

**August 21, 2025**

**Testimony before the Senate Committee on Health and Senate Committee on  
Investigations and Government Operations  
On the Consumer Directed Personal Assistance Program's Transition to a Statewide  
Fiscal Intermediary**

Good afternoon, Chairs and members of the Committees. Thank you for the opportunity to testify today on behalf of the New York Association on Independent Living (NYAIL). NYAIL represents 41 state-funded Independent Living Centers (ILCs), which collectively serve more than 100,000 New Yorkers with disabilities each year. My comments reflect the experience of the full ILC network and the consumers and personal assistants (PAs) we support.

**Background**

Independent Living Centers were instrumental in creating the Consumer Directed Personal Assistance Program (CDPAP). For decades, 11 ILCs administered CDPAP as Fiscal Intermediaries (FIs), providing not just payroll services but also the supports and guidance that enabled consumers to successfully direct their own care. Many of our leaders and staff are themselves people with significant disabilities who use attendant services. For us, CDPAP is not just about service delivery — it is the foundation of independent living.

The transition to a statewide Fiscal Intermediary (SFI) was not the result of program failure, but of the Department of Health's (DOH) long history of inadequate oversight. Disability advocates and FIs raised concerns for years about unchecked program growth and questionable practices by new entities entering the system. Instead of addressing those issues, the State abruptly adopted an SFI model in last year's budget, with little stakeholder input and no real legislative debate. The justification was cost savings, yet more than 70,000 people have moved to more expensive agency-directed care, eliminating any savings and destabilizing CDPAP in the process.

This same lack of oversight is not limited to CDPAP. It is now threatening to dismantle another program created by and for people with disabilities — the Nursing Home Transition and Diversion (NHTD) Waiver. Once again, DOH has allowed unchecked growth, only to respond by considering closure of an essential program instead of addressing root

problems. This pattern of neglect and overcorrection undermines the entire system of care for New Yorkers with disabilities.

### **The Current Reality**

We appreciated that the Governor and Legislature recognized ILCs' historic role by requiring our inclusion as subcontractors under the new model. Our role has been promoted throughout this transition by the Governor's office, DOH, Public Partnerships, LLC (PPL) and Legislature. Unfortunately, the reality has not matched the promise.

Over the past eight months, ILC facilitators have worked diligently to support consumers and their personal assistants through the transition. But systemic failures — delayed registration, barriers to Electronic Visit Verification (EVV), payroll problems — have created instability for both consumers and PAs. These issues have been repeatedly communicated to PPL and the Governor's office, yet progress has been minimal.

Our capacity plans demonstrate how far off track the program has veered. Collectively, ILCs submitted plans to support over 60,000 consumers by July 2025 and nearly 80,000 by December. Today, we serve fewer than 9,000 — a decline from May 2025. Contract provisions requiring PPL to actively promote and refer consumers to ILCs have not been honored. Worse still, consumers are being reassigned between facilitators without their knowledge or consent. PPL has acknowledged misconduct by at least two CDPAP Facilitators but has yet to resolve the matter.

The Independent Living network is gravely concerned about the long-term implications this transition has on the program. It is not just about an irresponsible and botched roll out. The SFI model represents a fundamental change to the program created by and for people with disabilities. It eliminates choice and strips away the consumer supports that FIs have historically provided. The State has taken to calling these supports "middlemen", but they were in fact critical to consumer success. Without them, many participants will struggle to manage the program and risk institutionalization.

### **Persistent Systemic Failures**

While some problems stem from the rushed transition, many are structural and ongoing:

- **Technology and security:**
  - The system over-relies on technology that consumers and PAs struggle to navigate without adequate support.
  - Cybersecurity and HIPAA protections are inadequate. There have already been reports of falsified timesheets and misdirected funds, as well as

ongoing instances where sensitive personal information — including Social Security numbers and bank account data — is viewable to unauthorized individuals.

- For months, the system failed to enforce caps on weekly authorized units, leading many consumers to exhaust their hours early and now face care crises.
- The system fails to track hours on a “clock in to clock out” basis, which has led to consumers running out of hours during a week. Shifts are being “rounded-up” for pay and authorization, which ultimately reduces the consumers services.

- **Failure to integrate partners:**

- Rather than fully engaging ILC Facilitators with decades of experience, PPL hired more than 1,000 call center staff who were inadequately trained and unable to resolve consumer problems.
- Facilitators still lack promised system access that would allow us to resolve issues directly. Despite repeated assurances — and even a court order — our access remains limited, forcing consumers to rely on unknown and often untrained PPL call center staff for basic assistance.

- **Broken reporting:**

- Facilitators cannot run their own reports and are forced to rely on incomplete or inaccurate reports generated and distributed by PPL according to their timeframes. In some cases, data sets contradict one another, making it impossible to reconcile payments or confirm services. Despite being acknowledged as such, inaccurate data remains a significant issue, hindering the Facilitators’ ability to effectively support consumers and PAs.
- Reports frequently show impossible results — such as more EVV-logged shifts than total shifts — undermining confidence in the system’s accuracy.
- Payments to Facilitators are often missing, requiring time-consuming manual reconciliation. PPL has suggested that facilitators purchase their own data systems to track errors — an insulting response that shifts responsibility for their failures onto subcontractors.

- Consumers continue to be switched between Facilitators or reassigned to PPL without proper consent, causing billing errors and disrupting continuity of care.
- **Barriers to required health assessments:**
  - The SFI system for health assessments has been a consistent barrier for consumers being able to hire and retain PAs due to the lack of communication between the main provider (Mobile Health), and their subcontractors for upstate (Well Now).
  - PPL's mobile health site, which PAs must use for required health assessments, frequently crashes.
  - PAs are unable to get appointments in a timely manner and are often referred to sites hours away, across the state. Pop-up clinics have been limited to Rochester, Buffalo, and Long Island City.
  - This creates a dangerous bottleneck: if PAs cannot complete their health assessments, they cannot get paid for their work. This is likely to result in many consumers going without necessary care in the coming weeks.
- **Wages and benefits:**
  - The SFI continues to have trouble with paying PAs correctly and consistently. The uncertainty in knowing whether you/your PA will be paid on time and accurately for the hours worked is placing enormous stress on consumers and their PAs and is forcing many PAs to consider alternative employment options.
  - Despite claims that PPL delivers better pay and benefits, many PAs have actually experienced wage and benefit cuts.
  - The health insurance offered through PPL is provided by a company with a documented history of fraud, and enrollment in that plan makes PAs ineligible for coverage through the health exchange — hurting rather than helping them.
  - By contrast, many ILCs historically offered higher wages, more robust health coverage, generous paid time off, and retirement plans with employer contributions. The loss of these supports makes it harder to recruit and retain the workforce essential to CDPAP's success.

These failures raise serious questions about the long term stability of this program.

## Conclusion and Recommendations

The transition to a SFI has destabilized CDPAP, leaving consumers and PAs in crisis. Delayed payments, disrupted care, mishandling of sensitive data, and the systematic undermining of ILCs' role are not temporary "growing pains"; they are signs of a broken system.

If we do not course-correct now, thousands of New Yorkers with disabilities risk losing the ability to live independently in their homes and communities.

To stabilize and preserve CDPAP, we urge the Legislature and Governor to:

- **Restore Independent Living Centers as Fiscal Intermediaries**, ensuring both consumer choice and a reliable safety net.
- **Reinstate Comptroller oversight** of the contract and conduct a full investigation into program operations and failures.
- **End the contract with Leading Edge** and ensure that any health insurance or wage parity arrangements do not jeopardize federal benefits or workers' rights to use funds as they choose.
- **Establish a formal stakeholder process** so consumers, PAs, and advocates have meaningful input into the future of CDPAP, as required under the Community First Choice Option (CFCO).
- **Hold DOH accountable** not only for CDPAP but also for safeguarding programs like the Nursing Home Transition and Diversion Waiver, which play an equally vital role in preventing unnecessary institutionalization.

ILCs remain committed to working with the State to rebuild CDPAP into a program that truly serves its purpose: preserving independence, protecting choice, and empowering New Yorkers with disabilities to live in their own homes and communities.

Thank you.

Lindsay Miller  
Executive Director