

**Testimony to Assembly Ways and Means**  
**and**  
**Senate Finance Committees**  
**Joint Legislative Budget Hearing on Health/Medicaid**

**February 10, 2026**

Thank you for the opportunity to submit this testimony on behalf of Independence Care System and the Civic League for Disability Rights. This testimony is being submitted by Regina M. Estela, President and CEO for Independence Care System (ICS), the first and only Health Home for People with Physical Disabilities in New York State and by Sharifa Abu-Hamda and Marcus Johnson, Co-Directors of the Civic League for Disability Rights (CLDR).

ICS is a nonprofit organization dedicated to serving adults with physical and mobility disabilities. For more than 25 years, ICS has focused on addressing the health conditions that lead to poor outcomes for this population, supporting access to wheeled mobility, and combating the social isolation that so often accompanies disability.

The Civic League for Disability Rights (CLDR) is a coalition of New Yorkers with disabilities and their supporters who advocate for the constitutional right of people with disabilities to live independently in their communities. CLDR works to educate, empower, and amplify the voices of people with disabilities to ensure they have the services and supports necessary to live full and independent lives.

In January 2019, the New York State Department of Health designated ICS as a Health Home specializing in Adults with Physical Disabilities. This designation recognized, for the first time, that adults with physical disabilities are a distinct subpopulation within Medicaid with unique needs—particularly related to social determinants of health, access to mobility equipment, and navigating an inaccessible health care system. It also recognized ICS’s deep expertise, long-standing relationships, and specialized understanding of what it takes to support people with disabilities to live as independently as possible. It did not, however, establish eligibility criteria, a payment model or outcome measures specific to the population. We were a “specialized plan” in name only and we have been fighting for vital criteria to improve the program for our members and our organization ever since.

It is well established that people with mobility disabilities experience poorer health outcomes and shorter life expectancy—not because of their disabilities, but because they must navigate a fragmented and inaccessible health care system that was never designed for them. Unfortunately, the best results that come out of this system is preventable hospitalizations, unmet needs, avoidable emergency department use, and higher long-term costs to Medicaid. The worst, early death.

ICS’s disability-competent care management model fills the gap in the healthcare system. Today, ICS serves more than 1,500 adults with complex mobility disabilities across New York. In partnership with a

major health plan, ICS care management was associated with, on average, 76% fewer hospitalizations and 21% fewer emergency room visits among participants—clear evidence that this model improves outcomes while reducing costs.

Recent policy changes have demonstrated how damaging eligibility restrictions can be when they fail to account for the realities of living with a mobility disability. More than 500 people—approximately one quarter of ICS’s membership at the time—lost access to disability-competent care management after eligibility criteria were revised. These individuals did not become healthier. They simply no longer met criteria that did not reflect the complexity of their daily lives.

In late 2023, the Health Home Continued Eligibility for Services (CES) Tool was rushed into implementation to achieve budget-driven savings. Initially, 95% of ICS members remained eligible. When savings targets were not met, the Department of Health tightened the tool criteria in July 2024 by removing risk factors most relevant to people with mobility disabilities and shortening the hospitalization lookback period. Nearly 40% of assessed ICS members were then recommended for disenrollment.

These changes were not driven by improved health status. They were driven by the need to produce greater numbers of disenrollments.

The Governor’s proposed Executive Budget would go further by authorizing the Department to “maximize care management resources” through vague language that allows additional eligibility restrictions for so-called “lower acuity” members without legislative oversight. For people with mobility disabilities, this is particularly concerning.

Many individuals with physical disabilities appear “low acuity” precisely because care coordination is working. Remove that support, and health rapidly deteriorates. What appears to be a short-term savings measure results in higher long-term costs through increased emergency room use, avoidable hospitalizations, institutionalization, and, for some, premature death.

This is not theoretical. We have already seen the consequences. Our members often return to ICS after several months without Health Home services after a hospitalization or ED visit. Many times, their baseline health has deteriorated and their needs are more pronounced as a result of their time away from ICS. NYS has created a vicious cycle that ultimately costs more in both dollars and quality of life.

From the perspective of the CLDR, there is currently no other Health Home model designed specifically to meet their needs. They see first-hand the result of eligibility criteria adjustments designed to meet budgetary goals without accounting for disability. Their friends, colleagues, and family members lose access to the very services that keep them stable, healthy, and living in the community. People with disabilities without access to ICS have described navigating the health care system as a full time job, often one that interferes with having a paid full time job. A disability competent care manager who understands the needs of people with disabilities and has the expertise to navigate the health care maze is critical to not just surviving, but thriving.

Budget language that permits further narrowing of eligibility without clear standards, disability expertise, or legislative oversight places this population at significant risk. Rather than restricting access,

eligibility criteria should explicitly account for the needs of people with physical and mobility disabilities, supported by an appropriate rate structure to sustain this specialized work.

We respectfully urge the Legislature to closely examine the implications of this proposal and ensure that any changes to Health Home eligibility protect people with physical disabilities and their access to disability-competent care management.

We can and must do better by this population by ensuring that Health Home policies and funding structures support improved health outcomes and reduce unnecessary hospital and emergency room use. Protecting access to disability-competent care coordination is not simply a programmatic issue. It is a matter of health equity, fiscal responsibility, and the fundamental right of New Yorkers with disabilities to live safely in their communities.

Independence Care System is a member of the New York State Health Home Coalition and is advocating for changes in the broader program. Like many Health Home programs, Independence Care System is struggling financially as a result of policy decisions made by New York State. We support the coalitions call to reject the proposed 2.5 million dollar cut to Health Home program and instead include a 15% rate increase for Health Homes in this year's final enacted budget. We also echo the Coalition's call for a 2.7% for a Targeted Inflationary Increase (TII) for behavioral health operations and workforce and include, at minimum, Children's High Fidelity Wraparound Services in the Targeted Inflationary Increase which is under the OMH budget.

The Health Home program has been successful at helping New Yorkers to live healthier lives. The program requires proper funding to keep exceeding expectations as it has done in the past year.

Sincerely,

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