

# Texas DSHS Referral Process

## ESRD Network of Texas, Inc.

*Supporting Quality Care*

The purpose of this FAQ Sheet is to clarify the End Stage Renal Disease (ESRD) Network of Texas, Inc. and the Medical Review Board (MRB) role in the referral process as described in Texas Health and Safety Code Chapter 251, sections 251.015 Medical Review Board and 251.061 Corrective Action Plan, and licensing rules Title 25 Texas Administrative Code Chapter 117, sections 117.81 Corrective Action Plan, 117.81 Voluntary Appointment of a Temporary Manager, and 117.83 Involuntary Appointment of a Temporary Manager. A referral may be made by the Texas Department of State Health Services (DSHS) if findings include:

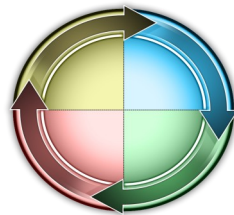
- 1) Non-Regulatory issues related to quality of care and best practices.
- 2) High percentage of patients not meeting quality indicator goals.
- 3) Out of compliance with Chapter 117 with circumstances that are potentially serious or life-threatening (Level II) or are serious and life threatening (Level III), or the facility failed to implement or comply with a corrective action plan.



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**The Medical Review Board (MRB) recommendations  
are advisory to DSHS based on current industry  
accepted practice standards.**

# FAQ's Sheet

? Why did I get a letter from the Network asking for QAPI information, audit forms, summaries of audits performed and Decreasing Patient Provider Conflict training certificate requests?

**Answer:** You probably recently had a Texas Department of State Health Services (DSHS) survey with significant deficiencies cited. When the surveyors enter your facility and find serious or significant deficiencies under Texas Law, the Texas DSHS may opt to send a synopsis of the findings to the Network for review by the Medical Review Board (MRB). A subcommittee of MRB members reviews the synopsis along with quality data provided by the Network and provides recommendations to DSHS for directed corrective actions based on their respective disciplines. DSHS then determines what actions will be mandated and notifies the facility of the requirements. The Network then participates in monitoring the progress of the facility and provides coaching and support until compliance with the Texas ESRD Licensure Rules and Regulations and/or CMS Conditions of Coverage is achieved. An official letter will be sent to the facility explaining the required document submission and timeframes for the Corrective Action Plan (CAP).

? How often will I get a letter from the Network?

**Answer:** The MRB meets quarterly throughout the year. At each of these meetings the Network compiles the information submitted by the facility, along with reports from any monitors or managers that are present in the facility, and clinical outcome data. These reports are presented and reviewed by the entire MRB and further recommendations are made based on that data. After the MRB meeting the Network composes an update letter which is then sent to the facility. The MRB may make additional recommendations which are shared directly with DSHS, who may then implement those additional recommendations by sending an official letter to the facility.

? How long does this last?

**Answer:** Generally the duration is three to six months. The actual length of the CAP varies significantly based on the facility's ability to correct the deficiencies, meet the staffing requirements, and demonstrate not only compliance but sustainability in meeting both Texas ESRD Licensure Rules and the CMS Conditions of Coverage.

? How will I know the facility has been released from the CAP?

**Answer:** The facility must fully comply with the CAP requirements until they receive an official notification letter from the Texas DSHS ending the CAP.

? If I get a letter from the Texas DSHS releasing the facility from the CAP does that mean the facility is no longer required to submit reports to the Network?

**Answer:** Although the facility may be released from the CAP by DSHS, the MRB may direct the Network to continue working with the facility if the facility does not meet the minimum standards of care or MRB clinical outcomes cut-points in a particular area. Any further corrective action or reporting to the Network will occur under the Network Agreement signed and submitted annually by the facility.

? I have specific questions about this process that are not answered here whom do I ask?

**Answer:** At any time facilities may contact the Network or the Texas DSHS for information about the process.