

CENTERS FOR MEDICARE AND MEDICAID SERVICES

REGION V – CHICAGO

REQUEST TO PROVIDE CAPD/CCPD SERVICES QUESTIONNAIRE

FACILITY NAME _____

CITY AND STATE _____

Note: CAPD = Continuous Ambulatory Peritoneal Dialysis; CCPD = Continuous Cycling Peritoneal Dialysis.

The renal disease facility/center must furnish CAPD/CCPD training directly; but the required support services may be furnished via an arrangement or agreement with another Medicare certified renal dialysis facility/center. Reference the meaning of arrangement and agreement at 42 CFR 405.2102 Definitions.

The following questions are based upon State Operations Manual section 2286.

1. Will the director of the ESRD unit (renal dialysis facility or center) furnish a certificate of completion including any pertinent limitations, whenever a patient has successfully completed a course of training?

Yes _____ No _____

2. Will the director of the ESRD unit assure that instructional materials are available for use of all trainees during training and at times other than during the dialysis procedure?

Yes _____ No _____

3. Does the director of the ESRD unit assure that personnel involved in training have adequate knowledge of the CAPD/CCPD process?

Yes _____ No _____

4. Does the nurse responsible for the CAPD/CCPD training meet the standards in 42 CFR 405.2102(d) and have documented experience in peritoneal dialysis and in the care and maintenance of peritoneal access devices? Attach the curriculum vitae for the nurse.

Yes _____ No _____

5. How many years _____ and month's _____ experience in peritoneal dialysis and maintenance of peritoneal access devices does this nurse have?

6. Upon completion of the patient's CAPD/CCPD training, the ESRD unit must furnish the following support services either directly or under arrangement or agreement with another Medicare certified renal disease facility/center approved to furnish staff-assisted peritoneal dialysis or peritoneal self-dialysis training.
- a. Surveillance of the CAPD/CCPD patient's home adaptation which includes provisions for visits to the home or patient visits to the facility:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - b. Consultation for the patient with a qualified social worker and a qualified dietitian:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - c. A record keeping system which assures continuity of care for the CAPD/CCPD patient:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - d. CAPD/CCPD supplies ordered on an ongoing basis:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - e. Periodic visits at least once every 90 days, to monitor the patient's medical condition, review his continuing ability to perform CAPD/CCPD, and record whether the patient has, or has had, peritonitis requiring physician or hospital care:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - f. Testing and appropriate treatment of water:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

 - g. Hemodialysis or intermittent peritoneal dialysis as required:
 - Provided directly.
 - Provided under arrangement or agreement with another approved ESRD facility: name of facility _____

Director's Attestation

Note: See 42 CFR 405.2102(e) for definition of physician/director and 405.2161(b) for a definition of the director's responsibilities.

The director's signature attests to the accuracy of all responses and attached materials.

Name, City and State of ESRD facility/center _____

Director's signature: _____

Director's name printed: _____ Date: _____

Reference: CMS Home Dialysis Questionnaire (February 2004), Centers for Medicare and Medicaid Services/Chicago Regional Office (CMS/Chicago)

402.2102 Definitions:

(d) Nurse responsible for nursing service. A person who is licensed as a registered nurse by the State in which practicing, and:

- (1) Has at least 12 months of experience in clinical nursing, and an additional six months of experience in nursing care of the patient with permanent kidney failure or undergoing kidney transplantation, including training in and experience with the dialysis process; or
- (2) Has 18 months of experience in nursing care of the patient on maintenance dialysis, or in nursing care of the patient with a kidney transplant, including training in and experience with the dialysis process; or
- (3) If the nurse responsible for nursing service is in charge of self-care dialysis training, at least three months of the total required ESRD experience is in training patients in self-care.