

## Caring Majority Rising

### Testimony to the New York State Legislature Joint Hearing of the Senate Finance and Assembly Ways and Means Committees

#### THE 2025-2026 EXECUTIVE BUDGET

#### TOPIC: HEALTH/MEDICAID

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Caring Majority Rising is a grassroots organization of older adults, people with disabilities, family caregivers, and home care workers. We organize to ensure that all New Yorkers have the care we need to live and age with dignity in our own homes and communities. We also work to win living wages for essential home care workers, so that they can support their own families and so we can recruit the workforce we need to meet our state's growing demand. As a grassroots organization, our ONLY concern is ensuring our members who are home care consumers do not lose their care, and that home care workers earn a living wage.

At a time when we fear tremendous Medicaid cuts from the federal government, our state government should be shoring up and supporting home care, not destabilizing and decimating this essential service. Instead, Governor Hochul is pushing forward a program that could result in tens - or even hundreds - of thousands of people losing their home care, while continuing to push draconian cuts to eligibility for home care services. In an ideal world, grassroots organizations like ours would be working \*with\* the state to do all we can to protect Medicaid at the federal level. Instead, our members have had to put their hearts, souls and bodies fully into protecting their care from Governor Hochul and the Department of Health.

Much of my testimony will focus on the disastrous transition to a single fiscal intermediary - PPL - in the Consumer Directed Personal Assistance Program (CDPAP.) I will also focus on other measures we support to protect and strengthen our state's investment in home care. I will also include the testimony of some of our members as they fight to protect their care.

#### **Context**

New York State is facing an urgent crisis: our population is aging rapidly and we don't have enough home care workers to care for the state's older adults and disabled people. In fact, New York currently faces the [worst home care shortage](#) in the entire nation.

The shortage is only growing worse as our population keeps aging, and older adults increasingly search for nursing home alternatives. **We know that in order to keep up with**

## **the growing need, we need to invest in home and community-based supports, including home care.**

New Yorkers agree. Home care is an important issue for New York voters. [A Hart research poll](#) of 805 registered New York voters over a week-long period last year showed that 82% of NY voters are concerned with the cost of long-term care - that's compared to 48% concerned about college, 45% concerned about student loans and 34% concerned about child care. 74% of voters, across party lines, said New York State should do MORE, not less, to make high quality home care available. The poll showed over 75 percent of respondents said they viewed consumer directed home care in New York favorably.

In the 2024 budget session, NY Caring Majority championed the [Home Care Savings & Reinvestment Act \(S7800/A8470\)](#) - which would remove private insurance companies as middlemen in NY's Medicaid funded home care delivery, and would save between \$1 billion - \$3 billion per year to reinvest in wages and other improvements to home care delivery.

Instead of supporting the Home Care Savings and Reinvestment Act Governor Hochul decided on a short-sighted, poorly planned move to hand over half of NY's home care to a for-profit, private equity backed corporation, PPL.

### **The Truth About CDPAP and Home Care Costs**

Governor Hochul's CDPAP proposal was based on the unfounded accusation that CDPAP is a "racket" and the Governor accused home care consumers and workers of fraud. Yet the data makes clear there is essentially no fraud committed by consumers and PAs in CDPAP.

- In 2022, the Medicaid Inspector General "review[ed] a claims universe of over \$37 million, identifying overpayments of more than \$46,000 representing a 99 percent claiming accuracy."
  - 7 out of about 350,000 PAs were referred to AG Medicaid Fraud Control Unit, or [0.002% of CDPAP workers](#)
- In contrast, in 2022 the Medicaid Inspector General identified \$19.1 million in MLTC fraud—and in 2022, the state comptroller found that over the previous six years, [MLTC plans had received \\$700 million in improper payments](#) for individuals who were not enrolled in the program and [another \\$2.8 billion for individuals who received virtually no care](#). In a program that spends tens of billions of dollars a year, this figure is significant.
- The Governor has not presented evidence of widespread fraud — nor has she proposed any policy solutions to the alleged fraud problem.

The Governor has also warned that CDPAP usage is growing at an unsustainable rate. New York State Budget Director Blake Washington, for example, has [said](#) CDPAP use has grown by 1,200% over the past decade.

But it is misleading to look at CDPAP costs in isolation. Home care is available in NYS through home care agencies, and through CDPAP — where consumers choose, train, and hire their own workers. CDPAP is just one form of home care that is growing while another form — agency-based care — is shrinking as consumers shift from one to the other. Over the past five years, CDPAP use has grown while agency-based home care use has shrunk — because New Yorkers have a hard time finding home care through agencies:

- 67,000 more New Yorkers starting using CDPAP
- 30,000 *fewer* New Yorkers used agency-based home care. Agency home care in terms of hours of utilization has actually shrunk almost 20% since 2018.

As a result, overall home care use is growing at a normal rate. This [Fiscal Policy Institute report](#) shows that from 2016-2022, **total home care use grew at a rate of just 3.9% per year** - a significant rate for sure, but not much faster than overall growth of the state's older adult population and nowhere near the alarming numbers that Hochul's team has put forward.

The likeliest scenario is that the burden will fall on users - more consumers will switch to agency-based care or nursing homes, which costs more than CDPAP. Home care costs between [30-65% less than nursing homes](#), depending on how many hours of care are needed.

### **The Single FI Plan Was Flawed from the Start**

The switch to a single fiscal intermediary is based on misinformation and outright lies - and the plan itself was deeply flawed from the start.

The procurement process has raised many questions. It was a very rushed process for such a massive contract, and the RFP contained many irregularities;

- The process was exempted from Comptroller oversight.
- The procurement had no performance or quality metrics.
- The minimal \$100 million letter of credit was well below risk involved with a \$9 billion, 5 year award.
- For purposes of this RFP, DOH had an overall goal of **0%** for M/WBE participation, based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms.
- The language had very specific subcontract provisions, as if only pre-determined entities would be eligible

There are also serious questions about whether the process was rigged, and if PPL was designated to be the single fiscal intermediary from the start; multiple lawsuits have been filed claiming just that.

- [Times Union, 11/27/24](#): "A home care company...passed over for a contract to manage a multibillion-dollar Medicaid program in NY claims in a lawsuit filed this week that the state rigged the bidding process in favor of the winner."

- [NY Post, 12/8/24](#): “The firm at the center of bid-rigging claims involving Gov. Kathy Hochul’s overhaul of a \$9 billion home care program added staff weeks before it won the contract, records show.”
- [Albany Times-Union, 12/1/24](#): “A Rochester-based home care agency...pointed to what they claim is evidence that the statewide contract awarded to PPL was rigged...including one job listing that PPL posted seeking a NY-based director over a month before they were officially granted the contract.”

Another court filing contends that [PPL did not disclose a conflict of interest](#) that could have prevented it from securing the contract: a company with partial ownership of PPL, the Public Consulting Group, recommended and advised on the single FI plan. PCG owns at least 25% of PPL, a fact PPL failed to disclose before it secured the bid.

**Given the many questions about the legality, thoroughness, and rushed timeline of this process, one thing that’s clear is that we cannot say with confidence that PPL was selected for their competence, or because they were the best organization for the job.**

PPL’s checkered history in other states had already raised red flags before the transition, with a series of labor violations, consumers losing their care, poor customer service, and severe mismanagement of funds.

**But what we are most concerned about is the shockingly short timeline for the transition that defies common sense and basic math. Tens -or even hundreds - of thousands of home care consumers and workers will likely lose their care and jobs if it moves forward.**

There are about 280,000 consumers + 425,000 personal assistants (PAs) whose records have to be transitioned into PPL’s (new and untested) systems. That means that, working seven days a week, PPL would need to transition approximately 8,400 people a day.

- Working 7 days a week, PPL would have to enroll 3,333 consumers and just over 5,000 PAs per day
- One month in, by February 6th, they should have enrolled over 106,656 consumers and 161,904 PAs.
- On January 31st, PPL reported 22,000 people \*have started or completed\* the process. (They do not indicate how many people have actually completed the enrollment process.)

DOH and PPL have said that in order to continue to receive home care services, you must be in their system by March 28th. There is no Plan B.

[Experts recommend at least a two-year timeline](#) for a transition of the size and scale in New York State. In 2024 Massachusetts transitioned 70,000 consumers to a single FI over 19 months.

The Department of Health knows what is needed to ensure a transition where people don't fall through the cracks. [Just a few years ago they successfully managed the process of nearly 9 million New Yorkers recertifying to keep their Medicaid](#) coverage after the public health emergency ended. They managed this by working closely with stakeholders, doing significant proactive outreach, and following a realistic timeline.

This last month has also shown very clearly that **PPL and DOH are not prepared to execute a transition of this size**. Whether PPL is incompetent or their many mistakes are a normal part of a transition that wouldn't be a problem if they had enough time to iron them out - or both - it's clear we need to drastically extend the timeline. Right now, this short time line allows NO ROOM for error. And PPL is making many errors.

PPL opened their phone lines and enrollment processes to consumers on January 6, with the promise that the company would be up and running by that date. The experiences of [consumers and PAs have shown that is patently not the case](#). The call center has been plagued by numerous logistical issues, including dropped calls, long holds and waits, representatives who can't answer questions, and massive failure to provide language accessibility. People trying to access PPL's in-person sessions cannot get the location of these sessions until the day-of - making it nearly impossible for people to schedule transit, assistance and other logistics to attend. On-boarding PAs requires the submission of 15 different forms. Consumers are receiving enrollment packets - for other consumers.

For the first month of the transition, PPL would not provide any information to PAs or consumers about wages and benefits. They only said wages and benefits will be competitive and regionally based, and required PAs to share all their info (social security number etc) before sharing any additional information

Many FIs currently pay above home care minimum wage . PAs are concerned about wage cuts, and worry that PPL's wage and benefit package will be as bare bones as the law will allow. How many current PAs will endure PPL's inhuman onboarding obstacle course only to work for less money and worse benefits? Countless PAs will decide to look elsewhere for work.

This month, PPL did post information on their website with wages. However, PAs have shown us their actual offer letters from PPL which show a rate less than what is on the website.

Additionally, PPL has been cavalier with consumer data, raising the risk of legal blowback that will further slow the process down. Already, two days after phone lines opened, a New York Supreme Court judge put a temporary hold on part of the transition after an FI filed suit, arguing DOH's requirement to share clients' personal information with PPL violates HIPAA rules. While that TRO was lifted, a Long Island judge issued another one, prohibiting 41 FIs from sharing consumer information with PPL until a March hearing.

Finally, there is the issue of notice. It appears that CDPAP services will simply end on March 31, 2025, for consumers who have not transitioned to the SFI by March 28. Yet consumers are required to be given advance 10-day notice before services are discontinued. The State is placing the onus of the transition on consumers, and consumers have the due process right to notice of a determination that they have not met that burden.

Despite all this, the DOH and Governor appear to be approaching April 1st with their heads in the sand. The State Health Commissioner James McDonald recently said, "The transition is moving forward as planned; we remain on track to meet the April 1 deadline."

This is an emergency. People are terrified. We talk to people every day - we hold daily "Water Cooler Sessions" on Zoom where consumers and PAs can share information and help each other manage this process. We participate in consumer and PA Facebook groups and forums. Across the board, people are confused, frustrated and again, terrified.

We urge the legislature and Governor to act NOW to delay this timeline. **The DOH and Executive Chamber are playing with peoples' lives.**

We don't want to return to the status quo, but we need thoughtful, common sense reforms, not corrupt deals that only increase the profit incentive in home care.

### **We Need a Real Plan to Protect Home Care Consumers and Workers**

#### **Priority #1: Pause Transition of Consumer Directed Care to a Single FI NOW**

It's clear that this plan is already a failure. We need to extend the timeline significantly. And we need to initiate a serious process, that includes stakeholders, that is based on solid data and experience, to create a plan that protects consumers and workers and keeps the profit incentive out of home care so that ALL of our tax dollars designated for care actually go to care.

REQUEST: Extend the transition to a timeline that makes it feasible to enroll all consumers - Medicaid Matters recommends 2 years.

#### **Priority 2: Fair Share of the MCO Tax Revenue & increased Medicaid**

Enrollment of older and disabled NYers into Medicaid Managed Care is growing at 12%, while enrollment of other populations is falling. New York has abundant resources to invest in expanding healthcare access for all, with state revenues and reserves at record highs and the MCO assessment generating billions of dollars in new federal funding. Unfortunately, the executive budget proposes misallocating these funds. The governor has proposed a lopsided investment in rate increases for institutional providers, while home care workers are left with no pay increase and the state doubles down on implementing Cuomo-era HCBS eligibility cuts. Meanwhile, the state will spend billions on tax cuts and one-time payments.

REQUEST: Allocate revenue proportionately to the sector of health care that is generating the revenue; specifically, restore eligibility standards for personal care and support Fair Pay for Home Care.

**Priority #3: Repeal CDPAP Single Fiscal Intermediary (FI) Agreement and Require FI Licensure**

ISSUE: The \$9 billion 5-year contract awarded to PPL to be the single Fiscal Intermediary for nearly 300,000 New Yorkers was awarded without State Comptroller review of the contract. To ensure public safety, S.1189 (Rivera)/A.2735 (Stirpe) would require additional oversight of fiscal intermediaries by requiring the Department of Health to develop a licensure process for Fis.

REQUEST: Include the provisions from S.1189 (Rivera)/A.2735 (Stirpe) in the one-house budget recommendations put forth by the Legislature for the purpose of negotiating with the Governor.

**Priority #4: Repeal & Replace MLTC Model with Managed Fee for Service – Enact Home Care Savings and Reinvestment Act (A2018)**

ISSUE: In 2011, the State gave control of its Medicaid home care program to private insurance companies, arguing that privatization would improve care through the use of care management and care coordination. While the insurance companies receive billions of dollars per year in profit and administrative fees, the promise of care management, and the associated higher quality of care, has not materialized.

REQUEST: Include the Home Care Savings and Reinvestment Act (S2A2018) to replace the Managed Long Term Care (MLTC) model with a managed fee-for-service program that works for consumers and home care workers alike and will save New York State billions of dollars annually which could be used to pay for growing home care needs, improve service quality, and ensure continuity of care by funding higher wages for home care workers to help resolve New York's worst-in-the-nation home care worker shortage.

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In addition to my testimony, I want to add a few testimonies detailing the experiences of the people directly impacted by this budget and the decisions made regarding CDPAP and home care - the real experts on what needs to happen.

There are hundreds of thousands more people whose experiences matter, and I urge legislators to reach out to your constituents to find out how they're doing with this transition.

**Lori Lemke, Personal Assistant CDPAP, Saratoga Springs**

"My 25 year old daughter requires 24 hour care. As a single mom with medical issues of my own, we are extremely concerned about the potential changes that come with switching the CDPAP program to a single FI, especially to a company like PPL who has a horrible history of providing services in other states. NJ recently announced that PPL will be replaced as a provider in their state. My only income comes from being one of Maddie's paid caregivers.

With that limited income, we cannot take the chance of PPL not releasing payroll for its PAs. We have serious, legitimate concerns about PPL taking over this crucial program. Please help us save CDPAP.

My contact with PPL so far has been very disturbing! I called them Jan 6th and they were not able to answer any of my general, basic questions. The woman actually asked for the "MEDICARE" id, instead of MEDICAID! I was promised an email within 48 hours with the information I was requesting. When that email didn't come, I emailed them on Jan 11th and their response was to call them again. Since my questions couldn't be answered by the rep answering the phone the first time, I was not going to waste time with another phone call.

I attended one of PPL's info sessions on Jan 22. It was interesting to me that I was not able to see any other participants, nor was I able to see questions/comments that were being submitted. Instead of this being a true "info" session, it was more of a "how to transition" informercial. This information is already available, yet they repeated this information over and over instead of providing any useful information to us. We were assured that any questions submitted that were not answered live would receive an email communication with the answers. I submitted several questions and have yet to receive any information. PPL is not equipped to handle the complex program that CDPAP is. If this transition fails, my daughter will be forced into a nursing home, which will be extremely more expensive. My daughter is not the only one in this situation. This is an extremely scary situation for many NYers. Please stop this transition to PPL and consider the alternatives."

**Geri Mariano, consumer, Armonk NY**

Good afternoon — here we are again. Surely the Senators here know me and my story by now. I go by Geri Mariano and for over 50 years I have lived in the town of North Castle, the last 21 years in my condo near downtown Armonk.

My FI Concepts of Independence sent a wage increase notice this week. However, I've been advised that as of April 1...really not funny...PPL takes over all payroll and pay rates. This is terribly confusing. What is going on? I watched the PPL Intro Zoom and I found it insulting, not at all professional. I called PPL on January 6th, 2025 to ask questions and after being on hold many times, I was assured I was in system and neither I nor my ladies/PAs need to re-register. After learning of this forum only yesterday, I made new calls. My caseworker at Concepts says PPL transition is a mess and causing headaches — that she's not sure if I and my ladies do need to reregister; she will need to ask the CEO of Concepts if we have been "auto-populated" or if we actually do need to reregister. This is a nightmare. I have better things to do and I'm tired of worrying each and every year.

I had arranged to have a 40th HS reunion planning Zoom at 4 PM today and yet here I about to cry talking about this disaster of a transition. My caseworker at Concepts and her colleagues are all stressed...thinking they now need to do PPL's work reregistering us. I have not received any written or formal instructions from PPL directly and none of my PAs have either. Can any of you explain to me what is going on and if I and my ladies are safe?

I asked last year and will again, “Honest to God, why does Governor Hochul hate me and all others wanting to remain in our homes with these programs?” This past weekend marked 10 years since very bad surgery left me needing now 24/7 HomeCare. If I’m still here, there must be a reason and it’s not to end up in a deadly nursing home without right to life, liberty and the pursuit of happiness.

[[In the last few years I learned a then HS Senior wrote his college application about me and I’ve been in the Frosty Day parade in Armonk where kids clap for me. I wrote a year-end Ltr sharing all my happenings in 2024. I will forward to anyone here so you can see what a year it was. I’m out and about, putting money in the economy as much as is possible. My ladies spend money as much as they can afford. Why would NY lawmakers want less of this spending? I wrote near the end:

“Appreciatively, all that happened over the last year is because I’m still in my wonderful home and I’m still here because I have my ladles. Maddie and Ana have been with me 10 years in 2024. I must not be all that bad! ... #FairPay4HomeCare is always on my mind and I participated In press conferences, radio interviews and Zooms with NYS officials to keep advocating. NYS lawmakers still need do better and I’ll keep doing my part.” ]]

Westchester Cty Social Workers wanted me to live with a family in society back when rather than being hidden away. Why are NYS lawmakers wanting to go backwards as is the charge on the National level? I thought the Empire State still believes it to be a beacon of hope as is our beloved Statue of Liberty. Why is NYS specifically always threatening MY liberty?

I’m flummoxed and likely tongue tied now...I’m tired of being scared! Please put a stop to PPL taking over come April and please always do better with #FAIRPAY4HOMECARE in the next fiscal budget!

### **Mariela Mosquera, family caregiver**

We all recognize the value of CDPAP, but we must also acknowledge the critical challenges it faces. My son, who is partially paralyzed, waited five months for an aide through in-network agencies—only to be met with failure. Babysitters refused to take the job due to fear of medical complications. The agencies and insurance companies blamed a worker shortage, but the reality? The pay is unlivable.

Thanks to CDPAP, I was able to find, screen, and hire a compassionate aide from my own community—someone who learned on day one that my son can twist his legs in the wrong direction and not feel it. She would crawl next to him everywhere gently correcting his posture so he would not break his bones. She cared for him while he was in a full-body cast for three months, assisting in keeping up his hygiene and ensuring his comfort while we focused on medical care. That’s what real support looks like.

Then, in October 2024, our community learned of the PPL takeover—a backdoor deal forcing a single fiduciary onto the program. My son’s aide, a mother to a disabled child herself, told me that if the pay was lowered, her own mother—who serves as a CDPAP aide for her child—would lose her apartment. After ten years of care at a poverty-level income,

that loving grandma would have to walk away. And when she decreased hours, we lost our aide in turn. We then lost the Prior Authorization for our CDPAP hours for not utilizing them.

The domino effect of these changes is devastating. The chronically ill and disabled do not have the luxury of waiting to see what happens next. CDPAP was fought for since the 1970s and finally implemented in 1995. Now, it's being dismantled for profit.

PPL's \$9 billion contract was secured without transparency, violating basic employment rights—no confidentiality, no contracts to review, no legal protections just a relax and accept it! Workers were stripped of their rights overnight. How do you agree to employment that you're not informed of policy or pay?

PPL claims it will save \$50 million while requesting higher pay scales and an advance payout—taking more while giving workers less. The basic pay rate offered to PPL is over \$65 per hour while the Aide makes what exactly? Was the plan to eliminate the participation and hoard the profit paid by Medicaid in advance? How about the cost of MAS's institutionalization exceeding over \$159 Thousand per year per parent or the decline that occurs after living in an understaffed facility. Perhaps I'm reaching but that's easy to do when We are kept in the dark.

This is exploitation, plain and simple.

Our government is bitterly divided, and the political climate is downright hostile. Sound familiar? So do swift, egregious, and shady decisions that leave people with no choice but to walk away. Let's be honest—it's a bit hypocritical to rubber-stamp a \$9 billion deal that profits off the blood, sweat, and tears of the chronically ill, disabled, and medically fragile—the very people who put their trust in you.

I urge you to support Bill— (S.1189 Rivera/A2735 Stirpe) because the dignity and survival of the disabled community depend on it

### **Eileen Benthall, PA Suffolk County**

My name is Eileen Benthall and I am a mom of a miracle. This is my daughter, Johanna. (say hello, JO). Jo is a 28 y/o woman with many different abilities. Born with a rare disease that causes bleeding, tumors, hydrocephalus and seizures in her brain; Jo has had over 100 brain surgeries in her lifetime. She needs hands-on assistance with all ADL's and requires 24/7 care to ensure her health and safety.

CDPAP has been a lifeline for Jo- allowing her to remain in her home cared for by family members and friends in our local community for the past 15 years.

Suffolk County Department of Social Services oversees the assessments and development of Jo's care plan in cooperation with our family, designated representative and our local FI.

Before the switch to PPL and a one FI monopoly, we received visits and had monthly communication with both DSS and our local FI. The nurses knew my daughter; her medical history and what makes her smile.

They know that Jo's a farmer on the East End of Long Island who loves to collect eggs from her chickens, bottle honey from her bees and care for her six goats on her backyard farm.

Jo's CDPAP care was community based and carefully monitored to ensure Jo's health and safety, protect her freedom of choice, her HIPPA privacy and her freedom to live her life in the peace and security of her home.

Since the monopoly plan to PPL was passed, we lost our FI, and our health insurance, struggling with appointment cancellations, medication denials as both the current FI and Medicaid supplemental was left in chaos.

When PPL opened on January 6th, I called only to be transferred from telemarketer to marketer all giving different numbers and websites, emails to contact to answer our basic questions for transparency on PA rates and benefits, transition of sensitive care plans and documentations and how this plan would ensure there would be no discontinuation of care.

The calling agents had only one solution- and as instructed they asked for Jo's Medicaid number, social security for PA's- all the while managing screaming kids in the background. I imagined our private information opened on someone's laptop or written on a legal pad on their kitchen table. All this administrative chaos destabilizes a system that is very sensitive and difficult to manage on a regular day.

The numbers that PPL reports as transitioning are less than half of the 250k participants and 400k PA who make up the current CPA program in NYS. Those numbers aren't "rackets or schemes"- they are individuals and family members- our loved ones who need care at home.

I can't help but wonder if the real budget cuts to CDPAP are not in proficient administrative tasks of one giant monopoly Fiscal Intermediary, but rather in the thousands of loved ones who will be denied their care at home.

If this PPL plan must persist, we call on Governor Hochol and DOH to slow down the transition for the next 12 months and provide transparency and professional care for the health and safety of our loved ones.

But we prefer that our elected officials go back to the drawing board and support Senator Gustavo Rivera and Assemblymember Al Stirpe's legislation that would get rid of this monopoly and put a common sense program to license fiscal intermediaries over the next two years. This will ensure FI's are held accountable and administrate this community based program correctly to ensure fiscal integrity and the health and safety of our loved ones in our homes without a disruption in services. The licensure bill number is A.2735/S.1189.

**Barb Hoffman, PA Medina**

“They wanted lots of information...wanted to talk to my son. He is non-verbal. Did not want to talk to me, his PCA. At all.”

**Marlene Fedin, Consumer NYC**

“Got some guy who kept saying "phone problems" and he could not hear me. He actually called back, from a private number. He basically was clearly unfamiliar with the answers to my basic questions.”

**Jose Hernandez, Consumer, Bronx**

“The person was not able to answer any of my questions. She was interested in getting me in the interested participants program, but she wasn't even able to do that because the system locked up on her.”

**Michelle Fridley Consumer, Canandaigua**

“I feel I got nowhere and I am not even sure if the answers I got are correct.”

**Elizabeth Fox**

“The PPL folks are just as lost as we are.”

**Lolli Edinger**

“I told them if I couldn't maintain my current pay rate I would need to seriously be looking at other jobs...I was told that my consumer needs to be registered first. That's not OK. I'm very concerned when you can't even be told what is my rate of pay going to be.”

**Larissa Martin, consumer, Newburgh**

As a person with multiple disabilities, I count on the decades-old Consumer Directed Personal Assistance Program (CDPAP) to allow me to live in the community and be an advocate for justice in home care. I find it terrifying that people who rely on CDPAP are being forced into a dangerous transition in a completely unrealistic timeframe.

For years, the program has been managed by several hundred small local agencies; now, Governor Hochul wants it to be managed by just one big out-of-state corporation.

This corporation, PPL, has had more [failures](#) than successes. Pennsylvania's auditor found that PPL cost their state millions of dollars more than it should have and caused “undue financial and emotional strain on tens of thousands of people.”

PPL's misconduct here in New York has resulted in a [restraining](#) order against them for disregarding patient privacy and confidentiality guaranteed under HIPAA.

Anyone can become disabled at any time. If you do not enjoy power and privilege, you and your family would have to rely on this program that is being threatened with a reckless, rushed transition to a greedy and incompetent corporation.

**Angela Harmer**

I have used New York's Consumer Directed Personal Assistance Program since 2002 for my home care, and I have never been more frightened due to what is happening right now.

I am a 50-year-old woman, a wheelchair user, who has cerebral palsy. But my form of cerebral palsy has never stopped me from being active. I have two college degrees and have been in community service most of my life. My most recent job was at Open Doors, which helps people transition out of nursing homes.

CDPAP offers me, and thousands of others, freedom, independence and a flexible life. But it's under attack by Gov. Kathy Hochul. She is handing over the management of CDPAP to one company with a terrible track record. In other states, the company, Public Partnerships LLC, ran programs like this poorly and was even hit with a lawsuit for not paying home care workers.

Since COVID-19, my mom has had to step in to provide care. With CDPAP, at least I can pay her something. I'm afraid that with this new company in charge, my mom won't get paid. I'm afraid that many of us will lose our home care and be forced into nursing homes.

I want to say to Hochul: Why are you threatening the home care I have relied on for 22 years? Why don't you bring us to the table so we can tell you the truth? Why do you have to make me worry every day?