

# Engesser et al v. McDonald

**NYLAG, Patterson Belknap file lawsuit to delay New York State Department of Health Commissioner from transitioning Medicaid Consumer-Directed Personal Assistance Program participants to single fiscal intermediary.**

## UPDATE

On Friday, April 4, 2025, the Parties appeared in Court for a hearing on a Plaintiffs' motion for a Preliminary Injunction. Before that hearing began, the Department of Health offered to discuss a potential settlement which would result in a jointly agreed-upon Preliminary Injunction. Negotiations were productive and will continue. The Parties will file a status update with the Court by midnight on Tuesday, April 8th.

In the meantime, Defendant has provided the following instructions for CDPAP Personal Assistants who are unable to report their work hours:

### April 4, 2025 Instructions from the State

- Instructions for Personal Assistants who have started or completed registration with PPL but cannot log hours:
  - Record your time on [this paper timesheet](#), following [these instructions](#).
  - Submit your timesheet to PPL by fax to 1-844-244-4384 or by email to [NYCDPAP\\_TS@pplfirst.com](mailto:NYCDPAP_TS@pplfirst.com). (There is also a physical mailing address listed on the form.)
- Instructions for Personal Assistants who have NOT started registration with PPL:
  - The CDPAP Consumer should call their MCO or LDSS.
  - The New York State Department of Health suggests that you tell your MCO or LDSS:  
  
“I am a consumer who has not yet started or completed my registration with Public Partnerships LLC and I wish to have my personal assistants stay with my prior FI. I understand that pursuant to the Temporary Restraining Order issued by a federal judge, that you must ensure my assistants are paid.”

**\*\*\*We understand that there is some confusion about these instructions, especially for Consumers who are enrolled but whose Personal Assistant(s) have not yet been able to contact PPL. We have asked the State to clarify and will post additional information here when we receive it.\*\*\***

NYLAG suggests that CDPAP Consumers and Personal Assistants keep their own copy of all time records submitted, including fax receipts and any emails they send. We hope that we will have more information for Consumers and Personal Assistants by the middle of next week.



## NY CDPAP – Consumer Directed Services Timesheet

**Paper timesheets will be temporarily accepted without an exception approval until 4/26/2025.**

Consumer's Name \_\_\_\_\_ PRC-NY-□□□□□□□□

Personal Assistant's Name \_\_\_\_\_

PRV-NY-□□□□□□□□

FAX: PPL@ 844-244-4384

EMAIL: NYCDPAP\_TS@pplfirst.com

Mail: Public Partnerships LLC, PO Box 310, Binghamton, NY, 13902

Begin Sunday: □□/□□/□□□□

End Saturday: □□/□□/□□□□

Service Type	
<input type="checkbox"/> One Consumer	<input type="checkbox"/> Two Consumers
<input type="checkbox"/> Not Live-In	<input type="checkbox"/> Live-In
<input type="checkbox"/> PTO*	
<input type="checkbox"/> Service Type	_____

\*PTO must be submitted on a separate timesheet

	Time In		AM/PM		Time Out		AM/PM		Total Hours	Location	
Sunday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Monday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Tuesday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Wednesday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Thursday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Friday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Saturday	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	□	□	:	□	AM	PM	□	□		<input type="checkbox"/> Home	<input type="checkbox"/> Other

By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.

Personal Assistant Signature

\_\_\_\_\_

Date

□□/□□/□□□□

I certify that the consumer has received hours of service as reported above.

Consumer or Designated Representative Signature

\_\_\_\_\_

Date

□□/□□/□□□□

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.
2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.
3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors



# Submitting Paper Timesheets for New York CDPAP

## Instructions for Personal Assistants (PAs) and Consumers

Please use blue or black ink.

- 1 Complete all fields at the top of the timesheet.
- 2 Select the service type.
- 3 Enter the pay period start date.
- 4 Enter the pay period end date.
- 5 Chart "time-in" and "time out" using "a.m." and "p.m." to indicate morning or afternoon shifts.
- 6 Use the "Total Hours" column to write your total shift hours for each day.
- 7 Use the "location" column to indicate where service was provided.
- 8 The PA must sign and date the timesheet.
- 9 The consumer must sign and date the timesheet.

Submit completed timesheets via fax, email, or physical mail:

Fax: 1-844-244-4384

Email: NYCDPAP\_TS@pplfirst.com

Mail: Public Partnerships LLC

P.O. Box 310 Binghamton, N.Y. 13902

**1**

**NY CDPAP – Consumer Directed Services Timesheet**

*Paper timesheets will be temporarily accepted without an exception approval until 4/26/2025.*

Consumer's Name \_\_\_\_\_ PRC-NY-□□□□□□□□

Personal Assistant's Name \_\_\_\_\_ PRV-NY-□□□□□□□□

FAX: PPL@ 844-244-4384

EMAIL: NYCDPAP\_TS@pplfirst.com

Mail: Public Partnerships LLC, PO Box 310, Binghamton, NY, 13902

Begin Sunday: **3** □□/□□/□□□□ End Saturday: **4** □□/□□/□□□□

**Service Type**

☐ One Consumer ☐ Two Consumers

☐ Not Live-In ☐ Live-In

☐ PTO\*

☐ Service Type \_\_\_\_\_

\*PTO must be submitted on a separate timesheet

	Time In	AM/PM	Time Out	AM/PM	Total Hours	Location
<b>5</b> Sunday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other <b>7</b>
Monday	□ : □	AM □ PM □	□ : □	AM □ PM □	<b>6</b>	<input type="checkbox"/> Home <input type="checkbox"/> Other
Tuesday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other
Wednesday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other
Thursday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other
Friday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other
Saturday	□ : □	AM □ PM □	□ : □	AM □ PM □		<input type="checkbox"/> Home <input type="checkbox"/> Other

**8** By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.

Personal Assistant Signature \_\_\_\_\_

Date \_\_\_\_\_

□□/□□/□□□□

**9** I certify that the consumer has received hours of service as reported above.

Consumer or Designated Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

□□/□□/□□□□

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.

2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.

3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors.

PAs must submit one weekly timesheet per pay period.  
PTO must be submitted separately on a second timesheet.