

Information and Recommendations for Challenging Dialysis Placements

This document provides information and recommendations related to placing dialysis patients who do not have an assigned dialysis facility. A patient who has voluntarily stopped attending treatment and wishes to restart, or who had an extended hospital stay, is not eligible for permanent discharge. The last facility of record is **required** to readmit the patient. If you are having difficulty getting a facility to readmit a patient, please contact the Network at 800.826.3773.

Understanding Involuntary Discharge (IVD)

According to the Centers for Medicare & Medicaid Services (CMS) End Stage Renal Disease (ESRD) Conditions for Coverage (CfCs), a dialysis facility cannot involuntarily discharge a patient for medical non-adherence with dialysis treatment. Any IVD must be approved by the patient's nephrologist and the facility medical director. Additionally, the Network must be notified of and approve any IVD. If you have a concern about the validity of a patient discharge from a dialysis facility, you may contact the Network at 800.826.3773. The only CfC-approved reasons for IVD of a dialysis patient are as follows:

- The facility is unable to meet the patient's medical needs. This may occur when:
 - A nephrologist terminates his or her relationship with the patient.
 - A dialysis facility is not able to provide dialysis services without a physician order. In these cases, the discharging nephrologist should provide the patient with a 30-day notification letter so the facility can assist the patient in finding another nephrologist with privileges at the current dialysis facility or work to transfer the patient to another facility with an accepting physician. If another physician and facility cannot be found within 30 days, the patient will have to seek emergency treatment at the hospital.
 - The acuity level of a patient changes to a level that cannot be safely managed at the outpatient dialysis facility.
 - For example, the patient has an unforeseen medical event which causes the patient to rely on a ventilator, tracheotomy, or remain on a stretcher during treatment. Morbid obesity can also be an issue as patient lifts and dialysis chairs have weight accommodation limits.
 - Patients develop dementia or severe psychiatric issues, the symptoms of which impede facility operations and/or the facility's ability to provide safe care.
 - A facility is unable to meet medical needs due to a bed bug or other insect infestation.
- A patient exhibits ongoing abusive or disruptive behavior.
- A patient poses a severe and immediate threat.
 - This type of discharge is an expedited process and does not require a 30-day notice.
- Non-payment.
 - This type of discharge occurs most often with undocumented immigrants.

Strategies for Placing Dialysis Patients

Sometimes patients find themselves in a situation in which they are unable to obtain treatment at an outpatient dialysis facility. This may occur after initially starting treatment in the hospital or after being involuntarily discharged from an outpatient dialysis facility. The Network cannot force a dialysis facility to accept a patient or readmit any patient post-IVD. However, depending on the root cause of the situation, the Network may be able to help. The Network has the following recommendations for helping to place patients:

- Review the patient’s medical record to identify the root cause of why you are unable to place the patient.
 - Reasons may include a documented history of psychiatric issues, substance abuse, and/or criminal activity.
- Provide only the specific medical records requested by the dialysis facility for the patient.
- Assess the patients’ willingness to change if the root cause is abusive and/or disruptive behavior or medical non-adherence.
 - The Network can advocate for the patient to have a meeting with facility management and the medical director, but **the Network cannot make promises to a facility about what a patient will or will not do once admitted.**
 - Encourage the patient to advocate for him/herself with the facility and a nephrologist.
 - In some cases, the Network is willing to advocate for a trial period of admission to a facility.
 - If the patient does not have an outpatient nephrologist *and* the patient has a willingness to change their behavior, encourage communication between the patient and a nephrologist from a different practice during hospital rounds.
 - The nephrologist may see the patient differently than how he or she is portrayed in the medical record and may therefore, agree to follow the patient on an outpatient basis.
- Find a long-term care facility that provides on-site dialysis treatment if the patient has a higher level of acuity than the facility can accommodate.
 - A listing of these facilities can be found on Florida Health Finder at www.floridahealthfinder.gov/facilitylocator/facloc.aspx

Please note: If a patient is an undocumented immigrant, then there are limited options for placement beyond a Single Payer Agreement between the hospital and dialysis facility. While some undocumented immigrants may be eligible for Emergency Medicaid, the dialysis facilities may not be willing to accept this type of insurance. The Network cannot dictate what type of insurance a facility is required to accept.