



CP State



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SUPPORT HEALTH EQUITY FOR PEOPLE WITH DISABILITIES!

FUND CLINICS SPECIALIZING IN DISABILITY SERVICES

Why they need it:

Clinics that provide healthcare for people with disabilities are a specialty service that is not recognized in New York.

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.



For example, someone who needs a lift to be removed from their wheelchair requires two people to be put on the exam table, and then needs assistance from staff to undress them so they can be properly examined. After the visit, the same process is needed to dress the individual, put them back in the lift and get them back into their chair - a process that can take upwards of 30 minutes. Current payment structures do not account for time directly associated with an individual's disability and is not part of the medical service for which there is an APG rate.

These services are related to the individual's disability and should be considered when we talk about health equity. These ancillary unreimbursed services for people with higher needs, are not recognized in the clinics supporting people with high needs but are necessary for fair and equitable care.

Rates for disability clinics licensed as Article 28 clinics have not been increased since 2008, however they were cut by 2% for four years under the MRT. DOH had agreed to review the rates two years after APGs went into effect, with the potential for an increase – that review has not happened.

Health care costs have increased 103.18% since 2008.

Our Article 16 clinics, which only serve people with I/DD, were subject to a penalty for treating people with higher needs for over 10 years – the legislature finally repealed the utilization management mechanism in 2022.

A recent survey of disability clinic's 2022 financial performance shows that 95% of Article 16 clinics lost money on operations; and Article 28 clinics which mainly support patients with I/DD lost almost 35% on total operations. These losses cannot continue and threaten health access for people with I/DD statewide.

Many clinics that were losing money on their Article 28 operations, due to their focus on supporting the I/DD community, moved to Article 28 operations under the FQHC model with hopes that the cost-based calculations would make them whole. Despite some improvements, FQHC's serving large portions of the disability community are also losing money on operations. Not all agencies are able to convert to FQHC's due to their proximity to hospitals and those that do convert must give up their control of the clinic which does create risk of future services being available if the FQHC loses money and the board of directors closes operations.



What they need:

- **An investment in the clinic rates for treating patients with disabilities (patients with billing code 95 or code 81) that would increase current clinic rates by 30% to account for additional time/support needed to treat these patients.**
- **Potential legislation to address specific unreimbursed costs associated with medical care that are directly associated with an individual's disability. Examples are a behavior code, an unreimbursed staff cost for use of a lift or assisting a patient to dress and undress, etc.**
- **Ongoing support for disability clinics through access to the State public-goods funding pools for at least \$20 million annually.**

People with disabilities without access to care show up more frequently in the ER and require much more expensive treatments than they would need if they had received proper primary and preventive care services through improved clinic access. Medicaid is already spending dollars on unnecessary ER and urgent care visits and testing, those dollars could be re-appropriated and better spent in accessible Article 28 D&T clinics, with staff that are trained in the unique needs of the disability community, and in a setting that is more appropriate.

The CP State report on health equity and list of recommendations to improve access to care for people with I/DD can be found at cpstate.org/health-equity.

ACT NOW!

