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# End Stage Renal Disease Facility (ESRDs) Expansion and Change in Modalities and Services

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## How do I change the services offered at my ESRD facility?

In accordance with [Chapter 2](#) of the State Operations Manual (SOM), sections 2278D and 2280, ESRD facilities must file and application to request changes in service(s) provided, including an expansion or elimination of services. All required materials can be found below or requested through the Bureau of Facility Standards at (208) 334-6626, option 4.

## What is included in the request to change of services packet?

In accordance with [Chapter 2](#) of the SOM, section 2280, a facility must complete the following when requesting a change in services including an expansion or elimination of services:

1. ESRD Facility Survey Report - [CMS form 3427](#),
2. A Narrative Report describing the change, which includes:
  - a. **For the addition of in-center dialysis stations**, the facility must specify the number of additional stations requested and include: a floor plan and other evidence that demonstrates adequate space is available for the stations in consideration of safety, infection control and privacy; and a summary explanation of any building renovations that will be necessary for the addition of stations.
  - b. **For the addition of dialysis modalities or services**, the facility must a written explanation of the modality or service being added and evidence that at least one patient is receiving the service or modality requested (e.g. the addition of Home Training and Support, the addition of in-center PD, Dialyzer reprocessing and reuse, etc.).
  - c. **For the voluntary elimination of approved modalities or services**, the facility must provide a written explanation of the modality or service being eliminated. If the facility has one or more patients who are using the dialysis

modality it plans to eliminate, the facility must also submit:

- An assessment of each patient who will be affected by the change (§494.80(a));
- Documentation that affected patients were informed of the plan to eliminate the modality, and of their options for continuing treatment (e.g. transfer to a facility that offers the modality, switch to a different modality offered by the current facility) (§494.70(a), §494.70(b));
- Documentation that the affected patients were included in the decision-making process, giving weight to the patient's preferences for their continued care (§494.80(a)(9)); and
- Documentation that arrangements for the orderly transfer of those patients who opt to transfer to another facility. The facility must report to the applicable ESRD Network any patient transfer when the patient(s) feels that he/she was transferred without their consent (involuntary transfer).

### **How do I complete the change of services packet?**

Please complete Part I of the CMS-3427 form (item #1 above). Return it and items #2 to the Bureau of Facility Standards. Please ensure that all questions are answered and that all hand-printed applications are clearly printed and easily readable.

### **Where do I send my completed change of services packet materials?**

All required documents can be submitted by mail and/or hand delivered. ***PLEASE KEEP A COPY FOR YOUR RECORDS***

1. If you are mailing the application packet, mail to:

Department of Health and Welfare  
Bureau of Facility Standards  
P.O. BOX 83720  
BOISE, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare  
Bureau of Facility Standards  
3232 Elder Street  
Boise ID 83705

## **What happens after I submit my change of services packet materials?**

Bureau of Facility Standards staff will review the materials you submitted. If the information is incomplete or if there are questions, Bureau staff will contact you. Once the materials have been approved, a determination will be made as to whether an on-site survey is required.

### **An on-site survey must be performed for:**

- Addition of In-center Hemodialysis; (Survey confirms that the facility has provided HD to at least one patient.)
- Addition of Home Training and Support Modality; (Survey must confirm that the facility has provided home training a support to a minimum of one patient.)
- Addition of In-Center PD, if the facility has not been approved for Home Training and Support; and
- Addition of Reuse.

### **An on-site may be performed for:**

- Addition of dialysis stations; and
- Additional services or modality simultaneously requested with a relocation; and
- Elimination of a modality when the facility has one or more patients who are using the dialysis modality it plans to eliminate.

### **An on-site survey is not required for:**

- Addition of In-Center Nocturnal HD (documentation regarding how the water system will be maintained must be submitted);
- Addition of In-Center PD (if the facility has already been approved for Home Training and Support); and
- Addition of HD or PD in a Long-Term Care Facility (if the facility has already been approved for Home Training and Support).

Once all documentation submitted by the facility has been approved and the survey has been conducted (as applicable), the Bureau of

Facility Standards will forward all information to the CMS Region X Office, Seattle, Washington, for final review and decision-making.

### **How long will the change of services process take?**

The length of this process varies depending on multiple factors such as whether the facility's documentation is complete, whether additional information needs to be submitted, current work load and availability of resources necessary to complete the application review and survey should one be necessary, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

### **Additional information**

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov).

**Centers for Medicare & Medicaid Services**  
[CMS End Stage Renal Disease \(ESRD\) Center.](#)