



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene  
**Commission on Kidney Disease**

**RE: New Facility**

Dear Administrator,

In order to ascertain eligibility for Certification Status of your facility you must complete and return the enclosed Facility Information Form and requested documentation.

Certification by the Commission is required for reimbursement purposes through the Maryland State Kidney Disease Program and is independent of the Office of Health Care Quality (OHCQ) therefore; the following information will need to be submitted to the Commission.

1. Location of the Facility;
2. Philosophy of Care and Objective of Services;
3. Modality of Treatment;
4. Number of Beds;
5. Number of Shifts;
6. Architectural Plans;
7. Agreement with the Network;
8. Agreement with the back-up hospital for emergencies;
9. Agreement with the transplant center;
10. Agreement with the back-up dialysis facility;
11. Laboratory and water treatment testing contracts;
12. Policy for the management of abusive/dangerous patients;
13. Curricula Vitae of the Chief Executive Officer, Medical Director, Social Worker, Director of Nursing, Dietitian, and Water and/or Reuse Technician of the facility;
14. Contract with the Medical Director;
15. Identification of the Owner of Facility.

An on site survey may also be necessary so that your facility can be certified by the Commission for Kidney Disease Program (KDP) reimbursement purposes. Application for certification by the Commission for Kidney Disease Program should be made within 10 days of the initial OHCQ survey.

Upon approval by OHCQ on behalf of the Centers for Medicare and Medicaid Services (CMS) for Medicare End Stage Renal Dialysis (ESRD) certification and State licensure, please notify the Commission of the opening of the facility for patient care and forward the Commission Office a copy of the facility's Medicare Provider Number issuance letter.

The Commission on Kidney Disease Statutes and Code of Maryland Regulations (COMAR) 10.30.01-10.30.05 may be found on the Internet at [www.mdckd.org](http://www.mdckd.org). Please be advised that an additional requirement for certification with the Commission is the collection of an initial certification fee based on the number of patients being actively treated. To maintain the facility's active certification status, an annual **recertification** fee based on the number of patients being treated at that time will be assessed before July 1<sup>st</sup> of each year.

4201 Patterson Avenue • Baltimore, Maryland 21215-2299 • 410-764-4799

Fax 410-358-1183 • TTD 800-542-4964 • Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmv.state.md.us/mdckd](http://www.dhmv.state.md.us/mdckd)

See certification fees as identified below:

Facilities with 0-39 patients \$693  
Facilities with 40-49 patients \$1,274  
Facilities with 50 or more patients \$1,500  
Late fee of 10 percent of fee.

Additional information must also be submitted to the Kidney Disease Program, see attached.

If you have any questions or need additional information, please feel free to contact me at 410-764-4799.

Sincerely,

Donna Adcock, RN  
Commission Surveyor.

Enclosures

CHECKLIST FOR NEW FACILITY DOCUMENTATION

- LOCATION OF THE FACILITY
- PHILOSOPHY OF CARE AND OBJECTIVE OF SERVICES
- MODALITY OF TREATMENT
- NUMBER OF BEDS/STATIONS
- NUMBER OF SHIFTS
- ARCHITECTURAL PLANS
- AGREEMENT WITH THE BACK-UP HOSPITAL FOR EMERGENCIES
- AGREEMENT WITH THE TRANSPLANT CENTER
- AGREEMENT WITH THE BACK-UP DIALYSIS FACILITY
- LABORATORY AND WATER TREATMENT TESTING CONTRACTS
- POLICY FOR THE MANAGEMENT OF ABUSIVE/DANGEROUS PATIENTS
- CONTRACT WITH THE MEDICAL DIRECTOR
- IDENTIFICATION OF THE OWNER OF THE FACILITY

CIRRICULA VITAE OF THE:

- CHIEF EXECUTIVE OFFICER
- MEDICAL DIRECTOR
- SOCIAL WORKER
- DIRECTOR OF NURSING
- DIETITIAN
  
- WATER AND/OR REUSE TECHNICIAN

**MARYLAND COMMISSION ON KIDNEY DISEASE**

4201 Patterson Avenue, Room 319  
Baltimore, MD 21215  
410-764-4799 \*Fax 410 358-3083

**FACILITY UPDATE INFORMATION**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Back up Hospital(s): \_\_\_\_\_

Transplant Affiliation(s): \_\_\_\_\_

Initial ESRD Certification Date: \_\_\_\_\_ Number of Stations: \_\_\_\_\_

Types of Dialysis Offered: \_\_\_\_\_

Total Number of Patients: \_\_\_\_\_ Number of Transplant Patients: \_\_\_\_\_

Hemo: \_\_\_\_\_ CAPD: \_\_\_\_\_ CCPD: \_\_\_\_\_ Home Dialysis: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Area Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information:

|                             |                             |
|-----------------------------|-----------------------------|
| <b>COMMISSION USE ONLY</b>  |                             |
| CERTIFICATION NUMBER: _____ | CERTIFICATION STATUS: _____ |
| LAST SURVEY DATE: _____     | FEE PAID: _____             |
| LICENSING SURVEY: _____     | DATE AND INITIALS: _____    |

**CRITERIA FOR PAYMENT BY THE KIDNEY DISEASE PROGRAM**

COPIES OF THE ORIGINAL FORMS SHOWING THE FOLLOWING SHOULD BE SENT TO THE KIDNEY DISEASE PROGRAM AT THE ADDRESS BELOW:

The Department of Health and Mental Hygiene  
The Kidney Disease Program  
201 West Preston Street, Rm. 314 A  
Baltimore, MD 21201

1. ESRD Certification Number,
2. Copy of Medicare Provider Number from CMS (Health Care Financing Administration),
3. Medicaid Provider Number,
4. List of Prospective Payment Rates,
5. Treatment Modalities,
6. Name of Intermediaries,
7. Billing Contact Person's Name,
8. Name and Address of Functioning Unit,
9. Name and Address of where Kidney Disease Program payment should be forwarded, and
10. Your Federal Tax Identification Number.

SHOULD YOU HAVE ANY QUESTIONS ABOUT PLEASE CONTACT THE PROGRAM AT (410) 767-5000.