Moving Health Home
An Alliance to Advance Home-based Care Policy

Skilled Nursing Facility at Home Waiver Program
Overview and Factsheet

Purpose

SNF-at-home provides opportunities for payers, health systems, and providers to lower costs, facility-associated infections, promote patient compliance, free up capacity in facilities, and address practitioner burnout. SNF-at-Home may not be a fit for every patient, but it is an important option for patients and providers to have. An integrated SNF-at-home program can bring services directly to the patient, allowing them to recover in a familiar environment.

Care Delivery Approach

Under the SNF-at-Home program, eligible entities (SNFs, hospital-owned SNFs, and certain hospital swing-bed without walls) will provide SNF services at home to eligible Medicare beneficiaries for a five-year period. Eligible entities will ensure they are able to provide SNF services at home, tailored to an individual patient's needs and preferences. In the case an eligible entity is unable to provide a service within its own organization, eligible entities are able to contract with third-party Medicare providers or home health providers to meet the needs of the patient.



Figure 1. Patient Journey to SNF at Home



Figure 2. Eligible Entities and Partner Organizations Enable SNF-at-Home

Payment Overview

SNF at Home program would follow current Skilled Nursing Facility prospective payment system. See the patient-drive payment model (PDPM) reimbursement model below.

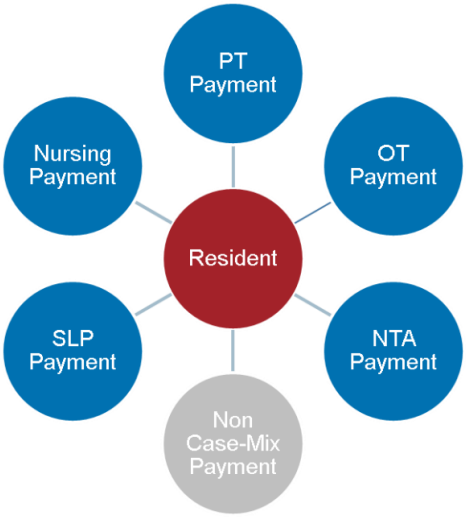


Figure 3. Patient-Driven Care Under PDPM from Centers for Medicare and Medicaid Services (CMS)

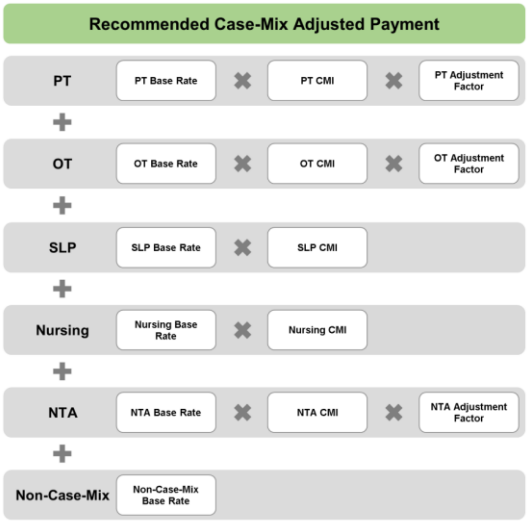


Figure 4. Illustration of Payment Under PDPM from CMS

Waiver Participant Eligibility

Participants in the SNF-at-Home waiver are eligible Part A entities –SNF, hospital-owned SNFs, and certain hospital swing-bed without walls. As mentioned previously, to ensure eligible entities tailor its services to meet the patient's needs, eligible entities may partner with third party organizations. Additionally, eligible entities must:

1. Indicate its criteria it would use to ensure that SNF services be furnished to appropriate patients that qualify for SNF at Home;
2. Required to have the discharging physician and/or care team document in the medical record of each individual, attesting that the patient 1) qualified for SNF-at-Home; and 2) well-informed and agreed to participate in SNF-at-Home waiver;
3. Ensure the standard of care to treat an individual at home is the same standard of care to treat such individual as an inpatient of a skilled nursing facility, including services provided under partner arrangements;
4. Ensure that a patient is only eligible for services if the individual is a hospital inpatient ready to be discharged or is a patient of the hospital's emergency department for whom the hospital determines that an extended care services and/or post-hospital extended care services level of care;
5. Meet all patient safety standards deemed appropriate by the Secretary, in addition to those that apply to a skilled nursing facility;

6. Collect data and information to monitor the quality of care furnished, and to the extent practicable, ensure the safety of individuals and analyze costs and savings of such care as well as inform the Secretary's study on SNF-at-Home waiver.

The SNF-at-Home waiver aims to address the key drivers of the poor-quality care as a result of the hospital discharge crisis, which include:

1. **Reducing hospital boarding by expanding SNF capacity.** The waiver aims to address patients that are ready to be discharged, but are facing emergency boarding due to a lack of inpatient or available SNF-beds, prior authorization, and admission denials from discharge facilities.
2. **Providing an alternative model for patients to access care after necessary discharge.**
3. **Addressing unmet caregiver needs** – The waiver aims provide support to previously unmet caregiver needs and utilize learnings from previous models that have captured improvements to caregiver supports. Caregivers will have access to 24/7 availability of a clinical support team who can provide the clinical services.