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;

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. 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 transplant center, 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 $1,500

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 OFShifts
☐ 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
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:

COMMISSION USE ONLY
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.