



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

### **Commission On Kidney Disease**

Eva Schwartz, Executive Director  
4201 Patterson Ave, Room 310  
Baltimore, MD 21215

RE: New Facility  
Dear Administrator,

In order to ascertain eligibility for Certification Status of your facility you must complete and return the enclosed Facility Information Form and requested documentation.

Certification by the Commission is required for reimbursement purposes through the Maryland State Kidney Disease Program and is independent of the Office of Health Care Quality (OHCQ) therefore; the following information will need to be submitted to the Commission.

1. Location of the Facility;
2. Philosophy of Care and Objective of Services;
3. Modality of Treatment;
4. Number of Beds/Stations;
5. Number of Shifts;
6. Architectural Plans;
7. Agreement with the back-up hospital for emergencies;
8. Agreement with the transplant center;
9. Agreement with the back-up dialysis facility;
10. Laboratory and water treatment testing contracts;
11. Policy for the management of abusive/dangerous patients;
12. Curricula Vitae of the Chief Executive Officer, Medical Director, Social Worker, Director of Nursing, Dietitian, and Water and/or Reuse Technician of the facility;
13. Contract with the Medical Director;
14. Identification of the Owner of Facility.

An on site survey may also be necessary so that your facility can be certified by the Commission for Kidney Disease Program (KDP) reimbursement purposes. Application for certification by the Commission for Kidney Disease Program should be made within 10 days of the initial OHCQ survey.

Upon approval by OHCQ on behalf of the Centers for Medicare and Medicaid Services (CMS) for Medicare End Stage Renal Dialysis (ESRD) certification and State licensure, please notify the

Commission of the opening of the facility for patient care and forward the Commission Office a copy of the facility's Medicare Provider Number issuance letter.

The Commission on Kidney Disease Statutes and Code of Maryland Regulations (COMAR) may be found on the Internet at [www.dsd.state.md.us](http://www.dsd.state.md.us). The Commission has amended COMAR 10.30.01.05-.06 to incorporate by reference Code of Federal Regulations 42 (CFR) §§494.1-494.110 and 42 (CFR) §§494.130-494.180 in their entirety for additional certification requirements of all dialysis and transplant centers, transplant centers located in a hospital, free standing outpatient dialysis and transplantcenter, transplant centers located in a self-care dialysis facility. COMAR 10.30.01.06 incorporates by reference the Kidney Disease Program General Regulations, COMAR10.20.01, Annotated Code of Maryland. The Commission in COMAR 10.30.03 requires all dialysis and transplant centers to comply with the established procedures of the Center for Disease Control regarding testing criteria for transmissible diseases on the patients and staff. An additional requirement for certification is the collection of a certification fee amount per number of patients treated, as outlined in COMAR 10.30.05.02:

- Facilities with 0-39 patients \$693
- Facilities with 40-49 patients \$1,274
- Facilities with 50 or more patients \$1,50
- Late fee of 10 percent of fee.

Additional information must also be submitted to the Kidney Disease Program, see attached.

If you have any questions or need additional information, please feel free to contact me at 410-764-4799.

Sincerely,

Donna Adcock, RN  
Commission Surveyor

Enclosures

## CHECKLIST FOR NEW FACILITY DOCUMENTATION

- LOCATION OF THE FACILITY
- PHILOSOPHY OF CARE AND OBJECTIVE OF SERVICES
- MODALITY OF TREATMENT
- NUMBER OF BEDS/STATIONS
- NUMBER OF SHIFTS
- ARCHITECTURAL PLANS
- AGREEMENT WITH THE BACK-UP HOSPITAL FOR EMERGENCIES
- AGREEMENT WITH THE TRANSPLANT CENTER
- AGREEMENT WITH THE BACK-UP DIALYSIS FACILITY
- LABORATORY AND WATER TREATMENT TESTING CONTRACTS
- POLICY FOR THE MANAGEMENT OF ABUSIVE/DANGEROUS PATIENTS
- CONTRACT WITH THE MEDICAL DIRECTOR
- IDENTIFICATION OF THE OWNER OF THE FACILITY

### CIRRICULA VITAE OF THE:

- CHIEF EXECUTIVE OFFICER/ADMINISTRATOR
- MEDICAL DIRECTOR
- SOCIAL WORKER
- DIRECTOR OF NURSING
- DIETITIAN
  
- WATER AND/OR REUSE TECHNICIAN

**MARYLAND COMMISSION ON KIDNEY DISEASE**

4201 Patterson Avenue, Room 319  
Baltimore, MD 21215  
410-764-4799 \*Fax 410 358-3083

**FACILITY UPDATE INFORMATION**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Back up Hospital(s): \_\_\_\_\_

Transplant Affiliation(s): \_\_\_\_\_

Initial ESRD Certification Date: \_\_\_\_\_ Number of Stations: \_\_\_\_\_

Types of Dialysis Offered: \_\_\_\_\_

Total Number of Patients: \_\_\_\_\_

Hemo: \_\_\_\_\_ CAPD: \_\_\_\_\_ CCPD: \_\_\_\_\_ Home Dialysis: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Email \_\_\_\_\_

Area Administrator: \_\_\_\_\_ Email \_\_\_\_\_

Administrator: \_\_\_\_\_ Email \_\_\_\_\_

Medical Director: \_\_\_\_\_ Email \_\_\_\_\_

Director of Nursing: \_\_\_\_\_ Email \_\_\_\_\_

Social Worker: \_\_\_\_\_ Email \_\_\_\_\_

Dietitian: \_\_\_\_\_ Email \_\_\_\_\_

Transplant Liaison \_\_\_\_\_ Email \_\_\_\_\_

Additional Information:

<b>COMMISSION USE ONLY</b>	
CERTIFICATION NUMBER _____	CERTIFICATION STATUS: _____
LAST SURVEY DATE: _____	FEE PAID: _____
LICENSING SURVEY: _____	DATE AND INITIALS: _____

## **CRITERIA FOR PAYMENT BY THE KIDNEY DISEASE PROGRAM**

Once certified the facility must contact Maryland Medicaid Provider Enrollment at 410.767.5340 and request to be added to the KDP vendor file. Questions regarding this process should be directed to Carol Manning, Chief KDP at 410.767.5000.