



# TEXAS SURVEY REQUIREMENTS



This document provides an abbreviated overview of Texas Health and Human Services Commission (HHSC) licensing requirements that are in addition to or expand on ACHC Accreditation Standards for Home Care, Home Health, Home Infusion Therapy, Hospice, and/or Infusion Nursing services in the state. An ACHC survey will assess compliance with all Medicare Conditions of Participation (CoP), Medicare Conditions of Coverage (CfCs), ACHC Accreditation Standards, and applicable Texas Administrative Code (TAC) standards. For a complete listing of the state regulations, see <https://www.hhs.texas.gov/providers/long-term-care-providers/home-community-support-services-agencies-hcssa/hcssa-statutes-rules>.

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Regulatory Reference	Assessment Method(s)
Summary of Requirement	



**Part I: Requirements Applicable to HC, HH, HSP, HIT, and IRN**

<b>§558.210 Agency Operating Hours</b>	<b>Policy Review Observation</b>
<ul style="list-style-type: none"> <li>■ Agency must adopt and enforce a written policy identifying operating hours.</li> <li>■ If agency is closed during operating hours or between 8am – 5pm, Monday – Friday, the person in charge (administrator or supervising nurse or alternate administrator/alternate supervising nurse) must post a notice outside the agency AND leave a phone message with information about how to contact the person in charge.</li> </ul>	
<b>§558.211 Display of License</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ License must be conspicuously posted in the place of business.</li> <li>■ If the license has been amended, a notice must be posted with the license.</li> </ul>	
<b>§558.212 License alteration prohibited</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ A license may not be altered.</li> </ul>	
<b>§558.213 Agency relocation</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ If an agency is considering relocation, the agency must submit written notice to HHSC to report a change in physical location at least 30 days before the intended relocation unless HHSC grants the agency an exemption from the 30-day time frame.</li> <li>■ An agency must notify HHSC immediately if an unexpected situation beyond the agency's control makes it impossible for the agency to submit written notice to HHSC no later than 30 days before the agency relocates.</li> <li>■ HHSC sends the agency a Notification of Change reflecting the new location. The agency must post the Notification of Change beside its license.</li> <li>■ A change in physical location for an inpatient hospice will require a survey to approve the new location.</li> </ul>	
<b>§558.214 Change in contact info or hours</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ Agency must report the following information to HHSC no later than 7 days after the change:                         <ul style="list-style-type: none"> <li>» Telephone number</li> <li>» Mailing address</li> <li>» Operating hours</li> </ul> </li> <li>■ An agency must report the change to HHSC via the online portal. The agency must use the Home and Community Support Services Agency License Application (HHSC Form 2021) to report the change.</li> </ul>	
<b>§558.215 Agency name change</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ If an agency intends to change its name (but not its ownership), the agency must report the name change to HHSC no later than seven days after the effective date of the change.</li> <li>■ An agency must report the change to HHSC via the online portal. The agency must use the Home and Community Support Services Agency License Application, (HHSC Form 2021) to report the change.</li> <li>■ Upon approval, HHSC will send the agency a Notice of Change. This notice must be posted beside the license.</li> </ul>	
<b>§558.219 Adding/Deleting Category of Service to License</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ To add or delete a category of service to a license, an agency must submit the appropriate application to HHSC through the online portal at least 30 days before adding or deleting the category.</li> <li>■ An agency must not provide the services under the category the agency is adding until the agency receives written notice of approval from HHSC.</li> </ul>	

- If HHSC grants an agency's application to add or delete a category of service, HHSC sends the agency a Notification of Change reflecting the change in the category of service. The agency must post the Notification of Change beside its license.

§558.220 Service area	Observation
<ul style="list-style-type: none"> <li>■ An agency must identify its licensed service area. A branch office or ADS must be located within the parent agency's licensed service area. An agency must not provide services outside its licensed service area.</li> <li>■ An agency must maintain adequate staff to provide services and to supervise the provision of services.</li> <li>■ An agency may reduce its service area at any time during the licensure period. An agency must submit an application to HHSC through the online portal informing HHSC that the agency reduced its service area, no later than 10 days after the reduction.</li> <li>■ HHSC sends the agency a Notification of Change reflecting the change in the service area. An agency is not required to post the Notification of Change in service area beside its license.</li> <li>■ Exception: An agency may provide services to a client outside the agency's licensed service area, but within the State of Texas, if the following conditions are met:                             <ul style="list-style-type: none"> <li>» Services are provided for no more than 60 consecutive days, unless the agency expands its service area.</li> <li>» The client must reside in the agency's service area and be receiving services from the agency at the time the client leaves the agency's service area.</li> <li>» The agency documents in the client record the start and end dates for the services.</li> <li>» Any additional regulations or requirements that may be required by the client's funding source, Medicaid requirements, etc. The agency is responsible for identifying any additional requirements.</li> </ul> </li> <li>■ If a client notifies an agency that they are leaving the agency's service area and the agency does not provide services in accordance with subsection (j) of this section, the agency must inform the client that leaving the agency's service area requires the agency to:                             <ul style="list-style-type: none"> <li>» Place the client's services on hold until the client returns to the agency's service area.</li> <li>» Transfer/discharge the client in accordance with agency policy.</li> </ul> </li> </ul>	

§558.241 Management	Personnel File Review
<ul style="list-style-type: none"> <li>■ The following persons must not have been convicted of an offense described in §560.2:                             <ul style="list-style-type: none"> <li>» Applicant</li> <li>» Controlling person</li> <li>» Person with disclosable interest</li> <li>» Affiliate of the applicant</li> <li>» Administrator</li> <li>» Alternate administrator</li> <li>» Chief financial officer</li> </ul> </li> <li>■ HHSC will consider the backgrounds and convictions of the above prior to issuing a license.</li> </ul>	

§558.243 Supervisory responsibilities	Policy Review Observation
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy relating to the supervision of branch offices or ADSs. The policy must be consistent with:                             <ul style="list-style-type: none"> <li>» For HH, HC, HIT, and IRN, <a href="#">§558.27</a> and <a href="#">§558.321</a>.</li> <li>» For HSP, <a href="#">§558.29</a> and <a href="#">§558.322</a>.</li> </ul> </li> <li>■ An administrator must be responsible for implementing and supervising the administrative policies and operations of the agency and for administratively supervising the provision of all services to agency clients on a day-to-day basis. An administrator must:                             <ul style="list-style-type: none"> <li>» Manage the daily operations of the agency.</li> <li>» Organize and direct the agency's ongoing functions.</li> </ul> </li> </ul>	

- » Administratively supervise the provision of quality care to agency clients.
- » Supervise to ensure implementation of agency policy and procedures.
- » Ensure that the documentation of services provided is accurate and timely.
- » Employ or contract with qualified personnel.
- » Ensure adequate staff education and evaluations.
- » Ensure the accuracy of public information materials and activities.
- » Implement an effective budgeting and accounting system that promotes the health and safety of the agency's clients.
- » Supervise and evaluate client satisfaction survey reports on all clients served.
- An administrator or alternate administrator must be available to agency personnel in person or by telephone during the agency's operating hours.
- An administrator must designate in writing an agency employee who must provide surveyors with entry to the agency if the administrator and alternate administrator are not available.
- An agency must have a qualified supervising nurse and must designate in writing a similarly qualified alternate to serve as supervising nurse in the absence of the supervising nurse. A supervising nurse may also be the administrator if the employee meets the qualifications of both roles.
- The supervising or alternate supervising nurse must:
  - » Be available to agency personnel at all times in person or by telephone.
  - » Participate in activities relevant to services furnished, including the development of qualifications and assignment of agency personnel.
  - » Ensure that a client's plan of care or care plan is executed as written.
  - » Ensure that an appropriate health care professional performs a reassessment of a client's needs when there is a significant health status change in the client's condition, at the physician's request, or after hospital discharge.
- An agency that provides only physical, occupational, speech or respiratory therapy, medical social services, or nutritional counseling is not required to employ or contract with a supervising nurse. A qualified licensed professional must supervise these services, as applicable.

**§558.244 Administrator & supervising nurse qualifications**

**Personnel File Review**

- Administrator and Alternate Administrator Qualifications:
  - » Be a licensed physician, registered nurse, licensed social worker, licensed therapist, or licensed nursing home administrator with at least one year of management or supervisory experience in a health-related setting, such as:
    - HCSSA
    - Hospital
    - Nursing facility
    - Hospice
    - Outpatient rehab facility
    - Psychiatric facility
    - ICF/IDR
    - Licensed health care delivery setting providing services for individuals with functional disabilities.

OR

- » Have a high school diploma or a general equivalency degree (GED) with at least two years of management or supervisory experience in a health-related setting, such as:
  - HCSSA
  - Hospital
  - Nursing facility
  - Hospice

- Outpatient rehab facility
    - Psychiatric facility
    - ICF/IDR
    - Licensed health care delivery setting providing services for individuals with functional disabilities.
  - » For an agency licensed to provide only personal assistance services, the administrator and the alternate administrator must meet either the qualifications above or at least one of the following:
    - Have a high school diploma or a GED with at least one year of experience or training in caring for individuals with functional disabilities;
    - Have completed two years of full-time study at an accredited college or university in a health-related field.
  - Administrator Conditions
    - » Must be able to read, write, and comprehend English.
    - » Must meet the initial educational training requirements specified in §558.259 (applicable to first time administrators and alternate administrators on or after December 1, 2006).
    - » Must meet the continuing education requirements specified in §558.260.
    - » A person is not eligible to be the administrator or alternate administrator of any agency if the person was the administrator of an agency cited with a violation that resulted in HHSC taking enforcement action (e.g. license revocation, suspension, etc.) against the agency while the person was the administrator of the cited agency. This is applicable for 12 months after the date of the enforcement action.
    - » An administrator and alternate administrator must not be convicted of an offense described in Chapter 560 during the time frames described in that chapter. (§560.2)
  - Supervising nurse qualifications:
    - » For an agency without a home dialysis designation, a supervising nurse and alternate supervising nurse must each:
      - Be an RN licensed in Texas or in accordance with the Texas Board of Nursing rules for Nurse Licensure Compact.
      - Have at least one year of experience as an RN within the last 36 months.
    - » For an agency with home dialysis designation, a supervising nurse and alternate supervising nurse must each:
      - Be an RN licensed in Texas or in accordance with the Texas Board of Nursing rules for Nurse Licensure Compact,
- AND
- Have at least three years of current experience in hemodialysis.
- OR
- Have at least two years of experience as an RN and hold a current certification from a nationally recognized board in nephrology nursing or hemodialysis.
- OR
- Be a nephrologist or physician with training or demonstrated experience in the care of ESRD clients.

**§558.245 Staffing Policies**

**Policy Review**

The agency must adopt and enforce written staffing policies that govern all personnel used by the agency, including employees, volunteers, and contractor. The agency’s written policies must:

- Include requirements for orientation to the policies, procedures, and objectives of the agency.
- Include requirements for participation by all personnel in job-specific training. Agency training program policies must:
  - » Ensure personnel are properly oriented to tasks performed.
  - » Ensure demonstration of competency for tasks when competency cannot be determined through education, license, certification, or experience.

- » Ensure a continuing systematic program for the training of all personnel.
- » Ensure personnel are informed of changes in techniques, philosophies, goals, client's rights, and products relating to client's care.
- » Address participation by all personnel in appropriate employee development programs.
- » Include a written job description (statement of those functions and responsibilities that constitute job requirements) and job qualifications (specific education and training necessary to perform the job) for each position within the agency.
- » Include procedures for processing criminal history checks and searches of the nurse aide registry and the employee misconduct registry for unlicensed personnel in accordance with [§558.247](#).
- » Ensure annual evaluation of employee and volunteer performance.
- » Address employee and volunteer disciplinary action and procedures.
- » Address the use of volunteers if volunteers are used by the agency.
- » Address requirements for providing and supervising services to pediatric clients. Services provided to pediatric clients must be provided by staff who have been instructed and have demonstrated competency in the care of pediatric clients.
- Include a requirement that all personnel who are direct care staff and who have direct contact with clients (employed by or under contract with the agency) sign a statement that they have read, understand, and will comply with all applicable agency policies.

<b>§558.246 Personnel records</b>	<b>Personnel File Review</b>
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- Personnel records must include a signed statement about compliance with agency policies.
- Personnel records must include the initial and annual searches of the nurse aide registry (NAR) and employee misconduct registry (EMR) for unlicensed employees and/or volunteers whose duties would or do include face-to-face contact with a client.
- Documentation that written information was provided to the employee about the EMR for those employees who are subject to its search.

<b>§558.247 Verification of employability of unlicensed personnel</b>	<b>Personnel File Review</b>
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For unlicensed applicants for employment whose duties would or do include face-to-face contact with a client, the following is required:

- An agency must conduct a criminal history check authorized by, and in compliance with, Texas Health and Safety Code (THSC), Chapter 250.
- The agency must not employ an unlicensed applicant whose criminal history check includes a conviction listed in Texas Health and Safety Code §250.006 that bars employment, or a conviction the agency has determined is a contraindication to employment. If an applicant's or employee's criminal history check includes a conviction of an offense that is not listed in Texas Health and Safety Code §250.006, the agency must document its review of the conviction and its determination of whether the conviction is a contraindication to employment.
- Before the agency hires an unlicensed applicant, or before an unlicensed employee's first face-to-face contact with a client, the agency must search the nurse aide registry (NAR) and the employee misconduct registry (EMR) using the HHSC Internet website to determine if the applicant or employee is listed in either registry as unemployable. The agency must not employ an unlicensed applicant who is listed as unemployable in either registry.
- The agency must provide written information about the EMR to an unlicensed employee.
- In addition to the initial verification of employability, the agency must search the NAR and the EMR to determine if the employee is listed as unemployable in either registry as follows:
  - » For an employee most recently hired before September 1, 2009, by August 31, 2011, and at least every twelve months thereafter.
  - » For an employee most recently hired on or after September 1, 2009, at least every 12 months.

- The agency must immediately discharge an unlicensed employee whose duties would or do include face-to-face contact with a client when the agency becomes aware that:
  - » The employee is designated in the NAR or the EMR as unemployable.
  - » The employee's criminal history check reveals conviction of a crime that bars employment or that the agency has determined is a contraindication to employment.
- These requirements are also applicable to agency volunteers and contract employees.

<b>§558.249 Self-reported incidents of abuse, neglect, exploitation</b>	<b>Policy Review Observation</b>
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- An agency must adopt and enforce a written policy relating to procedures for reporting alleged acts of abuse, neglect, and exploitation of a client by an employee of the agency.
- If an agency has cause to believe that a client served by the agency has been abused, neglected, or exploited by an agency employee, the agency must report the information immediately, (within 24 hours) to:
  - » Department of Family and Protective Services (DFPS) at 1-800-252-5400, or through the DFPS secure website at [www.txabusehotline.org](http://www.txabusehotline.org).
  - » HHSC at 1-800-458-9858.

Texas HHSC issued two provider letters in 2023 updating the current process for reporting abuse, neglect, and exploitation ([PL 2023-12](#), [PL 2023-13](#)). HHS expects agencies to update the policies of the agency to reflect the steps provided in the provider letter and to enforce the agency policy.

<b>§558.250 Agency investigations</b>	<b>Policy Review Observation</b>
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An agency must adopt and enforce a written policy relating to the agency's procedures for investigating complaints and reports of abuse, neglect, and exploitation (ANE).

- Immediately upon witnessing the act or upon receipt of the allegation, an agency must initiate an investigation of known and alleged acts of ANE by agency employees, including volunteers and contractors.
- An agency must complete an HHSC Provider Investigation Report form and include the following information:
  - » Incident Date
  - » Name of alleged victim
  - » Age of alleged victim
  - » Name of alleged perpetrator
  - » Any witnesses
  - » The allegation
  - » Any injury/adverse effect
  - » Any assessments made
  - » Any treatment required
  - » The investigative summary
  - » Any action taken
- An agency must send the completed HHSC Provider Investigation Report form to HHSC Complaint Intake Unit no later than the 10th day after reporting the act to the Department of Family and Protective Services and HHSC.
- An agency must investigate complaints made by a client, a client's family or guardian, or a client's health care provider, in accordance with this subsection, regarding:
  - » Treatment or care furnished by the agency.
  - » Treatment or care that the agency failed to furnish.
  - » Lack of respect for the client's property by anyone furnishing services on behalf of the agency.

- An agency must document receipt of the complaint and initiate a complaint investigations within 10 days after the agency’s receipt of the complaint. Agency must document all components of the investigation.
- An agency must complete the investigation and documentation within 30 days after the agency receives a complaint or report of abuse, neglect, and exploitation, unless the agency has and documents reasonable cause for a delay.
- An agency may not retaliate against a person for filing a complaint, presenting a grievance, or providing, in good faith, information relating to home health, hospice, or personal assistance services provided by the agency. An agency is not prohibited from terminating an employee for a reason other than retaliation.

Texas HHS issued two provider letters in 2023 updating the current process for reporting abuse, neglect, and exploitation ([PL 2023-12](#), [PL 2023-13](#)). HHS expects agencies to update the policies of the agency to reflect the steps provided in the provider letter and to enforce the agency policy.

<b>§558.251 Peer Review</b>	<b>Policy Review</b>
<p>An agency must adopt and enforce a written policy to ensure that all professional disciplines comply with their respective professional practice acts or title acts relating to reporting and peer review.</p>	
<b>§558.252 Financial Solvency and Business Records</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ An agency must make business records relating to its ability to carry out its functions available to HHSC upon request. If there is a question relating to the accuracy of the records or the agency's financial ability to carry out its functions, HHSC or its designee may conduct a more extensive review of the records.</li> <li>■ An agency must maintain business records in their original state. Each entry must be accurate and include the date of entry. Correction fluid or tape may not be used in the record. Corrections must be made in accordance with standard accounting practices.</li> </ul>	
<b>§558.253 Drug testing policy disclosure</b>	<b>Policy Review Observation</b>
<ul style="list-style-type: none"> <li>■ An agency must have a written policy describing whether it will conduct drug testing of its employees who have direct contact with clients.</li> <li>■ If an agency conducts drug testing, the written policy must describe the method by which drug testing is conducted.</li> <li>■ If an agency does not practice drug testing of its employees, the written policy must state that the agency does not conduct drug testing of its employees.</li> <li>■ An agency must provide a copy of the policy to anyone applying for services from the agency and any person who requests it.</li> </ul>	
<b>§558.254 Billing and Insurance Claims</b>	<b>Policy Review</b>
<ul style="list-style-type: none"> <li>■ The agency must adopt and enforce a written policy to ensure that the agency submits accurate billings and insurance claims.</li> </ul>	
<b>§558.255 Prohibition of solicitation of patients</b>	<b>Policy Review</b>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy to ensure compliance of the agency and its employees and contractors with the Texas Occupations Code, <a href="#">Chapter 102</a>.</li> </ul>	
<b>§558.256 Emergency preparedness</b>	<b>Policy Review Observation Patient Record Review</b>
<p>An agency must have a written emergency preparedness and response plan that describes its comprehensive approach to a disaster that could affect the need for its services or its ability to provide those</p>	

services. The written plan must be based on a risk assessment that identifies the disasters from natural and man-made causes that are likely to occur in the agency's service area.

- With the exception of a freestanding hospice inpatient unit, HHSC does not require an agency to physically evacuate or transport a client.
- Agency personnel that must be involved with developing, maintaining, and implementing an agency's emergency preparedness and response plan include:
  - » Administrator
  - » Supervising Nurse (as applicable)
  - » Agency Disaster Coordinator
  - » Alternate Disaster Coordinator

An agency's written emergency preparedness and response plan must:

- Designate, by title, an employee, and at least one alternate employee to act as the agency's disaster coordinator.
- Include a continuity of operations business plan that addresses emergency financial needs, essential functions for client services, critical personnel, and how to return to normal operations as quickly as possible.
- Include how the agency will monitor disaster-related news and information, including after hours, weekends, and holidays, to receive warnings of imminent and occurring disasters;
- Include procedures to release client information in the event of a disaster, in accordance with the agency's written policy.
- Describe the actions and responsibilities of agency staff in each phase of emergency planning, including mitigation, preparedness, response, and recovery.

The response and recovery phases of the plan must describe:

- The actions and responsibilities of agency staff when warning of an emergency is not provided.
- Who at the agency will initiate each phase.
- A primary mode of communication and alternate communication or alert systems in the event of telephone or power failure.
- Procedures for communicating with:
  - » Staff.
  - » Clients or persons responsible for a client's emergency response plan.
  - » Local, state, and federal emergency management agencies.
  - » Other entities including HHSC and other health care providers and suppliers.

An agency's emergency preparedness and response plan must include procedures to triage clients that allow the agency to:

- Readily access recorded information about an active client's triage category in the event of an emergency to implement the agency's response and recovery phases.
- Categorize clients into groups based on:
  - » The services the agency provides to a client.
  - » The client's need for continuity of the services the agency provides.
  - » The availability of someone to assume responsibility for a client's emergency response plan, if needed by the client.

The agency's emergency preparedness and response plan must include procedures to identify a client who may need evacuation assistance from local or state jurisdictions because the client:

- Cannot provide or arrange for his or her transportation; or
- Has special health care needs requiring special transportation assistance.

If the agency identifies a client who may need evacuation assistance, as described above, agency personnel must provide the client with the amount of assistance the client requests to complete the registration process for evacuation assistance if the client:

- Wants to register with the State of Texas Emergency Assistance Registry (STEAR), accessed by dialing 2-1-1; and
- Is not already registered, as reported by the client, or legally authorized representative.

An agency must provide and discuss the following information about emergency preparedness with each client:

- The actions and responsibilities of agency staff during and immediately following an emergency.
- The client's responsibilities in the agency's emergency preparedness and response plan.
- Materials that describe survival tips and plans for evacuation and sheltering in place.
- A list of community disaster resources that may assist a client during a disaster, including the STEAR, for which registration is available through 2-1-1 Texas, and other community disaster resources provided by local, state, and federal emergency management agencies. An agency's list of community disaster resources must include information on how to contact the resources directly or instructions to call 2-1-1 for more information about community disaster resources.

An agency must:

- Orient and train employees, volunteers, and contractors about their responsibilities in the agency's emergency preparedness and response plan.
- Complete an internal review of the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.
- Test the response phase of its emergency preparedness and response plan in a planned drill if not tested during an actual emergency response as part of the internal review. Except for a freestanding hospice inpatient unit, a planned drill can be limited to the agency's procedures for communicating with staff.
- Make a good faith effort to comply with the requirements of this section during a disaster. If the agency is unable to comply with any of the requirements of this section, it must document in the agency's records attempts of staff to follow procedures outlined in the agency's emergency preparedness and response plan.

An agency is not required to continue to provide care to clients in emergency situations that are beyond the agency's control and that make it impossible to provide services, such as when roads are impassable or when a client relocates to a place unknown to the agency. An agency may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for the agency to reach its clients.

If written records are damaged during a disaster, the agency must not reproduce or recreate client records except from existing electronic records. Records reproduced from existing electronic records must include:

- The date the record was reproduced.
- The agency staff member who reproduced the record.
- How the original record was damaged.

No later than five working days after an agency temporarily relocates a place of business, or temporarily expands its service area resulting from the effects of an emergency or disaster, an agency must notify and provide the following information to the HHSC Home and Community Support Services Agencies licensing unit:

- If temporarily relocating a place of business:
  - » The license number for the place of business and the date of relocation.
  - » The physical address and phone number of the location.
  - » The date the agency returns to a place of business after the relocation.

OR

- If temporarily expanding the service area to provide services during a disaster:
  - » The license number and revised boundaries of the service area.

- » The date the expansion begins.
- » The date the expansion ends.
- An agency must provide the notice and information described above by fax or email. If fax or email are unavailable, the agency may notify the HHSC licensing unit by telephone but must provide the notice and information in writing as soon as possible. If communication with the HHSC licensing unit is not possible, the agency must provide the notice and information by fax, e-mail, or telephone to the designated survey office.

Emergency Response System

- The agency administrator and alternate administrator must enroll in an emergency communication system in accordance with instructions from HHSC.
- The agency must respond to requests for information received through the emergency communication system in the format established by HHSC.

<b>§558.259 Initial training in administration of agencies</b>	<b>Personnel File Review</b>
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For the Administrator and Alternate Administrator designated to these roles for the first time on or after December 1, 2006.

- In addition to the qualifications and conditions described in §558.244, a first-time administrator and alternate administrator of an agency must each complete a total of 24 clock hours of educational training in the administration of an agency before the end of the first 12 months after designation to the position.
- Prior to designation, a first-time administrator or alternate administrator must complete eight clock hours of educational training in the administration of an agency. The initial eight clock hours must be completed during the 12 months immediately preceding the date of designation to the position. The initial eight clock hours must include:
  - » Information on the licensing standards for an agency.
  - » Information on the state and federal laws applicable to an agency, including:
    - Texas Health and Safety Code Chapters 142 and 250.
    - Texas Human Resources Code, Chapter 102, Rights of the Elderly.
    - Americans with Disabilities Act.
    - Civil Rights Act of 1991.
    - Rehabilitation Act of 1993.
    - Family and Medical Leave Act of 1993.
    - Occupational Safety and Health Administration (OSHA) requirements.
- A first-time administrator and alternate administrator must complete an additional 16 clock hours of educational training before the end of the first 12 months after designation to the position. Any of the additional 16 clock hours may be completed prior to designation if completed during the 12 months immediately preceding the date of designation to the position. The additional 16 clock hours must include the following subjects and may include other topics related to the duties of an administrator:
  - » Information regarding fraud and abuse detection and prevention.
  - » Legal issues regarding advance directives.
  - » Client rights, including the right to confidentiality.
  - » Agency responsibilities.
  - » Complaint investigation and resolution.
  - » Emergency preparedness planning and implementation.
  - » Abuse, neglect, and exploitation.
  - » Infection control
  - » Nutrition (for agencies licensed to provide inpatient hospice services).
  - » the Outcome and Assessment Information Set (OASIS) (for agencies licensed to provide licensed and certified home health services).

- The 24-hour educational training requirement described in this section must be met through structured, formalized classes, correspondence courses, competency-based computer courses, training videos, distance learning programs, or off-site training courses. Subject matter that deals with the internal affairs of an organization does not qualify for credit. The training must be provided or produced by one of the following:
  - » An academic institution.
  - » A recognized state/national organization or association
  - » An independent contractor who consults with agencies.
  - » An agency.
- If an agency or independent contractor provides or produces the training, the training must be approved by HHSC or recognized by a state or national organization or association. The agency must maintain documentation of this approval or recognition for review by surveyors. A first-time administrator and alternate administrator may apply joint training provided by HHSC toward the 24 hours of educational training required by this section if the joint training meets the educational training requirements.
- Documentation of administrator and alternate administrator training must be on file at the agency and contain the name of the class or workshop, course content, hours/dates of the training, and the name/contact information of the entity and trainer who provided the training.
- A first-time administrator and alternate administrator must not apply the HHSC Presurvey Training toward the 24 hours of educational training required in this section.
- After completing the 24 hours of initial educational training prior to or during the first 12 months after designation as a first-time administrator and alternate administrator, an administrator and alternate administrator must then complete the continuing education requirements as specified in §558.260 (below).

<b>§558.260 Continuing education in administration of agencies</b>	<b>Personnel File Review</b>
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- In addition to the qualifications and conditions described in §558.244, an administrator and alternate administrator must complete 12 clock hours of continuing education within each 12-month period beginning with the date of designation. The 12 hours must include at least two of the following topics and may include other topics related to the duties of an administrator:
  - » Any of the educational training subjects listed under §558.259.
  - » Development and interpretation of agency policies.
  - » Basic principles of management in a licensed health-related setting.
  - » Ethics.
  - » Quality improvement.
  - » Risk assessment and management.
  - » Financial management.
  - » Skills for working with clients, families, and other professional service providers.
  - » Community resources.
  - » Marketing.
- For an administrator or alternate administrator designated before December 1, 2006, who has not served as an administrator or alternate administrator for 180 days or more immediately preceding the date of designation, at least eight of the 12 clock hours of continuing education must include the topics listed in §558.259. The remaining four hours must include topics related to the duties of an administrator and may include the topics listed in this section.
- Documentation of administrator and alternate administrator continuing education must be on file at the agency and contain the name of the class/workshop, topics covered, and the hours/dates of the training.
- An administrator or alternate administrator must not apply the HHSC Presurvey Training toward the continuing education requirements in this section.

§558.281 Client care policies	Policy Review
<p>An agency must adopt and enforce a written policy describing the agency's client care practices. The written policy must include the following elements if covered under the scope of services provided by the agency:</p> <ul style="list-style-type: none"> <li>■ Initial assessment and reassessment.</li> <li>■ Start of care, placing services on hold, patient transfer and discharge.</li> <li>■ Intravenous services.</li> <li>■ Care of the pediatric client.</li> <li>■ Triaging clients in the event of disaster.</li> <li>■ How to handle emergencies in the home.</li> <li>■ Safety of staff.</li> <li>■ Procedures the staff will perform for clients, such as dressing changes, Foley catheter changes, wound irrigation, administration of medication.</li> <li>■ Psychiatric nursing procedures.</li> <li>■ Patient and caregiver teaching relating to disease process and procedures.</li> <li>■ Care planning.</li> <li>■ Care of a client who has a terminal illness or a terminal prognosis.</li> <li>■ Receiving physician orders.</li> <li>■ Performing waived testing.</li> <li>■ Medication monitoring.</li> <li>■ Anything else pertaining to client care.</li> </ul>	
§558.282 Client conduct and responsibility and client rights	Policy Review Patient Record Review

- An agency must adopt and enforce a written policy governing client conduct, and responsibility and client rights. The written policy must include a grievance mechanism under which a client can participate without fear of reprisal.
- An agency must comply with the provisions of the [Texas Human Resources Code, Chapter 102, Rights of the Elderly](#), which applies to a client 60 years of age or older.
- At the time of admission, an agency must provide a client who receives licensed home health services, licensed and certified home health services, hospice services, or personal assistance services, with a written statement that informs the client that a complaint against the agency may be directed to HHSC Complaint and Incident Intake, P.O. Box 149030, Austin, Texas 78714-9030, toll free 1-800-458-9858. The statement also may inform the client that a complaint against the agency may be directed to the administrator of the agency. The statement about complaints directed to the administrator must also include the time frame in which the agency reviews and resolves a complaint.
- In advance of furnishing care to a client, or during the initial evaluation visit before the initiation of treatment, an agency must provide the client, or their legal representative, with a written notice of all policies governing client conduct and responsibility and client rights.
- A client has the right to:
  - » Be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment, and any changes in the care to be furnished. The agency must ensure that written informed consent specifying the type of care and services that may be provided by the agency has been obtained for every client, either from the client or their legal representative. The client or the legal representative must sign or mark the consent form.
  - » Participate in planning the care or treatment and in planning a change in the care or treatment.
    - An agency must advise or consult with the client or legal representative in advance of any change in the care or treatment.
  - » Refuse care and services.

- » Be informed, before care is initiated, of the extent to which payment may be expected from the client, a third-party payer, and any other source of funding known to the agency.
- » Have assistance in understanding and exercising their rights. The agency must maintain documentation showing that it has complied with the requirements of this paragraph and that the client demonstrates understanding of the client's rights.
- » Exercise rights as a client of the agency.
- » Have their person and property treated with consideration, respect, and full recognition of the client's individuality and personal needs.
- » Be free from abuse, neglect, and exploitation by an agency employee, volunteer, or contractor.
- » Confidential treatment of their personal and medical records.
- » Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency, and they must not be subjected to discrimination or reprisal for doing so.
- In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf.
- In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.

<b>§558.283 Advance directives</b>	<b>Policy Review Patient Record Review</b>
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An agency must maintain a written policy regarding implementation of advance directives. The policy must be in compliance with the [Advance Directives Act, Health and Safety Code, Chapter 166](#). The policy must include a clear and precise statement of any procedure the agency is unwilling or unable to provide or withhold in accordance with an advance directive.

- The agency must provide written notice to a client of the policy. The notice must be provided at the earlier of the time the client is admitted to receive services from the agency or the time the agency begins providing care to the client.
- If the client is incompetent or otherwise incapacitated and unable to receive the notice, the agency must provide the required written notice, in the following order of preference, to:
  - » The client's legal guardian.
  - » The person responsible for the health care decisions of the client.
  - » The client's spouse.
  - » The client's adult child.
  - » The client's parent.
  - » The person admitting the client.
- If the client is incompetent or incapacitated and the agency is unable to locate one of the individuals listed above after diligent search, the agency does not have to provide the notice. If the patient later becomes competent or has capacity, then the agency must provide the written notice to the client at that time.

<b>§558.284 Laboratory services</b>	<b>Policy Review</b>
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- An agency that provides laboratory services must adopt and enforce a written policy to ensure that the agency meets the Clinical Laboratory Improvement Act, 42 United States Code Annotated, §263a, (CLIA 1988). CLIA 1988 applies to all agencies with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment or assessment of the health of human beings.

<b>§558.285 Infection control</b>	<b>Policy Review Observation</b>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce written policies addressing infection control, including preventing of the spread of infectious and communicable disease.</li> <li>■ The policies must ensure compliance by the agency, its employees, and its contractors with Texas Health and Safety Code Chapter 81, relating to prevention and control of communicable diseases; Occupational Safety and Health Administration regulations relating to Bloodborne Pathogens; and Texas Health and Safety Code Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus.</li> <li>■ The policies must require documentation of infections that the client acquires while receiving services from the agency.             <ul style="list-style-type: none"> <li>» If an agency is licensed to provide services other than personal assistance services, documentation must include the date that the infection was detected, the client's name, primary diagnosis, signs and symptoms, type of infection, pathogens identified, and treatment.</li> </ul> </li> <li>■ If an agency is licensed to provide only personal assistance services, documentation must include the date that the infection was disclosed to the agency employee, the client's name, and treatment as disclosed by the client.</li> </ul>	
<b>§558.286 Disposal of medical waste</b>	<b>Policy Review Patient Record Review</b>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy for the safe handling and disposal of biohazardous waste and materials, if applicable.</li> <li>■ An agency that generates special or medical waste while providing home health services must dispose of the waste according to the requirements in 25 TAC Chapter 1, Subchapter K Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities.</li> <li>■ An agency must provide both verbal and written instructions to the agency's clients regarding the proper procedure for disposing of sharps. For purposes of this subsection, sharps include hypodermic needles, hypodermic syringes with attached needles, scalpel blades, razor blades, disposable razors, disposable scissors used in medical procedures, and intravenous stylets and rigid introducers.</li> </ul>	
<b>§558.287 QAPI</b>	<b>Observation</b>
<ul style="list-style-type: none"> <li>■ An agency must maintain a QAPI Program that is implemented by a QAPI Committee. The QAPI Program must be ongoing, focused on client outcomes that are measurable, and have a written plan of implementation.</li> <li>■ The QAPI Committee must review and update or revise the plan of implementation at least once within a calendar year, or more often if needed.</li> <li>■ The QAPI Committee must meet twice a year or more often if needed.</li> <li>■ At a minimum, the QAPI Committee must consist of:             <ul style="list-style-type: none"> <li>» The Administrator.</li> <li>» The Supervising nurse or therapist or the supervisor of the agency licensed to provide personal assistance services.</li> <li>» An individual representing the scope of services provided by the agency.</li> </ul> </li> </ul>	
<b>§558.288 Coordination of services</b>	<b>Policy Review</b>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy regarding coordination of services to ensure the effective exchange of information, reporting, and coordination of client services among:             <ul style="list-style-type: none"> <li>» All agency personnel providing care and services, whether the care and services are provided directly or under arrangement.</li> <li>» The agency and other providers of health care services involved in the care of a client, if known by the agency.                 <ul style="list-style-type: none"> <li>▪ Other providers may include a physician, another agency, adult day care center, outpatient facility, or management care organization.</li> </ul> </li> </ul> </li> </ul>	

- » The agency and a licensed facility, group home, foster home, or boarding home facility in which a client resides.

- The agency must include documentation in the client record of coordination of services

<b>§558.290 Back-up services and after-hours care</b>	<b>Policy Review</b> <b>Patient Record Review</b>
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- An agency must adopt and enforce a written policy to ensure backup services when an agency employee or contractor is not available to deliver the services.
- An agency must adopt and enforce a written policy to ensure that clients are educated in how to access care from the agency or another health care provider after regular business hours.
- Backup services may be provided by an agency employee, a contractor, or the client's designee who is willing and able to provide the necessary services.
- If the client's designee has agreed to provide backup services required, the agency must have the designee sign a written agreement to be the backup service provider. An agency must not coerce a client to accept backup services.
- The agency must keep the agreement in the client's file.

<b>§558.291 Agency dissolution</b>	<b>Policy Review</b> <b>Observation</b>
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- Agency must adopt and enforce a written policy that describes the agency's written contingency plan should the agency cease to operate.
- The plan must be implemented in the event of dissolution to assure continuity of client care.
- The plan must include procedures for notifying the client of the agency's dissolution, documenting the notification, and carrying out the notification.
- Agency plan for dissolution must be in compliance with TAC [§558.217](#).

<b>§558.292 Agency and client agreement and disclosure</b>	<b>Patient Record Review</b>
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An Agreement and Disclosure document must include the requirements of applicable CoPs and/or ACHC Accreditation Standards for:

- Supervision by the agency of services provided.
- Client agreement to and acknowledgment of services by home health medication aides if home health medication aides are used.

<b>§558.293 Client list and services</b>	<b>Observation</b>
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- An agency must maintain a current list of clients for each category of service licensed.
- The list must include all services being delivered by the agency and those being delivered under contract.
- The client list must include:
  - » Client's name, identification, or clinical record number.
  - » Start of care date or admission date.
  - » Diagnosis(es) or functional assessment.
  - » Disciplines that are providing services.

<b>§558.294 Initiation of Care or Services</b>	<b>Policy Review</b>
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An agency must adopt and enforce a written policy establishing time frame(s) for the initiation of care or services.

<p><b>§558.295 Client transfer or discharge notification requirements</b></p>	<p><b>Patient Record Review</b></p>
<ul style="list-style-type: none"> <li>■ An agency intending to transfer or discharge a client must provide written notification to the client or their representative and notify the client's attending physician/practitioner if involved in the care of the client.</li> <li>■ An agency must ensure delivery of the written notification no later than five days before the date on which the client will be transferred or discharged.</li> <li>■ The agency must deliver the required notice by hand or by mail.             <ul style="list-style-type: none"> <li>» If the agency delivers the written notice by mail, the notice must be mailed at least eight working days before the date of discharge or transfer; and the agency must speak with the client by telephone or in person to ensure the client's knowledge of the transfer or discharge at least five days before the date of discharge or transfer.</li> </ul> </li> <li>■ Exceptions: An agency may transfer or discharge a client without prior notice upon the client's request if: the client's medical needs require transfer, such as a medical emergency; in the event of a disaster when the client's health and safety is at risk, or if the client fails to pay for services, except as prohibited by federal law.</li> <li>■ The agency must keep documentation in the client's file of the transfer and/or discharge including a copy of the written notification provided to the client or representative; documentation of the personal contact with the client if the required notice was delivered by mail; documentation that the client's attending physician or practitioner was notified of the date of discharge.</li> </ul>	
<p><b>§558.296 Physician delegation and performance of delegated tasks</b></p>	<p><b>Policy Review</b> <b>Patient Record Review</b></p>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy that states whether or not physician delegation will be honored by the agency. If an agency accepts physician delegation, the agency must comply with the Medical Practice Act, Occupations Code, Chapter 157, concerning physician delegation.</li> <li>■ An agency may accept delegation from a physician only if the agency receives the following from the physician:             <ul style="list-style-type: none"> <li>» Name of client</li> <li>» Name of the delegating physician</li> <li>» Task(s) to be performed</li> <li>» Name of the individual(s) to perform the task(s)</li> <li>» Time frame for the delegation order</li> <li>» If the task is medication administration, the medication to be given, route, dose, and frequency.</li> </ul> </li> </ul>	
<p><b>§558.297 Receipt of physician orders</b></p>	<p><b>Policy Review</b> <b>Patient Record Review</b></p>
<ul style="list-style-type: none"> <li>■ An agency must adopt and enforce a written policy describing protocols and procedures agency staff must follow when receiving physician orders. The policy must address the time frame for countersignature of physician verbal orders.</li> <li>■ Signed physician orders may be submitted via fax machine. The agency is not required to have the original signatures on file. However, the agency must be able to obtain original signatures if an issue surfaces that would require verification of an original signature.</li> <li>■ The policy must include protocols to follow when accepting physician orders via fax. If physician orders are accepted via fax, the policy must outline safeguards to assure that transmitted information is sent to the appropriate individual and outline procedures to be followed in the case of misdirected transmission.</li> </ul>	

<b>§558.299 Nursing education, licensure, and practice</b>	<b>Policy Review</b>
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If providing nursing services, an agency must adopt and enforce a written policy to ensure compliance with the rules of the Texas Board of Nursing adopted at 22 TAC Chapters 211 – 226 (relating to Nursing Continuing Education, Licensure, and Practice in the State of Texas).

<b>§558.300 Medication administration</b>	<b>Policy Review Patient Record Review</b>
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- An agency must adopt and enforce a written policy for maintaining a current medication list and a current medication administration record for clients who agency staff administer medication.
- A client's practitioner must order administration of medication.
- An agency may incorporate a current medication list and medication administration record into one document.
- An agency must use the medication list to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindications.
- An individual delivering care must report any adverse reaction to a supervisor and document this in the client's record on the day of occurrence. If the adverse reaction occurs after regular business hours, the individual delivering care must report the adverse reaction as soon as it is disclosed.
- An agency must document in the medication administration record or clinical notes any medication that is not administered and the reason it was not administered.

<b>§558.301 Client records</b>	<b>Policy Review Patient Record Review Observation</b>
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- An agency must adopt and enforce a written policy relating to the retention of records.
- An agency must retain original client records for a minimum of five years after the discharge of the client. (Note: ACHC requirements are more stringent and must be met for accreditation, specifically home health records must be retained for 5 years, hospice records for 6 years; HC, HIT, and IRN records for 7 years.)
- The agency must establish an area for original active client record storage at the agency's place of business. The original active client records must be stored at the location (parent agency, branch office, or alternate delivery site) from which services are actually provided. Original active client records must not be stored at an administrative support site or records storage facility.
- The agency may not destroy client records that relate to any matter that is involved in litigation if the agency knows the litigation has not been finally resolved.
- There must be an arrangement for the preservation of inactive records.
- A clinical record must be an original, a microfilmed copy, an optical disc imaging system, or a certified copy.
- Each entry to the client record must be current, accurate, signed, and dated with the date of entry by the individual making the entry. The record must include all services whether furnished directly or under arrangement. Correction fluid or tape must not be used in the record. Corrections must be made by striking through the error with a single line and must include the date the correction was made and the initials of the person making the correction.
- Each client record must include the following elements as applicable to the scope of services provided by the agency:
  - » Client application which includes but is not limited to; full name, sex, date of birth, contact information of parent/legal guardian of minor child, physician's name and contact info, name and contact information for any other person identified by the client, and services requested.
  - » Medication administration record (if meds are administered by agency staff). Notation must also be made in the medication administration record or in the clinical notes of medications not given and the reason. Any adverse reaction must be reported to a supervisor and documented in the client record.

- » Records of supervisory visits.
- » Complete documentation of all known services and significant events. Documentation must show that effective interchange, reporting, and coordination of care occurs.
- » For clients 60 years and older, acknowledgment of the client's receipt of a copy of the Human Resources Code, Chapter 102, Rights of the Elderly.
- » Acknowledgment of the client's receipt of the agency's policy for reporting abuse, neglect, or exploitation of a client.
- » Documentation that the client has been informed of how to register a complaint.
- » Client agreement to and acknowledgment of services by home health medication aides, if home health medication aides are used.
- » Acknowledgement of receipt of the notice of advance directives.

**§558.302 Pronouncement of death**

**Policy Review  
Patient Record Review**

An agency must adopt and enforce a written policy on pronouncement of death if that function is carried out by an agency RN. The policy must comply with [Texas Health and Safety Code §671.001 Standard Used in Determining Death](#).

**§558.303 Possession of sterile water, saline, vaccines, TB, etc.**

**Policy Review  
Observation**

An agency that possesses sterile water or saline, certain vaccines or tuberculin, or certain dangerous drugs as specified by this section must comply with the provisions of this section.

- An agency or its employees who are RNs or LVNs, may purchase, store, or transport for the purpose of administering to their home health or hospice clients under physician's orders:
  - » Sterile water for injection and irrigation.
  - » Sterile saline for injection and irrigation.
- An agency or its employees who are RNs or LVNs may purchase, store, or transport for the purpose of administering to the agency's employees, home health or hospice clients, or client family members under physician's standing orders the following dangerous drugs:
  - » Hepatitis B vaccine.
  - » Influenza vaccine.
  - » Tuberculin purified protein derivative for tuberculosis testing.
  - » Pneumococcal polysaccharide vaccine.
  - » Any other vaccine approved, authorized for emergency use, or otherwise permitted for use by the United States Food and Drug Administration to treat or mitigate the spread of a communicable disease, as defined by [Texas Health and Safety Code §81.003](#).
- An agency that purchases, stores, or transports a vaccine or tuberculin under this section must ensure that any standing order for the vaccine or tuberculin:
  - » Is signed and dated by the physician.
  - » Identifies the vaccine or tuberculin covered by the order.
  - » Indicates that the recipient of the vaccine or tuberculin has been assessed as an appropriate candidate to receive the vaccine or tuberculin and has been assessed for the absence of any contraindication.
  - » Indicates that appropriate procedures are established for responding to any negative reaction to the vaccine or tuberculin.
  - » Orders that a specific medication or category of medication be administered if the recipient has a negative reaction to the vaccine or tuberculin.

- An agency or the agency's authorized employees may purchase, store, or transport vaccines or tuberculin in a sealed portable container only if the agency has established policies and procedures to ensure that:
  - » The container is handled properly with respect to storage, transportation, and temperature stability according to manufacturer's instructions.
  - » The agency adheres to guidance from the Centers for Disease Control and Prevention and the Texas Health and Human Services Commission.

In compliance with Health and Safety Code, [§142.0063](#), an agency or its employees who are RNs or LVNs may purchase, store, or transport for the purpose of administering to their home health or hospice patients, in accordance with rules above (and agency policy), the following dangerous drugs:

- any of the following items in a sealed portable container of a size determined by the dispensing pharmacist:
  - » 1,000 milliliters of 0.9% sodium chloride intravenous infusion.
  - » 1,000 milliliters of 5.0% dextrose in water injection.
  - » Sterile saline; or
- Not more than five dosage units of any of the following items in an individually sealed, unused portable container:
  - » Heparin sodium lock flush in a concentration of 10 units per milliliter or 100 units per milliliter.
  - » Epinephrine HCl solution in a concentration of one to 1,000.
  - » Diphenhydramine HCl solution in a concentration of 50 milligrams per milliliter.
  - » Methylprednisolone in a concentration of 125 milligrams per two milliliters.
  - » Naloxone in a concentration of one milligram per milliliter in a two-milliliter vial.
  - » Promethazine in a concentration of 25 milligrams per milliliter.
  - » Glucagon in a concentration of one milligram per milliliter.
  - » Furosemide in a concentration of 10 milligrams per milliliter.
  - » Lidocaine 2.5% and prilocaine 2.5% cream in a five-gram tube.
  - » Lidocaine HCL solution in a concentration of 1% in a two-milliliter vial.
- An agency or the agency's authorized employees may purchase, store, or transport dangerous drugs in a sealed portable container only if the agency has established policies and procedures to ensure that:
  - » The container is handled properly with respect to storage, transportation, and temperature stability.
  - » A drug is removed from the container only on a physician's written or oral order.
  - » The administration of any drug in the container is performed in accordance with a specific treatment protocol.
  - » The agency maintains a written record of the dates and times the container is in the possession of a registered nurse or licensed vocational nurse.
- An agency or the agency's authorized employee who administers a drug listed above may administer the drug only in the client's residence under physician's orders in connection with the provision of emergency treatment or the adjustment of:
  - » Parenteral drug therapy.
  - » Vaccine or tuberculin administration.
- If an agency or the agency's authorized employee administers a drug listed in this section pursuant to a physician's oral order, the agency must receive a signed copy of the order:
  - » Not later than 24 hours after receipt of the order, reduce the order to written form and send a copy of the form to the dispensing pharmacy by mail or fax transmission.
  - » Not later than 20 days after receipt of the order, send a copy of the order as signed by and received from the physician to the dispensing pharmacy.
- A pharmacist that dispenses a sealed portable container under this subsection will ensure that the container:
  - » Is designed to allow access to the contents of the container only if a tamper-proof seal is broken.

- » Bears a label that lists the drugs in the container and provides notice of the container's expiration date, which is the earlier of:

- The date that is six months after the date on which the container is dispensed.

OR

- The earliest expiration date of any drug in the container.

AND

- Remains in the pharmacy or under the control of a pharmacist, registered nurse, or licensed vocational nurse.

- If an agency or the agency's authorized employee purchases, stores, or transports a sealed portable container under this subsection, the agency must deliver the container to the dispensing pharmacy for verification of drug quality, quantity, integrity, and expiration dates not later than the earlier of:

- » The seventh day after the date on which the seal on the container is broken.

OR

- » The date for which notice is provided on the container label.

- A pharmacy that dispenses a sealed portable container under this section is required to take reasonable precautionary measures to ensure that the agency receiving the container complies with the requirements of this paragraph. On receipt of a container, the pharmacy will perform an inventory of the drugs used from the container and will restock and reseal the container before delivering the container to the agency for reuse.

**§331 Workplace Violence Prevention**

**Policy Review  
Observation**

Texas HCSSA agencies, licensed or licensed and certified under Chapter 142, that employ at least two registered nurses, must meet the requirements for Workplace Violence Prevention outlined in TAC 331.001 – 331.006.

- Each agency shall establish a workplace violence committee to develop the workplace violence prevention plan. The committee must include at least:
  - » One registered nurse who provides direct care to patients of the agency;
  - » One physician licensed to practice medicine in the State of Texas and provides direct care to patients of the agency;
  - » One facility employee who provides security services for the agency if any and if practical.
  - » Exception: If the agency does not have a physician on staff, the agency is not required to include a physician on the committee.
  - » A health care system that owns and operates more than one facility/agency may establish a single committee for all of the system's facilities if the committee develops a violence prevention plan for implementation for each facility in the system and data related to violence prevention remains distinctly identifiable for each facility in the system.

Each agency shall adopt, implement, and enforce a written workplace violence prevention policy to protect healthcare providers and employees from violent behaviors or threats of violent behaviors occurring at the agency.

- The workplace violence prevention policy must:
  - » Require the facility to provide significant consideration of the violence prevention plan recommended by the agency's committee and evaluate any existing facility violence prevention plan;
  - » Encourage healthcare providers and employees of the agency to provide confidential information on workplace violence to the committee;
  - » Include a process to protect from retaliation of agency healthcare providers and employees who provide information to the facility;
  - » Comply with Commission rules related to workplace violence.

Each agency shall adopt, Implement, and enforce a written workplace violence prevention plan to protect healthcare providers and employees from violent behavior or threats of violent behavior occurring at the agency.

- The workplace violence prevention plan must:
  - » Be based on the practice setting;
  - » Adopt a definition of 'workplace violence' that Includes:
    - An act or threat of physical force against a healthcare provider or employee that results In, or Is likely to result In, physical Injury or psychological trauma; and
    - An Incident Involving the use of a firearm or other dangerous weapon, regardless of whether a healthcare provider or employee Is Injured by the weapon.
  - » Require the agency to provide at least annually workplace violence prevention training or education to the agency's healthcare providers and employees who provide direct patient care;
  - » Prescribe a system for responding to, and Investigating violent Incidents or potentially violent Incidents;
  - » Address physical security and safety;
  - » Require the agency to solicit Information from healthcare providers and employees when developing and Implementing a workplace violence prevention plan;
  - » Allow healthcare providers and employees to report Incidents of workplace violence through the agency's existing reporting systems;
  - » Require the agency to adjust patient care assignments, to the extent practical, to prevent a healthcare provider or employee from treating or providing services to a patient who has Intentionally physically abused or threatened the provider or employee.
- The written workplace violence prevention plan may satisfy the above requirements by referencing other Internal agency policies and documents.
- The workplace violence committee annually shall:
  - » Review and evaluate the workplace violence prevention plan; and
  - » Report the results of the evaluation to the governing body of the agency.
- Each agency shall make available, upon request, an electronic or printed copy of the agency's workplace violence prevention plan to each healthcare provider or employee of the agency.

Each agency shall respond to Incidents of workplace violence.

- Following an Incident of workplace violence, an agency shall at a minimum offer Immediate post-Incident services, Including any necessary acute medical treatment, for each healthcare providers or employee of the agency who Is directly Involved In the Incident.
- An agency may not discourage a healthcare provider or employee from exercising their right to contact or file a report with law enforcement regarding an Incident of workplace violence.
- A person may not discipline, Including suspension or termination of employment, discriminate against, or retaliate against another person who In good faith reports an Incident of workplace violence or advises a healthcare provider or employee of their right to report an Incident of workplace violence.

**Part 2: Requirements Applicable to HC, HH, HIT, IRN**

**§558.321 Branch office**

**Observation**

A branch office operates as a part of the parent agency and must comply with the same regulations as the parent agency. The parent agency is responsible for ensuring that its branches comply with licensing standards as well as applicable federal regulation.

- The service area of a branch office must be located within the parent agency's service area.
- A branch office must not provide services outside its licensed service area.
- A branch office may expand its service area at any time during the licensure period. A branch office must submit a written notice to HHSC regarding expansion of its service area at least 30 days before the expansion. The notice must include:
  - » Revised boundaries of the branch office's original service area.
  - » The effective date of the expansion.
  - » An updated list of management and supervisory personnel (including names), if changes are made.
- An agency is exempt from the 30-day written notice requirement if HHSC determines an emergency exists that would impact client health and safety. An agency must notify HHSC immediately of a possible emergency. HHSC determines if an exemption can be granted.
- A branch office may reduce its service area at any time during the licensure period by sending HHSC written notification of the reduction, including revised boundaries of the branch office's original service area and the effective date of the reduction.

A parent agency and a branch office providing home health or personal assistance services must meet the following requirements:

- The parent agency administrator or alternate administrator, or supervising nurse or alternate supervising nurse, must conduct an on-site supervisory visit to the branch office at least monthly. The parent agency may visit the branch office more frequently based on the size of the service area and the scope of services provided by the parent agency.
- The supervisory visits must be documented and include the date of the visit, the content of the consultation, the individuals in attendance, and the recommendations of the staff.
- The original active clinical records must be kept at the branch office.
- The parent agency must approve all branch office policies and procedures. This approval must be documented and filed in the parent and branch offices.
- A branch office may offer fewer health services or categories than the parent office but may not offer health services or categories that are not also offered by the parent agency.

**§558.401 Standards specific to licensed home health services**

**Personnel File Review**

- If medical social service is provided, the social worker must be licensed in the state of Texas to provide social work services.
- Unlicensed personnel employed by an agency to provide licensed home health services must be at least 18 years of age or, if under 18 years of age, be a high school graduate or enrolled in a vocational education program.

**Part 3: Requirements Applicable to HC, HH, HSP**

**§558.289 Independent contractors and arranged services**

**Personnel File Review**

- If an agency contracts with another agency or organization for an unlicensed person to provide home health services, hospice services, or personal assistance services under arrangement, the agency must ensure that either it or the contracting agency or organization:
  - » Searches the nurse aide registry (NAR) and the employee misconduct registry (EMR) before the unlicensed person's first face-to-face contact with a client of the agency using the HHSC website to confirm that the unlicensed person is not listed in either registry as unemployable.
  - » Provides written information to the unlicensed person about the EMR that complies with the requirements of 40 TAC §93.3(c). Employment and Registry Information.
  - » Searches the NAR and the EMR at least every twelve months using the HHSC website to confirm that the person is not listed in either registry as unemployable.

*Note:* 40 TAC §93 is now found in 26 TAC [§561](#). This language has not yet been updated in this regulation.

**§558.298 Delegation of nursing tasks by the RN to unlicensed personnel**

**Policy Review**

An agency must adopt and enforce a written policy to ensure compliance with the following rules adopted by the Texas Board of Nursing:

- 22 TAC, Chapter 224 Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments.
- 22 TAC, Chapter 225 RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions.
- Requirements for RN delegation for personal assistance service clients are located in §558.404.

## Part 4: Requirements Applicable to HC, HH

## §558.701 Home Health Aides

## Personnel File Review

A home health aide may be used by an agency providing licensed home health services if the aide meets one of the following requirements:

- A minimum of one year of full-time experience in direct client care in an institutional setting (hospital or nursing facility),
- One year of full-time experience within the last five years in direct client care in an agency setting.
- Satisfactory completion of a training and competency evaluation program that complies with the requirements of this section.
- Satisfactory completion of a competency evaluation program that complies with the requirements of this section.
- Documentation from the director of programs or the dean of a school of nursing submitted to the agency that states that the individual is a nursing student who has demonstrated competency in providing basic nursing skills in accordance with the school's curriculum.

OR

- Is listed on the HHSC nurse aide registry (NAR) with no finding relating to client abuse or neglect or misappropriation of client property.
- A home health aide must have provided home health services within the previous 24 months if the aide is qualified by having completed a competency and training evaluation program.

The training portion of a training and competency evaluation program for home health aides must be conducted by or under the general supervision of an RN who possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care. The training program may contain other aspects of learning, but must contain:

- A minimum of 75 hours with an appropriate number of hours of classroom instruction and a minimum of 16 hours of clinical experience, which will include in-home training and must be conducted in a home, hospital, nursing home, or laboratory.
- At least 16 hours of classroom training before a home health aide begins clinical experience working directly with clients under the supervision of qualified instructors.
- If LVN instructors are used for training, the following qualifications and supervisory requirements apply:
  - » An LVN may provide the home health aide classroom training under the supervision of an RN who has two years of nursing experience, at least one year of which must be in the provision of home health care.
  - » LVNs, as well as RNs, may supervise home health aide candidates in the course of the clinical experience.
  - » An RN must maintain overall responsibility for the training and supervision of all home health aide training students.
- An assessment that the student knows how to read and write English and carry out directions.

The classroom instruction and clinical experience content of the training portion of a training and competency evaluation program must include, but is not limited to:

- Communication skills.
- Observation, reporting, and documentation of a client's status and the care or service furnished.
- Reading and recording temperature, pulse, and respiration.
- Basic infection control procedures and instruction on universal precautions.
- Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing emergencies and knowledge of emergency procedures.

- The physical, emotional, and developmental needs of and ways to work with the populations served by the agency including the need for respect for the client and his or her privacy and property.
- Appropriate and safe techniques in personal hygiene and grooming that include:
  - » Bed bath.
  - » Sponge, tub, or shower bath.
  - » Sink, tub, or bed shampoo.
  - » Nail and skin care.
  - » Oral hygiene.
  - » Toileting and elimination.
- Safe transfer techniques and ambulation.
- Normal range of motion and positioning.
- Adequate nutrition and fluid intake.
- Any other task the agency may choose to have the home health aide perform in accordance with §558.298 of this chapter (relating to Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel and Tasks Not Requiring Delegation).
- The rights of the elderly.

This section also addresses the requirements for the competency evaluation program or the competency evaluation portion of a training and competency evaluation program.

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**Part 5: Requirements Applicable to Home Infusion Therapy, Infusion Nursing**

**§558.407 Provision standards for agencies providing home IV therapy**

**Policy Review  
Patient Record Review**

- Written policies and procedures regarding the agency's provision of intravenous therapy must include, but are not limited to, initiation, medication administration, monitoring, and discontinuation. Responsibilities of the licensed nurse must be clearly delineated.
- Actions must be implemented prior to and during all intravenous therapy to minimize the risk of anaphylaxis or other adverse reactions as stated in the agency's written policy.
- The client and caregiver must be assessed for their ability to safely administer the prescribed intravenous therapy as per the agency's written criteria.
- If the client or caregiver is willing and able to safely administer the prescribed intravenous therapy, the agency must offer to teach the client or caregiver such administration. The teaching process is based on the client and caregiver needs and may include written instructions, verbal explanations, demonstrations, evaluation and documentation of competency, proficiency in performing intravenous therapy, scope of physical activities, and safe disposal of equipment.

## Part 6: Requirements Applicable to Home Infusion Therapy, Infusion Nursing

## §558.404 Standards specific to agencies licensed to provide PAS

Policy Review  
 Personnel File Review  
 Patient Record Review

- The agency must adopt and enforce a written policy addressing the supervision of personnel with input from the client or family on the frequency of supervision. Supervision of personnel must be in accordance with the agency's policies and applicable state laws and rules, including rules adopted by the Texas Board of Nursing in [22 TAC Chapter 225](#).

An agency holding a license with the category of personal assistance services must meet the standards of this section.

- Personal assistance services may be performed by an unlicensed person who is at least 18 years of age and has demonstrated competency, when competency cannot be determined through education and experience, to perform the tasks assigned by the supervisor.
- An unlicensed person who is under 18 years of age, is a high school graduate or is enrolled in a vocational educational program and has demonstrated competency to perform the tasks assigned by the supervisor, may perform personal assistance services.

The following tasks may be performed under a personal assistance services category:

- personal care as defined in §558.2 of this chapter:
  - » Personal care – The provision of one or more of the following services required by an individual in a residence or independent living environment:
    - Bathing.
    - Dressing.
    - Grooming.
    - Feeding.
    - Exercising.
    - Toileting.
    - Positioning.
    - Assisting with self-administered medications.
    - Routine hair and skin care.
    - Transfer or ambulation.
- Health-related tasks provided by unlicensed personnel that may be delegated by an RN, or that an RN determines do not require delegation, in accordance with the agency's written policy adopted, implemented, and enforced to ensure compliance with the rules adopted by the Texas Board of Nursing in 22 TAC [Chapter 225](#).
- Health-related tasks that are not the practice of professional nursing under the memorandum of understanding between HHSC and the Texas Board of Nursing.
- Health-related tasks that are delegated by a physician under the Texas Occupations Code Chapter 157.
- The client file must include an individualized service plan developed, agreed to, and signed by the client or family and the agency. The individualized service plan must include:
  - » Types of services, supplies, and equipment to be provided.
  - » Location(s) of services.
  - » Frequency and duration of services.
  - » Planned date of service initiation.
  - » Charges for services rendered if the charges will be paid in full or in part by the client or significant other(s), or on request.
  - » Plan of supervision.

Tube feedings and medication administration through a permanently placed gastrostomy tube (G-tube) in accordance with this section may be performed by an unlicensed person only after successful completion of the training and competency program and procedures described in this section.

- The training and competency program for the performance of G-tube feedings by an unlicensed person must be taught by an RN, physician, physician assistant (PA), or qualified trainer. A qualified trainer must have:
    - » Successfully completed the training and competency program for G-tube feedings described below and taught by an RN, physician, or PA.
    - » Demonstrated to an RN, physician, or PA the performance of the task and the ability to teach the task.
    - » Been deemed competent by an RN, physician, or PA, to train unlicensed personnel in these procedures. Documentation of competency to perform, train, and teach must be maintained in the employee's or contractor's file. Competency must be evaluated and documented annually by an RN, physician, or PA.
  - The minimum training program must include:
    - » A description of the G-tube placement, including its purpose.
    - » Infection control procedures and universal precautions to be used when performing G-tube feedings or medication administration through a G-tube.
    - » A description of conditions that must be reported to the client or the primary caregiver, or in the absence of the primary caregiver, to the agency administrator, supervisor, or the client's physician. The description of conditions must include a plan to be effected if the G-tube comes out or is not positioned correctly to ensure medical attention is provided within one hour.
    - » Review of a written procedure for G-tube feeding or medication administration through a G-tube. The written procedure must be equivalent to current acceptable nursing standards of practice, including addressing the crushing of medications.
    - » Conditions under which G-tube feeding or medication administration must not be performed.
    - » Demonstration of a G-tube feeding and medication administration to a client. If the trainee will become a qualified trainer, the demonstration must be done by the RN, PA, or physician. If the trainee will not become a qualified trainer, the demonstration may be done by an RN, PA, physician, or qualified trainer.
  - The minimum competency evaluation must be documented and maintained in the employee's file and must include:
    - » A score of 100 percent on a written multiple-choice test that consists of situational questions to include the criteria above and an evaluation of the trainee's judgment and understanding of the essential skills, risks, and possible complications of a G-tube feeding or medication administration through a G-tube.
    - » A skills checklist demonstrating that the trainee has successfully completed the necessary skills for G-tube feeding and medication administration via G-tube, and if the trainee will become a qualified trainer, the skills checklist must also demonstrate the ability to teach another person to perform the task. The skills checklist must be completed by an RN, physician, or PA, if the trainee will become a qualified trainer. The skills checklist for a trainee who will not become a qualified trainer may be completed by an RN, physician, PA, or qualified trainer.
    - » Documentation of an accurate demonstration of the G-tube feeding and medication administration performed by the trainee. If the trainee will become a qualified trainer, documentation of competency to teach this task must be maintained in the file of the qualified trainer. The person responsible for the training of the trainee must document the successful demonstration of the G-tube feeding and medication administration via G-tube by the trainee and the trainee's competency to perform this task in the trainee's file.
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**Part 7: Requirements Applicable to Hospice Only**

**§558.322 Alternate delivery site**

**Observation**

A parent agency and an alternate delivery site (ADS) must meet the following requirements:

- The parent agency administrator or alternate administrator, or supervising nurse or alternate supervising nurse must conduct an on-site supervisory visit to the ADS at least monthly. The parent agency may visit the ADS more frequently based on the size of the service area provided by the parent agency.
- The supervisory visits must be documented and include the date of the visit, the content of the consultation, the individuals in attendance, and the recommendations of the staff.
- The parent agency must approve all ADS policies and procedures. This approval must be documented and filed in the parent agency and the ADS.

**§558.823 Coordination of Services by the Hospice**

**Policy Review**

A hospice must develop and maintain a system of communication and integration in accordance with its written policy on coordination of services. The policy must:

- Ensure that the interdisciplinary team maintains responsibility for directing, coordinating, and supervising the care and services provided to a client.
- Provide for and ensure the ongoing sharing of information between all hospice personnel providing care and services in all settings, whether the care and services are provided directly or under contract.
- Provide for ongoing sharing of information with non-hospice health care providers furnishing services unrelated to the terminal illness and related conditions.

**§558.833 Hospice medical social services**

**Personnel File Review**

Medical social services must be provided to a client by a qualified social worker. A qualified hospice social worker must meet one of the following requirements:

- Active licensure in the state of Texas as a master social worker (MSW) and one year of social work experience in a health care setting

OR

- Active licensure in the state of Texas as a baccalaureate social worker, one year of social work experience in a health care setting, and if employed by a hospice after December 2, 2008, must be supervised by a qualified MSW.

**§558.861 Management of drugs/controlled substances in a client’s home or community setting**

**Policy Review  
Patient File Review**

- A hospice must have written policies and procedures for the safe use and storage of drugs and biologicals in a client's home.
- A hospice must have written policies and procedures that address how controlled substance prescription drugs are managed in a client's home, including:
  - » When controlled substance prescription drugs are first ordered.
  - » When controlled substance prescription drugs are discontinued.
  - » When a new controlled substance prescription drug is ordered.
  - » When the client dies.
- When a controlled substance prescription drug is first ordered for use in a client's home, the hospice must:
  - » Provide a copy of the hospice's written policies and procedures on the management of controlled substance prescription drugs in a client's home to the client or client representative and family.
  - » Discuss the hospice policies and procedures for managing the safe use of controlled substance prescription drugs with the client or family in a language and manner that they understand, to ensure that these parties are educated regarding the safe use, storage, and disposal of controlled substance prescription drugs in the client's home.

- » Document in the client record that the hospice provided and discussed its written policies and procedures for managing the safe use and storage of controlled substance prescription drugs in the client's home.
- A hospice must have a written policy describing whether the agency will dispose of a client's unused controlled substance prescription drugs on the client's death or under other circumstances in which disposal is appropriate.
- If a hospice agency's policy provides for the agency to dispose of a client's unused controlled substance prescription drugs, the written policies and procedures which the hospice must implement and enforce, must:
  - » Identify disposal methods that are consistent with recommendations by the United States Food and Drug Administration and the laws of the State of Texas.
  - » Permit disposal only by a hospice employee or contractor who is a health care practitioner licensed to perform medical or nursing services.
  - » Require each health care practitioner responsible for disposal of a client's unused controlled substance to receive training regarding the secure and responsible disposal of controlled substance prescription drugs and in a manner that discourages abuse, misuse, or diversion.
- The hospice agency staff must:
  - » Provide a copy of the disposal policies and procedures to a licensed facility in which the client is residing or receiving short-term in-patient hospice services.
  - » Provide a copy of the disposal policies and procedures to the client and the client's family.
  - » Discuss the policies and procedures with the patient and the client's family in a language and manner the client and client's family understand.
  - » Document in the client's clinical record that the policies and procedures were provided and discussed.
  - » Document the client's agreement to the disposal of the client's unused controlled substance prescription drugs by a qualified health practitioner employed or contracted by the agency.
  - » Otherwise comply with state, federal, and local laws applicable to the disposal of drugs and biologicals in a facility.
- A health care practitioner may confiscate and dispose of a client's unused controlled substance prescription drug if the client has died, drug has expired, or the client's physician has given written instructions that the patient should no longer use the drug.
- A hospice agency may not dispose of controlled prescription drugs not prescribed to the client.
- Disposal of drugs must be done in a manner consistent with recommendations of the United States Food and Drug Administration and the laws of the State of Texas.
- A health care practitioner qualified may only dispose of the drugs at the location at which the practitioner has confiscated the drug.
- A health care practitioner disposal of a client's unused controlled substance prescription drugs must be witnessed by another person 18 years of age or older. The witness does not have to be a hospice employee.
- After disposing of the client's unused controlled substance prescription drug, the health care practitioner documents in the client's record:
  - » The name of the drug.
  - » The dosage of the drug the client was receiving.
  - » The route of controlled substance prescription drug administration.
  - » The quantity of the controlled substance prescription drug originally dispensed and the quantity of the drug remaining.
  - » The time, date, and manner of disposal.
  - » Name and relationship of the witness to the client.
- A health care practitioner documents in the client's file if a family member of the client prevented the confiscation and disposal of a controlled substance prescription drug.

- A health care practitioner document in the client's file if an employee of a licensed facility where the client is receiving in-patient hospice services prevented the confiscation and disposal of a controlled substance prescription drug.
  - A hospice must ensure that the interdisciplinary team (IDT) confers with a person with education and training in drug management, as defined in hospice policies and procedures and state law, who is an employee of or under contract with the hospice to ensure that drugs and biologicals meet a client's needs. The hospice must be able to demonstrate that the person has specific education and training in drug management. Persons with education and training in drug management include:
    - » A licensed pharmacist, a physician who is board certified in hospice and palliative medicine, or an RN who is certified in palliative nursing.
- OR
- » A physician, an RN, or an advanced practice nurse who completes a specific drug management course for hospice or palliation.

<b>§558.862 Management of drugs/controlled substances in an inpatient unit</b>	<b>Policy Review</b>
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- A hospice that provides inpatient care directly in its own **inpatient unit** must have a policy in place that promotes dispensing accuracy.

<b>§558.870 Staffing in a hospice inpatient unit</b>	<b>Observation</b>
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- A **hospice inpatient unit** must have a nurse call system.
- The hospice must install in a client's room a system that is equipped with an easily activated, functioning device accessible to the client that allows the client to call for assistance from a staff person on the unit.

<b>§558.871 Physical environment in a hospice inpatient unit</b>	<b>Observation</b>
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Emergency Preparedness: In addition to the requirements outlined above at §558.256, and other state and federal regulations, the following are required by the state of Texas for the emergency preparedness plan for **an inpatient hospice unit/facility**.

The portion of the emergency preparedness plan on direction and control must:

- Designate a person by position, and at least one alternate, to be in charge during implementation of an emergency response plan, with authority to execute a plan to evacuate or shelter in place.
- Include procedures the facility will use to maintain continuous leadership and authority in key positions.
- Include procedures the facility will use to activate a timely response plan based on the types of disasters identified in the risk assessment.
- Include procedures the facility will use to meet staffing requirements.
- Include procedures the facility will use to warn or notify facility staff about internal and external disasters, including during off hours, weekends, and holidays.
- Include procedures the facility will use to maintain a current list of who the hospice will notify once warning of a disaster is received.
- Include procedures the facility will use to alert critical facility personnel once a disaster is identified.
- Include procedures the facility will use to maintain a current 24-hour contact list for all personnel.

The portion of the plan on resource management must include procedures:

- To maintain contracts and agreements with vendors as needed to ensure the availability of the supplies and transportation needed to execute the plan to shelter in place or evacuate.
- To develop accurate, detailed, and current checklists of essential supplies, staff, equipment, and medications.
- To designate responsibility for completing the checklists during disaster operations.
- For the safe and secure transportation of adequate amounts of food, water, medications, and critical supplies and equipment during an evacuation.

- To maintain a supply of sufficient resources for at least seven days to shelter in place, which must include:
  - » Emergency power, including backup generators and accounts for maintaining a supply of fuel.
  - » Potable water in an amount based on population and location.
  - » The types and amounts of food for the number and types of clients served.
  - » Extra pharmacy stocks of common medications.
  - » Extra medical supplies and equipment, such as oxygen, linens, and any other vital equipment.

The portion of the plan for sheltering in place must:

- Be developed using information about the building's construction and Life Safety Code (LSC) systems.
- Describe the criteria to be used to decide whether to shelter in place or evacuate.
- Include procedures to assess whether the building is strong enough to withstand the various types of possible disasters and to identify the safest areas of the building.
- Include procedures to secure the building against damage.
- Include procedures for collaborating with local emergency management agencies regarding the decision to shelter in place.
- Include procedures to assign each task in the sheltering plan to facility staff.
- Describe procedures to shelter in place that allow the facility to maintain 24-hour operations for a minimum of seven days to maintain continuity of care for the number and types of clients served.
- Include procedures to provide for building security.

The portion of the plan on evacuation must:

- Include contracts with prearranged receiving facilities, including a hospice inpatient facility, skilled nursing facility, nursing facility, assisted living facility, or hospital, with at least one facility located at least 50 miles away.
- Include procedures to identify and follow evacuation and alternative routes for transporting clients to a receiving facility and to notify the proper authorities of the decision to evacuate.
- Include procedures to protect and transport client records and to match them to each client.
- Include procedures to maintain a checklist of items to be transported with clients, including medications and assistive devices, and how the items will be matched to each client.
- Include staffing procedures the facility will use to ensure that staff accompanies evacuating clients when the hospice transports clients to a receiving facility.
- Include procedures to identify and assign staff responsibilities, including how clients will be cared for during evacuations and a backup plan for lack of sufficient staff.
- Include procedures facility staff will use to account for all persons in the building during the evacuation and to track all persons evacuated.
- Include procedures for the use, protection, and security of the identifying information the facility will use to identify evacuated clients.
- Include procedures facility staff will follow if a client becomes ill or dies in route when the hospice transports clients to a receiving facility.
- Include procedures to make a hospice counselor available when staff accompanies clients during transport by the hospice to a receiving facility.
- Include the facility's policy on whether family of staff and clients can shelter at the hospice and evacuate with staff and clients.
- Include procedures to coordinate building security with the local emergency management agencies.
- Include procedures facility staff will use to determine when it is safe to return to the geographical area.
- Include procedures facility staff will use to determine if the building is safe for reoccupation.
- Be approved by the local emergency management coordinator (EMC) at least annually and when updated.

The portion of the plan on transportation must:

- Describe how the hospice prearranges for a sufficient number of vehicles to provide suitable, safe transportation for the type and number of clients being served.
- Include procedures to contact the local EMC to coordinate the facility's transportation needs in the event its prearrangements for transportation fail for reasons beyond the facility's control.

The portion of the plan on communication must include procedures:

- For continued communication, including maintaining contact with critical personnel and with all vehicles traveling in an evacuation caravan.
- To maintain an accessible, current list of the phone numbers of:
  - » Client family members.
  - » Local shelters.
  - » Prearranged receiving facilities.
  - » The local emergency management agencies.
  - » Other health care providers.
  - » State and federal emergency management agencies.
- To notify staff, clients, families of clients, families of critical staff, prearranged receiving facilities, and others of an evacuation or the plan to shelter in place.
- To provide a contact number for out-of-town family members to call for information.
- To relocate and track clients during disasters that require mass evacuations.

Physical plant and equipment – Hospice must develop procedures for controlling the reliability and quality of:

- The routine storage and prompt disposal of trash and medical waste.
- Light, temperature, and ventilation and air exchanges throughout the hospice inpatient unit.
- Emergency gas and water supply.
- The scheduled and emergency maintenance and repair of all equipment.

The portion of the plan on training must include:

- Procedures that specify when and how the disaster response plan is reviewed with clients and family members.
- Procedures to review the role and responsibility of a client able to participate with the plan.

A hospice must report deaths associated with the use of seclusion or restraint in its inpatient unit. The hospice must report:

- An unexpected death that occurs while a client is in restraint or seclusion.
- An unexpected death that occurs within 24 hours after the client has been removed from restraint or seclusion.
- A death known to the hospice that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to the client's death. The term "reasonable to assume" in this context includes but is not limited to death related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.
- To HHSC by telephone at 1-800-458-9858 within 24 hours after knowledge of a client's death.
  - » The hospice must complete Provider Investigation Report for Home and Community Support Services Agency (HHSC Form 3613) and send it to HHSC Complaint Intake Unit within 10 days after reporting the death to HHSC by telephone.
  - » Hospice personnel must document in the client's record the date and time the death was reported to HHSC.

**§558.880 Providing HSP care to SNF/NF/IID resident****Contract Review**

A hospice and SNF, NF, or ICF/IID must have a written contract that allows the hospice to provide services in the facility which must include:

- Provision stating that if the SNF, NF, or ICF/IID transfers the client from the facility that the hospice arranges for, and remains responsible for, any necessary continuous care or inpatient care related to the terminal illness and related conditions;
- Provision regarding management and disposal, in compliance with applicable law, of drugs, including controlled substance prescription drugs and biologicals.

Management and disposal of drugs and biologicals. The policies and procedures of the hospice may not impede the SNF, NF, or ICF/IID from adhering to state, federal, and local law applicable to the disposal of drugs and biologicals in a facility.

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**CROSSWALK | TEXAS REGULATION to related ACHC STANDARD**

Note: Compliance with state regulations marked with an asterisk (\*) is through policy review. Flag policies for efficiency of ACHC Surveyor review.

State Requirement	ACHC Standard (By Program)				
	Home Care	Home Health	Hospice	Home Infusion Therapy	Infusion Nursing
<b>558.210*</b> Agency operating hours	HC2-1A	HH2-1A.01	HSP2-1A	HIT2-1A	DRX2-1A
<b>558.211</b> Display of license	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.212</b> License alteration prohibited	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.213</b> Agency relocation	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.214</b> Change in contact info or hours	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.215</b> Agency name change	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.218</b> Agency organizational changes	HC1-9A	HH1-1B	HSP1-1B	HIT1-9A	DRX1-11A
<b>558.219</b> Adding/Deleting Category of Service to License	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.220</b> Service area	HC1-1A	HH1-1A	HSP1-1A	HIT1-1A	DRX1-1A
<b>558.241</b> Management	HC4-2H	HH4-2H.01	HSP4-2H	HIT4-2E	DRX4-2H
<b>558.243*</b> Supervisory responsibilities	HC1-1A HC1-4A HC4-9A	HH1-5A HH1-6B HH1-6C	HSP1-4A HSP1-6A HSP1-11A	HIT1-1A HIT1-4A HIT4-9A	DRX1-1A DRX1-4A DRX4-12A
<b>558.244</b> Administrator and supervising nurse qualifications	HC1-4A HC4-2H HC4-11C	HH1-5A HH1-6B HH4-2H.01	HSP1-4A HSP1-6A HSP4-2H	HIT1-4A HIT4-2E HIT4-9A	DRX1-4A DRX4-2H DRX4-12A
<b>558.245*</b> Staffing Policies	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.246</b> Personnel records	HC4-1B HC4-2H	HH4-1A.02 HH4-2H.01	HSP4-1A.02 HSP4-2H	HIT4-1B HIT4-2E	DRX4-1B DRX4-2H
<b>558.247</b> Verification of employability of unlicensed personnel	HC4-2H	HH4-2H.01	HSP4-2H	HIT4-2E	DRX4-2H

State Requirement	ACHC Standard (By Program)				
	Home Care	Home Health	Hospice	Home Infusion Therapy	Infusion Nursing
558.249* Self-reported incidents of abuse, neglect, exploitation	HC2-3A	HH2-3A	HSP2-3A	HIT2-3A	DRX2-3A
558.250* Agency investigations	HC2-3A	HH2-3A	HSP2-3A	HIT2-3A	DRX2-3A
558.251* Peer Review	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
558.252 Financial Solvency and Business Records	HC3-2A	HH3-1A	HSP3-2A.01	HIT3-1A	DRX3-1A
558.253* Drug testing policy disclosure	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
558.254* Billing and Insurance Claims	HC3-7A	HH3-4D.01	HSP3-5A.01	HIT3-5A	DRX3-6A
558.255* Prohibition of solicitation of patients	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
558.256 Emergency preparedness	HC7-3A	HH7-3A	HSP7-4B	HIT7-3A	DRX7-4A
558.259 Initial training in administration of agencies	HC1-7A	HH1-5A	HSP1-4A	HIT1-6A	DRX1-7A
558.260 Continuing education in administration of agencies	HC1-7A	HH1-5A	HSP1-4A	HIT1-6A	DRX1-7A
558.281* Client care policies	HC1-7B	HH1-1C	HSP1-2A	HIT1-7A	DRX1-8A
558.282* Client conduct and responsibility and client rights	HC2-2A	HH2-2A	HSP2-2A	HIT2-2A	DRX2-2A
558.283* Advance directives	HC2-6A	HH2-6B.02	HSP2-6A	HIT2-6A	DRX2-6A
558.284* Laboratory services	HC1-7A	HH1-11A	HSP1-9A	HIT7-14A	DRX7-19A
558.285* Infection control	HC7-1A	HH7-1A	HSP7-1A	HIT7-1A	DRX7-1A
558.286* Disposal of medical waste	HC7-6A	HH7-6A.01	HSP7-9A.01	HIT7-5A	DRX7-6A
558.287 QAPI	HC6-1A	HH6-1A	HSP6-1A	HIT6-1A	DRX6-1A

State Requirement	ACHC Standard (By Program)				
	Home Care	Home Health	Hospice	Home Infusion Therapy	Infusion Nursing
<b>558.288*</b> Coordination of services	HC5-3K	HH5-4A	HSP2-15F	HIT5-3H	DRX5-2G
<b>558.289</b> Independent contractors and arranged services	HC4-2H	HH4-2H.01	HSP4-2H		
<b>558.290*</b> Back-up services and after-hours care	HC2-1A	HH2-1A.01	HSP2-1A	HIT2-1A	DRX2-1A
<b>558.291*</b> Agency dissolution	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.292</b> Agency and client agreement and disclosure	HC2-1A	HH2-1A.01	HSP2-1A	HIT2-1A	DRX2-1A
<b>558.293</b> Client list and services	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.294*</b> Initiation of care or services	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.295</b> Client transfer or discharge notification requirements	HC5-7B	HH5-6A	HSP5-8B	HIT5-7A	DRX5-15B
<b>558.296*</b> Physician delegation and performance of delegated tasks	HC5-3F	HH5-3A	HSP5-4A	HIT5-3C	DRX5-2C
<b>558.297*</b> Receipt of physician orders	HC5-3F	HH5-8A	HSP5-4A	HIT5-3C	DRX5-1D
<b>558.298*</b> Delegation of nursing tasks by the RN to unlicensed personnel	HC1-7A	HH1-1A.01	HSP1-1A.01		
<b>558.299*</b> Nursing education, licensure, and practice	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.300*</b> Medication administration	HC5-3K HC5-8C	HH5-2F HH5-3B	HSP5-3D HSP5-4B	HIT5-3E HIT5-8B	DRX5-2G DRX5-7C
<b>558.301*</b> Client records	HC5-1C HC5-2A HC2-2A	HH5-1A HH5-1B HH2-2A	HSP5-1A HSP5-1B HSP2-2A	HIT5-1B HIT5-2A HIT2-2A	DRX5-1C DRX5-1D DRX2-2A
<b>558.302*</b> Pronouncement of death	HC1-7A	HH1-1A.01	HSP5-14A.02	HIT1-6A	DRX1-7A
<b>558.303*</b> Possession of sterile water, saline, vaccines, TB, etc.	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A

State Requirement	ACHC Standard (By Program)				
	Home Care	Home Health	Hospice	Home Infusion Therapy	Infusion Nursing
<b>558.321*</b> Branch office	HC1-1A	HH1-6C		HIT1-1A	DRX1-1A
<b>558.322*</b> Alternate delivery site			HSP1-11A		
<b>558.298*</b> Delegation of nursing tasks by the RN to unlicensed personnel	HC1-7A	HH1-1A.01	HSP1-1A.01		
<b>558.299*</b> Nursing education, licensure, and practice	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.300*</b> Medication administration	HC5-3K HC5-8C	HH5-2F HH5-3B	HSP5-3D HSP5-4B	HIT5-3E HIT5-8B	DRX5-2G DRX5-7C
<b>558.301*</b> Client records	HC5-1C HC5-2A HC2-2A	HH5-1A HH5-1B HH2-2A	HSP5-1A HSP5-1B HSP2-2A	HIT5-1B HIT5-2A HIT2-2A	DRX5-1C DRX5-1D DRX2-2A
<b>558.302*</b> Pronouncement of death	HC1-7A	HH1-1A.01	HSP5-14A.02	HIT1-6A	DRX1-7A
<b>558.303*</b> Possession of sterile water, saline, vaccines, TB, etc.	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A
<b>558.321*</b> Branch office	HC1-1A	HH1-6C		HIT1-1A	DRX1-1A
<b>558.322*</b> Alternate delivery site			HSP1-11A		
<b>558.401</b> Standards specific to licensed home health services	HC1-7A HC4-2B	HH1-1A.01 HH4-2B.01			
<b>558.404*</b> Standards specific to agencies licensed to provide Personal Assistance Services	HC1-7A HC4-13B HC5-3G HC5-3M				
<b>558.407*</b> Provision standards for agencies providing home IV therapy				HIT5-3A HIT5-6A HIT7-2B	DRX5-2B DRX5-5A DRX7-2B
<b>558.701</b> Home Health Aides	HC4-6A	HH4-11H HH4-12A			
<b>558.823*</b> Coordination of services by the hospice			HSP2-15F		

State Requirement	ACHC Standard (By Program)				
	Home Care	Home Health	Hospice	Home Infusion Therapy	Infusion Nursing
<b>558.833</b> Hospice medial social services			HSP4-11D		
<b>558.861*</b> Management of drugs/controlled substances in a client's home or community setting			HSP5-3D HSP7-6B		
<b>558.862*</b> Management of drugs/controlled substances in an inpatient unit			HSP4-14B		
<b>558.870</b> Staffing in a hospice inpatient unit			HSP2-16B		
<b>558.871*</b> Physical environment in a hospice inpatient unit			HSP6-7A HSP7-3E HSP7-4C HSP7-4D HSP7-4E		
<b>558.880</b> Providing hospice care to SNF/NF/IID resident			HSP1-8C		
<b>331.001-331.006*</b> Workplace Violence Prevention	HC1-7A	HH1-1A.01	HSP1-1A.01	HIT1-6A	DRX1-7A