



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

June 21, 2021

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Brooks-LaSure:

On behalf of our more than 400 member hospitals and health systems, the California Hospital Association (CHA) is writing to request that the Centers for Medicare & Medicaid Services (CMS) extend the Acute Hospital Care at Home (AHCAH) waiver beyond the COVID-19 public health emergency (PHE). This action would allow continued implementation and development of this innovative and beneficial model of patient care.

The challenges of the ongoing COVID-19 pandemic have prompted many hospitals to adapt existing care practices and develop new ones. Supported by the flexibilities and waivers provided by CMS during the PHE, these innovations have allowed hospitals to respond to their communities' needs. As our country emerges from the worst days of the pandemic, we have a unique opportunity — and responsibility — to learn from these experiences and build on them to develop the health care system of the future.

Home hospitalization can reduce or avoid some of the negative consequences of hospitalization, particularly for vulnerable patients who may be at greater risk for conditions such as hospital-acquired disability or delirium. The impact of many potential health care-associated infections, including transmission of COVID-19 in a health care setting, is also reduced when patients remain at home, limiting both their own exposure and spread to other patients.

California's hospitals have expressed strong interest in hospital at home models. Several have applied for and received approval for the CMS AHCAH waiver, and a few hospital sites are currently providing care under a limited agreement with the California Department of Public Health (CDPH). The development and implementation of an AHCAH requires a significant commitment of time and resources — a commitment many providers are willing to make. However, the prospect of the waiver's expiration at the end of the PHE limits their ability to make the necessary investments to plan for the future.

In addition, the limited horizon for future program operation constrains the ability of regulatory bodies at the state level to take the necessary steps to develop policies and practices that will support the implementation of this new model of care. CDPH has provided [guidance to hospitals](#) about the AHCAH approval process and state program flexibility requests for compliance with state regulatory patient care requirements. However, these flexibilities are also in place temporarily and will expire along with the AHCAH waiver. For California's hospitals to provide AHCAH programs in the future, continued policy and

regulatory changes will be necessary. Certainty that CMS will continue this program will provide a boost to these efforts for state licensors to identify pathways for hospitals to scale up hospital at home programs.

For these reasons, CHA encourages CMS to explore all possible regulatory flexibility the agency may have to continue the AHCAH waiver. If CMS does not believe it has the statutory authority to extend the waiver beyond the PHE, we encourage the agency to allow the AHCAH model to continue as a Centers for Medicare and Medicaid Innovation (CMMI) model for hospitals that are currently using the waiver and new cohorts that apply to participate. CHA notes that the Physician Focused Payment Model Technical Advisory Committee (PTAC) has recommended two proposals for hospital at home for development as CMMI models. We believe the additional data and experience the agency has gained during the PHE will allow CMMI to deploy a model prior to the end of the PHE. Therefore, CHA asks CMS to take immediate steps to extend the AHCAH model using the authority at its disposal and to communicate that CMS supports the continued development of the model. Greater certainty about the model's future will allow providers, state regulators and other key stakeholders to work collaboratively and to invest the time and resources necessary to realize the potential of this new model of care to improve patient outcomes and better meet the needs of the patients they serve.

Thank you for your attention and consideration. If you have any questions, please do not hesitate to contact me at [mhoward@calhospital.org](mailto:mhoward@calhospital.org) or (202) 488-3742 or my colleague Pat Blaisdell, vice president continuum of care, at [pblaisdell@calhospital.org](mailto:pblaisdell@calhospital.org) or (916) 552-7553.

Sincerely,

/s/

Megan Howard  
Vice President, Federal Policy

Cc: Lee Fleisher, M.D., CMS Chief Medical Officer and Director  
Liz Fowler, Ph.D., J.D., Deputy Administrator and Director  
Ashby Wolfe, M.D., MPP, MPH, Regional Chief Medical Officer  
Jean Ay, Acting Director