Testimony of José Hernandez
Hearing on CDPAP and PPL – August 21, 2025
Presented to Senator Gustavo Rivera and Senator James Skoufis

Thank you, Senator Rivera and Senator Skoufis, for giving me the opportunity to speak on this important topic.

Hello, my name is José Hernandez. I have been a consumer of the CDPAP program for over 20 years. Today marks 142 days since PPL became New York State's sole provider for the Consumer Directed Personal Assistance Program (CDPAP), serving people with disabilities and seniors.

To say it's been a rocky start would be an understatement. Many Personal Assistants (PAs) are still not being paid correctly. The system is riddled with glitches, whether you're using PPL's unreliable app or their faulty telephony system.

For example, one of their recent updates broke the functionality of the telephony system for some PAs. When they call PPL to report the issue, they're told it's a known glitch that requires attention from their IT department. In the meantime, the only option PAs have is to use the at-home web portal. But even that becomes problematic, as PPL later claims the portal is not EVV-compliant, even though the PA attempted to follow proper procedures to fix the issue.

PPL has shown itself to be a poorly managed company, cutting corners and reducing PA pay whenever possible. For a company with a $9 billion contract in New York and a workforce of over 200,000 PAs—mostly people of color—they offer the lowest tier of health insurance available. This workforce, which deserves quality healthcare, is instead being forced into plans that could cause many to lose their current coverage. The new plan would cost PAs $212 a month for a policy that essentially offers no real benefits until a $6,500 deductible is met.

To make matters worse, PAs in the downstate region are offered a so-called "basic wellness plan" that barely covers anything beyond vaccines and low-cost medications. Rather than investing in fair wages, PPL has chosen to contract with a controversial company, Leading Edge, whose owners—Barbara and Jerry Weissman—were convicted of submitting falsified documents to Congress to conceal corporate losses. This company has a history of helping employers skirt wage parity laws, and their involvement with PPL raises serious concerns.

The "wellness plan" is so limited that many PAs will never be able to use it—likely by design. The only ones who benefit are PPL and Leading Edge. Leading Edge is certainly not doing this for free, and rather than paying PAs a living wage, PPL has chosen to funnel wage parity dollars to their partners in crime at Leading Edge in order to retain those funds for themselves.

In a little over a week, we will celebrate Labor Day, a holiday meant to honor workers. While PPL executives and staff will enjoy a paid day off or overtime pay, our home care workers are treated differently. Under PPL's policy, if a Personal Assistant earns any overtime during the week of a holiday, they are denied holiday pay. This forces people with disabilities and seniors to either go without care or find other ways to convince workers to leave their families on holidays like Thanksgiving, Christmas, and New Year's. As a result, many of us risk spending these important days without the care we need.

Now I would like to address the broader changes to the consumer-directed model under PPL. The company has made it significantly harder for people with disabilities and seniors to manage their care. PPL now requires consumers—including those with cognitive disabilities—to approve time using a computer, smartphone, or by navigating a clunky telephone system. This process is so cumbersome that it often becomes impossible to approve hours. Under our former fiscal intermediaries, these hours were approved automatically using compliant

EVV systems—as they should be. But instead of staffing appropriately, PPL has shifted the administrative burden onto consumers to save money.

Consumers who have successfully participated in CDPAP for decades are now finding the system impossible to navigate. Before the transition, we were repeatedly told by PPL and the Department of Health that the new system would be easier and would streamline PA payments. That has been far from the truth.

In my case, I receive 24-hour care, seven days a week. Overnight shifts still experience frequent glitches that result in lost hours or missed overnight pay. I often have to manually correct these issues or spend hours on the phone with PPL to fix them. Another recurring issue happens when a service authorization ends. For example, mine ends today, August 21, but PPL cuts it off at 12:00 AM—leaving a full day where my PA cannot log hours by any method. Even though the next authorization begins tomorrow, August 22, we are forced to wait and then ask PPL to back pay, with no clarity on whether those hours are taken from the old or new authorization.

The situation becomes even more complicated in live-in cases, where a PA stays for 24 hours but is paid for only 13. At one point, PPL's system was paying PAs for 26 hours in a single 24-hour shift. To correct this, customer service representatives advised consumers to clock PAs in and out after 13 hours—an illegal practice. If a PA were injured during the hours they weren't "on the clock," they wouldn't be covered by workers' compensation or insurance.

This issue is even worse for overnight shifts that begin in the evening. For example, if a PA begins work at 8 PM, the system automatically clocks them out at 11:59 PM and clocks them back in at 12:00 AM, splitting their shift across two days. PPL's system simply can't handle live-in or overnight care properly.

We never faced these problems with our former fiscal intermediaries, who acted as true partners. They helped preserve our roles as consumers and supported us in managing our care. For many of us, CDPAP is the only option. I require medication administration, wound care, catheter changes, and bowel programs—services that are not permitted under traditional home care models. Without CDPAP, I would likely be forced into a nursing home. That is the grim reality for many seniors and people with disabilities.

PPL has failed to provide adequate training or communication to PAs or consumers—outside of repeated warnings about overtime and weekly hour limits. They have disregarded advice from experienced facilitators and fiscal intermediaries who know what it takes to run this program successfully. Instead, they continue to operate under a "Walmart model," focused on scale and profit over quality and care.

PPL is little more than a glorified call center, with polite but undertrained customer service representatives who are given scripts and little else. They lack the tools, knowledge, and capacity to meet the needs of a population with complex, varied needs.

I'm one of the lucky ones—I understand the system well, often better than PPL's own staff. Yet I still struggle to make sense of the decisions they make. I find myself not only advocating for my own care and ensuring my PAs are paid properly, but also helping other consumers and PAs navigate the system, stay compliant, and avoid losing services or ending up in institutions.

Private equity companies never belonged in New York's healthcare system. It is a tragic mistake that such a critical program was handed to a company driven by corporate greed rather than public service. Sometimes the decisions our elected officials make—though well-intentioned—have devastating consequences for people with disabilities and seniors. I hope the Governor realizes that the choice to contract with PPL has made life significantly harder for hundreds of thousands of New Yorkers. Far from saving taxpayer dollars, this decision will cost more in the long run—at the expense of our lives and our independence.

Thank you