Hospital at Home

Hospital Information

Name of Hospital

Address

City, State, & ZIP

Hospital license #

CMS waiver #

Date CMS waiver was implemented

Date CMS waiver was approved

Does this hospital provide inpatient services at more than one branch or location? If so, which locations are offering the program?

Date CMS waiver was granted

Confirmation

Hospital at Home Program Contact		Please check the box if the hospital is operating a hospital at home program
Email		☐
Phone #		

Submission

1. Please provide documentation of the CMS waiver with the Hospital at Home form.

2. Please submit the Hospital at Home form and CMS waiver documentation to: ochsfacilities@doh.wa.gov

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