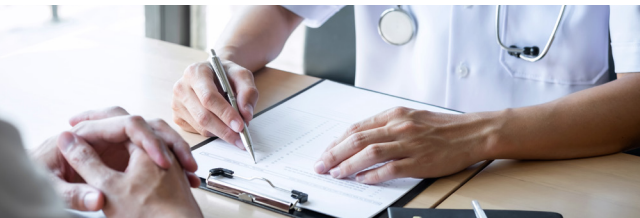


Facility Requirements: (Continued)

- The facility must enter the patient in CROWNWeb as a transient patient during the trial period for the agreed upon time (60-90 days). Upon successful completion of the Second Chance Trial Program the patient should be admitted as a permanent patient to the facility census.
 - » Note: Setting a transient status on a patient for greater than 30 days is a special circumstance data process for patients in the Second Chance Trial Program and should not be used otherwise.
- The facility should allow adequate time for the patient to adjust to the new environment and the specifications in the Expectation of Treatment Agreement.
- While the patient is enrolled in the Second Chance Trial Program, the patient should be considered unstable, and the facility should ensure that proper follow up support is provided to the patient. The facility should notify the Network of any challenges encountered with patient adherence to the Expectation of Treatment Agreement.
- If the patient exhibits inappropriate behavior during the trial period, and the facility decides to discharge him/her, the patient must be provided a 30-Day Notice of Discharge. The facility should notify the Network of the intent to discharge and provide a copy of the 30-Day Notice of Discharge.
- The facility is encouraged to work with the patient and interdisciplinary team to develop an expectation of treatment agreement and provide updates to the Network if the patient is unable to meet the agreement. These updates should include identification of open issues and actions taken by the IDT team to support resolution of the issues. Facilities would need to comply with involuntary discharge processes if any patient is discharged from a physician practice and a new physician is unable to be located to accept the patient.
- Facilities are allowed to implement an immediate discharge for cases in which patients present an immediate and severe threat. For such cases the facility will need to submit a copy of the discharge notice provided to the patient and documentation related to the discharge.



Facility Requirements:

- The Network evaluates the patient to determine if he/she meets the criteria for the Second Chance Trial Program.
- Using [Dialysis Facility Compare](#), the Network identifies a facility or facilities in the patient's area that provides the services the patient needs. The Network reviews options with the patient and the discharging facility.
- The Network sends to the identified facility a description of the patient's situation and requests that a member of the facility's interdisciplinary team review the patient's situation and consider admitting the patient under the Second Chance Trial Program. The Network also identifies an admitting physician if needed.
- The Network requests from the facility a summary response of the decision, and if the patient is not accepted, the Network requests the reason for the decision.
- If the patient is accepted by the facility, the Network discusses with the patient the terms of the admittance to ensure the patient is aware of the conditions and is in agreement.
- The Network provides the facility with a Second Chance Trial Program Authorization Letter.
- At least monthly throughout the trial program, the Network contacts the patient and/or the facility to monitor progress and assist with interventions as needed.

IPRO End-Stage Renal Disease Network of New York

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End-Stage Renal Disease Network of New York

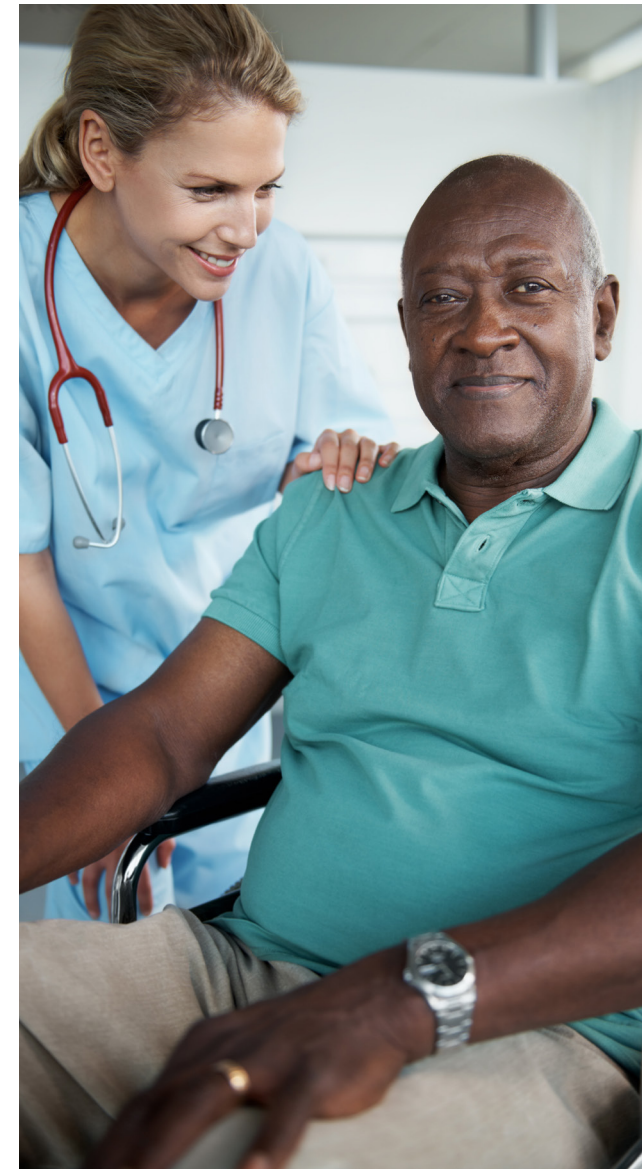
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6/30/20 Version 2



End-Stage Renal Disease
Network of New York

SECOND CHANCE TRIAL PROGRAM





Program Purpose

The IPRO ESRD Network Second Chance Trial Program assists ESRD patients who have been displaced from outpatient dialysis facilities due to an involuntary discharge (IVD), with a goal to re-establish treatment in an outpatient setting. The program offers an outpatient dialysis facility (other than the facility that displaced the patient) the ability to accept the patient on a trial basis. This program establishes guidelines for the initiation of an alternative admission process that allows nephrologists and dialysis facility leadership the option to accept a patient on a trial basis to determine whether they can adequately meet the patient's long-term needs.

If the patient exhibits inappropriate behavior during the trial period, the program offers the facility the opportunity to omit the customary involuntary discharge paperwork to the Network. The patient will still need to be provided with a 30-day notice of discharge, and the Network and state survey agency will need to be notified of the intent to discharge.

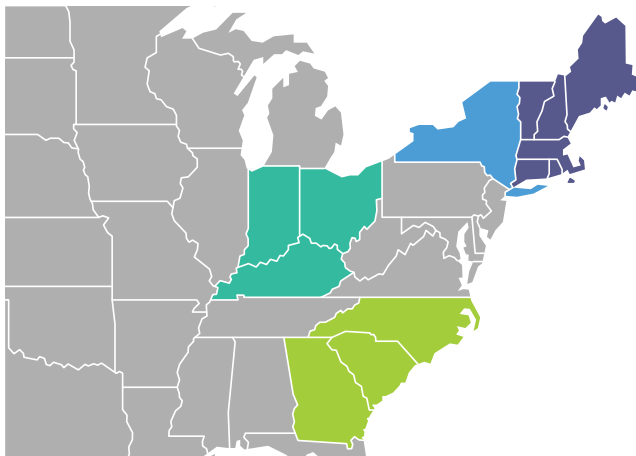
The program is a joint collaboration of the ESRD Network Program and individual state survey agencies and has been endorsed by the Centers for Medicare & Medicaid Services (CMS).

History

In 2016, the IPRO ESRD Network of New York introduced an innovative program to help facilities accept patients who had previously been involuntarily discharged from their dialysis facility. As reported in the April 6, 2016 issue of [Nephrology News and Issues](#), through the program prospective dialysis units are offered a 30-day trial period during which they may accept a patient for treatment as if he or she is a "transient" patient. The unit accepts the patient with the understanding that there is no commitment to continue treatment after 30 days, should the patient cause excessive disruption to the unit or exhibit threatening or violent outbursts. Participating units agreed that if the patient refrains from these behaviors, the unit will accept the patient as permanent after the 30th day or the 12th treatment.



This program has been expanded to IPRO's entire ESRD Network Program: the ESRD Network of New England (CT, MA, ME, NH, RI, VT) the ESRD Network of the South Atlantic (NC, SC, GA) and the ESRD Network of the Ohio River Valley (OH, KY, IN); as well as other Networks across the country. The program continues to help patients who have been involuntarily discharged from their dialysis facility receive a second chance. Through this second chance, the patient and facility get to know one another and the patient has an opportunity to gain a sense of stability and reliable access to the treatments needed to stay healthy and to survive.



Patient Requirements:

- The patient has been involuntarily discharged (IVD) from a dialysis facility with a 30-day written notice OR was immediately involuntarily discharged from a facility and the involuntary discharge met the IVD criteria as identified in the Conditions for Coverage IVD criteria. Patients with an Involuntary Discharge that does not meet the Cfc IVD criteria are accepted on a case by case basis after a discussion with the Network.
- » For cases in which the patient was discharged from their physician practice due to lack of adherence, the patient can be admitted to a new physician practice and new facility under the Second Chance Trial Program.
- » Patients discharged from a physician practice and re-admitted under a new physician practice that cares for patients in the same facility in which the patient was previously treated are not eligible to participate in a Second Chance Trial Program.
- The patient must acknowledge and understand his/her role in creating the situation that led to the IVD, and must have a desire to have a fresh start at a new facility.

Facility Requirements:

- Participating facilities must be willing to provide support to this patient and give them a chance to succeed. Facility to understand the importance of outpatient dialysis access to all patients.
- Facilities should meet with the patient and the interdisciplinary team prior to admittance to discuss treatment expectations and review the Expectation of Treatment Agreement. The Expectation of Treatment Agreement should outline the facility's requirements for the patient to be successful during the 90-day trial period. The letter should be signed by the medical director, facility administrator, attending nephrologist (if different than the medical director) and the patient during the meeting. The facility should return a signed copy of the letter to the ESRD Network.