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Capitol Pressroom Interview Description

We explore how the governor's budget proposal might impact New Yorker's with disabilities with Michael Seeriter, president and CEO of the New York Alliance for Inclusion and Innovation.

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When you look at the governor's budget proposal and the subsequent negotiations, as well as the priorities of the legislature, where do you feel like the disability community ranks?

- It's a mixed bag. I think there's a challenge when it comes to people with disabilities getting the attention that the services and supports they need deserve in this budget process. A very concrete example of how we've seen this play out over the past several years: we are very appreciative that the governor has put forward resources for a targeted inflationary increase—otherwise known as a COLA—in this year's budget and in previous budgets. But we also see that we're not priority number one, two, three, four, five, six, seven, eight, nine, or ten. We're told everyone is supportive, which we appreciate, but the way the budget process plays out—as we've seen for many years—these are not issues that get negotiated first. Particularly the way this governor negotiates budgets, there are several things she wants to address and finalize before getting to the rest. This is not one of those issues. So we typically end up at the very tail end of the process. That's frustrating, because instead of having a conversation about what we should be doing to ensure New Yorkers with disabilities have the supports and services they need to live in their communities, we end up talking about what's left—what's left after the pie has already been divided. We'd love to see the legislature and the governor put these issues front and center—as a top priority—both in budget negotiations and in the lead-up, like the conference committees. We want legislators standing up in those meetings and saying, "Yes, this is a priority for us too." That's just the reality of how this process works. We don't have the resources that other sectors do for large campaigns or lobbying efforts.

We're largely a grassroots community, and we rely on that to make sure legislators are hearing this message.

Where do things stand in terms of what you're asking for and what the different players are proposing?

- We typically peg this to the rate of inflation. We look at the previous year—July to June—and say, in this case, inflation was about 2.7%. We need at least that to keep pace. That's necessary to pay staff competitive wages and cover rising costs like utilities, gas, and insurance. These organizations rely almost entirely on government funding. There's no private insurance or private-sector funding for these services. If the government doesn't provide it, the services don't get delivered. The governor proposed a 1.7% increase this year. We appreciate that—especially since she's included these increases for several years now, which wasn't the case under the previous administration. But we're asking the legislature to bring that up to at least 2.7%. Both houses of the legislature proposed 4% in their one-house budgets, but they also tied much of that funding specifically to staff compensation. That works in many cases, but providers also face rising costs like insurance, which can be significant. We're looking for flexibility so providers can allocate resources where they're most needed. Ultimately, we're hoping for at least 2.7%, if not closer to 4%, along with that flexibility.

What happens if these cost-of-living adjustments don't keep up with inflation? What are the real-world consequences?

- It's not hypothetical—we've seen it play out over decades. We've watched this sector be neglected in the budget process. These used to be jobs that required at least a bachelor's degree, and that standard has eroded over time, partly due to a lack of investment. At one point, we went nearly 15 years with almost no meaningful increases—while the broader economy grew significantly. That compression has made it incredibly difficult for providers to compete for workers. We constantly hear from people who say, "I love this work, but I can't support my family doing it." Many end up leaving the field. We recently commissioned a study surveying over 4,500 direct support professionals in New York. The results were alarming: 50% face food insecurity, and 50% face housing insecurity. These are basic survival issues. We hear stories of parents skipping meals so their kids can eat. That's not sustainable. These are demanding jobs, and if we want high-quality care, we need to invest in making them viable careers.

In addition to the COLA, you're also pushing a broader package of "careforce affordability" initiatives. Can you walk us through those?

- Sure. Based on that study, we focused heavily on housing insecurity. These proposals aren't just for direct support professionals—they apply to the broader care workforce, including those supporting children and the elderly. There are three main pieces: First, a care workforce housing preference—giving these workers priority in affordable housing lotteries. Second, an employer-assisted housing matching grant program, where the state would match up to \$3,000 annually per worker to help with things like rent, security deposits, or emergency housing needs. Third, a first-time homebuyer program that includes interest rate reductions and down payment assistance for care workers. Some provisions ensure fairness so benefits aren't stacked excessively, but the goal is to make it more affordable for these workers to live in the communities they serve.

We've been talking about what the state can do—but is there a role for the federal government here?

- Absolutely. There's a long-standing partnership between the state and federal government, especially through Medicaid and home- and community-based services. These programs have allowed people with disabilities to live in their communities instead of institutions, which historically had much worse outcomes. We're watching federal developments closely, particularly around Medicaid. Any changes could have significant downstream effects.

Are you concerned about potential impacts from federal scrutiny of New York's Medicaid program?

- Yes, we're watching it very carefully—especially developments like H.R. 1. We're educating policymakers about how critical these services are. If there are significant impacts at the federal level, it will be very difficult for New York to absorb them without making cuts elsewhere. That's a major concern for the disability community.