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New York

Testimony Prepared by The Arc New York for a Public Hearing on Access to Residential Placements for New Yorkers with Intellectual and Developmental Disabilities by the NYS Assembly Standing Committee on People with Disabilities.

November 14, 2025



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Introduction

Assembly Standing Committee on People with Disabilities Chair Assemblyman Santabarbara, Ranker Assemblywoman Jodi Giglio and members of the committee, thank you for the opportunity to provide feedback on access to residential placements for New Yorkers with intellectual and developmental disabilities (IDD) and its impact on our field and the people we support.

The Arc New York is a family-led organization with a 75-year history working toward our mission to “provide people with intellectual, developmental, and other disabilities the ordinary and extraordinary opportunities of life.” Our organization is the largest provider of supports and services for New Yorkers with intellectual and developmental disabilities in the state. With 35 operating Chapters across New York state, The Arc New York supports more than 60,000 individuals and families in every county of the state and employs more than 30,000 people statewide.

The parents who created our organization were among the earliest advocates for quality services and opportunities for people with IDD. In the over 75 years since our founding, we have witnessed – and at many times driven – massive transformation and progress in our field. Over those seven decades, New York has developed a robust system of comprehensive individualized services and programs that aid independence, support families, and emphasize inclusion in communities.

We have long advocated for recognition of our essential frontline staff, sustainable investment, and common-sense policy. For over a decade preceding the current administration, that call went largely unheard. Governor Hochul has put forth new investments every year under her tenure, which have demonstrated a renewed recognition of the needs of New Yorkers with IDD. While these investments are a start, significant needs remain to right our system after years of neglect.

The Arc New York provides advocacy, residential supports, day services, employment programs, respite services, education and clinical care for New Yorkers with IDD. Today, we face a crisis of access to safe, appropriate, and person-centered residential placements. Based on voluntary provider data and estimates, thousands of individuals and families remain on waiting lists—often for years—because our system lacks the workforce, funding, and infrastructure necessary to meet their needs.

Acknowledgment of Support and Existing Barriers

According to the Office for People with Developmental Disabilities (OPWDD) Administrative Directive Memo 24-ADM-03, the residential placement process “is designed to facilitate sustainable, equitable, and accessible housing and residential supports...and to ensure availability of services for those in greatest need.” We genuinely believe OPWDD shares our goals and the goals of people and families to find appropriate residential supports for New Yorkers with disabilities.

OPWDD is fully aware of the challenges around the current residential placement process and its barriers. They have taken steps to begin to address it by including significant additional rate investments at the end of 2024, technical assistance and support for behavioral challenges of people currently supported in voluntary residences, amendments to its Certified Residential Opportunity process, and additional payments offered to providers to support placement of individuals off the Residential Needs List.

The current administration and OPWDD leadership have demonstrated their commitment to improving supports for New Yorkers with IDD. The Governor and legislature have made investments after more than a decade of stagnant funding, and the Commissioner is fully engaged and collaborative, working tirelessly to identify and address operational concerns.

We deeply appreciate both the investment and the partnership.

But the reality remains: We are failing to meet the needs of thousands of New Yorkers with IDD who require support in certified residential placement. The residential placement process needs modernization and reform and our care system continues to need meaningful and sustained investment.

Overview of Challenges Facing Residential Access

Thousands of New York state citizens with IDD are waiting for placement in a community residential setting, and many are in emergency/immediate need. The state has not provided an adequate way for families to plan when providing care at home becomes difficult or impossible. People with IDD and their families face a long and uncertain placement process, without a clear understanding of that process or the extent of their wait—and while thousands await suitable placements, many existing openings go unfilled.

Ongoing staffing challenges limit our ability to safely support people with complex medical and behavioral needs, and we have inadequate resources to upgrade or modify homes limit our ability to offer suitable settings for all people in need of placement.

In practice, most placements occur through emergency referrals. This makes it nearly impossible to ensure people are placed in the most appropriate, least restrictive home environment, and limits their choice in their own housing and the opportunity to achieve as much independence as possible.

The current residential placement process results in unnecessary long-term vacancies in the voluntary sector, causing significant and unsustainable deficits for providers, and leaving thousands of people without the residential support they need.

The systemic issues with access to residential placement fall into three main areas: transparency, flexibility, and resources.

Transparency

It is important to note that a person can only be considered for residential services after all options for supporting them in their current home or another non-certified setting have been explored, documented, and exhausted. A person is only added to

the Certified Residential Opportunities (CRO) list if the state determines their needs cannot be met in an alternate setting.

There is currently no way for providers to access the complete CRO lists without request from their Developmental Disability Regional Office (DDRO). Statewide and regional data on residential need is not shared regularly or openly.

The full scope and number of people currently awaiting residential placement, or how long they have been waiting and information about individual demographics and need is inconsistently available and at times incomplete and/or unclear. We also do not know the number or characteristics of residential vacancies available across the state.

We estimate that there are approximately 5,000 people on the Residential Needs list today, and approximately 2,000–3,000 residential vacancies are available at providers across the state. However, we have no way of verifying the number of people on the list, and that is a big part of the problem. Without a clear understanding of these demographics, we cannot develop a unified strategy to address the need that exists today, or the anticipated need for the future. We would support legislation that requires OPWDD to report data on the number of people on the Residential Needs list, their demographics, support needs, time on the list, and region where they reside or are seeking placement.

Flexibility

When people are placed on the list, they are assigned a need level: Emergency Need, Substantial Need, or Current Need. People in the emergency need category are in immediate crisis. They have no stable place to live, are at imminent risk of homelessness, or face urgent threats to their health and safety or the safety of others. These people require immediate placement to ensure their basic safety and care.

People in the Substantial Need category are at rising risk of crisis. Their caregivers may be increasingly unable to meet their support needs, or risk to their safety or the safety of others is escalating. Placement of people in the Substantial Need category prevents these situations from deteriorating into emergencies.

People in the Current Need category are ready and waiting for certified residential placement, but do not face imminent danger. These are the people our system is

intended to plan ahead for – ensuring smooth, person-centered transitions before crisis hits.

We fully recognize the importance of prioritizing Emergency Need. There is no question that people cannot be left in crisis situations. However, what should be a proactive, planned system for residential care has become entirely crisis-driven.

To find placements, providers are sent residential referral packets selected by their DDRO or by provider request. Providers then review the profiles to determine if they can appropriately support that person in one of their open residential placements.

If no suitable placement is available, it is not because providers do not want to support them. Often, the care needs and behaviors of the people referred for placement are not compatible with available opportunities. The vacancy may be in a two-story home, and the person uses a wheelchair. It may be in a home of all older women, and the new resident is a young man. Or, a provider simply may not have the staff or resources to meet individual's specific or complex needs. These are reasons why a provider may not be able to support the individual, but the opening also has to be desirable and appropriate from both the family and the individual's perspective as well.

We strive to place as many people as possible in the most appropriate setting. The safety and well-being of the people we support is of utmost importance.

Often, people on the Emergency Need list require complex medical care or intensive behavioral interventions. It is simply more challenging to find appropriate placements for people with extremely high needs, but in many cases, the only referrals a provider receives are for people on the Emergency Needs list.

There have been recent improvements to this process, and providers are sometimes able to place referrals from the Substantial Need list. But it is critically important to understand that people from the Current Need list are rarely referred to providers for residential placement. These are people whose support needs the state has determined can *only* be met in a residential setting. But unless someone is in or nearing crisis, we rarely even consider a placement for them.

In some cases, we have vacancies that could be a wonderful fit, but without flexibility to fill them with people who are not in immediate crisis, the bed stays vacant, and people in the current need category continue waiting – indefinitely – for a home.

This represents a significant breakdown in our residential service system.

Resources

You have heard for years that our system is not adequately or sustainably funded. We went more than a decade with no increases – zero.

That is changing, and we appreciate it. Recent investments have demonstrated a positive shift in the state's commitment to people with disabilities. But to date, those investments don't even fully compensate for inflation over the past five years. We still do not have the resources needed to fulfill our mission for all New Yorkers with disabilities.

Fundamentally, there are not enough residential placements available to meet the needs of people waiting for services. Yes, we have vacancies, but if we filled them all tomorrow, thousands of people would still be waiting for homes.

The state needs to make capital investments to expand residential opportunities, and continue to make workforce investments to make sure we have staff to operate them.

We have finally been able to start raising wages that were stagnant for years, but direct care and clinical staff are still woefully undercompensated, and providers are not competitive in the employment market.

We need consistent staffing to operate homes. To safely support people with high needs, we need tenured direct care and clinical staff who can deliver complex medical care and implement challenging behavior plans.

Providers are sometimes hesitant to take on people with extremely high support needs, because they cannot be confident they will have the resources necessary to sustain those supports, or that alternatives will be available if a placement become untenable. Guaranteeing high-needs funding to align with the cost of high-needs care would allow us to fill more vacancies and support more people.

Nonprofit providers are not the only ones who are under-resourced. DDROs are responsible for managing residential referrals and maintaining an updated CRO list. They do so with minimal staff, using antiquated systems. They too need adequate resources to fulfill their role, and modern electronic solutions for managing a complex system of care.

Recommendations

So how do we do better? By improving transparency, flexibility and resources.

We are currently requesting a 2.7% Targeted Inflationary Increase (TII) in the New York state budget to correct for inflation over the past year and ensure funding accounts for the increased cost of living and providing services.

We have proposed a Careforce Affordability Initiative to support recruitment and retention with opportunities for affordable housing, childcare and healthcare for direct care staff. We have also put forward a Capital Funding and Infrastructure Plan to maintain and modernize programs and facilities, which would improve outcomes and save money.

Beyond our budget requests, we must consider:

- Expanding access to step-down facilities where people with immediate psychological and behavioral challenges can receive intensive support until they can be effectively supported by a community provider,
- Enhancing the role of OPWDD State Operated programs as the “provider of last resort,” to ensure a safety net is available if a placement proves inappropriate.
- Examining the high-needs funding process to ensure providers are appropriately paid for intensive services,
- Improving the clinical competency of voluntary providers to handle more challenging referrals,
- Developing an efficient electronic management system that allows for partnership between nonprofit providers and the state, including access to complete, real-time information about people in need of placement, and
- Improving transparency by requiring annual reporting on residential waitlist size, duration, and demographics. Previous attempts had been made by the legislature to address this need, but it did not advance out of committee.

Conclusion

The crisis in residential supports for people with intellectual and developmental disabilities is not a problem of isolated inefficiency—it is a systemic issue that profoundly impacts thousands of New York families. Addressing this requires

sustained commitment to fair funding, workforce stabilization, transparent data, and person-centered planning.

New Yorkers with developmental disabilities have a right to a home and supports, which respect their dignity, independence, and choice. New York has a legal and ethical responsibility to provide those supports.

The Arc New York urges OPWDD to continue to partner with the provider community, governor and legislature in exploring strategies to address the needs of people in crisis, and to prevent others from slipping into crisis by better meeting current and future need.

We understand this is a complex topic, and we have additional recommendations. By holding this hearing, you have demonstrated your interest in improving access to residential services. We believe we can be strong partners in an ongoing dialogue about creative solutions to address these issues and better meet the needs of New Yorkers with disabilities, and we encourage you to continue this conversation.