

HOSPICE WAIVER REQUEST INSTRUCTIONS

The required criteria for hospice waiver requests are as follows:

1. Residents are not allowed to be admitted to an ACLF or RHA while on hospice services; however, if they develop a terminal diagnosis while residing in the ACLF or RHA, they may be referred to hospice services. The ACLF or RHA must immediately request a waiver from the Division of Health Care Facilities using the Hospice Waiver Request and indicating whether an ACLF or RHA.
2. The ACLF or RHA must first complete and submit the Hospice Waiver Request and receive approval from the division before the initiation of hospice services.
3. The division will not grant waivers for residents with a diagnosis of latter state/end-stage Alzheimer's, dementia or related disorders. Residents with these diagnoses are required to seek a higher level of care as mandated in 1200-8-25-.05(2)(a) and TCA 68-11-201(5)(A)(i).
4. Hospice waiver approvals shall be limited to 6 months. The ACLF or RHA may re-apply for a resident who lives beyond 6 months and the division may, at its discretion grant an additional 30-90 waiver.
5. The division will not grant hospice waivers to any facility that is not fully sprinkled due to life and fire safety concerns.
6. Any ACLF or RHA which has been granted a hospice waiver must demonstrate that the facility's staffing is sufficient to meet the needs of its residents on each shift, including the needs of hospice residents. The ACLF or RHA must assign a staff person to the waiver resident on each shift to ensure evacuation of the resident in case of an emergency. The ACLF or RHA must also address staffing plans for staff during hospice waivers in their facility policies and procedures manual.
7. If a hospice resident is unable to transfer with minimal assistance, or becomes bed bound, the resident or his/her family **must** provide 24-hour sitters in order for the resident to remain in the ACLF or RHA. If sitters cannot be arranged, the resident must transfer to a higher level of care.
8. Although there is not a limit to the number of hospice waivers any one facility may be granted, the division will give consideration to the total number of current hospice waivers and the facility's staffing pattern in making a determination whether to approve a hospice waiver request.
9. Once the Hospice Waiver Request has been completed and all appropriate documentation has been attached the information must be faxed or mailed to the address that follows. If you have any questions, please contact the Division at (615) 741-7221.

Tennessee Department of Health
Bureau of Health Licensure and Regulation
Division of Health Care Facilities
227 French Landing, Suite 501
Heritage Place, Metrocenter
Nashville, Tennessee 37243
Fax Number: (615) 741-7051



**TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501, HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243
Telephone (615) 741-7221
Fax (615) 741-7051**

Hospice Waiver Request

Circle one: ACLF RHA

Date: _____

Facility Name: _____

Facility Staff Completing Request: _____

Current Number of Hospice Waivers Approved and Residing in Facility: _____

Current Census: _____

Resident Name: _____ Date of Birth: _____

Diagnosis: _____

Physician: _____ Admittance Date to Facility: _____

Name of Hospice: _____

Contact: _____

Primary Physician statement attached indicating diagnosis and prognosis. Yes _____ No _____

If resident is unable to transfer with minimal assistance or is bedbound, are 24 hour caregivers being provided by the family? Yes _____ No _____

Staffing for each shift (list number of FTEs in direct caregiver roles in the building where hospice resident lives).

7:00 A-3:00 P _____ OR other shifts: _____

3:00 P-11:00 P _____

11:00 P-7:00 A _____

Note: A staff person must be assigned to hospice waiver approved residents on each shift for evacuation in case of an emergency.