

## **Acute Hospital Care at Home Program December 2020**

The Centers for Medicare & Medicaid Services (CMS) on November 25 introduced the Acute Hospital Care at Home (AHCAH) Program, significantly expanding the existing Hospital Without Walls waiver. According to CMS, the new model provides additional flexibility for hospitals to treat patients in locations outside the hospital, including their homes. The waiver is expected to be in effect for the duration of the public health emergency (PHE).

CHA is in communication with the California Department of Public Health (CDPH) about state policies and procedures for the establishment and oversight of the Acute Hospital Care at Home program. CDPH reports it is reviewing the program and will issue an All Facilities Letter (AFL) in the near future.

Unlike the existing Hospital Without Walls waiver, AHCAH is not a blanket waiver; hospitals that are interested in participating must submit a request for a hospital-specific waiver. Hospitals will be asked to report whether they have previous significant experience with the model, defined as having provided acute hospital care at home services to at least 25 patients. The hospital's response to this question will determine the details required in the waiver request, as well as the frequency of required monitoring reports. Hospitals will be required to describe how they will meet the following program requirements.

### *Services*

Under the AHCAH, hospitals must be able to provide the following acute care services in the patient's home, either directly or via contract: pharmacy, infusion, respiratory care including oxygen delivery, diagnostic (lab and radiology), patient monitoring (to include a minimum of two sets of vitals daily), transportation, food services, durable medical equipment, physical therapy, occupational therapy, speech therapy, social work, and care coordination.

### *Admission and visit schedule*

Each AHCAH patient must be admitted from an inpatient hospital or an emergency department, and hospitals will be asked to describe their patient selection criteria. All admitted patients must be initially seen in-person by an MD or advance practice practitioner (APP) to complete a history and physical exam. Following the initial in-person visit, an MD or APP must visit and examine the patient daily. The daily MD/APP visit can be done remotely if appropriate to the patient's condition and course of treatment. Each day, the patient must receive at least two in-person visits by clinicians, and at least one remote or in-person visit by a Registered Nurse.

### *Emergency Response*

Hospitals must also be able to meet minimum requirements regarding communication and response in the event of an emergency, including technology that provides immediate connection to a hospital team member at all times. The program must also be able to ensure that appropriate emergency personnel can be on-site in the patient's home within 30 minutes.

### *Metrics/Monitoring*

Hospitals will also be asked to report specific metrics to CMS, including 1) unanticipated mortality during the acute episode of care, 2) escalation rate, defined as transfer rate back to the traditional hospital

setting, and 3) volume of patients treated. CMS will require that these metrics be reviewed by a safety committee established by the hospital and reported to CMS on a weekly schedule for new programs, and monthly for those programs with demonstrated experience in providing acute hospital care at home.

CMS has provided several informational resources, including a [frequently asked question document](#) and webinars.

[Webinar: December 9, 2020 - CMS Hospital at Home Call \(ZIP\)](#)