

# LTC setting and in-home dialysis guide (e.g. AFH, ALF, SNF)

### There are Two types of Dialysis:

- Peritoneal dialysis (PD) uses the inner lining of the abdomen (peritoneum) to filter blood. PD usually takes place daily. During peritoneal dialysis, the dialysate flows through a peritoneal dialysis catheter into the abdomen. After a set "dwelling" time, the fluid containing the filtered waste products flows out through the catheter so it can be safely discarded. PD uses a similar fluid as home HD, dialysate, which enters the abdomen via a peritoneal dialysis catheter PD may use a cycler, requires a water and power supply and may also include hand sanitizers, gloves, dialysate (a solution that filters blood), tubing, alcohol prep pads, and anything else specific to the dialysis process.
- Hemodialysis (HD) process where blood is filtered outside the body using a dialyzer or "artificial kidney" to remove unwanted waste, toxins and excess fluid. Clean, chemically balanced blood is then returned. HD requires a dialysis machine, and a water and power supply, may also include hand sanitizers, gloves, masks, dialysate (a solution that filters blood), tubing, alcohol prep pads, and anything else specific to the dialysis process.

### What is In-Home dialysis?

In the context of typical in-home dialysis – it is dialysis performed in an individual's home (not a licensed setting) by a family member or friend. The client and 'dialysis helper' are approved and trained by the dialysis center or dialysis provider. The dialysis center assumes responsibility for determining what tasks the dialysis helper can perform, if they cannot perform it due to competency then it must be done at the dialysis center.





#### What are Dialysis provider/center requirements for in-home dialysis?

- All Dialysis providers/centers must be approved by Department of Health (DOH) through the Certification of Need (CoN) and be Centers for Medicare & Medicaid Services (CMS) certified.
- The dialysis provider/center and the licensed LTC setting must have a contract in place delineating responsibilities and services to be provided by each entity which will include the requirement for a backup/emergency plan.
- The dialysis center employed Registered Nurse (RN)/staff conducts initial and ongoing periodic assessments at the dialysis center/home.
  - Each center has its own criteria for what is acceptable
- The client/dialysis helper/setting must be approved by the dialysis center and nephrologist this requires the client to be stable and predictable with low acuity.
- Initial home/setting inspection is required, ensuring cleanliness and adequate space for supplies, though sterility is not necessary, it must be clean.
  - Water access is required that has backflow and filtration, this can be connected to toilet with drain.
- The dialysis client is required to see their nephrologist (usually at the center) at least monthly and it is the responsibility of the caregiver to document.
- The Client and dialysis helper must receive dialysis center-based training
  - Client and dialysis helper must be trained by a Medicare certified provider. Not every center/provider is certified for this, or for both types of dialysis.
  - Training takes at least 10 days at the center (typically 15-20 hours) with competency-based assessments. Small group training is allowable but is limited due to physical facility space. Generally small groups are 4 clients to 4 dialysis helpers.

### **Special Considerations for Long-Term Care (LTC) settings:**

#### Who can provide care in a licensed LTC setting?

Only specific credentialed staff can provide care in these settings and must work within their scope of practice.

- The skilled nursing facility (SNF) has assistive personnel (AP) called direct care workers that have an active credential as a nursing assistant-registered (NA-R) or nursing assistant-certified (NA-C)
- The community based residential care setting (like AFH/ALF or In-home) has AP that must be credentialed as NA-R, NA-C or HCA-C.

### What must be considered if in home dialysis is performed in a licensed setting like AFH/AL/SNF?

• There are separate contracting and licensing requirements that must be met. In this instance the facility and staff must meet the requirements of the dialysis center to contract and provide in-home dialysis, while also meeting the licensing and certification requirements for their setting type.

### Can dialysis center staff perform the function of a dialysis helper in an LTC setting?

• No. Dialysis center staff cannot perform dialysis care in the LTC setting. A LTC facility would become a dialysis center in this case and would go through the certificate of need process, as this is no longer in home dialysis.

## Can an AP employed by a licensed LTC setting perform all the tasks for HPD or HHD in a licensed LTC setting?

 No, not all tasks in either HPD or HHD are within the AP scope of practice, nor can they be delegated per RCW 18.88A and 18.88B as certain tasks are excluded. An AP may have a role in setting up the equipment (preparing supplies, handing off materials) reference RCW 74.39A.009 Definitions

For example these items are out of scope and not delegable:

- HPD: the procedure involves connecting the fluid and initiating the exchange of the PD fluid which has a
  prescriptive component and may be impregnated with other medications.
- HHD: The procedure involves administration of heparin and phlebotomy.

### Can an AP employed by a licensed LTC setting work outside of their scope as a dialysis helper for in-home dialysis?

• No, even though the staff person would be a considered a dialysis helper for purposes of in-home dialysis, the staff person would still need to meet licensing and/or certification requirements

## Is a registered nurse (RN) allowed to delegate performance of hemodialysis or peritoneal dialysis to an AP employed by the LTC setting?

• No. The dialysis process involves processes that are not within the scope of the RN to delegate.

### Can an RN or LPN employed by or contracted by an LTC setting perform HPD and HHD tasks?

- Yes, an RN/LPN can perform all required tasks within their scope of practice.
- RN/LPN must complete all individualized training at the dialysis center.
- WABON Practicing Nurses FAQ

### Can a Medical Assistant-Hemodialysis Tech employed or contracted by a LTC setting perform HPD and HHD tasks?

- Yes, an MA-HT can perform all required tasks within scope of practice.
- MA-HT must complete all individualized training at the dialysis center.

#### Who pays for in-home dialysis in a LTC setting?

- The dialysis center receives a bundled payment from either Medicare or Medicaid. Dialysis is a medical service and is paid through medical benefits.
- There is separate reimbursement for dialysis helpers. Reimbursement for dialysis helpers can be found in the HCA billing guide. Kidney Center Services Billing Guide (home dialysis helper)

#### Revised Code of Washington applicable to this fact sheet:

RCW 18.79.260: Registered nurse—Activities allowed—Delegation of tasks

RCW 18.88a.210: Delegation—Basic and specialized nurse delegation training requirements

RCW 18.79 Nursing care

**RCW 18.88A Nursing Assistants** 

RCW 18.88B Long-term care workers

#### Washington Administrative Code applicable to this fact sheet:

WAC 246-310-800 Kidney Disease Treatment Centers-Definitions

#### Who do I contact if an LTC provider is interested in contracting with a dialysis provider?

- If the dialysis provider is not already approved by DOH and CMS:
  - The dialysis center would need to go through the Certificate of Need process.
  - Consult with DOH (certificate of need) to understand the requirement for the dialysis provider.
  - Consult with your RCS field manager to understand any licensing impacts.
- If the dialysis center is already approved by DOH and CMS:
  - Before contracting, consult with DOH (certificate of need) on dialysis center requirements.
  - Consult with your RCS field manager to understand any licensing impacts.

Once consultation is complete and all issues have been resolved, move forward with contracting.

<b>In-Home</b> – Self	<b>In-Home</b> — Paid	<b>Res</b> – Self	<b>Res</b> — Paid	<b>SNF</b> – Self	<b>SNF</b> — Paid
Clients/unpaid caregivers are found competent post-training by dialysis center.  Approval and oversite are provided by the dialysis center.	<ul> <li>Dialysis tasks must be performed by an RN/LPN/MA-DT and must not be employed by dialysis center.</li> <li>Approval and oversite are provided by the dialysis center.</li> <li>Dialysis care is paid through HCA.</li> </ul>	Clients/unpaid caregivers are found competent post-training by dialysis center.  Approval and oversite are provided by the dialysis center.	<ul> <li>Dialysis tasks must be performed by an RN/LPN/MA-DT and must not be employed by dialysis center.</li> <li>Approval and oversite are provided by the dialysis center/provider.</li> <li>Dialysis care is paid through HCA.</li> <li>Contract:         <ul> <li>Between the LTC setting and the dialysis center (see above).</li> </ul> </li> <li>Regulatory         <ul> <li>DOH and CMS regulate dialysis centers.</li> <li>DOH regulates licensed and credentialled providers</li> <li>RCS regulates licensed LTC settings</li> <li>All of the above may be working together on care and services.</li> </ul> </li> </ul>	Clients/unpaid caregivers are found competent post-training by dialysis center.  Approval for the specific client and oversite is by the dialysis center/provider.	<ul> <li>Dialysis tasks must be performed by an RN/LPN/MA-DT and must not be employed by dialysis center.</li> <li>Approval and oversite are provided by the dialysis center/provider.</li> <li>Dialysis care is paid through HCA.</li> <li>Contract:         <ul> <li>Between the LTC setting and the dialysis center (see above).</li> </ul> </li> <li>Regulatory         <ul> <li>DOH and CMS regulate dialysis centers.</li> <li>DOH regulates licensed and credentialled providers</li> <li>RCS regulates licensed LTC settings</li> <li>All of the above may be working together on care and services.</li> </ul> </li> </ul>





