NORTHWEST Kidney Centers

December 11, 2025

Eric Hernandez, Executive Director
Certificate of Need, Washington Department of Health
Via email: eric.hernandez@doh.wa.gov, CNRulemaking@doh.wa.gov

Dear Mr. Hernandez,

Please accept this letter as Northwest Kidney Centers' (NKC) comment on the proposed draft *In-Home Kidney Dialysis in Nursing Homes certificate of need rules*. By way of background and prior to sharing our comments, we want to remind the Department that NKC was founded in 1962 as the world's first out-of-hospital dialysis organization, has been a pioneer of in-home care for patients with kidney failure, and launched the world's first home hemodialysis program in 1967. Since then, we have trained thousands of patients and their care partners to give themselves dialysis treatments safely and successfully at home. Throughout our long history, the NKC home dialysis program has maintained the highest standards and performance in delivering high quality care, and has been a model for home programs across the globe, a fact of which we are exceptionally proud. Currently, 16% of our patients are treated with dialysis at home, which includes both patients on peritoneal dialysis and on home hemodialysis.

Home dialysis modalities represent important alternatives to conventional in-center hemodialysis that are effective, patient-centered, and are designed to support patient autonomy and allow flexibility in treatment timing and schedules. A core principle underlying quality and safety in home dialysis is the engagement of the patient and their care partner(s) in the training process. For those treated with home hemodialysis, the patient-care partner dyad trains one-on-one with a certified home dialysis nurse in one of our centers for approximately 4 weeks before starting to dialyze at home. This timeframe is critical for patients and their care partners to develop the expertise, confidence, and autonomy to safely dialyze at home. Our home program includes one-on-one monthly or bimonthly visits with a registered nurse, supplies delivered directly to the home, nurses available 24/7 by phone, in-home visits by certified home dialysis nurse and technician staff members, nutritional and social work support, and collaborative care and supervision by NKC medical staff nephrologists.

In our team's review of the current draft certificate of need rules for *In-Home Kidney Dialysis in Nursing Homes*, we are **highly concerned** that the rules which would permit the creation of dialysis "dens" will in effect allow the establishment of in-center dialysis facilities in nursing homes without certificate of need review. In particular, we are concerned that very few patients who would be treated in such dens would be those already trained for home dialysis, or who would ever be able to safely do home dialysis outside of a nursing home setting. The conversations at the November 20 rulemaking meeting suggest that the vast majority of these patients are highly likely to be existing in-center hemodialysis patients currently residing in skilled nursing facilities, many of whom are frail and have multiple co-morbidities.

NKC is supportive of allowing patients appropriately and adequately trained for home dialysis being permitted perform their own dialysis at the bedside in nursing homes, or to

be assisted with performing their own dialysis if a trained caregiver is available in a 1:1 ratio as with any other form of home dialysis. We are, however, **opposed** to a model wherein nursing home residents that currently undergo in-center dialysis are transferred to a "den" in a nursing home that has been established outside of the existing certificate of need process. For a nursing home hemodialysis "den", where multiple patients are cared for at the same time by a technician or nurse in a communal setting, there is no substantive difference from a conventional in-center hemodialysis unit, other than the absence of a centralized water treatment system. Neither the specific brand or model of hemodialysis equipment used, nor the presence or absence of a centralized water treatment system, is central in the definition of home dialysis. We note that other states, for example California, allow home dialysis services in a SNF only at the resident's bedside and do not allow the "den" model for such services (see CDPH AFL 20-66.1). We encourage the Department to review other states' rules and guidance on this issue.

In addition, while we appreciate that in-home dialysis in a nursing home has the potential to improve quality of life for some patients, we urge the Department to consider the impact of in-center hemodialysis center volume loss on current dialysis providers in Washington. If a nursing home and a dialysis provider wish to collaborate to establish a nursing home dialysis den, we conclude that the facility should require prior CN review and approval. The currently proposed den model risks decoupling the existing balance of supply and demand of dialysis stations by allowing an unregulated number of new dialysis stations to be created outside the CN methodology process.

The economics for dialysis providers in Washington state is very challenging considering recently finalized significant reductions in state Medicaid reimbursements for dialysis services that will go into effect January 2026 that are far below the true cost of providing dialysis care to Washingtonians on Medicaid. A further reduction in revenue could mean that some dialysis facilities with small operating margins could need to discontinue operations, resulting in an unintended loss of access to the wider community of dialysis patients in Washington.

Finally, we would also like the Department to consider a requirement to report on home dialysis census and treatment numbers by modality. This requirement could be phased in over some number of years to allow dialysis providers to establish the information technology systems to report this type of data.

Attached to this letter are proposed edits to the draft rules language that incorporates our points and concerns outlined above. We look forward to a robust discussion at the January rules meeting. Thank you for the opportunity to provide this information.

Sincerely,

Matthew B. Rivara, MD
Chief Medical Officer

WAC 246-310-38X Nursing Home In-Home Dialysis Services.

1) Applicants seeking to establish in-home dialysis services to residents within a nursing home must apply under the criteria outlined in (3). For the purposes of this section, in-home dialysis services provided to residents of a nursing home are not considered to be the establishment of a new kidney disease treatment center as defined by WAC 246-310-800(10).

2) The following definitions apply only to this section of rule:

   a) Bedside setting – In-home dialysis or training services provided to a nursing home resident at their bedside by the resident, dialysis facility staff, ~~facility~~ or designated caregiver.

   b) Caregiver – any person(s) providing or assisting with ~~the~~ dialysis care of the nursing home resident and is qualified to administer home dialysis as defined by CMS Conditions for Coverage (e.g. nursing home staff, dialysis provider staff, or other persons approved to provide care assistance).

   c) Dialysis provider – A kidney disease treatment center, as defined in WAC 246-310-800 that:

i) Is located within the same planning area as the nursing home;

ii) Operates an in-home dialysis or home training program in the planning area; and

iii) Is CN-approved and CMS certified;

OR

iv) Is a CN-exempted standalone home-only training program within the planning area, and is CMS certified for peritoneal dialysis and home hemodialysis.

d) Group setting – An area of the nursing home dedicated for in-home dialysis or training services for nursing home residents when more than one resident is treated simultaneously with a caregiver ratio other than one to one. This is often referred to as a "den model."

e) In-home dialysis – Home Peritoneal Dialysis (HPD) or Home Hemodialysis (HHD) provided at the patient's residence with a caregiver ratio of one to one.

f) Planning area – has the same meaning as WAC 246-310-800.

g) Training services – has the same meaning as WAC 246-310-800.

~~g)~~ h) In-home dialysis equipment- dialysis equipment with an integrated water treatment system or that utilizes a portable water treatment system dedicated to one dialysis machine.

3) Eligibility criteria:

a) A nursing home application for the approval to provide in-home dialysis services must be jointly submitted by the nursing home and the dialysis provider.

i) A separate application must be submitted if seeking to establish programs at multiple locations.

b) The dialysis provider must be in the same planning area as the nursing home.

c) The dialysis provider and nursing home must have an executed written agreement in place clearly delineating responsibilities for services to be provided. At a minimum, the agreement must contain the following:

i) Provisions for continuation of uninterrupted treatment should the resident no longer be appropriate for in-home dialysis services,

ii) An attestation from the dialysis provider that only in-home dialysis or training services will be provided to residents of the nursing home,

iii) An attestation from the nursing home that only residents admitted to the facility will be eligible for services.

iv) A plan for the transfer of discharged residents who require continued dialysis services to a CN-approved kidney disease treatment center in the planning area to which the resident is being discharged.~~,~~

~~iv)~~v) An attestation from the dialysis provider confirming adherence to the Conditions for Coverage.

d) The application must demonstrate that only in-home dialysis services will be provided within the nursing home ~~either~~ at a bedside ~~or group~~ setting.

~~i) If the group setting will require alternative use of space, the nursing home must apply for alternate use approval under WAC 246-310-395, as applicable.~~

e) The application must include policies and procedures which outline caregiver responsibilities, training plan for

caregivers, responsibilities of the dialysis provider, emergency plans, infection control procedures, admission criteria, non-discrimination policies, and any other relevant policies related to the delivery of in-home dialysis services as outlined in the Conditions for Coverage.

~~3)~~ 4) Data Reporting: Healthcare interoperability of resident data pertaining to dialysis services.