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| **DEPARTMENT OF PUBLIC HEALTH**  **DIVISION OF HEALTH CARE FACILITY**  **LICENSURE & CERTIFICATION**  **67 Forest Street**  SEAL **Marlborough, MA 01752** | **Nursing Home Hemodialysis**  **Special Project** |

Special project approval is required for home hemodialysis in a nursing home. The Department will consider proposals for the delivery of hemodialysis services in a nursing home under the “special project” section of the long term care licensure regulation, 105 CMR 153.031(A) and the “special project” section of the out of hospital dialysis licensure regulation, 105 CMR 145.025.

Nursing homes residents may continue to receive home peritoneal dialysis in their room without special project approval, under a written agreement between the nursing home and dialysis facility. While the Department does not anticipate requests to provide home peritoneal dialysis outside of a nursing home resident’s room, if a nursing home is considering such services, please contact the Department to discuss necessary approvals.

**Nursing homes and dialysis should submit an application and narrative description of the proposal for a special project by email to:** [**HFLLicenseAction@Mass.Gov**](mailto:HFLLicenseAction@Mass.Gov) **with a copy to** [Walter.Mackie@Mass.Gov](mailto:Walter.Mackie@Mass.Gov) **together with:**

* **A copy of the nursing home’s plan approval letter if applicable, or a detailed floor plan showing the space to be used if there will be distinct space for dialysis, and,**
* **A copy of the signed agreement between the nursing home and dialysis facility.**

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| **SPECIAL PROJECT PROPOSAL** |

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| **NURSING HOME INFORMATION** | | | | | | | |  | |  | |
| **Facility Name:** | |  | | | | | | | **License #** | |  |
| **Address:** | |  | | | | | | | | | |
| **Administrator Name:** | |  | | | | | | | | | |
|  | **Tel #** | | | | **Email:** | |  | | | | |
| **Contact Person Name:** | | | |  | | | | | | | |
| **Title:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Tel #:** | | | |  | | **Email:** |  | | | | |
| **Signature of Licensee:** | | |  | | | | | | | | |
| **Printed Name:** | | |  | | | | | | | | |
| **Title:** | | | |  | | | | | | | |
| **Tel #:** | | | |  | | **E-Mail:** |  | | | | |

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| **DIALYSIS FACILITY INFORMATION** | | | | | | | |  | |  | |
| **Facility Name:** |  | | | | | | | | **License #** | |  |
| **Address:** |  | | | | | | | | | | |
| **Facility Licensure and Certification:** | **Home Dialysis: \_\_ Yes \_\_ No If Yes: \_\_\_ Hemodialysis \_\_\_ Peritoneal \_\_\_ Both** | | | | | | | | | | |
| **Administrator’s Name:** | |  | | | | | | | | | |
| **Tel #:** | |  | | | **Email:** |  | | | | | |
| **Home Therapy Nurse Manager:** | | |  | | | | | | | | |
| **Tel #:** | |  | | | **Email:** |  | | | | | |
| **Signature of Licensee:** | |  | | | | | | | | | |
| **Title:** | |  | | | | | | | | | |
| **Printed Name:** | |  | | | | | | | | | |
| **Tel :** | |  | | **Email:** | | |  | | | | |

**Project Narrative Requirements**

The project narrative submitted by the nursing home and the dialysis facility must at a minimum address the following elements:

**1. Service Delivery:**  Describe what services will be delivered and to who.

**2. Space:** Describe the space where the special project services will be delivered, whether dialysis will be provided at the resident’s bedside or in a dedicated area of the facility (often referred to as a “dialysis den”) or both, and whether the space will be wholly dedicated to dialysis use, or used for other purposes. At a minimum the project description must include how the nursing home will provide a safe and sanitary environment; a location that promotes dignity, individual privacy during treatments; access to a call system, hand washing sinks, a soiled utility area; and sufficient space for treatment (90 square feet per dialysis bed, minimum 4-foot clearance between dialysis beds, and a minimum 3-foot clearance between a dialysis bed and any wall) and to accommodate the dialysis equipment both when in use and when not in use, and confirm the proposed space is not required living space for the residents (for example, a physical therapy room could be used for dialysis if dialysis does not interfere with the physical therapy schedule). Describe how issues such as supply storage, access and control will be addressed. **NOTE: Construction of new space or renovation of existing space that involves construction will require plan review prior to the start of construction. Please see:** <https://www.mass.gov/guides/plan-review-for-health-care-facilities>

**3. Staffing and Documentation of Training:** Describe how staffing will be provided, what staffing levels will be maintained, supervision of staff, and how the nursing home and the dialysis facility will ensure personnel meet the criteria for qualifications, training, and competency verification, including for hemodialysis by a trained registered nurse (RN) who has completed a training course approved by the dialysis facility; how nursing home staff will be prepared to appropriately address and respond to dialysis related complications and provide emergency interventions, as needed; and the nursing home’s policy and procedures for the documentation of training and competency requirements for all individuals providing dialysis treatments.

**4. Coordination of Care and Medical Records:** Describe the process for ensuring the dialysis facility providing home hemodialysis services to a nursing home resident will maintain direct responsibility for the dialysis related care and services provided to the nursing home resident consistent with the federal ESRD Conditions for Coverage (CfC) requirements, as well as the terms of the written agreement with the nursing home, and how coordination between the parties will occur. Describe the procedures for the initiation, administration and discontinuation of dialysis treatments; the type of monitoring required before, during and after the treatments, including documentation requirements; procedures for methods of communication between the nursing home and the dialysis facility including how it will occur, with whom, and where the communication and responses will be documented; and the development and implementation of a coordinated comprehensive care plans that identify nursing home and dialysis facility responsibilities and provides direction for nursing home staff.

**5. Medication Supply & Security:** Describe what medications will be used or on-hand, how/where medications are stored including a refrigerator as necessary, restocking processes, procedures for wasting/disposal, etc.

**6. Equipment:**  Describe the types of equipment to be used, how it will be provided, and how it will be maintained, including confirmation that the dialysis facility is responsible for providing all equipment necessary for the resident’s dialysis treatment and for the maintenance of such equipment.

**7. Housekeeping and Waste Management:**  Describe how issues such as housekeeping, cleaning, and waste removal will be addressed. Describe the process for managing waste, including medical or potentially hazardous waste and the disposal of equipment and supplies, including spent dialysate in such a way without causing a hazard, including a tripping hazard from the use of any hoses.

**8. Emergencies:** Describe what will be in place regarding emergencies to ensure nursing home staff are prepared to appropriately address and respond to dialysis related complications and provide emergency interventions, as needed, and the availability of emergency equipment and supplies. Please describe the plan or arrangements that will be in place to provide emergency back-up dialysis services when there is an interruption, or anticipated interruption, of routine home dialysis treatment in the nursing home, including but not limited to, non-functional equipment, power or water outages, and/or a resident’s anticipated travel away from the nursing home.

**9. Infection Control**: Describe how infection control issues will be addressed to prevent the spread of disease and avoid the potential for cross-contamination, including implementation of current guidance for preventing the spread of COVID-19. This includes ensuring that a resident who is hepatitis B+ is not dialyzed using the same machine or in the same location as resident who is not hepatitis B+. Consideration should be given to implementing appropriate infection control practices related to care of a resident who is hepatitis B+, such as using dedicated staff, a dedicated machine, equipment, instruments, and supplies that will not be used by other residents, including a resident who is not hepatitis B+.

**10. Resident Choice:** Describe how the nursing home will accommodate and work with residents who may already be receiving, or prefer to receive, dialysis care from another provider.

**11. Quality Assurance and Performance Improvement (QAPI) Program:** Describe how the provision of home dialysis in the nursing home will be incorporated into the nursing home’s and the dialysis facility’s QAPI program, how the nursing home will identify, collect, and use data and information from the dialysis facility, and how the dialysis facility will identify, collect, and use data and information from the nursing home.

**The following conditions, at a minimum, will be imposed on all projects**:

* Approval for a special project will run through the current licensure period of the nursing home unless otherwise specified. Continuation of a special beyond the current licensure period must be requested by the nursing home and the dialysis facility at the time of the nursing home’s license renewal, and re-approved by the Department to remain in effect.
* The nursing home may not provide dialysis services at the nursing home to persons other than current residents.
* A staffing ratio of 1:3 must be provided for hemodialysis.
* The dialysis facility must submit a Form CMS-3427 to the Department, completing Section 22, and all other applicable fields.
* There must be a signed written agreement between the authorized representatives of the nursing home and the authorized representatives of the licensed dialysis facility, which at a minimum:

**1.** Delineates the lines of authority of each party;

**2.** Delineates the responsibilities of each party, including that the dialysis facility will maintain direct responsibility for the dialysis related care and services provided to the nursing home residents consistent with the federal ESRD Conditions for Coverage (CfC) requirements;

**3.** Describes how coordination between the parties will occur;

**4.** Describes the accountability for the dialysis services provided, including reporting any adverse events;

**5.** Is consistent with the written policies and procedures of the dialysis facility and the nursing home;

**6.** Specifies the method by which the parties will ensure adherence to the terms of the agreement, communicate as issues arise, and take remedial action when appropriate; and

**7.** Specifies the agreement will reviewed at least annually, and updated as needed.