



September 15, 2015

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-3260-P
P.O. Box 8010
Baltimore, Maryland 21244

Re: CMS-3260-P: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Dear Acting Administrator Slavitt:

The Alliance for Home Dialysis (Alliance) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments on its Proposed Rule updating the requirements that Long-Term Care (LTC) facilities must meet to participate in the Medicare and Medicaid programs.

The Alliance is a coalition of kidney dialysis stakeholders representing patients, clinicians, providers, and industry. We have come together to promote activities and policies to facilitate treatment choice in dialysis care while addressing systemic barriers that limit access for patients and their families to the many benefits of home dialysis.

Home dialysis—peritoneal dialysis (PD) and home hemodialysis (HHD)—is an important treatment option that offers patients significant quality of life advantages, including clinically meaningful improvements in physical and mental health. Currently, about 10 percent of U.S. dialysis patients receive treatment at home.¹ However, the Alliance believes that more patients are suitable for, and could benefit from, home dialysis. We believe that dialysis

¹ U.S. Renal Data System. USRDS 2013 Annual Data Report: atlas of chronic kidney disease and end stage renal disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Maryland, USA; 2013.

providers, health professionals, and policymakers all play an integral role in ensuring that patients have access to the modality of their choice.

The Alliance commends CMS for its recognition in the Proposed Rule of the importance of consistent, high-quality dialysis services to end-stage renal disease (ESRD) patients admitted to nursing facilities, as well as the significance of these patients' preferences regarding their care.

The Alliance supports the proposed regulations at §§ 483.11(b) and 483.25(d)(14), which we read as being supportive of patients who may choose to continue on the same home dialysis modalities after entering a nursing home facility. The regulations at proposed § 483.11(b) provide that a facility's responsibilities include ensuring that the resident is "informed of, and participates in, his or her treatment to the extent practicable . . . and that the resident participates in care planning, making informed decisions, and self-administering drugs when appropriate." Although the regulation itself does not specifically mention dialysis, CMS notes in the preamble that "[i]n addition to the self-administration of drugs, residents may also self-administer or take part in other health care practices, such as dialysis."² Similarly, we are pleased to see the proposed regulation at § 483.25(d)(14) – concerning quality of care and quality of life – which requires the facility to "ensure that residents who require dialysis receive those services in accordance with professional standards of practice and the residents' choices."³

Throughout the Proposed Rule, CMS emphasizes the importance of facilities recognizing each resident's individuality, providing services in a patient-centered manner, and supporting resident's individualized goals for "attaining or maintaining their highest practicable physical, mental, and psychosocial well-being."⁴ For patients who are utilizing dialysis – whether at home or in-center – before entering the LTC facility, allowing these patients to continue with the same modality if he or she is capable and the physician determines it to be appropriate supports the goals of recognizing the patient's individuality and preferences and encouraging self-management.

In addition, the Alliance encourages the agency to finalize in its Final Rule the changes proposed via the newly-created § 483.21(c) on discharge planning. This section, which brings LTC facilities' conditions of participation more in-line with those of hospitals, would ensure that ESRD patients receive a comprehensive assessment before they leave LTC facilities, and that they and their loved ones receive counsel on post-discharge care and their treatment options.

To further strengthen patient protections and prevent avoidable hospital admissions, the Alliance urges CMS to include in § 483.21(c) a requirement that, as part of a patient's discharge, the LTC facility share relevant health status information with the dialysis facility overseeing his or her care, whether at home or in-center. We would encourage CMS to include within this

² Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule, 80 Fed. Reg. 42184 (July 16, 2015), available at <http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>.

³ Id. at 42199.

⁴ Id. at 42184, 42196.

subsection a provision addressing timeliness to ensure that information is shared with facilities upon discharge and before the patient begins (or re-commences) his or her treatment with the facility. Timely communication of discharge information between providers is critical to ESRD patients during a care transition to prevent adverse medical events.

The Alliance appreciates the opportunity to provide comments on the proposed updates to the LTC facility Conditions for Participation. We look forward to working with CMS in the future to advance policies that support the well-being of home dialysis patients. Please contact Elizabeth Brooks at 202-466-8700 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Silverman". The signature is written in black ink and includes a long horizontal flourish extending to the right.

Stephanie Silverman
Executive Director



Submitting Members

American Association of Kidney Patients

American Nephrology Nurses Association

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