



# Care Management Alliance of New York, Inc.

*Testimony of the Care Management Alliance of New York  
Before the Joint Legislative Public Hearing on the SFY 2026-2027 Executive Budget Proposal:  
Topic Mental Hygiene  
February 4, 2026*

Thank you, Senator Krueger and Assemblymember Pretlow, and all the Chairs and committee members for the opportunity to testify on Governor Hochul's proposed Health and Mental Hygiene budget for State Fiscal Year 2026-2027.

We are the Care Management Alliance of New York (CMANY), representing the seven specialized care coordination organizations (CCOs) who provide care management services to approximately 135,000 New Yorkers with intellectual and/or developmental disabilities (I/DD) and their families. CCOs are the only entity in the State that address the comprehensive care needs of New Yorkers with I/DD. CCOs are the organizations through which people with I/DD enter the Office of Persons With Developmental Disabilities' (OPWDD) system and through which a comprehensive care plan is developed to meet their changing needs throughout their lifetime. One of our primary jobs is to ensure that individuals with I/DD get and maintain access to supports and services that will help them live a quality life. In doing so, we engage and collaborate with service providers across multiple service sectors including, but not limited to, I/DD, medical, dental, and behavioral health. Again, the CCOs are the only organizations in the State to fill this critical role.

**Our ask is simple: We implore the Legislature to apply the TII to all entities that originally received the COLA, including Care Coordination Organizations (CCOs).**

Care managers are the bloodline of this work, navigating families and individuals through the complex mazes of systems of care and supports and linking them to services. Care managers are trained to be able to link precisely what an individual needs with available programs across an array of agencies, and helping individuals through any eligibility processes. Care managers are tasked with locating medical, dental and behavioral providers and specialists who are able to serve an I/DD population. If you think finding a specialist is difficult in your geography, try finding one for a patient with I/DD.

This is hard but gratifying work, but gratification does not pay the rent. The CCOs need to ensure that these care managers are paid appropriately so that they don't leave the field. Families cannot afford to lose their care manager to a retail or restaurant work.

In addition to it being the right thing to do, including the CCOs in the TII makes fiscal sense. Research across healthcare systems shows that replacing a single care manager can cost tens of thousands of dollars in recruitment, onboarding, and training—often exceeding the cost of retaining that worker through modest wage adjustments. High turnover also increases administrative burden, slows service delivery, and can lead to preventable crises that ultimately result in higher-cost interventions such as emergency room visits or institutional placements.

The CCOs have diligently worked to increase staff, take actions to reduce turnover – including pay increases, benefit increases, establishing career ladders, and other programming to improve retention and career advancement. Additionally, CCOs have invested in IT and quality initiatives and clinical improvements.



## Care Management Alliance of New York, Inc.

*Testimony of the Care Management Alliance of New York  
Before the Joint Legislative Public Hearing on the SFY 2026-2027 Executive Budget Proposal:  
Topic Mental Hygiene  
February 4, 2026*

The need is real. **The average CCO margin is -.74%** Projecting that forward, without inclusion in the TII, that margin dips even further into negative category. Simply put, without inclusion in the TII, the CCOs will not be able to sustain these investments, putting at risk the stability of the system that connects people with services.

To stem turnover and ensure consistency for families and individuals, we must recognize the work of the care managers. The first two years of the Governor's human services cost of living adjustment (COLA) or targeted inflationary increase (TII) did just that. But then CCOs were omitted from COLA/TII language. This only hurts the families desperately trying to negotiate a tangled system of care.

**Accordingly, the final budget should restore CCOs to the TII.**

**Background**

the New York State Department of Health (DOH) and OPWDD both have recognized that comprehensive care management reduces unnecessary emergency department visits, hospitalizations, and other crises. This saves NYS taxpayers dollars and improves the quality of life for the people served. Accordingly, in April 2018, DOH and OPWDD received approval from the Centers for Medicare and Medicaid Services (CMS) to expand the Health Home Care Management program to serve individuals with I/DD through CCOs. Effective July 1, 2018, CCOs began serving individuals with I/DD who chose to receive this comprehensive model of Care Management.

The CCO care management model provides a robust, integrated system of care management that not only includes OPWDD services, but also brings together medical, behavioral health services and other long-term support services in a single coordinated care plan. In any future delivery system model, the CCOs will necessarily play an integral role in ensuring that persons with I/DD be treated like whole persons, addressing all their care needs.

In September 2023, the National Institutes of Health declared persons with disabilities, including I/DD, as a population facing significant health disparities.

*People with disabilities often experience a wide and varying range of health conditions leading to poorer health and shorter lifespan. In addition, discrimination, inequality and exclusionary structural practices, programs and policies inhibit access to timely and comprehensive health care, which further results in poorer health outcomes. People with disabilities who also belong to one or more other populations with health disparities fare even worse.*

In creating the CCOs, the State was prescient and recognized that any fair and equitable system must be built to look at persons with I/DD as whole persons with needs beyond services accessed through OPWDD. Failing to provide a TII for these services acts as a cut, which is unconscionable.

It has become more and more difficult to find services for the thousands of people applying for OPWDD support. This is requiring CCOs to reduce caseloads to better focus on these people. Many of these people are from underrepresented segments -- people of color, ethnic groups, immigrants with no services. CCOs are the only



Care Management Alliance  
of New York, Inc.

*Testimony of the Care Management Alliance of New York  
Before the Joint Legislative Public Hearing on the SFY 2026-2027 Executive Budget Proposal:  
Topic Mental Hygiene  
February 4, 2026*

lifeline connecting these people to services while they wait, but current CCO margins are **-0.74%** and dropping. We cannot continue to invest without inclusion in targeted inflationary increases. What message does it send to families and the care managers that serve them to not recognize the value of these services?

There is much work to be done for the I/DD community and in partnership with OPWDD. We need your help to make this happen. **We urge the Legislature to ensure that all entities in the human services sectors that were previously included in the TII/COLA -- including CCOs – are included in the final budget.**

Thank you for your consideration.