



**Office for
the Aging**



NY Connects
Your Link to Long Term
Services and Supports

Part II: Applicant Submission

The Implementation and Administration of the NY Connects No Wrong Door System in Seneca County

Date of Issuance: _____

Responses Due: _____

Applicant Submission

The Implementation and Administration of the NY Connects No Wrong Door System in Seneca County

Applicant Information

AAA/ILC: _____

Director: _____

Address: _____

Phone: _____

Authorized Point of Contact for SOI

Name: _____

Title: _____

Phone: _____

Email: _____

Information Requested

1. Cover Letter Attached

Yes No

2. Mandatory Minimum Qualifications

- a. The applicant is a New York State AAA/ILC in, or contiguous to, Seneca County.

Yes No

- b. The applicant will maintain a physical location in Seneca County to provide "in person" core functions when needed.

Yes No

- c. The applicant has experience with implementing and administering the basic core components of NY Connects, including the provision of information and assistance and person-centered options counseling on LTSS to individuals of all ages and abilities.

Yes No

- d. The applicant has or will establish formal partnerships with other entities in Seneca County including but not limited to the AAA/ILC, the Local Department of Social Services (LDSS), as applicable, and other No Wrong Door system partner agencies (e.g., New York State Office of Mental Health's (OMH) local government units and the New York State Office for People with Developmental Disabilities' (OPWDD) regional offices).

Yes No

3. Organizational Experience

Describe how you will provide the required NY Connects core functions in Seneca County, including, but not limited to the provision of information and assistance and conducting the No Wrong Door screening.

Describe how you will ensure the ability to provide "in-person" services at a physical location in Seneca County and in the individual's home, if needed.

Describe how you will deliver NY Connects core functions in a manner that is culturally and linguistically appropriate.

Describe how you will link individuals with disabilities to the appropriate services and provide individuals with limited English proficiency with reasonable, timely, and appropriate language assistance to ensure full access to LTSS.

Describe how you will establish and maintain formalized relationships with the AAA/ILC, LDSS, and other No Wrong Door partners (e.g., OMH and OPWDD).

Describe how you will develop partnerships and linkages with other community-based organizations and key LTSS providers to increase coordination and streamline access to information and community resources.

Describe how you will serve all populations in need of LTSS regardless of age, disability, or payor source.

Describe how you will provide services to individuals in greatest economic and social need, including but not limited to, individuals with disabilities, Medicaid eligible individuals, the LTBGQ+ community, individuals utilizing private pay options, individuals in underserved and rural areas, and individuals with limited English proficiency.

Describe how you will provide person-centered options counseling to individuals and caregivers and assist them in making informed choices to meet their identified needs.

Describe how you will streamline eligibility determinations and application assistance for publicly funded benefits and supports, including Medicaid.

Describe how you will provide information on and make referrals to the MyBenefits pre-screening and NY State of Health.

Describe how you will submit completed applications, follow up on eligibility determinations, and link an individual to another entity for assessment, if needed.

Describe how you will track the time spent on Medicaid-related activities by NY Connects staff and submit quarterly cost allocation reports in a timely manner.

Describe how you will collaborate with critical pathways and support care transitions to home or least restrictive setting and establish linkages and referrals to LTSS upon discharge. This includes assisting discharge planners and professional staff working in skilled nursing facilities, acute care providers, rehabilitation providers, primary care providers, performing provider systems, dementia services providers, and community-based organizations.

Describe how you will conduct NY Connects public education activities and events, including events that are jointly coordinated by the AAA and ILC.

Describe how you will conduct public education and outreach to individuals in greatest economic and social need, including but not limited to, individuals with disabilities, Medicaid eligible individuals, the LTBGQ+ community, individuals utilizing private pay options, individuals in underserved and rural areas, and individuals with limited English proficiency.

Describe how you will conduct ongoing quality assurance and evaluation activities that measure the delivery of NY Connects core functions and ensure joint AAA/ILC coordination of these activities.

Describe how you will develop and maintain a qualified staffing plan to implement the NY Connects core functions in the Seneca County PSA.

Describe how you will ensure all direct service staff providing information and assistance and person-centered options counseling are proficient in the minimum competencies identified in 14-PI-16.

Describe how you will ensure NY Connects staff participation in all state mandated trainings and other in-person and online trainings and educational opportunities, to enhance their ability to provide up-to-date, comprehensive, objective information and assistance and person-centered options counseling on LTSS.

4. Organizational Structure

Describe the mission of your organization. If your organization is part of a larger organization, please describe your relationship and role within the larger organization.

An organizational structure with staffing and reporting relationships of all staff involved in the delivery of NY Connects functions and their respective roles and responsibilities is attached to this submission. Yes No

5. Attestation

The attestation below must be completed and included with the application.

Funding Opportunity: The Implementation and Administration of the NY Connects No Wrong Door System in Seneca County

Contract Term: Program Year Ending March 31, 2025

Organization's Legal Name:

Consistent with the SOI for the above referenced funding opportunity and the information provided through the application cover page, the individual authorized by the above-named organization to submit this form attests that the information submitted is accurate and attests that the funding will be used to implement and administer NY Connects in the Seneca County PSA. If the information is determined to be inaccurate, NYSOFA can adjust the contract award amount or terminate the contract if needed. The individual authorized by the above-name organization attests to the organization's capability and willingness to enter into a binding Contract with NYSOFA without change or amendment.

Name of Person Authorized to Attest: _____

Title of Person:

Electronic Signature:

Date: