RENAL DIALYSIS FAQS: HOME DIALYSIS TRAINING AND SUPPORT

Q: What are the Medicare requirements for starting a home dialysis training and support program?
A: The initial process requires notification to the State Agency (SA) of your intent and submission of form CMS-3427 from the Centers for Medicare and Medicaid Services (CMS). You also must complete and submit form CMS-855A to your Medicare Administrative Contractor (MAC). Upon approval, complete the ACHC application and notify ACHC that you are ready for survey. You can complete the ACHC application prior to CMS approval, but ACHC cannot survey your facility until approval is received from your MAC.

Q: What conditions will a facility be responsible for when adding a home dialysis training and support program?
A: To be accredited and certified, all of the relevant Conditions for Coverage (CFCs) must be met. There are specific requirements included in the Conditions for Coverage for home training and support that describe the required staffing, equipment, medical records, training, supply maintenance, emergency/after-hours on call, water, and dialysate quality for home hemodialysis. Refer to the CMS Interpretive Guidance for Conditions for Coverage for full requirement details.

Q: How many patients are required to have on census for an initial survey?
A: You are required to have a least one permanent patient per modality requested. Examples can be found on form CMS-3427, question 21.

Q: Once my facility has been surveyed by ACHC, how do I obtain my CMS Certification Number (CCN)?
A: When your survey is complete, and if there are no deficiencies, ACHC will submit the regulatory packet for your facility to CMS with your accreditation approval letter and a recommendation for Deemed Status. (Effective date will be based on the last date of your survey.) Once the regulatory packet is submitted, the CMS Regional Office will review the packet and issue the CCN directly to your facility.

Q: What if deficiencies are found during an initial certification survey?
A: There are a couple of different scenarios for deficiencies. If there are standard level deficiencies, an approved plan of correction for those deficiencies is required before accreditation can be awarded. Once the plan of correction is approved, the regulatory packet is submitted to CMS with your accreditation approval letter and a recommendation for Deemed Status. If the survey identifies condition level deficiencies, the facility may receive a denial.

Q: What happens if condition level deficiencies identified during survey result in a denial?
A: If a denial of certification occurs, the facility may reapply. Form CMS-3427 must be resubmitted to the SA and a new CMS-855A form must be resubmitted to your MAC. Subsequently, after approval of CMS-855A, a new initial survey is required.