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**From:** [REDACTED]@pplfirst.com>  
**Sent:** Friday, April 5, 2024 6:06 PM  
**To:** Bassiri, Amir (HEALTH); Lothrop, Amanda (HEALTH)  
**Subject:** PPL [REDACTED]  
**Attachments:** NY CDPAP FI Initiative.pdf

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Good afternoon Amir and Amanda,

Thank you for giving PPL the opportunity to speak with you this week regarding the upcoming changes to the state's CDPA Program. As requested, attached please find our recommendations and implementation plan. We would be happy to answer any questions you may have or to discuss further, either via phone or in person. We look forward to the opportunity to partner with you.

Sincerely,



[REDACTED]

[REDACTED]  
[REDACTED]@pplfirst.com  
pplfirst.com



PPL Corp. Accounting  
8000 Avalon Blvd, Suite 300  
Alpharetta, GA 30009

April 5, 2024

Amir Bassiri, Medicaid Director  
New York State Department of Health  
Albany, NY

Via email: [Amir.Bassiri@health.ny.gov](mailto:Amir.Bassiri@health.ny.gov)

Dear Amir:

We are excited to have the opportunity to partner with you to be a part of the new Fiscal Intermediary (FI) model, which we strongly believe will offer tremendous benefits and savings to all stakeholders within the state.

As you know, PPL has been closely following Governor Hochul's Executive Budget Proposal for the 2025 fiscal year which includes significant changes to the state's Consumer Directed Personal Assistance Program (CDPAP). We are proud of our strong presence within the New York State DOH, having served individuals in the Traumatic Brain Injury (TBI) and Nursing Home Transition Diversion (NHTD) programs over the last 13 years. As the state implements groundbreaking changes to the CDPA Program, PPL is committed to continuing to be a trusted, reliable, long-term partner to DOH and the entire state of New York.

The attached proposal details our recommended implementation plan as the state moves towards a single fiscal intermediary. As you consider our proposal, I would be happy to connect with you if you need additional information or would like to discuss further.

PPL is pleased to share our best practices and extensive expertise, advanced technology, and our passionate, experienced staff with the state and look forward to the opportunity to be a long-term partner and achieve success together.

Sincerely,

A handwritten signature in black ink that reads 'Vince Coppola'.

Vince Coppola  
President and Chief Executive Officer  
[vcoppola@pplfirst.com](mailto:vcoppola@pplfirst.com)  
Direct: [REDACTED]



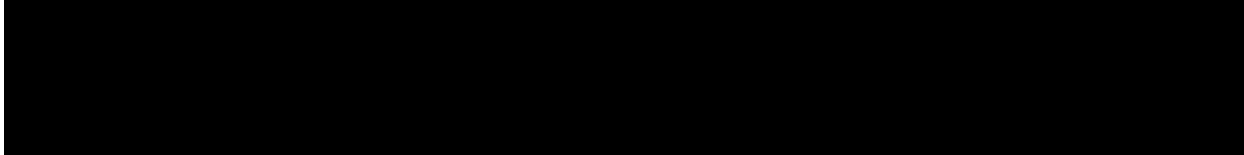



YOUR LIFE  
YOUR CARE  
YOUR PEOPLE

## **New York Consumer Directed Personal Assistance Program (CDPAP)**

New York Department of Health  
April 2024



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## **NY CDPAP: ADVANTAGES OF THE NEW FISCAL INTERMEDIARY (FI) MODEL**

A single Fiscal Intermediary (FI) model offers extraordinary benefits to New York State stakeholders over the current model, which incorporates hundreds of FI companies, making it difficult to oversee and coordinate each one. Among the many benefits of the single FI model, some of the more compelling advantages include:

1. An estimated \$200 million savings in annual administration costs,
2. A reduction of fraud, waste, and abuse resulting from the incorporation of better program controls.
3. Increased compliance and information security.
4. Improved program transparency, quality, and consistency.
5. An opportunity to implement national best practices to benefit participants, caregivers, and other program stakeholders.

### ***Significant Administrative Savings***

Consolidating to a single FI enables operational economies of scale. The primary drivers of these savings include:

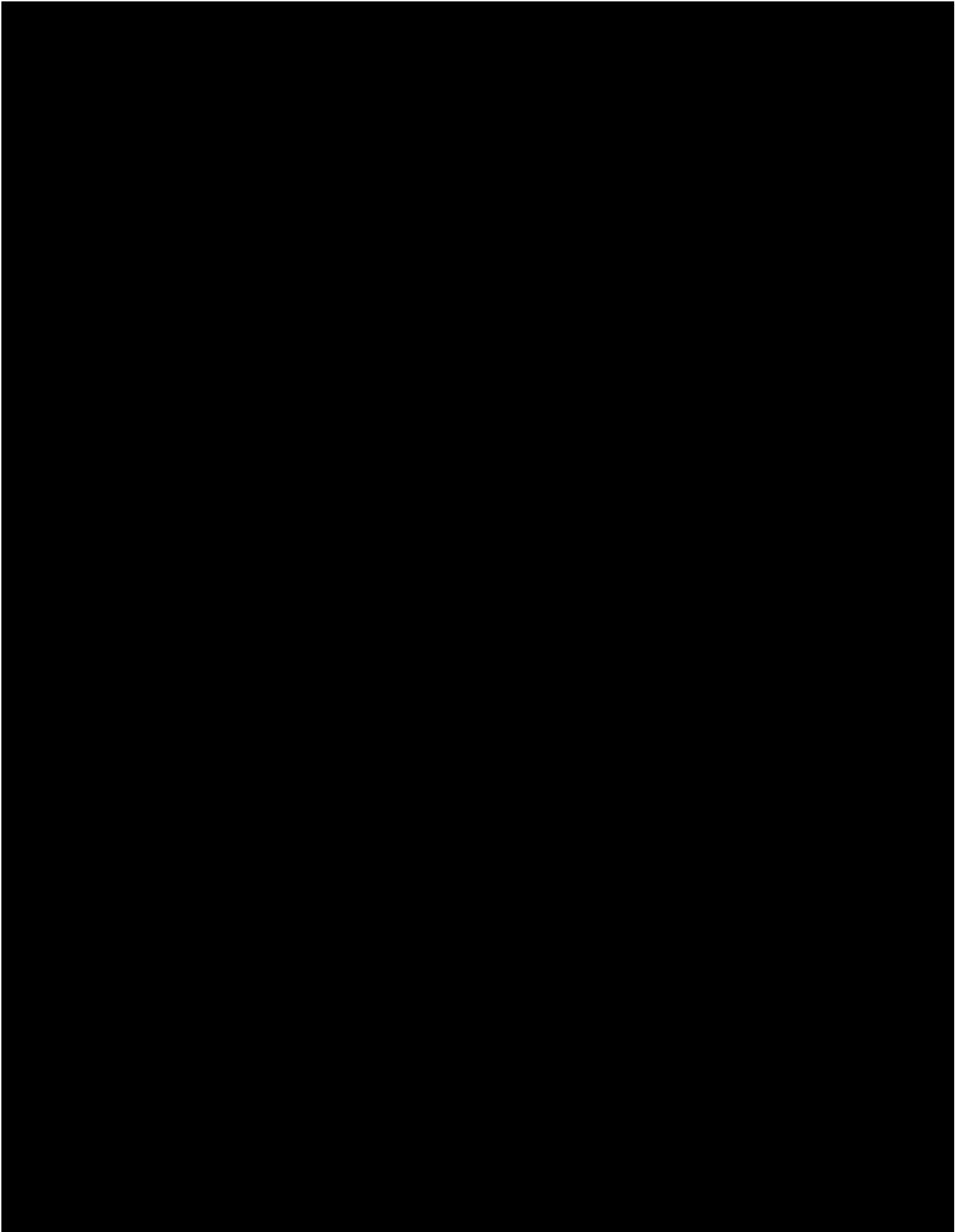
- Single system configuration costs;
- Operational synergies from scaling enrollment, customer service, payroll, and reporting functions, and;
- The use of productivity-driving technologies such as Customer Relationship Management (CRM) systems, call center automation, and business intelligence platforms.

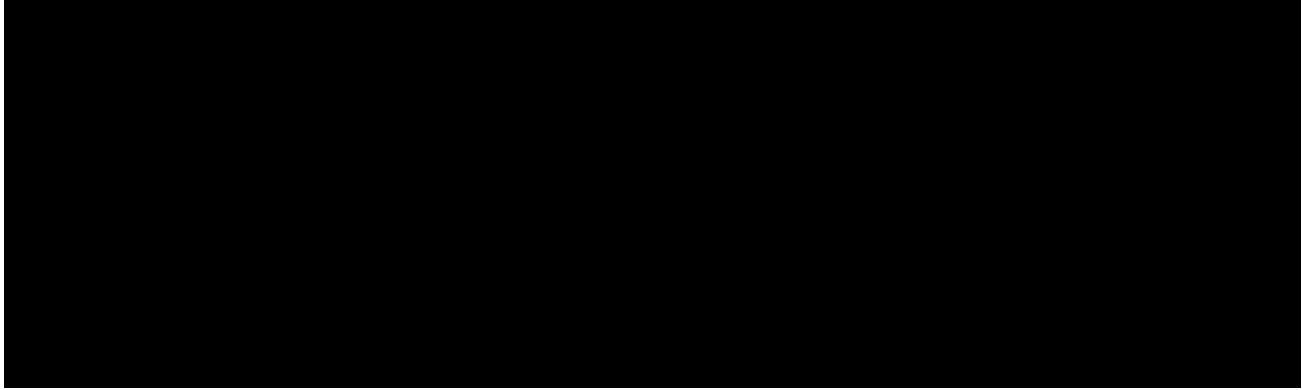
Based on CDPAP's current program population, annual FI administrative costs for the program can be reduced from an estimated \$500m to \$300M, a \$200 million annual savings. This represents the reduction in administrative fees paid to FI vendors. Additional savings not calculated here come in the form of a reduction in the State's program management costs. Most importantly, these savings do not reduce benefits and care to consumers.

### ***Reduction of Fraud, Waste, and Abuse***

The use of hundreds of FI vendors makes current program oversight and fraud prevention nearly impossible. Smaller FI vendors lacking appropriate technology and controls can unintentionally aid in the proliferation of fraud. Further, because the oversight of many fiscal intermediaries is difficult, they may engage in practices that could conflict with the intent of the program, such as steering participants.

An established FI leader can deploy technology and practices that prevent fraud and abuse.

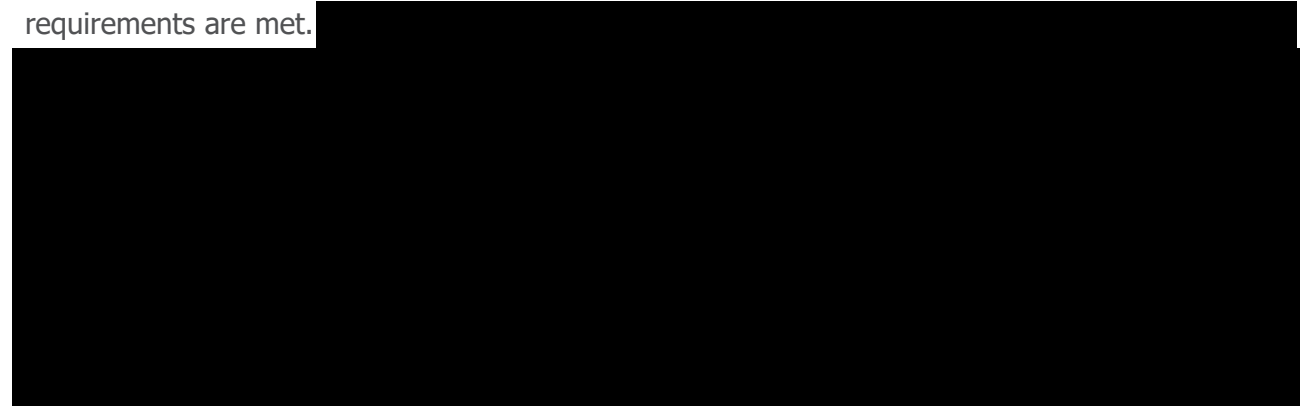




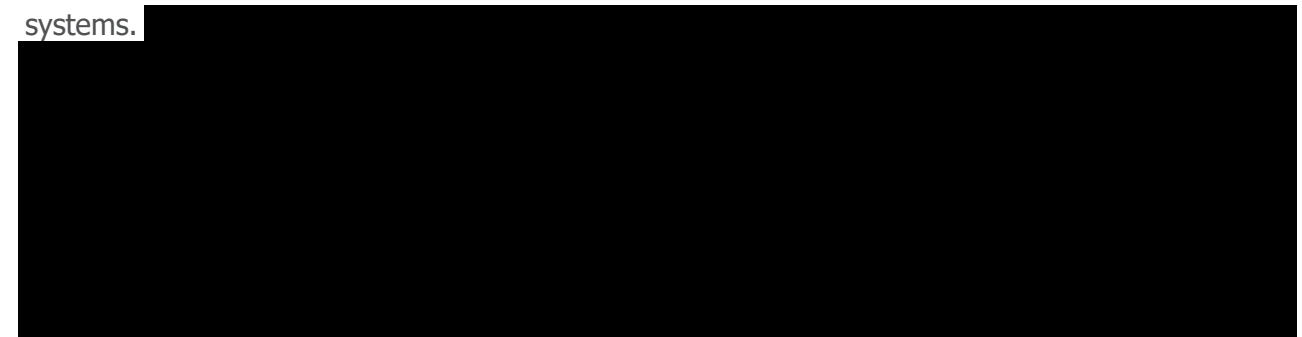
This type of fraud detection, training, and compliance protocols are established processes within PPL’s operational framework. Smaller FI vendors typically do not have the breadth of expertise, experience, or resources to implement similar protocols. Other benefits of using PPL include consumer training and attestations and monitoring transactions for outliers. Comprehensive fraud detection and prevention is possible when a single FI aggregates data.

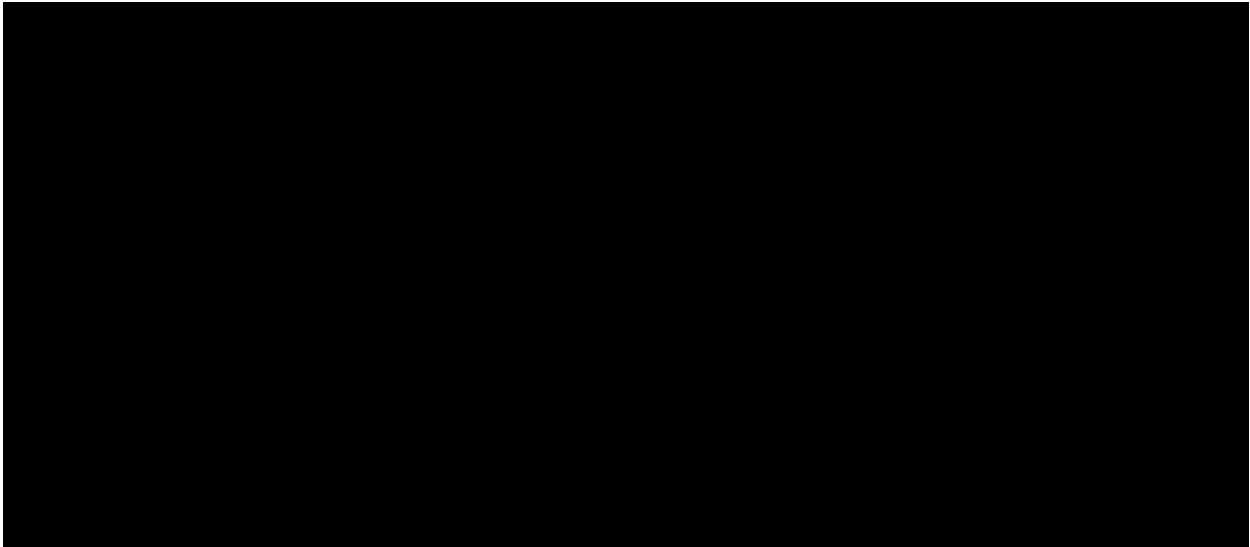
***Increased Compliance and Information Security***

A well-established, national FI will better ensure compliance with state and federal regulations. PPL has a dedicated Compliance Department that ensures regulatory and contractual requirements are met.



In government healthcare programs the privacy and security of data is paramount. Oversight of data privacy standards is better facilitated through a single FI model. As the leading FI for self-direction trusted by more than 50 programs, PPL understands the importance of safeguarding sensitive information and maintaining the trust of the people whose data is held in their systems.

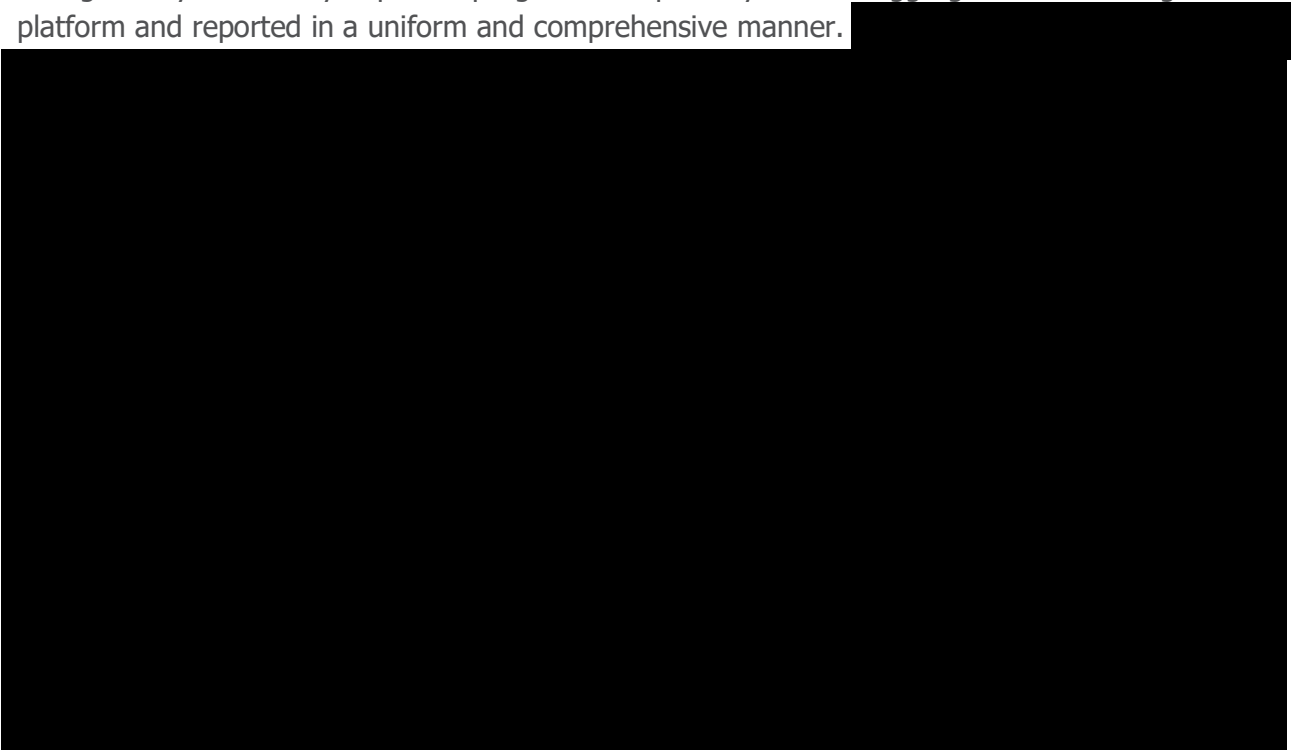




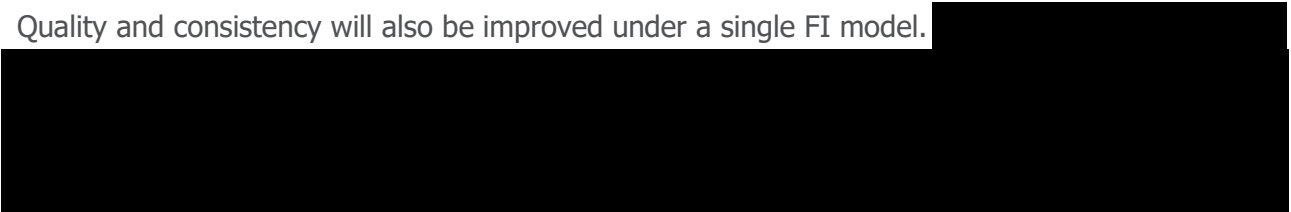
Robust compliance and security protocols and systems of this magnitude are available and controllable through a single FI model using a qualified vendor.

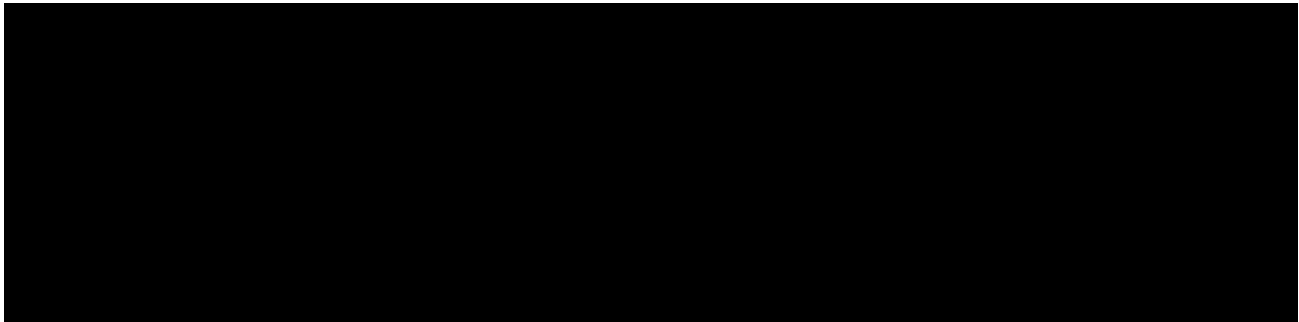
***Improved Program Transparency, Quality, and Consistency***

A single FI system vastly improves program transparency. Data is aggregated from a single platform and reported in a uniform and comprehensive manner.

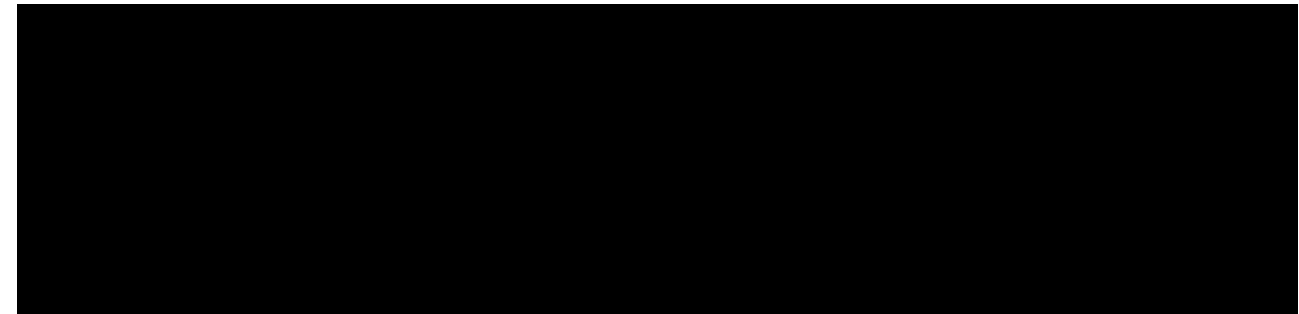


Quality and consistency will also be improved under a single FI model.





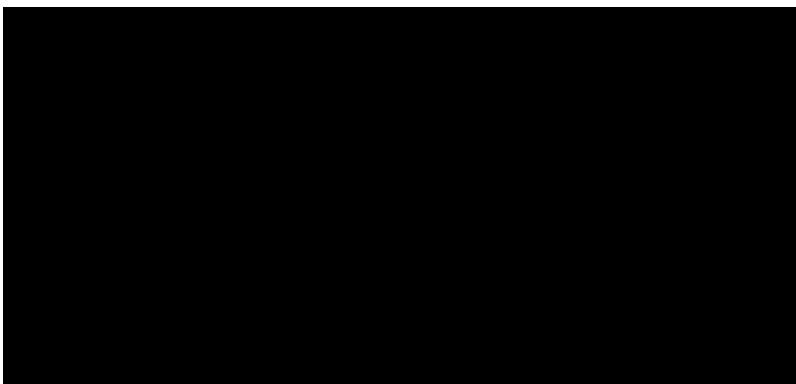
An additional benefit of quality enhancement under PPL’s FI management is the protection of consumers from abuse and neglect. PPL’s staff are trained to monitor for signs of abuse, neglect, or exploitation.



Under a single FI model, these types of robust quality standards can be more easily monitored and adhered to. This benefits participants and caregivers greatly as it ensures all FI services are delivered to the State’s requirements.

### ***Opportunity to Implement Industry Best Practices for the Benefit of all Stakeholders***

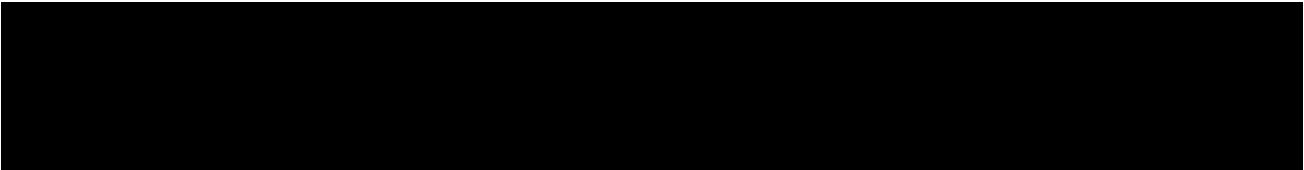
Deploying a single FI model using a nationally recognized self-direction leader will enable the State’s stakeholders to benefit from national best practices. For example, PPL’s work on 50 programs across more than 20 states enables the company to identify best practices and deploy them in other states. PPL has partnered with states and health plans to implement innovations that have widespread benefits. Some of the many self-direction program enhancements include:



As program enhancements are identified across states, PPL account teams inform state and health plan leaders so they may evaluate deployment in their own programs. Given the technology and processes are often already developed, the enhancement can be implemented more easily and affordably.

# INTRODUCTION

New program implementation is one of our core competencies. With 25 years of experience and as a leading FI service provider for self-directed care, we have developed a proven, scalable, configurable, and client-centric implementation model.



Our approach is simple – we lead with open collaboration and transparency to elevate our client support experience while setting the foundation for an efficient, compliant, and accessible self-directed care program aligned with the goals of New York’s CDPAP.

### *PPL’s Implementation Recommendation*

Rolling out a new program into the market requires careful planning and execution to maximize its impact, success, and adoption while minimizing disruptions. Our recommendation is to proceed with a staggered implementation and introduce the program in incremental stages, allowing for controlled testing, feedback collection, process refinement, and scalability as we progress toward full deployment.

Our staggered approach will also be applied to enrollment transitions of the existing population and new program enrollees. We recommend implementation stages as presented in **Exhibit 1**.

#### **Exhibit 1: Proposed Implementation Stages**

A staggered implementation approach will provide numerous benefits to all stakeholders.

Stage	Region	Consumers <sup>1</sup>
Initial Launch	TBD	25,000
Expansion #1	TBD	50,000
Expansion #2	TBD	~64,000
Expansion #3	TBD	~64,000
Final Expansion	TBD	~64,000

*1. Assumes 267,938 total participants based on 2022-2023 CDPAS users*

In partnership with New York DOH, we will identify, prioritize, and sequence the program rollout by region to ensure appropriate geographic coverage.

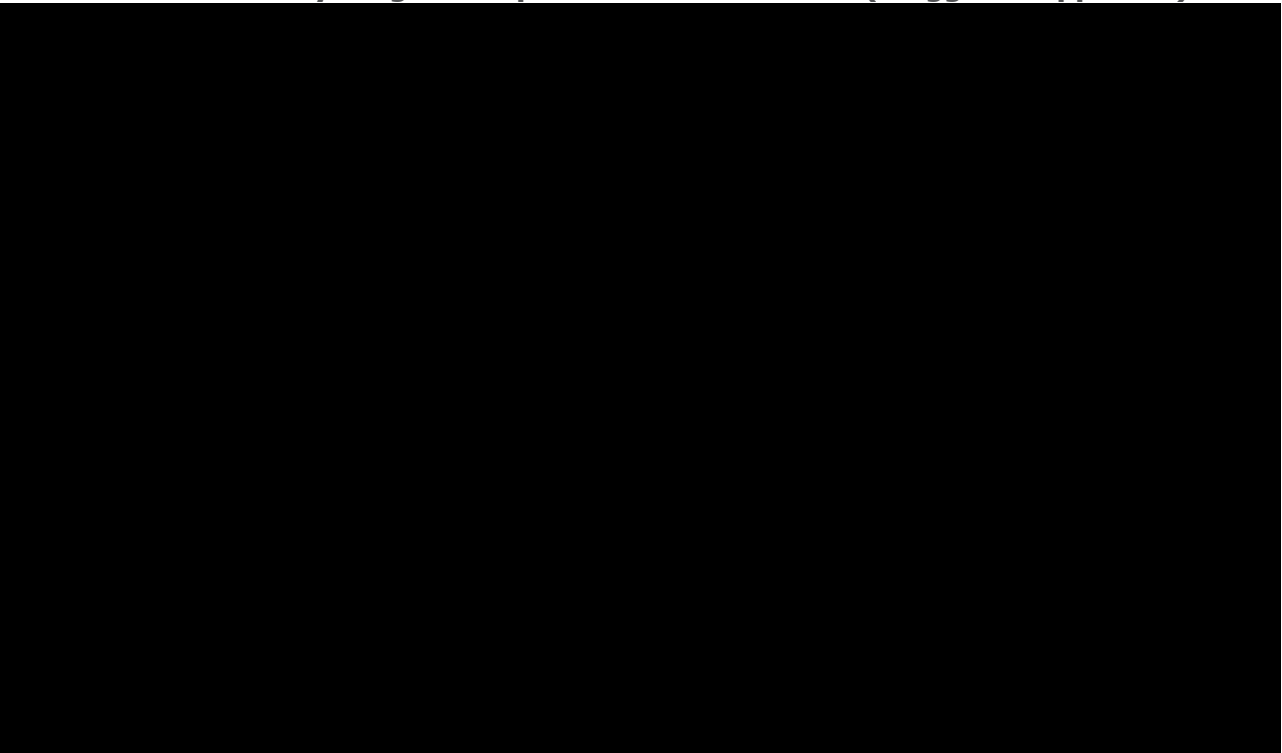
To mitigate any risk with the transition and to increase stakeholder buy-in, we suggest that the State consider creating a Transition Advisory Group, which could include consumers, personal assistants, case managers, and other local stakeholders. We will work with the State to identify

the membership that may best represent the program and reduce issues created during the transition. We will also create a central point for stakeholder communications. We have found that even in programs where this is not a contract requirement, creating and staffing an advisory group has been a key to the successful program transition and stability.

### ***Implementation Program Schedule (Illustrative)***

A preliminary view of a projected implementation timeline based on a staggered program implementation approach is provided as **Exhibit 2**. The duration of each individual component and/or activity may change as we receive additional information about the overall program requirements and then determine the specific level of effort. [REDACTED]

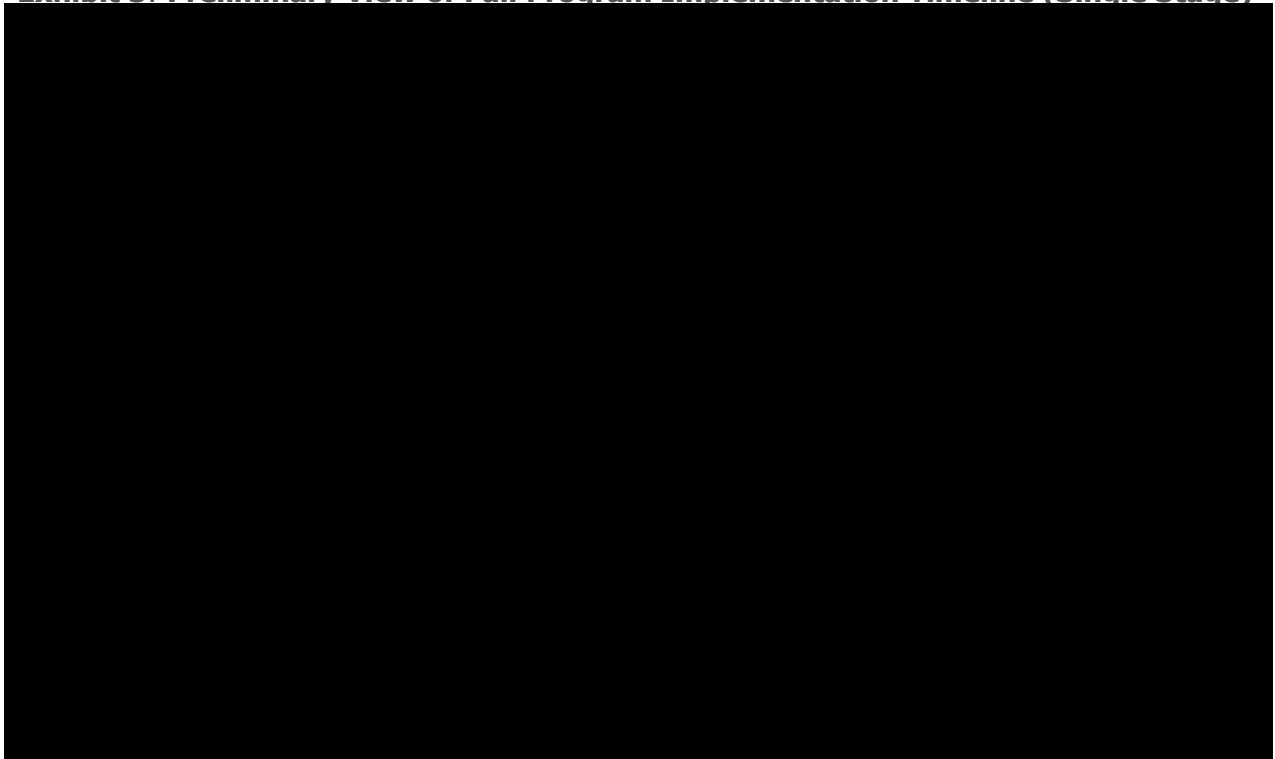
#### **Exhibit 2: Preliminary Program Implementation Schedule (Staggered Approach)**



Implementation of a large-scale program involves significant complexities that can introduce various risks. Understanding these risks and their potential impacts is crucial for successful program execution.

If a single stage, full program implementation is required, and the entire block of participants (~267,000) will be enrolled at the same time and the overall program implementation timeline will need to be adjusted to account for critical risk mitigation activities. We've provided a single stage program implementation timeline in **Exhibit 3**.

### **Exhibit 3: Preliminary View of Full Program Implementation Timeline (Single Stage)**



#### ***Capabilities to Scale***

One of our key differentiators will be the critical and methodical approach we will take to scale up and develop the appropriate capacity to drive the implementation of our partnership and commitment to the DOH's program.

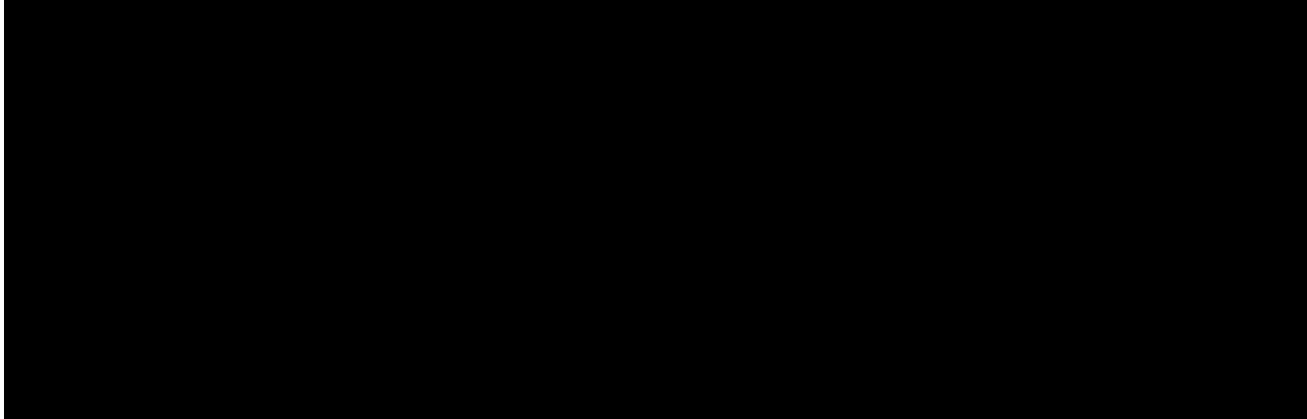
PPL has deep expertise, unique capabilities, and a vast partner network that allows us to scale program rollout rapidly and effectively across key areas including staffing, customer service/call center, training, enrollment, IT, data management, security, and quality.

### **STAFFING**

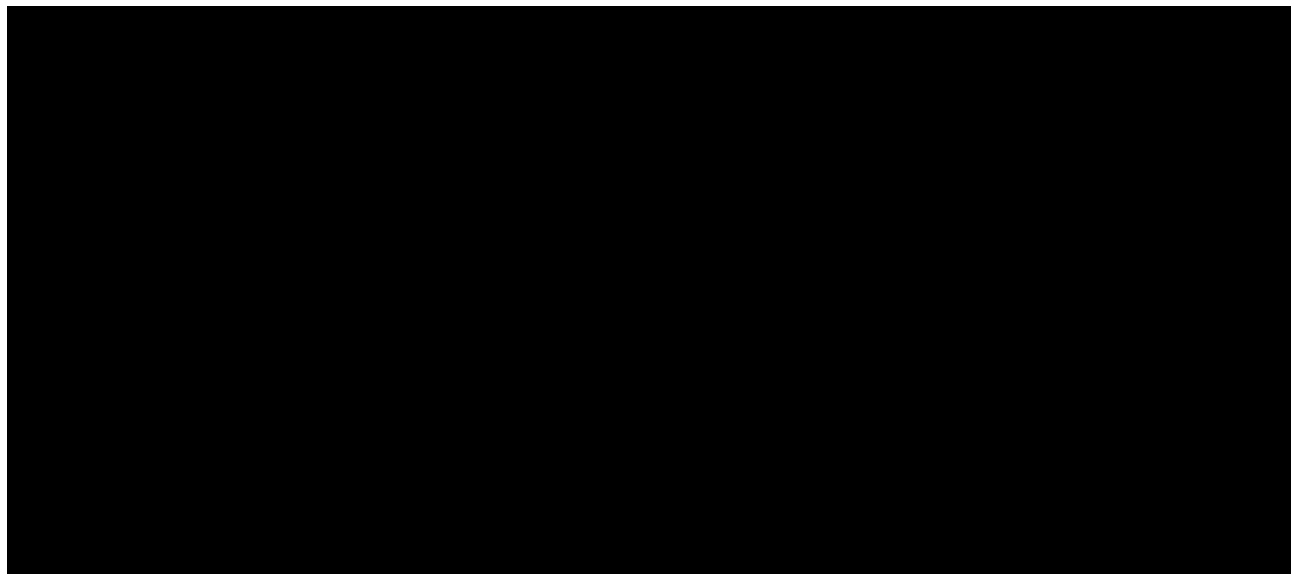
#### ***Staffing Overview***

PPL's experience, organizational structure, staff qualifications, and national and local partners position us for success as the FI vendor for the New York DOH. We will have key personnel dedicated to the State's program throughout the duration of the contract, implementation staff to ensure that all key aspects of the scope of work are deployed and ready for go-live, operational key staff and support staff, as well as temporary operational staff to aid in the transition of FI services to us.

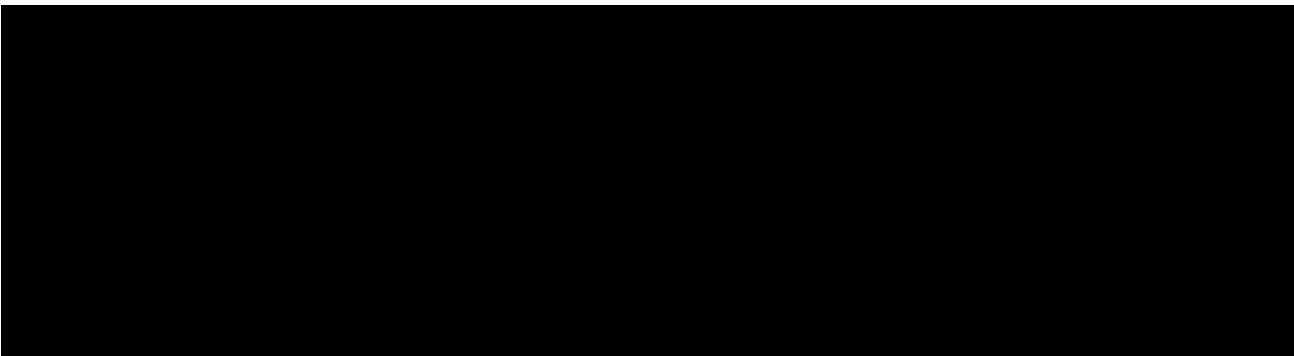




## *Staff Hiring and Training Approach*

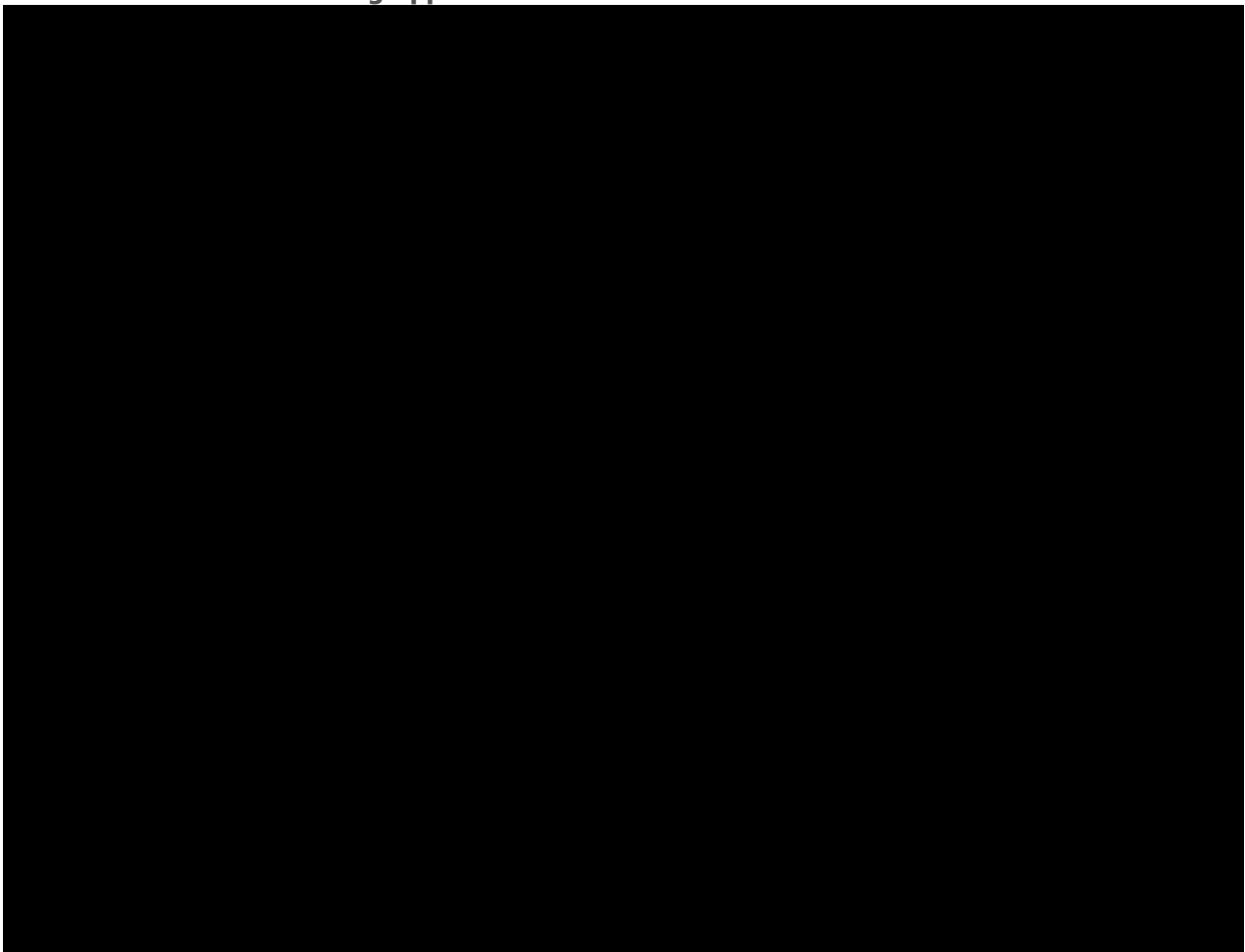


Our approach to high-volume hiring is centered on the development of the profile of an ideal candidate. We want to hire exceptional staff, not just warm bodies. The candidate profile provides all hiring entities a baseline of the type of individual we want to join the team and support consumers in the programs.

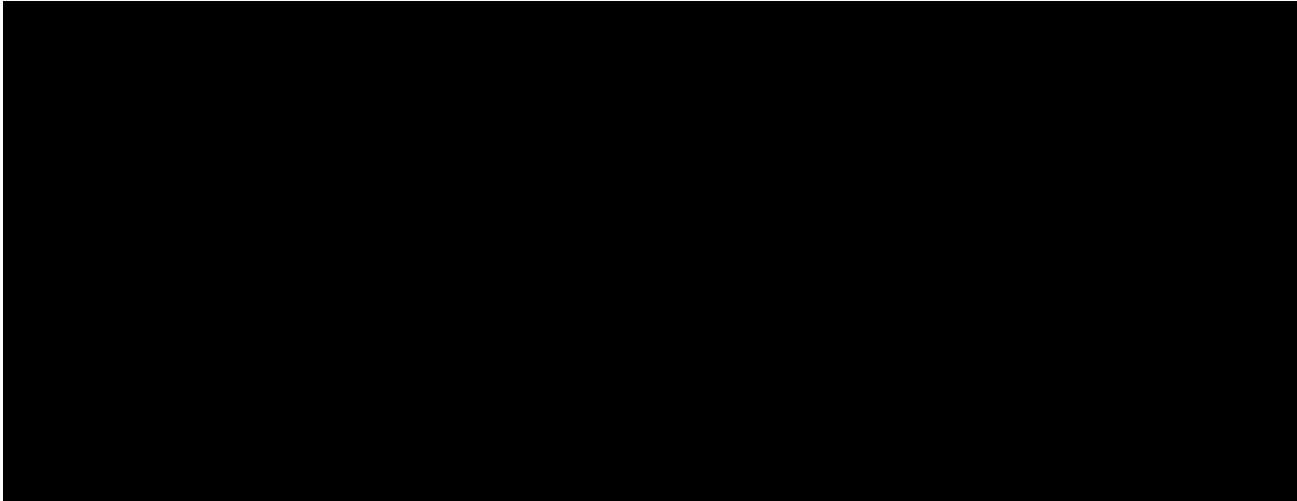




**Exhibit 4: PPL's Staff Hiring Approach**

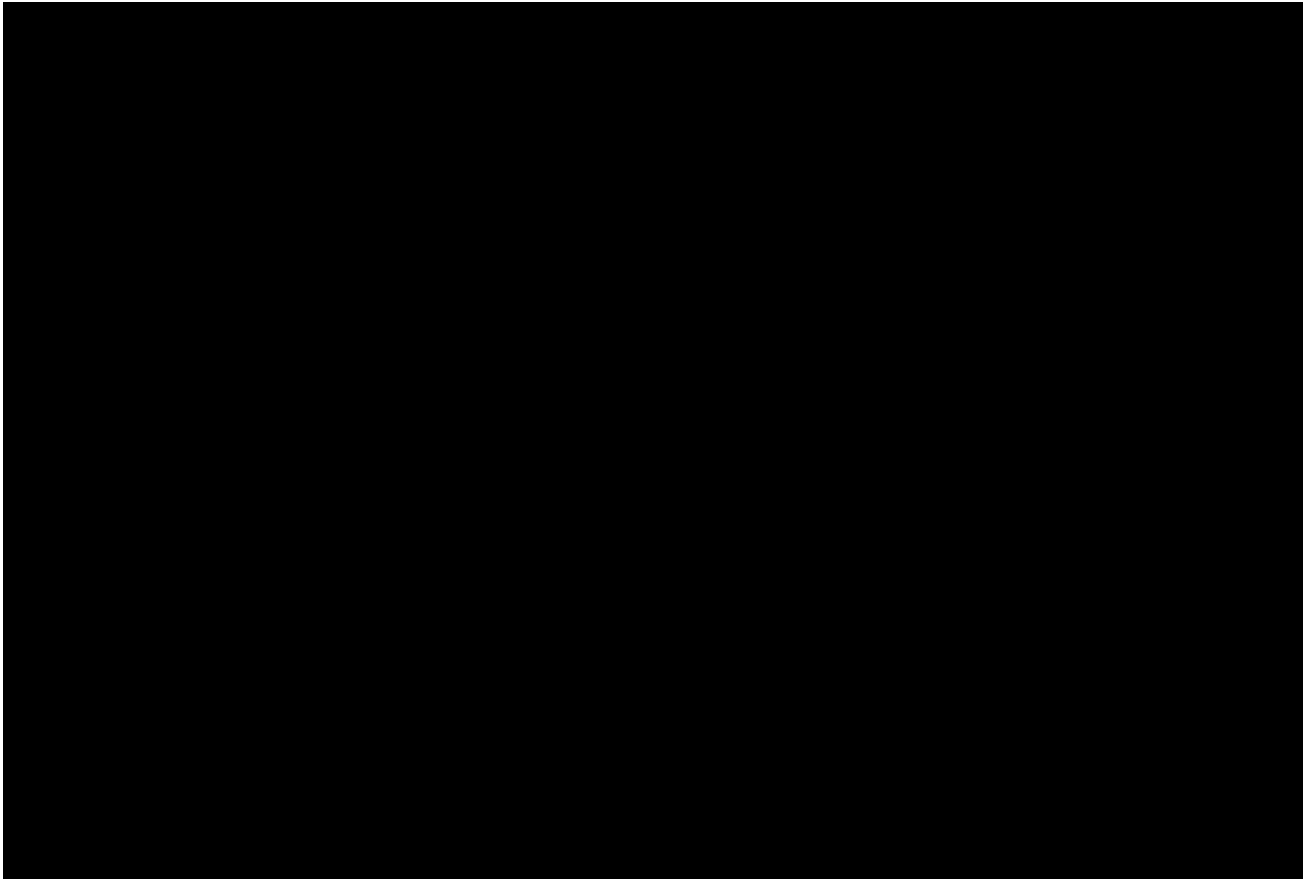


We can add reserve capacity to our staffing to manage periods of peak volume related to mailing, client/provider enrollment, document processing, and/or customer service activity. If necessary, we will plan to supplement our core services with subcontractor support to meet service level requirements most efficiently during these periods.



**STAFF TRAINING APPROACH**

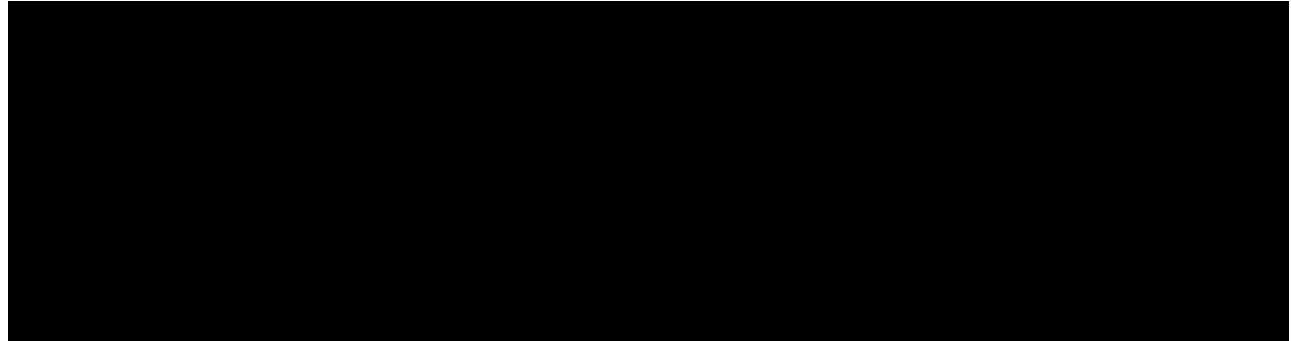
We have developed a training model with the intention of maintaining continuity of personnel assignments throughout the performance of any contract. To promote staff retention and minimize the risk of staff turnover, we make significant investments in the staff training process. We also have formal training plans that are used by each functional area, with detailed Policy and Procedure documents as well as cross-training sessions to ensure knowledge and skill sharing.





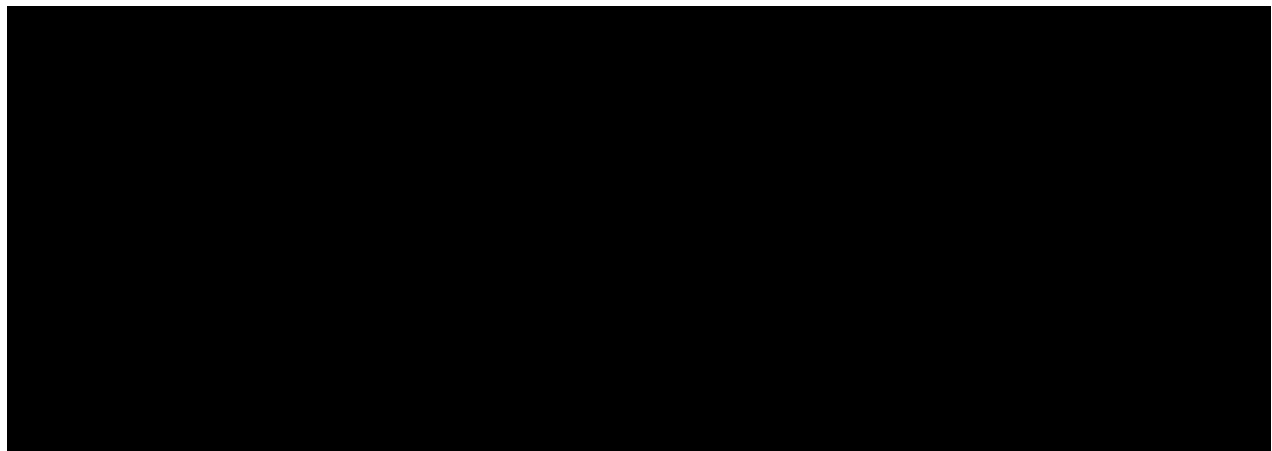
***KEY PERSONNEL***

The following PPL team members are the designated key NY project staff who will be responsible for carrying out the scope of this contract. We will not rely on any subcontractor staff to perform key responsibilities.



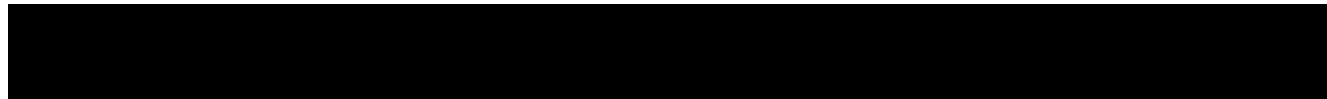
In addition to these key personnel, New York field representatives and community liaisons will be hired throughout the State to have a strong on-ground presence. These personnel will be housed in local offices aligned with the program members' geographies.

***IMPLEMENTATION SUPPORT STAFF***



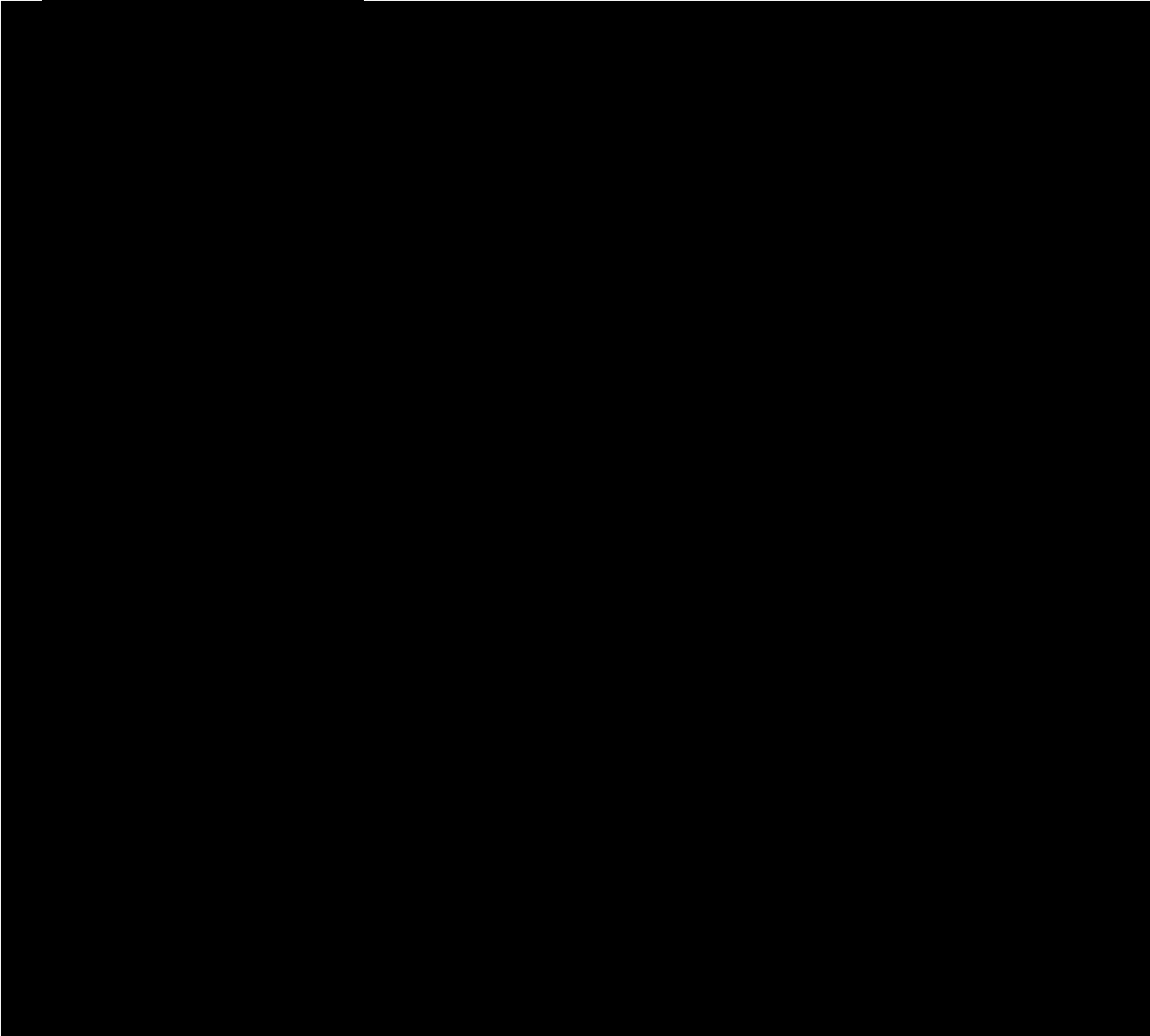
***OPERATIONAL KEY STAFF***

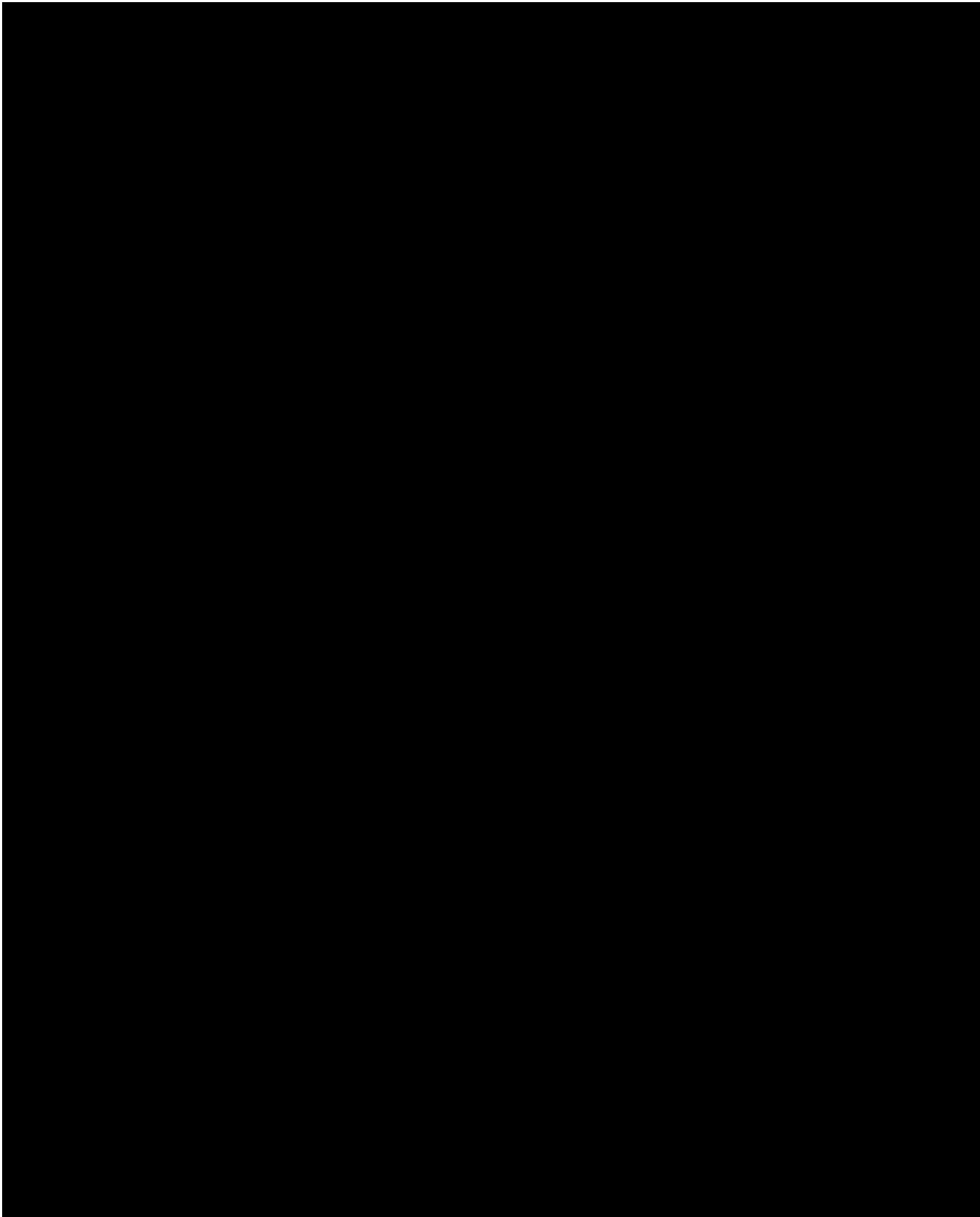
We will also have operational key staff who will be the main points of contact for executing the ongoing services after go-live. These members will be critical team members during the Design, Development, and Implementation phase to ensure launch readiness, and include:

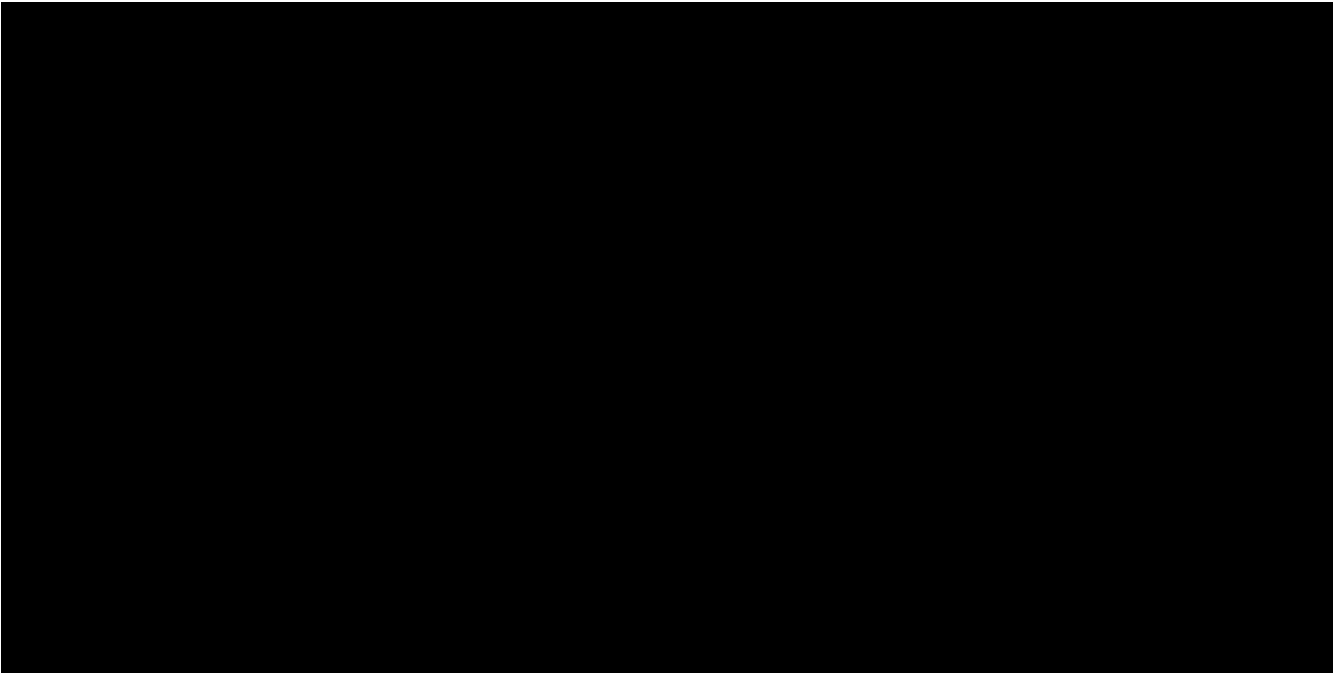




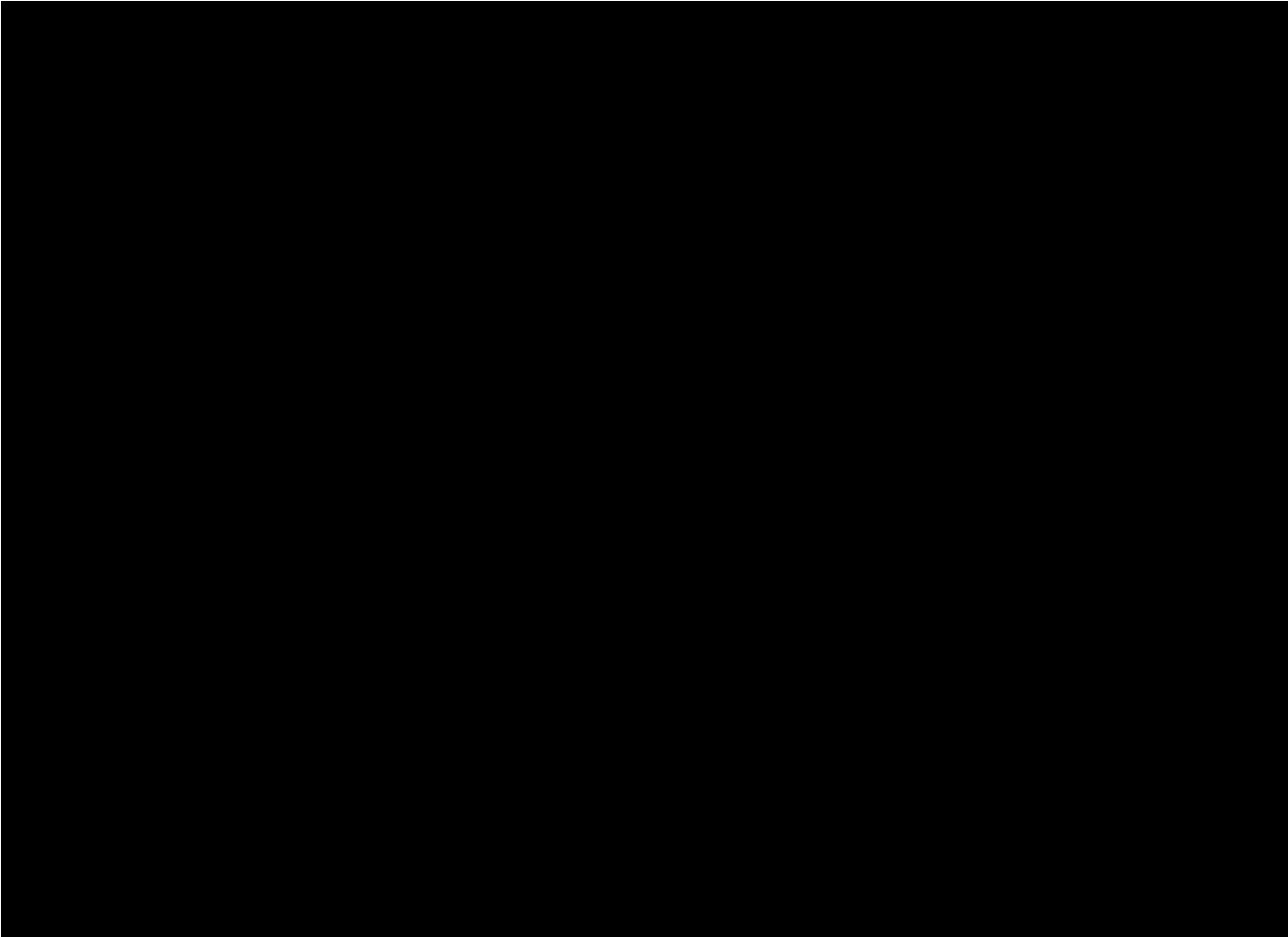
**INFORMATION TECHNOLOGY**

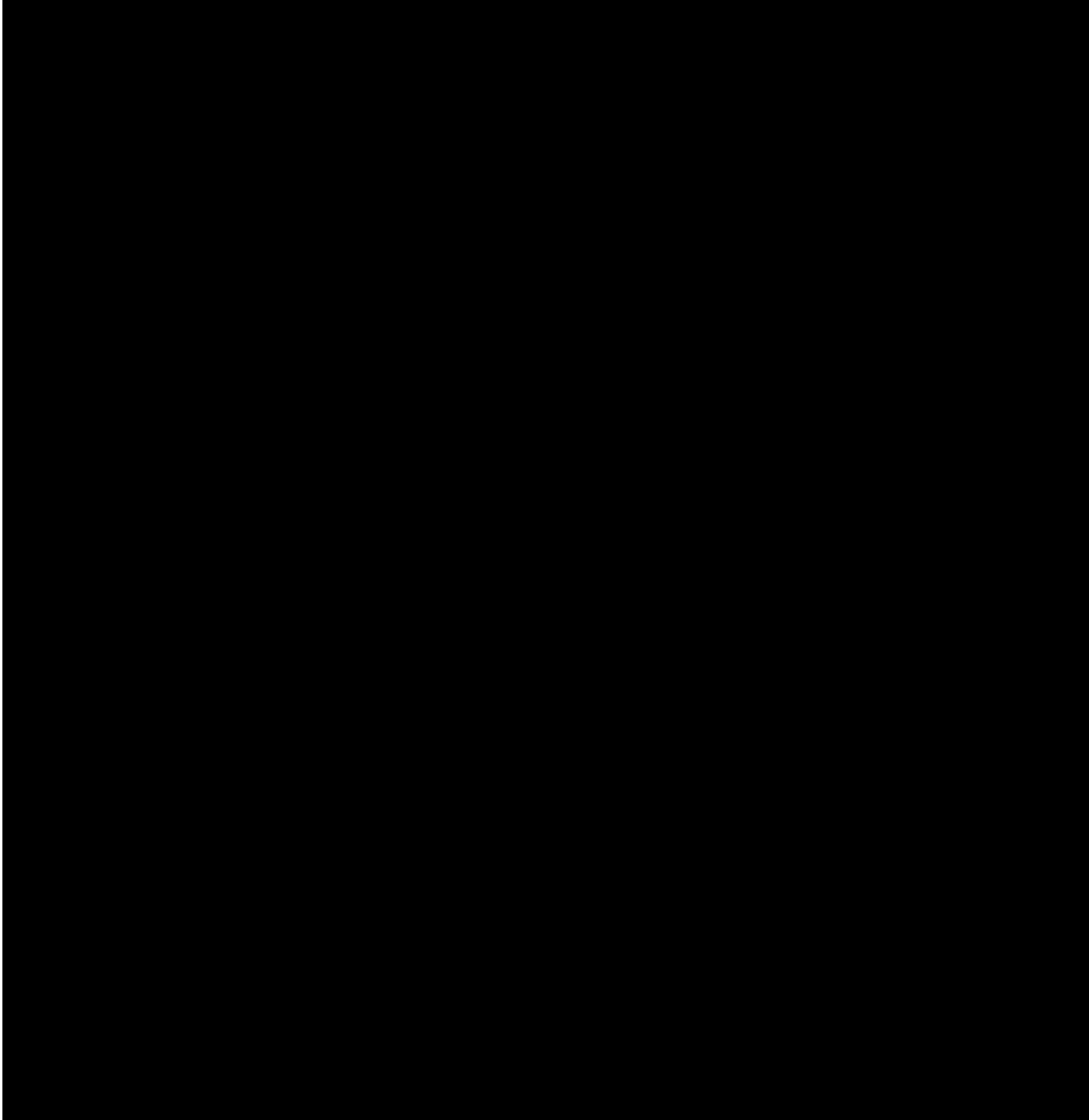


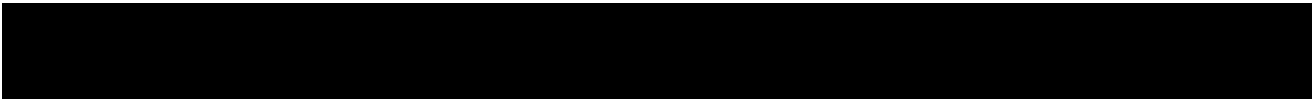




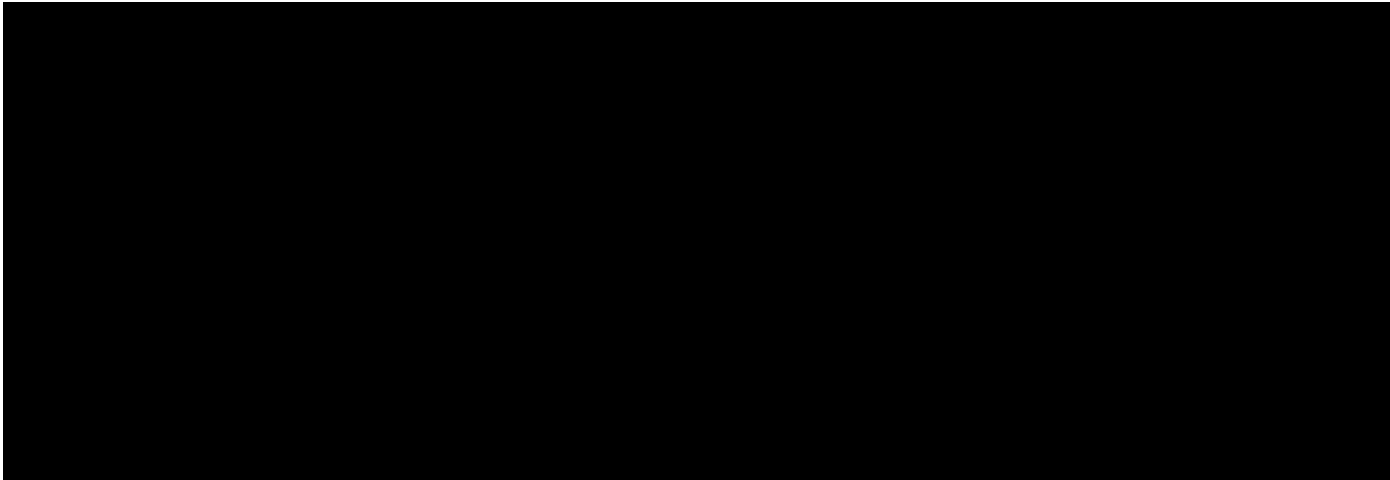
***DATA MANAGEMENT LAYER***



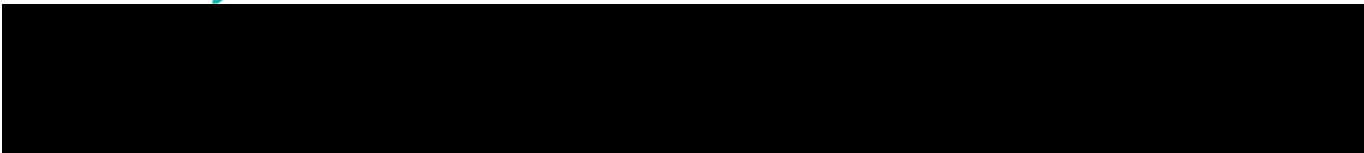




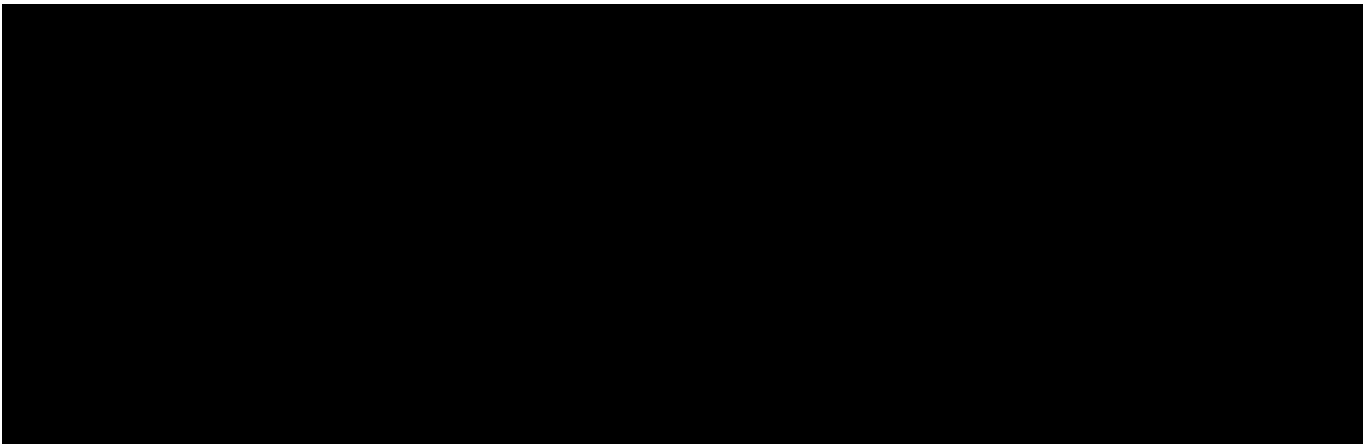
The decision for which integration pattern is utilized is determined based on factors such whether a real-time response is needed or if a command response is required, etc.



### *Claim Payments*

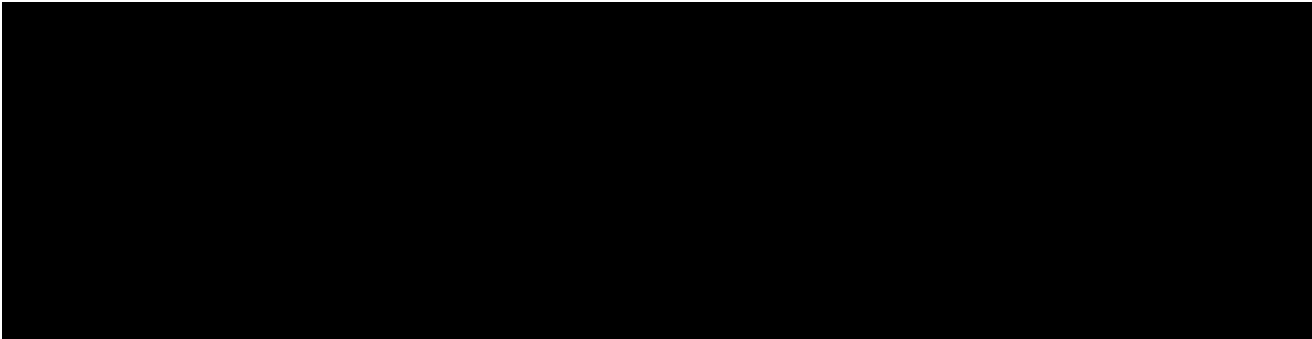


### *Electronic Visit Verification (EVV)*



# ENROLLMENT

## *Enrollment Overview*

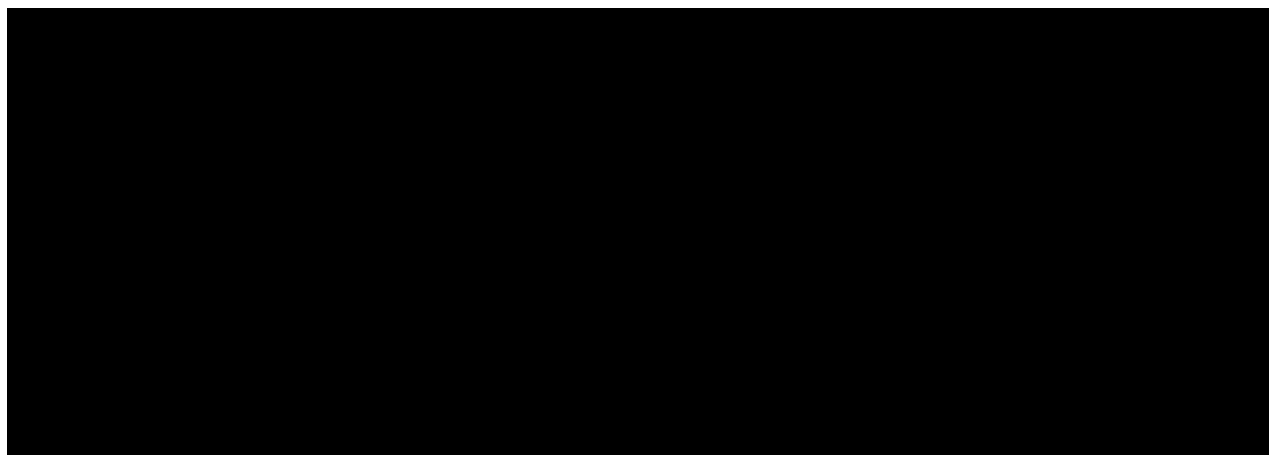


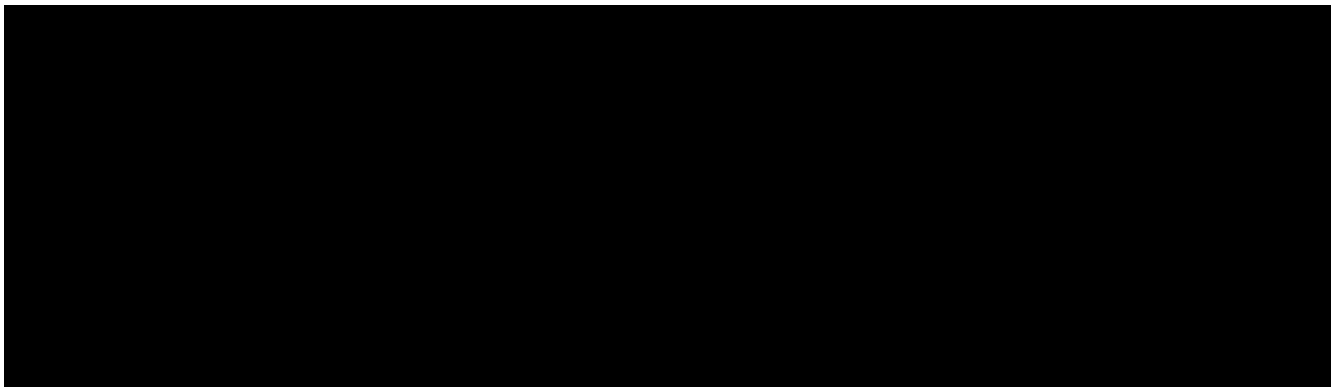
Currently, it is our understanding that personal assistants are classified as independent contractors by the FIs, which is not a recommended best practice in consumer direction or based on IRS guidelines. States with large scale state plan consumer-directed options, including Massachusetts Personal Care Program (45,000 consumers) and New Jersey's Personal Preference Program (35,000 consumers), successfully operate under a Fiscal/Employer Agent (F/EA) model. This model would establish the consumer as the employer of record, and personal assistants as W-2 employees. This model ensures the FI vendor role is firmly defined as the appointed payment agent and avoids the current scope creep of FIs reported by the Department. PPL can explain the benefits and process for converting the model during the transition and has experience supporting model changes in multiple states.

Enrolling in self-direction can be an overwhelming and cumbersome process. To that end, our solution leverages in-person, over the phone, and self-paced enrollment. [REDACTED]

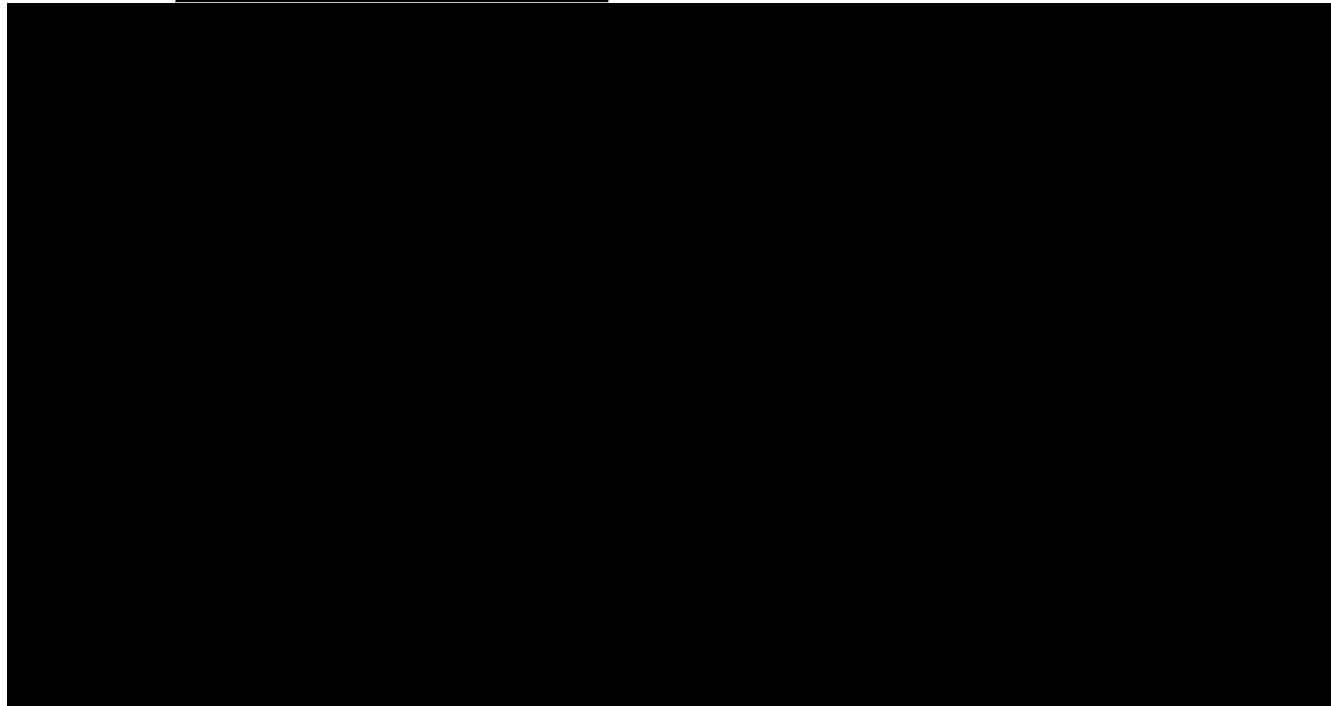


[REDACTED] If the consumers/employer enters basic demographic information for the personal assistant, an electronic invitation to enroll will be sent to the prospective personal assistant, inviting them to register for [REDACTED] and complete their enrollment.





**Exhibit 7:** [Redacted]



***Enrollment Transition***

PPL has extensive knowledge and experience in the transition and implementation of self-directed programs on a large scale. We have made significant investments in staffing and technology that enable our systems and processes to support statewide programs of this magnitude. Our lessons learned in prior transitions in terms of planning, communicating, and managing large scale provider compensation system changes will be invaluable for supporting the initiatives envisioned by the state of New York for over 267,000 consumers and more than 350,000 Personal Assistants. We will leverage our subject matter expertise, highly scalable systems, and unmatched experience and qualifications to support the requirements of the NY programs.

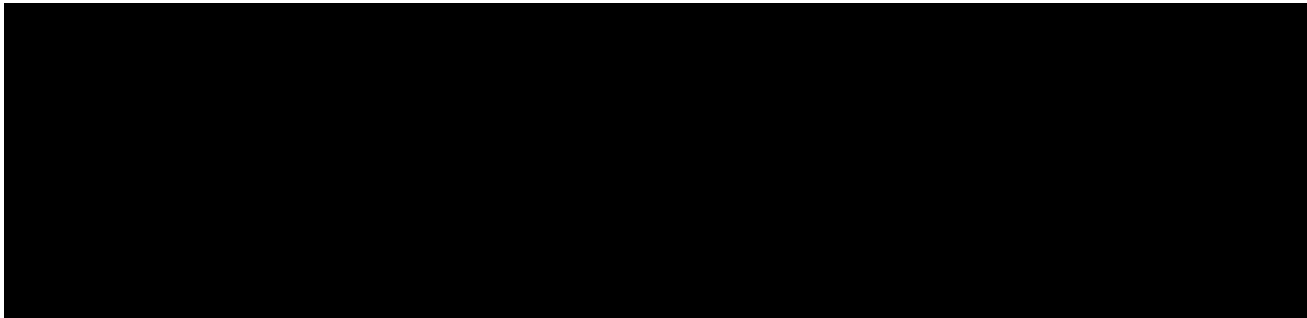
We propose to conduct the transition in five (5) phases, with each phase having four (4) months dedicated to enrollment transition. Each phase will identify regions that will need to complete enrollment and begin payroll at the start of a tax quarter. If PPL needs to expedite this timeline, we will leverage our high-volume staffing plan. We will also add on enrollment sessions to the training program. Our tools allow for electronic enrollment, and we will partner with the state to encourage enrollment independently opposed to in person or with an enrollment specialist.

## **CONSUMER AND PERSONAL ASSISTANT TRAINING**

### ***Training During Implementation***

We understand the apprehension around changes and how challenging it can be to learn new systems and use an unfamiliar vendor. We strive to build relationships with consumers, their support team, and personal assistants during any transition.

During the implementation phase, we will offer multiple options to learn about the changes, how they will affect different groups, and we will share concise directions and deadlines on actions that need to be taken. We will offer in-person training sessions throughout the state of New York, and we will offer webinars to those who cannot or do not want to attend in person. We will also provide recorded training courses and training documents.



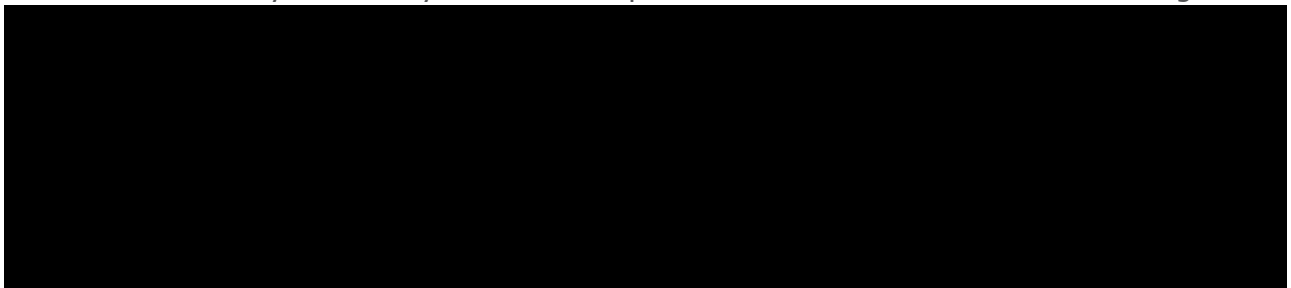
### Exhibit 8: Proposed Training Schedule

Stakeholder group	Topic	Timeframe
Case Managers, Wraparound Services support staff,	Introduction PPL and Upcoming Changes	7-8 months prior to Go-live
Case Managers, Wraparound Services support staff,	Transition Plan, Process, Timeline, and Actions to Take	5-6 months prior to Go-live
Consumers and Personal Assistants	Introduction PPL and Upcoming Changes	5-6 months prior to Go-live
Case Managers, Wraparound Services support staff	PPL Enrollment Systems, Processes and Forms	4 months prior to Go-live
Consumers and Personal Assistants	Transition Plan, Process, Timeline, and Actions to Take	4-5 months prior to Go-live
Consumers and Personal Assistants	PPL Enrollment Systems, Processes and Forms	1-4 months prior to Go-live
Case Managers, Wraparound Services support staff	PPL Payment processes, system, and schedule	1-4 months prior to Go-live
Consumers and Personal Assistants	PPL Payment processes, system, and schedule	1-2 months prior to Go-live and 1-2 months after go-live



### *Additional Training Needs*

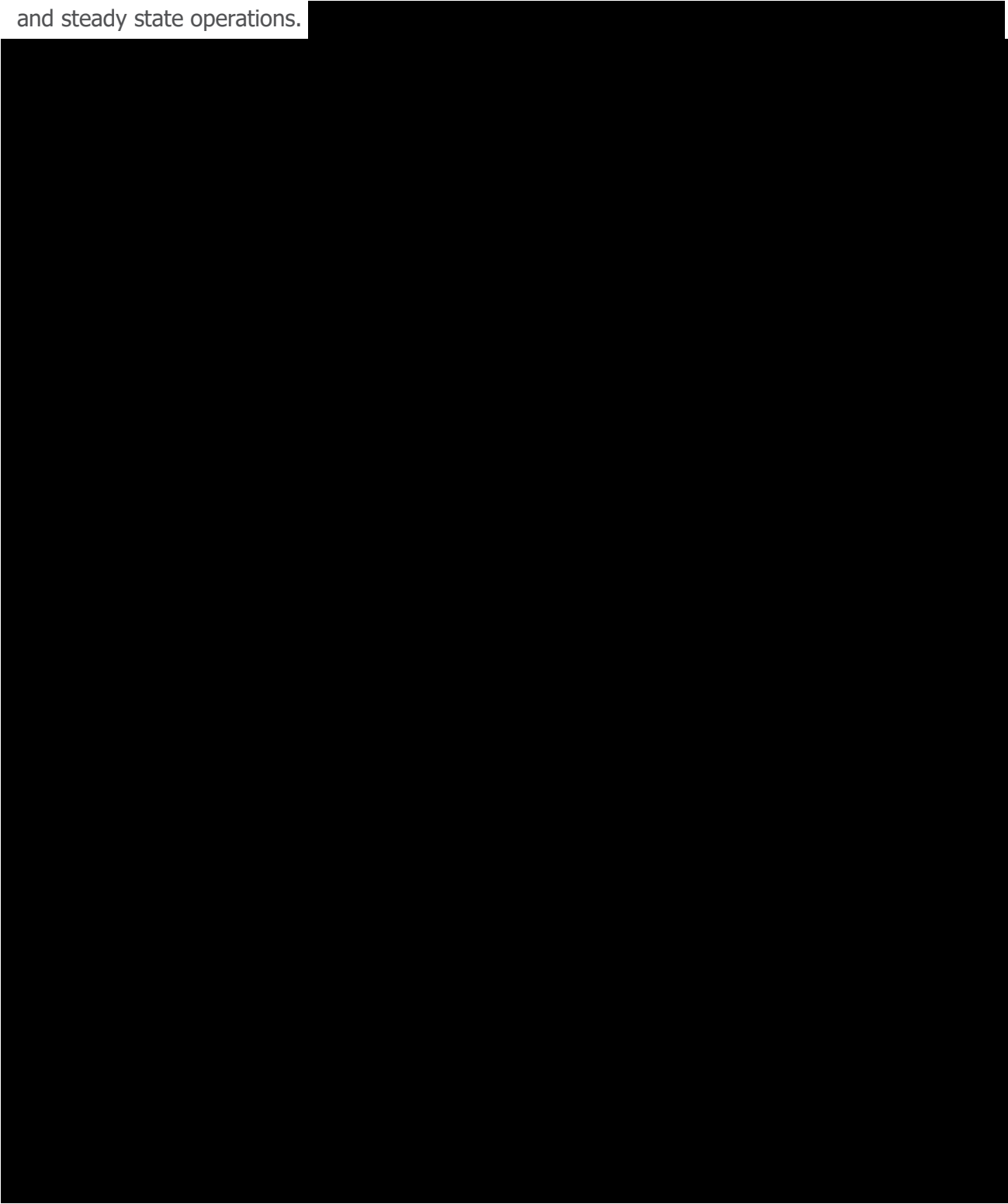
PPL has several ways to identify consumers or personal assistants who need more training.

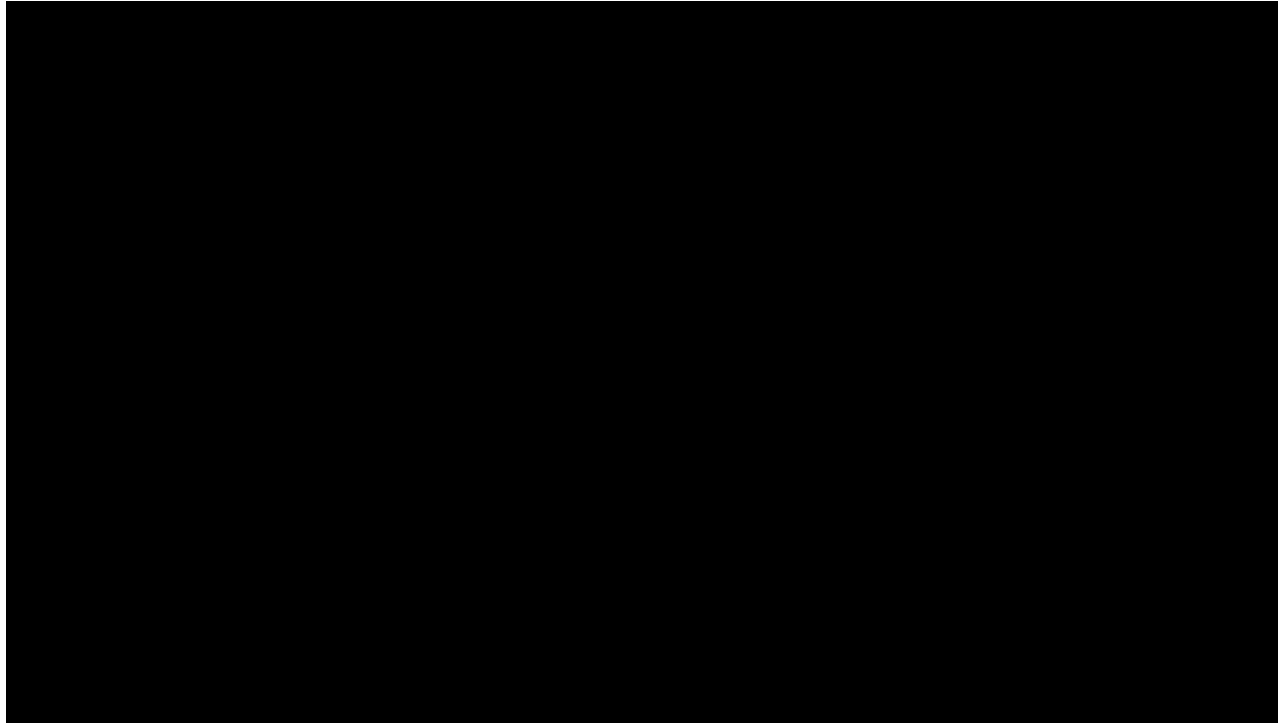


## CALL CENTER INFRASTRUCTURE & TRAINING

### *Customer Service*

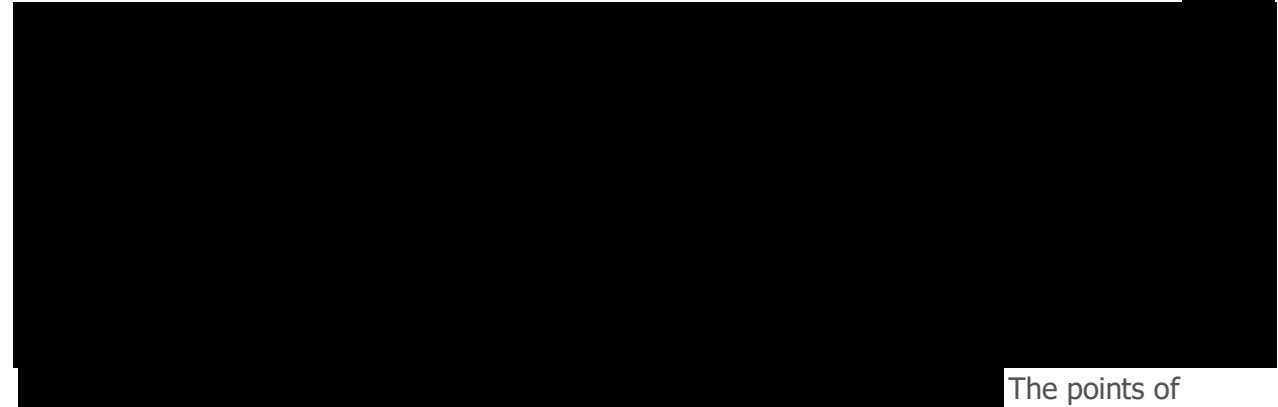
We will take a multifaceted approach to delivering CDPAP customer service during the transition and steady state operations.





**Fraud, Waste and Abuse Compliance Training**

All PPL employees are required to complete mandatory annual training on Medicaid FWA.



The points of emphasis are strict and timely reporting of any suspected FWA, how and who to report to internally and adhering to our code of conduct in ethics in all instances.

# MARKETING & COMMUNICATIONS

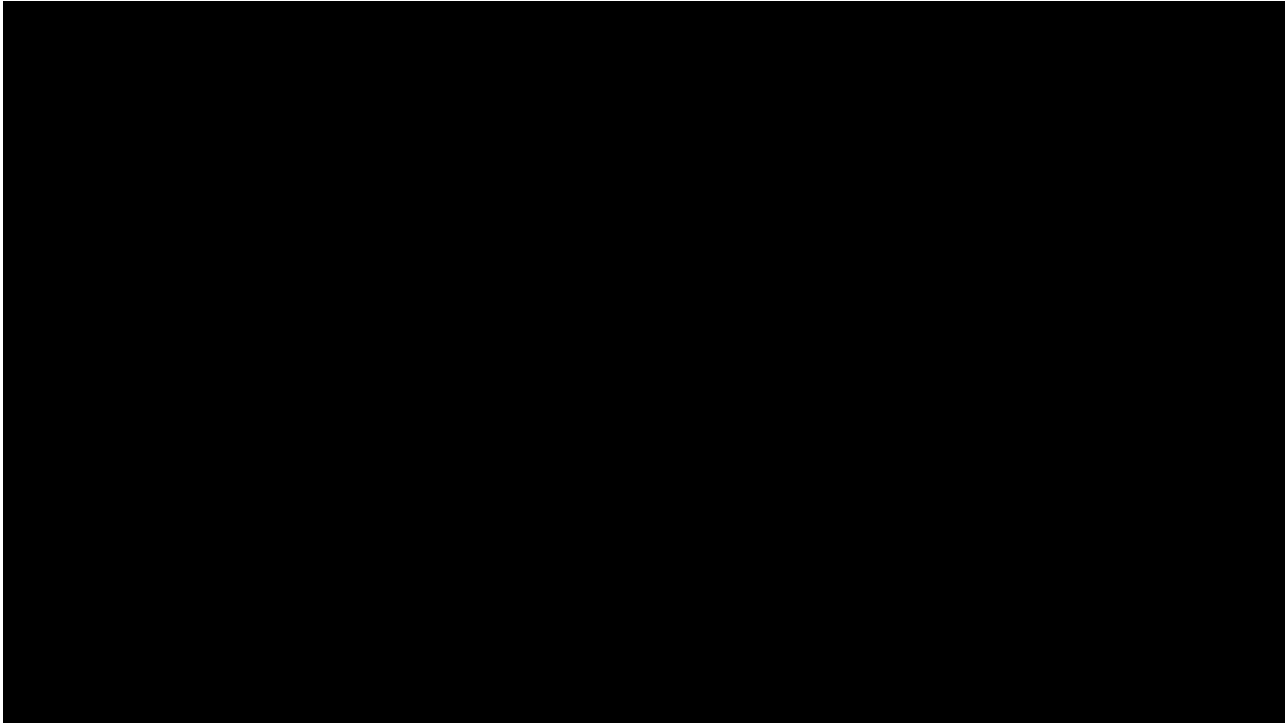
## *Stakeholder Communication*

We understand that effective communication and support is vital to establishing a smooth transitional period. Proactive communication with all stakeholders involved in any program transition will be crucial. Given the number of organizations (existing FI's and health plans), consumers, their families, and personal assistants, we will take a multi-channel approach to ensure clear and consistent communication with all stakeholders. For all project implementations, we use best practices with centralized project file repository, stakeholder register, communications plan, and RACI (responsible, accountable, consulted, and informed) matrix to ensure there is timely and appropriate generation, collection, dissemination, and storage of project information.

As soon as the public is made aware, messaging will be prepared in advance of stakeholder questions. We will partner with the Department on all messaging related to rationale for why this decision was made (opportunities for improved oversight, cost savings and reduced risk of fraud, waste, and abuse), impact to consumers and their personal assistants, expected timeline and roll out for the transition, opportunities for the existing FI's to partner with us and how we'll partner with the health plans to ensure continuity of services and improvements in the data exchange implementing industry best practices (e.g., EDI claiming). **Exhibit 9** presents the multi-channel communication strategy we'll employ to engage people in an effective way.

## Exhibit 9: PPL's multi-channel communication strategy.

*We engage consumers and personal assistants effectively.*



Our website, [www.pplfirst.com](http://www.pplfirst.com), will have a dedicated page to the NY CDPAP program and will provide a broad range of information that is accessible and organized by topic. Topics will include an overview of the program, details on the timeline for transition, clearly outline the forms and timelines needed for the transition, FAQ, videos addressing key questions on the transition, and timeline for information sessions and enrollment session (webinars and in-person). We will use social media, email, and SMS campaigns to drive traffic to the website as the source of truth.

We have developed a wide variety of communications and documents in plain language. Our written materials use language rated at a 6th grade reading level with the communication broken into short paragraphs. All materials are available in alternative formats are made available depending on the preference, disability, or proficiency of the participant. Alternative formats may include but are not limited to:

- Auxiliary aids or services, such as Braille, large print, and audio
- American Sign Language (ASL) interpretation
- Written translations

Communication is conducted through a variety of methods including letters, emails, telephone calls, and various forms of technology, such as TTY. All documents are also posted on the PPL website, which offers several accessibility features and complies with the American with Disabilities Act and section 508 of the Rehabilitation Act.

Content included in our communication efforts include announcements, training materials, instructional guides, information sheets, and brochures. Some documents are extensive and include forms, many of which can be prepopulated and are automated for ease of completion. We also regularly published a newsletter which communicated program change information, trainings, upcoming events, and service delivery reminders.

## **CONSUMERS & PERSONAL ASSISTANTS**

Consumers, their families, and personal assistants will want to understand **what the change will mean for them**. Our website will provide an overview of the transition, what to expect and frequently asked questions, such as:

- Will the transition impact the hours of service I am authorized?
- Will they need to change their personal assistant?
- When will this impact me?
- What do I need to submit and who to contact to get started?

Addressing consumer's questions will be one of the most critical elements to this transition. Our website will provide the initial ability for people to answer common questions, but often individuals prefer to speak with a person. Our customer service staff will be available to assist callers throughout their journey.

In advance of the transition, we will hold in-person information sessions across New York to address the many questions consumers, families and personal assistants may have. Initial communication with consumers will assist us to track preference for enrollment, allowing us to directly target their communications based on their communication and enrollment preferences.

## **Health Plans (MCOs) & LDSS**

We have extensive experience partnering with health plans across the country and plan to leverage this expertise. Initially, we will engage all the plans to understand their current capabilities to implement industry standard enrollment, eligibility, authorization, and claiming file exchanges. This baseline understanding will assist us from both a technical and operational perspective and how we will need to address communication and information exchanges between the various organizations moving forward. We will provide routine communication with all health plans and LDSS on the status of transition, communication and training forums and status of testing for data exchanges.

## **Existing FIs**

The existing FI's maintain the current relationships with consumers, personal assistance and MCOs/LDSS. In our experience, they can support a smooth transition for consumers, or they

can spread inaccurate information and cause additional confusion and anxiety for consumers.

Ideally, many FIs will support the transition and embrace opportunities to partner with us.

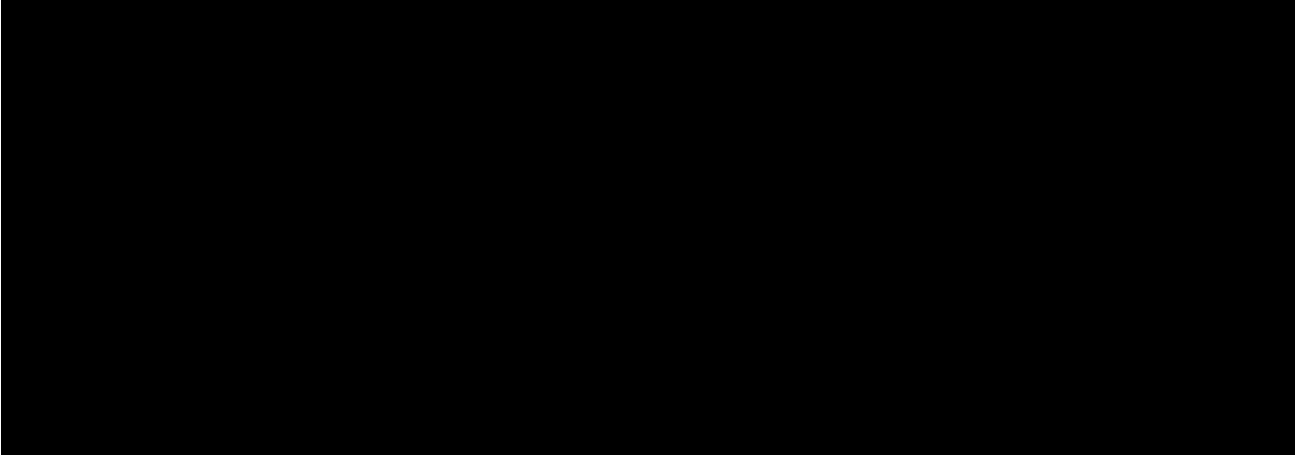
## INCORPORATING THE EXISTING VENDORS

### *CDPAP Transition Information and Assistance Support*

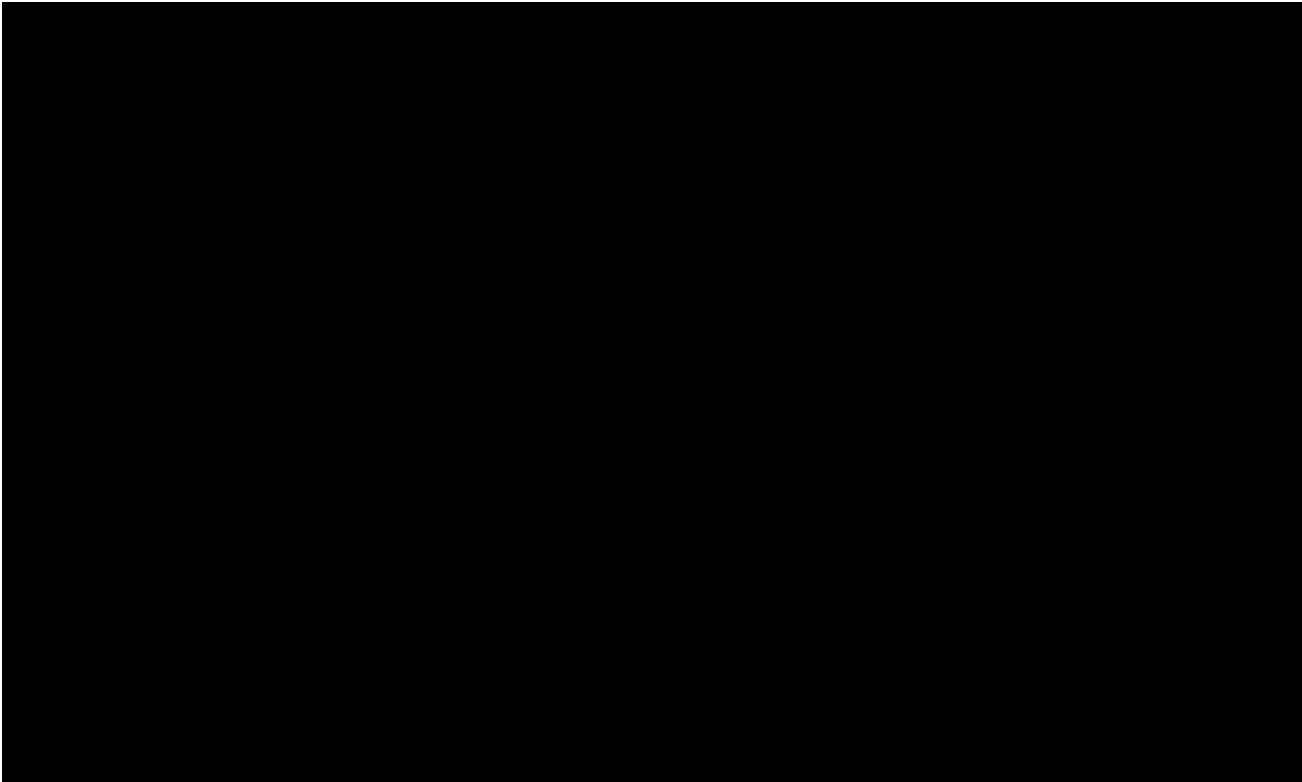
PPL has the in-house capacity from both a staffing and marketing and communications standpoint to manage the CDPAP transition from end to end. That said, we understand consumers have existing relationships and resources across the state ranging from their current FI to LDSS', managed health plans and organizations that are staples in the home and community-based services landscape. We have the experience and the willingness to engage both the current FI community and the other CDPAP stakeholder organizations during the transition in partnership to ensure a seamless transition. In other highly scaled transitions including consolidations from many FIs, we have been effective in reaching agreeable subcontracting arrangements that also ease the transition for the FI.

The Independent Living Centers (ILC) and Aging and Disability Resource Centers (ADRC) are the main points of access for long-term supports and services for older adults and people with disabilities.

## *Fiscal Intermediary Contingency Planning*



PPL is willing to engage the current FI providers in proposed partnering arrangements to ensure continuity of care for the consumers. FIs that are interested in supporting the transition throughout the duration and are willing to absorb access consumers from FIs opting to close can be engaged in sub-contracting agreements. We will work with the Department during the implementation to define a process and procedure for ensuring continuity of payments through back-up FI agreements. The procedure will cover alternate communications to the consumers and personal assistants that clearly indicate the immediate steps they can take to enroll when they learn their FI is closing.





## PPL BACKGROUND AND QUALIFICATIONS

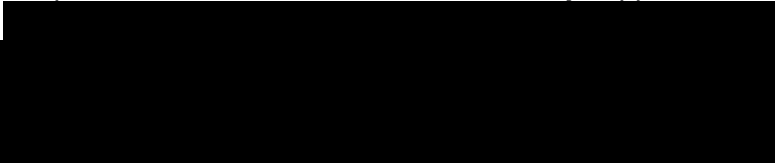
PPL was founded in 1999 after participating in the Robert Wood Johnson Foundation's Cash and Counseling Demonstration and Evaluation (CCDE). The pilot focused on establishing effective models for self-direction programs. Since then, our sole focus has been to provide FI systems and services to support self-direction and Medicaid waiver programs benefiting aged, disabled, and other vulnerable populations. ***Our mission is to transform lives by expanding access to self-direction and whole-person care.***

Since 1999, we have been the leader in self-direction and have worked with more than 50 programs across 22 states. We are the sole FI vendor of choice for the nation's fastest-growing and most complex self-direction programs including New Jersey's Personal Preferences Program and Arkansas' Independent Choices. We are also the chosen FI for dozens of other robust programs in Colorado, Florida, Pennsylvania, Ohio, among others.

### ***Relationships with Stakeholders***

PPL has over two decades of experience working with Fee for Service (FFS) and managed care models. We currently contract with 22 states and more than 20 MCOs. We are fully integrated with all Medicaid Management Information Systems (MMIS), EVV aggregators, and other major Medicaid technology vendors in New York and across the nation. We cultivate strong professional relationships with consumers, families, caregivers, and advocacy groups, and every week, our community liaison team participates in community events to assist in improving participant experience and advancing program goals.


We partner with organizations such as The Arc and Applied Self Direction to provide education and information to the industry. For example, we are the organizer and lead sponsor for New Jersey's annual self-direction conference that is geared towards consumers, caregivers, families, and community groups. We also partner with small business and diversity suppliers to expand our impact on the community.



In New York, we currently provide FI services for the Traumatic Brain Injury and Nursing Home Transition and Diversion Program. Under the program, we administer rental assistance payments to more than 1,400 participants annually, with over 17,000 payments made.

## ***Implementations***

PPL has implemented more than 100 FI self-direction contracts including highly complex transitions. We completed the transition of the Washington IOne program, which included migrating nearly 50,000 consumers, and programs such as New Jersey PPP, which has an expansive and complex scope of work. As states have recognized the value of the single FI model, we have worked with them to transition from several FIs to one. For example, we worked with the Pennsylvania Office of Long-Term Living, where 18,000 consumers were transitioned from 37 Pennsylvania-based FIs to PPL.

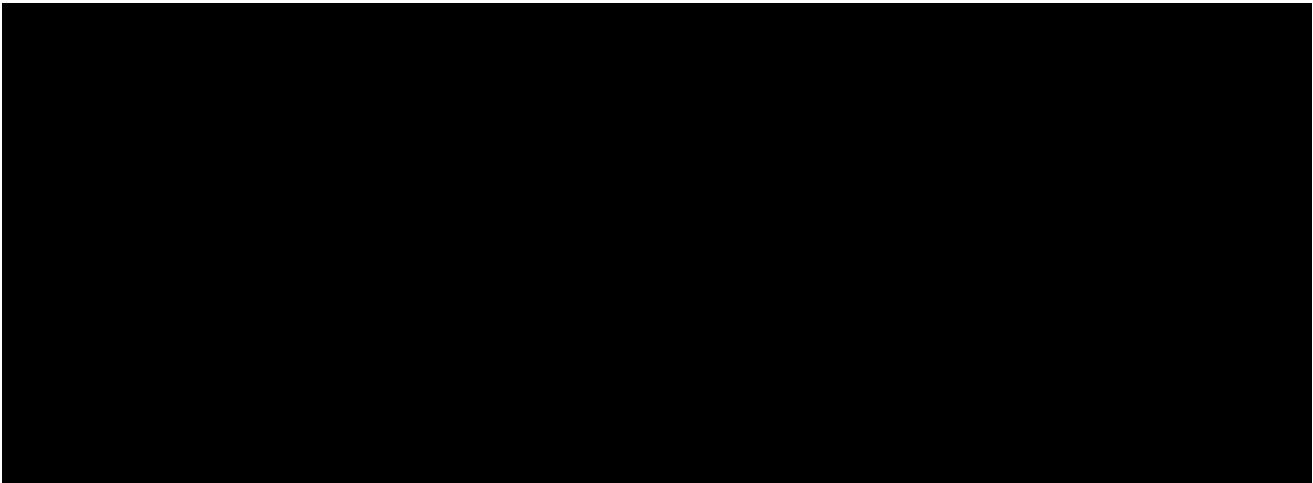


## ***Technology***



## ***Participant and Personal Assistant Engagement***

Stakeholder engagement starts with excellent communication. Our communications team is experienced in creating self-direction content that is appropriate for users of varying abilities and reading levels. They have created thousands of enrollment packets, call center scripts, websites, videos, and other materials that are ADA-compliant and accessible.



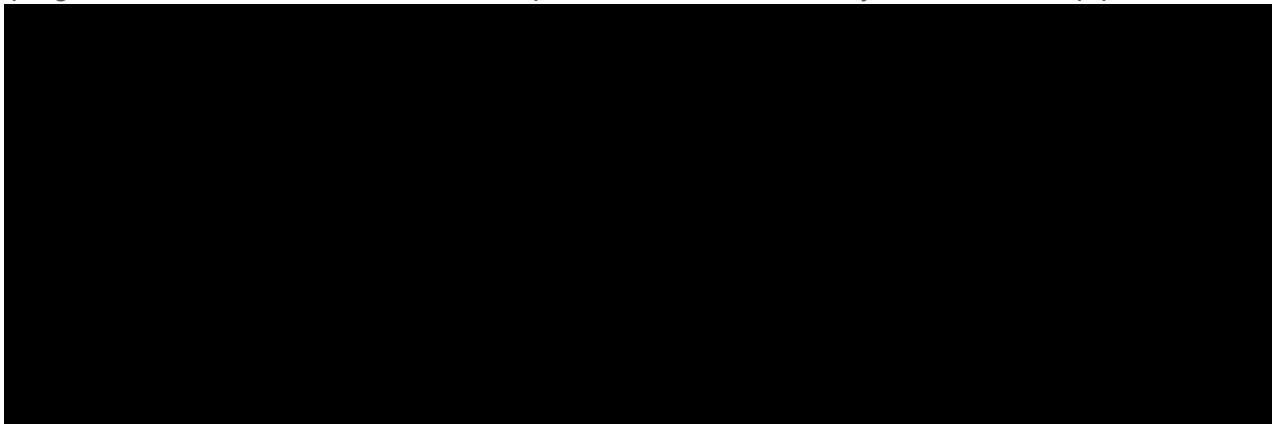


## ***Financial Operations***

Our comprehensive financial operations department handles all aspects of financial management including payroll, taxes, workers compensation payments, cash management, tax filings, and financial reporting. We process billions in payroll and payments annually and processes taxes for hundreds of thousands of caregivers. For more than two decades, we have been trusted by Medicaid programs to properly manage program funds and provide compliant reporting.

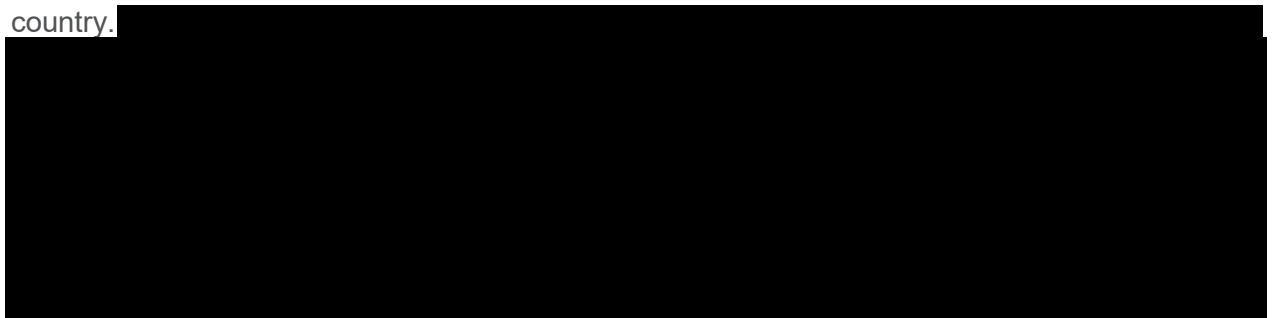
## ***Security and Compliance***

For 25 years, we have been trusted by some of the largest and most complex self-direction programs to be their sole FI vendor and protect their data. Security is one of our top priorities.



## ***Staffing***

PPL has an in-house recruiting team that is supplemented by external recruiters across the country.



## ***Program Management***



## Leadership and Team

Below are select profiles of a few of our leaders who will work with New York on this engagement:

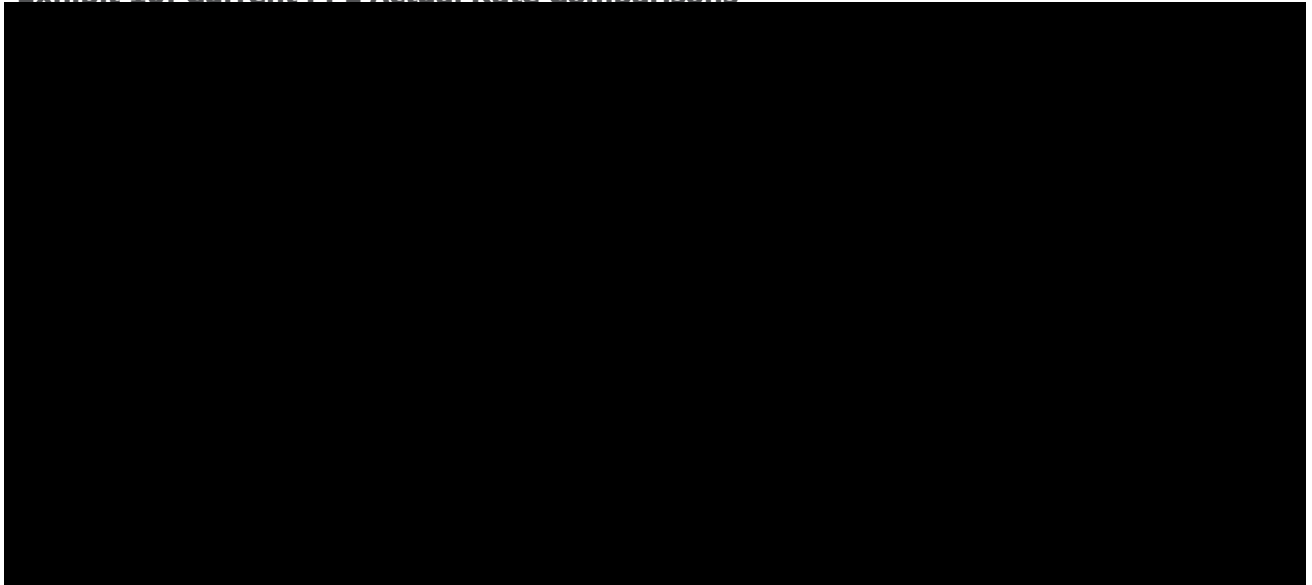
- **Vince Coppola**, Chief Executive Officer, brings 25 years of healthcare payer experience, including leadership positions at Blue Cross California, United Health Group, Cigna, and Magellan Health. Vince was the successful CEO of two previous healthcare technology companies, IPG and Triad (now Evicore), and brings to PPL an ability to leverage technology to scale programs and implement strategic solutions for healthcare programs.
- **Maria Perrin**, Chief Growth Officer, has 20 years of experience working with state Medicaid agencies and MCOs. Maria is responsible for program development and management for PPL. Prior to joining PPL, Maria spent 10 years at HMS (NASDAQ: HMSY) as a corporate officer and the executive responsible for all HMS client contracts, including contracts with 45 Medicaid agencies and more than 250 Medicaid Managed Care plans. For more than a decade, Maria's team provided Third Party Liability and Program Integrity Services to New York's DOH and OMIG. The team also contracted with many of the State's MCOs (UHC, Wellcare, Excellus, MetroPlus, and others) to provide cost containment, population health, and fraud, waste, and abuse services. Maria was born and raised in New York and has been working with New York healthcare programs since 2007.
- [REDACTED], Executive Vice President of Operations, has 15 years of government healthcare strategy and operations experience. [REDACTED] came to PPL from [REDACTED] healthcare experience also includes leadership roles with [REDACTED]. [REDACTED] is responsible for operational implementations, project management, and operational process enhancement.
- [REDACTED], Chief Technology Officer, has nearly 20 years' experience in healthcare technology and operational leadership. For the past six years [REDACTED] has led the technology implementations of dozens of complex self-direction contracts, including the FI transition for the Washington IOne program. Prior to PPL, [REDACTED]. In addition to [REDACTED] expertise in self-direction technology development and implementation, [REDACTED] has a deep understanding of technology support for Medicaid claiming.

- [REDACTED], VP of Client Management, is a nationally recognized participant-directed expert with 25 years of experience leading self-direction program contracts across more than 20 states. [REDACTED] has implemented more than 100 self-direction programs including complex transition populations. [REDACTED] provides oversight of our contract management team and advises clients on essential best-practices information.
- [REDACTED], Senior Regional Director, is responsible for program management of PPL's contracts in New York State, including our FI services for NY's Traumatic Brain Injury program. Prior to PPL, [REDACTED] was program director for [REDACTED] [REDACTED] with New York OMIG and DOH. [REDACTED] lives and works in the state and has worked with the New York Medicaid program since 2011.

## SAVINGS UNDER NEW SINGLE FI MODEL USING PPL

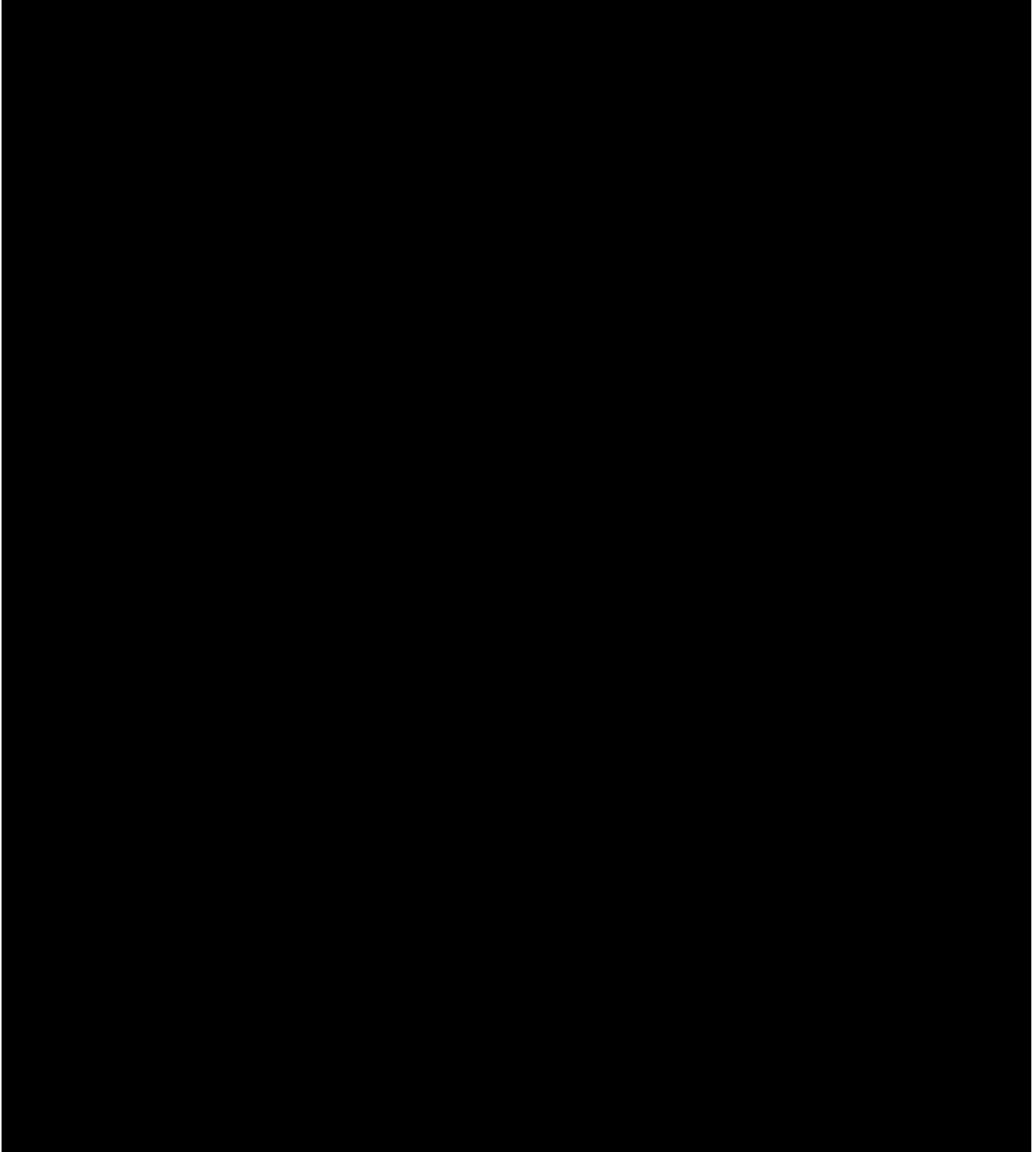
PPL is pleased to present our initial estimate of FI administrative costs under the proposed single FI model. Leveraging scale and experience, PPL can offer an estimated savings to the State of \$200 million annually. The estimated FI administrative costs were prepared using the rates from PPL's other self-direction contracts and with the information currently known about the structure of the new program. Significant changes in scope may require an updated analysis. **Exhibit 10** provides our PMPM rates for current clients.

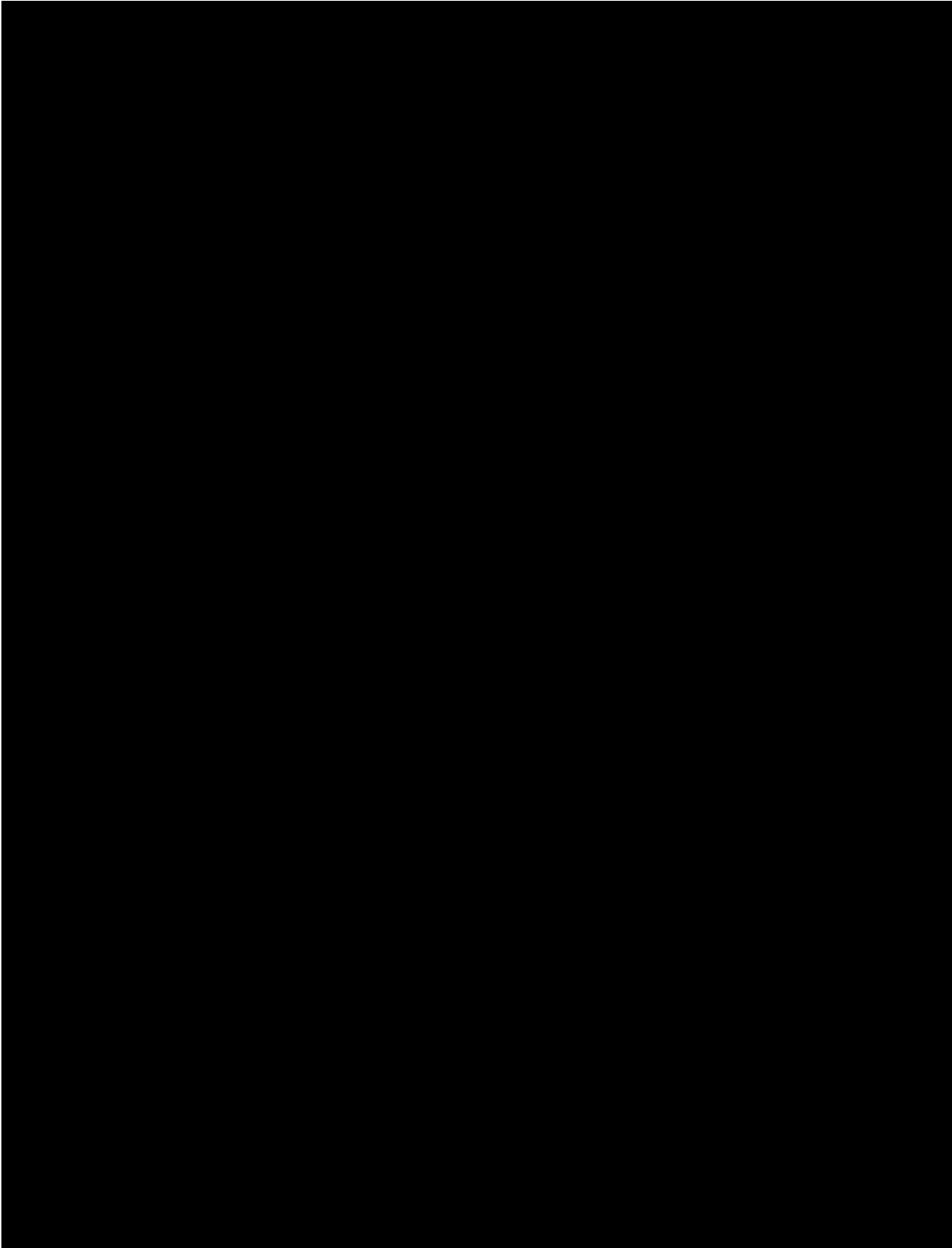
### Exhibit 10: Current PPL Actual Rate Comparisons

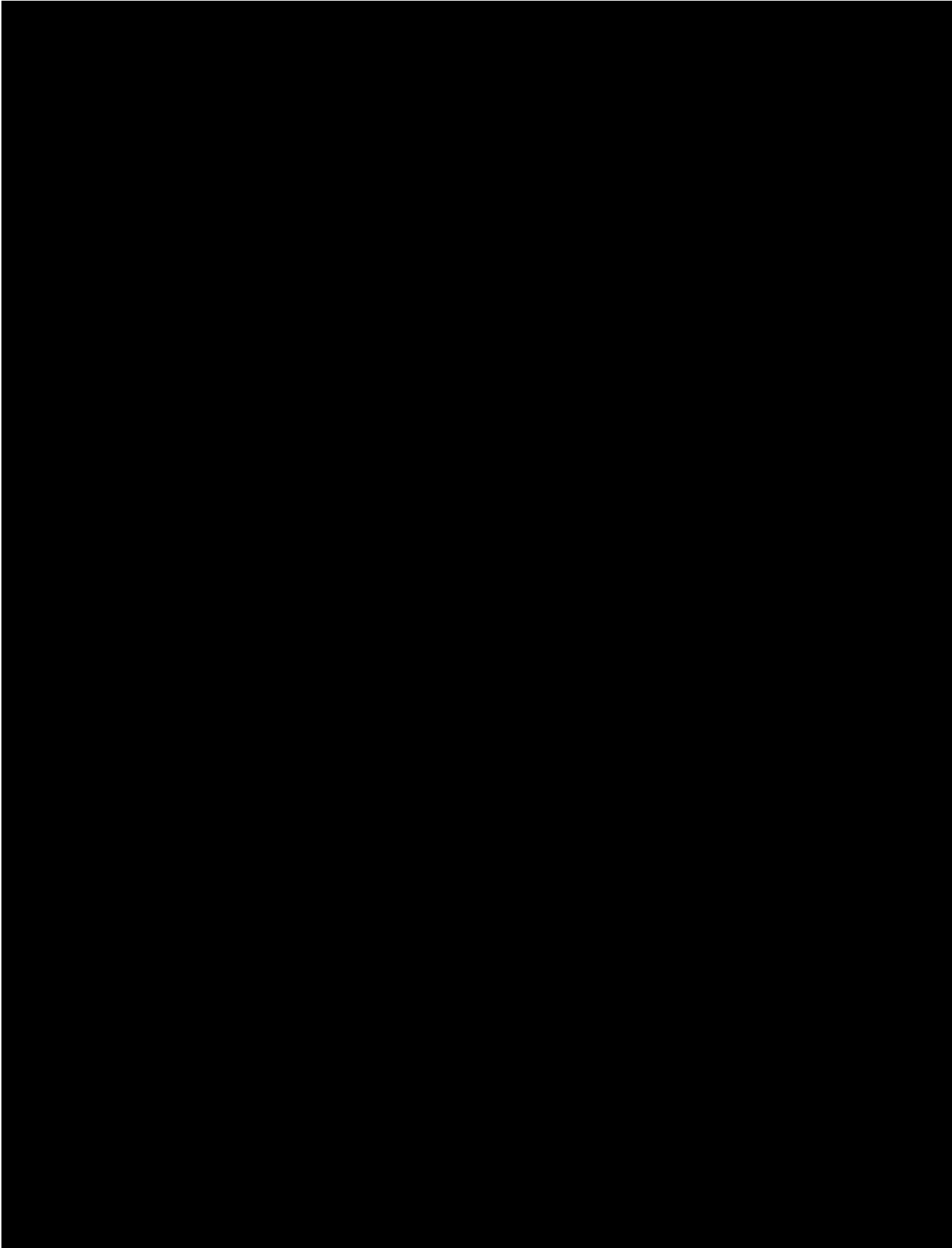


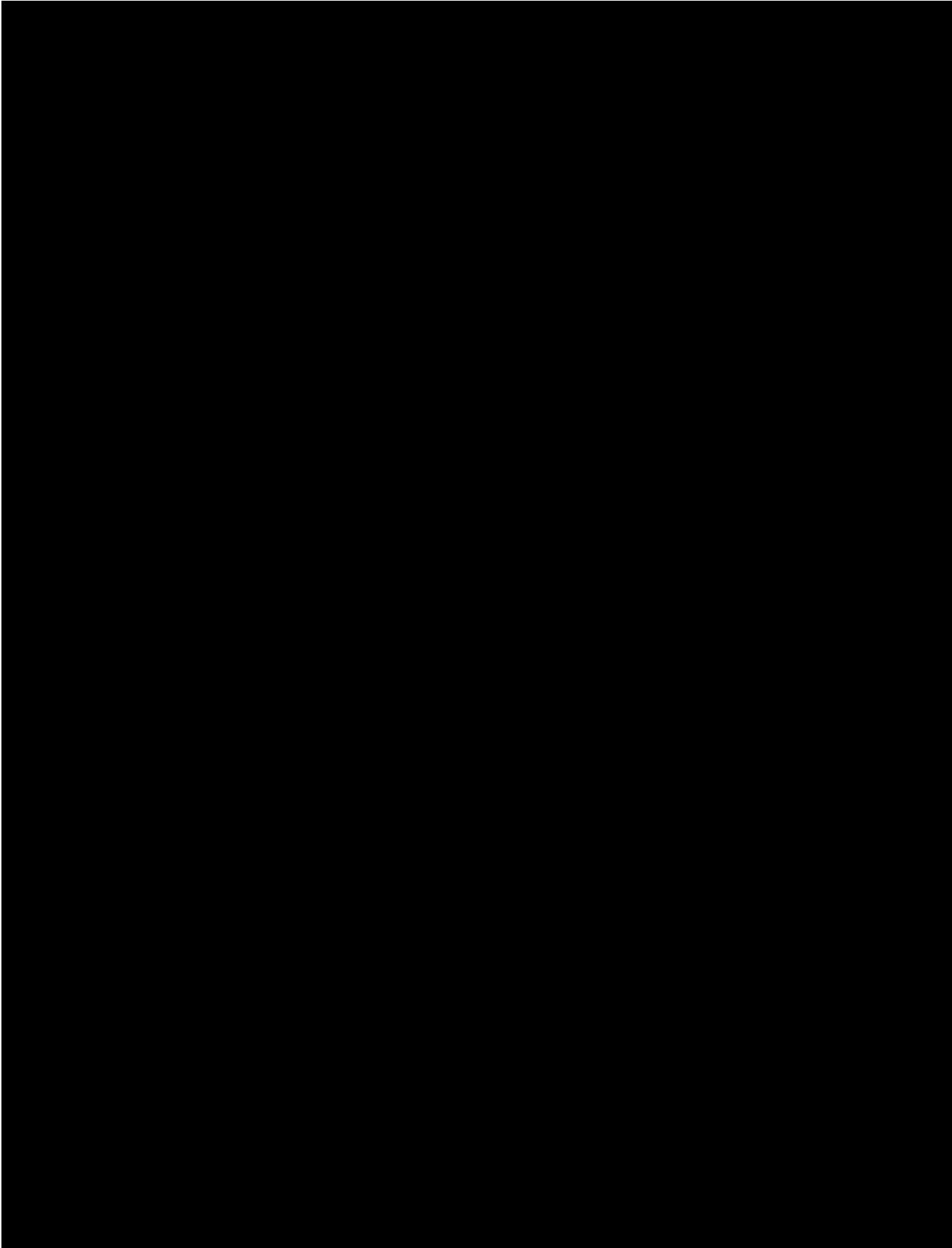


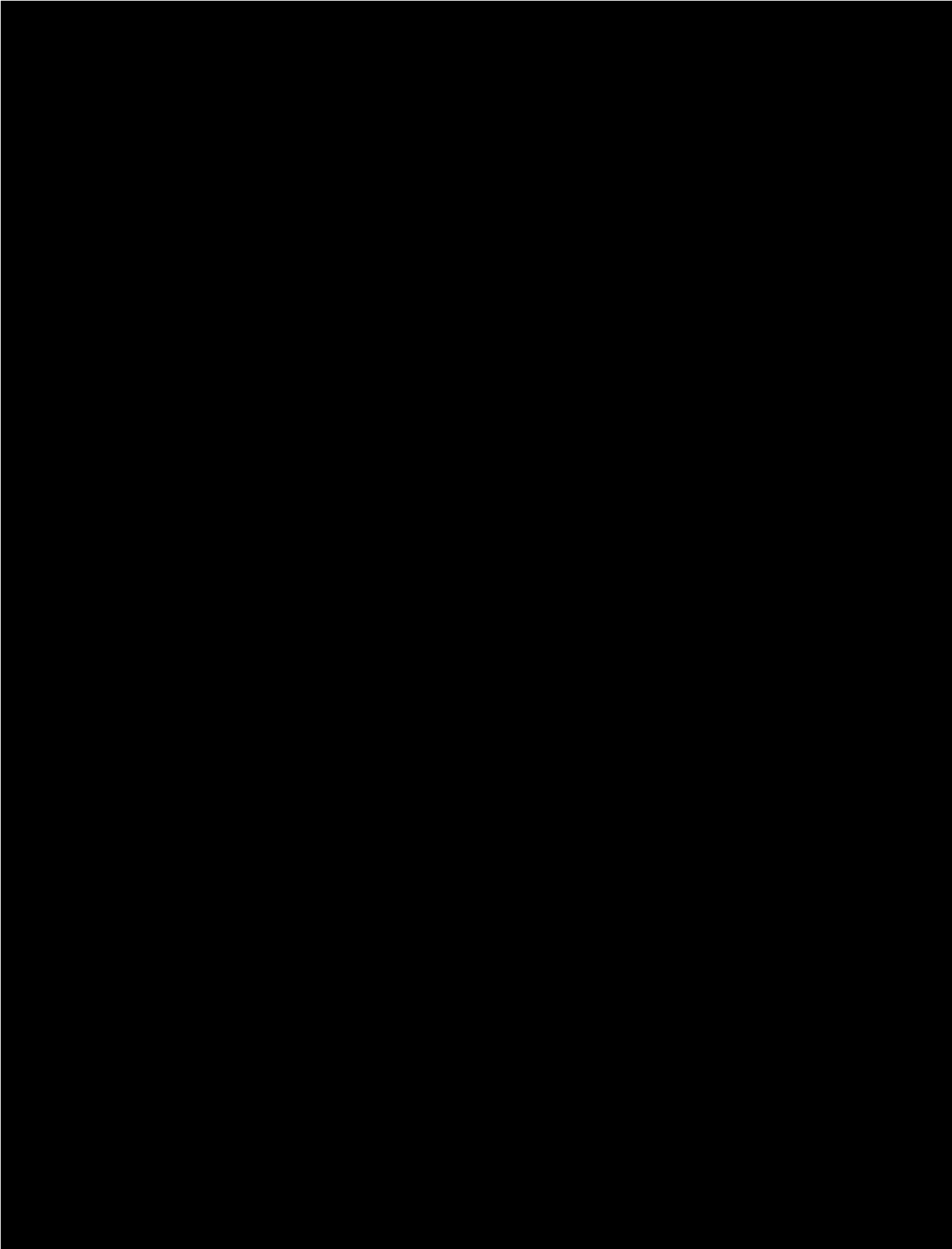
Details subject to change based on evolution and additional insights gathered through planning process.

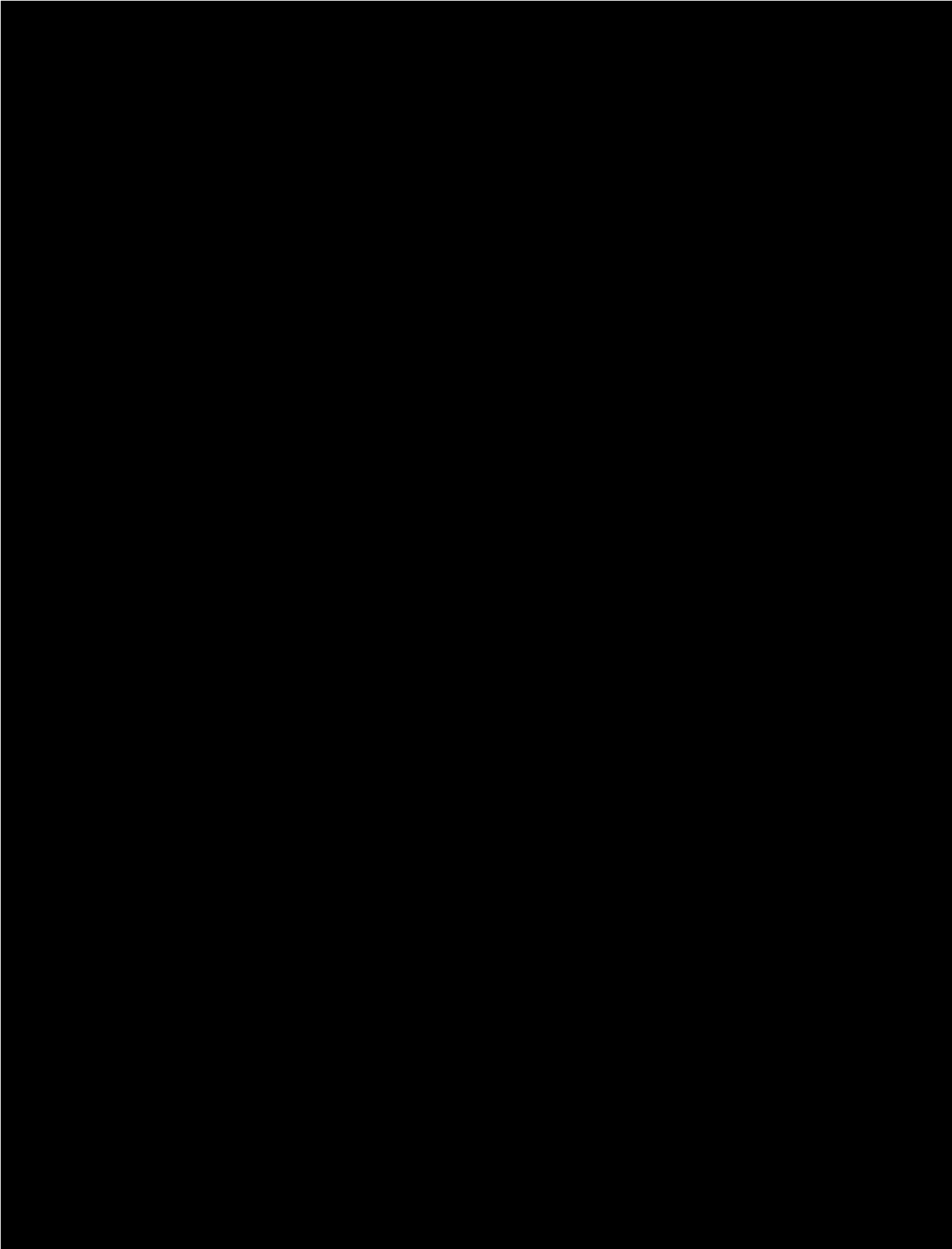


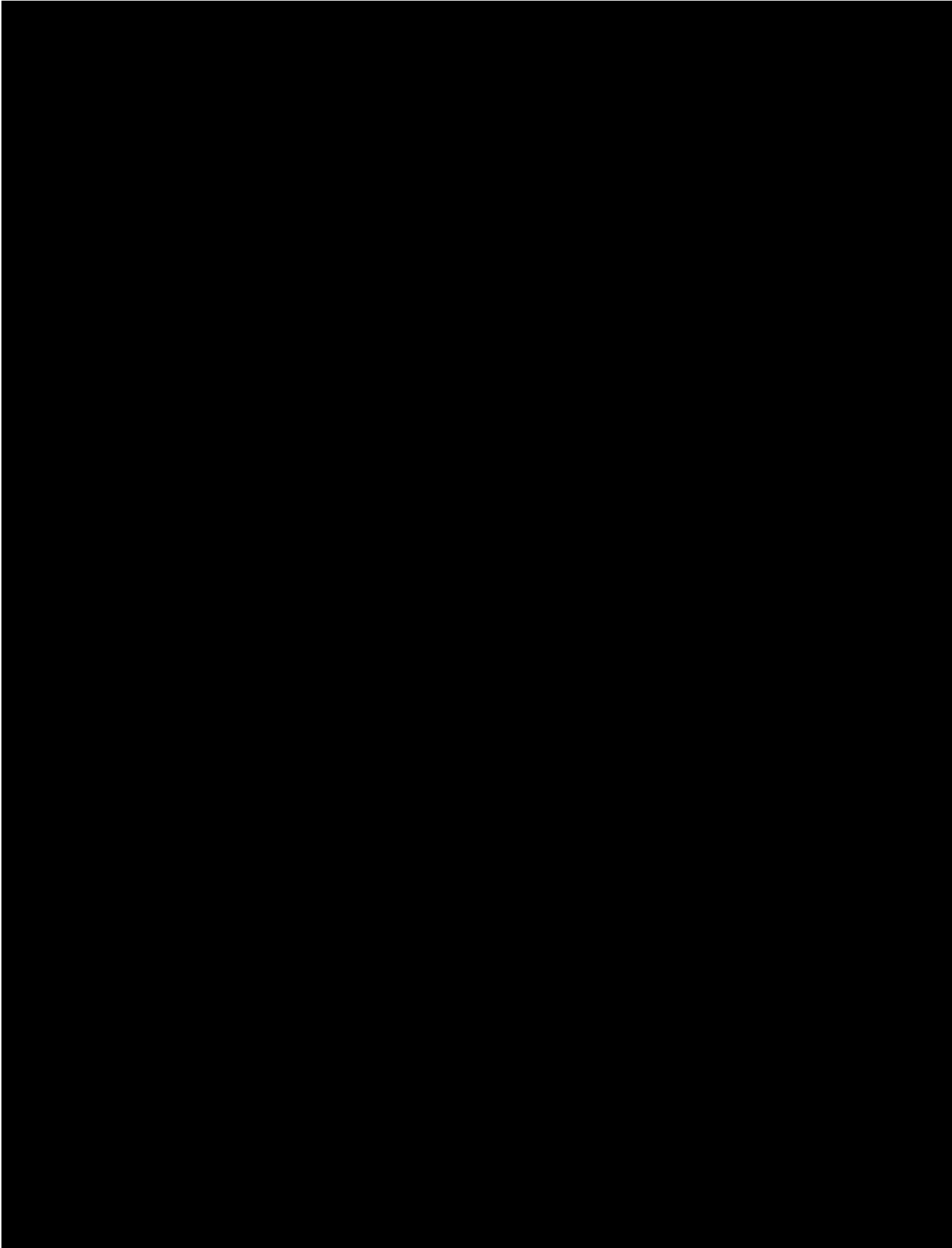


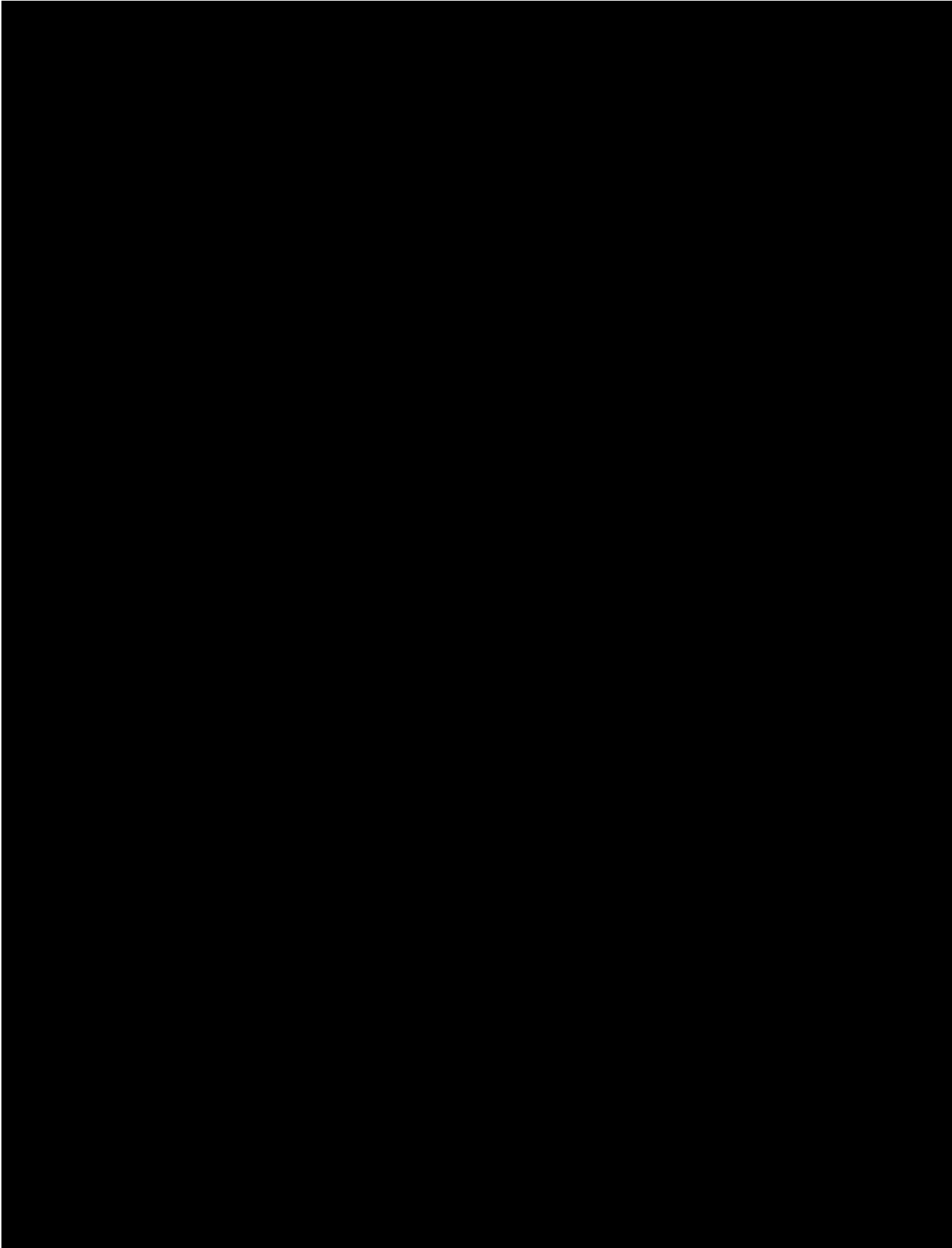


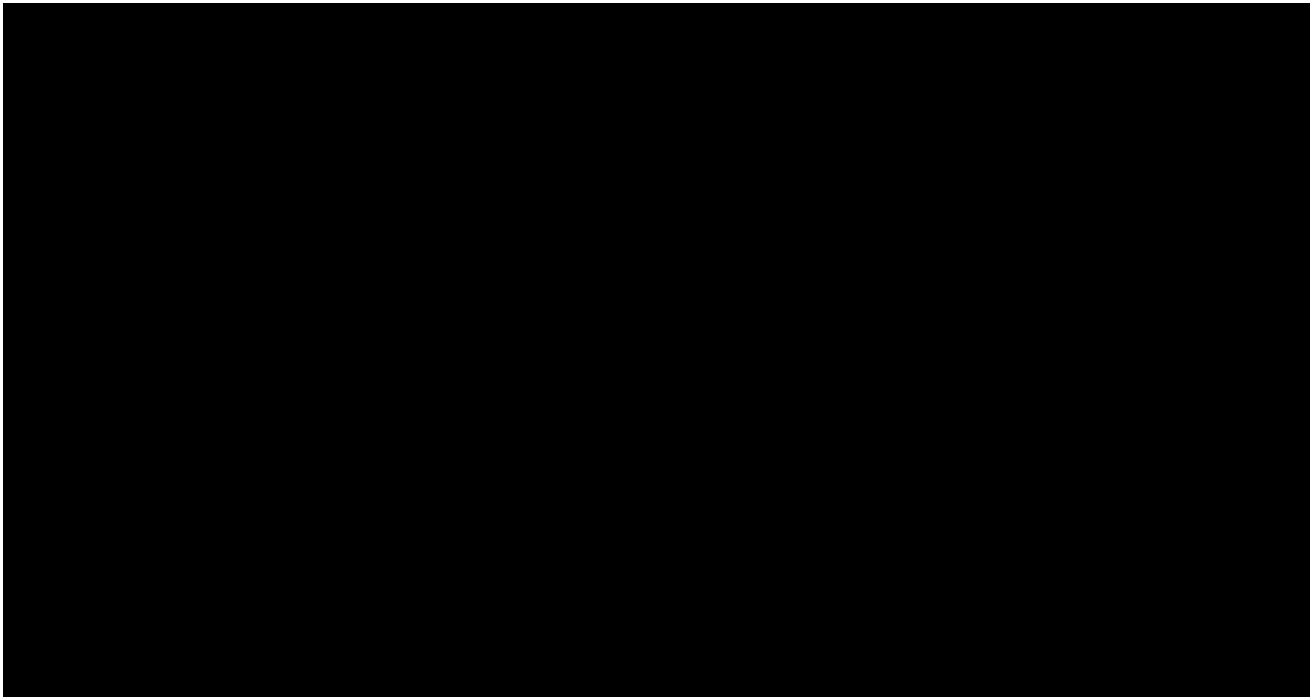












Date : 4/9/2024 3:52:43 PM

From : "[REDACTED]@pplfirst.com

To : "[REDACTED] (HEALTH)" health.ny.gov, "[REDACTED] (HEALTH)" health.ny.gov

Cc : "[REDACTED]@pplfirst.com

Subject : CDPAP follow up

Attachment :

image001.png;image002.jpg;image003.jpg;image004.jpg;image005.jpg;image006.jpg;image007.png;

**ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.**

[REDACTED] and [REDACTED]

I am checking in to see if there is any other information you need from PPL, or questions we can answer regarding the document [REDACTED] sent to you last Friday.

Also, if we can assist or partner on messaging, we would welcome being proactive. We are treating this information as highly confidential, but our lobbyist is starting to hear chatter. We will not discuss the matter with outside parties and are keeping our internal communications on a need-to-know basis until we are given other direction from you.

Best regards,

[REDACTED]



[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]@pplfirst.com  
pplfirst.com



**CLICK HERE**  
*Self-Directed Home Care Explained*

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