Upgraded Diagnostic and Treatment Center Options

Executive Summary

Upgraded Diagnostic and Treatment Centers were established in regulation in 1995. Despite this there have been no centers established in New York State. This paper discusses the pros and cons of options that may encourage more providers to seek this designation as well as changes to regulations that will make this model consistent with other Article 28 facilities.

Background

Upgraded Diagnostic and Treatment Center (UD&TCs) were codified in regulation in April 1995, Title 10, Section 752-2, and are defined as a general hospital that has relinquished its inpatient acute care bed capacity or an Article 28 diagnostic and treatment center that provides primary care services in a rural area. UD&TCs, whether previously a hospital or not, may also provide limited emergency services. There is no specific reimbursement methodology for UD&TCs.

Specifically, a UD&TC must:

- possess a valid operating certificate and be in compliance with all other applicable state and federal requirements;
- participate in a rural health network defined as an affiliation of health care providers serving a rural area, pursuant to a contract or joint cooperative agreement, which may plan, coordinate, provide or arrange for the provision of health care services to residents of the rural area and/or the provision of administrative services among such health care providers.
- have a formal affiliation with a general hospital;
- be located in a rural area, defined as any county with less than two hundred thousand persons or any town which has a population of less than two hundred persons per square mile, or if approved by the commissioner, any town which has a population of less than two hundred fifty persons per square mile.

Optional Limited Emergency Services

In addition to primary care services, UD&TCs may elect to provide limited emergency services on a 24-hour a day basis, seven days a week, within a network-wide emergency medical services (EMS) system as defined by a network operational plan or cooperative agreement. The UD&TC must ensure the availability of a 24-hour a day, continuous on-

line communications link with its affiliated hospital(s) and other appropriate providers of emergency services, medical backup, consultation, inter-facility transport and medical control. Emergency services must be coordinated with other services of the UD&TC to facilitate continuity of care and discharge planning when post emergency needs do not require transfer to another facility.

UD&TCs that do not provide 24-hour a day on-site limited emergency services must ensure that patients in need of emergency care and arriving at the facility during non-operating hours are provided with information necessary to obtain emergency care.

The medical staff must be qualified to provide emergency services in accordance with patient needs and the service capabilities of the facility and must include at least one licensed physician and one or more currently licensed or registered health care practitioners including but not limited to registered physician's assistants and nurse practitioners.

Option

1. Develop reimbursement methodology that takes into account the unique nature of the services and provided at UD&TCs as well as staffing requirements, particularly if limited emergency services are offered.

Pros:

- Will allow providers to fully examine the financial feasibility of operating a UD&TC
- Will allow providers to provide care in a UD&TC with adequate reimbursement.

Con:

- May be costly to the Medicaid system.