

## Attachment for Screenshots

When a hospital submits a waiver request, it completes one of two online forms found on the waiver landing page (<https://qualitynet.cms.gov/acute-hospital-care-at-home>), depending on its level of experience with this type of care. Experienced hospitals, defined as treating at least 25 patients with acute hospital care at home previously, have an expedited submission that is based on a series of attestations, seen below:

#	All form fields are required.	
1.	Has your hospital provided acute hospital care at home services to at least 25 patients since the program's inception?	<input type="radio"/> Yes <input type="radio"/> No
2.	Can your hospital provide acute care services at home? You are required to provide or contract for the following services: <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Infusion</li> <li>• Respiratory care including oxygen delivery</li> <li>• Diagnostics (labs, radiology)</li> <li>• Monitoring with at least 2 sets of patient vitals daily</li> <li>• Transportation</li> <li>• Food services including meal availability as needed by the patient</li> <li>• Durable Medical Equipment</li> <li>• Physical, Occupational, and Speech Therapy</li> <li>• Social work and care coordination</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
3.	Does your hospital meet the minimum required frequency of personnel visits, defined as: <ul style="list-style-type: none"> <li>• Once daily for MD/APP, can be remote after the initial in-person History and Physical Exam performed by the admitting MD/APP consistent with hospital policies.</li> <li>• At least once daily in-person or remote RN visit who develops a nursing plan consistent with hospital policies.</li> <li>• At least two in-person daily visits by either an RN or Mobile Integrated Health paramedics, depending on the established nursing plan.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

**Please Note:** Each hospital certified to provide care to Medicare patients has a unique CMS Certification Number (CCN). Each hospital seeking to provide acute hospital care at home must submit its own waiver request under its unique CCN. For example, if a hospital system has seven hospitals, but only two of the hospitals admit patients who use acute hospital care at home services, two separate waiver requests must be submitted.

If your hospital is seeking Medicaid reimbursement, please contact your state Medicaid agencies as soon as possible; there may be other state law requirements that need to be met.

*This waiver is only in effect for the duration of the COVID-19 Public Health Emergency.*

Please enter hospital and point of contact (POC) information:			
Hospital Name: <input type="text"/>			
Street Address: <input type="text"/>			
City/Town: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>	
Hospital Phone: <input type="text"/>	CCN: <input type="text"/>		
POC Name: <input type="text"/>			
POC Phone: <input type="text"/>	POC Email: <input type="text"/>		

All form fields are required.		
4.	Can your hospital meet the following minimum emergency response times for each patient: <ul style="list-style-type: none"> <li>Immediate, on-demand remote audio connection with an Acute Hospital Care at Home team member who can immediately connect either an RN or MD to the patient.</li> <li>In-home appropriate emergency personnel team to the patient's home within 30 minutes. This can be provided by 911 or emergency paramedics.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
5.	Will you agree to limit Acute Hospital Care at Home to patients admitted from an Emergency Room or inpatient hospital who can be safely treated in their homes using a published set of selection criteria or one that has been developed internally or adapted based on your experience?	<input type="radio"/> Yes <input type="radio"/> No
6.	Will you agree to track the following 3 metrics and report them to the Chief Medical Officer, Chief Nursing Officer, or Chief Executive Officer of your hospital? CMS will contact this executive directly with any concerns about reporting or quality. <b>Metric 1:</b> Unanticipated mortality during the acute episode of care. <b>Metric 2:</b> Escalation rate (transfer back to the traditional hospital setting during the acute episode). <b>Metric 3:</b> Volume of patients treated in this program.	<input type="radio"/> Yes <input type="radio"/> No
7.	Will you agree to establish a local safety committee review (similar to a Mortality and Morbidity team, but dedicated to this program) which will review the metrics listed above prior to monthly submission to CMS?	<input type="radio"/> Yes <input type="radio"/> No
8.	Will you agree to use InterQual, Milliman, or another accepted patient leveling process to ensure that only patients requiring an acute level of care are treated by this hospital?	<input type="radio"/> Yes <input type="radio"/> No

Additional Information (Not required)

CMS will utilize the information collected to communicate eligibility with you or your authorized representative(s). In addition, we may perform oversight and quality control activities, conduct fraud, and respond to any concerns about the security or confidentiality of the information. You may find additional information regarding this site's Privacy Policy at <https://avalara.cms.gov/privacy-policy>.

Section 3087 of the 23rd Century Cures Act, signed into law in December 2016, added subsection (E) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3502 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (S/PHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a S/PHE under section 319(c) of the PHS Act; and (2) the PHE/S/PHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://www.hhs.gov/public-health-emergency-declaration-pra-waivers>.

Less experienced hospitals, defined as treating fewer than 25 patients with this level of care previously, complete a more detailed waiver request, seen below:

Please Note: Each hospital certified to provide care to Medicare patients has a unique CMS Certification Number (CCN). Each hospital seeking to provide acute hospital care at home must submit its own waiver request under its unique CCN. For example, if a hospital system has seven hospitals, but only two of the hospitals admit patients who use acute hospital care at home services, two separate waiver requests must be submitted.

If your hospital is seeking Medicaid reimbursement, please contact your state Medicaid agencies as soon as possible since Medicaid waivers may be required.

This waiver is only in effect for the duration of the COVID-19 Public Health Emergency.

Please enter hospital and point of contact (POC) information.		
Hospital Name: <input type="text"/>		
Street Address: <input type="text"/>		
City/Town: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Hospital Phone: <input type="text"/>	CCN: <input type="text"/>	
POC Name: <input type="text"/>		
POC Phone: <input type="text"/>	POC Email: <input type="text"/>	
All form fields are required.		
1.	Has your hospital provided acute hospital care at home services to at least 25 patients since the program's inception? If Yes, please stop and complete Tier 1 Expedited waiver request.	<input type="radio"/> Yes <input type="radio"/> No
2.	How many patients has your Acute Hospital Care at Home hospital treated who qualified for inpatient hospital admissions since its inception?	# patients: <input type="text" value="Select one"/>

All form fields are required.		
3.	Can your hospital provide acute care services at home? You are required to provide or contract for the following services: <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Infusion</li> <li>• Respiratory care including oxygen delivery</li> <li>• Diagnostics (labs, radiology)</li> <li>• Monitoring with at least 2 sets of patient vitals daily</li> <li>• Transportation</li> <li>• Food services including meal availability as needed by the patient</li> <li>• Durable Medical Equipment</li> <li>• Physical, Occupational, and Speech therapy</li> <li>• Social work and care coordination</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

All form fields are required.		
4.	Explain how you are able to meet the pharmacy needs of each Medicare beneficiary.	Response: <input type="text"/>
5.	Detail your processes and protocols for performing IV push and IV Piggyback infusions.	Response: <input type="text"/>
6.	Explain how respiratory care will be delivered to patients in your hospital. Please include response times and details regarding the availability of oxygen delivery and treatment, nebulizer treatment, and any other respiratory services.	Response: <input type="text"/>
7.	What diagnostic studies are available to patients while hospitalized in acute hospital care at home? Include which laboratory studies, radiology tests, or other diagnostics are available and the expected time between the order placement and results. For services unavailable at home, how will these be provided via the hospital?	Response: <input type="text"/>
8.	Explain how you will obtain and deliver at least 2 sets of patient vital signs daily to a credentialed provider of the hospital team. These include, at a minimum, Heart Rate, Blood Pressure, Respiratory Rate, Oxygen Saturation, and Temperature.	Response: <input type="text"/>

