JOHN W. BAUMGARTEN ARCHITECT, P.C.

Medicaid Reimbursed Clinics vs. Private Practices

How are These "Build-Outs" Different?

(First in a Series)

New Entry
John W. Baumgarten Architect, P.C.

A good part of our Health Care Architectural practice involves assessments of rental space for possible use as a Diagnostic & Treatment Center (D&TC) which is eligible for Medicaid reimbursement.

For most physicians and practice managers, even those with many years of experience in running successful private practices, CMS physical plant requirements are difficult to navigate and understand. The most important thing to understand is that "In Return" for Medicaid reimbursement, CMS and State Health Departments, will hold a potential operator to much higher construction standards. The net effect is that you will need more space for your clinic and you will incur higher construction costs to implement the many infrastructure improvements needed to gain State approval and open your doors.

At their core, these higher construction standards seek to achieve higher levels of fire safety, infection control and barrier free accessibility.

Our physical plant assessments start at the front door of the building and focus on barrier free accessibility and compliance with the American's with Disabilities Act (ADA).

The building's main entry must be level with the sidewalk or must be accessible via an ADA ramp which has minimum width and maximum slope requirements. In some cases a mechanical wheelchair lift can be installed to provide access to floors a few feet above or below the sidewalk, but zoning yard setback requirements and/or the position of the building relative to the street line could make installing a lift difficult.

Once you are in the building, an "accessible route" must be provided to the clinic entry. This involves establishing minimum corridor clearances and specific approach clearances on both sides of entry/access doors. Once inside the clinic, these same corridor/door clearances apply to access exam rooms, offices, toilets, etc.

Sheltered Ramp Entry
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ADA Nurse Station
John W. Baumgarten Architect, P.C.
with HMD Interior Design
for Centers Health Care

At the reception station, a section of the counter must be at wheelchair height along with any transaction/writing surfaces or pass thru windows. Waiting rooms must also have wheelchair parking and seating areas. Wheelchair accessibility also impacts the size of exam rooms, consult rooms, procedure rooms and toilets, all which must accommodate the needed clinical equipment plus ADA door clearances and a 5 foot diameter clear "circle" to turn a wheelchair completely around. It is not always required to have every toilet and exam/consult room ADA accessible. Most jurisdictions will require at least 50% of these rooms be ADA accessible.

ADA compliance extends beyond the physical location of walls/doors and the size of rooms. It also is not intended to assist only those in wheelchairs, but also addresses the vision/hearing impaired, persons using canes/walkers and persons with decreased mobility and/or motor skills (arthritis for example). ADA compliance extends to many of the systems, hardware and equipment in a typical clinic, such as; wrist blades/foot pedals at sinks, mounting heights of electrical switches/outlets, fire alarm devices that have both visual and audible alarms, door lever handles (for arthritic hands) and braille signage for the vision impaired.

In our next issue, we will talk about the spatial programmatic differences between private practices and Medicaid reimbursed D&TCs. In the meantime, if you have any questions, please feel free to contact us…. We are here to help!

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