



Consumer Directed Personal Assistance Association of New York State

Talking Points for Repeal MRT Eligibility Cuts

- New eligibility and assessment requirements for CDPA and personal care recommended by the Medicaid Redesign Team II (MRT II) and passed just as the COVID-19 pandemic was beginning to restrict access to vital home and community-based services (HCBS) for Medicaid consumers.
- Though these rules are currently suspended by federal maintenance of effort rules that prevent states from cutting Medicaid eligibility, these cuts will result in injury and institutionalization for thousands of older and disabled New Yorkers if not repealed.
- The MRT II's goal was to reduce Medicaid spending, not improve care. It recommended eligibility cuts with the sole aim to save money and no basis of clinical evidence.
- The cuts to eligibility will actually cost Medicaid more. The ADL cuts will deem thousands not disabled enough to receive services. While in the short-term, people will go without personal care, they will incur higher acute care costs through hospitalization, and when they do meet the higher criteria, they will receive dramatically more hours than if they had been authorized earlier.
- A high needs assessment for those in need of twelve hours or more of services per day would allow a Maximus physician panel to deem them too disabled to safely live at home and receive services, forcing people into nursing homes. Meanwhile, 15,000 nursing home residents lost their lives to COVID-19 in 2020 alone.
- The rules block the relationship between a consumer and their doctor. Instead of using their own trusted medical professionals, who understand their disabilities and with whom they often have a long relationship, the hundreds of thousands of people seeking to use or renew services will be funneled to a small number of Maximus doctors - slowing approvals and delaying or interrupting services.
- These restrictions impose an institutional bias that threatens the safety and freedom of consumers and puts hundreds of millions of dollars in annual additional federal Community First Choice Option (CFCO) Medicaid funds for HCBS at risk.

ASK: Will you ensure A.5367 (Gottfried)/S.5028 (Rivera), repeal the CDPA and personal care eligibility cuts and assessment rules, is included in the budget?