

Concept Paper

**Community Care:
Older Adult Center (OAC) Program
Naturally Occurring Retirement Community (NORC) Supportive Service Program
Transportation Program**

December 2025



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Introduction

The mission of the New York City Department for the Aging (“NYC Aging”) is to work to eliminate ageism and ensure the dignity and quality of life of more than 1.8 million New Yorkers aged 60 and older, making up more than one-fifth of the City’s residents.¹ The NYC Department for the Aging is deeply committed to helping older adults age in their homes² and creating a community-care approach 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. 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.

Concept Paper Purpose and Rationale

In 2021, NYC Aging released its vision for *Building Community Care for an Age-Inclusive City*,³ which aimed to comprehensively and equitably address the rapid growth, increasing diversity, and changing needs of the City’s older adult population. The tenants of the Community Care Plan remain steadfast: “to promote universal access to the continuum of services and supports in the community that helps prevent older adults from having to enter [institutional care].” The Community Care Plan focuses on bringing social services to older adults where they already are, in their communities. Providing high quality support to the growing older adult population in the form of social services, while shifting away from the medicalization of services in the home, prevents more expensive care later on.

NYC Aging’s programs include essential services for older adults, such as case management, home care, mental health and isolation services, caregiving, elder justice, workforce and employment, legal assistance, housing support, and more. Three crucial components of NYC Aging’s portfolio are the Older Adult Center (OAC) Program, the Naturally Occurring Retirement Community (NORC) Program, and the Transportation Program. While each program serves a distinct role, they share common goals and often serve overlapping groups of older adults. The programs may be independent, but the system and network are inclusive. For example, OACs and NORCs both offer local, community-based programming, providing individual and congregate services on-site (and sometimes virtually) that promote community participation and well-being. Although services at OACs and NORCs occasionally overlap, some services are program-specific, such as congregate meals at OACs or tailored health and in-home support services at NORCs. The Transportation Program complements both programs by connecting older adults to essential services beyond their immediate residence and neighborhoods, helping address isolation and mobility barriers through affordable, accessible, non-emergency transportation.

¹ NYC Department for the Aging (Nov 2021). Annual Plan Summary, covering April 2022 – March 2023. Accessible at: https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/APS_2021_Final_Draft_11_2021.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. Binette, Joanne, and Fanni Farago. 2024 Home & Community Preferences Among Adults 18 and Older. Washington, DC: AARP Research, December 2024. <https://doi.org/10.26419/res.00831.001>

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>

Given the interconnected nature of the OAC, NORC, and Transportation programs, NYC Aging is presenting the proposed concepts for the upcoming iterations of each of these programs in a single concept paper. 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 OAC, NORC, and Transportation Programs. We invite stakeholder reflections and input on ways to improve and enhance the services these programs provide. This joint approach is intended to increase transparency around potential upcoming programmatic changes, to provide clarity on how the programs are meant to support one another, to reduce confusion regarding service delivery and reporting requirements across the three programs, and to encourage a more integrated and responsive service model to best serve older New Yorkers. Additionally, NYC Aging wants to help providers understand how programs with overlapping services and program requirements impact one another so that they can develop the strongest designs possible. NYC Aging invites stakeholder reflections and input on ways to improve and enhance program services based on the concepts outlined below. NYC Aging also encourages long-term suggestions for program development that can help guide the future direction of the OAC, NORC, and Transportation programs over the next decade.

Current State of Aging New Yorkers

As New York City's older adult population grows, so too does the need for accessible, community-based services that support aging in place with dignity and independence. However, the specific needs and characteristics of New York City's aging population are not static. Aging isn't one size fits all. It happens in stages, and each stage comes with different challenges, priorities, and opportunities.⁴ Older New Yorkers continue to become more and more diverse, reflecting a wide range of cultures, backgrounds, and identities. At the same time, shifts in the geographic composition of the city are creating new neighborhoods with high concentrations of older adults. These demographic shifts necessitate a flexible, responsive service network that can adapt to the evolving aging population.

In 2024, to better understand the diverse needs of older adults and inform program development, NYC Aging conducted a Service Needs Assessment⁵ (also referred to as "survey"). The subsequent *State of Older New Yorkers* report⁶ identified the key challenges facing older New Yorkers today, including social isolation, mental and physical health concerns, food insecurity, mobility barriers, and limited access to technology. NYC Aging's OAC, NORC, and Transportation programs are central to addressing these issues, and are a pivotal resource for supporting New York City's aging population.

Social Isolation and Mental Health

The State of Older New Yorkers highlights social isolation as one of the most significant and widespread issues affecting older adults. Nearly one in four respondents (22%) reported not socializing with others as often as they would like, almost 18% reported a high level of mental health need, and 17% reported experiencing high levels of loneliness. These experiences are closely linked to poor physical and mental health outcomes, including increased risks of anxiety, depression, cognitive decline, and even premature mortality.⁷ OACs and NORCs play a vital role in combating isolation by fostering opportunities for connection, personal enrichment, and community engagement through recreational, educational, and cultural programming. Further,

⁴ NYC Aging traditionally looks at Aging cohorts (60-64, 65-74, 75-84, and 85+), all with different and varying needs.

⁵ <https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page>

⁶ New York City Department for the Aging. *The State of Older New Yorkers*. 2025.

<https://www.nyc.gov/assets/dfta/downloads/pdf/news-reports/the-state-of-older-new-yorkers-2025-v2.pdf>

⁷ National Institute on Aging. "Social Isolation, Loneliness in Older People Pose Health Risks." 2019.

<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

OAC and NORC programs offer group transportation to older adults for off-site recreational activities, and for rides to and from the program location. These programs also serve as trusted access points for mental health services and supportive referrals, ensuring that older adults are not navigating emotional or psychological challenges alone, offered at select OACs hosting NYC Aging's Geriatric Mental Health programs.⁸

Physical Health and Wellness

Access to healthcare is a critical factor in aging well. While most older adults report being proactive about their health by attending annual check-ups and receiving recommended vaccinations, many still face significant barriers to care. According to *The State of Older New Yorkers*, those who had not seen a healthcare provider in the past year often cited as key obstacles perceived lack of need, cost, difficulty finding a suitable provider, and challenges with transportation. These findings indicate a need not only for improved access to care, but also for enhanced education around the importance of preventive health services. OACs and NORCs address these challenges directly through health promotion activities that help participants maintain wellness, manage and prevent chronic diseases, and remain active in their communities. Further, NORCs offer on-site healthcare support, including healthcare management and care coordination services provided by or under the supervision of licensed professionals. For older adults who need transportation to non-emergency medical appointments or other essential services, the Transportation Program offers affordable, accessible rides that remove a major barrier to care.

In addition to improving healthcare access, promoting physical activity is essential to healthy aging. Despite the importance of exercise and fitness, according to a 2019 report from the NYC Health Department, only two in five older adults meet the recommended 150 minutes of physical activity per week.⁹ OACs and NORCs help close this gap by offering regular fitness programming, such as exercise classes, dance classes, and walking clubs, that can help promote sustained mobility, reduce fall risk, and support mental wellbeing.

Mobility

Older adults in New York City may face significant mobility challenges that limit their ability to access essential services. Frailty and mobility are progressive, and OACs and NORCs ensure that if individuals are no longer able to attend an OAC or NORC program due to frailty or mobility challenges, they are referred to other NYC Aging programs that can better address their needs, such as Case Management, Home Delivered Meals, or Caregiver Services programs, as applicable. Additionally, although the city offers an extensive public transportation network, limited station accessibility poses barriers for individuals with frailty or reduced mobility. In fact, only about 30% of subway stations in NYC are currently fully accessible.¹⁰ Alternatives like Access-A-Ride (AAR) exist, but high demand often makes scheduling difficult, and users frequently report issues with reliability and timeliness. The Transportation Program addresses these gaps by offering non-emergency, affordable, and accessible transportation. The program helps older adults attend medical appointments, run errands, and meet daily living needs, reducing health risks and social isolation while promoting active community engagement.

⁸ <https://www.nyc.gov/site/dfta/services/geriatric-mental-health.page>

⁹ New York City Department of Health. *Health of Older Adults in New York City*. 2019.
<https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>

¹⁰ MTA Accessible Stations: <https://www.mta.info/accessibility/stations>

Mitigating Poverty

Poverty has grown amongst the older adult population. For example, over 40% of older adults surveyed in NYC Aging’s 2024 Service Needs Assessment reported trouble paying at least one regular bill, including rent/mortgage, credit card, utilities, or medical bills. Additionally, more than 25% of older adults surveyed indicated that they do not have stable housing. OACs and NORCs help older adults with cost-saving efforts by providing help with applying for benefits, including SCRIE/rent freeze, and Medicaid, connecting older adults to employment opportunities such as the Senior Community Service Employment Program (SCSEP) and Silver Stars, and referring older adults to other NYC Aging funded programs such as Legal Assistance for Older New Yorkers, NY Connects, and other programs that assist with accessing housing supports, benefits assistance and/or financial protections.

Additionally, food insecurity remains a serious concern among older New Yorkers. Nearly 30% of older adults surveyed in the SNA reported difficulty accessing or affording healthy food in their communities. Rising food prices, which have increased by more than 56% in New York City between 2012 and 2023, have placed a growing burden on older adults, particularly those on fixed or low incomes.¹¹ In this context, OAC meal services are more than just a meal—they are a critical resource that reduces food insecurity while also creating opportunities for social connection. Additionally, nutrition education services provided by Registered Dietitians and other health professionals at OACs support healthy eating habits and empower older adults to make informed dietary choices.

Technology Access

Adults aged 60 and older represent the fastest-growing demographic in the United States, yet their adoption of technology is occurring at a slower pace than that of the general population, leading to what is known as the digital divide. Although technology adoption among older adults has grown significantly over the past decade, they are still far less likely to own or use smartphones, tablets, or computers than younger adults.¹² According to *The State of Older New Yorkers*, nearly one-third of older adult survey respondents reported either not having a computer or tablet at home or having one but not knowing how to use it or choosing not to use it.¹³

Additionally, approximately 12% of older adults reported not having internet access in their homes. As the digital landscape rapidly evolves, enhancing digital literacy and access to technology has become a crucial priority for supporting older adults’ ability to age in place. Many instrumental activities of daily living (IADLs)—such as managing finances, coordinating healthcare, accessing information and entertainment, and staying socially connected—now require a basic level of digital engagement. This shift underscores the urgent need for older adults to develop the skills and access necessary to navigate digital tools safely and effectively, including recognizing and avoiding online scams. OACs and NORCs are essential in bridging this gap, serving as public

¹¹ Office of the New York State Comptroller. “The Cost of Living in New York City: Food.” 2025.
<https://www.osc.ny.gov/files/reports/osdc/pdf/report-2-2026.pdf>

¹² Pew Research Center (2022). Share of those 65 and older who are tech users has grown in the past decade. Retrieved from <https://www.pewresearch.org/short-reads/2022/01/13/share-of-those-65-and-older-who-are-tech-users-has-grown-in-the-past-decade/>

¹³ The majority of respondents to the 2024 Service Needs Assessment completed the survey online. As a result, the findings may be biased, as individuals without access to or familiarity with internet-enabled devices may have been underrepresented in the survey sample.

computer centers and offering digital literacy classes, one-on-one device support, and other tech-focused resources that empower older adults to confidently engage in today's digital world.

NYC Aging is steadfast in developing services that reflect the needs of NYC's broad population of older adults. Together, the OAC, NORC, and Transportation programs form the foundation of a comprehensive, community-centered approach to healthy aging. As the needs of older New Yorkers evolve, these programs continue to play a vital role in promoting independence, enhancing quality of life, and ensuring that all older adults can age with dignity and connection in their communities.

Older Adult Center (OAC) Program

OAC Program Background

NYC Aging's largest program is the Older Adult Center portfolio. NYC Aging currently funds and oversees a network of over 300 OACs that operate in a range of physical settings such as community centers at public housing (NYCHA) developments, houses of worship, freestanding leased sites in privately owned locations, and city-owned or city-leased buildings. Programs are open full-time and operate for a minimum of 249 days a year; days and hours of operation vary depending on the needs of their community, and centers may be open on the weekend or during evening hours.

NYC Aging's OAC program falls under the federal Older Americans Act (OAA),¹⁴ which provides a definition of a "multipurpose senior center" as a community facility that provides health, social, nutritional, educational services, and recreational activities for older individuals.

Currently, OACs in NYC Aging's network offer the Core Services listed below:

- a. Congregate Meal Services: The daily provision of meals that meet nutritional requirements to OAC participants in a group setting. Nutritional requirements must meet the Nutrition Program Standards as set forth by the New York State Office for the Aging¹⁵ and New York City Food and Nutrition Standards.¹⁶
- b. Nutrition Education: A planned program, provided by or under the direction of a Registered Dietitian or other professional with approval, to promote better nutrition and health through information and instruction on nutrition and related topics.
- c. Information and Referral: The provision of information on and referrals to resources and services within the community to older adults and/or their representatives, which enables them to locate and obtain needed services, benefits, entitlements and other resources on their own.
- d. Case Assistance: One-on-one support provided by a trained professional often to assist with benefits and entitlements or other short-term needs.
- e. Health Promotion: Workshops, activities, and exercise classes that promote chronic disease prevention and management, improve or maintain quality of life, promote physical and mental health, and increase awareness and understanding of healthy lifestyles.
- f. Education and Recreation: Scheduled and organized group activities led by a staff member, a volunteer or a consultant (i.e., subcontractor) and designed to foster the well-being of older persons through (1) satisfying use of leisure time; (2) social interaction; (3) development/enjoyment of interests, skills, talents, creative expression; (4) participant leadership. Programming related to arts/culture and technology are included in Education and Recreation services.

In addition to the required Core Services, OACs may also offer supplemental services such as transportation, telephone reassurance, and grab-and-go meals.

¹⁴ The text of the Older Americans Act is accessible at: <https://tinyurl.com/3sewdxhm>

¹⁵ NYSOFA Nutrition Program Standards:

https://aging.ny.gov/system/files/documents/2019/11/19_pi_26_nutrition_program_standards.pdf

¹⁶ New York City Food Standards: <https://www.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>

Concepts for Future Direction of OAC Program

Programmatic Requirements

Service Sites: NYC Aging is considering awarding contracts only to fully operational OACs that offer each of the following core service types on-site: congregate meals, health promotion, nutrition education, education and recreation (including technology), and case assistance/information and referrals. This would ensure that all contracted OACs offer a comprehensive range of services on-site that support the wellbeing of older adults within their communities. NYC Aging is considering allowing full-service OAC programs to also operate branch sites under the full service OAC's contract. A branch site would be a separate location from the full service OAC location, providing specific, tailored program offerings—such as case assistance, information and referral services, grab and go food distribution, or other specialty or culturally relevant programming. Main OACs should be responsible for ensuring the offerings provided at the branch sites are responsive to client and community needs. These changes would be designed to maximize and make more transparent the impact of each contracted site and promote equitable access to the full array of OAC services across New York City. The branches should be located in an area where there are no other OACs or NORCs operating to help reach older adults who otherwise do not have nearby programming.

Technology Services: Enhancing digital access and literacy among older adults remains a growing priority for NYC Aging. All OACs should be required to provide technology-related programming to support older New Yorkers in navigating the digital world. These sessions may include covering basic computer skills, internet safety and scam awareness, instruction on using mobile devices such as smartphones and tablets, teaching about ways to connect with family and friends, and general upskilling and individual competence. Individual technology support could be established as a new service type and be counted as a separate unit from group technology services. These services aim to ensure that older adults have the tools and knowledge needed to stay connected, informed, and safe in an increasingly digital society.

Virtual Services: Even as in-person services continue to regain traction in a post-COVID world, there is continued value of virtual and hybrid programming as a means to engage homebound older adults and others who may be unable to attend in-person activities. As such, NYC Aging would continue to allow the inclusion of virtual services as a complement to in-person programming. However, to ensure that virtual offering does not detract from in-person engagement, any virtual programming conducted during OAC operating hours should be offered in a hybrid format, with both in-person and virtual participation options available simultaneously. The goal remains to maintain robust in-person programming while preserving access and flexibility for older adults who benefit from virtual participation.

Maximizing Network Resources: OACs are encouraged to partner with other OACs or other NYC Aging contracted providers to maximize opportunities, such as sharing resources around high quality classes and instructors, utilizing network commissary kitchens, or making referrals to other programs.

Supplemental Services: OAC programs offer a range of optional supplemental services in addition to their core service offerings. The concepts below outline potential changes to some of these supplemental services that NYC Aging is considering, with a goal to prioritize delivery of the most in-demand and relevant services. (NYC Aging is considering removing shopping assistance,

friendly-visiting, and social adult day services—which traditionally have not been in high demand under OAC contracts and often have alternate funding sources—as a supplemental service.)

Transportation: As part of a future design of the OAC model, providers may choose to offer transportation as a supplemental service. OACs would be strongly encouraged to do so, especially given proposed changes to the NYC Aging Transportation Program (*as laid out on page 15*).

OACs- Individual Rides: OACs are strongly encouraged to include individual rides, particularly for transportation to and from the OAC (e.g., picking up a client from their home and bringing them to the OAC, and vice versa). This includes picking up and dropping off multiple clients along a fixed route. These rides may no longer be permitted in the standalone Transportation Program. In addition, if the provider has capacity, individual rides may include transportation within the community, although escorted/assisted transportation may no longer be included as a unit of service. OAC providers interested in offering individual transportation services should be expected to either have the necessary vehicle infrastructure to provide individual rides or subcontract.

OAC- Group Rides: OACs are strongly encouraged to include group transportation as a supplemental service in their design, as group rides may be shifted from the Standalone Transportation Program to solely OACs (*see Transportation Program Section on Page 15 of this document*). Ideally, OAC providers interested in offering group transportation services should either have the necessary infrastructure to provide group rides or subcontract for vehicles (i.e. vans) that meet appropriate standards for groups (seats 5 or more people).¹⁷

Vehicles currently in the network that are in good condition may also be transferred from programs no longer in need of them; however, providers should not depend on this, as there is no guarantee vehicles will be available to all who include transportation. Through feedback from OAC participants, we are aware that preference for group rides is to have one vehicle that fits the entire group; however, in some circumstances, alternative options may be considered such as utilizing two standard size vehicles for the purpose of taking one group on a trip.

Meals

Congregate Meal Service Flexibility: While congregate meals have traditionally been served at lunchtime, mealtime preferences vary across communities. NYC Aging encourages providers to schedule congregate meals in ways that best reflect the needs and preferences of their participants and help attract new participants to the OAC from the local community. OACs should

¹⁷ Vehicles currently in the network that are in good condition may also be transferred from programs no longer in need of them; however, providers should not depend on this, as there is no guarantee vehicles will be available to all who include transportation. Through feedback from OAC participants, we are aware that preference for group rides is to have one vehicle that fits the entire group; however, in some circumstances, alternative options may be considered such as utilizing two standard size vehicles for the purpose of taking one group on a trip.

still serve at least one congregate meal a day, which may be offered as breakfast, lunch, or dinner and must meet all required standards.¹⁸

Menu Choices: Feedback from OAC participants highlights the importance of variety and personal choice in congregate meal services. NYC Aging encourages providers to offer two (2) or more menu options during congregate meal service when possible, allowing participants to select a meal that aligns with their individual preferences to enhance the dining experience, increase satisfaction with meal services, and boost participation. By expanding menu offerings, providers can better meet the diverse tastes of their participants, supporting greater engagement with OAC programming overall.

Snack Services: To further support older adult nutrition, NYC Aging is considering introducing snack services as a new supplemental unit of service. Snack services are intended to provide additional nutrients, to help reduce hunger among OAC participants throughout the day, to provide a greater variety of choice for participating older adults, and to generally enhance services. Examples of appropriate snack offerings may include whole wheat crackers and cheese, carrots and hummus, low-fat plain yogurt and blueberries, and whole wheat bread and hard-boiled eggs. If an OAC chooses to offer snack services, snack services should be provided once a week, at a minimum.

Grab-and-Go: NYC Aging has received positive feedback from current OAC providers regarding the grab-and-go meal service model, which offers individually packaged, nutritionally compliant¹⁹ meals for eligible participants to pick up at the OAC and consume off-site (separate from a congregate meal). Similarly to Meals-on-Heels,²⁰ grab-and-go meals have proven especially valuable for older adults who are unable to attend congregate meals and for those facing food insecurity. Grab-and-go meal services were originally permitted under the Older Americans Act as a temporary measure to meet older adults' nutritional needs during the COVID-19 pandemic. However, in 2024, the Administration for Community Living revised the OAA nutritional standards to permanently authorize grab-and-go meal provisions.²¹ NYC Aging encourages OACs to offer grab-and-go meals as a supplement to traditional congregate meal services. However, NYC Aging remains committed to preserving the communal benefits of on-site meal service. As such, the majority of meals served at OACs should continue to be provided in the congregate setting, while grab-and-go should be meant for older adults who are unable to stay at the center. Providers who choose to offer grab-and-go meal service, as well as Meals-on-Heels, should be expected to outline a clear, strategic plan for operationalizing takeaway services that complement, rather than compete with, congregate meals and other on-site programming. The goal is to ensure that grab-

¹⁸ New York City Food Standards: <https://www.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>; NYSOFA Nutrition Program Standards:

https://aging.ny.gov/system/files/documents/2019/11/19_pi_26_nutrition_program_standards.pdf

¹⁹ All grab-and-go meals provided at OACs must be in compliance with the New York City Food Standards and the Nutritional Requirements of the Older Americans Act:

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

<https://acl.gov/sites/default/files/nutrition/NutritionRequirementsOAA.pdf>

²⁰ *Meals-on-Heels* are individually packaged meal that meets nutritional requirements delivered by the program to the homes of eligible participants of an OAC due to temporary or emergency circumstances.

²¹ OAA Nutrition Regulations: Title III, Grab-and-Go Meals (https://acl.gov/sites/default/files/2025-01/OAAregs_TitleIII_Grab-and-GoMeals_ACL.pdf)

and-go meals enhance access to food and nutrition without reducing participation in the full range of services and social opportunities available at the center.

Outreach

Community Outreach: Community outreach has long been a primary component of the OAC program. Outreach includes activities to identify new OAC participants, but also caregivers of older adults, older adults who may be interested in services in the future, or older adults in need of other NYC Aging services. Eligible activities of outreach include, but are not limited to, participation in resource fairs or community tabling events, distribution of flyers, newsletters, or brochures, use of mass media to promote services, and public speaking or presentations by program staff. To ensure outreach is consistent and robust and to strengthen providers' capacity to conduct outreach, OACs should consider including outreach and marketing activities in their budgets.

Engaging Younger Cohorts of Older Adults: NYC Aging recognizes that effectively serving older adults across different generations can be challenging, as each age group has distinct preferences, needs, and social interests. While traditional OAC programming continues to engage older age cohorts, younger cohorts (age 60-64) are often less responsive to conventional service approaches. NYC Aging expects providers to describe targeted strategies they would implement to increase engagement among all older adult age cohorts. Strategies that OAC providers have previously found successful include the following: intergenerational and multigenerational activities, offering workforce development activities, organizing recreational group outings within the community, reframing program language to reduce stigma associated with aging services and addressing ageism, and adjusting program hours to accommodate older adults still active in the workforce. Beyond these suggestions, NYC Aging is looking for feedback about additional innovations to attract and better serve the city's older adults.

Naturally Occurring Retirement Community (NORC) Supportive Service Program

NORC Program Background

A Naturally Occurring Retirement Community (NORC) is a non-age-restricted housing community that has, over time, become home to a significant concentration of older adults, particularly those with low or moderate incomes. This process is organic due to a growing population of older adults; NORCs are not created purposefully but develop as residents age in place over time.

New York State Elder Law²² defines NORCs into two categories: Classic NORCs and Neighborhood NORCs.²³ A Classic NORC in New York State is defined as an apartment building or housing complex in which:

1. At least 40 percent of the units have an occupant who is an older adult and at least 250 of the residents of an apartment building are older adults or 500 residents of a housing complex are older adults; **and**
2. A majority of the older adults to be served are low or moderate income, as defined by the U.S. Department of Housing and Urban Development.

NYC Aging currently funds thirty-six (36) Classic NORC Supportive Service Programs that are located in the Bronx (5), Brooklyn (6), Manhattan (16), and Queens (9). NYC Aging provides funding to a social service provider, who then delivers services within a designated NORC apartment building, housing complex, NYCHA development, or cluster of small multi-family buildings. NORC Supportive Service Programs are uniquely structured to promote shared responsibility and participation in program design and operation through a partnership among the social services provider, the NORC housing entity, a healthcare provider, and older adult residents.

For a social service provider to qualify for NYC Aging funding, a NORC must be a Classic NORC that meets the following requirements:

- a. Be a single apartment building or a housing complex, and have either:
 1. at least 350 older adults (60+ years of age) residing in the apartment building or 500 older adults residing in the housing complex, in which at least 40 percent of the units have an occupant who is an older adult; **or**
 2. a minimum of 1,500 residents aged 60+ years, regardless of the percentage of units they occupy.
- b. The majority of older residents in a qualifying NORC must be of low or moderate income (i.e., at or below 120% of the Area Median Income, or AMI).²⁴

NORC Supportive Service Programs offer each of the required core services listed below:

- a. Case Assistance: One-to-one services provided by a trained professional to help a client obtain access to services and resources available within the community, and/or to provide support to individuals experiencing time-limited difficulties.
- b. Case Management: One-to-one services provided by a trained professional or staff members under the supervision of a trained professional to engage older NORC residents in an independent and on-going process of identifying the needs and strengths of the older residents, developing a

²² New York Consolidated Laws, Elder Law - ELD § 209: <https://codes.findlaw.com/ny/elder-law/eld-sect-209.html>

²³ Naturally Occurring Retirement Community (NORC) | Office for the Aging (ny.gov):
<https://tinyurl.com/4km5z8p4>

²⁴ If the NORC's median income is at or below 120% of the Area Median Income, or AMI, it could qualify to operate a NYC Aging-Funded NORC social service program. Area Median Income - HPD (nyc.gov)

care plan to address needs and build on identified strengths and capacities, and arranging and coordinating services and resources on their behalf.

- c. Healthcare Assistance: One-to-one services provided by and/or under the supervision of a trained healthcare professional to help a client obtain access to health-related services and resources available within the community, and/or to provide assistance to older adults experiencing health-related issues of a short-term, non-urgent or episodic basis.
- d. Healthcare Management: One-to-one services provided by a trained healthcare professional to help a client live with and manage chronic conditions, respond to acute episodes, and get the care they need from the healthcare system.
- e. Health Promotion: Workshops and activities that promote chronic disease prevention and management, improve or maintain quality of life, promote physical and mental health, and increase awareness and understanding of healthy lifestyles.

In addition to the required Core Services, NORC Supportive Service Programs may also offer additional supplemental services, including education and recreation, transportation, shopping assistance, friendly visiting, telephone reassurance, and housekeeping.

Concepts for Future Direction of NORC Program

Space Requirements

NYC Aging has identified that some current NORC programs lack sufficient space to conduct group services effectively. As a result, NYC Aging is considering requiring that all NORC program sites have regular access to a space that can adequately accommodate group activities. While it is preferred that this space be located on the NORC premises, NYC Aging recognizes that on-site space may be limited in some locations. As such, programs may utilize off-site locations, such as community centers or libraries, provided that they are within a half mile of the NORC complex. However, group services should not be conducted at nearby OACs.

Supplemental Services

NORC programs offer a range of optional supplemental services in addition to their core service offerings. The concepts below outline potential changes to some of these supplemental services that NYC Aging is considering, with a goal to prioritize delivery of the most in-demand and relevant services. (NYC Aging is considering removing personal care/home health care services—which traditionally have not been in high demand under NORC contracts and often have alternate funding sources—as a supplemental service.)

Transportation in NORCs: NORC providers may choose to offer transportation as a supplemental service. However, NYC Aging is considering revising this optional service with the following adjustments:

NORC- Individual Rides: Escorted/assisted transportation would no longer be included as a unit of service, but individual rides within the community (doctor appointments, etc.) would remain permitted.

NORC- Group Rides: NORCs are strongly encouraged to include group transportation as a supplemental service, as group rides may be eliminated from the Standalone Transportation Program (see *Transportation Program Section on Page 15 of this document*). Ideally, NORC providers interested in offering group transportation services for residents of the NORC going to a fixed location and back should either have the necessary infrastructure to provide group rides or

subcontract for vehicles (i.e. vans) that meet appropriate standards for groups (seats 5 or more people).²⁵

Addressing the Medical Needs of NORC Residents

NYC Aging has received consistent feedback from NORC providers that many residents rely heavily on on-site professional staff to monitor and help them manage their health needs. Providers have emphasized the critical role that nursing and healthcare staff play in building trust with residents and delivering preventative care, often identifying emerging health concerns far earlier than any other program staff. Recognizing that budget limitations can present challenges in hiring nursing staff, NYC Aging encourages providers to explore alternative approaches, such as partnering with nursing schools to bring in student interns or hiring other types of healthcare staff, like community health workers. By prioritizing healthcare staff within the NORC model, NYC Aging aims to strengthen the NORC Program's capacity to address residents' medical needs and support the overall health and wellness of older adults within NORC communities.

Building Strong Relationships with Building Management and Boards

NYC Aging recognizes that strong partnerships between NORC programs and the housing entities in which they are located are critical to program success. However, feedback from current NORC providers has highlighted a number of recurring challenges, including a lack of support from building management, delayed or unresolved maintenance issues, pressure to pay rent, housing entities refusing to contribute to the match requirement, and attempts by building management to exert inappropriate control over program operations. In many cases, providers have noted that frequent staff turnover, both within housing management and the NORC program, can make it difficult to establish and maintain productive relationships. New management staff, in particular, may be unfamiliar with the value and impact of the NORC program, further exacerbating these issues.

NYC Aging expects providers to develop detailed plans for building and sustaining strong working relationships with their housing partners. Strategies may include, but are not limited to, establishing regular meetings with building management, attending board meetings hosted by the housing entity, and proactively communicating the benefits of the NORC program to the housing entity (e.g., addressing resident needs before they escalate, reducing hoarding behaviors, identifying and preventing pest issues). NYC Aging encourages providers to consider how their strategies will support long-term relationship-building, even in the context of staffing changes, and to reflect on how they will educate housing partners about the value and role of the NORC program.

²⁵ Vehicles currently in the network that are in good condition may also be transferred from programs no longer in need of them; however, providers should not depend on this as there is no guarantee vehicles will be available to all who include transportation. Through feedback from NORC residents, we are aware that preference for group rides is to have one vehicle that fits the entire group; however, in some circumstances, alternative options may be considered such as utilizing two standard size vehicles for the purpose of taking one group on a trip.

Transportation Program

Transportation Program Background

An important component of NYC Aging's portfolio, the Transportation Program (Standalone Transportation Program) addresses and prevents isolation for the growing communities of older residents living in the diverse neighborhoods of New York City. The Standalone Transportation Program,²⁶ in existence since 2016, aims to provide non-emergency, affordable, accessible transportation, particularly to help older adults evade health concerns and social isolation by providing easy access to doctor's appointments, errands, and daily living needs (e.g., shopping, banking), further enabling active community participation. The transportation options provided to older adults in each catchment area have traditionally varied as a reflection of the availability of other forms of transportation, traffic patterns and infrastructure, geography of the area, density of older adults in the community, availability of funding, and linguistic/cultural make-up of the communities. In the current iteration of the program, NYC Aging contracts with nine (9) transportation providers (8 geographic and 1 citywide). The current program offers individual and group rides: individual rides may be suited for older adults who are unable to travel due to mobility issues or have difficulties accessing public transportation, while group rides enhance community engagement, offering access to recreational, social, and educational opportunities. Additionally, approximately 120 sites of OACs and NORCs currently provide transportation services as supplemental service units in their OAC/NORC contracts, enabling older adults to access and participate in activities outside the program, such as educational, medical, cultural, and social events.

In recent years, the Standalone Transportation Program has faced several challenges. The services offered by the Standalone Transportation Program overlapped significantly with transportation services provided through OACs and NORCs, making it difficult to distinguish the programs and limiting community awareness of the Standalone Transportation Program. For example, while the Standalone Transportation Program is meant to serve the community and not be used for daily rides to and from an OAC, the program did not always operate as intended. Lastly, group rides, in particular, were challenging and, thus, underutilized. To mitigate challenges and ensure that the Standalone Transportation Program can effectively serve older New Yorkers, NYC Aging is considering the following changes to the Standalone Transportation Program.

Concepts for Future Direction of Transportation Program

NYC Aging is considering contracting with one (1) Citywide provider for the entire Standalone Transportation Program, although the provider should ensure each borough is proportionally represented and clients are being served in every borough. This could take place through subcontracting with entities in individual boroughs, although the provider should have all necessary infrastructure to handle tracking and oversight. This provider, and any subcontractors, should handle only individual rides within the community;²⁷ rides to and from an OAC **would not count** as part of the Standalone Transportation Program.²⁸ The Standalone Transportation Program Contractor should be able to accept referrals from

²⁶ This standalone program is to be distinguished from transportation services that are offered in other NYC Aging-funded contracts such as Older Adult Centers.

²⁷ Group rides would not be part of the Transportation Program but would instead be part of OAC and NORC contracts if the OAC/NORC chooses to offer group rides. See OAC and NORC sections for further details.

²⁸ Individual rides for transportation to and from the OAC should be included in OAC designs (e.g., picking up a client from their home and bringing them to the OAC, and vice versa). This includes picking up and dropping off multiple clients along a fixed route.

OACs, NORCs, and other organizations that serve older adults (i.e. churches, senior housing, etc.) for individual ride services within the community (such as for doctor's appointments and other errands).

General Considerations for OAC, NORC, and Transportation Programs

These considerations aim to enhance overall program effectiveness, reduce overlap in services, address emerging needs of older New Yorkers, and support providers in delivering services more efficiently.

Clearly Defining OAC and NORC Locations

Currently, a number of OAC programs and NORC programs funded by NYC Aging operate out of the same address, physical location, or housing complex. OAC and NORC programs are meant to serve distinct purposes, and overlapping addresses may lead to overlapping services, may limit provider ability to meet contracted unit requirements, and may reduce the overall effectiveness of each program.

Therefore, to maximize service reach and program impact, and encourage programs to serve as many older New Yorkers as possible, OACs and NORCs should remain clearly defined with different locations. Current program sponsors operating an OAC or NORC program at the same address or housing complex as another program should be aware that NYC Aging is considering awarding only one contract for that site. However, sponsors may still plan for both a NORC and an OAC contract if the service locations for each program are distinct. Additionally, NYC Aging would like to ensure that all OACs and NORCs are fully functional and ready to begin operations by the start date of any contract.

Measuring and Managing Performance

NYC Aging has observed that in some programs, certain service types are disproportionately represented, often at the expense of more integral core services. NYC Aging is considering introducing minimum and maximum thresholds for each service unit type to promote a more balanced and comprehensive approach to service delivery. The goal of this change is to ensure that service units are more evenly distributed across core service categories, aligning with the varied and evolving needs of older adults. Establishing these thresholds would support providers in operating programs that deliver a wide range of meaningful services and improve program outcomes. Additionally, these parameters would offer clearer guidance to providers, helping to inform the development of realistic, responsive, and well-rounded service designs that reflect the full scope of programming.

Additionally, stakeholder feedback has indicated that providers are not always able to capture the impact of all services they are providing in an accurate manner due to how units and service levels are currently measured. Therefore, NYC Aging is considering adding metrics that help reduce administrative burden and better measure quality and excellence, such as the number of unduplicated clients with whom each provider engages; this may appear different depending on the program (e.g., OAC often track average daily participation while NORC and transportation programs track unduplicated clients on an annual basis).

Procurement Information

This concept paper will inform three separate Requests for Proposals (RFPs) that will be released in succession in 2026 for each of the three programs. If and when an RFP(s) is issued, the following procurement information may be instituted as described below:

Proposed Term of the Older Adult Center Program Contracts

NYC Aging is planning to release an OAC Program RFP in Spring 2026 with evaluations and award selections to be complete by Fall 2026. In that event, it is anticipated that the term of the contract(s) awarded would be from July 1, 2027, through June 30, 2030, with the option to renew the contracts for an additional year, up to three (3) times.

Subcontracting²⁹

Subcontracting would be permitted at no more than 25% of the total contract.³⁰

Total Funding & Method of Payment

NYC Aging anticipates that the total contract funding would be approximately \$258,135,036 annually (\$774,405,109 for the 3-year term). Funding is from City, State, and Federal funds. The payment structure is anticipated to be a line-item reimbursement based on actual expenditures, not to exceed the approved budget, although NYC Aging reserves the right to convert to rate-based at a later date. Currently, over 300 sites are contracted for the OAC program; to determine the final site number for a potential RFP, NYC Aging is reviewing current OAC utilization, as well as demographics and growth trends to help identify the ideal number of centers per community district. Funding may change at the time of the release of an RFP, depending on the availability of the funds, and/or thereafter.

Proposed Term of the NORC Program Contracts

NYC Aging is planning to release an NORC Program RFP in early 2026 with evaluations and award selections to be complete by Spring 2026. In that event, it is anticipated that the term of the contract(s) awarded would be from July 1, 2026, through June 30, 2029, with the option to renew the contracts for an additional year, up to three (3) times.

Subcontracting

Subcontracting will be permitted at no more than 25% of the total contract value.

Total Funding & Method of Payment

NYC Aging anticipates that the total contract funding would be approximately \$16,538,556 annually (\$49,615,668 for the 3-year term). Funding is from City funds. The payment structure is anticipated to be a line-item reimbursement based on actual expenditures, not to exceed the approved budget, although NYC Aging reserves the right to convert to rate-based at a later date.

²⁹ There will not be added funds to cover administrative or other costs due to subcontracting. All subcontractors are subject to NYC Aging approval and may be contingent upon staffing, financial terms, roles and duties assigned to the subcontractor and nature of the collaboration. Primary Contractors are required to ensure subcontractors meet NYC Aging expectations in all relevant areas.

³⁰ Subcontracting can consist of offering classes, providing meals, transportation or entertainment. The primary contractor is responsible for the oversight, data entry and overall operations of the program, including subcontractors.

Currently, 36 sites are funded through the NORC Program. To determine the final site number, NYC Aging is reviewing demographics and growth trends to help identify the ideal number of NORCs per borough. Catchment areas will be borough-based for any upcoming RFP. Funding may change at the time of the release of an RFP, depending on the availability of the funds, and/or thereafter.

Proposed Term of the Transportation Program Contract

NYC Aging is planning to release a Transportation Program RFP in Summer or Fall 2026 with evaluations and award selections to be complete by Spring 2027. In that event, it is anticipated that the term of the contract(s) awarded would be from July 1, 2027, through June 30, 2030, with the option to renew the contract(s) for an additional year, up to three (3) times.

Subcontracting

Subcontracting is permitted and amount is to be determined by the Contractor, ensuring each borough is effectively served.

Total Funding & Method of Payment

NYC Aging anticipates that the total contract funding would be approximately \$4,738,624 annually (\$14,215,873 for the 3-year term). Funding is from City and State funds. The payment structure is anticipated to revert back to a line-item reimbursement based on actual expenditures, not to exceed the approved budget, although NYC Aging reserves the right to convert to rate-based at a later date. As stated above, NYC Aging is considering making one contract award through an upcoming RFP. Funding may change at the time of the release of an RFP, depending on the availability of the funds, and/or thereafter.

Evaluation of RFP Proposals

If an RFP is issued, evaluation committees would review and rate each responsive proposal. It is anticipated that proposals will be evaluated pursuant to evaluation criteria set out in any of the upcoming RFPs. 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 any 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 5pm on Friday, January 16, 2026. Please email Mary Tracy at RFP@aging.nyc.gov and write "OAC/NORC/Transportation Concept Paper" in the subject line.