

First, I would like to thank Senator Rivera and Senator Skoufis for holding this critical hearing, as the narrative coming from the Governor, the Health Commissioner, and PPL is vastly different than the lived experience those of us directly involved with CDPAP on a daily basis are having.

My name is Lori Lemke and I am a personal assistant (PA) for my 25 year old daughter who requires 24 hour care. We have been using CDPAP (a program that allows people requiring assistance to remain at home with dignity while receiving the care they need) for about 10 years and have used several fiscal intermediaries and we have never experienced anything like what is happening with PPL. Our story is very similar to so many across the state. Since the transition began in January, everything has been more difficult and time consuming for both myself and my daughter with trying to navigate the numerous mistakes PPL has made, and continues to make three months into their takeover of the program. They simply do not know how CDPAP works in New York State.

We have been extremely concerned with PPL administering the program and have been very vocal about it. From the very beginning, my personal contact with PPL was deeply disturbing. I called them on January 6, 2025 and the customer service representative was unable to answer any of my general, basic questions, such as what the hourly wage and health benefits would be. In trying to confirm my identity, she asked for my **MEDICARE** number. As we all know, CDPAP is a MEDICAID program. Since she had no information to provide to me, she promised that I would receive an email within 48 hours with the answers to my questions. That email never came.

I then attended one of PPL's virtual info sessions on January 22, 2025 where Maria Perrin, PPL's president, was one of the hosts. While this was advertised as an "info" session, it was basically a "how to register" session where this information was repeated over and over and very little additional information was provided. We were assured that any questions not answered live during that session would receive an email with the information. I submitted several questions and once again, never received a response to my most basic questions.

Because it has been so difficult to get information directly from PPL (and quite often PPL employees contradict each other in the answers they provide), myself and many others have turned to social media to try to share information. There is so much confusion where people are getting multiple different answers from PPL to the exact same questions. I have an audio recording of a phone call I had with a PPL escalation specialist in March, who confirmed that the call center is providing incorrect information. She herself was frustrated with the registration process and how long it was taking for consumers and PAs to complete the process. In response to my questions about health insurance, she called the coverage being offered as "bottom of

the totem pole". Health coverage is a major problem. I will leave those details to the experts who will testify and who can explain the consequences much better than I can. Fortunately, I was able to opt out from the health insurance. But, even that was not as simple as it should have been. PPL changed the form that needed to be completed and when I followed their instructions and emailed it back to them, they told me it needed to be uploaded to their website instead.

When I then spoke with a registration specialist less than two weeks before the April 1 deadline, the functionality for the consumer to approve their PAs' timesheets was not available.

Consumers also did not have access to the Time4Care app, only the PPL@home website. When I spoke with her again in mid-April, she confirmed that consumers were now able to approve timesheets, which I found out by accident via social media, not a direct communication from PPL. However, the consumer had until 11:59PM on Saturday to approve that week's hours, the exact same time that the work week ended for the PA. This is impossible for consumers who have overnight assistance. PPL did eventually give consumers until 12pm on Sunday to approve time sheets. However, PPL continued to auto-approve timesheets prior to reaching this Sunday deadline for consumers. PPL has absolutely no idea if the time submitted by the PAs was accurate. Allowing this practice provided opportunities for Medicaid fraud. Approving time sheets is the responsibility of the consumer (or designated representative), who is able to verify the hours are correct. PPL auto-approved my timesheets until June 15th. On June 29th, their app was crashing all morning despite updating to the newest version. My daughter was finally able to approve the hours I worked via the ppl@home website.

There are also many issues with pay checks. A minor, but annoying issue is the inability to download pay stubs or even view them easily via their website. I have had to request paper paystubs (which are not being sent every week) in order to work around the lack of digital copies. More importantly, PPL does not round shifts correctly. I have been overpaid several weeks due to their incorrect rounding to the nearest quarter hour. This practice will cause my daughter's authorized hours to run out prematurely. My overtime and spread of hours have not been calculated properly. One week I was paid for only half of the hours I worked. I spent over six hours trying to figure out the issue without success. According to PPL, I am not eligible to receive holiday pay since I work overtime due to my daughter's need for 24 hour care. They are calling it "double dipping". Since April 1, I have not received one pay check that was correct. Every week, I waste time and energy trying to sort through what PPL has decided to do with my pay for that week. Compared to those who have not been paid fully or at all, my issues are minor. PAs have also been allowed to work more hours per week than the consumer is approved for. On June 9, more than two months after taking over the program, PPL sent an email that they will now begin monitoring weekly hours. PPL has also started sending out mass emails incorrectly telling CDPAP users that that they are close to their weekly authorization

limit. Consumers have recently begun noticing that PPL is not entering their authorizations correctly into their system. For example, if a consumer is authorized for 40 hours, according to PPL, they are allowed to utilize 39.75 hours per week. How is this benefiting PPL?

For the June 26th pay day, some PAs were contacted by PPL and told not to withdraw the direct deposit from their bank because there were not enough funds to cover it.

Mass emails are also being sent by PPL to PAs warning them about excessive overtime.

However, according to the program guidelines, PPL has no authority over the number of hours worked by a PA. Their sole responsibility is to write the check, which more often than not is incorrect.

Additional emails are being sent out indiscriminately causing more confusion. I received a notification about enrollment for the flex benefits program even though I am not entitled to it as I do not live in a wage parity area. This is another misuse of my personal information being shared with a third party company who should not have access to it.

With the switch to PPL, PAs "hire date" has been reset to 4/1/25 regardless of how long they had been providing care for the consumer. This incorrect hire date has made PAs ineligible to receive Paid Family Leave and Maternity Disability benefits. Assemblymember McDonald is currently trying to find a workaround to this.

Sensitive information, such as social security numbers, Medicaid numbers, and banking account information, is not encrypted on PPL's website and unauthorized people have had access to this information. For PPL employees who work from home, how is our information being kept secure? I have brought this issue up numerous times to PPL, DOH, and legislators and three months later, our data is still at risk.

Our legitimate concerns were dismissed by the Governor and DOH and millions of state dollars were wasted on media campaigns in an attempt to overshadow the issues being raised by advocates. In a YouTube video (https://www.youtube.com/watch?v=UOKgww5Kh_w&t=57s), Commissioner McDonald promised that he and the Governor would never allow anyone to lose access to care. They promised to protect those who use CDPAP. Their plan "will deliver better home care service". For caregivers, "it'll be easier for you to get paid." "New Yorkers will get better care and better service at a better price. That's the truth." However, the press release from April 14, 2025, (https://www.health.ny.gov/press/releases/2025/2025-04-14_cdpap_update.htm) very clearly shows consumers did lose services. Approximately 60,000 out of a DOH estimated 280,000 individuals chose to switch to a more expensive home care model (which will, in fact, not save NY money). Of the remaining 220,000 consumers, at least **30,000** were not able to complete the transition to PPL by April 1. Who was providing critical services to these tens of thousands of vulnerable New Yorkers? As for the remaining claims in

the YouTube video referenced above, NY is NOT protecting those who use CDPAP. In fact, they are making excuses for PPL's failings. "Better home care service" is not being delivered. Both consumers and PAs are experiencing extremely high levels of stress and anxiety from having to fight every week to navigate the unnecessarily cumbersome PPL system they are required to use. As to their claim of PAs having an easier time getting paid, that is most certainly not the case. Rather than increased wages, most workers have seen a decrease in their income.

The screenshot below is from the DOH website describing the program. Within the "CDPAP Program Requirements" section where it describes the consumer/designated representative responsibilities, for numbers 4 & 5, PPL is not in compliance. Consumers do not have access to their PAs payroll records at all. When trying to sort out payroll issues, PPL refuses to speak directly to the consumer.

The screenshot shows a web browser window with the URL health.ny.gov/health_care/medicaid/program/longterm/cdpap/. The page is titled "About the Program" and contains the following sections:

CDPAP services empower Medicaid-eligible recipients to stay independent and receive care at home from someone they choose and train.

The Consumer Directed Personal Assistance Program, or "CDPAP", is a New York State Medicaid program that allows Medicaid members who are eligible for home care services to choose and hire their own personal caregiver, or "personal assistant". This can include a friend or family member, as long as they are not the Medicaid member's spouse, their designated representative or the parent of a CDPAP consumer under the age of 21.

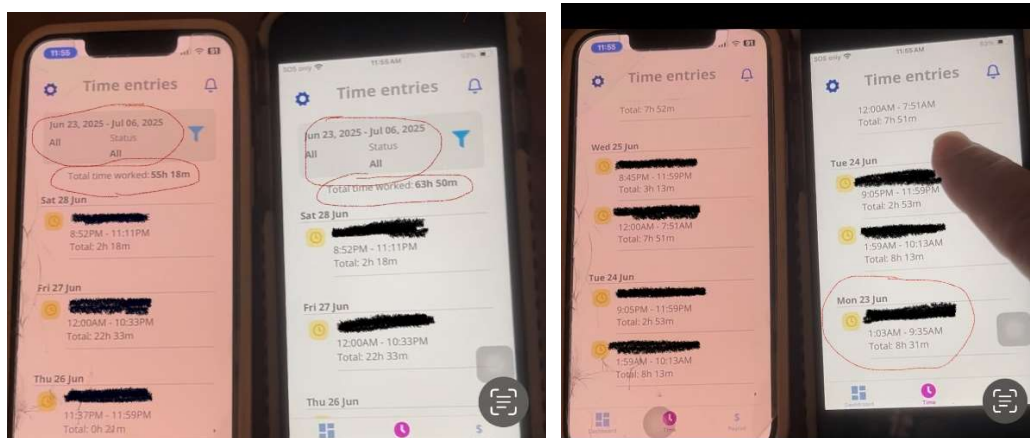
CDPAP provides services to chronically ill or physically disabled individuals who have a medical need for help with daily activities or who require skilled nursing services. The CDPAP services provided by a personal assistant can include any of the services normally provided by a personal care aide (home attendant), home health aide, or nurse.

CDPAP offers recipients the flexibility and freedom in choosing their caregivers.

Eligibility For CDPAP Services	CDPAP Program Requirements	Statewide Fiscal Intermediary
To be eligible for CDPAP services, and individual must: <ul style="list-style-type: none">be eligible for NYS Medicaid;have a stable medical condition;have a determined need for home-care services (The completion of a UAS-NY Community Health Assessment is required for individuals 18 years of age and over); andbe capable of self-directing or have a designated representative who can make decisions on the individuals behalf.	The CDPAP recipient or their designated representative is responsible for: <ol style="list-style-type: none">1. Recruiting, hiring, training, supervising, and terminating personal assistants;2. Arranging back-up coverage when necessary;3. Arranging and coordinating other services;4. Keeping personal assistant payroll records; and5. Working with the CDPAP Fiscal Intermediary (FI) to process payroll for services received.	The Statewide Fiscal Intermediary assists with administrative services such as: <ul style="list-style-type: none">• processing the personal assistant's wages and benefits,• processing the personal assistant's income tax and other required wage withholdings, and• maintaining the required employment records for the personal assistant. <p>Public Partnership LLC (PPL) is the Statewide Fiscal Intermediary for New York State CDPAP. All CDPAP recipients are required to work with PPL as their Fiscal Intermediary.</p>

PPL's website and app are difficult to use and crash on a regular basis. Their customer service staff is not capable of handling the volume of calls. Their email inbox was not receiving new emails at one point because it had reached capacity. Staff at the DOH have been asked to assist with PPL problems. Legislative staff are trying to assist their constituents with PPL complaints/issues and are having just as difficult a time as the rest of us. PPL was supposedly chosen because they were the most capable to take over the program. The fact that DOH and legislators have been so involved since April 1 is a huge indicator of PPL's difficulty in performing the job they were hired to do and are being paid billions of dollars for. PPL must be held accountable for doing what they were hired to do. What are the consequences being imposed upon them due to their failures thus far? Despite the statistics PPL and DOH have released publicly, the reality is that there are many, major issues for CDPAP users. While PPL may have addressed or corrected some issues experienced since registration began in January, our experiences have **not** improved. Every week there are new problems we have to take the time to resolve. In my case, usually without PPL's assistance.

The pictures below show one example of how difficult and confusing it is to use PPL's technology. While I was experiencing issues last weekend, I downloaded the Time4Care app on another iPhone and made sure both phones had the latest version. As you can see, for the same exact date range and status, the "Total time worked" was not the same. The app on one of the phones included hours I worked on Monday, while the other did not.



The justification behind the switch to a statewide FI is that there was widespread fraud, waste, and abuse. Yet, there has been no evidence provided to support this claim. Where is the data? Why was DOH oversight lacking in the past? Without proper oversight, it doesn't matter if there is one FI or 600. Instead of trying to discern where actual fraud was taking place and handling it on a case by case basis, our program was handed to an out of state for-profit company with no/limited knowledge of our program, neither at the time of signing the contract nor to this day.

There was no transparency with the hiring of PPL. Originally, they were just going to be handed the contract. But having an RFP process was insisted upon by the legislature. Even still, how the proposals submitted were evaluated and decided upon is a mystery. The comptroller was prevented from reviewing the contract once it was awarded to PPL. With the poor history PPL has with providing services in other states and the numerous lawsuits against the company, I am astonished that they could have been the best option for running CDPAP here.

With a change of this magnitude, NY was required to get approval from CMS. A state plan amendment (SPA#25-0005) was eventually written, but not available to the public until the public comment period had passed. I submitted my opposition via email directly to CMS and will be including it below.

Both consumers and PAs have been expressing their concerns and issues with the switch to PPL for many months. While our voices have been ignored by DOH and Governor Hochul, there was widespread support in both the Senate and Assembly to provide a legislative solution. Why were the proposed bills not allowed on the floor for a vote?

For me personally, it was extremely disheartening to not have the support of Assemblymember Santabarbara on this issue. As chair of the Committee on People with Disabilities, his responsibility is to all New Yorkers with disabilities, many of whom are able to continue living in their own home with the CDPA program. His focus seems to be narrowed on only those who use OPWDD services. However, the disability community as a whole requires his attention and advocacy.

The issues I've mentioned are numerous, but they are by no means an exhaustive list of the difficulties hundreds of thousands of New Yorkers have been dealing with on a constant basis. PPL is unable to handle our program. The problems with PPL are systemic and catastrophic. The state must monitor PPL and hold them accountable. If DOH and Governor Hochul are not ready to admit their mistake and fire PPL altogether, we at least need to bring back choice. The program is called "Consumer Directed" for a reason and that reason is CHOICE. Consumers must have the ability to select which FI they want to work with, even if it is just bringing back the Independent Living Centers who started the program. With only one FI, choice is impossible. In addition, a consumer advisory board should be created to ensure that those who use the program have a voice in decisions regarding CDPAP.

The following is the email I sent regarding my opposition to SPA#25-0005:

----- Forwarded message -----

From: Lori L <llemke13@gmail.com>

To: todd.mcmillion@cms.hhs.gov, drew.snyder@medicaid.ms.gov, drew.snyder@cms.hhs.gov, anne.costello@cms.hhs.gov, sara.vitolo@cms.hhs.gov, jessica.lee@cms.hhs.gov, mehmet.oz@cms.hhs.gov, caprice.knapp@cms.hhs.gov

Cc: "Amy R. Paulin" <PaulinA@nyassembly.gov>, Anthony Kergaravat <Kergarav@nysenate.gov>, Jay Baez <baez@nysenate.gov>, grivera@nysenate.gov, Mary.Lazare@acl.hhs.gov, Jennifer.Johnson@acl.hhs.gov, kristi.hill@acl.hhs.gov, jskoufis@nysenate.gov

Bcc:

Date: Wed, 2 Jul 2025 00:35:10 -0400

Subject: Fwd: Objection to New York SPA #25-0005

----- Forwarded message -----

From: **Lori L** <llemke13@gmail.com>

Date: Wed, Jun 25, 2025 at 5:35 PM

Subject: Objection to New York SPA #25-0005

To: <RONYCORA@cms.hhs.gov>

CC: <spa-inquiries@health.ny.gov>

To Whom It May Concern,

I am writing to express my objection to New York's State Plan Amendment 25-0005. The entire process that was used to hire PPL to be the statewide FI for NY's CDPAP services is highly questionable and requires investigation. NY did not publish this SPA until after the public comment period had ended and this is why I am writing to you now.

A quote from the SPA:

" 1905(a)(24) Personal Care Services Social Services, a managed care entity, or a non-profit organization, which includes not-for-profit corporations formed under New York State Law or authorized to do business in New York, may contract with home care agencies or providers to deliver CFCO services. X Agency with Choice Model – this model is also based on the person-centered assessment of need and will be used when the individual seeking CFCO services wants to directly hire his or her own attendant."

CDPAP is a Community First Choice Option. It is a model based on consumer choice. NY has removed that choice by allowing only one fiscal intermediary to provide the service. This is in direct opposition to CFCO. Consumers utilizing CDPAP must work through PPL or they can no longer participate in the program. CFCO is not intended to provide one option. There is absolutely no choice if there are not several FIs to choose from. We are forced to accept and abide by whatever this for-profit Georgia based company decides to impose upon us.

Reimbursement rates are no longer publicly available. The link provided on page 6 for the fee schedule is broken. Another part of the program that is no longer publicly available. Pertinent section " 2422, 2423, 2402, 2401, 4764, 4769, 4770, 4771, 4772, 4777 Fiscal Intermediaries \$17.41/hr* Varies by region Provider specific fees are established based on provider reported costs two years prior to the rate year and are posted Fee schedule available at: http://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/ https://www.health.ny.gov/facilities/long_term_care/reimbursement/cdpap/"

On page 6, reference to procurement process is omitted. No information has been shared publicly about how PPL was selected as the statewide FI. NY originally tried to circumvent the RFP process and PPL was expressly written into the budget. When the legislature required an RFP, there was no transparency to the awarding of the contract and the state comptroller was not allowed to oversee or approve the contract offered to PPL.

On page 11, " (B) [that the selection of contractors shall be based on criteria 28 reasonably related to the contractors' ability to provide fiscal inter- 29 mediary services including but not limited to: ability to appropriately 30 serve individuals participating in the program, geographic distribution 31 that would ensure access in rural and underserved areas, demonstrated 32

cultural and language competencies specific to the population of consumers and those of the available workforce, ability to provide timely consumer assistance, experience serving individuals with disabilities, the availability of consumer peer support, and demonstrated compliance with all applicable federal and state laws and regulations, including but not limited to those relating to wages and labor...". This entire section has been removed. There is no geographic distribution, no cultural/language competencies, no timely consumer assistance, and no compliance with federal and state labor laws. PPL has very limited understanding of how the NY CDPAP program works and there have been numerous violations since they took over the program on April 1st.

On page 12, " (iii) the commissioner shall award such [contracts] contract to the [contractors] contractor that [best meet] meets the criteria for selection and [are best suited to serve the purposes of] offers the best value for providing the services required pursuant to this section and the needs of consumers"; ". The needs of the consumers have been completely ignored. I had serious concerns about PPL administering the program prior to April 1 and it has been perhaps even worse than I anticipated. It is no longer consumer centered and PPL has tried numerous ways to intimidate consumers and their aides into not utilizing the hours that are authorized and they are entitled to use.

Also on page 12, " Paragraphs (b-1), (b-2) and (b-3) of subdivision 4-a of section 29365-f of the social services law are REPEALED." I am not sure what this refers to, but I am guessing it is also not good news for CDPAP or the consumer.

NY did not publish the contents of this SPA until after the public comment period ended.

On page 24, part of the response is "the State will continue to monitor provider complaint hotlines to identify geographic areas of concern and/or service type needs. If Medicaid beneficiaries begin to encounter access issues, the Department would expect to see a marked increase in complaints. These complaints will be identified and analyzed in light of the changes proposed in this State Plan Amendment. Finally, the State ensures that there is sufficient provider capacity for Medicaid Managed Care plans as part of its process to approve managed care rates and plans. Should sufficient access to services be compromised, the State would be alerted and would take appropriate action to ensure retention of access to such services." The state has been made aware of access issues already from consumers, Independent Living Centers, MCOs, state legislators, etc. Many consumers have had issues where PPL has incorrectly notified them that their authorization was expired. Or that the number of weekly hours limit had been reached, when it hadn't. All of these "mistakes" affect the consumer's access to care. The longer PPL is allowed to continue as the sole FI for CDPAP, access issues will get increasingly worse.

On pages 24-25, " 3. How were providers, advocates and beneficiaries engaged in the discussion around rate modifications? What were their concerns and how did the State address these concerns? Response: This change was enacted by the State Legislature as part of the negotiation of the 2024-25 Budget. The impact of this change was weighed in the context of the overall Budget in the State. The legislative process provides opportunities for all stakeholders to lobby their concerns, objections, or support for various legislative initiatives. In addition, NY published notice in the state register of the proposed policy and did not receive any comment. Finally, this change has no impact on service delivery, it only enables the State to streamline the administrative needs of the program to a Statewide contract." Numerous stakeholders voiced their concerns and objections, especially during the most recent budget hearings. DOH Commissioner and Medicaid director testified that there were no issues and that the concerns that were being raised were untrue/invalid, despite actual participants of the program providing them with story after story of the issues they were experiencing. I already mentioned why the proposed policy received no comment - it is impossible for anyone to comment when the policy was not available to the public until after the comment period had ended. The change to PPL has definitely impacted service delivery. Thousands of consumers made the difficult decision to switch to traditional home care instead of remaining in the CDPA program administered by PPL. Thousands of consumers have had their personal aides quit because there are so many issues associated with PPL running the program, including wage theft.

On page 25, in response to question 5, "The state continues...to ensure access to quality of care in the appropriate setting." The removal of choice for FI has forced some consumers into a more restrictive setting and not the setting of their choice.

The intention of CFCO is being completely ignored by NY with the switch to PPL as the statewide FI. CDPAP is no longer "consumer controlled enhanced personal attendant services and support". CDPAP is a "self-directed" program in which the individual should have "maximum control of the home and community-based attendant services and supports".

In addition to the above, there are other serious issues since PPL has taken over the program. Their website for consumers and aides (pplathome) does not encrypt social security numbers or medicaid IDs. Aides have incorrectly been given access to their consumer's private hipaa data. They are not rounding PAs time worked correctly (medicaid fraud). It is the consumer's right and responsibility to approve the hours worked by their PA(s). PPL did not even have this functionality available on April 1st. Once it was finally implemented, PPL has been auto-approving timesheets for weeks, prior to the deadline for consumers to do it themselves. This is also potential medicaid fraud as there is absolutely no way for PPL to know whether the hours submitted by the PA were accurate or not. PPL has also withheld pay from PAs if they (incorrectly, by the way) were determined to have gone over the authorized hours

for the previous week. PPL should never allow PA(s) to submit time that exceeds the consumer's authorized hours for the week. This is a failure on PPL's part to not have a safeguard in place to prevent this in the first place.

As a PA for my 25 year old daughter who uses CDPAP, I have not gotten paid correctly even once since April 1st. I am either overpaid or underpaid.

This has been such a disaster and PPL is so incapable of administering the program that DOH has asked its employees to assist consumers and PAs in resolving issues with PPL, legislators have dedicated staff to assist their constituents with PPL issues, and consumers and PAs are turning to social media to ask their peers for answers and support.

This state plan amendment must be rejected and NY must be forced to bring choice back to CDPAP. CMS needs to investigate what happened behind the scenes and hold accountable those individuals who are destroying CDPAP and endangering the lives of hundreds of thousands of New Yorkers.

Regards,

Lori Lemke”

According to: <https://www.governor.ny.gov/news/governor-hochul-announces-next-steps-plans-strengthen-home-care-services-new-yorkers>

“New York’s statewide partner is Public Partnerships LLC (PPL), which will move its national headquarters to New York State...” When is this supposed to happen?

Thank you so much for your time and I am looking forward to a solution to the crisis that all of us that utilize CDPAP continue to experience day in and day out.