



Division of Medical Services
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UPDATED MEMORANDUM (DMS-52)

To: Medicaid Providers
From: Division of Medical Services (DMS)
Date: January 8, 2020
Re: Acute Hospital Care at Home

In response to the COVID-19 outbreak in Arkansas and the corresponding surge in hospitalizations that has resulted in a shortage of acute care hospital beds around the State, the Division of Medical Services (DMS) is allowing acute hospital services to be provided in a client's home under certain circumstances.

This change will be effective January 5, 2021, through the end of the public health emergency. However, all services provided are subject to approval of the Waiver by Medicare which may be modified or withdrawn by the Centers for Medicare and Medicaid Services (CMS).

The Centers for Medicare and Medicaid Services (CMS) has instituted the Acute Hospital Care at Home program, whereby hospital systems that have received approval can provide acute hospital services in a client's home. For more information on how to apply for the Waiver and what the requirements are, please see <https://qualitynet.cms.gov/acute-hospital-care-at-home>.

Once the Waiver is approved, the Hospital must submit it to the Arkansas Department of Health (ADH), Health Facility Services before the Waiver can be sent to DMS. ADH is the licensing entity who has authority to waive certain hospital licensure requirements to allow for services to be provided in the home.

DMS will allow hospitals to submit the CMS approved waiver to Medicaid's Utilization Review unit by emailing it to Jamie.ward@dhs.arkansas.gov. Once the approved Waiver is on file with DMS and DMS has received confirmation from ADH that they have approved the hospital to provide Hospital at Home services, the hospital can submit claims for services provided in a patient's home in accordance with that approved waiver and all Medicare Acute Hospital Care at Home guidance/requirements. If the hospital or health system's approved waiver is modified or terminated by CMS, the hospital must notify DMS immediately and all billing must conform to the new waiver terms, if amended.

The claims must be submitted on paper forms and will be reviewed on a case by case basis for compliance with the approved waiver and the Medicare Hospital at Home requirements. Documentation that must accompany the paper form include:

- Admission record that includes documentation that the patient was seen in the facility and that the patient meets requirements for hospital at home treatment as set out by CMS.
- Admission orders

- Daily provider assessment notes
- Vital signs and visit notes that support the minimum of 2 in person visits by appropriate staff and care provided met orders, including any requirements for additional visits per plan of care.

These services will be billed and paid at Medicaid hospital rates. For guidance on billing acute hospital services at home, please contact the DMS Utilization Review Unit at (501) 682-8340.

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of all services provided during this time. Please keep all records of services as required by Medicaid billing rules.