

Acute Hospital Care at Home:

An Overview and Update

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What is Hospital at Home?

An Innovative Care Model that provides hospital-level care in a patient's home for patients who need acute care but are stable enough to be safely monitored from their homes



Acute Hospital Care at Home is NOT:

- Home health
- Case management
- Chronic care management
- Skilled nursing
- Remote Patient Monitoring
- Admission prevention

While these services may be part of or complement acute hospital care at home, AHCaH is a unique service that adds to the patient continuum of care.

During the COVID-19 Public Health Emergency, CMS noted that:

- Hospital capacity throughout the country was challenged by COVID surges.
- Previous models of at-home hospital care had been successful.

CMS took action:

- **May 2020:** Issued a blanket Hospital Without Walls waiver, providing greater opportunity to develop and implement hospital services in alternative settings.
- **November 2020:** Developed the Acute Hospital Care at Home (ACHaH) provider waiver. The current waiver will expire at the end of the public health emergency.

Hospitals seeking a federal waiver to operate an AHCaH must meet several specific program requirements:



- Patient selection criteria and assessment process, including initial physician evaluation in the admitting hospital
- Daily MD assessment and RN evaluation
- At least 2 in-person visits daily by RNs or paramedical personnel
- Immediate, on-demand remote audio connection to RN or MD
- Ability to respond within 30 minutes to urgent need
- Establish local safety committee
- Submit regular reports to CMS

An AHCaH must be able to provide the following services at home:


- Pharmacy
- Infusion
- Respiratory care including Oxygen delivery
- Diagnostics (lab, radiology)
- Monitoring with at least 2 sets of patient vitals daily
- Transportation
- Food Services including meal availability as needed
- Durable Medical Equipment
- Physical, Occupational, and Speech Therapy
- Social work and care coordination



The general acute care hospital must:


- Meet all applicable licensing requirements, and
- Apply for and receive prior approval for necessary program flexibilities from the California Department of Public Health (CDPH)

AFL 20-90



Brandon Nunes
Acting Director

State of California—Health and Human
Services Agency
**California Department of
Public Health**



GAVIN NEWSOM
Governor

December 23, 2020

TO: General Acute Care Hospitals

SUBJECT: Program Flexibility Requirement for General Acute Care Hospitals (GACH) Before Providing Acute Hospital Care at Home Services

AUTHORITY: Centers for Medicare and Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (PDF), Division 2 of the California Health and Safety Code and Title 22 CCR Division 5, Chapter 1

All Facilities Letter (AFL) Summary

- This AFL provides direction to GACHs who may be interested in providing acute hospital care at home services.
- CMS is offering individual waivers that allow GACHs to provide acute care to patients in their homes to help address the urgent need to increase hospital capacity to care for patients.
- In addition to receiving waiver approval from CMS, a GACH seeking to provide acute hospital care at home services must also meet applicable GACH licensing requirements and obtain approval for appropriate program flexibilities from the California Department of Public Health (CDPH).

Three CA hospitals have received the federal waiver and applied to CDPH for program flex. Among the pharmacy items for which they have worked with CDPH to develop alternatives:

- Patient self-administration of medication
- Bedside storage of medication
- Monitoring of medication temperature
- Stocking and re-stocking of medication ‘kit’





Hospital at home services can improve outcomes, including :

- Hospital readmission rates, ED visits, SNF admissions
- Patient Satisfaction
- Reduced rates of depression and anxiety
- For older adults, reduction in hospital associated disability, such as functional decline.

Sources:

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Slomski A. Hospital-at-Home Rivals Inpatient Care for Some Older Adults. JAMA. 2021;325(24):2427

Leff B., Burton L., Mader S.L., et al., Comparison of Functional Outcomes Associated with Hospital at Home Care and Traditional Acute Hospital Care, Journal of the American Geriatrics Society, 2009; 57 (2), 273-278

CMS has reported some preliminary data from the first year of the AHCaH Waiver:

Total Patients	1,878
# Escalations	134
% Escalations	7.14%
# Unexpected Mortalities	8
% Unexpected Mortalities	0.43 %

- CMS notes that the 7.14% rate of escalations trends lower than previously published results
- CMS reviewed all mortalities, noting that all were appropriately transferred back to hospital; several were in ICU several days before dying

Federal and state legislation has been introduced to provide for continued operation of AHCaH.



Hospital Inpatient Services Modernization Act

- H.R. 7053/S.3792
- Will provide a 2-year extension of the current CMS waiver



AB 2092 (Weber)

- Would align state law to anticipated federal changes
- Provide for approval and oversight by CDPH when certain conditions are met



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