

**Week Starting – December 8, 2017**

Published 12/10/2017 – 12:340PM (1Consumers, 1Article, Legislative Day)

**Draft - CDPAP Agency Data Collection Form – Please Review and Comment – Page 32**

**Articles**

*Wed, Dec 6, 2017 at 12:04 PM*

*Legislative Day*

*Thu, Nov 30, 2017 at 11:31 AM*

*DOH Extends Deadline for Fiscal Intermediary Authorization Application to Dec. 15*

*Consumer Directed Personal Assistance Services Program (CDPAP)Fiscal Intermediary (FI) Authorization FAQ*

*Mon, Nov 20, 2017 at 12:07 PM*

*CDPAP Fiscal Intermediaries Must File an Application for Authorization With DOH or Cease Operations*

*Mon, Nov 13, 2017 at 11:23 AM*

*Update on Home Care Worker Pay Issues*

**Index:**

**Intro Statement – Pages 1**

**Consumer Listings – Pages 3**

**PCA Requirements – Pages 12**

**PCA Candidates – Page 13**

**Articles – Pages 19**

**Independent Living Centers – Page 30**

**Alternative Resources - Page 31**

**Draft - CDPAP Agency Data Collection Form – Please Review and Comment – Page 32**

On September 16, 2013 the New York State Department of State accepted the Certificate of Incorporation submitted by **Consumer Directed Services, Inc.** under section 404 of the Not-for-Profit Law. A certificate that included the following statement:

*To insure that the corporation remains focused on the empowerment of the people being served, as the service population grows, the corporation will expand the Board of Director Membership to insure that a majority of its seats are held by people with disabilities.*

On November 12, 2015 the United States Internal Revenue Service determined that Consumer Directed Services, Inc. is exempt from Federal Income Tax under Internal Revenue Code Section 501 (c) (3).

*We are pilgrims on a journey; we are travelers on the road;  
We are here to help each other walk the mile and bear the load*

Excerpt from - *The Servant Song*- Richard Gillard (1974)

To assist Consumers with the problem of finding new Personal Care Assistants, [Consumer Directed Services, Inc.](#) created a FREE Employment Information Bridge between Consumers and Personal Care Assistant (PCA) Candidates.

### **Consumers / Advocates**

To search for a PCA Candidate complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate](#). When your information is received it will be enrolled in the email database, and posted on the website for a month, distributed to all of the members of the Consumer Directed Services database (Consumers, PCA Candidates, and a variety of other Employment Resources), and published in the Consumer Directed Services Newsletter for a month.

To just add your information to the Consumer Directed Services database, a Consumer or Advocate need only send me an email to [elitcher@consumerdirectedservices.com](mailto:elitcher@consumerdirectedservices.com) and include your name and the text **Newsletter Request**. When your information is received it will be enrolled in the email database and you will begin receiving future issues of the Consumer Directed Services Newsletter and other emails related to the program's goal.

### **Personal Care Assistant (PCA) Candidates**

To include your information in the Newsletter and email database, complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#). When your information is received, your information will be published in the Newsletter for a month, and you will begin receiving future issues of the Consumer Directed Services Newsletter and other emails related to the program's goal.

Also, to access our list of Currently Available Jobs, please use the following link: [JOBS](#)

Previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](#) home page. Finally, if you have any questions, comments, or recommendations about this service, or should you wish to remove your address from this list, please contact send an email to [elitcher@consumerdirectedservices.com](mailto:elitcher@consumerdirectedservices.com).

Best Regards, Ed Litcher

# Consumers Searching

**Consumers Wanted:** *For an Employment Information Bridge to work it requires traffic to flow in both directions. If you are in a Consumer Directed Personal Assistance Program, you will eventually need to find a new Home Care Worker. And up to now you may have relied upon Friends, Family, an Agency or you may have chosen to put your own advertisement on the Internet (See the list of Internet resources on the PCA Employment Agency page of this newsletter). Therefore, to help you find the PCA Candidate of your choice, I urge you, to do everything you ordinarily do, to consider an Internet resource and to try*

[www.ConsumerDirectedServices.com](http://www.ConsumerDirectedServices.com).

*Finally, if you try Consumer Directed Services, please spread the word. Tell your friends and associates about this **FREE** service.*

**Ms. T. () on Saturday, December 9, 2017 at 12:56:10**

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Neighborhood Name: Roosevelt Island.

City, Town or Borough: NEW YORK

Available Transportation: Tramway, Subway, Bus, Train, Auto, Other Transportation,

Phone: 212 593 1882

E-mail: [TOLLIVER546@twc.com](mailto:TOLLIVER546@twc.com)

Email Authorization: Yes

Consumer Age: Older than 70

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Paraplegia, Wheelchairs, Lifters, Other Equipment, Special Diets,

Languages

Description of Special Diets: None

Description of Languages: ENGLISH ONLY

Preferred Candidate Gender: Female

Required Documentation: Social Security Number, Proof of Identity, Recommendations

Hours: 12

Days: 7

Start Time: 8am or 8pm

Description of Schedule: 12hour shifts. MON THRU SUN

Pay Per Hour: 11

Pay Per Day: Any

Pay Per Week: All  
Comments: PERSON NEEDS COMMON SENSE, NON SMOKER AND ABLE TO FOLLOW DIRECTIONS

**Cat Green () on Tuesday, December 5, 2017 at 13:56:10**

---

Neighborhood Name: Van Cortlandt Park. Bronx, NY  
Available Transportation: NYC subway & bus  
E-mail: [bblin@aol.com](mailto:bblin@aol.com)  
Email Authorization: Yes  
Consumer Age: 67  
Consumer Gender: Female  
Payroll Method: Agency  
Type of Candidates: Personal Care / Home Health  
Candidate Experience: Seniors, Self-directing Individuals with a speech disability, wheelchairs  
Preferred Candidate Gender: Female  
Required Documentation: Social Security Number, Proof of Identity, Recommendations  
Hours: 60 hrs. week  
Days: 6 days  
Start Time: 9am  
Pay Per Hour: Concepts  
Comments: Looking for a temporary aide to cover my permanent aide's vacation, December 27, 2017-January 10, 2018. Duties include cooking, cutting food, assistance with ADL. Light housekeeping. Shopping

Semi-hip sixty-seven-year-old woman. Please no drugs, guns or anything illegal.

**Lisa Newman () on Saturday, December 2, 2017 at 16:18:11**

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Neighborhood Name: Lido Beach  
Available Transportation: Bus,  
Phone: 203-912-2693  
Best Time: 5 pm  
E-mail: [lisanewman48@gmail.com](mailto:lisanewman48@gmail.com)

Email Authorization: Yes  
Consumer Age: Older than 70  
Consumer Gender: Female  
Payroll Method: Agency  
Type of Candidates: Personal Care / Home Health  
Candidate Experience: Seniors,  
Preferred Candidate Gender: Female  
Required Documentation: Social Security Number, Proof of Identity,  
Recommendations  
Hours: 4  
Days: 5  
Start Time: 5 pm  
Pay Per Hour: 13.22  
Comments: My mother participates in the CDPAS program and we are looking for  
an evening  
aide in Lido Beach, NY. My parents live at the border of Long Beach/Lido Beach.  
The hours would be approximately 5 pm - 9 am.

**Mr. G. () on Saturday, December 2, 2017 at 04:47:50**

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City, Town or Borough: Farmingville  
Available Transportation: Auto,  
Phone: 631-816-8687  
E-mail: [lovetoocater@gmail.com](mailto:lovetoocater@gmail.com)  
Email Authorization: Yes  
Consumer Age: Between 51 and 70  
Consumer Gender: Male  
Payroll Method: Agency  
Type of Candidates: Personal Care / Home Health  
Candidate Experience: Paraplegia, Wheelchairs,  
Preferred Candidate Gender: Female  
Required Documentation: Social Security Number, Proof of Identity,  
Recommendations  
Days: 5-7  
Description of Schedule: Open Schedule, Flexible Hours PLEASE CALL FOR  
DETAILS

**Sharon () on Friday, December 1, 2017 at 10:19:07**

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Neighborhood Name: Roosevelt Island

City, Town or Borough: NYC

Available Transportation: Subway (F), Bus (Q102), Tramway, and Ferry from Long Island City, Astoria and Manhattan.

Phone: 212-758-1274

Best Time: Tuesday, Thursday, Friday and Weekend

E-mail: [sstern1008@aol.com](mailto:sstern1008@aol.com)

Consumer Age: Between 51 and 70

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Quadriplegia, Ventilators, Wheelchairs,

Description of Languages: English

Preferred Candidate Gender: Female

Required Documentation: Social Security Number,

Description of Schedule: flex

Pay Per Hour: Determined by Agency

Comment: Although the salary and full benefit program is provided by Concepts of Independence. The Consumer paid salary bonus will depend upon the PCA's willingness to remain on the job and their ability to do their job effectively.

**Marcie () on Tuesday, November 28, 2017 at 17:00:10**

---

Neighborhood Name: Rego Park

City, Town or Borough: New York

Available Transportation: Subway, Bus,

Phone: 770-532-3178

E-mail: [marciemarcie12@gmail.com](mailto:marciemarcie12@gmail.com)

Email Authorization: Yes

Consumer Age: Older than 70

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Seniors, Wheelchairs, Mental Impairments / Alzheimer's Disease,

Preferred Candidate Gender: Female

Hours: 24

Description of Schedule: On call HHA needed

Pay Per Day: \$188.00 – \$208.00 Per Shift

Comments: Home Health Aide Wanted: Hiring On Call backup HHAs.

Patient, cheerful, neat, organized, home health aide needed for patient that requires assistance using wheelchair/walker/cane in quiet, clean setting in Queens, NY. Provide total assist with all activities of daily living: bathing, cleaning, laundry, toileting, change diapers, light meal prep, walking, games, and community activities. Must be US citizen or have legal authorization to work in the United States. Job skills for this position include a positive attitude, team player, ability to follow directions, ability to maintain structured environment for patient, read and write in English, climb stairs, push wheelchair, ride in elevators & change adult diapers. Must be hard working, in good physical health and a great motivator. Flat rate \$143 for 24 hour shift. Must pass background check and register with patient's Home Health Agency.

**Stephanie Kodeck () on Saturday, November 18, 2017 at 20:08:50**

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Neighborhood Name: Ditmas Park

City, Town or Borough: Brooklyn

Available Transportation: Subway, Bus, Auto,

Phone: 301-906-6001

E-mail: [stephanie.kodeck@gmail.com](mailto:stephanie.kodeck@gmail.com)

Email Authorization: Yes

Consumer Age: Between 31 and 50

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Domestic / Homemaking

Days: 4

Description of Schedule: 9 - 3 M- Thursday - For cleaning and organizing home

Pay Per Hour: 13 – 14

**Aillen Aponte () on Saturday, November 18, 2017 at 14:27:59**

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City, Town or Borough: Bronx

Phone: 917-392-0940

E-mail: [aillen.aponte@gmail.com](mailto:aillen.aponte@gmail.com)

Consumer Age: Between 31 and 50

Consumer Gender: Male

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Children, Quadriplegia, Wheelchairs, Languages

Description of Languages: Spanish  
Preferred Candidate Gender: Female  
Required Documentation: Social Security Number, Proof of Identity, Recommendations

**Kyra () on Monday, November 13, 2017 at 18:24:01**

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Neighborhood Name: Upper East Side  
City, Town or Borough: New York, New York  
Available Transportation: Subway, Bus,  
Phone: 917-697-4694  
Best Time: 11am  
E-mail: [caryluzelac@gmail.com](mailto:caryluzelac@gmail.com)  
Email Authorization: Yes  
Consumer Age: Between 21 and 30  
Consumer Gender: Female  
Payroll Method: Agency  
Type of Candidates: Personal Care / Home Health  
Candidate Experience: Teens, Young Adults, Visual / Auditory Impairments, Languages  
Description of Languages: English  
Preferred Candidate Gender: Female  
Required Documentation: Social Security Number, Proof of Identity, Recommendations  
Hours: 6  
Days: 3-4  
Start Time: 4.00pm  
Pay Per Hour: 15.00

**Mr. A () on Monday, November 13, 2017 at 17:07:06**

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Neighborhood Name: Brooklyn  
City, Town or Borough: Brooklyn  
Available Transportation: Subway, Bus, Train, Auto,  
Phone: 646 481 4458  
Consumer Age: Between 51 and 70  
Consumer Gender: Male  
Type of Candidates: Personal Care / Home Health  
Description of Schedule: TBD  
Comments: Personal care / home health any I can train You no experience: needed I need a person who is reliable, a person who truly understands the importance of their work, a who takes pride in a job. I live in a safe community with excellent transportation. I can train anyone.



If you call please leave a message and I will call you back. Required documentation: social security number, proof of identity, good pay and benefits

**Jackie () on Sunday, November 12, 2017 at 11:32:30**

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Neighborhood Name: Whitestone / Flushing  
City, Town or Borough: Queens  
Available Transportation: Subway, Bus, Train,  
Phone: 917 658 7299  
Best Time: any time  
E-mail: [creative3ds@nyc.rr.com](mailto:creative3ds@nyc.rr.com)  
Email Authorization: Yes  
Consumer Age: Between 21 and 30  
Consumer Gender: Male  
Payroll Method: Agency  
Type of Candidates: Personal Care / Home Health  
Candidate Experience: Young Adults, Special Diets,  
Description of Special Diets: no wheat/milk  
Preferred Candidate Gender: Either  
Required Documentation: Social Security Number, Proof of Identity,  
Hours: 8  
Days: 2  
Start Time: 12pm

Description of Schedule: needs someone for Sundays and a fill in for during the week  
Pay Per Hour: 12.20

Comments: I'm a sweet and cant talk but I understand everything that is being said to me and not behavioral boy. I need someone to help with my ADL skills. I don't mine having a women or a male to help me.

**Rachel () on Saturday, November 11, 2017 at 18:32:29**

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Neighborhood Name: Uniondale  
City, Town or Borough: Nassau County  
Available Transportation: Bus, Train,  
Description of Other Transportation: LIRR to Hempstead or N6 Bus Jamaica to Hempstead  
Phone: 516-978-7683  
Best Time: 9AM-8PM  
E-mail: [james@jamesjkeefepc-law.com](mailto:james@jamesjkeefepc-law.com)  
Email Authorization: Yes  
Consumer Age: Older than 70

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Hemiplegia, Wheelchairs, Lifters,

Preferred Candidate Gender: Female

Required Documentation: Social Security Number, Proof of Identity, Recommendations

Hours: 13

Days: 3

Start Time: 8:00 AM

Description of Schedule: You must be present 24 hours, but there is free time for meals and sleep

Pay Per Hour: \$14

Pay Per Day: \$182.00

Pay Per Week: \$546.00

Comments: Transportation by Bus (N6 from Jamaica to Hempstead Terminal, then N16 or N27 toward Glen Cove/Garden City (approx. 8 minutes); by Train LIRR to Hempstead, then N16 or N 27 as above. I am 84 years old, hemiparetic due to a birth injury, and require a Hoyer lift to transfer from bed to wheelchair and back; need assistance with bathing and toileting; laundry, meal preparation and light housekeeping. Agency is Recco. If you are not currently enrolled with Recco I will help you through the process of applying.

**Marcie () on Tuesday, November 28, 2017 at 17:00:10**

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Neighborhood Name: Rego Park

City, Town or Borough: New York

Available Transportation: Subway, Bus,

Phone: 770-532-3178

E-mail: [marciemarcie12@gmail.com](mailto:marciemarcie12@gmail.com)

Email Authorization: Yes

Consumer Age: Older than 70

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Seniors, Wheelchairs, Mental Impairments / Alzheimer's Disease,

Preferred Candidate Gender: Female

Hours: 24

Description of Schedule: On call HHA needed

Pay Per Day: \$188.00 – \$208.00 Per Shift

Comments: Home Health Aide Wanted: Hiring On Call backup HHAs.

Patient, cheerful, neat, organized, home health aide needed for patient that requires assistance using wheelchair/walker/cane in quiet, clean setting in Queens, NY. Provide total assist with all

activities of daily living: bathing, cleaning, laundry, toileting, change diapers, light meal prep, walking, games, and community activities. Must be US citizen or have legal authorization to work in the United States. Job skills for this position include a positive attitude, team player, ability to follow directions, ability to maintain structured environment for patient, read and write in English, climb stairs, push wheelchair, ride in elevators & change adult diapers. Must be hard working, in good physical health and a great motivator. Flat rate \$143 for 24 hour shift. Must pass background check and register with patient's Home Health Agency.

# *PCA Information*

*Consumer Directed Services is not an Agency and makes no representation (positive or negative) regarding the appropriateness of any PCA Candidate, or the terms and conditions of any employment relationship. All employment and payment decisions are the exclusive responsibility of the Consumer.*

**Note: If you are seeking employment from a Consumer who is receiving their service authorization from a New York State Medicaid funded Consumer Directed Personal Assistance Program, the Consumer is permitted to consider your employment only if you can pass ALL of the following New York State reviews.**

1. You are an adult of at least 18 years of age.
2. The Consumer is not your spouse or (if the Consumer is younger than 21) is not your child.
3. You do not live in the home of the Consumer (unless their service requires it).
4. You are not the Designated Representative (Surrogate) of the Consumer.
5. You do not have any financial control over the Consumer.
6. Your information must pass a Federal and State Government Exclusion List Review.
- 7 You have a verifiable Social Security number and the qualified documents needed to prove that you are eligible to work in the United States.

**The State of New York also requires each Personal Care Assistant to complete a Health Assessment BEFORE you begin work.**

The Health Assessment includes:

- A basic physical exam - blood pressure, height, weight, etc.
- A TB (Tuberculosis) Screen (PPD) or a chest x-ray if the test is positive or if the test would not be appropriate
- A Measles and Rubella Screen or Vaccine
- A drug test of Urine (forensic toxicology)
- Documentation of vaccination against influenza, or wearing of a surgical or procedure mask during the influenza season

**In addition to the above New York State requirements,** the municipality in which the Consumer lives may also impose additional health assessments or legal reviews. The Consumer Directed Personal Assistance Program your Consumer chooses will require the completion of a Memorandum of Understanding (Consumer / Personal Care Assistant Agreement) to clarify the employment relationship, and they may require other documents to help them effectively complete their role as the Consumers Fiscal Intermediary.

# *PCA Candidates*

**Robert Arnold () on Monday, November 27, 2017 at 12:39:51**

---

Address: 152 Maida Ave Deer Park NY 11729

Phone: 631 357 9341

Best Time: ASAP

E-mail: [Robertarnold1991@gmail.com](mailto:Robertarnold1991@gmail.com)

Email Authorization: Yes

Gender: Male

Type of Position: Other Type of Position

Description of Other Type of Position: Any

Worked with a CDPAP Consumer/Surrogate: Yes

Consumer/Surrogate References Available: Yes

Years Employed with a Consumer/Surrogate: 1

Enrolled with a CDPAP: Yes

CDPAP Agency Name(s): RECCO

Experience: Young Adults, Other,

Description of Other: Autism

Can pass the New York State Review: Yes

Had a Health Assessment in the past 12 months: Yes

Have or can get a copy of my recent Health Assessment: Yes

Other Documentation Available: Proof of Identity, Recommendations

Certificate/License: Driver's License,

Hours per Week: 35

Days per Week: 5

Preferred Start Time: 9pm

Days I Would Like to Work: Any

I am willing to work a 24 Hour Sleep-In schedule: No

Target Salary Per Hour: 14

**Danielle Artist () on Monday, November 27, 2017 at 12:30:21**

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Address: 5995 Shore Parkway Brooklyn, Ny 11236

Phone: 7187813179

Best Time: 3pm -10pm

E-mail: [d.artist81@gmail.com](mailto:d.artist81@gmail.com)

Email Authorization: Yes

Gender: Female

Type of Position: Personal Care / Home Health  
Worked with a CDPAP Consumer/Surrogate: Yes  
Consumer/Surrogate References Available: Yes  
Years Employed with a Consumer/Surrogate: Since 2011  
Enrolled with a CDPAP: Yes  
CDPAP Agency Name(s): Concepts of independence  
Experience: Children, Seniors, Wheelchairs, Lifters, Other Equipment,  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity, Recommendations  
Certificate/License: Personal Care, Driver's License,  
Hours per Week: 40  
Days per Week: 5  
Preferred Start Time: ASAP  
Days I Would Like to Work: Open  
I am willing to work a 24 Hour Sleep-In schedule: Yes weekends only  
Target Salary Per Hour: \$11  
Comments: I have 16 years plus in this field. I worked with people with different health problems so I am experienced

**Danielle Rossi () on Friday, November 24, 2017 at 15:47:10**

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Address: 154 Broome Street Apt 9A New York NY 10002  
Phone: 917-723-3286  
Best Time: Anytime  
E-mail: [Daniellerossi38@gmail.com](mailto:Daniellerossi38@gmail.com)  
Email Authorization: Yes  
Gender: Female  
Type of Position: Domestic / Homemaking  
Worked with a CDPAP Consumer/Surrogate: Yes  
Consumer/Surrogate References Available: Yes  
Years Employed with a Consumer/Surrogate: 6months  
Enrolled with a CDPAP: Yes  
CDPAP Agency Name(s): Concepts of independence  
Experience: Children, Young Adults, Paraplegia, Wheelchairs,  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity, Recommendations  
Hours per Week: 40

Days per Week: 5  
Preferred Start Time: 9am  
Days I Would Like to Work: Monday -Friday  
I am willing to work a 24 Hour Sleep-In schedule: No  
Target Salary Per Hour: 13

**Janine Furline Corley () on Tuesday, November 21, 2017 at 10:48:07**

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Address: 172 Lincoln Avenue Roosevelt, New York 11575  
Phone: 516-499-2762  
Best Time: 9-6  
Gender: Female  
Type of Position: Personal Care / Home Health  
Worked with a CDPAP Consumer/Surrogate: Yes  
Consumer/Surrogate References Available: Yes  
Years Employed with a Consumer/Surrogate: 1 1/2  
Enrolled with a CDPAP: Yes  
CDPAP Agency Name(s): Concepts of Independence llc  
Experience: Young Adults, Seniors, Paraplegia, Amputation, Wheelchairs, Lifters, Other Equipment, Mental Impairments / Alzheimer's Disease, Visual / Auditory Impairments, Special Diets, Other,  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity,  
Certificate/License: Driver's License,  
I am willing to work a 24 Hour Sleep-In schedule: 8 to 8  
Target Salary Per Hour: \$13.5  
Target Salary Per Day: \$160

**Annmarie Mangra () on Monday, November 20, 2017 at 14:38:51**

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Address: 164-30 Hillside Ave APt#8H Jamaica, NY 11432  
Phone: 516-547-3113  
Best Time: Anytime  
E-mail: [AM7879@aol.com](mailto:AM7879@aol.com)  
Email Authorization: Yes  
Gender: Female  
Type of Position: Personal Care / Home Health  
Worked with a CDPAP Consumer/Surrogate: No

Consumer/Surrogate References Available: No  
Enrolled with a CDPAP: No  
Experience: Seniors, Other Equipment, Mental Impairments / Alzheimer's Disease, Visual / Auditory Impairments,  
Description of Languages: English  
Description of Other: Diabetes, hypertension, etc.  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity,  
Certificate/License: Personal Care, Home Health Aid, Driver's License, Other,  
Description of Other Certificate/License: Medical Assistant  
Days I Would Like to Work: Monday to Friday  
I am willing to work a 24 Hour Sleep-In schedule: Yes

**Jeselle Charles Veloz () on Monday, November 13, 2017 at 22:41:22**

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Address: 426 East 22nd St Brooklyn New York 11226  
Phone: 347 440 8443  
Best Time: Any Time  
E-mail: [Jcharlesveloz@yahoo.com](mailto:Jcharlesveloz@yahoo.com)  
Gender: Female  
Type of Position: Other Type of Position  
Description of Other Type of Position: Phlebotomy and EKG Technician  
Worked with a CDPAP Consumer/Surrogate: Yes  
Consumer/Surrogate References Available: Yes  
Years Employed with a Consumer/Surrogate: 2 Years  
Enrolled with a CDPAP: Yes  
CDPAP Agency Name(s): Concept Of Independence  
Experience: Wheelchairs, Mental Impairments / Alzheimer's Disease, Special Diets, Languages  
Description of Languages: English Only  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity,  
Certificate/License: Personal Care,  
Description of Other Certificate/License: Certified Phlebotomist & EKG Technician currently doing CNA to be Licensed PCA/PCT  
Hours per Week: 36  
Days per Week: 4  
Preferred Start Time: ASAP



Days I Would Like to Work: Friday sat sun  
I am willing to work a 24 Hour Sleep-In schedule: No  
Target Salary Per Hour: 14  
Target Salary Per Day: 150  
Target Salary Per Week: 580  
Comments: Currently employed with a Concepts client

**Teresa Williams-Green () on Saturday, November 11, 2017 at 22:49:03**

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Address: 255 East 93rd St., Brooklyn, NY 11212  
Phone: 917-627-5282  
Best Time: EVENINGS  
E-mail: no emails at the moment.  
Gender: Female  
Type of Position: Personal Care / Home Health  
Description of Other Type of Position: Companion Care  
Worked with a CDPAP Consumer/Surrogate: Yes  
Consumer/Surrogate References Available: Yes  
Years Employed with a Consumer/Surrogate: 2+ years  
Enrolled with a CDPAP: Yes  
CDPAP Agency Name(s): Concept of Independence  
Experience: Children, Young Adults, Seniors, Paraplegia, Quadriplegia, Amputation, Ventilators, Wheelchairs, Lifters, Other Equipment, Mental Impairments / Alzheimer's Disease, Special Diets, Languages  
Description of Special Diets: low sodium, puree  
Description of Languages: English  
Description of Other: no  
Can pass the New York State Review: Yes  
Had a Health Assessment in the past 12 months: Yes  
Have or can get a copy of my recent Health Assessment: Yes  
Other Documentation Available: Proof of Identity, Recommendations  
Certificate/License: Personal Care,  
Hours per Week: 3-4  
Days per Week: wk  
Preferred Start Time: 8am-8pm  
Days I Would Like to Work: Mondays, Tuesdays, Fridays and Saturdays  
I am willing to work a 24 Hour Sleep-In schedule: yes  
Target Salary Per Hour: \$15  
Target Salary Per Day: \$160  
Comments: Experienced in many different types of care. 8years of working with Diabetic,

Paraplegia, Amputation, Alzheimer's, Stroke, Ventilator, Bed-ridden and more Patients. A non smoker, so I prefer non smoking clients. Efficient and prompt worker.

# *Articles Related to the CDPAP*

## *Legislative Day*

*Wed, Dec 6, 2017 at 12:04 PM*

On Monday, February 12, 2018, join CDPAANYS and the New York State Association on Independent Living (NYAIL) in Albany for Legislative Day!

New York State is facing a \$4 BILLION budget deficit this year. There is talk of drastic cuts being made to CDPA and other important services. Your participation in this fight is more important than ever!

Legislative Day is your chance to meet with your elected officials in the Assembly and Senate and tell them what they need to do to save Consumer Directed Personal Assistance and their constituents' right to live freely in the community.

CDPAANYS will be distributing our official 2018 Legislative Agenda and other materials in the near future. Scholarships will be available to eligible applicants to help pay for travel.

We hope to see you on February 12. Please save the date!

Legislative Day will be held in "The Well" of the Legislative Office Building in the Empire State Plaza. Registration will begin at 10:00 AM, with speakers and a rally at 11:00 and meetings after.

Consumer Directed Personal Assistance Association of New York State  
119 Washington Ave Suite 3A  
Albany, NY 12210  
PH: 518-813-9537  
FAX: 518-813-9539  
[www.cdpaanys.org](http://www.cdpaanys.org)

# **DOH Extends Deadline for Fiscal Intermediary Authorization Application to Dec. 15**

*Thu, Nov 30, 2017 at 11:31 AM*

**Notice of Extension.** The New York State Department of Health (DOH) has extended the deadline from **November 30 to close of business on December 15, 2017** for currently operating Fiscal Intermediaries under the Consumer Directed Personal Assistance Program (CDPAP) to submit their Applications for Fiscal Intermediary Authorization.

Currently operating Fiscal Intermediaries must now submit the Authorization Application by December 15 or cease operations immediately. Those who are not yet a Fiscal Intermediary but wish to become one should also submit their Authorization Application by December 15 in order to be among those first to be reviewed.

**FAQs Issued.** Also today, the DOH issued FAQs addressing the Authorization Application. These FAQs can be found at:

<https://hca-nys.org/wp-content/uploads/2017/11/Consumer-Directed-FI-Authorization-FAQs-11-28-17.pdf>

The FAQs answer questions raised after the Authorization Application was issued, as follows:

1. You must obtain your FI Authorization from DOH **before** you request a Medicaid Provider Identification number, and the Medicaid number for your FI must be separate from any LHCSA Medicaid number.
2. You can submit an Authorization Application that is not totally complete to comply with the December 15 deadline, as long as you **exercised due diligence to submit an application that was as complete as possible**. This implies that you will be able to supplement your application. **However, the thoroughness of your application will set the timeline for its review.**
3. As requested in the October 2017 Medicaid Update, (although not specifically requested in the Authorization Application), you are required to submit your marketing and outreach materials in pdf format, and **any videos and audio segments in their original format, if they cannot be altered to pdf.**
4. **DOH will use the CDPAP statute's and regulations' parameters in reviewing your marketing and outreach materials** to determine whether they comply with the roles and responsibilities assigned to FIs and consumers.
5. If you fail to submit your Authorization Application by December 15, your FI is **deemed out of compliance with the CDPAP statute, is not authorized to operate as an FI, and is subject to contract termination protocols of your MCOs**. However, the additional sentence, "Until the Department receives the Authorization application, the FI will remain out of compliance," raises the question of whether a late filing can be cured and what the ramifications of a late filing will be to an FI.
6. **All Board members must sign** the written resolution authorizing the application's submission.
7. **Submit the Survey or other mechanism** you intend to use to obtain input from consumers and other interested parties; if not available, indicate what you intend to develop to meet this requirement.

# **Consumer Directed Personal Assistance Services**

## **Program (CDPAP)**

### **Fiscal Intermediary (FI) Authorization FAQ**

Krista McNally – November 28, 2017

Q1: Are all FIs required to apply for Authorization within the next 30 days?

A1: All Consumer Directed FIs currently operating are required to submit an application within 30 days of the application release date of November 1, 2017. Additionally, all organizations seeking to become an FI must submit an FI Authorization application and receive approval prior to becoming operational.

Q2: If I am currently operating as an FI, and already have my Medicaid Provider Identification Number (MMIS), do I need to apply for an FI Authorization?

A2: Yes, you still need to submit an application to receive authorization to operate as an FI.

Q3: Will new FIs need to submit an FI Authorization along with the application for a Medicaid Provider Identification number? Or should a Medicaid Provider Identification number first be obtained first?

A3: New FIs must first obtain the FI Authorization prior to requesting the Medicaid Provider Identification number.

Q4: If an FI submits an application by November 30 that is found to be incomplete, will the application for Authorization still be considered to have been submitted in a timely manner?

A4: Yes. If the FI has submitted an application, regardless of its completeness, by close of business on November 30th, the FI will be in compliance with this mandate. However, it is the expectation of the Department that all applicants exercise due diligence and submit an application that is as complete as possible.

Q5: The October 2017 Medicaid Update article states that all materials must be submitted in PDF format. Some marketing and outreach materials do not exist in a format that can be altered to PDF, such as videos and audio segments. How should FIs who utilize video or audio segments submit these for review?

A5: FIs are expected to submit these materials in their original format and the Department will contact the applicants directly if any formatting modifications are necessary.

Q6: There are a lot of documents that must be submitted. If an FI is unable to combine them into one PDF document, is it okay to submit as separate PDF files?

A6: Yes, separate PDF files will be accepted.

Q7: The October 2017 Medicaid Update states that FIs must submit all marketing and outreach materials with their application. Since there are no guidelines, standards, rules, or policies in place for FIs regarding marketing, what standard will be used as the Department reviews these materials?

A7: The Department will utilize the parameters set forth in SSL§365-f and 18NYCRR§505.28 when reviewing marketing and outreach materials as they pertain to the roles and responsibilities of the FI and the Consumer Directed program overall.

Q8: What is the general timeline for receiving Authorization once the application is submitted?

A8: The Department is committed to reviewing and providing a final determination on each application as quickly as possible. Each application has its own timeline based on the thoroughness of the application.

Q9: If a Managed Care Organization (MCO) discovers that an FI in the plan network has failed to comply with the Authorization requirements, does the Department expect the Managed Care Organization (MCO) to terminate the contract?

A9: If an FI does not submit an Authorization application to the Department by close of business on November 30, 2017, they are considered to be out of compliance with the statute. As a non-compliant organization, they are not authorized to operate as an FI. Until the Department receives the Authorization application, the FI will remain out of compliance. Additionally, the MCO is expected to follow contract termination protocols as identified in the CDPAS Administrative Agreement signed by the FI.

Q10: If an FI already has a Medicaid Provider Identification number that is associated with their Licensed Home Care Services Agency (LHCSA), is the FI required to obtain a discrete Medicaid Provider Identification number for its FI?

A10: Yes. The FI is required to obtain a Medicaid Provider Identification number for their Consumer Directed line of business. The LHSCA Medicaid Provider Identification number does not cover the FI activities for Consumer Directed.

Q11: In the Authorization application, under contractual obligations, where it asks for a “list of any contractual relationships you may have with other state agencies to provide services to such agencies,” can you clarify who is covered under other state agencies? Does MCO contracting fall under this category?

A11: Examples of “other state agencies” may include the Office of Mental Health and the Office for People with Developmental Disabilities. Contracts with MCOs are not to be included in this listing as MCOs are not state agencies. Please identify that relationship by checking the “A Health Maintenance Organization licensed under Article 44 of the Public Health Law” box.

Q12: The Authorization application asks for documents to be included as part of the cooperative agreements. What specifically is needed, as these documents alone can be several hundred pages?

A12: The actual contracts are not required. The expectation is for applicants to submit the cover page, rate sheet (if applicable), and the signature page of each executed contract and cooperative agreement.

Q13: Part I. Identifying Data (Continued), page 4 of the application. Please clarify what exactly is needed for a “certified copy of the resolution of the Board of Directors or Trustees, Board of Supervisors or other governing body having jurisdiction over the Fiscal Intermediary entity”?

A13: FIs are expected to submit a document with original signatures that establishes the FI as its own entity. Please ensure that all Board members sign this document in order for it to be considered “certified.”

Q14: How should an FI that is a Limited Liability Corporation (LLC) which does not maintain a Board of Directors respond to questions prompting for documentation from a Board of Directors? Should it just write N/A in the line for Attachment? Is additional explanation necessary?

A14: Please include the attachment number for the “brief description of the organizational structure of the Fiscal Intermediary, including a table of organization and relationship to any existing or proposed parent entity or controlling person”, which is requested on the previous page. This attachment is where you can indicate that the FI does not maintain a Board of Directors.

Q15: If an FI is currently operational, should "Initial Authorization" under Section II Project Narrative still be checked?

A15: Since the FI Authorization is a new process effective November 1, 2017, all applications submitted will be “initial authorizations.”

Q16: In Section III(1)(b) of the application, the FI must submit copies of policies and procedures. Is the Department only interested in policies and procedures related to the FI’s administration of Consumer Directed activities and compliance, or does it want all policies and procedures for the entire organization? Examples of policies and procedures in question would be internal staff phone and internet policies, mail policies, and other such documents.

A16: Only include those policies and procedures that are related to Consumer Directed activities and services.

Q17: In Section III(1)(c) of the application, must an FI submit surveys or other mechanisms as an attachment, or is it acceptable to describe the process by which Consumers will be surveyed? What information will be requested, and what will be done with any feedback received?

A17: Please submit the surveys or other mechanisms as an attachment. If an FI does not have a survey or a mechanism to solicit feedback, the FI must indicate what they intend to develop to satisfy this requirement.

Q18: In Section IV(F), Establishment Information for Not-For-Profit Corporations, it indicates that each officer or member of the Board must submit a Schedule 1. Does this mean that the CEO/Executive Director and other key staff, if not a Director or Officer, does not need to submit a Schedule 1?

A18: Correct. Only Board members or Officers of the Board need to submit a schedule 1.

Q19: Who is required to complete the Schedule 1?

A19: The responding party is contingent on the organization type. Please see pages 7 and 8 of the application for this information; this is where you will find who is required to complete a schedule 1 based on the type of organization.

Q20: Schedule 1, Question 3 of the application only has space for Board members or officers who are currently employed or retired. If an FI has Board members who are Consumers and have never been employed, which box should they check?

A20: You do not need to check any box here if it is not applicable. Please state that the board member has never been employed in the “Affirmative Statement of Qualifications” section, at the bottom of page 15.



Q21: In Schedule 1, Question 4, should Board members/officers only list those offices or ownerships that are held outside of the FI, or should they also include the FI to which they are affiliated and filing on behalf of?

A21: Both affiliations within the FI and outside of the FI must be detailed here.

<https://hca-nys.org/wp-content/uploads/2017/11/Consumer-Directed-FI-Authorization-FAQs-11-28-17.pdf>

<https://www.jdsupra.com/legalnews/doh-extends-deadline-for-fiscal-54988/>

## **CDPAP Fiscal Intermediaries Must File an Application for Authorization With DOH or Cease Operations**

*Mon, Nov 20, 2017 at 12:07 PM*

Written by: Ford Harrison - November 17, 2017

**Executive Summary.** On November 1, 2017, the NYS DOH issued its "Application for Fiscal Intermediary Authorization" and implementation guidelines. Significantly, DOH imposed a very short timeframe, stating: "As of November 1, 2017, all existing FIs will have thirty (30) days to submit their FI Authorization application to the Department." If no filing is made, the FI must cease operating under CDPAP. Those who wish to begin operating an FI may also want to file by this date. A copy of the application can be obtained at

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_10003.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_10003.htm)

**The Application.** The application is designed to obtain complete information about the entity operating under CDPAP -- its corporate documents, ownership, leadership, organizational structure, and any related organization that will have the ability to direct or cause direction of actions, management or policies of the FI. The application filing is made under penalty of perjury. DOH may request additional information.

Schedule 1 to the application requires detailed personal information from each principal stockholder or LLC member and managing member, officers and Board members of the FI and any related organizations and relatives of any person submitting, which information includes, among other things, 5 year employment histories, any criminal, civil or administrative actions against them or state enforcement actions against facilities they or their relatives were affiliated with, and personal associations for the past 10 years with any licensed or certified health care entities in or outside New York State, including documentation to show that any associated out-of-state entity was in substantial compliance with that state's applicable codes, rules and regulations.

In addition the application requires submission of numerous documents, among which are (i) a certified copy of a Board resolution authorizing submission of the application and confirming the FI's corporate authority to operate under CDPAP; (ii) the FI's policies and procedures, including any contracts or other documents used in communications with Consumers; (iii) all marketing and outreach materials; and (iv) plans to solicit and consider input from Consumers and other interested parties about the FI's services.

**Observations.** The application is clearly intended (i) to obtain detailed information about the bona fides of all individuals who own, serve in decision-making roles or manage an FI, or seek to do so, and any entities, parent or otherwise, that can influence any decisions, policies or practices of the FI; (ii) to allow DOH to review an FI's marketing and outreach materials and any contracts or other documents used in communications with Consumers to determine whether these materials are consistent with NYS guidance on CDPAP; and (iii) to reiterate what Fiscal intermediaries are prohibited from engaging in. Indeed, the application contains the specific admonition: "activities in which an FI should not be engaged, such as recruiting and hiring personal assistants, [are] as set forth in the Consumer-Directed regulations under Title 18 NYCRR §505.28. It has never been, nor will it ever be, appropriate for an FI to participate in such activities."

<https://www.jdsupra.com/legalnews/cdpap-fiscal-intermediaries-must-file-92454/>

# *Update on Home Care Worker Pay Issues*

Mon, Nov 13, 2017 at 11:23 AM

An update to the news below about the recent [NYS Appellate Division decisions](#) ([http://www.wnyc.com/health/news/78/#Home care aide wages](http://www.wnyc.com/health/news/78/#Home%20care%20aide%20wages)) that allow lawsuits to go forward by home care aides challenging a [2010 NYS Dept. of Labor policy](#) ([RO-09-0169 Live-In Companions](#))

([https://labor.ny.gov/legal/counsel/pdf/Other/RO-09-0169 - Live-In Companions.pdf](https://labor.ny.gov/legal/counsel/pdf/Other/RO-09-0169%20-%20Live-In%20Companions.pdf)) that allows live-in aides to be paid only 13 hours/day. The courts found that the 2010 policy is contrary to the state labor regulations that require that the minimum wage be paid for every hour worked, unless the worker actually resides in the consumer's home.

On Oct. 25, 2017, the NYS Dept. of Labor published an "[emergency regulation](#)" (<https://docs.dos.ny.gov/info/register/2017/oct25/rulemaking.pdf>) (p. 5 of link) that amends the NYS minimum wage regulations in a way that appears to attempt to undermine the recent appellate court decisions. Those decisions found that the 2010 NYS Dept. of Labor policy [RO-09-0169 Live-In Companions](#) that allowed live-in aides to be paid 13 hours for a 24-hour day, if they do not actually live with the consumer, conflicted with the actual state minimum wage regulations. Now the State amended the minimum wage regulations to state that live-in aides need not be paid for the 3 1-hour meal periods and 8 hours of sleep time (totaling 11 hours/day) that are excluded from hours worked under the federal minimum wage regulations as amended by the Obama administration. The amendments appear to be intended to adopt the 2010 policy guidance [RO-09-0169 Live-In Companions](#) and allow payment of 13 hours/day.. If the Court of Appeals accepts review of the Appellate Division cases, the impact of the regulatory amendments will no doubt be disputed. In the meantime, it is not clear what is the impact of the amendment to the regulations.

- **Appellate Division decisions strike down state rule that allows 24-hour live-in aides to be paid only 13 hours/day.** Decisions state that 24-hour case home care workers must be paid for all 24 hours if they are “nonresidential,” meaning they do not exclusively reside in the consumer's home. The decisions were based, in part, on rejecting a 2010 state Dept. of Labor policy guideline [RO-09-0169 Live-In Companions](#) as in conflict with state minimum wage

regulations. [Tokhtaman v. Human Care, LLC](https://law.justia.com/cases/new-york/appellate-division-first-department/2017/3671-151268-16.html) (https://law.justia.com/cases/new-york/appellate-division-first-department/2017/3671-151268-16.html) (1st Dept. 2017 NY Slip Op 02759); [Andreyeva v. NY Home Att. Agency](https://law.justia.com/cases/new-york/appellate-division-second-department/2017/2014-09087.html) (https://law.justia.com/cases/new-york/appellate-division-second-department/2017/2014-09087.html); [Moreno v Future Care Health Serv](https://law.justia.com/cases/new-york/appellate-division-second-department/2017/2016-03709-0.html) (https://law.justia.com/cases/new-york/appellate-division-second-department/2017/2016-03709-0.html). (2nd Dept.)

The million (or billion?) dollar question is how State will fund the additional pay for live-in workers in MLTC, mainstream managed care, CHHA, and in fee-for-service home care authorized by local Medicaid districts as "immediate need" services or for people excluded or exempt from MLTC or managed care.

Consumers are seeing ripple effects of the ruling in home care agencies refusing to accept new "live in" cases. While rulings may be appealed, the decisions are not "stayed" and are arguably the binding interpretation of the law in NYC and the entire metro area covering about 12 other counties.

Meanwhile, it remains difficult for consumers to obtain authorizations from MLTC plans for split shift or 2-12 hour shifts/day, despite helpful [clarification of the standard for split shift "continuous" care in state regulations](http://www.wnyc.com/health/index.php?View=entry&EntryID=7#standards), (http://www.wnyc.com/health/index.php?View=entry&EntryID=7#standards 24 hour care) and despite helpful [MLTC Policy 16.07](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/16-07.htm) (https://www.health.ny.gov/health\_care/medicaid/redesign/mrt90/mltc\_policy/16-07.htm).

[http://www.wnyc.com/health/news/78/#Home care aide wages](http://www.wnyc.com/health/news/78/#Home%20care%20aide%20wages)

## ***DIA meeting dates for 2017***

General Membership Meetings are held monthly.

We meet at **Selis Manor**, 1st Floor Auditorium  
135 West 23rd Street (between 6th and 7th Avenues)

New York City

1:30 PM to 4:00 PM

# ***Sunday, January 21, 2018***

*Sunday, February 18, 2018*

*Sunday, March 18, 2018*

*Sunday, April 15, 2018*

*Sunday, May 27, 2018*

*Sunday, June 10, 2018*

*Sunday, July 15, 2018*

*Sunday, August 19, 2018*

*Sunday, October 21, 2018*

*Sunday, November 18, 2018*

All DIA meetings are open to the public and are wheelchair accessible. We require that all attendees refrain from smoking, wearing any fragrance or carrying devices that beeps (turn off electronic devices or put them on vibrate), as these are all harmful to some of our members and guests. Please support our scent-free environment by abstaining from perfume and cologne! In the event of bad weather, visit [www.disabledinaction.org](http://www.disabledinaction.org) or by calling the DIA answering machine at 718-261-3737, 30 minutes after sundown on Saturday

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## *Local Independent Living Centers*

- Bronx Independent Living Services, Inc. (BILS)  
4419 Third Ave, #2C, Bronx, NY 10457  
TEL [718 515-2800 x 116](tel:7185152800) / TTY [718 515-2803](tel:7185152803) / FAX [718 515-2844](tel:7185152844)
- Brooklyn Center for Independence of the Disabled (BCID)  
27 Smith St, #200, Brooklyn, NY 11201  
TEL [718 998-3000](tel:7189983000) / TTY [718 998-7406](tel:7189987406) / FAX [718 998-3743](tel:7189983743)
- Center for Independence of the Disabled in NY (CID-NY) (Manhattan)  
841 Broadway, #301, New York, NY 10003  
TEL [212 674-2300](tel:2126742300) V / TTY [212-674-5619](tel:2126745619) / FAX [212-254-5953](tel:2122545953)
- CID-NY/Queens  
137-02A Northern Blvd, Flushing, NY 11354  
Phone: [646-442-1520](tel:6464421520) / Sorenson VP [866-948-1064](tel:8669481064) / TTY [718-886-0427](tel:7188860427) / Fax 718-886-0428
- Harlem Independent Living Center (HILC) (Manhattan)  
289 St. Nicholas Ave, #21 Lower Level, New York, NY 10027  
TEL: 212-222-7122 / Sorenson VP 646-755-3092 / Relay 866-326-5876 / FAX 212-222-7199  
[info@hilc.org](mailto:info@hilc.org)
- Staten Island Center for Independent Living (SIILC)  
470 Castleton Ave, Staten Island, NY 10301  
TEL 718-720-9016 / TTY 718-720-9870 / FAX 718-720-9664
- Long Island Center for Independent Living (LICIL) (Nassau Co)  
3601 Hempstead Turnpike, #208, Levittown, NY 11756  
TEL 516-796-0144 / TEL (Espanol) 516-796-6176 / TTY 516-796-0135 / FAX 516-796-0529 [licil@aol.com](mailto:licil@aol.com)
- Self Initiated Living Options, Inc. (SILO) (Suffolk Co)  
2111 Lakeland Ave, Ronkonkoma, NY 11779  
TEL 631-880-7929 / TTY 631-654-8076 / FAX 631-946-6377  
[contact@siloinc.org](mailto:contact@siloinc.org)
- Westchester Independent Living Center (WILC) (Westchester/White Plains)  
200 Hamilton Ave, White Plains, NY 10601  
TEL 914-682-3926 / TTY 914-682-0926 / Sorenson Video Phone 866-933 5390 / FAX 914-682-8518
- Westchester Disabled on the Move, Inc. (WDOM) Westchester/Yonkers)  
984 No. Broadway, #L-10, Yonkers, NY 10701  
TEL 914-968-4717 V & TTY / FAX 914-968-6137

# *Alternative Resources*

*The following resources MAY help Consumers find new Personal Care Assistant (PCA) Candidates and manage the CDPAP. (Suggestions Welcome)*

## *Employment*

**Kingsborough Comm. College, Marisa Joseph**  
2001 Oriental Blvd, Brooklyn, NY 11235  
[marisa.joseph@kbcc.cuny.edu](mailto:marisa.joseph@kbcc.cuny.edu)  
718-368-5563

**NYC Technical College Placement Office**  
[pdc@citytech.cuny.edu](mailto:pdc@citytech.cuny.edu)  
(718) 260-5050

## *Advertising*

**Able Newspaper**  
Cost \$5 for each 5 word line (or part) – 30days  
Phone: 516-939-2253 [www.ablenews.com](http://www.ablenews.com)

**Backpage - Basic Cost - Free (7 days)**  
Available Updates - Auto Repost + Sponsor Ad  
(cost determined by number of weeks)  
<http://newyork.backpage.com/MedicalHealthJobs/>

**Classified Ads, Cost Free**  
<http://www.classifiedads.com/post.php>

**Craigslist, Cost \$45.00 (30 days)**  
<http://newyork.craigslist.org/>

## *System Navigation*

**Homecare Planning Solutions**  
<http://www.hpsny.org/learning-center/home-care/enroll-in-cdpap/>  
718-215-0926

Assistance with enrolling in a CDPAP, or questions about CDPAP,  
Call to speak with a specialist. Never any charge for their help,

**Independent Consumer Advocacy Network (ICAN)**  
ICAN helps people in New York's Managed Care Plans  
Call (844) 614-8800 TTY Relay Service: 711  
<http://icannys.org/>

**Evelyn Frank Legal Resources Program**  
Focus - Medicaid, Medicare, home care services, and public benefits issues affecting older adults & people with disabilities  
212.613.7310 Monday through Friday 9:00 am – 5:00 pm  
[EFLRP@nylag.org](mailto:EFLRP@nylag.org)

# *Draft - CDPAP Agency* *Data Collection Form*

- *Name of Agency*
- *Address*
- *Contact Person*
- *Contact Telephone*
- *Contact Email Address*
- *Website*
- *Counties Served*
- *Managed Care Providers*
- *Direct County or DSS Contracts*
- *Number of Years Providing Home Care Services*
- *Number of Years Providing Consumer Directed Personal Assistance Services*
- *Percent CDPAP Consumers verses total Home Care Consumers.*
  
- *Positions occupied by Consumers:*
  1. *Service Recipients*
  2. *Client Advisory Members*
  3. *Board Members*
  4. *Employees*
  5. *Other*
  
- *If Consumers are on the Board of Director, what portion of the Board is controlled by Consumers?*
  
- *Reason for becoming a CDPAP:*
  1. *The program is our primary mission.*
  2. *This program helps us to achieve the corporate goal of consumer empowerment.*
  3. *Consumers served by our traditional home care program requested this service.*
  4. *The program provided a more cost effective service solution for consumers with more complex service needs.*
  5. *This program allows us to diversify our mix of services.*
  6. *This business model offered a lucrative opportunity that could benefit both the corporation and the consumers.*



## *7. Other*

- *Problems with the CDPAP (Besides inadequate reimbursement):*

- 1. The model complicates the process of utilizing the corporation's proven systems of quality and fiscal control.*
- 2. The model facilitates and encourages Consumer fraud and abuse.*
- 3. The model complicates the process of complying with and controlling new regulatory requirements, such as overtime, sleep-in, and joint employment.*
- 4. It is difficult to maintain a clear line of separation between agency and consumer responsibilities.*
- 5. The consumer's problem of locating suitable PCA's, and managing the delivery of services may make the program too difficult for some consumers.*
- 6. It is administratively difficult to manage the problem of collecting all of the required PCA documents without compromising consumer independence or program liability.*
- 7. Other*

- *Why Should a Consumer choose your Agency?*

- *Other Comments about your Agency*