



Caregiver Services to Older New Yorkers

Concept Paper

September 2025

The mission of the New York City Department for the Aging (“NYC Aging”) is to eliminate ageism and ensure the dignity and quality of life of approximately 1.8 million New Yorkers aged 60 and over, making up 22% of the City’s residents; this number is projected to grow to 1.86 million by 2040.¹ The NYC Department for the Aging is deeply committed to helping older adults age in their homes² and creating a community-care approach³ that reflects a model age-inclusive city that helps aging New Yorkers avoid or delay institutional care while improving their quality of life, health, and safety. This commitment includes supporting New York City’s caregivers, who play a pivotal role in helping older New Yorkers age in place. As a New York City mayoral agency and an Area Agency on Aging (AAA), NYC Aging receives federal, state, and city funds to provide essential services for older adults, as well as referrals for service to people of all ages with disabilities.

As per Section 3-03(b)(1) of the Procurement Policy Board Rules, in this concept paper, NYC Aging presents a summary of proposed guidelines for its Caregiver Services Program (Caregiver Program). This concept paper will inform an upcoming Request for Proposals (RFP). We invite stakeholder reflections and input on ways to improve and enhance the services this program provides.

Purpose and Rationale for the Concept Paper

Family caregivers, or those who provide unpaid assistance to a loved one in need with daily tasks, medical needs, or emotional well-being, are the invisible backbone of New York City’s care infrastructure. Each day, they provide essential support to older adults, children, and individuals with disabilities, enabling those they care for to live with dignity, safety, and independence in their communities. These caregivers are central to NYC Aging’s mission of helping older New Yorkers age in place, yet they often do so without the recognition, resources, or support systems.

New York City is home to an estimated 1.3 million family caregivers, a number that is growing significantly as the City’s older adult population continues to increase.⁴ These caregivers, who are most often family members or close friends, are providing care that is deeply personal, culturally appropriate, and aligned with the values of those they support. Their contributions are vital yet frequently come at a great personal

¹ NYC Department for the Aging. (2025, July). *The State of Older New Yorkers*. [the-state-of-older-new-yorkers-2025-v2.pdf](https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf)

² Nearly 75% of Americans age 50+ express a desire to continue living at home, yet many (44%) believe that a move is inevitable. AARP Public Policy Institute (2024), [2024 Home and Community Preferences and Future Possibilities](https://www.aarp.org/pri/topics/livable-communities/housing/2024-home-community-preferences/?CMP=RDRCT-PRI-HOMFAM): <https://www.aarp.org/pri/topics/livable-communities/housing/2024-home-community-preferences/?CMP=RDRCT-PRI-HOMFAM>

³ In 2021, NYC Aging released its Community Care Plan, *Building Community Care for an Age-inclusive City*, which aims to comprehensively and equitably address the rapid growth, increasing diversity, and changing needs of the City’s older adult population, including calling for an expansion of in-home community care services in order to reach a larger number of older New Yorkers.

<https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf>

⁴ NYC Department for the Aging. (2017). *A survey of informal caregivers in New York City*. <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>

cost: caregivers routinely make financial sacrifices, experience emotional and physical strain, and invest significant amounts of time and labor, often without adequate training or formal assistance.⁵

A 2024 national report from Columbia University's Mailman School of Public Health highlights the scale of this unpaid labor. Across the United States, 44.58 million family caregivers are providing care valued at an estimated \$873.5 billion annually.⁶ While it is difficult to assign a specific dollar value to the contributions of New York City's caregivers, their economic and social impact is profound and growing.

The personal costs of caregiving are also striking. According to the 2025 report from AARP and the National Alliance for Caregiving, *Caregiving in the US*, nearly half (47%) of caregivers nationwide report at least one negative financial impact from their caregiving responsibilities and almost 4 in 10 report experiencing financial stress. Moreover, 23% of caregivers report difficulty managing their own health, and 1 in 4 say they feel alone in their caregiving role. Among working-age caregivers, 7 in 10 are employed, balancing caregiving with job responsibilities and further compounding the pressures they face.⁷

The demands placed on caregivers intensify during times of crisis. During the 2008 recession and, more recently, the COVID-19 pandemic, caregivers faced unprecedented levels of stress and responsibility. While paid caregivers were rightly recognized as essential workers during the pandemic, family caregivers—who stepped in to fill critical care gaps—still remain largely unrecognized in formal policies and support systems. Addressing this imbalance through programs like NYC Aging's Caregiver Program is critical to building a sustainable and equitable care infrastructure.

In 2024, NYC Aging conducted a Service Needs Assessment (also known as survey)⁸ to better understand the needs of older adults and caregivers citywide. The survey received 8,600 responses, including caregivers of all ages (4,799) from various geographic and racial/ethnic communities, making it a strong tool for drawing inferences about the broader older adult population in New York City. As stated in the report (*The State of Older New Yorkers*)⁹ nearly 56% of all survey respondents were caregivers, including a significant number of older adults who provide care for others. Caregivers reported taking on a range of responsibilities, though they most frequently reported performing tasks such as completing household chores, shopping, helping in emergency situations, and cooking for the person for whom they cared. Notably, one in four caregivers who responded to the SNA, regardless of age, reported spending 30 hours or more per week performing caregiving tasks—a time demand similar to that of a full-time job.

As caregiving demands grow, so too does NYC Aging's commitment to supporting those who provide care. Services like NYC Aging's Caregiver Program are a necessity for the well-being of New York City's aging population and the sustainability of its broader health and social systems.

⁵ Miller, K. E. M., et al. (2025). Long-term care services and supports needed for successful aging-in-place: A critical review. *Annual Review of Public Health*, 46(1), 487–505. <https://doi.org/10.1146/annurev-publhealth-071823-113604>

⁶ McHugh, J., Reichard, J., & Giunta, N. (2024). *America's unseen workforce: What will it take to change the future of family caregiving?* Columbia University Mailman School of Public Health. https://otsuka-us.com/media/static/01US24EUC0485_Columbia_Caregiving_Report_2024_DIGITAL.pdf

⁷ AARP & National Alliance for Caregiving. (2025). *Caregiving in the U.S.* https://www.caregivingintheus.org/wp-content/uploads/2025/07/caregiving-in-us-2025.doi_10.26419-2fppi.00373.001.pdf

⁸ <https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page>

⁹ [the-state-of-older-new-yorkers-2025-v2.pdf](https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page)

Who are New York City's Caregivers?

NYC's caregivers fall into two cohorts. The first includes older adults who provide care to aging spouses, adult children with disabilities, grandchildren, or other relatives and friends. A 2017 survey of New York City caregivers conducted by NYC Aging concluded that the majority of NYC's caregivers were women at least 50 years of age.¹⁰ However, NYC Aging's 2024 SNA found that approximately 40% of these older adult caregivers are also care recipients, meaning that they receive regular assistance with one or more activities of daily living. This dual role can create unique difficulties as older adults navigate the demands of caregiving while also managing their own health and care needs.

The second group includes caregivers ages 18-59, a growing demographic that often includes members of the "sandwich generation," a term meant to describe people who are caring for both their aging parents and their children.¹¹ The 2024 SNA found that nearly 30% of caregivers under the age of 60 are part of the "sandwich generation." These caregivers were found to perform more types of caregiving duties and spend more time providing care than caregivers over 60.¹² Of the younger caregivers surveyed, 86% work full time, yet 55% of them still spend at least 15 hours per week providing care (with nearly one in three caregivers under 60 reporting 30+ hours per week of caregiving).

What are Caregivers' Needs?

Both groups of caregivers—those who are older adults themselves and those who are younger caregivers—experience financial, physical, and emotional stress. Balancing caregiving responsibilities with other personal obligations, employment, or their own care can be a significant challenge, and caregivers often neglect their own wellbeing to focus on those whom they support.¹³

Many caregivers experience significant financial hardship. An analysis from 2011 estimates losses in income and benefits sustained over a family caregiver's lifetime is, on average, \$303,880.¹⁴ Accounting for inflation, in 2025 that value increases to \$432,031. Further, caregivers are frequently responsible for additional expenses associated with their caregiving role, spending an average of 26% of their personal income to cover various caregiving costs. Approximately one in three caregivers dips into personal savings to make ends meet, and 12% take out a loan or borrow money from friends or family.¹⁵

Caregivers may also shoulder additional personal healthcare and emotional hardship, as family caregivers report higher rates of depression, psychological distress, and physical health problems than their non-caregiving counterparts.¹⁶

¹⁰ NYC Department for the Aging. (2021). *A plan to support unpaid caregivers in New York City*.

<https://www.nyc.gov/assets/dfta/downloads/pdf/news-reports/LL97RevisedCaregiverSupportPlan2021.pdf>

¹¹ Lei, L., Leggett, A. N., & Maust, D. T. (2023). A national profile of sandwich generation caregivers providing care to both older adults and children. *Journal of the American Geriatrics Society*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10023280/>

¹² Younger caregivers may have reported performing more caregiving tasks because they care for multiple people, as caregivers were able to answer the caregiving questions based on the full scope of their caregiving obligations rather than their obligations towards one specific person.

¹³ The Atlantic Center for Population Health Sciences. (2019). *Family caregiver: A community in crisis*.

https://docs.unitedwaynnj.org/caregivers/18UW_CaregiverHealthReport_FINAL_1.2.19_Lowres.pdf

¹⁴ AARP Public Policy Institute. (2011). *Valuing the invaluable: 2011 update - The growing contributions and costs of family caregiving*. <https://collections.nlm.nih.gov/master/borndig/101565021/i51-caregiving.pdf>

¹⁵ AARP. (2025). *The overwhelming financial toll of family caregiving*. <https://www.aarp.org/caregiving/financial-legal/financial-impact-caregiving/>

¹⁶ American Psychological Association. (2015). *Mental and physical effects of family caregiving*. <https://www.apa.org/pi/about/publications/caregivers/faq/health-effects>

Caregivers represent a wide variety of backgrounds, ages, cultures, and languages, reflecting the diversity of New York City. As such, the needs of those caring for their family and loved ones range broadly; although, according to a 2017 survey of caregivers, across all caregiving groups, more than half of the caregivers surveyed needed three services: information about available resources, respite care (e.g., short-term caregiver relief services that allow a caregiver to take time to work or rest), and legal services. Other services commonly needed included counseling, particularly for caregivers of older adults, and help obtaining benefits.¹⁷ In response to the high demand for respite care, NYC Aging and service providers also emphasized the need for supplemental services offering financial respite. Many caregivers may benefit from supplemental services, which provide limited financial assistance for caregiver-related expenses. Based on provider experience, additional funding was allocated to support the purchase of assistive devices and medical equipment that help care recipients maintain independence and reduce the caregiving strain. However, despite the availability of supportive services in New York City for those in caregiving roles, many caregivers do not take advantage of these resources.

What are the Barriers to Seeking Care?

First, there is a lack of awareness—many caregivers simply do not know that specialized support programs exist. Second, even if they were aware that the programs existed, they may not seek them out, because a large number of caregivers do not identify themselves to be caregivers at all. This may be due to cultural norms, adherence to familial expectations and responsibilities, or personal perceptions of their role, and therefore prevents these caregivers from seeking support services, as they don't believe they would qualify. The 2024 SNA found that 40% of respondents above the age of 60 who indicated that they regularly performed caregiving tasks did not self-identify as caregivers. Others, particularly younger caregivers, may recognize their role, but mistakenly believe they are ineligible for NYC Aging caregiver support services.

Even caregivers who both recognize their role and are aware of available programs may face logistical barriers to engagement. Many caregivers work full-time in addition to providing care and may struggle to connect with services that operate only during standard weekday hours. In some cases, caregivers may reach out to support programs but are unable to stay engaged beyond their initial contact. NYC Aging has observed statistically significant levels of caregiver attrition following intake into the Caregiver Program, indicating that a substantial number of caregivers never proceed to receive services after their first connection.¹⁸ As a result, many caregivers continue to provide essential care without receiving the critical support available to reduce caretaker strain and improve caregiver wellbeing.

Supporting New York City's caregiving population begins with educating individuals to recognize themselves as caregivers, empowering them to ask for help, and connecting them with the resources needed to maintain their own wellbeing, the tools needed to provide the best possible care, and the necessary training to navigate relevant service systems. Further, caregiver services must recognize and build upon the inherent strengths and resilience that caregivers demonstrate, helping to sustain them in their roles over time. NYC Aging's Caregiver Program serves as a connection point for all caregivers to access essential support and relief. The program is dedicated to raising public awareness about caregiving, encouraging individuals to self-identify as caregivers, fostering caregiver confidence in their caregiving roles, and providing the tools and resources needed to reduce strain throughout their caregiving journey.

¹⁷ NYC Department for the Aging. (2017). *A survey of informal caregivers in New York City*. <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>

¹⁸ Observations based on an internal evaluation of the Caregiver Program conducted in collaboration with an external consultant.

Caregiver Program Background

NYC Aging's Caregiver Program has been supported with federal Older Americans Act Title III-E (National Family Caregiver Support Program) funding since 2002. From 2002 to 2006, the program primarily served: caregivers assisting older adult friends and relatives; and grandparents aged 5 and over raising children (age 18 and under). Federal law expanded the caregiver categories in 2006 to include caregivers of individuals with Alzheimer's or any dementia (of any age) and lowered the age of grandparent caregivers to 55 years and older. In 2016, the New York City Council passed Local Law 97,¹⁹ which further expanded the definition of unpaid caregivers to be more inclusive of a variety of caregiving dyads (e.g., an adult providing care for an individual with a disability between the age of 18-59, an older adult age 55+ caring for a child age 18 or under) and introduced legislation to expand research and programmatic support for NYC caregivers. In response to this local law, the City provided additional funding in acknowledgment of the importance of supporting the many needs of the diverse caregiver population.

Currently, the Caregiver Program offers assistance to the following groups of caregivers and care receivers:

| Eligibility Guidelines | | |
|----------------------------------|-------------------------------------|--|
| Caregiver (age) | Relationship with Care Receiver | Care Receiver (disability and/or age) |
| Adult (18 and over) | Family or friend | Older adult (60 and over) |
| Adult (18 and over) | Family or friend | Adult with Dementia, Alzheimer's Disease, or related disorder (Any age) |
| Older Adult (55 and over) | Family member (e.g., a parent) | Adult with a disability (18-59) |
| Older Adult (55 and over) | Family member (e.g., a grandparent) | Child(ren) (18 and under) |

The Caregiver Program provides family caregivers with a variety of services to help them in caring for family members and friends. Essentially, the Program is designed to support the caregiving dyad – the giver of care and the receiver of care – so that the relationship can thrive in the midst of changing roles and experiences. Staff from the Caregiver Program provide individualized information and assistance with accessing benefits, supportive counseling, and training to caregivers seeking help. Caregivers can also access support groups, respite care, and supplemental services through the program. Through these services, the Caregiver Program has demonstrated meaningful success in reducing caregiver strain, which is typically defined as the intensity of the caregiving experience, including time demand, financial stress, family conflict, and self-doubt. In 2025, ARCHANGELS analyzed the impact of caregivers' participation in the Program on their Caregiver Intensity Index (CII), which quantifies the intensity of the caregiving experience.²⁰ The analysis found that the majority of caregivers had improved outcomes after participating in the Caregiver Program, with 56% of caregivers reporting decreased intensity scores.

¹⁹ Local Laws of the City of New York 2016, No. 97 (<https://intro.nyc/local-laws/2016-97>)

²⁰ ARCHANGELS. (2020).

Descriptions of the core caregiver services provided through the Caregiver Program are included in the table below²¹:

| Service Type | Service Definition |
|---|--|
| Information | Providing an individual with information on a one-to-one basis about available resources and opportunities in the community, which enables them to locate and obtain needed resources on their own. |
| Assistance | Assistance provided on a one-to-one basis to caregivers on obtaining access to available services and resources in their community. Includes assisting the caregiver with defining problems, linkages to services, case management, and follow up. |
| Assistance: Case Management | Case management assistance to assess caregiver needs (physical, psychological, and social), and to arrange, coordinate, and monitor an optimum package of services to meet the identified needs of the caregiver. |
| Counseling | A one-to-one relationship between the caregiver and their assigned care specialist trained to provide supportive counseling. The service is designed to alleviate stress or anxiety and to assist the caregiver in making appropriate choices and solving problems relating to their caregiving roles. |
| Training | Training provides caregivers with instruction to improve knowledge on numerous topics that can help and support caregiving capacity (e.g., skills related to assisting care receivers with activities of daily living, legal issues, managing difficult behaviors, nutrition, health/wellness, financial management). Training programs are delivered in one session or in a series. The duration may vary from an hour to a full day or longer. |
| Support Groups | Support groups led by a trained individual, moderator, or professional, designed for anyone in a caregiving role or for specific caregivers (e.g., Alzheimer's disease, Parkinson's disease, or based on the caregiver/care receiver relationship such as spouse, child). The groups allow caregivers to discuss common experiences and develop a mutual support system. |
| Respite Services (Caregiver Relief Services) | In-Home Respite: Includes respite, such as home care, provided to a care recipient with IADL or ADL limitations by a Homemaker, Home Attendant, Personal Care Assistant, or Home Health Aide. |
| | Out of Home Respite (Day): Respite service provided in settings other than the caregiver/care receiver's home, including Social Adult Day Care, Adult Day Health Care, children's day camps (for older adults caring for children), or other non-residential settings where an overnight stay does not occur. |
| | Out of Home Overnight Respite (Individual overnight): Includes stays in a nursing home, adult home, assisted living facility, or sleep-away or day camps for children with grandparent or kinship caregivers. |
| Supplemental Services | Services that complement the care provided by caregivers and address the caregiver's needs (e.g., escort/assisted transportation, other transportation, friendly visiting, home delivered meals, legal assistance, Personal Emergency Response systems, shopping assistance, telephone reassurance, provision of health and wellness supplies, bill paying, duty cleaning, and more). |

²¹ The Caregiver Program service types and definitions are based on the New York State Office for the Aging's Standard Definitions of Service: <https://aging.ny.gov/system/files/documents/2022/05/22-pi-07-standard-definitions-for-services-types-and-units-of-service-october-2021-changes.pdf>

To access the full services and other standards for the current NYC-funded Caregiver Program, please see the [Caregiver Services Standards of Operation and Scope of Services](#).

NYC Aging currently contracts with 12 providers, serving approximately 3,945 unduplicated clients in FY25.

Concepts for Consideration in the Upcoming RFP

To prepare for an upcoming RFP for the Caregiver Program, NYC Aging is presenting the following additional areas of focus where we invite stakeholder reflections and input on ways to improve and enhance the services this program will provide.

Catchment Adjustments

Currently, NYC Aging administers 12 contracts for the Caregiver program. Nine of the contracts are divided up geographically and focus on a specific assigned area throughout the five boroughs. The three remaining contracts provide services Citywide to populations with distinct needs.²² In the new RFP, while the total funding for the Caregiving Program would remain unchanged, NYC Aging is looking to maximize funds and other resources, improve service quality, strengthen programming, and enhance staffing stability. To achieve those goals, NYC Aging is considering a consolidation of contracts, resulting in funding for nine catchments: eight geographic catchment areas (2 Queens, 2 Brooklyn, 1 Staten Island, 1 Manhattan, 1 Bronx, and 1 combined Northern Manhattan/South Bronx) and one Citywide catchment. Through this change, providers would have more funds and be better positioned to strengthen operations and offer more competitive staff salaries.

Serving Populations with Distinct Needs

NYC Aging remains steadfast in supporting caregiving populations who have distinct needs (LGBTQ+, vision and hearing-impaired populations, etc.). To maximize impact, the provider awarded the Citywide contract would deliver targeted services to at least two caregiving populations with distinct needs identified based on the provider's expertise. These services may be delivered directly or through a subcontractor when the prime contractor lacks demonstrated expertise for both populations. Additionally, as the Citywide contractor, the provider would be required to serve clients across all five boroughs and would be expected to make a concerted effort to reach a substantial number of clients living outside of the borough in which the provider is located.

NYC Aging wants to expand all contracted programs' capacities to more effectively reach all caregiving groups, including the populations that have been previously identified as needing more support through individual contracts. NYC Aging wants to ensure that programs are equipped to serve these populations fully, and so NYC Aging would expect all providers to take advantage of available trainings offered by NYC Aging. Additionally, NYC Aging would expect providers to allocate available budget funds for external supplemental training to further support these populations. Lastly, providers may consider subcontracting relationships with community-based organizations who have an expertise in working with applicable populations with distinct needs. Furthermore, NYC Aging recognizes that LEP individuals may need specific care, and NYC Aging would ask that all geographic catchments show expertise and knowledge about the LEP populations and the diverse racial and cultural backgrounds in their catchments and how they would best outreach to and serve these populations.

²² Currently, the LGBTQ+ population, visually impaired population, and Asian population are served through Citywide contracts.

Outreach to Different Caregiver Cohorts

In the upcoming RFP, NYC Aging will expect service providers to implement targeted outreach and awareness campaigns aimed at engaging a broader and more diverse range of caregivers. Providers will be expected to prioritize outreach strategies that effectively reach underserved caregiving populations, including: younger caregivers; caregivers who are a part of the “sandwich generation”; individuals who do not self-identify as caregivers, but would benefit from caregiver support services; and caregivers in high-need communities.

Overall Program Operations

NYC Aging wants to ensure that the contracted programs are able to be fully integrated into the larger organizations of which they are part, and that the staffing structures of the program are strong and encourage a well-run program.

Program Leadership: Currently, some providers have structured their staffing such that Program Directors are shared across multiple programs. NYC Aging has observed that this model often results in Program Directors being overextended, limiting their ability to provide the necessary oversight and leadership to each program.

In the upcoming RFP, NYC Aging will require that each Caregiver Program has its own dedicated, full-time Program Director who does not simultaneously manage another program, including non-Caregiving programs within the same agency. The goals of this proposed change are to: ensure that each program has sufficient management capacity; improve program performance; and allow the Program Director to focus fully on staff support, service quality, and client outcomes.

Minimum Staffing Qualifications: NYC Aging is considering the introduction of minimum staffing qualifications for frontline staff. Care Specialists, who are primarily responsible for conducting assessments and serving as the main case workers for clients, would be required to have a Master of Social Work (MSW) or an equivalent graduate-level degree in a related field (e.g., psychology, sociology). Case Aides, who support data entry, client communication, and related tasks, would be required to have significant prior experience working in the field of social services. NYC Aging believes that establishing clearer qualifications for these positions will help ensure that staff are well-equipped to meet the complex needs of Caregiver Program clients.

Guidance on Competitive Staff Salaries: NYC Aging is aware that staff retention is an ongoing challenge for many positions within the Caregiver Program, particularly for the Program Director and Care Specialist roles. In Fiscal Year 2025 alone, the program experienced the departure of five Program Directors and ten Care Specialists. Staff turnover can severely disrupt client care and place additional burden on remaining staff. To reduce staff turnover, NYC Aging will work with providers to ensure that staff salaries for the Caregiver Program positions are comparable to positions with similar experience requirements across the current market. Salary guidance would aim to reflect more competitive wages and create more consistency and equity across programs. NYC Aging intends for this measure to help stabilize staffing levels, reduce burnout, and improve continuity of care for caregivers and care receivers.

Reducing Client Attrition After Intake: NYC Aging has identified a notable trend of client attrition following initial intake into the Caregiver Program, with many caregivers disengaging before receiving ongoing services, although NYC Aging is still looking into the reason for this trend. In the upcoming RFP, NYC Aging will encourage providers to propose strategies to improve client

retention and increase engagement following intake. This may include revising intake and assessment procedures to streamline the onboarding process, implementing flexible scheduling options for follow-up services, and offering evening or weekend availability where feasible to meet the needs of employed caregivers who may face challenges accessing services offered exclusively during standard business hours. By reducing barriers to continued participation, these measures would aim to ensure more caregivers can access and benefit from the support services available to them.

Addressing Financial Strain Among Caregivers

In the upcoming RFP, NYC Aging is exploring opportunities to expand the Caregiver Program's ability to support caregivers experiencing financial hardship. NYC Aging is seeking feedback from providers on innovative approaches and service models that could be integrated into the program to address these challenges. Potential strategies may include, but are not limited to, offering financial literacy trainings tailored to caregivers, providing access to financial counseling services, and developing strong referral networks with external organizations that specialize in addressing related needs such as food insecurity, utility assistance, debt management, or public benefits enrollment.

Conclusion

NYC Aging looks forward to ideas and insights from network providers and other Caregiver Program stakeholders, including prospective providers, concerning how best to stabilize the work force, enhance services, expand the program's reach, and support better outcomes for clients while the caregiver budget remains constant.

Proposed Term of the Contracts

It is anticipated that the term of the contract(s) awarded from this RFP will be from July 1, 2026, through June 30, 2029. NYC Aging reserves the right to renew the contracts for an additional year, up to three (3) times.

Contractor Performance Reporting Requirements

Contractors are expected to use NYC Aging's client information tracking system for the purposes of tracking and keeping client information up to date. For the purposes of ongoing data integrity, Contractors must maintain complete, accurate, and up-to-date records of clients and service delivery in the NYC Aging-designated system in line with specific requirements put forth by NYC Aging at least every quarter.

Subcontracting

Subcontracting for respite services is anticipated as a part of this contract.

Geographic Catchments: Subcontracting for the core Caregiving Services will be permitted at no more than 25% of the total contract.

Citywide Competition Pool: Subcontracting will be permitted at no more than 49% of the total contract value. In limited circumstances, with written authorization from NYC Aging, additional subcontracting may be permitted.

Total Funding & Method of Payment

NYC Aging anticipates that the total contract funding will be approximately **\$8,770,000** annually (\$26,310,000 for the 3-year term). The payment structure is anticipated to be a line-item reimbursement based on actual expenditures, not to exceed the approved budget. NYC Aging reserves the right to convert

this contract to rate-based at a later date. It is anticipated that nine (9) awards will be made through this RFP. Funding may change at the time of the release of the RFP, depending on the availability of the funds, and/or thereafter.

Anticipated Procurement Timeline

NYC Aging is planning to release the Caregiver Services to Older New Yorkers Program RFP in Fall 2025. The expected contract commencement date is July 1, 2026.

Evaluation of RFP Proposals

Evaluation committees will review and rate each responsive proposal. NYC Aging reserves the right to conduct site visits, interview proposers, and/or request that proposers make presentations and/or demonstrations, as NYC Aging deems applicable and appropriate. However, the Agency reserves the right to award a contract on the basis of initial proposal received without information attained post proposal submission.

If, during the evaluation process or at any subsequent stage, it is determined that the proposer has intentionally provided false or misleading information, NYC Aging reserves the right to reject the proposal and refuse to award a contract. It is anticipated that proposals will be evaluated pursuant to evaluation criteria set out in the RFP. These will include the quality and quantity of successful relevant experience, demonstrated level of organizational capability, and quality of proposed program approach and design.

Use of PASSPort and Prequalification

To respond to the upcoming RFP and any Human/Client Services RFPs, organizations must have an account and an Approved HHS Accelerator Prequalification (PQL) status in [PASSPort](#). Proposals and Prequalification applications will ONLY be accepted through PASSPort.

If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started.

If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please contact MOCS Service Desk through the contact form nyc.gov/mocshelp.

Contact Info and Deadline for Questions/Comments

Comments and questions in response to this concept paper are invited by no later than September 26th, 2025. Please email Mary Tracy at RFP@aging.nyc.gov and write "Caregiver Program Concept Paper" in the subject line.