NEW YORK ASSOCIATION ON INDEPENDENT LIVING

155 WASHINGTON AVE | SUITE 208
ALBANY, NY 12210
518.465.4650 PHONE | 518.465.4625 FAX
INFO@ILNY.ORG | WWW.ILNY.ORG

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Angela Profeta
Deputy Secretary for Health
Sent via email: angela.profeta@exec.ny.gov

Dear Angela,

We are writing as follow-up to our March 12th meeting to reiterate the urgent need to extend the deadline for the transition of the Consumer Directed Personal Assistance Program to the single statewide Fiscal Intermediary, Public Partnerships LLC (PPL).

From Monday 3/10 data sent by DOH to the Legislature on Tuesday (see DOH chart at the end of this letter), this transition is far from complete. For example, in NYC 64% of the CDPAP consumers had "not started" their registration. When you add the numbers of "only partially registered consumers" in the residual 36%, it is reasonable to assume that over 80% of consumers have not registered. Given that NYC is approximately 75% of the CDPAP consumer enrollees, well over a hundred thousand consumers are not registered and won't be registered in NYC alone.

Your own numbers demonstrate that over 200,000 Disabled people across the state won't be able to register in time. These numbers do not address the workers who must be enrolled in the system in order to get paid. Based on the information provided to the legislature, the attendants who are fully enrolled will still need to complete additional paperwork in order to get paid. The transition will be nowhere near complete on April 1st. If consumers or their workers are not enrolled with PPL at that time, they will go without critically important home care services. Many will be at risk of hospitalization, or worse. Yesterday you stated that a delay "is not an option on the table", and your Counsel closed the meeting by saying that a delay "is not nor will ever be considered". The Administration's response to our request to extend the implementation time frame is deeply concerning.

The Independent Living Center FIs have rolled up their sleeves from the outset to try and make this transition occur by the April 1 deadline, and have regularly kept your office appraised of developments, problems and concerns about the accuracy of PPL data. This is despite our overall concerns about the statewide FI approach which are well documented. The performance to date of PPL and required use of their antiquated computer system has exacerbated these concerns. Nevertheless, the ILC FIs have persevered.

We are gravely concerned that Disabled people – themselves – are being blamed. On several occasions, upon being asked what a consumer is to do on April 1 if they and

their PA(s) are not enrolled and find themselves without services, we have been told that “they should have signed up.” PPL themselves have stated that a consumer who can’t navigate their confusing and difficult online registration process is probably “not self-directing and shouldn’t be in CDPAP.” The fact is, many of our attempts to enroll have failed, even with tech savvy individuals. Suggesting that these Disabled people needed too much “hand-holding” is ill advised and should not be the position of PPL or the Executive Chamber. Is blaming the consumer for PPL’s systems failure the position of the Governor on this question?

The April 1 date is totally arbitrary. It was established because it is the start of the new Fiscal Year. When DOH transitioned Medicaid FFS to “Managed Care for all” in 2012, it allowed a full 13 months to safely ensure a transition that did not harm any Medicaid consumers. Moving people into the new paradigm was largely done when they were up for reassessment, which is what we recommended as a more deliberate and sensible approach to this transition. This approach would also leverage the care management function that individuals should receive through their plans.

Even for those that are actively trying to get enrolled in the system by the deadline, the process is extremely and overly complex and difficult. The 11 Independent Living Centers (ILCs) who are signed on as CDPAP facilitators are working tirelessly to support consumers and PAs throughout the process. Despite significant effort, the ILCs have been unsuccessful in getting their entire 5,600 consumer population enrolled. For consumers that have been onboarded, only a very small percentage have their PAs registered.

The Hochul administration has been regularly made aware of the problems with onboarding consumers and attendants. Facilitators, consumers, PAs, Designated Representatives (DR) and managed care plans are all reporting that the process is slow and cumbersome. To transition all consumers and PAs into their system effectively, PPL would have to make significant upgrades to their database to handle much higher volume of activity, fully integrate facilitators and provide for a more robust registration program. There is simply not enough time.

Since you have asked for specific examples of the issues the ILCs are experiencing, we have included some below. However, it is important to stress how this is merely a snapshot of the persistent and constantly evolving issues experienced by those trying to use the system.

Just some of the issues that ILCs have directly identified include:

- **The system is missing data** on CDPAP consumers despite being shared by Fiscal Intermediaries and/or the MLTC plans, making it impossible for these individuals to onboard into the system. This has been an issue across multiple ILCs. The ILC Facilitators are frustrated about not being able to help existing consumers, despite their efforts. One ILC staff said: “*We sent PPL a list of consumers back in January, yet 40 individuals are still missing from their system. Despite repeatedly following up, this issue remains unresolved. Without their*

names in the system, we can't assist them with registration, leaving them in limbo and without the services they depend on. This delay is completely unacceptable and puts consumers at risk."

- **Information in the PPL system is often inaccurate**, including an individual's Medicaid number and name.
- **PPL's system cannot accommodate people using the same email address.** As an example, if a consumer is a child, the parent who is also the designated representative, may use a single email address which causes an error in PPL's system.
- **Information in the PPL system is not secure and likely violates a number of protected personal information statutes**. For several weeks, PA information, including their social security numbers, were visible to all. This led to Disabled people being anxious about enrolling. People are aware of this because PAs attempting to log in to their dashboard and being brought to the consumer dashboard where their personal health information is viewable.
- **The system isn't designed to be consistent with New York's program rules,** creating needless barriers for those trying to enroll. For example, individuals cannot be a DR on more than one case in the PPL system, as would be the case for a parent of more than one Disabled child. Individuals also can't be in the system in two different roles, even though there are individuals who work as PAs for some individuals but are also Designated Representatives for others. These cases are completely independent of one another.
- **Long wait times to speak with PPL,** ending in disconnections, or the option to have a call back, resulting in no call back.
- When people do get to speak to someone, **the Consumer Service Representatives (CSR) are often untrained and unable to assist or provide inaccurate information.** There have been several instances where individuals were directed to a Facilitator's office that is hundreds of miles away when there is one just a few miles from their house because the CSR was unfamiliar with NY's geography.
- **PA onboarding is anything but easy.** PA onboarding requires an authentication code that, more often than not, doesn't come through. This requires a phone call to PPL so that they can re-send another verification code, which is a time-consuming process. *"My consumer was unable to log into the PPL@Home portal, and they were a very tech-savvy consumer. It required multiple attempts with failed verification codes and then a 3-way call to PPL where they re-sent another verification code. This took approximately an hour of looping through to re-send the codes and attempt to login. Upon successful completion for the Consumer, we had the same lengthy experience with his PA trying to log in. This significantly reduced the number of consumers and PAs we were able to assist."*
- **Even PAs who are "complete" are not yet "payroll ready**". DOH has clearly indicated that PAs will still need to process additional paperwork in order to get paid – even if they are identified as "complete" today.
- **System errors.** Consumers/PAs are unable to sign forms in the system, or if they are signed the system still shows it as incomplete. ILC Facilitators are having to

spend their time going through the same consumer profiles repeatedly to see what the system didn't save properly.

- **Duplicative work**. Consumers and PAs already enrolled in the system are getting bombarded with emails and calls from PPL telling them they need to register in the system. This can result in the same consumer or PA appearing multiple times in the system, which won't process multiple registrations from a single person. This is causing mass confusion, and substantially increasing the time spent on cases by Facilitators who are being asked to verify they are complete and provide reassurance.
- **Facilitators can't assist consumers or PAs they don't already serve as FI.** The referrals from PPL to the ILC facilitators often do not include contact information. Even when they make contact, Facilitators do not have sufficient access to PPL's system to provide effective assistance. In addition, when an ILC Facilitator receives a call from an individual not currently in their FI program seeking assistance in the enrollment process, the ILC cannot assist them unless they are on the ILC's dashboard. *"Consumers calling stating they have reached out to PPL to register, with no call back. Then calling us to help them but not finding them on our dashboard. Therefore, we are unable to assist."*
- The challenges are even worse for consumers and personal assistants who struggle with technology, live in rural areas, and/or speak a language other than English or require information in Braille. Consumers requesting paper packets based on their preferred communication being non-electronic don't receive them. Consumers requesting assistance in a language other than English have trouble getting it. *"Last week we had a consumer call the Spanish language line twice and only got English speaking PPL staff. Ultimately, our ILC provided translation support at the ILC's expense."*
- **Finally, there is an issue with PA wages and benefits.** PAs are complaining that they will be paid less under PPL. Some will be required to accept a minimally compliant health plan that will conflict with their existing coverage while others will need to wait two months for PPL health insurance, and not be eligible for COBRA as the plan they have been using is closed. The confusion and chaos are derailing the enrollment process.

Our experience overall can be summarized by this ILC Facilitator's quote:

"Our staff spends hours every day troubleshooting a flawed system while assisting consumers and Personal Assistants with registration. Based on our experience, there is no way all of our consumers and their PAs will be registered by the end of the month. The system is unreliable, inefficient, and creates unnecessary barriers for those who depend on CDPA services."

The Administration has repeatedly been made aware of the failures in the system yet refuses to consider any action. It is unconscionable that the State would knowingly leave 200,000+ consumers without care and PAs without pay based on an arbitrary deadline that they control. This utter failure to safeguard vulnerable Disabled New Yorkers is appalling. We urge you to take action before it is too late.

DOH provided data on March 11, 2025:

Geographic breakdown of consumers fully enrolled and yet to fully enroll with PPL:

PPL Consumer Enrollment as of 3/10/25		
	Not Started	**Complete or In Progress**
Capital Region	34%	66%
Central New York	45%	55%
Finger Lakes	42%	58%
Long Island	55%	45%
Mid-Hudson	48%	52%
Mohawk Valley	37%	63%
New York City	64%	36%
North Country	31%	69%
Southern Tier	33%	67%
Western New York	58%	42%

1. Note that these percentages include in the denominator all consumers who are currently in CDPAP – the Department does not expect all of these consumers to choose to continue to stay enrolled in CDPAP, as some have already taken steps to transition to personal care. So these figures understate the true percentage of those who intend to continue in CDPAP who have registered to date.