

Dear State Senate Health Committee,

My name is Melanie Brazil, and I live in New York City with my 17-year-old son, Elijah, who has severe, intractable epilepsy and requires help with all activities of daily living. The Consumer Directed Personal Assistance Program (CDPAP) is a lifeline for our family. It allows my son to live at home with the people who love and care for him most, rather than in an institution.

I have served as Elijah's Designated Representative in CDPAP for the past six years. Our experience with our former Fiscal Intermediary, the Chinese American Planning Council, was outstanding: efficient, supportive, and reliable. The Governor's switch to Public Partnerships, LLC (PPL) has been devastating for us, and for thousands of other families.

1. The attack on DRs and destruction of an excellent infrastructure

The Governor's initial proposal to eliminate Designated Representatives would have condemned many consumers, especially those with severe disabilities like my son, to institutionalization. This proposal was not only shocking but likely illegal under the ADA. While the Governor later reversed this position, she then took another drastic step: dismantling a well-functioning CDPAP infrastructure without consulting the consumers most affected. Calling this program "fraud, waste, and abuse" without explanation is a smokescreen. If there are problems, use a scalpel, not a sledgehammer. Destroying an effective system is unacceptable, and blocking the State Comptroller from reviewing the contract only fuels concerns that there is something to hide. Why not release the contracts?

2. PPL's operational failures and lack of DOH preparedness

Transferring such a large number of consumers to a single, inexperienced FI on an unrealistic timeline was bound to fail, and it has. PPL was unprepared from the start. My son's Personal Assistant (PA) did not receive her paycheck on time. She called PPL twice, speaking to two different representatives who gave contradictory explanations, neither of which resolved the problem. No translator was offered despite her limited English. The check never came. It took three weeks, and the intervention of our local elected officials, to get this resolved, followed by weeks more just to receive a promised call from a supervisor. This level of service is a drastic and harmful decline from the excellent support we had before.

Furthermore, the Department of Health (DOH) shares responsibility for this failure. DOH was ultimately responsible for ensuring that consumer hours were approved and sent to PPL. In my son's case, those hours were not transferred on time, forcing us to submit paper timesheets for weeks until DOH corrected the problem. It is hard to understand how DOH could insist the

transition could be completed in such a short period of time, yet fail so completely in fulfilling their own part of the process. DOH must explain these failures to the committee.

3. Exploitation of PAs through benefits mismanagement

PPL's handling of PA benefits is equally troubling. They have partnered with questionable companies and are issuing benefits cards that are difficult to use, eventually allowing them to charge fees that reduce PA wages. PAs are required to join a union yet see no tangible benefit from membership and cannot opt out. The health coverage offered is so inadequate it can barely be called insurance. This arrangement appears to serve corporate interests, not the workers, the consumers, or the taxpayers.

I am just one of tens of thousands of New Yorkers now facing these problems. The Governor and State Legislature must act immediately to end PPL's monopoly and restore consumer choice in this critical home care program. Without urgent action, more families will suffer unnecessary harm.

Sincerely,

Dr. Melanie Brazil

Mother to Elijah Brazil