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?	◯ Yes ◯ No
2.	Can your hospital provide acute care services at home? You are required to provide or contract for the following services: • Pharmacy • Infusion • Respiratory care including oxygen delivery • Diagnostics (labs, radiology) • Monitoring with at least 2 sets of patient vitals daily • Transportation • Food services including meal availability as needed by the patient • Durable Medical Equipment • Physical, Occupational, and Speech Therapy • Social work and care coordination	◯ Yes ◯ No
3.	Does your hospital meet the minimum required frequency of personnel visits, defined as: • 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. • At least once daily in-person or remote RN visit who develops a nursing plan consistent with hospital policies. • At least two in-person daily visits by either an RN or Mobile Integrated Health paramedics, depending on the established nursing plan.	◯ Yes ◯ 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:					
Street Address:					
City/Town:		State:		ZIP Code:	
Hospital Phone:		CCN:			
POC Name:					
POC Phone:		POC Email:			

#	All form fields are required.	
4.	Can your hospital meet the following minimum emergency response times for each patient: • 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. • In-home appropriate emergency personnel team to the patient's home within 30 minutes. This can be provided by 911 or emergency paramedics.	◯ Yes ◯ No
5.	Will you agree to limit Acute Hospital Care at Home to patients admitted from an Emergency Room or in-patient 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?	◯ Yes ◯ 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. **Metric 1:** Unanticipated mortality during the acute episode of care. **Metric 2:** Escalation rate (transfer back to the traditional hospital setting during the acute episode). **Metric 3:** Volume of patients treated in this program.	◯ Yes ◯ 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?	◯ Yes ◯ 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?	◯ Yes ◯ 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, combat 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://qualitynet.cms.gov/privacy-policy.

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) 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 3501 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 (SLPHE). 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 SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, 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://aspe.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:			
Street Address:			
City/Town:	**State:**	**ZIP Code:**	
Hospital Phone:	**CCN:**		
POC Name:			
POC Phone:	**POC Email:**		

#	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.**	◯ Yes ◯ No
2.	How many patients has your Acute Hospital Care at Home hospital treated who qualified for inpatient hospital admissions since its inception?	**# patients:** 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: • Pharmacy • Infusion • Respiratory care including oxygen delivery • Diagnostics (labs, radiology) • Monitoring with at least 2 sets of patient vitals daily • Transportation • Food services including meal availability as needed by the patient • Durable Medical Equipment • Physical, Occupational, and Speech Therapy • Social work and care coordination	◯ Yes ◯ No

#	All form fields are required.	
4.	Explain how you are able to meet the pharmacy needs of each Medicare beneficiary.	**Response:**
5.	Detail your processes and protocols for performing IV push and IV Piggyback infusions.	**Response:**
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:**
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 in house, how will these be provided via the hospital?	**Response:**
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:**

#	All form fields are required.	
9.	How will your hospital transport patients between the Emergency Department and their homes, and back to the hospital if needed? Include whether transport is provided by ambulance, non-ambulance medical transport, or other means.	**Response:**
10.	How does your hospital plan to provide meal services to patients to ensure the availability of meals as needed by the patient?	**Response:**
11.	Please describe your plan for being able to deliver the range of DME that may be required during an Acute Hospital Care at Home admission; e.g., commode chair, walker, cane, hospital bed, etc.	**Response:**
12.	Please describe your plan to deliver physical, occupational, and speech therapists to the home, including availability of these services and ability to provide on same-day basis and during the course of an Acute Hospital Care at Home admission.	**Response:**
13.	How will the social work and care coordination teams interact with patients, including discharge? Please describe, in detail, your Acute Hospital Care at Home discharge process and processes to ensure seamless patient discharges?	**Response:**
14.	To be eligible for this waiver, a hospital must guarantee that each patient is admitted to Acute Hospital Care at Home from an Emergency Room or inpatient Hospital, and that an admitting MD/APP performing a History and Physical Exam sees each patient in-person initially. After this first in-person visit, an MD or Advanced Practice Provider must visit and examine each patient at least daily – this can be done remotely if appropriate based on the provider's evaluation of the patient's condition and course. • Explain your staffing model to ensure that this minimum level of oversight and care can be provided to each patient.	**Response:**

#	All form fields are required.	
15.	To be eligible for this waiver, a hospital must guarantee that there are at least two in-person visits by clinicians each day. There must be at least one in-person or remote visit with a Registered Nurse (RN) who develops a nursing plan consistent with hospital policies. If the RN determines it is clinically appropriate, the in-person visits can be with a Mobile Integrated Health (MIH) paramedic without RN on-site care. • Explain your staffing model, including whether you are able to ensure each patient is seen in-person or remotely by an RN at least daily. If your hospital plans to use MIH members on your team, explain their role in the team structure.	**Response:**
16.	Can your hospital meet the following minimum emergency response times for each patient: 1. 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. 2. In-home appropriate emergency personnel team to the patient's home within 30 minutes. This can be provided by 911 or emergency paramedics.	◯ Yes ◯ No
17.	Explain how you ensure each patient can be remotely connected to a hospital team member immediately at all times. Describe technology and device use (e.g., telephone, personal emergency response system, remote telemetry), staffing, and any limitations based on time of day or weekend.	**Response:**
18.	Explain how you will meet the requirement of a 30 minute in-person response time with appropriate emergency personnel (this may include use of the 911 emergency response system). Detail the algorithm and timing of each step in the process and describe which personnel will travel to the home. Describe any partnerships with local paramedic groups or other professionals who will improve this response time. Detail equipment that will travel with this team.	**Response:**
19.	Please describe the criteria you use to select patients for acute hospital care at home. Do you use or have you adapted published selection criteria or do you use criteria developed on your own? Please give complete details including all inclusion and exclusion criteria.	**Response:**

#	All form fields are required.	
20.	Will you agree to track the following 3 metrics, report them to the Chief Medical Officer, Chief Nursing Officer, or Chief Executive Officer of your hospital, and report them to CMS on a weekly basis? CMS will contact this executive directly with any concerns about reporting or quality. 1. Unanticipated mortality during the acute episode of care 2. Escalation rate (transfer back to the traditional hospital setting during the acute episode) 3. Volume of patients treated in this program	◯ Yes ◯ No
21.	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 weekly submission to CMS?	◯ Yes ◯ No
22.	Which accepted patient leveling process (InterQual, Milliman, etc.) will your hospital use to ensure that only patients requiring an acute level of care are treated in this program?	**Response:**

Additional Comments (not required)	
Comments:	

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Section 3081 of the 21st Century Cures Act, signed into law in December 2016, added subsection (j) 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 3501 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 (SLPHE). 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 SLPHE under section 319(l) of the PHS Act; and (2) the PHE/SLPHE, 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://aspe.hhs.gov/public-health-emergency-declaration-and-waivers.