

Facility Closure – ESRD Network Notification Form

Today's Date:

Instructions:

- This form should be used by dialysis facilities to notify the Network of a planned, permanent or long-term, temporary facility closure.
- **DO NOT include PHI in emails sent to the Network as it will be considered a security incident and will be reported to CMS.**
- The CMS Conditions for Coverage state: V766 – *In the event a facility ceases to operate, the governing body must notify CMS, the State Survey Agency, and the applicable ESRD Network. The facility's interdisciplinary team must assist patients to obtain dialysis in other facilities*
- Email (without PHI) the form to **MReiland@hsag.com**

Facility Name:

Facility CCN*:

Facility Staff Name:

Position:

Facility Phone:

Work Cell:

Email:

Type of closure: Temporary Permanent

Planned Closure date:

Planned date to reopen (if applicable):

Reason for closure: Staffing Financial Structural Other (Please briefly explain):

How much notice were patients given about the planned closure?

Current census: ICHD Home

List the facilities with the number of patients relocated to each location:

Check that you have completed the following:

Reviewed the closure with the governing body of the facility.

Notified the medical director and all nephrologists.

Notified the local State Survey Agency.

Check that you will complete the following:

Complete the CMS-2744 in EQRS after all patients have been transferred or discharged.

Email the the closure letter to the ESRD Network Data Manager so they can close out the facility in EQRS.

Notify patients in writing as soon as possible.

- Ensure letters are translated, when appropriate.
- Address any possible transportation/scheduling/insurance concerns.
- Communicate with Nursing Homes and transportation companies.
- Revisit if any patient is a candidate for home dialysis treatment.

*CCN = Centers for Medicare & Medicaid Services Certification Number (a.k.a. the facility's "Medicare number")