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2026 DISABILITY PRIORITY AGENDA BUDGET PRIORITIES

The New York Association on Independent Living (NYAIL) represents Independent Living Centers (ILCs) and the people with disabilities they serve. Despite the threats to healthcare funding as a result of H.R. 1, the Executive Budget does not make any new cuts to Medicaid-funded services. In fact, the Budget makes significant investments in institutional settings like hospitals and nursing homes. The Financial Plan credits a supposed \$1.2 billion in savings realized by changes to the Consumer Directed Personal Assistance Program (CDPAP) for these reinvestments. There is no reinvestment in home and community-based services despite an overwhelming need, as evidenced by the Master Plan on Aging and forthcoming *Olmstead* plan. We should not be going backwards. New York must demonstrate its commitment to *Olmstead* by investing in Medicaid funded long term services and supports by doing the following:

INDEPENDENT LIVING

- Restore the SFY 2025-26 \$750,000 increase and add an additional investment of \$8.25 million into New York's 41 Independent Living Centers to achieve \$25 million in total funding.
- Add ILCs to the human services programs eligible for a cost-of-living adjustment (A.2590-A/S.1580-A).

HEALTH/MEDICAID

- Ensure proper oversight of the Consumer Directed Personal Assistance Program (CDPAP) and preserve the role of Independent Living Centers in the program.
- Restore access to the Nursing Home Transition and Diversion (NHTD) Medicaid Waiver.
- Increase the number of staff dedicated to actively coordinating transitions from nursing facilities to community living through the Open Doors program by 50% with a \$2.5 million investment.
- Repeal cuts to eligibility for community-based long-term supports and services in Medicaid advanced by the Medicaid Redesign Team (MRT) II (A.1198/S.358).
- Address the home care crisis by increasing wages for home care workers to 150% of the State's regional minimum wage, as outlined in the Fair Pay for Home Care Act (A.1991/S.8955).
- Improve our Medicaid home care program by removing Managed Long Term Care companies and replacing them with accountable care coordination entities and a fee-for-service model as outlined in the Home Care Savings and Reinvestment Act (A.2018-A/S.2332-A).
- Require Medicaid Managed Care Organizations to reimburse providers of durable medical equipment (DME) at least 100% of the Medicaid fee-for-service rates (S.8838).

- NYAIL opposes allowing certified medication aides in residential health care facilities to administer routine medications to residents (HMH Part N).
- NYAIL opposes eliminating the Adult Home Advocacy and Adult Home Resident Council Program and cutting funding for the Long Term Care Community Coalition (HMH Part S).

HOUSING

- Restore last year's Access to Home funding increase of \$4 million and add an additional \$5 million to achieve \$10 million in total funding.

TRANSPORTATION

- Fund a \$25 million paratransit expansion pilot program for five upstate transit authorities.
- Permit the operation of Autonomous Vehicle pilot programs only if 100% of the fleet is fully accessible to all people with disabilities at launch (TED Part E).

EDUCATION

- Invest in Early Intervention (EI) services through the Department of Health and the State Education Department.

INDEPENDENT LIVING

- **Restore the SFY25 \$750,000 increase to Independent Living Center (ILC) funding to \$16.75 million and add an additional investment of \$8.25 million to bring the network of 41 state-funded ILCs up to \$25 million in total funding. In addition, ILCs must be added to the human services programs eligible for cost-of-living adjustments moving forward as proposed in A.2590-A/S.1580-A.**

Independent Living Centers (ILCs) are the only statewide network of disability-led organizations. We provide critically important services which help disabled New Yorkers to navigate the ever-changing service system to live independently in the community. ILCs provide a wide range of critical services based on local needs, all of which are aimed at addressing the social determinants of health: education, employment, housing, transportation, and other independent living skills.

The ILC network has been historically underfunded while the cost of providing services has increased dramatically, creating a crisis for centers and the people with disabilities they serve. The SFY 24-25 budget included a \$750,000 increase to Independent Living Center funding, bringing the total funding up to \$16.75 million. Unfortunately, the Governor's FY 2027 Budget once again does not include the \$750,000 add into the ILC base funding, resulting in a funding cut from last year going forward. We urge the legislature to ensure last year's funding increase is restored and to make further investments into the network of Independent Living Centers to help us achieve a total funding level of \$25 million. In addition, we must ensure ILCs are included in the statutory human services cost-of-living- adjustment statute moving forward, as proposed in A.2590 (Hevesi) / S.1580-A (Persaud.) This will correct a history of inadequate support and help support the needs of people with disabilities and older adults. We also urge New York to reform New York State's Prompt Contracting Law and implement contract reforms to address the

ongoing barriers to ILCs and other non-profits related to timeliness of State contracts and payments.

A recent funding analysis commissioned by NYAIL demonstrates the impact inequitable ILC funding has on the people with disabilities we are intended to serve. The study shows that nine counties in NYS are not currently served by ACCES-VR or federal IL funding. In addition, the distribution of Independent Living funds does not account for transportation accessibility, cost of living, unemployment rates or economic vulnerability – critical factors to determining need for IL services. An analysis of the necessary costs to establish and operate an ILC found the recommended total annual operating budget to be \$614,817. This amount is higher than the current base funding for basic operations and services at any of the existing 41 state-funded ILCs. The average funding level at centers is only \$390,000, that translates to a deficit of \$224,817. This deficit demonstrates that adequately funding the existing network to maintain basic operations and core IL services is achievable but will require an investment of \$8.25 million in the state education budget.

Increasing funding to ILCs is also an investment in the Administration's commitments to Olmstead and their Employment First initiative in New York. A core service of ILCs is transition and diversion from unnecessary institutionalization. ILCs have staff with lived disability experience providing essential peer support and independent living skills training to help empower individuals with disabilities to be independent at home with community-based supports. Data from the State Education Department indicates this work has saved the State more than \$2 billion since 2001. In addition, ILCs employ many people with disabilities statewide and help to elevate them to leadership positions and governance within the centers. They work with businesses to understand their responsibilities to hire and support employees with disabilities. Increased ILC funding will help continue to build future leaders and the workforce of people with disabilities, supporting the Administration's efforts to increase employment rates within the disability community.

HEALTH/MEDICAID

- **Ensure proper oversight of the Consumer Directed Personal Assistance Program (CDPAP) and preserve the role of Independent Living Centers in the program.**

As founding organizations of CDPAP, the IL network has publicly committed to working with the State to ensure preservation of the CDPAP model. New York's program has historically incorporated a component of consumer supports and services, which are necessary to assist consumers in remaining independent and keeping CDPAP successful. The new Statewide Fiscal Intermediary (SFI) model does not support this component of consumer assistance, and is instead focused primarily on the financial functions associated with processing the personal assistant's paycheck. Though the SFI statute requires the ILCs to be facilitator subcontractors, and the Budget includes a necessary \$20 million appropriation to support their participation, the chosen SFI, PPL, is disregarding both the statute and its contracts, and the role of ILCs in CDPAP is being eroded. We urge the Governor and Legislature to intervene to ensure that the expected and essential array of wrap-around supports many individuals need through the facilitator subcontract model will still be available and promoted to consumers in the program. The road to independence in CDPAP has always encouraged choice of local, community-based support. We believe that the State should consider bringing back the ILCs as full FIs, restoring choice to the program predicated on that principle.

Since the SFI was implemented, there has been no public information made available to the Legislature or the interested public on the implementation. The Budget should require monthly

reporting on CDPAP by DOH. In addition to understanding how the \$1.2 billion in declared savings was realized, there should be transparency around how the SFI model is working and how the estimated \$11 billion contract is being spent and operationalized by PPL. This would include, as examples, data related to the program size (# of consumers and workers), how many consumers are requesting and getting facilitator services, how new consumers are being routed to facilitators, how much facilitator services are being done by PPL itself, authorizations of care vs utilized hours, PA onboarding time, reconciliation of the MLTC pre payments, etc. We should also ensure that the State Comptroller's Office is maintaining their usual statutory role in program oversight and audit, especially since the SFI RFP has been completed and is being implemented.

- **Restore access to the Nursing Home Transition and Diversion (NHTD) Medicaid Waiver.**

The NHTD Waiver was developed by the disability community to provide a unique and necessary set of community-based services to individuals who are currently in nursing homes or are at risk of nursing home placement. As noted in the State's Financial Plan, costs related to the waiver have increased significantly in recent years. These increased costs are a direct result of the Managed Long Term Care (MLTC) companies transferring their higher-cost members from their managed care premium to the Waiver to improve their bottom line. There should not be any financial incentive built into the MLTC capitation which encourages or permits these actions. According to data provided by the Department of Health, 95% of all referrals to NHTD from the last 3 years came from MLTCs, and the average cost of individuals coming from MLTC to NHTD is \$245,000/year, which is a \$100,000 more per year of people coming from other sources and far exceeds the waiver's cost neutrality participant cost of \$187,065/year.

These actions have resulted in a loss of access to this program for persons facing nursing home placement or who want a community-based alternative to their current institutional placement in a nursing home. Rather than work with the DOH-contracted administrators of the program, the Regional Resource Development Centers (RRDCs), to develop targeted solutions to the problem, the State implemented a blanket enrollment cap during the FY 2026 Budget. This closes access to the NHTD waiver **statewide** effective this January, despite cost neutrality not being a statewide problem. DOH has stated on their website that they will not be taking *any* referrals for the NHTD waiver. This cap must be reversed. At a time when New Yorkers are facing harmful cuts emanating from Washington, the State must restore access to this essential program.

- **Increase the number of staff dedicated to actively coordinating transitions from nursing facilities to community living through the Open Doors program by 50% with a \$2.5 million investment.**

The State release of a new Olmstead Plan is imminent, yet nothing in the Executive budget supports advancement of Olmstead goals or the State's deinstitutionalization efforts. In fact, it does the opposite. The Most Integrated Settings Coordinating Council (MISCC) deinstitutionalization committee worked over the course of several months to develop a proposed goal that would increase the number of staff across the State dedicated to actively coordinating transitions from institutional settings to community living. To support transition from nursing facilities, the Department of Health funds the Open Doors program, which is administered by NYAIL in collaboration with its member ILCs across the State. The Open Doors Program is currently funded to support 60 Transition Specialists statewide. At present, the program has an annual benchmark of 450 successful transitions. In 2025, Open Doors exceeded that goal, facilitating over 600 transitions. NYAIL urges a modest investment of \$2.5 million in Open Doors to increase transition capacity. Because the program infrastructure is already in place, this modest investment would add 30 new Transition Specialists, increasing

staffing capacity by 50%. By reinvesting in the Open Doors Program, New York would be targeting resources toward revenue-generating activities while also maximizing the number of individuals who can move out of institutions and back into their communities, showing the state's commitment to community integration as set forth by the federal Americans with Disabilities Act.

- **Repeal of cuts to eligibility for community-based long-term supports and services in Medicaid advanced by the Medicaid Redesign Team (MRT) II (A.1198/S.358).**

The 2020-2021 budget adopted a Medicaid Redesign Team proposal which greatly restricted eligibility for community based long term services and supports (LTSS). The change raised the eligibility threshold to qualify for LTSS, requiring the need for physical assistance with at least three activities of daily living (ADLs) to qualify. Previously, assistance was required for just one ADL. The only exception to this rule is that people with dementia or Alzheimer's disease are eligible for LTSS if they need supervisory help with at least two ADLs. The COVID-19 pandemic temporarily prevented these changes from going into effect. However, as of September 2025, any new applicants for LTSS must follow these stricter eligibility rules. This change puts many people at risk of unemployment, injury, hospitalization, eviction, and institutionalization.

With these changes, Level I home care is eliminated, which served people who needed assistance with Instrumental Activities of Daily Living (IADLs) like cooking and cleaning. Assistance with IADLs helps keep people safe and healthy in their homes, avoiding costly hospital and nursing home stays. These new standards also create a discriminatory eligibility standard based on diagnosis.

We urge the State to repeal these eligibility cuts and preserve access to home and community-based services. Consumers have shown a preference for home and community based long-term care and they must not be driven into institutional care. This policy is antithetical to the State's prior commitments to deinstitutionalization. NYAIL calls on the State to repeal this policy and restore the previous eligibility standards as laid out in A.1198 (Paulin) / S.358 (Rivera).

- **Address the home care crisis by increasing wages for home care workers to 150% of the State's regional minimum wage, as outlined in the Fair Pay for Home Care Act (A.1991/ S.8955).**

There has long been a home care aide shortage throughout the State, making it difficult for people to obtain home care, even when adequate hours have been authorized. The ability to recruit home care workers has become more difficult since the transition to PPL as the Statewide Fiscal Intermediary. It is now an acute crisis in all parts of the State from Long Island to Buffalo. The home care crisis is the primary barrier to transitioning people back home. The State has an obligation under the Supreme Court decision, *Olmstead v. L.C.*, to provide people with disabilities the supports and services in the most integrated setting. Yet the lack of available home care workers is making this an impossibility for many. Fair Pay for Home Care would effectively address this crisis, ensuring older adults and people with disabilities are able to obtain home care, while the people who provide those services get paid a living wage.

- **Improve our Medicaid home care program by removing Managed Long Term Care companies and replacing them with accountable care coordination entities and a fee-for-service model as outlined in the Home Care Savings and Reinvestment Act (S.2332/A.2018).**

In 2011, New York turned control of its Medicaid home care program over to private MLTC insurance companies, claiming privatization would improve care through care management. More than a decade later, that promise has not been fulfilled. While MLTCs collect billions of dollars annually in profits and administrative fees, consumers are routinely denied adequate

home care hours and equipment. Many people with disabilities and older adults must rely on the fair hearing process simply to receive the services they need to avoid injury, hospitalization, or institutionalization.

This legislation would replace the MLTC model with a managed fee-for-service system that prioritizes consumers, providers, and home care workers. Under this model, independent and conflict-free care coordination entities would be paid to assess needs, develop care plans, and authorize services without having a financial incentive to deny care. States such as Connecticut, Washington, and Alabama have successfully implemented similar systems. Independent Living Centers, with their deep experience serving people who rely on home care, would be well-suited to serve in this role.

Home care providers would bill Medicaid directly for services delivered, ensuring that Medicaid pays only for actual care provided rather than inflated insurance premiums. This approach would save New York State millions of dollars funds that should be reinvested into the long-term care system to ensure adequate hours of care and fair wages for workers. A managed fee-for-service model would also increase transparency, accountability, and trust in a system that is meant to support people to live safely and independently in their own homes.

- **Require Medicaid Managed Care Organizations to reimburse providers of durable medical equipment (DME) at least 100% of the Medicaid fee-for-service rates (\$8838).**

Currently, Medicaid Managed Care Organizations reimburse at rates less than Medicaid fee-for-service and they often charge administrative fees, causing smaller, local DME providers to leave the market. There has been a 19% attrition of providers over the past ten years, while Medicaid enrollment has grown by 48%. This has impacted access to crucial equipment and mobility aids like wheelchairs, prosthetics and orthotics. Parity in reimbursement rates will support smaller, independent DME providers in our communities.

- **NYAIL opposes allowing certified medication aides in residential health care facilities to administer routine medications to residents.**

Nursing homes across the state are facing staffing shortages. Expanding the responsibilities of already overburdened employees will put the health and safety of people in residential health care facilities at risk.

NYAIL supports the right of people with disabilities to live independent, integrated lives in their communities. New York State law currently allows Advanced Home Health Aides to perform certain tasks under the supervision of a registered nurse. This allows more people with disabilities to stay in their homes and communities. However, according to a 2024 report, there are no Advanced Home Health Aide training programs. To strengthen community-based supports, the state should implement Advance Home Health Aide training programs.

- **NYAIL opposes eliminating the Adult Home Advocacy and Adult Home Resident Council Program and cutting funding for the Long Term Care Community Coalition.**

The Coalition for the Institutionalized Aged and Disabled (CIAD) and the Long-Term Community Care Coalition (LTCCC) are two non-profit organizations dedicated to improving care and dignity in institutional settings. At a time when NYS is cutting access to community-based services and increasing funding to institutions, their role and advocacy is critical. NYAIL opposes the elimination of CIAD's Adult Home Advocacy and Adult Home Resident Council Program (\$80,000) and the LTCCC's \$30,000 cut proposed in the Executive budget.

HOUSING

- **Restore last year's Access to Home funding increase of \$4 million and add an additional \$5 million to achieve \$10 million in total funding.**

Access to Home is an important program administered by NYS Homes and Community Renewal (HCR) which provides funding for home modifications allowing individuals with disabilities and older New Yorkers to stay in their homes and out of costly institutions. For many people, the addition of a ramp to their front door makes the difference between being able to leave the house and being homebound.

Last year's budget included a \$4 million increase to fund Access to Home at \$5 million total, a significant accomplishment and recognition of the program's important role, yet the 2026-27 Executive Budget again proposes dropping funding back to an abysmal \$1 million. We did see a minor increase to the administration rate for providers in the program to 10%, but this rate is still well below that of home accessibility modification programs funded by the state that serve very limited populations.

At a time when the State is committed to Olmstead implementation and supporting people aging in place through the Master Plan on Aging process, more must be done to address the lack of accessible housing stock in New York. We urge the Legislature to increase Access to Home funding to \$10 million in total, to ensure availability of home modification services statewide. An investment in Access to Home will help older adults, especially those under age 60 who are excluded by other programs, and people with disabilities around the State will remain in their home and out of institutions. The State will more than recoup this investment in other State agency expenditure reductions.

TRANSPORTATION

- **Fund a \$25 million paratransit expansion pilot program for five upstate transit authorities.**

The limited availability of accessible transportation options is a major barrier faced by people with disabilities, often leading to unemployment, inability to access medical care, lack of access to voting sites, and isolation from friends and family. The lack of paratransit service throughout the State contributes to these problems.

The ADA requires counties provide accessible paratransit service to disabled people who are unable to take the fixed route bus, with a service area $\frac{3}{4}$ of a mile from the closest bus line. This was always meant to be the floor, not the ceiling. As fixed route bus lines are eliminated or modified, people are being cut off from paratransit service because they can't find accessible housing options on bus routes that are already limited. This leaves disabled people stranded, without services, the ability to work, attend houses of worship, or go to medical appointments.

The State could address this by increasing the minimum service levels provided to people who rely on paratransit. New York funded a study on paratransit expansion through the Niagara Frontier Transit Authority and the data was published in January 2025 as a [Service Expansion Analysis Report](#). This data supports approximately \$5 million per transit authority for a pilot program to further study expansion. NYAIL strongly support funding for a pilot program to further study and expand paratransit services.

- **Permit the operation of Autonomous Vehicle pilot programs only if 100% of the fleet is fully accessible to all people with disabilities at launch.**

Autonomous vehicles (AVs) present an opportunity to dramatically increase transportation options for disabled New Yorkers. However, any initiative to test them here must include a requirement that the vehicles be 100% accessible for all wheelchair users and others, according to Americans with Disabilities Act (ADA) standards.

New Yorkers with disabilities routinely rank the lack of accessible transportation options as one of the most significant barriers for accessing gainful employment, living independently in the community, and participating in recreational activities alongside their non-disabled peers. The lack of accessible transportation is a crucial civil rights issue.

When the state allowed Uber and Lyft to operate across New York State in 2017, there were no accessibility requirements. Nine years later, there still are virtually no wheelchair-accessible taxis, Ubers or Lyfts available outside of New York City. In addition, people travelling with stowable wheelchairs and service animals routinely face service denial because of their disabilities. New York must seize this new opportunity to be a leader in making transportation available and accessible for all.

EDUCATION

- **Invest in Early Intervention (EI) services through the Department of Health (DOH) and the State Education Department (SED).**

Governor Hochul has committed funding in her budget to mental health access for school-aged students, and this commitment must be available to children with disabilities ages 0-3. For decades, payments for Early Intervention (EI) screenings, assessments, and services have been insufficient to cover the actual cost of providing services to children. This especially impacts children of color from low-income neighborhoods, who are even less likely to receive EI services. There must be an investment in NYSDOH and NYSED to properly meet the educational needs of young children with disabilities.

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