

END STAGE RENAL DISEASE

I. DEFINITIONS

These standards apply to the provision of dialysis treatment for patients with chronic end-stage renal disease, but do not apply to inpatient dialysis treatment for acute renal failure or to inpatient dialysis for conditions other than end-stage renal disease. However, free-standing providers of dialysis services may provide services to inpatients of acute care facilities if requested by the acute care facility. These standards also do not apply to treatments other than dialysis, such as transplants, for end-stage renal disease. Organ transplantation as a treatment for end-stage renal disease shall be governed by the standards applicable elsewhere in this state health plan to organ transplantation generally.

II. CONVERSION TO OR OFFERING OF HOME-BASED RENAL DIALYSIS BY AN EXISTING PROVIDER OF IN-CENTER BASED DIALYSIS

A facility presently offering in-center based renal dialysis, but desiring to offer home-based renal dialysis in the same service area as that which is served by its in-center based program, may provide home based services without undergoing further Certificate of Need review.

III. NEED METHODOLOGY

The offering of a new renal dialysis service, or the renovation or replacement of an existing renal dialysis service, when reviewable under the Certificate of Need laws, shall all be governed by the same need methodology. Because of the extensive federal regulation of the reimbursement of renal dialysis treatment, and the pervasive federal presence in the provision of renal dialysis services, an applicant shall be deemed to have established need consistent with the state health plan, if the applicant demonstrates that the services to be offered will meet the certification requirements under existing rules and regulations promulgated under the federal Medicare program for the certification and designation of end-stage renal disease treatment facilities. If the applicant shows that the services will achieve certification or designation, as required for purposes of reimbursement, and that reimbursement is likely to be provided under the federal program, then need will be presumed.

IV. QUALITY

All renal dialysis services shall document that they will be in compliance with applicable Medicare standards. Further, an applicant shall document that the services will meet existing guidelines, recognized by the pertinent medical specialty, for dialysis treatment.

V. CONTINUUM OF CARE

All renal dialysis services regulated by this standard shall have written practices and procedures designed to ensure that appropriate monitoring of patients will occur, and that follow-up care is available in the event any medically foreseeable complications arise which are beyond the capacity of the facility to treat.

VI. COST

No Certificate of Need shall be granted for new, replacement, or renovated renal dialysis services, unless the applicant demonstrates that the project is financially feasible. Further, no such services shall be deemed consistent with the state health plan unless the projected costs are consistent with allowable costs provided for in the pertinent federal reimbursement statutes and regulations. Costs shall be deemed to be reasonable if they are permitted under governing federal statutes and regulations on reimbursement.

VII. ACCESSIBILITY

All in-center based renal dialysis services must demonstrate how transportation will be provided for patients in the area who lack access to adequate transportation.