**Testimony of Doris Karpeh-Diaz**

Director, Centro de Amigos

Joint NYS Senate Committees on Health and Investigations & Government Operations

CDPAP Oversight Hearing

**Good morning, Senators, and thank you for the opportunity to be here.**

My name is Doris Karpeh-Diaz, and I am the Director of Centro de Amigos, a culturally specific Spanish-language senior center in Rockland County NY. We serve about 70 seniors, each represented by two to three caregivers—meaning we connect with over 200 caregiving households every single week. We even created a website, *MijaNY.com*, to educate and connect these families, offering a network of support in their native language. Our size means we truly know our families—we hear their stories, see their challenges, and feel their struggles.

We are not a medical home care agency. In fact, we are not a Medicaid-reimbursable service at all. We are a Social Adult Day Center—a benefit provided contractually by Medicaid Managed Long-Term Care plans. Think of us as Medicaid's answer to SilverSneakers—but for older adults who need more than exercise. We provide structured socialization for seniors who receive home care, taking them out of the house to give unpaid caregivers a break. And this is the most important part—this allows us to see the senior *alone*. That privacy gives them the freedom to speak honestly, and it gives us unfiltered insight into what is happening in their homes. These are the voices I bring to you today.

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**Why We Support CDPAP**

In our community, CDPAP isn't just an alternative to traditional home care—it's a lifeline. For many Latino families, letting a stranger into the home isn't just uncomfortable—it feels unsafe and, in some cases, deeply disrespectful. CDPAP allows care in the language of familiarity and trust. It meets home care needs for seniors who would never be comfortable with a stranger assisting with personal needs.

For caregivers, it's often the only job that pays them to do what they were already doing out of love—caring for their elders, supporting the household financially, and raising their children at

the same time. Without it, they face impossible choices: leave their loved one alone and vulnerable, or try to qualify for more expensive programs that push them toward nursing home care.

At our center, we coordinate directly with the plan, the senior, and the caregiver to ensure the care plan works in real life—not just on paper. That direct line of communication is what keeps the focus on the person, not the business of their diagnosis.

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**What We've Seen**

Before PPL, one of the biggest issues we saw was the blurring of lines when home care agencies also served as fiscal intermediaries. This created a dangerous dynamic where the agency had financial and contractual ties to the managed care plan—and at the same time, direct influence over the caregiver as a community-based provider.

We saw agencies manipulate caregivers into changing the senior's health plan to suit reimbursement rates—not the senior's medical needs. They negotiated with the caregiver, prioritizing the caregiver's convenience or pay over the senior's actual care, often cutting the senior out of the conversation completely. Families were led to believe that the agency—not the Medicaid plan—decided the hours of care. This was not accidental—it was a contractually beneficial behavior that kept money flowing between the agency and the plan, while the senior's needs became secondary.

And this manipulation had real consequences. Agencies poached aides—with their cases—from one another by offering higher pay through false ads and TV commercials, triggering unnecessary and costly nursing reassessments; coincidentally contracted to the same home care agencies. These weren't just paperwork changes—every reassessment was a disruption to care, another chance for hours to be cut, another moment of instability for an already vulnerable senior.

Even today, misinformation continues because home care agencies are still expected to assist with CDPAP—and many see it as competition. The same conflict of interest remains. Agencies tell families CDPAP is ending, pressure them into unnecessary training by erroneously telling them they could continue to provide CDPAP-type services to family members. Since April, we've

had hundreds of caregivers trying to meet PPL requirements, but they are instead told to switch plans or move to traditional care. This isn't "guidance"—this is abandonment, and it's another example of how contractual incentives drive behavior at the expense of the senior.

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**Why This Matters**

When home care hours don't match needs and are used as bargaining chips, costs don't disappear—they shift. Police calls, ambulance rides, ER visits—these fill the gap. And when ERs are full of preventable crises, everyone's care is delayed.

At our center, we've proven the opposite is possible because we also coordinate directly with the caregiver for the coordination of care. In over eight years, we've kept our seniors out of the hospital for preventable causes, prevented falls, and kept them compliant with medical care. We didn't lose a single senior to COVID—because we used the trust we built to connect seniors, their caregivers, and their families to resources quickly. That is what happens when services like CDPAP are supported, not undermined.

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**A Path Forward**

Seniors deserve the same protections we demand for children—safe spaces where they can speak freely without a caregiver in the room. Social Adult Day and senior centers are that safe space.

I urge you to create formal collaboration between independent senior centers and home care programs, so there's both a balance and a barrier between two Medicaid-funded services and community oversight. That keeps the focus on the person—not the business of their diagnosis—and helps prevent fraud, waste, and abuse of vital aging services.

We know CDPAP works. It saves money by hiring the absolute best person for the job—someone who will always go above and beyond for the person they love. Let's protect it from confusion, misinformation, and the contractually driven behaviors that put the business of care first and what the senior cares about last.

**Thank you.**