PROTECT THE PROGRESS. CONTINUE THE INVESTMENT.

New York's investments since 2021 in the I/DD service system are making a difference. The non-profit providers who support **85% of New Yorkers with I/DD** are rebuilding the workforce: **vacancy has fallen to 13.6% — down 45% from its 2021 peak**. But **31.4% of the workforce still turns over each year.** Furthermore, average wages for DSPs are only about $2 more per hour than average starting wages, and rising insurance, utility and other costs continue to pressure agencies.

The SFY 2027–28 Executive Budget must include the following priorities:

1 PROTECT THE PROGRESS
3.4% TARGETED INFLATIONARY INCREASE (TII)

Include a **3.4% TII, based on the July 2026 CPI-U**, and **restore TII eligibility for Care Coordination Organizations (CCOs)**. Non-profit provider agencies continue to face rising costs for benefits, repairs, utilities, food, supplies, transportation, and insurance — and because I/DD providers are funded solely by Medicaid, they cannot raise prices to compensate. Five consecutive TIIs have begun to close a gap left by thirteen years of no inflationary relief; the 3.4% TII continues that progress.

+17.5%
Five consecutive TIIs/COLAs under the Hochul Administration

55.3% vs 27.1%
Cumulative CPI vs enacted COLA/TII since 2006

+30%
Increase in DSP wages over the same period

2 DIRECT INVESTMENT IN THE FRONTLINE WORKFORCE
HUMAN SERVICES CAREFORCE WORKER WAGE INVESTMENT

Establish a new and **dedicated, recurring wage investment** for direct support professionals, direct care workers, clinicians, care managers, and other eligible non-executive employees earning under $125,000 a year across all human service sectors. Funding would be **built permanently into provider rates, fees, and contracts**, not paid as a one-time bonus. **This investment must be separate from, and in addition to, the TII** — matching the State's recent multi-year commitment to its own workforce, and essential to recruit and retain staff for the future viability of the Human Services Sector.

$2,500 · Year 1
Per Eligible Employee · ≈ $1.35/hr

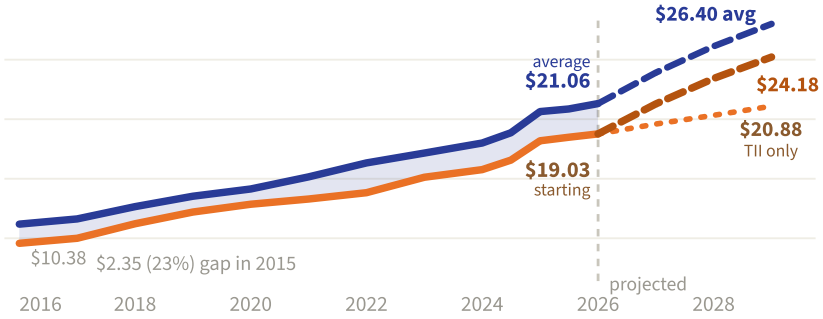
↓

$4,500 · Year 2
Cumulative Increase · ≈ $2.47/hr

↓

$6,000 · Year 3
Cumulative and Recurring · ≈ $3.30/hr

DSP WAGE GROWTH & PROJECTION — TII + CAREFORCE INVESTMENT



Dashed = projected with 3.4% TII in 2027 (3% trend after) + CareForce; dotted = TII alone.

3 ADDRESS RISING HEALTHCARE COSTS
RESTORE THE HEALTHCARE ENHANCEMENT PROGRAM

Rapidly rising health insurance costs threaten to divert resources away from the services and supports people with I/DD rely on. NYDA requests **restoration and modernization of the Healthcare Enhancement Program**, which operated from 2004 through 2011, through a **per-employee allocation of $2,500**.

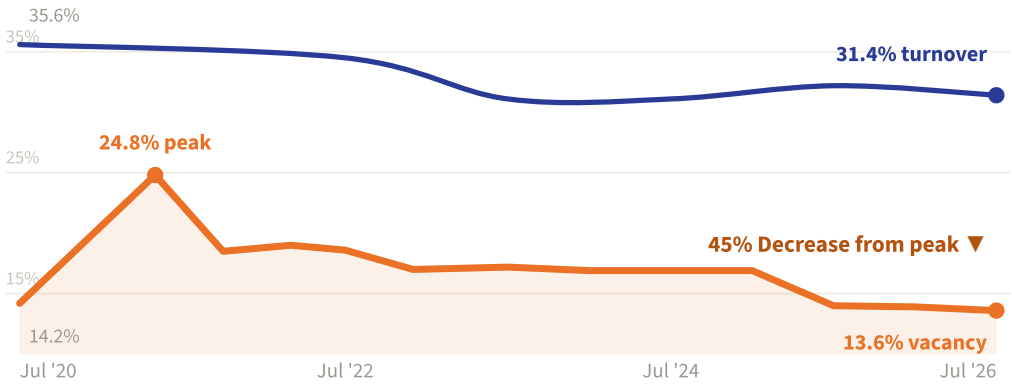
+31.9%
Total Provider Health Insurance Cost Increase since 2023

$1.1 Billion
2026 Projected Fieldwide Health Insurance Costs

43.2%
Of agencies report increased enrollment through qualifying life events in July (Essential Plan)

DSP VACANCY & TURNOVER RATES, 2020–2026

Vacancy has fallen 45% from the 2021 peak — turnover has remained virtually the same

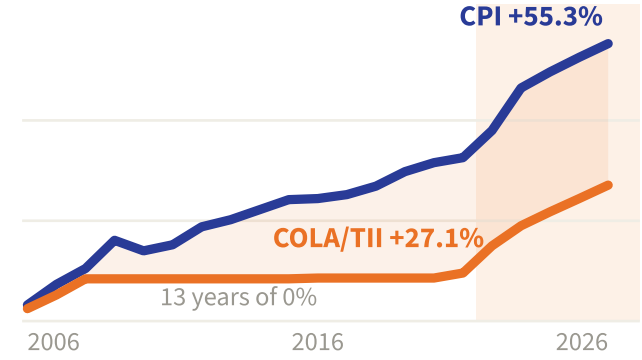


31.4%

Annual turnover — statistically unchanged from 2016 (31.2%). State investment has improved staff recruitment; wage compression keeps retention flat. The TII protects the progress; the CareForce Investment targets retention.

INFLATION VS. RATE INCREASES

CPI vs TII — Hochul Administration Shaded (+17.5%)



THREE PRIORITIES. ONE SUSTAINABLE SYSTEM.

3.4% TII

Protects the progress — keeps provider rates aligned with the rising cost of delivering services.

CAREFORCE WORKER INVESTMENT

Recognizes and invests in the workforce — dedicated, recurring funding to improve compensation and retention.

HEALTH CARE ENHANCEMENT

Addresses rising healthcare costs so State investments can have their intended impact.

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