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YOUR PEOPLE

Optional Facilitator Selection Form

This is an optional form for consumers who would like to select a new CDPAP Facilitator for the Consumer Directed Personal Assistance Program (CDPAP). *If you are already working with PPL or a Facilitator and do not want to change, there is no need to complete this form.*

PPL is the CDPAP Statewide Fiscal Intermediary (SFI). PPL is responsible for all fiscal intermediary functions, including registration support for consumers and Personal Assistants (PAs), payroll processing, system training, compliance, ongoing customer service, and other functions. While PPL supports all consumer and PA needs, CDPAP Facilitators are an additional support available to you in CDPAP. Facilitators are organizations located throughout New York State who can provide ongoing support.

To request to work with a Facilitator, consumers may:

- Call PPL's support center team at 1-833-247-5346 or TTY: 1-833-204-9042 or
- Complete this form and email it to nycdpap@pplfirst.com, fax it to 1-833-951-0828, or mail it to: Public Partnerships LLC P.O. Box 310, Binghamton, NY 13902

Upon receiving the request, PPL will add the selected Facilitator's information to the Consumer's PPL@Home account and notify the selected Facilitator to begin working with the Consumer.

If the Consumer would like to change Facilitators at any point, a request must be submitted by the 25th of the month for the upcoming month. Consumers may submit this request to PPL by one of the above contact methods.

For a full list of CDPAP Facilitators (also listed below) and additional information visit https://pplfirst.com/cdpap-facilitators/. Only organizations listed here or on the PPL website are approved Facilitators.

Like PPL, some Facilitators have special expertise in working with certain populations. These specialties are indicated on the form:

- Children (C)
- People with developmental disabilities (O)
- People with traumatic brain injuries (T)
- People at risk of leaving the community and going to a nursing home (N)

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To be completed by the CDPAP consumer:

CDPAP Consumer Name (printed): _____

CDPAP Consumer's PPL ID: _____

CDPAP Consumer's Address: _____

CDPAP Consumer's Phone Number or Email Address: _____

If applicable, to be completed by the Designated Representative:

Designated Representative Name: _____

Designated Representative's PPL ID: _____

Designated Representative's Address: _____

Designated Representative's Phone Number or Email Address: _____

Consumer/Designated Representative Signature: _____

Date: _____

Choose PPL or a Facilitator by checking the box next to the one you want:

☐ **PPL**[C,T,N,O]

☐ A Special Touch Home Care Services (Special Touch Home Care Services, Inc.)[C,O]

☐ AccentCare of New York[C]

☐ Access: Supports for Living[T,O]

☐ AccessCNY, Inc.

☐ Advantage Home Care – CDPAP[C, N]

☐ AHS Eldercare[C]

☐ Angels in Your Home[O]

☐ AIM Independent Living Center[C]

☐ ARISE, Inc[C]

☐ Bestcare, Inc.[C]

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☐ BHRAGS Home Care Corp.[C,T,N,O]

☐ Burd Home Health LLC.

☐ Center for Disability Rights[C,T,N]

☐ Chinese American Planning Council dba CPC Consumer Directed[C]

☐ Committed Home Care[C]

☐ Community Care Companions Inc dba Community Care Home Health Services[C,O]

☐ Community Home Health Care[C,T,N,O]

☐ Companion Care of Rochester (CCOR)[C,T,O]

☐ Concepts of Independence[C]

☐ Crown Home Care[C]

☐ DHCare NY LLC

☐Eagle Eye FV Inc

☐ Finger Lakes Independence Center, Inc

☐ Hamaspik HomeCare[C,T]

☐ Heritage Christian Services[C]

☐ Horizon Home Care Services

☐ Ideal Home Health[C]

☐ Independent @ Home[O]

☐ Independent Living Center of the Hudson Valley, Inc. (ILCHV)

☐ Independent Living, Inc.[C]

☐ Long Island Center for Independent Living, Inc.

☐ New York Foundation for Senior Citizens Home Attendant Services, Inc.[C,O]

☐ People Care, Inc.

☐ Personal-Touch Home Care of N.Y., Inc.

☐ Premier Home Health Care Services, Inc.

☐ Quality Touch Inc.

☐ Royal Care[C]

☐ Resource Center for Independent Living, Inc. (RCIL)

☐ Rockland Independent Living Center dba Bridges

☐ Southern Tier Independence Center[C,T,N,O]

☐ Western New York Independent Living[C]

☐ Quality Family Care LLC

**Specializes in Children[C], Traumatic Brain Injury (TBI)[T,] Nursing Home Transition and Diversion (NHTD)[N], Office for People With Developmental Disabilities (OPWDD)[O]*