

April 5, 2020

Letter to the Acute Care Services Committee members

Petitioner: Wake Forest Baptist Health

Response To: Acute Care Services Committee – Agency Report - Petition to establish a Need Determination Methodology for Home Hemodialysis Training Stations

Wake Forest wants to thank the Agency for providing a response to the petition filed to help with a problem area for dialysis providers in the State of North Carolina.

The “Response” the agency provided is confusing and challenging to us as an ESRD provider.

When an in-center home hemodialysis station is not being used to train a new home hemodialysis patient it may be used for an in-center hemodialysis patient. (extraction from Page 2 of the Agency Response)

When the Agency allows the transfer of dialysis stations to the Home Only – Training Facilities it appears that the Agency is in direct violation of their own rules.

2020 SMFP - Chapter 9 – Definitions

- A “home” patient receives hemodialysis or peritoneal dialysis in his or her home, except for training that is provided in an ESRD facility.

2020 SMFP - Chapter 9 – Basic Principals

1. New facilities must have a projected need for at least 10 stations to be cost effective and to assure quality of care.

2020 SMFP - Chapter 9 – Assumptions of Methodology

1. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
2. Facilities may have at least one dialysis station dedicated to training of home dialysis patients. If so, these stations are included in the planning inventory.

The Agency is currently considering the movement of In-Center Hemodialysis (ICH) stations from ICH facilities to Home Only Freestanding Training Locations with no guidance or direction as to the control of new the definitional process.

The **uncontrolled movement of ICH Stations creates a new less than 10 Station ICH facility** when **any** hemodialysis station is moved into a Home Only Freestanding Training hemodialysis in-center facility. Back-up hemodialysis and respite care will be allowed on these new stations within the Home Only locations per the Agency response above. These two types of care are a clear violation in a free standing Home Only dialysis facility and of the “Agency’s” historical record for In-Center Hemodialysis facility establishment.

Unless an exception is allowed (and there have been exceptions), **no In-Center facility has been allowed to be created with less than 10 Stations.** Special petitions were allowed by the SHCC to meet smaller county dialysis populations to create a single county exception or a multi-county combined exception.

Before considering the adoption of the Agency report, please ask questions. How will moving ICH stations to a Home only facility be counted within the ICH station inventory? Why is the Agency considering the allowance of smaller than 10 Station In-Center Hemodialysis facilities without a special petition submitted to the SHCC?

How can performance standards be developed for Home Hemodialysis Training? How can we as providers work with the Agency to work through this challenge?