

# ESRD Facility Conditions for Coverage

## Dates, Deadlines and 'To Do' Items



By Jack Ahern, MBA

**Summer** is in full swing, as of this writing the Cubs and Black Sox are winning here in Chicago, and many of us are grabbing some vacation as the coolness of autumn seems too close for comfort. Time marches on—and this is the second part of our series exploring the practical impact of the April 15th, 2008, complete revision of the Conditions of Coverage for End-Stage Renal Disease Facilities (CfC).

Keeping with our theme of time, we will address the deadlines faced by renal providers with regard to implementation of new items specified in the overhauled CfCs, as well as give some thoughts to the potential costs / savings associated with new CfCs.

### Implementation Timeline

When faced with regulatory changes, in particular the publication of a final rule, one of the first questions that pops into our minds is “After all the dust settles and the fine print is read: What do I need to do and when do I need to do it.” Of course, the next question is “What will all this cost our facility?”

To assist you with sorting out what needs to be focused on now, what you have already done, and what can be done later, I have read through the CfCs with a mind to abstracting dates, deadlines, and “to do” items. The implementation dates fall into two buckets.

1. Most CfCs must be fully implemented 180 days from the April 15th, promulgation date, which, given holidays, comes to Oct. 14th.

2. Three exceptions have longer periods for implementation and must be implemented by Feb. 2009. Extended implementation deadlines have been granted for the following:

- The Infection Control CfC as per sections 494.30(a) (1) (i) which must be implemented by Feb. 9, 2009 and may involve building / modifying isolation rooms.
- The Physical Environment CfC, requiring compliance with the 2000 edition of the Life Safety Code, as per sections 494.60 (e) (1) which also must be implemented by Monday, Feb. 9, 2009.
- The Governance, CfC, requiring submission of certain data in electronic format, as per sections 494.180(h) which must be implemented by Sunday, Feb. 1, 2009.

### New Provision Deadlines

A substantial portion of the new CfCs incorporates requirements already existing in the prior version of the CfCs, which were already in full force. So, at first glance it may seem challenging to sift through the new CfCs and pick out what your unit may need to change vs. what you have already implemented.

Fortunately CMS has created a table, cross referencing CfCs and new provisions. I have added dates for each change and suggest you check these dates yourself by reading through the regulations, making a list of what your unit needs to do. Drop me and email at jahern@ahernconsulting.com if you like a text version to this article to help you develop your own punch list for future reference and project management.

So, do you believe these deadlines are realistic? CMS claims that these deadlines are doable and reasonable. What do you think?

*(To-Do List on page 34)*

### What Will it Cost You?

In the next part of this mini-series, I will address CMS's cost calculations, pointing out what have been assumed and what has been left out. If you have questions regarding cost—send them in. In the meantime, I welcome your comments and insights.

Let the renal community know what you think! Feel free to email your comments and opinions to me at jahern@ahernconsulting.com and check out next month's issue of the *Renal Business Today*, Focus on Finance column, to see what your colleagues have to say. Please note, when you write, let me know whether or not you would like your name published with your remark.

Condition	Section	Implementation Dates/Details
<input type="checkbox"/> Infection Control	§ 494.30	Oct. 14. Infection control procedures (including the Recommended Infection Control Practices for Hemodialysis Units at a Glance CDC guidelines).
<input type="checkbox"/> Patient isolation procedures	§ 494.30(a) (1) (i)	Feb. 9, 2009
<input type="checkbox"/> Water Quality	§ 494.40	Oct. 14. Incorporates by reference the updated 2001 American National Standard/Association for the Advancement of Medical Instrumentation guidelines for water purity.
<input type="checkbox"/> Physical Environment	§ 494.60	Oct. 14
<input type="checkbox"/> Fire safety.	§ 494.60(e) (2) though (4)	Oct. 14
<input type="checkbox"/> Fire safety	§ 494.60(e) (1)	Feb. 9, 2009. Compliance with the 2000 edition of the <i>Life Safety Code</i>
<input type="checkbox"/> Patient Rights	§ 494.70	Oct. 14
<input type="checkbox"/> Advance directives	§ 494.70(a) (6)	
<input type="checkbox"/> Complaint systems: Internal Grievance Policy	§ 494.70(a) (14)	
<input type="checkbox"/> Complaint systems: External Grievance Policy	§ 494.70(a) (15)	
<input type="checkbox"/> Discharge and transfer policies	§ 494.70(b)	
<input type="checkbox"/> Posting of rights	§ 494.70(c)	
<input type="checkbox"/> Patient Assessment	§ 494.80	Oct. 14
<input type="checkbox"/> Appropriateness of dialysis prescription	§ 494.80(a) (2)	
<input type="checkbox"/> Renal bone disease	§ 494.80(a) (5)	
<input type="checkbox"/> Dialysis access type and maintenance	§ 494.80(a) (8)	Suitability for transplantation referral, including basis for referral or non-referral.
<input type="checkbox"/> Frequency of assessment	§ 494.80(b)	
<input type="checkbox"/> Assessment of treatment prescription	§ 494.80(c)	
<input type="checkbox"/> Patient reassessment	§ 494.80(d)	
<input type="checkbox"/> Patient plan of care	§ 494.90	Oct. 14
<input type="checkbox"/> Dose of dialysis	§ 494.90(a) (1)	
<input type="checkbox"/> Nutritional status	§ 494.90(a) (2)	
<input type="checkbox"/> Anemia	§ 494.90(a) (4)	
<input type="checkbox"/> Vascular access	§ 494.90(a) (5)	
<input type="checkbox"/> Home dialysis and transplantation status	§ 494.90(a) (7)	
<input type="checkbox"/> Rehabilitation status	§ 494.90(a) (8)	
<input type="checkbox"/> Implementation of patient plan of care	§ 494.90(b)	
<input type="checkbox"/> Direct physician/patient interaction	§ 494.90(b) (4)	
<input type="checkbox"/> Transplantation referral tracking	§ 494.90(c)	
<input type="checkbox"/> Care at home	§ 494.100	Oct. 14
<input type="checkbox"/> Training	§ 494.100(a)	
<input type="checkbox"/> Home dialysis monitoring	§ 494.100(b)	
<input type="checkbox"/> Support services	§ 494.100(c)	
<input type="checkbox"/> Quality Assessment/Performance Improvement	§ 494.110	Oct. 14
<input type="checkbox"/> Program scope	§ 494.110(a)	
<input type="checkbox"/> Adequacy of dialysis	§ 494.110(a) (2) (i)	
<input type="checkbox"/> Nutritional status	§ 494.110(a) (2) (ii)	
<input type="checkbox"/> Mineral metabolism and renal bone disease	§ 494.110(a) (2) (iii)	
<input type="checkbox"/> Anemia management	§ 494.110(a) (2) (IV)	
<input type="checkbox"/> Vascular access	§ 494.110(a) (2) (v)	
<input type="checkbox"/> Medical injuries and medical error identification	§ 494.110(a) (2) (VI)	
<input type="checkbox"/> Hemodialyzer reuse	§ 494.110(a)(2)(vii)	
<input type="checkbox"/> Patient satisfaction	§ 494.110(a)(viii)	
<input type="checkbox"/> Infection control	§ 494.110(a)(ix)	
<input type="checkbox"/> Monitoring performance improvement	§ 494.110(b)	
<input type="checkbox"/> Prioritizing improvement activities	§ 494.110(c)	
<input type="checkbox"/> Special Purpose Dialysis Facilities	§ 494.120	Oct. 14
<input type="checkbox"/> Definition	§ 494.120	
<input type="checkbox"/> Personnel qualifications	§ 494.140	Oct. 14
<input type="checkbox"/> Nursing services	§ 494.140(b)	
<input type="checkbox"/> Dialysis technicians	§ 494.140(e)	
<input type="checkbox"/> Medical Director Responsibilities	§ 494.150	Oct. 14. Quality assessment and performance improvement program.
<input type="checkbox"/> Staff education, training and performance	§ 494.150(b)	
<input type="checkbox"/> Patient care policies and procedures	§ 494.150(c)	
<input type="checkbox"/> Governance	§ 494.180	Oct. 14
<input type="checkbox"/> Medical staff appointments	§ 494.180(c)	
<input type="checkbox"/> Furnishing services	§ 494.180(d)	
<input type="checkbox"/> Internal grievance process	§ 494.180(e)	
<input type="checkbox"/> Involuntary discharge and transfer policies and procedures. Emergency coverage	§ 494.180(f)	
<input type="checkbox"/> Furnishing data and information for ESRD program administration	§ 494.180(h)	Feb. 1