

New York's focus on equity must include people with disabilities

Separate and unequal.

That's the state of New York's healthcare system when it comes to people with disabilities.

People with intellectual and developmental disabilities (I/DD) require additional time to evaluate and treat due to differing communication levels, physical limitations and other factors that make treatment more time-consuming and costly than standard care.

But New York's Medicaid policy fails to recognize and fully support the specialty care for individuals with I/DD has created a separate and disjointed system of health care.

New York last reviewed its reimbursement rates for disability clinics in 2008. Since then, healthcare costs have more than doubled, but the reimbursement rates for disability clinics licensed as Article 28 clinics haven't received a commensurate increase. In fact, New York's Medicaid Redesign Team *cut rates by 2% for four years*.

A serious review of the reimbursement rate methodology has been kicked down the road time and again.

Disability clinics are losing money. People with disabilities require more time, expertise, follow up and care integration. If clinics were reimbursed equitably, it would save system costs in the long run, improve health outcomes, and specifically address the Equity component of Health Equity.

As it stands, New York's Medicaid policy has led to people with I/DD being denied equitable access to care. They deserve better, and there things the state can do to ensure that our most vulnerable citizens get the healthcare they need.

New York must increase current clinic rates by 30% to account for additional time/support needed to treat these patients.

The state must adopt legislation to address specific unreimbursed costs associated with medical care that are directly associated with an individual's disability. For example, the time and staff needed for a person with disabilities to or to get undressed and dressed is currently not reimbursed!

And, finally, the state must provide ongoing support for disability clinics through access to the State public goods funding pools for at least \$20 million annually.

This is not only the equitable thing to do to improve the quality of life for people with I/DD, the efficiency and cost-savings make it the financially responsible thing to do as well.