how much non-NYC Aging support each one generates; that is, some centers have become adept in raising private funds, utilizing volunteers, and partnering with corporations and local businesses. While NYC Aging fully funds each center, this extra support enhances programs and services and creates opportunities for innovation and advancement. NYC Aging is open to ideas in this area and may include a question in the RFP about how proposers intend to leverage volunteers, grants, private donors, contributions, etc., as well as in-kind partnerships with academia and healthcare providers to make the experience for center participants that much better.

> *Develop alternate and innovative funding solutions.* For example, among its various program offerings, one center provides their members with breakfast vouchers they can use at a local diner. The program was launched after a survey identified the desire of people to eat (a portion of) their meals in a community setting. Participating older adults are asked to contribute one dollar per meal and tip if they can afford it. Wait staff are informed that participants are often low income, and that tips may not always be received. NYC Aging nutritionists work with diner staff to ensure compliance with food regulations. NYC Aging worked with the Mayor's Office of Contract Services (MOCS) and other City agencies to obtain waivers to regulations so that participants could eat in a non-NYC Aging location during center hours. The NYC Aging reimbursement per meal does not cover the full cost of the meal at the diner and thus the center must fundraise. NYC Aging appreciates the creativity that went into the development of this initiative and welcomes additional suggestions that make innovative use of existing funding streams to support members in participating more fully in their communities.

Innovations in programming at the centers
In the summer of 2019, NYC Aging held a series of workgroups with current providers to identify best practices in the aging services portfolio. Most of the feedback provided and ideas shared were relevant to the upcoming center RFP. NYC Aging encourages commenters to the concept

paper to share their thoughts on the following ideas, as well as other suggested innovations that may help with engaging in social/congregate activities in a healthy and safer manner post-COVID:

Create a welcoming atmosphere by using practices from the hospitality industry. This notion centers around providing choice to center participants. For example, one center offers three healthy menu items such as a healthy salad or veggie burger every day. Inherent to hospitality industry marketing is that each person who comes to a center is a customer who could potentially take their business elsewhere; continuous quality feedback should be a regular practice.

Create a culture that embraces volunteerism. Volunteerism combats ageism, and volunteers have proven critical to the operation of some centers. One recommendation from the workgroups mentioned above was to place a volunteer coordinator in every center to recruit and support volunteers and the programming made possible by their presence. Volunteerism can bring about a double return on investment, as the schools and corporations to which volunteers belong can often be counted on to support organizational fundraising efforts, including buying tables at galas and benefits.

Support intergenerational work. There is documented value to intergenerational programming for the older adults, the youth and the community. According to Generations United, an organization that promotes inter-generational programming, older adults who volunteer to work with youth live longer and have better physical and mental health, and the youth benefit in several ways as well. NYC Aging sponsors both the Foster Grandparents Program and the Grandparent Resource Center as well as provides support to grandparents caring for grandchildren in its caregiver program, and it would like to see more inter-generational work at centers. NYC Aging is interested in hearing ideas on how to incorporate intergenerational programming more fully into center activities across the City.

Marketing/Advertising/Outreach
Some centers are experiencing moderate rates of underutilization, i.e., they are serving fewer older adults than they have the capacity to serve. Further, as mentioned earlier, there are cohorts of older people, e.g., those aged 60-74, that do not attend centers at the rates being seen in the older generations due to employment, stigma, and/or non-identification with being 'old' or a 'senior.' Underutilization can be attributed, in part, to the lack of awareness by neighborhood residents of the existence of particular centers and what those centers can offer. Carefully designed campaigns and active outreach strategies that target populations based on age cohorts, cultural groups, etc., are key to a center's successful connection with community members. Centers should suggest and consider strategies that engage the large spectrum of marketing opportunities, from more traditional paths to partnering with other community stakeholder groups to exploring newer media outlets. Commenters should identify what technological barriers exist that would make it difficult to engage the older adult population and suggest ways

to overcome them. In the upcoming RFP, in addition to ongoing outreach and engagement to advertise the center, NYC Aging is considering requiring contractors to submit and carry out a formal outreach and engagement plan, outlining which activities will be used to actively pursue the focused population, should a center fall 10 percent or more below their proposed and contracted service levels for average daily participants or meals (*as described in Contracting and Units section on page 5*). NYC Aging would assist the centers in developing these strategies on an as needed basis, and would determine if the center's budget should remain unchanged or would require a corresponding adjustment based on contracting.

Emergency Preparedness
NYC Aging will require centers to play a critical role in emergency preparedness, response and recovery to maintain the safety and wellbeing of older adults. Centers are expected to collaborate closely with NYC Aging's Office of Emergency Preparedness (OEP) to facilitate preparedness actions, training activities, and exercises.

To prepare for major weather events (such as winter weather, heat waves, and coastal storms) and other no-notice disasters (such as power outages, active shooter incidents, and communicable diseases), centers are required to submit emergency plans to OEP. The emergency plans must be updated regularly and include the following elements:

- A Continuity of Operations Plan (COOP) outlining how the center will continue to provide critical services to clients in the event of an emergency.
- An Emergency Response Protocol outlining contact lists for critical staff, communication protocols, an emergency transportation plan, a list of critical assets, volunteers, vulnerable clients, and mandated emergency supplies. The protocol should also contain hazard-specific response procedures for the following incidents:
    o Coastal Storms
    o Blackouts
    o Winter Weather
    o Heat Waves
    o Communicable Disease Outbreak/Pandemic
    o Active Shooter
    o Mass Transportation Disruptions
    o No-notice Events

In the event of a heat wave, centers may be required to function as a City-designated Cooling Center which necessitates the provision of the following services:
- A Cooling Center is a facility that provides air-conditioned comfort during a heat emergency to any person seeking respite from the heat;
- Before the summer, and again before opening during a heat emergency, centers should ensure that their air conditioning systems are fully functional and must inform NYC Aging if this is not the case;
- Provide staff familiar with facility operations on site;

- The telephone should be answered during stated hours of operation;
- Provide reasonable accommodations for people with disabilities and others with access and functional needs;
- Designated staff to operate on extended hours, weekends, and holidays;
- Designated staff with access to necessary technology and tools to report requested information, such as census numbers, to partner agencies in a timely manner;
- Display Cooling Center signage outside at street level for the general public;
- Update social media platforms, website, and voicemail to reflect the operational status for each heat activation; and
- Participate in pre-season training and preparedness activities in collaboration with NYC Aging's OEP and New York City Emergency Management (NYCEM).

Additionally, during future communicable disease outbreaks or pandemics, centers may be asked to continue to provide vital resources, but in a revised format; for example, providing congregate meals with safety features in place, acting as drop-by centers to pick up meals, or providing direct delivery to homes for people preferring that option based on mobility, comfort level, or ability to safely leave their homes. Centers would be asked to maintain proper distancing requirements for safety of both clients and staff. NYC Aging will work with centers to identify the need for and obtain appropriate Personal Protective Equipment (PPE) for staff.

Finally, centers must ensure that they have a fully functional and operational Automated External Defibrillator (AED) and CPR/AED trained staff during all hours of operation. Centers will be required to ensure AEDs are maintained and staff have current training certificates.

Data Management
NYC Aging will require that each center set aside adequate funds in its budget for at least one experienced database manager to ensure full utilization and upkeep of DFTA's Senior Tracking, Analysis and Reporting System (STARS) and other required databases.

Conclusion
NYC Aging and its partners have learned a great deal as we have worked together to ensure continuing services for older New Yorkers during the COVID-19 crisis. Through this concept paper, we look forward to ideas and insights from network providers and other stakeholders concerning how best to structure the City's Older Adult Centers, both during the immediate COVID pandemic and other crises that might arise, as well as for the ongoing evolution of the center network.

Proposed Term of the Contract(s)
Contracts will extend from July 1, 2021 through June 30, 2024. NYC Aging reserves the right to renew the contracts for an additional three years.

Total Funding Available/Sources of Funding
NYC Aging anticipates that total contract funding will be approximately $510 Million ($170 Million per year). Funding may change at the time of the release of the RFP depending on availability of the funds. NYC Aging will utilize a cost reimbursement method of payment.

Procurement Timeline
An RFP is expected to be released in fall 2020.

Use of HHS Accelerator and PASSPort
HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement. Please visit nyc.gov/mocs for more information. To submit a proposal to the upcoming RFP and all other client and community services (CCS) within PASSPort, vendors must:

(1) Create an account within the PASSPort system. Please see this one-page PASSPort Account Creation Information Sheet for directions; and

(2) Complete and submit an electronic pre-qualification application using the City's HHS Accelerator System. Please visit http://www.nyc.gov/hhsaccelerator to submit Business and Service Applications.

Only vendors with approved HHS Accelerator Business and Service Applications for at least one of the following services will be *eligible* to propose to this RFP:

- Education Supports (e.g. Academic Supports, Community Engagement, Life Skills, Recreational Services)
- Food and Nutrition
- Health Education and Supports
- Outreach Services
- Case assistance (known as "case management" in HHS service catalog)
- Entitlements Assistance
- Transportation

For additional questions about HHS Accelerator and PASSPort systems, please contact help@mocs.nyc.gov.

Contact Information and Deadline for Questions/Comments
Comments are invited by no later than 5:00 p.m. on October 5, 2020. Please email Mary Graine at ConceptPaper@aging.nyc.gov and write "Older Adult Center Concept Paper" in the subject line.