

Network Notes

Conditions for Coverage Special Edition

New ESRD Conditions for Coverage: Impact on Social Workers

In October 2009 the new ESRD Conditions for Coverage will become effective for providers of out patient dialysis treatment. The ESRD Conditions for Coverage are established by the Centers for Medicare and Medicaid Services (CMS), often referred to simply as Medicare. This is a major revision of rules that guide the delivery of dialysis under Medicare after more than thirty years (30) of operation under the original "Conditions."

What it's NOT

Centers for Medicare and Medicaid Services (CMS) were under strict caution from the US Congress and the US Office of Management and Business (OMB) to keep the new rules "budget neutral," meaning that no new funds would be appropriated to support changes. As an example, coverage for transportation to and from dialysis for patients has not been added; this lack of coverage has been a huge issue over the past three decades and has caused significant hardship for many dialysis patients. The other issue often raised by Social Workers and Registered Dietitians was the lack of patient / staff ratios for the dialysis setting in the previous rules; unfortunately that has not been added either.

Main Areas of Impact for Social Workers

The main areas of impact in the new ESRD Conditions for Coverage (CFC), for dialysis Social Workers are Patients' Rights, Patient Assessment, Patient Plan of Care, Professional Qualifications and new requirements for Involuntary Discharge of patients. Imbedded in the Patients Rights' section there is new language and intent by CMS to inform Patients about their rights related to End of Life planning. Patients have rights protected by CMS regulation to establish an Advance Directive if they wish, and the right to be notified about their clinics' policies regarding Advance Directives. The ESRD Conditions for Coverage also have new requirements for quality and performance improvement, which will impact the entire dialysis interdisciplinary team.

Patients' Rights are restated in the new CFC. There are twenty (20) explicit rights that a patient has in a Medicare certified dialysis facility. Listed here are seventeen (17), with three (3) others listed in the next section of this document that are specific to a patient's involuntary discharge.

- The right to receive respect and dignity based on his or her needs, psychological status and coping ability.

- The right to be given information in a way that is understandable.
- The right to personal privacy and confidentiality.
- The right to privacy and confidentiality of Medical Records.
- The right to be informed, participate in, refuse, or discontinue all aspects of dialysis care.
- The right to establish an Advance Directive and be advised of the facility policy regarding Advance Directives.
- The right to be informed about all ESRD treatment modalities: hemodialysis, peritoneal dialysis, and transplant.
- The right to receive a treatment schedule change to accommodate a work schedule.
- The right to be informed about all services available in the dialysis facility and the cost of services not covered by Medicare.
- The right to receive services as ordered in the Patient Plan of Care.
- The right to be informed of rules regarding conduct, behavior and responsibilities.
- The right to be informed about the facilities' complaint process.
- The right to be informed about external complaint processes: ESRD Network and State Survey Agency.
- The right to file a complaint of any type without reprisal or denial of services.
- The right to be informed that any type of complaint can be filed anonymously or through a third party representative of the patient's choosing.

Involuntary Discharge of Patients - Important New Rules for Social Workers and Medical Directors (under Facility Governance)

Because CMS and ESRD Networks are concerned about patients being involuntarily discharged from dialysis care, there are three new rules designed to protect patients' rights and protect facility safety:

- The patient has the right to be informed about procedures for routine transfer, procedures for involuntary discharge and discontinuation of services.
- The patient has the right to receive an advance warning of thirty days preceding an involuntary discharge. (A threat to the safety of the facility could abbreviate the 30-day notice.)
- The patient has the right to expect a prominently displayed (where it can be easily seen and read) copy of the facilities' Patient Rights, telephone numbers and mailing addresses for both the ESRD Network and the State Survey Agency.

Because an involuntary discharge of a patient is an extremely serious matter the new ESRD Conditions for Coverage have reemphasized the role of the facility's Medical Director in these rare discharge procedures, and only under these circumstances:

- The patient or payer no longer reimburses the facility for the ordered services;
 - The facility ceases to operate
 - The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs;
 - The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the Medical Director ensures that the patient's interdisciplinary team documents the reassessments, ongoing problem(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record; ***provides the patient and the local ESRD Network with a 30-day notice of the planned discharge***; obtains a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility; contacts
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another facility, attempts to place the patient there, and documents that effort; and notifies the State survey agency of the involuntary transfer or discharge.

- In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure

Conducting Patient Assessments

Patient assessment in the dialysis setting is conducted by the dialysis facilities' interdisciplinary team, comprised of the patient (if willing), Nephrologist, Nurse, Social Worker and Dietitian. Each patient must have an individualized and comprehensive assessment of his or her needs. The patient assessment must guide and inform the patient's Plan of Care and provide the basis for patient expectations. The role of the Social Worker in contributing to the patient assessment is evaluation of the patient in these areas:

- Psychological needs
- Functional status, abilities, interests, preferences and goals
- Desired level of participation in health care process
- Modality preference (Hemo, PD, Transplant)
- Setting preference (home, in-center)
- Expectations of treatment
- Suitability for Transplant referral
- Presence of social supports (family, friends)
- Physical activity level
- Preference for vocational or physical rehabilitation referral

The patient's initial assessment must be conducted within a patient's first 30 days, or thirteen (13) dialysis treatments. A comprehensive reassessment must occur within the first three months of a patient's first date of dialysis in the outpatient setting. On a continuing basis stable patients must be reassessed annually and unstable patients must be reassessed monthly. Suggested criteria to identify unstable vs. stable patients is to consider extended or frequent hospitalizations, marked decline in physical / social / nutritional / mental status, and or poor lab results.

Patient Plan of Care

The dialysis interdisciplinary team; inclusive of the Social Worker as defined above must develop and implement a written, individualized comprehensive Plan of Care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient Plan of Care must be consistent with current evidence-based, professionally accepted clinical practice standards. The Social Worker's contribution to the patient's Plan of Care must include the following:

- Application of a standard practice measurement tool to determine a patients' psychosocial status. (KDQOL –36 is recommended)
 - A plan of intervention to assist the patient in achievement of a healthy psychosocial status, if indicated.
 - Supported plans to assist the patient in achieving his or her desired treatment modality time defined goals (home care, in-center, transplant referral, PD, nocturnal, other).
 - Plans or interventions designed to assist the patient in achievement of desired and various rehabilitation time defined goals.
 - All members of the dialysis interdisciplinary team, inclusive of the patient, if willing, must sign the Plan of Care.
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- Implementation of the Plan of Care must be initiated in the first 30 days, or within 13 dialysis treatments following the patient's admission to the facility. When reassessment is conducted (monthly for unstable patients and annually for stable patients) the Plan of Care must be adjusted as appropriate within 15 days.
- If time defined goals outlined in the patient's Plan of Care are not achieved within the specified time frame, adjustment to the Plan of Care must be done, or documentation as to why the goal is not attainable must be filed.
- If a patient's Plan of Care includes desire for transplant referral, tracking and follow up with the transplant center must be documented. The Social worker must monitor the status of patients on the transplant waiting list and communicate with the transplant center any changes in status.
- The Plan of Care must include dialysis education components for patient and family, if available and willing.

Personnel Qualifications for Social Workers

All dialysis facility staff must meet the applicable scope of practice board and licensure requirements in effect in the State in which they are employed. The dialysis facility's staff (employee or contractor) must meet the personnel qualifications and demonstrated competencies necessary to serve collectively the comprehensive needs of the patients. The dialysis facility's staff must have the ability to demonstrate and sustain the skills needed to perform the specific duties of their position. A Social Worker practicing in a certified ESRD Medicare facility must hold a Masters Degree in Social Work from an accredited academic institution or have been in Renal Social Work practice since 1974 with a current consultative relationship with a qualified Social Worker (grandfather clause).

Quality and Performance Improvement Work Plans for the Interdisciplinary Dialysis Team

Under the new ESRD Conditions for Coverage there are requirements for involvement of Social Workers and all members of the interdisciplinary dialysis team (Doctor, Nurse, Social Worker and Dietitian) to insure quality of care and work performance rendered to patients by caregiver staff. Toward this goal CMS will require the following activities to be undertaken and documented:

- The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team. The program must reflect the complexity of the dialysis facility's organization and services (including those services provided under arrangement), and must focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement program for review by CMS.
- The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. The program must include, but not be limited to, the following: Patient satisfaction and grievances.
- The dialysis facility must continuously monitor its performance; take actions that result in performance improvements, and track performance to ensure that improvements are sustained.
- The dialysis facility must set priorities for performance improvement, considering prevalence and severity of identified problems and giving priority to improvement activities that affect clinical outcomes or patient safety. The facility must immediately correct any identified problems that threaten the health and safety of patients.

Conditions for Coverage: <http://www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDfinalrule0415.pdf>
