



CONSUMER DIRECTED ACTION OF NYS

BUILDING SELF-DIRECTED POWER

What is CDPA?

Consumer Directed Personal Assistance (CDPA) is a Medicaid program giving older and disabled New Yorkers control over their own home care services. Under CDPA, consumers are responsible for recruiting, hiring, training, supervising (including scheduling), and, if necessary, terminating their own workers, who are called Personal Assistants (PAs).

History of CDPA

CDPA emerged from the Independent Living movement. An activist group of disabled people in New York City emerged in 1977, calling themselves Concepts of Independence of the Disabled and began pushing for greater independence based on the Independent Living notion of Dignity of Risk. Ultimately, they convinced New York City to allow self-directed home care in 1980.

In 1992 the Department of Health began managing home health care and quickly sponsored what was then called “the Patient Managed Home Care Demonstration project”. This pilot expanded the NYC-based program to a second site in Onondaga County. The pilot was deemed a success, giving consumers greater control over their care, saving significant money, and achieving better outcomes than alternatives. In 1995, with broad bipartisan support, the program went statewide and was renamed Consumer Directed Personal Assistance, or CDPA.

CDPA Growth

Until 2011, CDPA existed through a myriad of guidance documents, leading to a patchwork implementation across counties and low uptake. In 2011, regulations were issued and a state-funded education effort aimed at increasing knowledge and uptake of the program launched. This was followed closely by the transition to mandatory managed care in 2012. In 2013 New York’s Olmstead Plan set parameters for DOH and plans that, among other metrics, managed care would be evaluated based on the extent to which they “offer consumer-directed services as the first option for plan enrollees,”¹ beginning the rapid growth continued today.

How is CDPA different from agency-based home care?

The main difference between CDPA and agency-based home care is control. In agency-based home care an agency sends workers to the individual based on availability. The workers arrive and leave on a schedule set by the agency and may or may not be the same workers each day. For liability purposes they perform authorized tasks as the agency, not the individual, directs.

With CDPA the consumer is in control. The consumer recruits and hires their own staff, decides when and how services are delivered, and trains workers on authorized services. Because the consumer employs and trains their workers, they enjoy a level of control otherwise not available.

¹ Bearden, R., Report and Recommendations of the Olmstead Cabinet: (2013). A comprehensive plan for serving New Yorkers with disabilities in the most integrated setting. Retrieved March 1, 2024, from https://www.ny.gov/sites/default/files/atoms/files/Olmstead_Final_Report_2013.pdf.

Who can use CDPA?

CDPA is available to Medicaid recipients who are assessed and meet the requirements. Assessments are done by the New York Independent Assessor (NYIA) and based on the need for assistance with activities of daily living. The NYIA also ensures their medical condition is stable and that the individual is capable of self-directing their own services.

How do workers' roles differ in CDPA and agency-based home care?

The tasks workers can perform in CDPA differ too. In agency-based home care, workers' tasks are limited and a consumer might need different workers to perform all the services they need. Tasks like food preparation, toileting, and bathing are done by personal care aides. Wound care, physical therapy, and specialty diets are performed by certified home health aides. Tasks such as medication administration, ventilator care, or catheterization require a nurse.

In CDPA, because of the consumer's role training the worker, their personal assistant can do all of the above tasks, including those typically reserved for a nurse.

What is a Designated Representative?

When a consumer cannot self-direct their own services, a designated representative (DR) may be named to direct the services on the consumer's behalf. The DR must be present at all appointments and be in contact with the agency and plan on matters related to service delivery. Typical groups that use DRs are children, individuals with Alzheimer's disease or dementia, those with a traumatic brain injury, and individuals with profound developmental disabilities.

What is a PA

A personal assistant (PA) is the worker. They must be over 18; legal to work in the United States; and not have previously been found guilty of Medicaid fraud or other unethical behavior. Designated representatives and FI employees may not be a PA. Necessary pre-employment skills are determined by the consumer, who assumes responsibility for training. The PA can be unknown to the consumer prior to hiring; but may also be a friend or family member. Spouses and parents of those under 21 cannot be a PA. Before starting, a PA must prove vaccination against measles, mumps, and rubella; have a tuberculosis test; and have a health assessment.

Why is the Fiscal Intermediary important?

Fiscal intermediaries (FIs) provide administrative and support services to CDPA consumers and protect program integrity. The FI helps consumers with technical aspects of employment, such as unemployment and worker's compensation insurance, payroll tax collection, billing, and payment of workers. The FI also ensures required paperwork for both the consumer and their PAs is submitted, current, and on file and serves as a vital role in program integrity, protecting against fraud, waste, and abuse, meeting electronic visit verification requirements, and ensuring the consumer or their designated representative maintain the ability to self-direct. FIs are legally prohibited from recruiting or hiring workers for consumers, and while they train PAs on Medicaid fraud and compliance; they may not be involved in service-related training.