Kidney Health Analytics and Responsive Emergency Support

CMS KHARES Community Of Practice Call

Bringing together the kidney community to share knowledge, innovation, and best practices.

August 27, 2026

Hosted by Kidney Health Analytics and Responsive Emergency Support (KHARES)

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Who is KHARES?

Kidney Health Analytics and Responsive Emergency Support (KHARES)

IPRO is the KHARES national CMS-funded contract dedicated to supporting the kidney community through:

- 🤝 Community Engagement and Partnerships
- 🛡️ Emergency Preparedness and Response
- 📊 Data Analytics and Reporting
- 👨‍👩‍👧 Patient and Family Engagement
- 💻 Technical Assistance and Information Sharing

Our Goal:

Strengthen the kidney community through collaboration, data-driven solutions, education, technical assistance, community partnerships, and emergency preparedness—helping ensure high-quality care, informed decision-making, and resilience before, during, and after emergencies.

Meet the KHARES Team

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Key Staff



Sue Caponi
Project Director



Tom Bradsell
Emergency Lead



Beth Stevens
Data Lead



Agata Roszkowski
EPP/PFR Lead

Leadership



Vicky Cash
Community Engagement



Kim Irby
Project Director



Svetlana Lyulkin
ESRD Systems SME



Laura Mankin
Community Engagement

Team



Lindsay Kaatz
Project Manager/ Environmental Scan



Jenny Rockell
Analyst/Interoperability



Lijing Zhang
Analyst/Dashboards



Stephanie Hull
Community Engagement & Partnership



Matthew Lafergola
PMP



Theresa Jacobellis
Communications



Laura Edwards
Contract Manager

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Why a Community of Practice Call?

Connect

Bring together ESRD Networks, providers, emergency management partners, and stakeholders.



Learn

Share emerging practices, innovations, lessons learned, and educational resources.



Collaborate

Foster partnerships and peer-to-peer problem solving across the kidney community.



Share Information

Promote timely communication and dissemination of tools, resources, and best practices.



Strengthen Preparedness

Support emergency readiness, resilience, and continuity of care.



Support Better Outcomes

Advance patient-centered care and improve outcomes for people living with kidney disease.



Meeting Guidelines

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- Please keep your microphone **muted** when not speaking.
- Use the **Chat** feature to submit questions throughout the presentation.
- Questions will be addressed during the **Q&A** portion as time permits.
- This session is being **recorded**.
- Presentation **materials** may be shared following the webinar.
- If you experience **technical issues**, please use the **Chat** feature for assistance.



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Today's Presentation

What is Vocational Rehabilitation?

It's the Promise to Congress and Those with ESRD

Beth Witten, MSW, LSCSW

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Disclosure

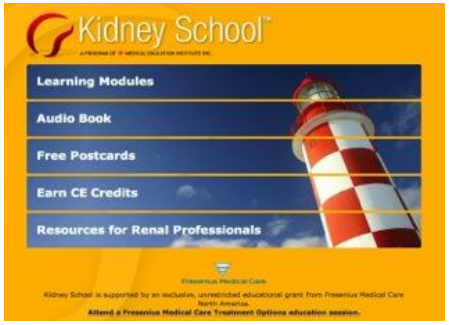
Consultant to non-profit Medical Education Institute that administers:



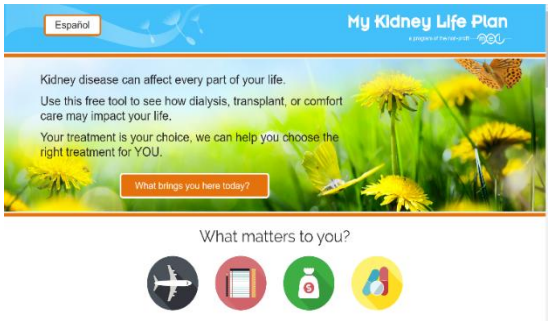
https://homedialysis.org/



https://lifeoptions.org/



https://kidneyschool.org/



https://mykidneylifeplan.org/



https://www.kdqol-complete.org/

Objectives

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- State what we know about the current state of dialysis patient employment
- Explain how the interdisciplinary team can help improve patients' employment outcomes
- Describe how laws, work incentives, and rehabilitation providers can help
- List available resources

"60% of those on dialysis can return to work but require retraining, and most of the remaining 40% require no retraining whatsoever. These are people who can be active and productive, but only if they have the life-saving treatment they need so badly."



Sen. Hartke Testimony, 1972

We have a way to go to fulfill this promise.

Myth Buster

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It would be best for patients to quit their jobs when diagnosed with ESRD since they will not be able to adjust their schedule or seek accommodations to fit their life on dialysis and find another job later.

Myth or Fact



Myth

- The Americans with Disabilities Act (ADA) and the Rehabilitation Act protect patients from job discrimination if they can still perform the essential functions of their job with or without accommodation
- Employers cannot legally fire someone solely for having kidney disease; the dialysis center should work to accommodate the patient's schedules or offer alternatives

How Many Dialysis and Transplant Patients Work?

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- Employment status is reported for patients 18–64 years old— at treatment start (CMS 2728) and annually by dialysis clinics
- In 2023:
  - **68,852** patients (26%) worked full or part time
  - **1,417** patients (<1%) received VR help
  - **2,469** patients were in school full or part time
- The real number may be higher — patients fear losing benefits may work “off the books”



You Can Help Your Patients Work…

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…But How?

Clue: It Takes a Team

Provide High-Quality Care

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Help patients understand more dialysis is better

Encourage patients to report work-limiting symptoms to MD and staff

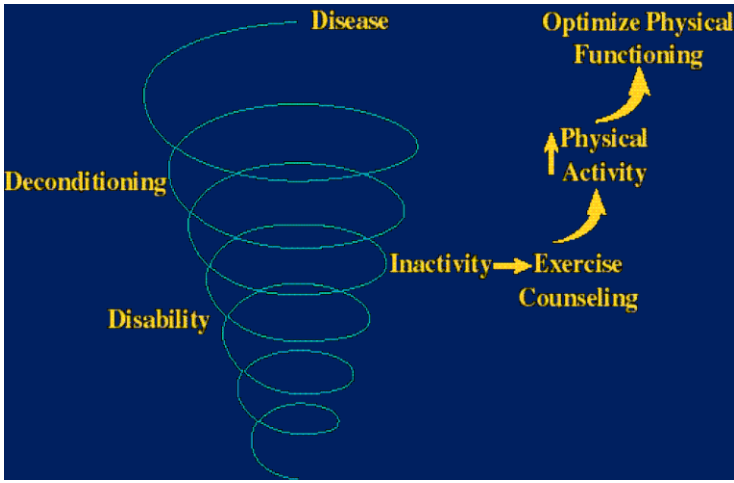
Promote self-management and address learning needs

Inform yourself and patients about home options and transplant

Promote physical activity

Discuss KDQOL-36 results in plan of care and QAPI meetings

Cycle of Deconditioning



Reprinted from *The American Journal of Kidney Diseases,* Vol. 24, No. 1, Suppl 1 (July) 1994:52-59.

Benefits of Vocational Rehabilitation

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Patients

- Greater autonomy
- More social outlets
- Reduced depression
- Higher income
- Better health plans
- Can follow treatment plan easier
- Better transplant odds, kidney survival

Clinics and Staff

- Fewer emergencies, less staff time
- Fewer and shorter hospital stays
- Longer survival
- More satisfied staff
- Lower turnover and training costs
- More patients choose home dialysis
- Employer plans pay more

Establish Work-Friendly Policies

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Review	• Policies and eliminate any that foster dependence
Promote	• Patient independence or self-management
Prioritize	• Social workers' time for rehab-related counseling or education to help patients meet their vocational goals
Have	• Staff routinely ask about work-limiting symptoms
Remind	• MDs to help patients work, not routinely sign disability forms
Encourage	• Working-age patients to consider home dialysis and arrange training and clinic schedules around work/school hours
Prioritize	• Shifts for in-center patients who are workers or students
Provide	• An environment that lets patients work on dialysis, if desired

Address Depression as Barrier to Employment

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- Screen eligible patients for depression (required for QIP)
- Provide brief counseling as needed
- Instill hope and promote self-worth
- Help patients set achievable goals
- Encourage any reasonable activity
- Identify motivators as needed



- Use working patients as mentors for new patients
- Encourage families to empower patients to succeed

Myth Buster

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ESRD patients who continue to work, go to school, or volunteer have a greater sense of self-worth and value.

Myth or Fact



Fact

- Studies have shown many life quality benefits for ESRD patients who continue to work, learn, or participate in activities to support the community.

Triage Working Patients and Students

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Patients live up or down to our expectations:

- *Expect and support* workers to continue to work
- *Expect and support* students to stay in school

Establish a program with working patients as mentors

Recommend patients use FMLA vs. applying for disability

Advise employers how to accommodate medical and workplace needs of dialysis patients

Triage Unemployed, but Willing and Able to Work

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- Educate about work incentive programs that keep cash and health benefits
- Help patients clarify work goals
- Refer early for job training or volunteer activity
- Build self-esteem
- Teach patients how to self-promote
- Support job/school search efforts
- Encourage to ask for needed work changes—no need to report why if can do the job
- Suggest self employment

Tell Patients About Laws That Protect Them

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- Equal Employment Opportunity Commission (EEOC) enforces:
  - Rehabilitation Act
  - Americans with Disabilities Act
    - *Fiscus v Walmart* (ESRD case)
  - Other anti-discrimination laws



- Department of Labor enforces:
  - Family and Medical Leave Act
  - Other wage and labor laws

Tell Patients About Work Incentives

(2026 Figures)

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SSDI Work Incentives

9-month trial work period (TWP)
During rolling 60 months, earning $1,210 any month uses one month

Substantial gainful activity
After TWP, check can stop if earn $1,690/month ($2,830 legally blind)

Impairment-related work expenses
Deducted from countable earnings

Continued payment under VR
Keep SSDI and Medicare if in program

Continuation of Medicare
Keep 93 months after TWP if SSDI stops due to work income

Reinstatement of SSDI and Medicare
No app if health limits work in five years; checks for six months during SSA review

SSI Work Incentives

Student <22 earned income exclusion
$2,410/month, up to $9,730/year

1619(a) sliding scale
SSI check is reduced $1 for $2 earned over $65 as work income increases

1619(b) Medicaid while working
Worker keeps Medicaid when income is higher than state Medicaid guideline

Plan to Achieve Self-Support (PASS)
Sets aside cash for work goal and SSA doesn't count that in what to pay

Reinstatement of SSI and Medicaid
No app (same conditions as for SSDI)

Myth Buster

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If I start to work after my transplant, I will lose my Medicare drug coverage for immunosuppressive drugs.

Fact or Myth



Myth

- Immunosuppressants are covered under Part B for at least 36 months post-transplant whether you work or not
- After transplant, if you have a disability besides ESRD and work, Medicare covers immunosuppressants and other Medicare-covered services 96 months
- Work with an SSA-approved VR program toward a goal to get a job and not need SSDI or SSI can extend Medicare and/or Medicaid as long as you're in that program

Jobs That Dialysis Patients Can Do

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- Customer Service Rep
- Medical Billing Specialist
- Freelance Writer
- Administrative Assistant
- Remote IT Support Specialist
- Social Media Manager
- Computer Programmer

Interview Guy lists these jobs dialysis patients can do, with job duties, requirements, and career growth

Tell Patients About VR Services
(State or Approved Vendors)

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Vocational counseling and guidance

Job placement assistance

College and voc. training

Supported employment services

Skills training

Job coaching tutoring

Transport

- Transition services for youth
- Accommodations
- Assistive technology and rehab technology services
- Referral services
- Support
- Advocacy
- Follow-up services for 90 days after job placement

VR serves one million of which 180,000-220,000 get jobs. Depending on the state, 20-80% of disabled beneficiaries are served. Rehab Services Administration is moving from Dept. of Education to Dept. of Health & Human Services in 2026.

Employment Resources

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- Social Security Ticket to Work Site
- List of SSA service providers
- Office of Disability Employment Policy (Dept. of Labor)
- Effective Strategies in Improving Employment Outcomes for People with Chronic Kidney Disease (education for VR)
- Building Quality of Life: A Practical Guide to Renal Rehabilitation

Employment Resources

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- Red Book: A Guide To Work Incentives and Employment Supports for People Who Have a Disability Under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Programs
- ASK JAN, the Job Accommodation Network (supported by Office of Disability Policy) Renal/Kidney Disease
- SCORE (mentoring for entrepreneurs supported by U.S. Small Business Administration)
- Kidney School Module 17 – Kidney Failure and Your Work Life

The Key to Helping Your Patients Work Is in Your Hands…

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You Can Do It!

Myth Buster

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If you are seeking a four-year degree to pursue a specific career/job role you can receive VR support for tuition and school supplies.

Fact or Myth



Fact

- There are some state operated VR program that cover tuition, required textbooks and equipment
- **The "Necessity" Rule:** a four-year or graduate degree will be approved if it is an absolute minimum requirement for your target career field
- Patients need to advocate if the role they are seeking requires a four-year degrees

Guest Speaker

Charles Dimsdale, J.D., LL.M

Senior Associate

Eide Bailly Advisory, LLC

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The Vocational Rehabilitation Process

A personalized, step-by-step partnership between you and your counselor.

1

Map Your Goals

An in-depth meeting with a vocational rehabilitation counselor to review your situation and map out your personal employment goals.

2

Build Your Skills

Targeted training, skill building, or education matched to the kind of work you want to do.

3

Start and Stay Working

Job placement followed by ongoing support that helps you succeed and keep working over time.

Vocational Rehabilitation in Action



Myth Buster

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Earning an income through a vocational rehabilitation program will instantly cause a patient to lose their Social Security Disability Insurance (SSDI) and Medicare?

Myth or Fact



Myth

- The Social Security Administration features specific **Work Incentives, such as the Trial Work Period (TWP)**, allowing patients to test their ability to work for at least nine months while receiving full disability checks
- Federal law preserves Medicare coverage for individuals with ESRD for a minimum of 36 months after their trial work months end

Guest Speaker

Antoinette Ingram

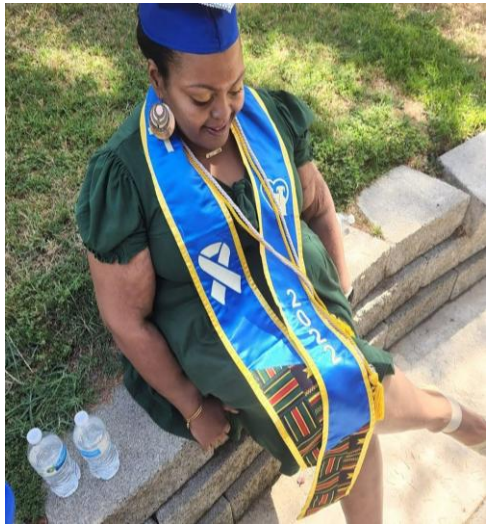
Patient Advocate

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The Road Back to Work



Hands-on training in the operating room



Crossing the finish line, graduation day



Everyday care in the clinic, one patient at a time

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Questions



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KHARES Social Media

Facebook

Instagram

X

LinkedIn

General Inquiries/PFE/Network Collaboration:
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Thank You for Attending

Please take a moment to complete the event assessment



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