



## SFY 2026-27 BUDGET PRIORITIES

Cerebral Palsy Associations of New York State, Inc. (CP State), The Developmental Disabilities Alliance of Western New York (DDAWNY), and the Inter Agency Council of Developmental Disabilities Agencies, Inc. (IAC), have joined together to offer comments and recommendations on the 2026-2027 Executive Budget proposal for the:

- Office for People With Developmental Disabilities (OPWDD)
- State Education Department (SED)
- Department of Health (DOH)

The Inter Agency Council, established in 1977, is a membership organization of over 165 nonprofit providers dedicated to supporting children and adults with intellectual and developmental disabilities (IDD). Collectively, our agencies assist more than 100,000 individuals, including infants, youth, adults, and families, across Manhattan, the Bronx, Brooklyn, Queens, Staten Island, Nassau, Suffolk, Westchester, Rockland, Putnam, and other parts of the state.

Cerebral Palsy Associations of New York State (CP State) was founded in 1946 by parents of children with cerebral palsy looking for services. Today it is a broad-based, multi-service organization with 30 Affiliates across the state and 19,000 employees providing support, services, and programs across the lifespan for over 100,000 individuals with developmental disabilities and their families. CP State was founded and has worked for the past eighty years to enhance the rights of and services for individuals with disabilities and their families.

The Developmental Disabilities Alliance of Western New York is a collaborative group of member voluntary agencies that provide services to people with developmental disabilities. DDAWNY's member agencies provide support to more than 30,000 people in the 17 westernmost counties of New York State and employ nearly 21,000 people in more than 1,000 sites. While honoring individual agency missions, it is the intent of the Alliance to assist agencies to develop relationships, promote unified strategies and share risks for the mutual gain with and for the benefit of people with developmental disabilities.

Collectively, our members offer a comprehensive range of programs and services, including:

- Early Intervention (for children ages birth to 3 with developmental delays)
- 4410 preschool special education programs (for children ages 3-5)
- 853 school-age programs (for children and youth ages 5-22)
- Residential services, including supportive housing, IRAs, ICFs and residential schools
- Job training and employment programs
- Day Habilitation
- Recreation programs
- Respite
- Clinical and behavioral health services, and
- an array of individualized and family supports

We deeply appreciate the Governor's focus on affordability and proposed investments across essential delivery systems and programs for children and adults with developmental disabilities in this year's proposal, and we are eager to collaborate with the Hochul Administration and the Legislature to ensure that the final budget includes the essential investments needed to sustain supports and services for New Yorkers with intellectual and developmental disabilities (IDD). We are committed to ensuring that our providers can offer the highest quality services and supports to the children and adults in our programs and continuing our focus on investing in our CareForce, the people we rely on to enable people with IDD and their families to live the kind of lives that others take for granted. We look forward to continuing our partnership to create a world where services and supports are accessible to all who need them, enabling people with disabilities to fully participate in their communities and contribute to the success and prosperity of New York State.

**The items in this paper lay out some of the provisions that, if included in the FY 26/27 final budget, will put us on a path to achieving this goal.**

# OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (OPWDD)

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## **SYSTEM SUSTAINABILITY**

Over the past five years, the State has provided a collective inflationary increase of 15.8%, enabling IDD provider agencies to increase frontline staff wages by nearly 26.8%. Yet inflation over the same period has exceeded 23.7%, and minimum wage has increased by 26.5%, leaving providers unable to keep pace with rising costs. Continued investment is necessary to avoid returning to the cycle of underfunding that plagued the field for over a decade. We appreciate the Governor's proposed 1.7% Targeted Inflationary Increase (TII), which recognizes that continued investment is essential to our sector's sustainability. But with a CPI of 2.7%, anything less is insufficient to maintain essential services for our most vulnerable New Yorkers. **We urge the Legislature to support an increase of 2.7%** to reflect the true cost of inflation over the past year. This adjustment is vital to covering basic expenses, including staff wages, food, supplies, transportation, repairs, maintenance, employee benefits, insurance, etc., and to maintain the availability of high-quality services. Provider rates are all-inclusive, covering every aspect of care and operations. Without adequate funding, agencies cannot meet the comprehensive needs of individuals with IDD. Additionally, **Care Coordination Organizations (CCOs) are a critical part of the service delivery system and must be included in the 2.7% TII.** Including CCOs is critical to preserving person-centered planning, navigation of services, and coordination of medical and behavioral healthcare for individuals with IDD—functions that are foundational to quality outcomes and cost-effective care.

### **Recommendation:**

- **Provide a 2.7% Targeted Inflationary Increase** in line with CPI for nonprofit IDD providers, representing an increase of 1 percent over the Governor's budget proposal. Include CCOs as an integral component of service delivery.

## **THE CORNERSTONE OF THE IDD SERVICE DELIVERY SYSTEM**

New York's IDD service system relies on over 150,000 Direct Support Professionals (DSPs), who play a pivotal role as the frontline workforce, directly supporting individuals with all aspects of daily living, promoting community integration, ensuring compliance with complex care plans, and offering respite for families. The DSP workforce is diverse, including 74.2% women and 62.6% individuals identifying as Black, African American, Asian, or Latino. This diversity enriches the field and underscores the importance of fostering an inclusive and culturally responsive environment for individuals with IDD.

As of January 2026, nonprofit provider agencies across the state are grappling with a 13.9% staff vacancy rate and an annual turnover rate of 32.3% among DSPs—the cornerstone of the IDD service delivery system. These high turnover and vacancy rates are residual evidence of a system-wide crisis, jeopardizing the essential care provided to individuals with IDD, a direct result of 15 years of insufficient investment.

In 2023, New York Disability Advocates (NYDA) partnered with the Miami University of Ohio to conduct a groundbreaking workforce study, surveying nearly 4,500 DSPs across the state on quality-of-life issues, including food and housing security, well-being, burnout, and turnover. The findings were alarming. Nearly half of DSPs reported experiencing food insecurity and unstable housing conditions. 36% of DSPs reported struggling to meet their household's financial demands. Our DSPs work two and three jobs to put food on the table for their families. Many qualify for SNAP and other benefits due to poverty wages. We must take care of the people we depend on to take care of New York's most vulnerable. In addition to the 2.7% TII, we make the following recommendations to provide much needed support to our CareForce.

### **THE OPWDD HEALTHCARE ENHANCEMENT PROGRAM**

Given recent federal changes to the Essential Plan and ACA tax credits, we expect nonprofit provider agencies to face a significant influx of enrollees in their health plans and subsequent increased costs. Over the past three years, providers' health insurance costs have increased by nearly 28.2 %, and we are projecting an additional double-digit increase in the coming year. On average, nonprofit agencies already devote 10.3% of their operating budgets to insurance expenses and cannot absorb these increases in addition to the cost of coverage for additional staff members.

In order to allow nonprofit providers to absorb increased costs, enhance health insurance coverage, and/or reduce frontline workers' out-of-pocket costs, we urge the restoration of the OPWDD Healthcare Enhancement Program in SFY2027. This will provide an annual per-employee allocation of \$2,500 ensuring that our CareForce can access affordable coverage without further straining nonprofit agency budgets.

### **Recommendation:**

- **Restore the OPWDD Healthcare Enhancement Program** to add a per-employee allocation of \$2,500 to be used to expand/enhance health insurance coverage and reduce out-of-pocket costs for frontline staff.

## **CAREFORCE AFFORDABILITY AGENDA**

Direct Support Professionals (DSPs) and other frontline care workers—despite their essential role—often face housing insecurity, with rent consuming a disproportionate share of income and forcing many out of the communities they serve. Together, the legislation listed below represents a strategic, workforce-centered response to one of the most persistent barriers to recruitment and retention in the human services sector—the lack of access to affordable housing.

### **Recommendations:**

- **Establish a CareForce Affordable Housing Lottery Preference in this year’s budget:** State-supported housing programs would prioritize DSPs and other frontline workers for affordable units near their workplaces, supporting workforce stability and community continuity. (**Fahey S.8676**)
- **Establish an Employer-Assisted Housing Matching Grant Program in this year’s budget:** Nonprofit human services agencies lack the tax advantages available to for-profit employers that offer housing benefits. A state Employer-Assisted Housing Matching Grant—providing a 50% match, up to \$3,000 per worker annually—would be used to support employees with security deposits, rent support, emergency arrears, or first-time homebuyer costs, reducing turnover and strengthening service continuity. (**Fahey S.8672**)
- **Create a SONYMA “CareForce” Homeownership Incentive:** SONYMA should establish a CareForce program offering enhanced down payment assistance (up to \$20,000) and reduced mortgage interest rates (0.5–1% below market) for frontline care workers. This would expand access to homeownership for DSPs and similar workers and align with existing state incentives for other essential professions. (**Fahey S.8675**)
- **Enhance the New York State Child and Dependent Care Credit:** This would lower out-of-pocket care costs, support workforce participation, and improve financial stability for working families. (Accept: Revenue Part A - Enhancing the New York Child and Dependent Care Credit)

# NEW YORK STATE EDUCATION DEPARTMENT (SED)

## Children with Disabilities Deserve a Quality Education

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Our members operate 4410 preschool and 853 school-age special education programs that serve students ages 3-22 with complex disabilities when local school districts or BOCES cannot serve them due to their highly individualized support needs. As approved private schools chartered by the Board of Regents, they are the only state-regulated educational option for these students with rigorous fiscal and programmatic oversight by SED, OCFS and local education, childcare and health departments. New York State is legally required under the Federal Individuals with Disabilities Education Act to provide a Free and Appropriate Public Education (FAPE) to all children with disabilities. Our schools help fulfill this mandate in a programmatically sound and fiscally responsible way. However, they remain critically underfunded, leaving many students sitting at home and denied FAPE. (This failure to appropriately address funding gaps in 853 schools is one of the main drivers of the uncontrolled exponential growth in New York City's Carter Case expenditures, which [exceeded more than \\$1.2 billion in 2024](#) and continues to grow each year.)

After more than a decade of neglect, we were grateful to Governor Hochul, the Legislature, the State Education Department for recognizing that our schools' teacher's salaries were the lowest in the state, and that our schools could barely keep up with physical plant health and safety issues. We commend the inclusion of long-overdue tuition growth factors, and we support the development of a new rate methodology, continuing modifications of the existing methodology, and SED's ongoing efforts to update capital funding to include 4410s and other modifications in existing regulations. We ask that capital expenses for major projects under one hundred thousand dollars be included for both 4410s and 853 schools.

New York State now stands on the precipice of a generational transformation in early childhood education. With the implementation of the Governor's ambitious childcare initiatives—including the rollout of "2-Care" in New York City, pilot programs across Upstate counties, and the march toward fully Universal Pre-K (UPK) by 2029—Governor Hochul has signaled a historic commitment to New York's working families. This expansion promises to treat childcare not as a luxury, but as essential economic infrastructure.

We applaud this vision. Yet, as we prepare to widen the doors of opportunity for hundreds of thousands of children, we must confront an uncomfortable reality: a universal system that structurally disadvantages children with disabilities is not universal—it is exclusionary. As the state looks to greatly expand access to childcare, additional funding and continued administrative adjustments are essential for our schools to survive until a new rate methodology is implemented.

## **WORKFORCE**

Since 2021, State Aid to school districts for 10-month education programs has increased by 34% and Foundation Aid has increased by 37%. During the same period, 853 and 4410 programs, which already start from a lower base-rate, received only 28.45%. Additionally, our teachers and direct care instructional staff do not have access to the same statewide workforce incentives, benefits, and retirement systems that local district staff receive. This is despite the fact that 4410 and 853 programs serve public school children and operate 12-month programs, since children with significant disabilities require full-time academic, social, and behavioral support (and would otherwise require full-time, professional support at home). These dedicated teachers, therapists, teacher assistants, and aides have a right to receive equitable funding with public school staff. We shouldn't pay teachers who are asked to do more, less.

To address these disparities and to reduce turnover in our classrooms, we recommend increasing the Excessive Teacher Turnover Prevention Program (ETTPP) by \$5 million from the current \$8 million (which has not been increased since 2019), to better assist with teacher retention in schools with the highest turnover. We ask the Legislature to invest an additional \$5 million to expand the eligible position titles to include teacher assistants, 1:1 aides, social workers, school psychologists, OT, PT, and speech therapists, etc., without which students' Individualized Education Programs could not be implemented.

## **FAPE 22**

In [alignment with the NYS Board of Regents](#), the [State Education Department](#), and a formal opinion from the Office of Counsel, we strongly urge the Legislature to codify and fully fund the provision of a Free Appropriate Public Education (FAPE) for students with disabilities through the end of the school year in which they turn 22. As interpreted by the Second Circuit in *A.R. v. Connecticut Board of Education*—school districts are required to provide services until a student's 22nd birthday. However, a significant gap remains between this federal mandate and New York's current Education Law, which only provides state funding through the end of the school year in which a student turns 21. This misalignment creates a financial burden for local school districts, estimated by NYSED to cost upwards of \$65 million. It also puts students, families, and 853 schools, particularly those that serve students with complex health and behavioral needs, in an extremely precarious position. Last year, in the absence of a clear statute and funding, NY State CSE administrators made independent determinations about student exit dates, creating disparities from one student and family to another, even within the same classroom. Without a dedicated funding stream and legislative amendments to New York State Education Law, districts and 853 schools face an impossible choice between their duty to students with disabilities, fiscal stability and legal compliance. By including this funding in the SFY2027 budget, the State can ensure that our most vulnerable students receive the critical transition services and specialized instruction

they are entitled to—providing them the necessary time to meet their IEP goals and transition successfully to adult life without placing an undue burden on their families, educators, and local taxpayers.

### **FUND THE CENTERS OF EXCELLENCE IN THE CARE AND TREATMENT OF CHILDREN WITH ASD AND OTHER COMPLEX DISABILITIES**

Students with complex disabilities who require clinical and instructional expertise and behavioral support beyond what is possible in their local school district or an 853 day program, are referred by the Committee on Special Education (CSE) to a residential 853 school. New York State SED/OPWDD Children’s Residential Projects (referred to as “CRPs”) are residential 853 schools where the residential component is operated as an OPWDD Intermediate Care Facility (ICF) with federal and state Medicaid reimbursement and the 853-school component is funded by SED and the local school district. Because resources allocated to the CRPs have not kept pace with the more intensive service needs of these students, those with the highest needs are often placed in more expensive out-of-state settings where the state receives no federal funding (Medicaid or otherwise) to offset state and local costs.

Three New York State CRPs piloted a cost-effective and research-based model, *The Centers of Excellence in the Care and Treatment of Children with Autism Spectrum Disorders and Other Complex Disabilities*, (COEs) that improved New York State’s ability to support students with complex needs within the state, simultaneously enhancing the quality of care and achieving significant state and local budget savings. This approach, which employs specialized multi-disciplinary teams working intensively on a short-term basis, is the result of an analysis of what NYS residential schools lacked when compared to the out-of-state schools that are enrolling New York students.

Overall, the average annual tuition and maintenance costs for placement of students in out-of-state programs exceed placement costs in the CRP programs by \$229,532 per student annually. This substantial differential represents the opportunity for savings by investing in NYS-based CRP programs. Such an investment would improve the long-term outcomes for these students while simultaneously building capacity to fully meet their needs within New York State.

The COE pilot was successful and met all its goals. Therefore, we urge re-funding *The Centers of Excellence in the Care and Treatment of Children with Autism Spectrum Disorders and Other Complex Disabilities* (COEs) to improve New York State’s ability to support students with complex needs right here at home. The COE Program would require an initial state investment of \$2 million for the establishment of the three COEs to serve an anticipated 18 students, generating a net savings of nearly \$120,000 per student per year,

for a total savings of \$2.1 million per year. The program can be scaled to expedite the repatriation of students currently enrolled in out-of-state schools and will reduce the reliance on out-of-state placements for new students coming into the system.

In addition to the significant fiscal savings, the Centers of Excellence will improve the quality of care, keep resources in New York State, and provide services for students and their families closer to home. The COE model is truly a win-win for all.

### **Recommendations:**

- **FAPE 22:** Change state statutes to make students with disabilities who have not earned a high school diploma eligible for state aid through June 30<sup>th</sup> of the year they turn 22.
- **Increase ETPP funding by \$10 million:** Provide an additional \$5 million to reflect inflationary costs and to better assist with teacher retention in schools with the highest turnover, and \$5 million to expand ETPP to include additional direct care instructional titles.
- **Provide \$2 million to establish *The Centers of Excellence in the Care and Treatment of Children with Autism Spectrum Disorders and Other Complex Disabilities*** which will generate more than \$2.1 million in savings and improve the quality of care for students with complex developmental disabilities in New York State.

# NEW YORK STATE DEPARTMENT OF HEALTH (DOH)

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## **HEALTH EQUITY: SUPPORT CLINICS THAT SERVE PEOPLE WITH DEVELOPMENTAL DISABILITIES**

Universally, people with disabilities are underserved. When people with disabilities access health care, they often experience stigma and discrimination and receive poor quality service. Evidence suggests that people with disabilities face obstacles in accessing the health and rehabilitation services they need. One result of this inequity is increasing numbers of persons with multiple, complex and often preventable, chronic conditions, and a health care system that is insufficiently funded and is educationally and structurally unprepared to recognize and address those needs. Ensuring health equity for people with IDD in NYS is not only the right thing to do, it is also the smart thing to do from a fiscal and public policy perspective.

We applaud Governor Hochul for including initiatives to address the healthcare needs of individuals with disabilities. Past budgets included: funding to address mobility/wheelchair maintenance, etc; capital funding for Article 28 and Article 16 clinics serving individuals with disabilities; enhanced rates for dental services; and a 30% increase above the base rate for Article 28 clinics serving people with IDD. However, there is more work to do.

For almost fifty years, New York State has counted on clinics supporting patients with significant disabilities to fill a critical gap in the service delivery system, one which otherwise would lead to expensive and unnecessary services delivered in emergency rooms and acute care settings. CP State, DDAWNY, and IAC members have stepped up time and again to ensure statewide access to essential health services through Article 28, FQHC, and Article 16 clinics. The following recommendations will assist in reaching the goal of health equity for people with disabilities.

## **IMPLEMENT THE ARTICLE 28 INCREASE IN THE SFY2025 ENACTED BUDGET**

We were extremely appreciative of the SFY2025 enacted budget's inclusion of a 30% increase above the base rate for Article 28 clinics "who treat people with physical, intellectual, or developmental disabilities" effective 10/1/2024. However, due to multiple delays, providers have yet to see this increase in their rates. Therefore, we recommend that the SFY2027 enacted budget **fund the State share of the 30% increase to Article 28 clinics supporting patients with IDD retroactive to 1/1/25.**

## **ARTICLE 28 AND ARTICLE 16 CLINICS JOINT LICENSURE**

Our clinics have evolved to become true specialty service providers, serving patients with the highest needs across New York State. Article 16 and 28 clinics both serve people with

IDD but operate under two different state agencies with conflicting regulations. We urge the Governor and the Legislature to create a joint license for Article 16 and Article 28 clinics, as was authorized for the OMH Article 31 clinics and the OASAS Article 32 clinics in the SFY2024 state budget and reiterated in the SFY2027 state budget details on the promulgation of regulations. Just as it was recognized that jointly licensing Article 31 and Article 32 clinics would improve access, coordination, and clinical outcomes for behavioral health services, providing joint licensure for Article 28 and Article 16 clinics will promote health equity by eliminating redundant and conflicting regulations and improve quality of healthcare for New Yorkers with IDD. Therefore, **we recommend joint licensure for Article 28 and Article 16 clinics that serve individuals with IDD.**

#### **EXEMPT LONG-TERM THERAPIES FROM MEDICAID MANAGED CARE**

A proposed change to the OPWDD Article 16 Part 679 regulations would prevent individuals with an IDD diagnosis who do not meet the stringent criteria for OPWDD eligibility from receiving treatment in Article 16 clinics. Many of these children and adults are enrolled in Medicaid Managed Care (MMC) plans, which do not recognize the difference between long-term care therapies needed by individuals with IDD, and short-term rehabilitative therapies. Article 16 services are carved out of MMC because of the recognition that these therapies are needed to maintain a person's level of functioning. Because Article 28 MMC does not recognize the difference between long- and short-term therapies, individuals with a diagnosed IDD who are not OPWDD eligible will have their prescribed, medically necessary long-term therapies terminated prematurely, resulting in the loss of essential functions required for independence, such as swallowing, ambulating, and toileting. Therefore, we recommend that **Article 28 long-term therapy services be exempt from Medicaid Managed Care for individuals with an IDD diagnosis.**

#### **Recommendations:**

- **Fund the State share of the 30% increase to Article 28 clinics** supporting patients with developmental disabilities retroactive to 1/1/2025.
- **Authorize joint licensure for Article 28 and Article 16 clinics** that serve individuals with IDD.
- **Exempt Article 28 long-term therapy services from Medicaid Managed Care** for individuals with an IDD diagnosis.

#### **EARLY INTERVENTION – INVEST NOW OR PAY LATER**

The financial needs of the NYS Early Intervention System have been severely neglected over the past three decades, leading to a capacity crisis that threatens the viability and availability of EI services for the nearly 70,000 infants, toddlers, and families who depend on

them. The Early Intervention (EI) Program, authorized under Part C of the federal Individuals with Disabilities Education Act (IDEA), provides critical services for children, with disabilities and developmental delays from birth to three years of age, and their families. [Research shows that EI services](#), when provided in a comprehensive, coordinated, and collaborative manner, are cost-effective and [successful in improving long-term prognoses](#), significantly reducing the need for life-long services. Two thirds of infants and toddlers who participate in EI substantially improved their social-emotional skills, knowledge, and behaviors<sup>1</sup> and 42% of program participants did not need special education services by the time they reached Kindergarten.<sup>2</sup> Despite clear evidence, instead of recognizing the efficacy and future savings made possible by an investment in Early Intervention, New York State is [ranked 48<sup>th</sup> of the 50 states for failing to meet its legal obligation to ensure access to timely evaluations and services](#) for infants and toddlers with developmental delays.

A recent letter sent to the Governor's Office by the Statewide Early Intervention Coordinating Council (SEICC) describes a system that is compromised on all sides by long- and short-term systemic underinvestment and profound structural changes. The SEICC highlights that the stability of the EI program has been fundamentally shaken by a “sweeping package” of regulatory shifts and the rollout of the EI-Hub, a billing system implemented without key functionality that has significantly increased administrative burdens on already strained staff. Given these disruptions, the Council has formally requested a moratorium on any new regulatory or administrative changes in the coming budget cycle to allow the program the necessary time to stabilize. We support the SEICC’s request for a stabilization period by halting any planned regulatory or administrative changes in the upcoming fiscal year that could further restrict service access or program funding.

Despite the promise of ensuring real and lasting improvements for infants and toddlers with disabilities who are served by the program, Early Intervention [providers are forced by economic realities to leave the field](#) to earn significantly more in other settings. As reflected in a [recent Article 78 lawsuit filed this past fall](#), many reimbursement rates for providers are lower now than in the 1990s when the program first started. This pattern of inadequate compensation has led to a wave of program closures and created a critical shortage of EI providers, resulting in service delays across the state. Too many infants and toddlers with developmental disabilities and delays [never receive the recommended services they need](#). New York State must accept its responsibility to the infants, toddlers, and families who are counting on their representatives to ensure access to Early Intervention services and a brighter future that their youngest constituents deserve. Therefore, A.283-A (Paulin)/S.1222-A (Rivera) must be included in the final budget directing DOH to conduct a comprehensive

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<sup>1</sup> Early Childhood Technical Assistance Center (ECTA), (2022): <https://ectacenter.org/~pdfs/partC/PartC-IndicatorAnalysis-FFY2020.pdf>

<sup>2</sup> K. Hebbeler, et al (2007). Early intervention for Infants and Toddlers with Disabilities and their Families: Participants, Services, and Outcomes. Link: [https://www.sri.com/wp-content/uploads/2021/12/neils\\_finalreport\\_200702.pdf](https://www.sri.com/wp-content/uploads/2021/12/neils_finalreport_200702.pdf)

review of the Early Intervention system, analyzing service delivery models, reimbursement rates, and program efficacy.

### **HONORING THE PROMISE**

2025 introduced significant revenue challenges for providers, including a 10-22% reduction in reimbursement for telehealth services, just as promised rate increases were delayed, and changes and reductions to group services and evaluations were implemented. The SFY2025 enacted budget included a 5% rate increase for all in-person EI services effective 4/1/2024. However, due to delays, EI providers are still waiting for the promised 5% rate increase almost two years later. Given the gravity and severity of the Early Intervention crisis, New York State must immediately begin to implement the state share funding of the approved 5% increase, retroactive to October 1, 2024.

In recognition of New York State's inability to provide timely Early Intervention services and its dismal placement in the national rankings, we make the following recommendations:

### **Recommendations:**

- **Immediately implement the state's share** of the 5% Early Intervention increase retroactive to 10/1/2024.
- Increase reimbursement rates to begin to approach actual service costs. Make an **additional investment of 8%** to stabilize the NYS EI system.
- **Include the Early Intervention Reform Bill A.283-A (Paulin)/S.1222-A (Rivera) in the final budget** to conduct a comprehensive assessment of the Early Intervention system to accurately assess actual costs and determine appropriate reimbursement rates.

**We urge the Legislature to prioritize these recommendations in the SFY 2026–27 Budget. Together, we can build a more equitable and sustainable future for the IDD service system.**

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