

Hospital At Home Supplemental Application

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In order to process your request:

**Mail your application with initial
documentation and your check
or money order payable to:**

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Contact Us:

hsqafc@doh.wa.gov

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Steps to Submit the Hospital at Home Supplemental Application:

Please make sure every required part of the application is filled out.

- Application Fee: There is a one-time Hospital at Home application fee of \$5,800. For more information, please check the [fee page](#) for current fees.
- Adding the Hospital at Home service to a hospital license requires an amendment to the hospital's license.
- Hospitals do not need a Certificate of Need or Construction Review to add the hospital at home service to their license. But if the hospital is making other changes at the same time, Certificate of Need or Construction Review may be needed.
- You can find the amended hospital license application and more information about amending a hospital license on the [Department of Health's Amending a License](#) web page.
- Submit the Hospital at Home supplemental application, amended hospital license application, and check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Hospital at Home Supplemental Application Review Timeline

- The application processing timeline may vary and depends on the completeness of the applications and how quickly licensing requirements are met.

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Hospital At Home Supplemental Application

Hospital Information	
Name of Hospital	
Street Address	
City, State, & Zip Code	
Hospital License #	
CMS Waiver #	
Date CMS Waiver Was Approved	
Date CMS Waiver Was Implemented	
Hospital At Home Program Contact	
Name/Title	
Email	
Phone #	
Questions	
1. Has your hospital provided hospital at home services under an active CMS waiver to at least 25 patients? (If answered "yes" please submit your CMS application and only answer questions 2,7, & 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many patients has your hospital at home program treated?	
3. Can your hospital provide the following acute care services at home? a. Pharmacy; b. Infusion, c. Respiratory care including oxygen delivery, d. Diagnostics like laboratory and radiology services, e. Patient monitoring with at least two (2) sets of patient vitals daily, f. Transportation, g. Food and dietitian services including meal availability as needed by the patient, h. Durable Medical Equipment (DME), i. Physical, Occupational, and Speech Therapy, j. Social work and care coordination.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions Continued

4. Include a copy of your policies and procedures for:

- ☐ a. Meeting the pharmaceutical needs of each patient.
- ☐ b. Performing IV push and IV Piggyback infusions.
- ☐ c. Providing respiratory care to patients including response times, the availability of oxygen delivery and treatment, nebulizer treatment, and any other respiratory services.
- ☐ d. Providing diagnostic studies including which laboratory studies, radiology tests, or other diagnostics are available, the expected time between the order placement and results, which diagnostic studies are unavailable in home, and how the hospital will provide services.
- ☐ e. Obtaining and delivering at least two sets of patient vital signs daily to an individual credentialed by the Department of Health that is working within the scope of their license and is part of the hospital team. Vital signs must include, at a minimum, Heart Rate, Blood Pressure, Respiratory Rate, Oxygen Saturation, and Temperature.
- ☐ f. Transporting patients between the Emergency Department and their homes, and back to the hospital if needed. Policies and Procedures must include whether transport is provided by ambulance, non-ambulance medical transport, or other means as medically appropriate.
- ☐ g. Providing meal services to patients to ensure the availability of meals as needed by the patient.
- ☐ h. Delivering the range of DME that may be required during an Acute Hospital Care at Home admission.
- ☐ i. Delivering physical, occupational, and speech therapists to the home, including the ability to provide these services on same-day basis and during the course of an Acute Hospital Care at Home admission.
- ☐ j. Social work and care coordination teams. Policies and procedures must describe how these services will interact with patients and the discharge process.
- ☐ k. Selecting patients for acute hospital care at home. The policy must explain:
 - If a published selection criteria is used or has been adapted or if criteria has been developed by the hospital.
 - All inclusion and exclusion criteria; and
 - A description of how the hospital ensures that only patients requiring an acute level of care are treated in the program.
- ☐ l. Staffing models that explain how the minimum level of oversight and care described in subsection (3)(c) and (3)(e) of this section will be met.
- ☐ m. Technology and device use, staffing, and any limitations based on time of day or weekend.
- ☐ n. Meeting a 30 minute in-person response time with appropriate emergency personnel. The policy must:
 - Include the algorithm and timing of each step in the process, including how to identify and correct response times that have not been met.
 - Describe which personnel will travel to the home.
 - Describe any partnerships with local paramedic groups or other professionals who will improve this response time; and
 - Detail equipment that will travel with this team.

Questions Continued

5. Can your hospital guarantee that:

- | | | |
|---|------------------------------|-----------------------------|
| a. Each patient is admitted to Acute Hospital Care at Home from an Emergency Room or Inpatient Hospital; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. A provider with admitting privileges performs a History and Physical Exam in-person on each patient prior to admitting to the Acute Hospital Care at Home program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A physician, Physician Assistant or Advanced Practice Registered Nurse must examine, remotely or in-person, each patient at least daily. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. There are at least two in-person visits by clinicians each day for each patient. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. There must be at least one in-person or remote visit with a registered nurse who develops and documents an individualized nursing plan. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Each patient must be able to remotely connect to a hospital team member at all times. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. The hospital must meet a 30 minute in-person response time with appropriate emergency personnel. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Is the hospital tracking all data metrics required by CMS for hospital at home programs and will, at a minimum, track:

- Unanticipated mortality during the acute episode of care
- Escalation rate (transfer back to the traditional hospital setting during the acute episode)
- Volume of patients treated in this program

☐ Yes ☐ No

7. When requested, will the hospital submit all required hospital at home data to the department?

☐ Yes ☐ No

8. Has the hospital established a hospital safety committee to review required hospital at home data metrics or incorporate reviewing hospital at home data into an existing safety or quality committee?

☐ Yes ☐ No

9. 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?