

ESRD Rule-making Workshop #3

Pre-workshop comments – Northwest Kidney Centers - December 13, 2013

Isolation Stations

- For every CN award each provider will be granted +1 station to accommodate hepatitis B positive dialysis patients whenever they present; these patients will not be identified, reported or tracked separately, but will remain subsumed in the general service area population (resident in-center patients) and facility census counts for purposes of projecting need models.
- Isolation stations not currently in use may be used for standard outpatient hemodialysis.
- Providers may choose to aggregate hepatitis B positive cohorts and one or more facilities to obtain efficiencies; this aggregation will not negate or impact the +1 designation at other facilities.

Training Stations

- Home dialysis training, regardless of the modality, will be considered a service that does not require use of a licensed (certified) dialysis station.
- Providers may construct and use as many private rooms or dialysis areas as needed to promote and accommodate home dialysis training and support, but they must attest that this capacity will be used solely for home training.
- For purposes of projecting need models, patients being trained for home dialysis will remain in the general service area population (resident in-center patients) and facility census until they complete training.
- The number and utilization of training rooms will not be part of the need methodology.
- To ensure the existing proscription on facilities that only provide home training and support, the definition of “Kidney Disease Treatment Center” (WAC 246-310-280(6)) will be amended as follows:

“Kidney disease treatment center” means any place, institution, building or agency or a distinct part thereof equipped and operated to provide services, including outpatient dialysis **and home dialysis training and support**, to persons who have end-stage renal disease (ESRD). In no case shall ~~all stations at a given kidney disease treatment center be designated as self-dialysis training stations~~ these services be permitted outside of a kidney disease treatment center except for home training as permitted by CMS (a) in a patient’s home or (b) in a skilled nursing facility (SNF).

Relief Valve

- Existing providers operating at capacity may seek permission to add capacity regardless of whether the service area need model shows a projected shortage or whether other providers in the service area are below the 80 percent utilization benchmark (4.8 patients per station), under the following criteria:
 - The applicant facility has been operating above 90 percent utilization for two or more consecutive quarters; and
 - A minimum of 4 years has passed since the most recent CN award to all other facilities in the service area (1 year to construct the facility and 3 years to achieve 80 percent utilization).

To determine the number of new stations needed, the applicant facility will use the same need projection methodology as described in WAC 246-310-284 except that it will use the census history and total capacity for that sole facility rather than for the entire service area.