

# Supporting Statement Part A

## Submissions of Acute Hospital Care at Home (AHCAH) Waiver Submission and Data Collection (CMS-10950)

### A. Background

This is a revision of an information collection request approved under Office of Management and Budget (OMB) control number of 0938-1384 with an expiration date of May 31, 2024. The purpose of this revision is to separate the Acute Hospital Care at Home information collection request separate from the 1135 waiver information collection request. The Acute Hospital Care at Home initiative has been codified in legislation, Consolidate Appropriations Act, 2025, and is no longer under the 1135 waiver authority. Any changes to this document would be based on the legislative authority and not based on an 1135 waiver.

Acute Hospital Care at Home is a waiver initiative established by CMS on November 23, 2020 in response to the unprecedented strain on hospital capacity due to the severe national increase in coronavirus disease 2019 (COVID-19) witnessed. This waiver, which is granted at the individual hospital/CMS Certification Number (CCN) level, waives **§482.23(b)** and **(b)(1)** of the Hospital Conditions of Participation (CoPs) which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient. In exchange for this flexibility, hospitals will utilize models of at-home hospital care that have seen prior success in several leading hospital institutions and networks. This care and its results have been reported in leading academic journals, including a major study funded by a Healthcare Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI). This extensive research has shown that quality and safety are at least as high as that received by similar patients admitted to traditional brick and mortar hospitals.

This program clearly differentiates the delivery of acute hospital care at home from traditional home health services. Home health care provides important skilled nursing and other services, Acute Hospital Care at Home is for beneficiaries who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and medical team monitoring their care needs on an ongoing basis. A minimum of two in-person visits will occur daily by either registered nurses or mobile integrated health paramedics, based on the patient's nursing plan and hospital policies. Hospitals may only treat patients with this waiver if they are admitted from their Emergency Department or if they are transferred from inpatient hospital beds. There is no payment change, and hospitals are not permitted to bill Medicare or its beneficiaries for any costs outside of a typical inpatient admission.

CMS is seeking to obtain continued OMB approval for information. All approved hospitals have submitted this information via an online portal at [CMS QualityNet](#) the previously mentioned website. To date, 433 hospitals individual hospitals/CCNs have submitted waiver requests and 396 of these hospitals have been approved. At this time, 65 hospitals have completed the online expedited waiver request and 331 hospitals have completed the online detailed waiver request. When a hospital submits a waiver request, it completes one of two online forms found on the waiver landing page, 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 in the screenshot attachment. Additionally, all hospitals with an approved waiver are asked to submit data for patient admissions and discharges, escalations of care back to the brick-and-mortar hospital, and unexpected patient mortalities to CMS on a monthly (Tier 1) or weekly (Tier 2)<sup>1</sup>. This data is submitted voluntarily through the same online portal as the waiver submission and is not a requirement of ongoing participation in the Waiver. Of note, without further Congressional action, this waiver submission process will end September 30, 2030. The elements of the additional data submission requirements can be found in the attachments.

## **B. Justification**

### **1. Need and Legal Basis**

Under the Consolidated Appropriations Act, 2025, AHCAH is extended through September 30, 2030.

The legislation requires a study to be submitted to Congress describing aspects of the AHCAH waiver initiative such as:

- Inclusion Criteria for Individual Hospitals Participating in AHCAH
- Beneficiary Demographics Treated under AHCAH
- Clinical Conditions Treated and Medicare Severity Diagnosis-Related Groups (MS-DRGs) Associated with AHCAH Discharges
- Quality of Care Comparison: Brick and Mortar Hospital vs. AHCAH
- Patient Experience of Care Under AHCAH
- Future Considerations

Using a data collection instrument is necessary to collect information from participating hospitals to develop an analysis of the initiative for this required study.

### **2. Information Users**

This information is used by CMS to evaluate a hospital's ability to provide safe quality care in the patient's home, ensure their processes meet the minimum requirements established by CMS, and provide data as requested by the legislation.

### **3. Use of Information Technology**

This information is collected electronically using public facing web forms.

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<sup>1</sup> Tier 1 hospitals have provided hospital at home care to at least 25 inpatients prior to waiver approval and Tier 2 hospitals have provided inpatient care to less than 25 patients in the home prior to waiver approval. The difference in reporting requirements is based on the hospital's experience. This was used as method to expedite more experienced hospitals during the PHE.

CMS created a public facing web form to support nationwide submission of AHCAH waiver requests collecting required information from hospitals requesting to participate and once approved, the subsequent data required on a weekly or monthly basis. Thus, creation of this standard and automated submission process by utilizing a publicly accessible web form enabled standardized, user-friendly submission by requesters and more efficient processing for all impacted components within CMS.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

These requirements do not affect small businesses.

6. Less Frequent Collection

For Acute Hospital Care at Home, each hospital will submit a waiver request at the time of requesting approval. This is only a one-time collection. Once a waiver request is approved, Tier 1 hospitals report every month and Tier 2 hospitals on a weekly basis to collect data to monitor the progress of the initiative to be included in a study to Congress, as required under the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs and Extensions Act, 2026.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published April 20, 2026 (91 FR 20999). There were no public comments received.

The 30-day Federal Register notice published July 2, 2026 (91 FR 40538).

9. Payments/Gifts to Respondents

There are no payments or gifts to respondents.

10. Confidentiality

Personally identifiable information, including social security numbers (SSN), is not being collected on these web forms. Information is stored electronically in the CMS QualityNet Portal system. Data collected via the automated process is retained for seven years, as

approved by the National Archives and Records Administration Records Schedule DM-0440-2015-0008. The data resides in the CMS Chronic Conditions Warehouse (CCW) and Clinical Data Repository (CDR). The confidentiality, integrity, and availability of information being processed are protected by a wide variety of organizational, process, and technical controls to ensure professionalism and trustworthiness. Such safeguards include communication protocols, software to facilitate incident analysis, and mitigation practices, as well as other incident analysis resources.

11. Sensitive Questions

There are no questions of a sensitive nature.

12. Burden Estimates (Hours & Wages)

Time Burden for Acute Hospital Care at Home Waiver Requests

We estimate the total annual hours to be 108 and a cost of all data submissions to be \$9,362.52.

Description	Tier 1	Tier 2	Annual Total
Number of expected waiver respondents per year	17	69	86
Number of expected one time waiver submission & phone calls per respondent per year	2.0	2.0	2.0
Number of expected total measures (responses) per respondent per year	1	1	1
Time Burden Estimates (hours) (Total Respondents) x (Total Response/Respondent) x (75 minutes/Response) x (1 hour/60 minutes) =	<b>21.25</b>	<b>86.25</b>	<b>108</b>
Cost Burden Estimates Total Cost = (Total Respondents) x (Total Response/Respondent) x (75 minutes/Response) x (1 hour/60 minutes) x (\$Average salary/hour)	<b>\$ 1,842.16</b>	<b>\$ 7,477.01</b>	<b>\$ 9,362.52</b>

Assumptions: This model assumes that there is an average rate of waiver submissions is 86 requests per year, with 17 Tier 1 and 69 Tier 2. Both Tier 1 and Tier 2 hospitals are required to conduct a phone call with CMS when requesting a waiver as well as submit the waiver request through the portal. The purpose of the call is to verify the process outlined in the submission as well as resolve any questions that may arise. The time it takes to have a phone call to review the waiver and the time to submit the waiver through the portal is approximately 75 minutes (1.25 hour). The hourly rate average is \$86.69 per hour.

## Cost Burden for Acute Hospital Care at Home Waiver Requests

<b>Respondent</b>	<b>BLS Occupation Labor Code</b>	<b>Total Response Time by Hour for Tier 1 Waiver Submission &amp; Phone Call</b>	<b>Total Response Time by Hour for Tier 2 Waiver Submission &amp; Phone Call</b>	<b>Median Hourly Wage</b>	<b>Doubled Hourly Wage + Fringe Benefits and Overhead</b>
Medical and Health Services Managers	11-9111	1.25	1.25	\$64.64	\$129.28
Registered Nurses	29-1141	1.25	1.25	\$42.80	\$85.60
Miscellaneous Healthcare Support Occupations	31-9090	1.25	1.25	\$22.60	\$45.20
Average		1.25	1.25	43.34	86.69
		<b>1.25</b>			

This is the estimate of the burden for the data submission requirements for all hospitals that have an approved waiver. Once a waiver request is approved, Tier 1 hospitals are expected to submit data to CMS on a monthly basis and Tier 2 hospitals are expected to submit data to CMS on a weekly basis through the online portal. This data is a voluntary submission, but to date the data submission rate is 100%. Please see the data submission elements in the attachment

## Time Burden for Acute Hospital Care at Home Waiver Requests Data Submissions

We estimate the total annual hours to be 1839 and the cost to be \$159,422.91

<b>Description</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Total</b>
Number of expected waiver respondents per year	75	407	482
Number of expected total measures (responses) per respondent per year	12	52	64
Time Burden Estimates (hours) (Total Respondents) x (Total Response/Respondent) x (5 minutes/Response) x (1 hour/60 minutes) =	75	1764	1839
Cost Burden Estimates	\$6,501.75	\$152,921.16	\$159,422.91

Total Cost = (Total Respondents) x ( Total Response/Respondent) x (5 minutes/Response) x (1 hour/60 minutes) x (\$Average salary/hour)			
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Assumptions: This model assumes that each hospital with an approved waiver (396) would provide the data measures either weekly or monthly, depending on the Tier and the anticipated average of 83 additional waivers each year (17 Tier 1 and 69 Tier 2). For Tier 1 hospitals, the data measures are collected once monthly. For Tier 2 hospitals, data is submitted once weekly. The salary factor is \$86.69/ hr because the same staff submitting the waiver request are submitting the data submissions.

The total annual burden hours are 1,947 (108 [AHCAH waivers] + 1839 [AHCAH data submissions]).

13. Capital Costs

Although there are no capital costs associated with this collection, these public-facing web forms provide an automated mechanism for submitting waiver requests, inquiries and operational status.

14. Cost to Federal Government

The CMS AHCAH Review Team are responsible for reviewing all waiver requests from submission through approval. We estimate that it would take 90 minutes of time by a CMS review team member to review the submission, communicate with the hospital to ensure the hospital meets the minimum requirements and can provide safe, quality care in the home.

We estimate that the cost associated with reviewing each waiver request form by the CMS reviewer would be \$110.64. We note, these are ongoing requests.

These costs were calculated using the annual salary of a GS-14, Step 5 reviewer in the Dallas-Ft. Worth locality, which is \$153,432, and which equates to an average hourly salary of \$73.76. It takes the CMS reviewer 90 minutes to review at a rate of \$110.64 ((.5 x \$73.76 per hour) + \$73.76). The total annual cost is \$9,515.04 (\$110.64 x 86 forms).

The total annual cost to the government is \$9,515.04.

15. Changes to Burden

The annual burden hours have increased from 1,521 to 1,947 due to the increase number of waiver submissions and the addition of the data submission. The wage rates have been updated to year 2023. The annual cost has changed from \$125,969.22 to \$159,422.91.

16. Publication/Tabulation Dates

There will be no publication.

17. Expiration Date

CMS will display the expiration date on the collection instrument.

18. Certification Statement

There are no exceptions.