

Acute Hospital Care at Home

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 through December 31, 2024 under authority from the 2023 Consolidated Appropriations Act.

All fields marked with an asterisk (*) are required.

Hospital Information

CMS Certification Number (CCN) *

CCN is required

Hospital Name *

Hospital Name is required

Hospital Phone Number

Hospital Address Line 1 *

Hospital Address Line 1 is required

Hospital Address Line 2

City *

City is required

State *

State is required

ZIP Code *

ZIP Code is required

Point of Contact

Name *

Name is required

Email Address *

Email Address is required

Confirm Email Address *

Confirm Email Address is required

Phone Number *

Phone Number is required

Phone Extension

Acute Hospital Care at Home Waiver Request

Has your hospital provided acute hospital care at home services to at least 25 patients since the program's inception? *

- Yes
 No

How many patients has your Acute Hospital Care at Home hospital treated who qualified for inpatient hospital admissions since its inception? *

This field is required

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

Explain how you are able to meet the pharmacy needs of each beneficiary. *

This field is required

Detail your processes and protocols for performing IV push and IV Piggyback infusions. *

This field is required

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. *

This field is required

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 home, how will these be provided via the hospital? *

This field is required

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. *

This field is required

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. *

This field is required

How does your hospital plan to provide meal services to patients to ensure the availability of meals as needed by the patient? *

This field is required

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. *

This field is required

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. *

This field is required

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. *

This field is required

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. *

This field is required

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) paramedics 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. *

This field is required

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

This field is required

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, personnel emergency response system, remote telemetry), staffing, and any limitations based on time of day or weekend. *

This field is required

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. *

This field is required

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. *

This field is required

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

This field is required

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

This field is required

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? *

This field is required

Describe the process to address advanced care planning, including code status updates and possible palliative care consultation prior to patient admissions? *

This field is required

Describe the process for communicating with the patient support person that the hospital is responsible for providing all patient care needs, including medication administration, transportation, treatments, meals, and patient hygiene? *

This field is required

Describe the process for patient informed consent, including communication of patient expectations for care? *

This field is required

Describe the emergency response plan in the event the patient does not respond to remote communication or is unable to be reached for in-person visits? *

This field is required

Additional Information

Attestation

By submitting information within this form, I attest that I have personally reviewed the information above for accuracy. I have also received consent from the represented hospital and any individuals whose information (name, email, and phone number) has been included in this request.

The email addresses provided will receive a verification email from CMS within 24 hours.

Attesting Name *

Attesting Name is required

Attesting Email Address *

Attesting Email Address is required

Attesting Phone Number *

Attesting Phone Number is required

Attesting Title *

Attesting Title is required

(Must be C-suite level of hospital system, including Chief Medical Officer/Chief Nursing Officer)

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 [here](#).

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-pa-waivers>.

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