



Concept Report

Recreational and Socialization Services for Individuals with Developmental Disabilities

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 Recreational and Socialization Services for Individuals with Developmental Disabilities.

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)
 1. *is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism;*
 2. *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*
 3. *is attributable to dyslexia resulting from a disability described in subparagraph one or two of this paragraph;*
- b) *originates before such person attains age twenty-two;*
- c) *has continued or can be expected to continue indefinitely; and*
- d) *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 recreational and socialization services to individuals with developmental disabilities.

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 recreational and social 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 the quality of life 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 2021.¹ 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.²

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.³

In NYS, findings from the 2023 Behavioral Risk Factor Surveillance System (BRFSS) show approximately 11.5% of adults have a “cognitive disability,”⁴ 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.⁵

Findings from the 2023 American Community Survey (ACS) 5-year estimates⁶ 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 estimates⁷ when 331,130 (4.2%) of NYC residents reported having a cognitive difficulty.

¹ 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>

² 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>.)

³ 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>.

⁴ 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.

⁵ 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>.

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

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



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 for this procurement is to provide Recreational and Socialization services to NYC residents (children and/or adults) diagnosed with a DD and their families who are unable to access similar recreational services funded by OPWDD, and/or other State agencies.

The objectives for this service category are:

1. Provide a range of recreational and socialization services that are in line with best practices.
2. Support the needs of families and/or caregivers of participants.
3. Optimize use of available resources through monitoring of enrollment and service utilization data.
4. Provide services that are person-centered, customized with appropriate levels of care, as well as carefully designed to meet the diverse functional needs of program participants.
5. Proposed programs can be new stand-alone programs or an enhancement of an existing program.

Service Model

The NYC Health Department expects that each provider will serve no fewer than 15 unduplicated program participants annually.

The NYC Health Department anticipates making approximately 10 awards from the RFP. The anticipated award structure would be based on both geography and program type. Specifically, the NYC Health Department plans to award 2 contracts per borough: 1 serving youth, and 1 serving adults. The NYC Health Department is interested in provider feedback on this award structure. Providers interested in serving multiple boroughs or program types would need to submit separate proposals in accordance with the RFP's competition pools, and when a provider is eligible for award in multiple competitions, the Health Department would reserve the right to determine the number of awards and service areas. Individuals served will be tracked according to the borough in which they reside for reporting and contract management purposes. The Department reserves the right to allocate awards and adjust service expectations based on demonstrated need and geographic distribution.

(1) Program Information:

- a. *Eligible Program Participants.* The selected providers would provide direct recreational and/or socialization services. Eligible individuals will be NYC residents (children and/or adults) diagnosed with a DD and their families. At least 1 youth and 1 adult recreational and/or socialization program will be funded per borough. Individuals will be permitted to participate until they become eligible for state-sponsored services.

In addition, eligible participants would also meet one of the following criteria:

- Ineligible for Medicaid
 - Not eligible for Office of People with Developmental Disabilities (OPWDD) services
 - OPWDD-eligible but not eligible to participate in OPWDD HCBS Waiver programs
 - Individuals who are currently awaiting determination of OPWDD eligibility for similar services may be enrolled in order to provide timely services and smooth transition from previous programs or high school.
- b. *Required/ Allowable Services.* The provider will provide age-appropriate recreational and/or socialization services for children and/ or adults with DD in New York City, designed to complement regular school programming. Examples of recreational and/or socialization activities may include:
- trips to parks, sporting events or other recreational facilities
 - overnight trips
 - camp programming
 - music therapy or exposure, other performing arts exposure and activities
 - arts and crafts
 - cooking activities
 - board games and puzzles
 - sports or sports leagues, gymnastics, aerobics, gym activities, bowling, or fitness or movement activities
 - supervised play and free time community service or volunteer activities
 - supervised trips to stores, movies, restaurants or other community venues
 - social skills groups
 - leisure activities
 - other recreational and/or socialization activities that further socialization experiences and social skills, foster community integration, enhance interpersonal communication and peer relations, and/or provide opportunities to reinforce and practice skills learned in the classroom

The program may, in addition, offer services that provide educational enrichment or academic support to school programs. If the program chooses not to provide educational enrichment and/or academic support services they must provide linkages for individuals who request and/or present with a need for these services. Examples include:

- homework assistance
- tutoring

- use of computer labs
 - activities at school or public libraries
 - other activities designed to provide academic support and improve educational competencies
- c. *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, (3) Program Expansion (increasing capacity, adding a new service 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:
- Recreational programming structured to provide respite for families and caregivers;
 - Autism awareness education, coping skills training and/or behavioral modification training for parents and siblings;
 - Navigational components to help individuals and families access services in the community, and access eligibility for and services under the auspices of OPWDD and other public agencies;
 - Transportation stipends

(2) Anticipated Requirements:

Providers will be prepared to deliver services in one or more of the five (5) boroughs in New York City and will promote health and racial equity and social justice in the delivery of such services.

Providers will have at least three (3) years of successful experience providing services to individuals with intellectual and developmental disabilities.

Applicable to programs that purchase and/or serve food to individuals regardless of the funding source for that food: the provider must ensure that Individuals are served meals and snacks that meet all NYC Food Standards to promote a healthy, balanced diet. NYC Food Standards can be accessed using the following URL: <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>.

Providers will deliver services during after-school hours, on weekends, school holidays or vacation periods, or during other school closings. Services may occur in schools, other center-based settings or other locations in the community.

Providers must identify eligible clients for enrollment into the proposed program. Providers will determine each individual's insurance status, including eligibility for OPWDD waiver services, prior to the initiation of any services under the proposed program. Awarded providers may use DOHMH funds to complement existing funding, but may not supplant those funds. In cases where existing programs are



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DOHMH-funded and simultaneously funded by OPWDD or other sources, DOHMH would expect proposers to describe this in their proposal.

Providers will be expected to monitor and report on service utilization and outcomes and engage in quality improvement efforts.

All programs must adhere to the applicable regulations, standards, and guidance governing OPWDD recreational and socialization services to ensure consistency and quality of care.

In terms of anticipated reporting requirements, the NYC Health Department anticipates that providers 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.

The NYC Health Department would 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>.

Proposed Term of the Contract(s)

The NYC Health Department anticipates that the 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 Report, 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 after the RFP issuance date, and anticipated award decisions in Spring 2027.

Planned Method of Evaluating Proposals

DOHMH 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

DOHMH anticipates awarding approximately 10 contracts from the RFP. DOHMH estimates that the annual value of all contracts will be \$1,210,943, 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



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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 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 6/15/26. Please email RFP@health.nyc.gov and indicate **DD Recreational Concept Report Comments** in the subject line of the email.