

Purpose:

A NORC (Naturally Occurring Retirement Community) is defined principally through its geographic boundaries and its population of seniors¹. For the purposes of this RFP, a NORC is defined as a residential location – be it a single building, a housing development, or cluster of housing within a neighborhood – that is not age-restricted, nor built for seniors, but over time has become home to a significant concentration of older residents.

Some NORCs receive funding from government and private foundations to provide supportive services to the senior residents. These programs are called NORC Supportive Service Programs (SSPs) or NORC programs. NORC programs are structured to promote shared responsibility and participation in program design and operation through a partnership among senior NORC residents, the NORC housing entity, a social services provider and a healthcare provider. DFTA currently funds 28 NORC programs and is seeking to procure NORC program contracts from qualified vendors.

Housing is a primary concern for seniors in New York City. Most older New Yorkers prefer to continue living in their present homes and communities as they grow older. As the population ages, so does the importance of home and community in the aging process. Ready access to a range of coordinated support services and opportunities is essential for successful aging in place. Furthermore, seniors benefit when these services and opportunities are an integral part of their surroundings and daily life. The NORC SSP is a response to seniors' preference for aging in place, and their consequent support needs.

There are five primary goals for NORC programs. All NORC programs should: 1) provide a supportive environment that allows seniors independence as they age in place; 2) engage the residents within the community and facilitate linkages with the larger community; 3) assess the needs of the senior residents; 4) provide supportive services based on the assessments; and 5) build a strong and meaningful community which fosters new roles for community members.

Target Population and Eligibility Requirements:

NORC Supportive Service Programs serve any person sixty years or older who lives in the NORC, or their caregivers, without regard to citizenship status, economic status, race, creed, disability, gender, sexual orientation, marital status, national origin, color, military status, prior record of arrest or conviction, religion, genetic predisposition, or victim of domestic violence. In order to apply for a NORC program, each housing facility must have a minimum of 500 seniors, and/or 40% of the households in the NORC must include a senior.

¹ NORC Blue Print: www.norcblueprint.org

Program Design:

Models:

These programs provide essential housing-based services to seniors and communities throughout New York City. For the upcoming NORC RFP, DFTA plans to continue to fund the current NORC program model, which is referred to as Classic NORCs, while emphasizing the program elements listed below. Additionally, the Department is exploring an expansion of the NORC model into Hybrid NORCs, where a Classic NORC would share resources with a senior center based in or near the housing facility. This linkage would allow the NORC and the senior center to benefit mutually from resources such as space, staff and programming. The selection of a classic versus hybrid model is at the discretion of the proposer, and neither model will be given preference beyond each proposer's ability to demonstrate strength of programming and services. DFTA added the hybrid model for those NORCs that -- given their proximity to a senior center -- may wish to establish a partnership to enhance programming. For example, the NORC and a nearby senior center may together make the judgment that a formal relationship will allow each partner to tap into services offered by the other partner in order to provide a wider range of services to older New Yorkers than might otherwise be possible. They may determine that they can accomplish this goal by pooling resources to either add a service or activity that they could not otherwise do as two discrete entities, or to extend existing services to more participants.

Below are descriptions of the program elements that comprise a NORC program. All of the elements, both required and optional, will be identical for both the Classic and Hybrid NORC models. Additionally, the match requirement will remain in place (see below) for both models.

Program Elements:

Core Partnership of NORC. The members of the NORC core partnership will work together in order to operate a successful program. The partnership includes a social services partner, a health partner, a housing partner and NORC residents. For the hybrid model, the partnership will also include a senior center. The partners must have clearly defined roles, and regular meetings are required. One agency functions as the lead and is the primary contractor with DFTA.

Mandatory services. The following services are essential and must be available to all members:

- NORC case management provides assistance to senior residents in their efforts to age in place and be engaged in their communities. NORC case management is available to all seniors residing in the NORC (home-bound and non-home-bound) and includes comprehensive client assessment; development of a service plan in partnership with the resident (and possibly resident's family or caregiver); referral to and coordination of needed services; and follow-up and monitoring. In addition to

these tasks, NORC case management may also involve counseling, advocacy, supportive contacts, and help with paperwork and applications for benefits and entitlements.

- NORC case assistance links senior residents with appropriate public benefits, services or other resources and helps them with a personal crisis or problems of daily living. NORC case assistance activities include information and assisted referral, entitlement counseling, advocacy, supportive contacts, and assistance with navigating service systems. Services are provided for a short-term or limited period of time, and usually address a specific issue(s).
- NORC healthcare management is provided by a healthcare professional and targets individuals who have immediate and on-going health needs. The healthcare professional, as a member of an interdisciplinary team, provides individual healthcare consultation and coordination. This professional helps NORC residents who live with chronic conditions to cope with acute episodes and obtain the care they need from the healthcare system. The professional focuses on the overall health and well-being of the older population living in the NORC community and identifies healthcare trends and issues within the NORC community.
- NORC healthcare assistance is offered to residents with specific health-related issues or needs on a short-term or episodic basis. The assistance is provided by a healthcare professional and may involve health screening, consultation, health-related information and referral, monitoring of a specific condition for a limited period of time, coordination and/or advocacy with healthcare providers, and other similar services.
- Health Indicators. The NORC partnership is generally composed of a NORC housing entity, senior NORC residents, a social services provider and a healthcare provider. All four entities play a critical role in creating a successful NORC program. In many current DFTA-funded NORCs, the healthcare providers have been central in supporting the Health Indicators program, where baseline measures are taken concerning various health data and information, and then follow-up assistance (e.g., referral to health care provider) is offered to address conditions noted at baseline or that develop over time. As seniors age, they face new and more severe health problems, and existing chronic health conditions often become more difficult to manage. Data indicate a high need for community-based prevention services for older adults. The NORC Health Indicators program² provides prevention services while addressing three domains of healthy aging: 1) access to health care; 2)

² NORC Health Indicators: http://www.norcblueprint.org/health_indicators

engagement in prevention, promotion, and wellness activities and services; and 3) management of chronic conditions. Given this, NORC Health Indicators programming will be required for all NORC programs in the upcoming RFP. While all programs must offer Health Indicators programming, DFTA is considering offering two approaches for how to provide such a program.

Optional Group Services and Activities. NORC programs have the option of providing additional group services and activities to enhance the quality of the NORC program and the experiences of the senior members. Examples include but are not limited to trips, exercise classes, and arts and culture discussion groups and classes.

Staff and Volunteers. In order to support the Health Indicators program, a nurse or health care professional will be required as part of the staffing structure, which can be in-kind from the health partner. Additionally, each program must have a full-time director and appropriate staff for the proposed service levels.

Volunteers are also a key component of a successful NORC program, and programs should create an environment that fosters and inspires volunteerism as well as make a demonstrable effort to recruit active seniors.

Linkages and Marketing. Successful NORC programs are knowledgeable of community resources and have strong relationships with community organizations, including DFTA funded agencies and community and business organizations. In the upcoming RFP, it will be essential that applicants demonstrate effective linkages with the surrounding community. Each program must also have a clear marketing plan. As part of the marketing plan, programs should be able to show how both the linkages and core partnership will support outreach to potential NORC members.

Performance Reporting Requirements:

In spring 2012, DFTA established a performance measurement workgroup to assist the Department in creating a set of measures to be incorporated into a new database currently under design by PeerPlace, a software development company. This database will replace DFTA's PDS/SPP database as the new system of record for use by DFTA and its providers. The workgroup developed recommendations for NORC performance measures (aside from NORC Health Indicators). The recommendations are under review and, once finalized, will be implemented for the new NORC contracts.

Program Information:

NORCs must be open full-time (250 days per year) but will have the option of including evening and weekend hours into their operational schedule and have flexibility to adapt their operating schedule to best meet the needs of seniors in their housing entity.

Funding:

The total funding available for the upcoming RFP is \$5.6 million in New York City tax levy funds. DFTA anticipates awarding 21–35 NORC contracts through the RFP.

Mandatory Match. The Department will fund up to two-thirds of the total program cost. The proposer, as the lead agency, must provide annual matching funds (in-kind or cash). DFTA anticipates that the matching fund requirement will be an amount equal to at least 50% of the annual DFTA funding. At least half of the match must come from the Housing entity. In some cases a Housing Match Waiver may be requested³.

Planned Method of Evaluating Proposals:

Proposals will be evaluated pursuant to the evaluation criteria set forth in the RFP, which will include: quality and quantity of successful relevant experience; demonstrated level of organizational capacity; and quality of proposed program approach.

Proposed Term of the Contract(s):

It is anticipated that the term of the contract(s) awarded from this RFP will begin on November 1, 2013 and will continue for up to a maximum of six years, including all options to renew, if any. The specific duration of the initial term and any renewal option(s) will be determined by DFTA prior to award.

³ Only housing entities which have to make up half of the overall match requirement are eligible for a waiver. The matching funds requirement from the housing entity is waived where the NORC housing entity is a New York City public housing development. Other housing entities that were constructed with government subsidies, and are restricted to low-income tenants according to HUD guidelines (i.e., income at or below 50% of the Area Median Income or AMI) will be considered for a waiver on a case-by-case basis.



**Department for
the Aging**

NORC Concept Paper

Procurement Timeline:

It is anticipated that the RFP issuance date will be around late January or early February 2013, with an expected approximate proposal submission deadline near March or April, 2013 and expected award announcement date in late spring 2013.