



CMS Summary of Updated Guidance for Home Dialysis Furnished in Nursing Facilities and Clarification of Care Delivery Flexibilities and Responsibilities

On March 22, 2023, the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality/Quality Safety Oversight Group issued a long-awaited revised 21-page *Guidance and Survey Process for Reviewing Home Dialysis Services in a Nursing Home* ([Rev QSO-18-24-ESRD](#)) to State Survey Agency Directors. **The effective date is immediately.**

CMS notes that the characteristics of persons residing in nursing facilities requiring dialysis, such as age and multiple comorbidities, increase their risk of experiencing adverse health and safety events, such as hospitalization, infection, and death. **Offering home dialysis as a treatment option for nursing home residents addresses certain disadvantages of in-center dialysis, such as transportation times and disruption of the resident's daily activities.**

While the survey guidance is directed at assuring the dialysis provider responsible for the home dialysis furnished in the nursing facility is meeting their regulatory responsibilities, **nursing facilities that arrange for dialysis providers to furnish these services in the nursing facility should become familiar with this updated guidance due to the increased emphasis on care coordination between the dialysis provider and the nursing facility.**

AHCA is grateful to several members that provided significant insights to CMS about challenges and opportunities that were incorporated into this updated guidance.

- CMS affirmed that in addition to transporting the resident to and from an off-site or on-site certified ESRD facility for dialysis, if desired by a nursing facility, the resident may also be provided an option to obtain such treatments via a satellite ESRD facility in or adjacent the nursing facility (in-center), or under arrangement via home dialysis in the resident's room or in a dedicated dialysis den in the nursing facility.
- CMS clarified that dialysis treatments may be administered by the patient, a family member or friend, dialysis facility staff, or nursing home personnel, once they have demonstrated competence.
 - In-room supervision is only required if there is an indication that the resident is not capable of independently requesting help or other safety issues are present.

- Due to the dynamics of the respective care teams (i.e., nursing home and ESRD facility care teams) and the varying clinical complexities of this population, CMS believes that ensuring protections are in place that will secure effective and safe treatments. These include:
 1. Ongoing collaboration of care between the dialysis facility and nursing home;
 2. Adequate training for anyone that administers dialysis treatments;
 1. Appropriate monitoring of the dialysis patient's status before, during, and after the treatments; and
 3. Ensuring a safe and sanitary environment for the treatments.

Therefore, **CMS clarified that an ESRD facility providing home dialysis services to a nursing home resident maintains direct responsibility for the dialysis-related care** and such services provided to the nursing home resident(s) must be consistent with the ESRD Conditions for Coverage (CfC) requirements including the requirements for Care at Home at §494.100.

- **CMS indicates that** on-site visits to the nursing homes where ESRD patients are receiving home dialysis services will require surveyors to adequately evaluate the dialysis services and associated dialysis care being provided in the nursing home. The number of onsite visits that a surveyor must conduct will vary depending on how many nursing homes the dialysis facility has agreements with. The primary goal of the on-site visit is to evaluate the care and management of patients requiring dialysis, including adherence to infection control procedures, knowledge of the nature and management of ESRD, as well as the ability to detect, report, and manage potential dialysis complications.
- **CMS clarified** that dialysis facilities that wish to offer home dialysis services to patients residing in a nursing home must have an approved home dialysis training and support program that is administered under an agreement with the nursing home and reported to the state by the dialysis facility.

Summary of New Survey Guidance to be incorporated into upcoming revisions to the State Operations Manual - Ch. 2 and Appendix H, respectively.

WRITTEN AGREEMENT

- If a dialysis facility provides home dialysis services to a nursing home, the dialysis facility is expected to have an agreement with the nursing home.
 - The dialysis facility survey team does not have the authority under Federal dialysis facility regulations to evaluate compliance with nursing home Requirements for Participation. However, the survey team should refer concerns to the State Agency survey unit responsible for oversight of Medicare- Medicaid-certified nursing homes.
- In the long-term care setting, treatments may be administered by the residents themselves, but most often it is administered by either the dialysis facility staff or trained nursing facility staff. The dialysis facility should make sure its policies and procedures address this setting. Certain elements of nursing home dialysis will require coordination and cooperation between the nursing home and dialysis facility and the training/preparation thereof of the individuals that care for them. For example, for the dialysis facility to appropriately address dialysis complications that might occur, the nursing facility staff should be involved in the training on

how to detect, report, and manage potential complications that may occur before, during, or after a dialysis treatment.

QUALIFICATIONS AND TRAINING

- For Home Dialysis Administration: Individuals who administer home dialysis treatments in the LTC facility may include the RN, LPN/LVN, certified nursing assistant (CNA), patient care technician (PCT), resident, or the resident's existing designated caregiver. Any individual that performs dialysis treatments, or any part of the treatment, must have documented competency verification before providing the service (see §494.100(b)(1)). Documentation of training and competency verifications for all nursing home staff or other individuals who initiate, monitor, and discontinue home dialysis treatments should be maintained by both the ESRD and nursing home facility.
- Some states have statutes, regulations, Nurse Practice Acts, etc., that determine the scope of duties for patient care technicians, nurse aides, and LPNs/LVNs, and list expressly permitted or prohibited duties. If the dialysis facility will be training staff member(s) (that are employed by either the dialysis facility or nursing home) to perform the home dialysis, they must make sure any state limitations are considered when assigning individuals to administer dialysis treatments. The individuals who initiate, monitor, and discontinue home HD and PD treatments for nursing home residents must meet the practice requirements in the State in which they are employed.
- In-Room Presence for Hemodialysis: When home dialysis patients or their caregiver(s) are trained, they are educated on how to detect, report, and manage complications. Timely recognition of complications and interventions may be required at any time throughout the patient's hemodialysis treatments. Some complications may require immediate action, e.g., drop in blood pressure or accidentally dislodging cannula. Nursing home residents may or may not be able to identify and handle medical and non-medical emergencies based on cognitive or physical limitations. To ensure patient safety and prompt recognition of complications requiring medical attention, the ESRD facility and nursing home should either
 - (1) ensure that the resident is trained and understands and is aware of situations that require attention and is capable of requesting help independently or
 - (2) provide qualified dialysis administering personnel to remain in the room with direct visual contact of the resident and their vascular access throughout the entire duration of the hemodialysis treatment.

Also, a resident's cognitive or physical status may change over time. Both the nursing home and dialysis facility staff should monitor and communicate such changes and adjust their patient monitoring approach based on the situation. For example, if the resident is no longer capable of independently requesting help, they should have qualified dialysis administering personnel remain in the room throughout the hemodialysis treatment.

- Nursing Home Dialysis in a Common Area is permissible if Medicare standards for infection control, patient rights, and patient safety that apply to all certified ESRD facilities are met. When home dialysis treatments to multiple residents in a common area within the nursing

home, more commonly referred to as a den setting, the ESRD facility is responsible for determining that the staff's level of skill and availability in a nursing home is adequate and the ESRD facility is responsible to ensure that home dialysis is not provided unless the safety of the patient can be guaranteed. Residents requesting privacy or requiring isolation should not be dialyzed in the same room or area as others.

COORDINATION OF CARE

- Communication: The dialysis facility should establish a mechanism for bi-directional communication between the dialysis facility and the nursing home. Communication efforts may be supported through the development, implementation, and adherence to policies that address when certain communication should occur and how that communication is documented.
- Patient management: The ESRD facility is responsible and accountable for the safe care and management of its patients. When the patient resides in a long-term care setting, e.g., a nursing home, there should be identifiable, designated points of contact within the nursing home where the patient resides to ensure successful coordination between the dialysis facility and nursing home. It is critical that these designated nursing home staff, who are acting on behalf of the resident's designated caregiver, be actively involved in all aspects of the patient's dialysis-related care, such as patient assessments, patient management, and plans of care, including any adjustments needed in the patient's treatment plan. The dialysis facility interdisciplinary team (IDT) team must coordinate with the nursing home staff for the development and implementation of an individualized care plan based on the patient's assessment. The most recent assessment and plan of care should be shared with the nursing home IDT to promote coordination of care efforts between the facilities.
- Quality Assessment and Performance Improvement (QAPI): The Medicare regulations for dialysis facilities require that they develop and implement an effective, data-driven QAPI program that reflects the complexities of its organization and services, including those services provided under arrangement. This includes continuously monitoring its performance for home dialysis services provided in the nursing home. To ensure the dialysis facility can effectively assess, monitor, and implement sustainable performance improvement, it must include participation from members of the dialysis facility and should include participation from the nursing home where the patient resides. The dialysis facility should share information with the nursing home and receive information from the nursing home about matters pertinent to each patient's plan of care.
- Emergency Plans: In addition to previous guidance related to emergency supplies, the following new guidance for emergency plans addresses medical and nonmedical emergencies that may occur at the nursing home and could interrupt or delay a resident's treatment, e.g., unavailability of dialysis-trained caregivers/staff. It does not apply to emergency planning and intervention in the event of a natural or man-made disaster such as flooding, power outages, or fires. These are separate and addressed in the Emergency Preparedness standards at §494.62. When dialysis treatments are provided by trained nursing home staff, the dialysis facility must educate and prepare the nursing home to address all potential emergencies related to the dialysis needs of the resident receiving treatments in the nursing home (§494.100(a)(3)(vi)). Expectations and responsibilities for

both the dialysis facility and the nursing home should be incorporated into the written agreement between the two entities. The following emergency plans must be clear and should be communicated to nursing home staff:

- Plans for Back-Up Dialysis
- Managing Complications, and
- Equipment Failure

Questions may be directed to: ESRDQuestions@cms.hhs.gov