



April 2026

## Concept Report

### Article 16 Outpatient Clinic Services

#### **Purpose of the Proposed Request for Proposal (RFP)**

In accordance with Section 3-16(j) of the New York City Procurement Policy Board (PPB) Rules, the New York City Department of Health and Mental Hygiene (“NYC Health Department” or “the agency”) is issuing this Concept Report (“Concept Paper”) in advance of issuing a Request for Proposals for a new client services program. Specifically, the NYC Health Department is planning to issue an RFP for Article 16 Outpatient Clinic Services.

Those eligible for services are individuals believed to have or who have been determined to have a “Developmental Disability” (DD) as defined by New York State Mental Hygiene Law §§1.03(22). This means a disability of a person which:

- a) *is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism;*
- b) *is attributable to any other condition of a person found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons or requires treatment and services similar to those required for such person; or*
- c) *is attributable to dyslexia resulting from a disability described in subparagraph one or two of this paragraph;*
- d) *originates before such person attains age twenty-two;*
- e) *has continued or can be expected to continue indefinitely; and*
- f) *constitutes a substantial handicap to such person’s ability to function normally in society.*

Individuals enrolled in New York State (NYS) Office for People with Developmental Disabilities (OPWDD) services are ineligible for the services provided through the contracts that would result from this RFP. However, they may utilize the proposed services while awaiting enrollment in OPWDD.

The NYC Health Department seeks to award contracts to providers with demonstrated experience delivering equitable and high-quality Article 16 outpatient clinical services to individuals with developmental disabilities. The Department anticipates awarding one contract to serve eligible individuals who reside in Staten Island, and two contracts to serve eligible individuals who reside in each of the other boroughs (two contracts for Brooklyn, two contracts for Queens, two contracts for Bronx, and two contracts for Manhattan).

In response to this Concept Paper, the NYC Health Department is particularly interested in public feedback regarding:

- The proposed geographic distribution of contracts to ensure equitable access across communities.
- The proposed staffing and service delivery requirements to support high-quality care.
- The proposed budget and budget justification to confirm that resources are aligned with program goals.



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**Background:**

The NYC Health Department is issuing a Request for Proposals (RFP) to expand access to (1) Article 16 Outpatient Clinic Services for individuals with developmental disabilities (DD) as defined by New York State Mental Hygiene Law §§1.03(22). These services are essential to improving health for individuals with DD.

The need for these services continues to grow. During 2019–2021, the prevalence of any diagnosed developmental disability in US children aged 3–17 years increased from 7.40% in 2019 to 8.56% in 2021.<sup>1</sup> While data is limited for the adult population, one recent study estimates approximately 8.4% of people in the US, overall, had a developmental disability.<sup>2</sup>

Data from the New York State OPWDD demonstrate approximately 131,000 people with developmental disabilities in 2023 received OPWDD services, of which, 36% (47,500) reside in NYC.<sup>3</sup>

In NYS, findings from the 2023 Behavioral Risk Factor Surveillance System (BRFSS) show approximately 11.5% of adults have a “cognitive disability,”<sup>4</sup> a broader measure that includes but is not limited to developmental disabilities. Additionally, NYS education data from 2023 show approximately 230,000 school-aged children have an Autism, Learning Disability, or Intellectual Disability diagnosis.<sup>5</sup>

Findings from the 2023 American Community Survey (ACS) 5-year estimates<sup>6</sup> reveal a similar pattern when examining “cognitive difficulty,” with 933,088 NYS residents and 376,597 NYC residents reporting a cognitive difficulty.

Additionally, the 376,597 NYC residents represent 4.7% of the city population, an increase from the 2018 ACS 5-year estimates<sup>7</sup> when 331,130 (4.2%) of NYC residents reported having a cognitive difficulty.

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<sup>1</sup> Zablotsky B, Ng AE, Black LI, Blumberg SJ. Diagnosed developmental disabilities in children aged 3–17 years: United States, 2019–2021. NCHS Data Brief, no 473. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:129520>

<sup>2</sup> Residential Information Systems Project (2023). People with IDD in the United States. Minneapolis: University of Minnesota, RISP, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from: <https://risp.umn.edu>.)

<sup>3</sup> Office for People With Developmental Disabilities. Medicaid Summary: County Data. New York State Office for People With Developmental Disabilities, 2024, <https://opwdd.ny.gov/data/medicaid-summary-county-data>.

<sup>4</sup> Disability Status, New York State Adults, 2023. Behavioral Risk Factor Surveillance System, Number 2025-12. Albany, New York: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, April 2025.

<sup>5</sup> New York State Education Department. Data Summaries – Number of New York State Children and Youth with Disabilities Receiving Special Education Programs and Services. P-12 SEDCAR, 2024., <https://www.p12.nysed.gov/sedcar/goal2data.htm>.

<sup>6</sup> U.S. Census Bureau, U.S. Department of Commerce. "Disability Characteristics." American Community Survey, 2023 ACS 5-Year Estimates Subject Tables, Table S1810.

<sup>7</sup> U.S. Census Bureau, U.S. Department of Commerce. "Disability Characteristics." American Community Survey, 2018 ACS 5-Year Estimates Subject Tables, Table S1810.



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The prevalence of cognitive difficulty when examined by county shows variances and potentially higher concentrations of need in certain boroughs. Bronx reported the highest rate at 7.4% (97,049 individuals), followed by New York County at 4.7% (73,122), Kings County at 4.3% (106,164), Queens County at 3.8% (83,092), and Richmond County at 3.7% (17,170).

Although data specific to developmental disabilities is limited, the growing prevalence of cognitive difficulties, which includes developmental disabilities, underscores the urgency of this initiative. By investing in clinical services tailored to individuals with developmental disabilities, the NYC Health Department aims to promote equitable access to care, reduce isolation, foster independence, and strengthen inclusion for people with DD across all five boroughs.

### **Goals and Objectives**

The goal of this procurement is to provide Article 16 outpatient clinic services to eligible under-insured or uninsured individuals with DD, and their caregivers (collaterals) in New York City.

The objectives for this procurement are to:

1. Provide Outpatient Clinic services at New York State certified Article 16 clinic programs for children and adults with developmental disabilities who are uninsured or underinsured.
2. Promote the use of best practices for clinic services provided to individuals with developmental disabilities.
3. Improve the health and well-being of individuals with developmental disabilities
4. Optimize use of available resources through monitoring of service utilization data.
5. Provide services that are person-centered, customized with appropriate levels of care, and carefully designed to meet the diverse functional needs of program participants.

### **Service Model**

The NYC Health Department expects that each provider will serve no fewer than 77 unduplicated program participants annually, though proposers can propose to serve more.

The NYC Health Department anticipates making approximately 9 awards from the RFP, and geographic location is expected to be a factor in the award process. The NYC Health Department is interested in hearing from the provider community regarding the award protocol and the anticipated geographic factor. Regardless, individuals served through these contracts will be tracked according to the borough in which they reside. For reporting and contract management purposes, individuals will be counted based on their borough of residence.

#### **(1) Program Information**

- a. *Eligible Program Participants.* The selected providers must provide outpatient clinic services to eligible uninsured and/or under-insured eligible individuals.
  - i. Eligible individuals will be NYC residents with a “Developmental Disability” as defined by New York State Mental Hygiene Law §§1.03(22).
  - ii. Uninsured means an individual having no insurance coverage for the approved service provided. In these cases, DOHMH funding would be the sole payer for covered services, and no insurance billing would occur.
  - iii. Individuals without sufficient coverage are those whose insurance benefits do not cover the needed services, or who otherwise lack a mechanism to afford care.

DOHMH funds will not supplement insurance reimbursement, and providers may not bill insurance for services supported with City funds. Under-insured means an individual with third party insurance, other than Medicaid, but whose insurance coverage does not include reimbursement of at least the current Medicaid rate for services provided.

- b. *Required/ Allowable Services.* All providers must provide treatment coordination services in addition to one or more of the following services: evaluation, habilitation, and/or psychotropic medication management services. Up to 15% of the program's annual funding may be allocated for treatment coordination activities. The NYC Health Department will prioritize applicants that include evaluation as one of their proposed services.
  - i. Treatment Coordination- Treatment coordination services are typically provided at the Article 16 Outpatient Clinic program, and include but are not limited to: coordinating all services, therapies and/or treatments provided to a person by the program; communicating treatment recommendations; facilitation and follow-up of external linkages and referrals for health, behavioral health or other services made by the clinic; monitoring a person's care and treatment to maximize continuity of care and avoid duplication of services; and ensuring effective provision of coordinated ongoing care and aftercare planning.
  - ii. Evaluation- Includes diagnostic and evaluation services to determine the nature and extent of an individual's developmental disability to inform treatment planning. Includes diagnostic services provided by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law. Services may include, but are not limited to, clinic intake, psychosocial history, psychological evaluation, medical and/or psychiatric evaluation, developmental and neuropsychological testing, and evaluation for rehabilitation/habilitation services.
  - iii. Habilitation Services- Includes any of the following: Psychological therapy, speech and language pathology, rehabilitation counseling, occupational therapy, physical therapy, and social work services.
  - iv. Psychotropic Medication Management- Psychotropic medication management services provided by a psychiatrist or another licensed physician, a Nurse Practitioner, or an appropriately supervised Physician Assistant (PA). Services include prescription, use, and review of medication, monitoring medication effects, assessing relevant interval history, mental status evaluation, assessment of treatment response and ongoing treatment formulation.
  - v. *Hybrid Funding for Program Enhancements:* Programs may request additional funds to support program enhancements above and beyond their core services. Enhancement funds can constitute up to 10% of the total funding requested. These enhancements may be related to (1) Training (Workforce or Collaterals/Community), (2) Enhanced Collaboration (with family members, community members or other providers), (3)



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Program Expansion (increasing capacity, adding a new service beyond those listed in the “Required/Allowable” category above or enhancing a current service with evidence-based practices), and/or (4) Transportation. Proposals should include a detailed plan with activities and outcomes/ measures associated with the requested enhancement(s)

Examples include:

- Caregiver Integration: Provision of structured caregiver training programs and resources to enhance therapeutic outcomes
- Multi-disciplinary Service Delivery: Facilitate integration of clinical care with additional services (e.g., mental health care or care coordination) through clinician training or collaboration across care settings (telehealth infrastructure, satellite clinic expansion, etc.).
- Program expansion to increase availability of diagnostic assessments to address gaps in providers or increase availability of psychiatry, psychology, and/or social work services to address the need for treatment for co-occurring Mental Health and DD.
- Capacity building dollars to increase linkage with Article 31 clinics – such as by upgrading electronic health record (EHR) systems to enable data sharing with partnering Article 31 providers.
- Medical Appointment Transportation Stipends.

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## **(2) Anticipated Requirements**

Providers will be prepared to deliver services their contracted service borough and will promote health and racial equity and social justice in the delivery of such services.

New York State Article 16 Certificate (OPWDD Part 679 Clinic Treatment Facility): Proposers will be required to submit proof of this certification at the time of proposal. Proposers that do not submit Proof of Article 16 Certification with their proposal will not be considered. The Operating Certificate must include (1) the proposed location and (2) the services described in the proposal.

Providers must be in good standing with OPWDD for Article 16 licensure and must meet the current requirements that are specific to the type of service(s) provided, and consistent with State regulations and guidance for services provided at Article 16 Clinic Treatment. Providers' clinical staff must meet and maintain qualifications with regards to professional training, credentials and licensure.

Providers will serve caregivers (collaterals) as indicated, provided the services contribute to meeting the identified needs of the person with developmental disabilities receiving clinic services, and are typical of what is normally provided in the clinic setting.

Providers will provide services that are based on ongoing assessments, individualized and appropriate to identified strengths, needs and expressed interests and, where applicable, as described in service plan reviews.

Providers will maintain operating hours that maximize accessibility for clients and their caregivers, including evening and weekend hours, where indicated and feasible.

Virtual or remote programming may be offered based on client needs and provider capacity or ability and will be accommodated on an as-needed basis to promote a human-centered approach. Providers will be expected to be compliant with Article 16 regulations and OPWDD guidance as it relates to the use of telehealth in Article 16 settings.

Providers must identify eligible clients for enrollment into the proposed program. Providers will determine each individual's insurance status, including eligibility for Medicaid and for OPWDD sponsored services, prior to the initiation of any services. Awarded providers may use NYC Health Department funds to complement existing funding but may not supplant those funds. In cases where existing programs are simultaneously funded by OPWDD or other sources, the NYC Health Department would expect proposers to describe this in their proposal.

The NYC Health Department expect that RFP proposers will provide a detailed plan that describes its organizational strategy and approach to racial equity and social justice through programming and operations and ensuring that services are equitable and responsive to program participants needs in an effort to address racial health gaps and improve health outcomes for all New York City residents. For more information regarding racial equity and social justice please visit <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>.



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**(3) Reporting Requirements:**

DOHMH anticipates that contractors will submit data in the format and system specified by DOHMH on a monthly and quarterly basis and will participate in ongoing data collection, racial equity activities, and program evaluation as required by DOHMH and other City systems.

**Proposed Term of the Contract(s)**

The anticipated term of each contract resulting from this RFP will be nine years in duration, contingent on the availability of funding. As of the release date of this Concept Paper, the anticipated contract start date is January 1, 2028.

**Proposed Procurement Timeline**

The proposed RFP would be issued through the PASSPort system, and proposals will only be accepted through PASSPort. It is anticipated that the RFP issuance date will be in Winter 2026/2027, with proposals due 45-60 days after the RFP issuance date, and anticipated award decisions in Spring 2027.

**Planned Method of Evaluating Proposals**

The NYC Health Department anticipates that proposals will be evaluated based on: the extent to which proposers demonstrate relevant organizational experience; the proposed approach to the scope of services; the proposed approach to data management, monitoring and reporting; demonstration of organizational capacity and qualifications; and the proposed approach to budget management.

**Anticipated Number of Contracts and Funding Information**

The NYC Health Department anticipates awarding approximately nine contracts from the RFP. The NYC Health Department estimates that the annual value of all contracts will be \$1,595,943, subject to funding availability.

**Use of PASSPort and Prequalification.**

To respond to this future RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved PASSPort HHS Accelerator PQL qualification status in PASSPort. Prequalification applications and proposals in response to RFPs 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](https://nyc.gov/passport) to get started. If you have any questions about your PASSPort HHS Accelerator PQL status or for assistance with creating a PASSPort account, please go to <https://www.nyc.gov/site/mocs/about/help.page>.

**Contact Information /Deadline for Questions/Comments**

Written comments on this Concept Report are invited by June 17, 2026 at 5:00PM. Please email [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) and indicate “**Article 16 Concept Report Comments**” in the subject line of the email.