Home and Community Support Services Agencies Frequently Asked Questions Updated: July 2026 General FAQs Regarding HCSSAs

These Home and Community Support Services Agencies (HCSSA) Frequently Asked Questions (FAQs) are frequent questions received by LTCR (Long Term Care Regulatory) Policy and Rules.

With each new update, new questions will be identified with the date they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to LTCR Policy and Rules at 512-438-3161 or LTCRPolicy@hhs.texas.gov.

The guidance provided is based on state licensing standards and requirements governing HCSSAs in Texas Administrative Code, Title 26, Chapter 558.

Notice to HCSSAs with Medicare, Medicaid, and Contract Agreements - HCSSAs that participate in Medicare or contract for Medicaid or other programs must also follow applicable federal regulations, applicable state program rules and contracts, and policy guidance for their contracted programs, including guidance related to reimbursement requirements.

Resources

How can I access the Home and Community Support Services Agencies (HCSSA) Provider Portal?

Answer: To access the HCSSA Provider Portal, click on the link below:

Home & Community Support Services Agencies (HCSSA) | Texas Health and Human Services

Am I responsible for reading and understanding the HCSSA regulations?

Answer: Yes. HCSSA providers are responsible for reading and understanding the HCSSA regulations before becoming a licensed provider. In addition to the HCSSA rules, the agency is responsible for reading and understanding the various statutes, occupation codes, and OSHA and CLIA requirements.

Where can I access the HCSSA rules?

Answer: HCSSA rules may be accessed online in the Texas Administrative Code. The rules for HCSSAs can be found at 26 Texas Administrative Code (TAC) Chapter 558.

How do I obtain a copy of 26 TAC Chapter 558?

Answer: You can request a copy of the most recent version of the HCSSA rules free of cost. The instructions are listed on Provider Letter (PL) 2019-02. To obtain a copy of the current version of a rule chapter or subchapter, you can follow the instructions on PL 2019-02 or follow the instructions below:

1. Go to the SOS's Public Document Request page:

Home - Rules & Meetings

2. Select the "Effective Date" then click on "Next."

3. Click on "Title 26 Health and Human Services."

4. Click on "Part 1 Health and Human Services Commission".

4. Click on "Request Chapter" corresponding to the appropriate chapter being requested. (Chapter 558)

5. The Chapter Request form will appear, chose the file type (Word, PDF or text). Type in your email address and click "Submit."

6. Within a few minutes, you should receive an email at the address you provided that includes a link for you to click on to access the document.

7. Click on the link in your email.

8. Default browser will open with a dialog box with downloaded file.

9. Open the zip file and save the files to your device if desired. You may find multiple documents inside the file. There will be the doc/pdf/txt of the rules, as well as any tables or charts in PDF that are associated with the rules.

How do I sign up for GovDelivery?

Answer: To sign up for GovDelivery follow the instructions below:

1. Go to: https://service.govdelivery.com/accounts/TXHHSC/subscriber/new

2. Enter your email address.

3. Confirm your email address, select your delivery preference, and submit a password if you want one.

4. At a minimum, select HCSSA or your preferred topics.

5. When done, click "Submit".

<Updated 07/02/26> With Blackboard deactivated, what emergency communication system do I need to sign up for?

Answer: With Blackboard Connect deactivated effective 10/31/24, all HCSSA providers will have to sign up for the new emergency communication system, AlertMedia. Provider Letter 2025-01 was published January 7, 2025. Instructions for signing up are detailed in PL 2025-01. All HCSSA providers must be signed up with AlertMedia no later than February 15, 2025. For questions about signing up with AlertMedia, please email AlertMedia at RSDAlertMedia@partner.hhs.texas.gov.

PL 2025-01 was revised 12/08/25 to add clarification about a provider's responsibility to document who has signed up for Alert Media. As stated in section 2.0 of the PL, all providers will need to keep record of who has signed up for the system. Providers will need to print and keep documentation on file by printing a screenshot of the Profile and the provider's regions.

Where can I find policies required for a HCSSA?

Answer: HCSSA regulations in Chapter 558 dictate any required policies agencies must develop and implement. Please note the regulations do not contain a comprehensive list of policies an agency may require for individual business needs. It is up to each HCSSA to develop and implement their own policies. HHSC does not maintain a list of policies required for HCSSA agencies.

Licensing

Who is exempt from a HCSSA license?

Answer: The complete list of exemptions are found in Texas Health and Safety Code Chapter 142.003, Exemptions from Licensing Requirement.

The two most common exemptions are as follows:

- A physician, dentist, registered nurse (RN), occupational therapist, or physical therapist licensed under the laws of this state who provides occasional or infrequent home health services to a client in lieu of the typical or customary operations of that person's private office practice; and
- A registered nurse, licensed vocational nurse, physical therapist, occupational therapist, speech therapist, medical social worker or any other health care professional as determined by the department who provides home health services as a sole practitioner.

A few examples are as follows:

- A physician conducting occasional home visits in light of a patient's recent injury.
- A registered nurse or licensed vocational nurse providing wound care to a friend or family member without reimbursement and not representing themselves as a home health agency.
- A registered nurse that works for herself and not an agency or other entity.

- A physical therapist making a home visit to assess their patient's home environment before prescribing a home exercise plan.

I own a pharmacy and want to hire nurses to provide infusion/intravenous therapy to clients in their homes but do not have a HCSSA license. Is a HCSSA license required to provide infusion therapy services in a client's/patient's home without providing any home health services?

Answer: Yes. Anything that has to do with the provision of nursing services in the home requires a HCSSA license unless an exemption is met from Health and Safety Code, Chapter 142.003 relating to Exemptions from Licensing Requirement. Exemptions for a pharmacy is as follows:

Section 142.003 of the Health and Safety Code Statute speaks specifically to the issue mentioned:

"Sec. 142.003. EXEMPTIONS FROM LICENSING REQUIREMENT. (a) The following persons need not be licensed under this chapter:…(9) a pharmacy or wholesale medical supply company that does not furnish services, other than supplies, to a person at the person's house;".

The complete list of exemptions are found in Texas Health and Safety Code Chapter 142.003, Exemptions from Licensing Requirement.

The standards for providing home intravenous therapy can be located in 26 TAC §558.407, Standards for Agencies Providing Home Intravenous Therapy.

What categories of service are provided under a HCSSA license?

Answer: Per 26 TAC §558.13, Obtaining an Initial License, the categories of service allowed under a HCSSA license are:

- Personal Assistance Services (PAS),
- Licensed Home Health Services (LHHS),
- Licensed Home Health Services with home dialysis designation,
- Licensed and Certified Home Health Services (L&CHHS),

- Licensed and Certified Home Health Services with home dialysis designation,
- Hospice Services,
- Hospice Services with an Inpatient Unit,

Agencies that are licensed and certified must also comply with the Conditions of Participation at 42 CFR Part 484 for home health and 42 CFR Part 418 for hospice.

What department do I call for updates to my HCSSA license?

Answer: For any questions regarding updates to a HCSSA license, the Licensing and Certification department may be contacted by telephone at 512-438-2630 or via email at LTC_HCSSA_Licensing@hhs.texas.gov.

Do I have to wait until I renew my license to update my physical address?

Answer: When a HCSSA is considering a change in location, they must notify HHSC at least 30 days before the relocation via the online portal, TULIP, using Form 2021. Waiting until the next licensure renewal period could place the agency out of compliance with the rules at 26 TAC §558.213, Agency Relocation. A HCSSA is not allowed to move the HCSSA license from one location to another without prior notice. Certified HCSSAs certified by CMS must fill out Form 6325, HCSSA Medicare Relocation Questionnaire for agency relocations. Please see PL 2023-04, HCSSA Medicare Relocation Questionnaire.

<Added 07/02/26> How long does it take to process a HCSSA application?

Answer: The timeframes for processing an initial HCSSA license can be found in 26 TAC 558.31(b). There are two timeframes listed in the HCSSA rules. Any other deviations from these timeframes would be communicated via the Licensing Department.

Agency Administration

What are the Administrator/Alternate Administrator qualifications for a PAS agency?

Answer: Per 26 TAC §558.244, Administrator Qualifications and Conditions and Supervising Nurse Qualifications, for an agency licensed to provide PAS, the administrator and alternate administrator must meet at least one of the following conditions:

- have a high school diploma or GED (general equivalency degree) 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; or
- met the qualifications listed in paragraph (1)(A) or (B) of this subsection (qualifications for an agency licensed to provide licensed home health services, licensed and certified home health services, or hospices services).

Can a HCSSA have more than one administrator or alternate administrator?

Answer: No. Each licensed HCSSA must have one administrator and one alternate administrator. Multiple administrators are not allowed. Per 26 TAC §558.243, Administrative and Supervisory Responsibilities, the license holder must designate an individual to serve as an administrator and another to serve as the alternate administrator.

I am trying to open a HCSSA that provides PAS. Do the administrator and alternate administrator have to be licensed?

Answer: No. For agencies that provide PAS only, the administrator and alternate administrator do not have to be licensed but have to meet the qualifications in 26 TAC §558.244 (a)(3). Administrator qualifications are located in 26 TAC §558.244, Administrator Qualifications and Conditions and Supervising Nurse Qualifications.

What qualifies as proof of continuing education for HCSSA administrators and alternate administrators?

Answer: Proof of continuing education for HCSSA administrators would consist of written documentation of the name of the class or workshop, the topics covered and the hours and dates of the class or workshop. Documentation of the administrator and alternate administrator's continuing education must be on file

with the agency. See 26 TAC §558.260, Continuing Education in Administration of Agencies.

I am looking to hire a LVN to serve as the administrator of my L&CHH that has been an administrator with another HCSSA for over 30 years. Will she qualify as an administrator at my HCSSA if I hire her now?

Answer: No. The LVN was able to be an administrator at the other agency as she was hired prior to 01/13/18. Per eCFR §484.115(a)(2), if hired after 01/13/18, she would need to be a RN. Licensed and Certified HCSSAs must meet the requirements at eCFR §484.115 in addition to the requirements in 26 TAC §558.244 (a)(1), Administrator Qualifications and Conditions and Supervising Nurse Qualifications.

Can I use a virtual address for my business without making any changes to my Texas Unified Licensure Information Portal (TULIP) registration?

Answer: No. Per 26 TAC §558.1 (a)(2), when an agency receives a HCSSA license issued by HHSC that license authorizes the agency to perform services for each place of business from which home health, hospice, or PAS is directed. An agency cannot have a virtual office as its place of business. It must be a permanent physical place.

If a HCSSA chooses to relocate its physical place of business to another permanent physical place of business, it must be done in accordance with 26 TAC §558.213 (relating to Agency Relocation) and 26 TAC §558.208 (relating to Reporting Changes in Application Information and Fees).

An agency must not transfer a license from one location to another without prior written notice to HHSC. 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 by submitting a relocation application through the online portal.

Can I use my home address as my HCSSA place of business?

Answer: Yes. You can use your home address as the HCSSA address if this will be the place of business from which home health, hospice, or PAS is directed. However, a home address cannot be the address or place of business for an inpatient hospice unit.

Can two HCSSAs share the same office space?

Answer: There is no state licensing rule that prevents two HCSSAs from sharing an office space; however, both HCSSAs must have their own office space within the suite to conduct daily operations and also have their separate areas for client and personnel records. Each HCSSA must have their license displayed per 26 TAC §558.211, Display of License, and have a notice in a visible location when the office is closed that will provide information regarding how to contact the person in charge per 26 TAC §558.210, Agency Operating Hours. The HCSSA must ensure personnel and client records are treated with confidentiality, safeguarded against loss and unofficial use, and maintained in accordance with state and federal laws and regulations and professional standards of practice. All forms of electronic devices utilized by the HCSSA for documentation must also be safeguarded against loss and unofficial use. For information on record requirements, please refer to 26 TAC §558.246 relating to Personnel Records and 26 TAC §558.301 relating to Client Records. In the event client services are provided in the HCSSA, the HCSSA must ensure space to uphold client confidentiality. In addition to not sharing space within the location, HCSSAs are not to share direct care staff during one shift.

I have a HCSSA license with an L&CHHS category of service but also have additional categories of services under my HCSSA license. Am I required to operate separate entities for each category of service?

Answer: No. You are not required to operate separate entities. A separate entity also known as a separate line of business in the LHHS or PAS license category indicates a distinct or separate department, division, agency, or program for exemption from meeting the Medicare CoPs (Conditions of Participation). This means the HCSSA would have to have separate staff, client records, personnel files, policies, admission forms, budgets, etc. Please note that your agency must qualify to operate a separate entity by having additional license categories that either meet the exemptions from CoPs or do not require services that must be operated under an L&CHH license category.

If you are wanting to operate separate entities, please refer to PL 2017-35, Determination of Separate Entities.

I have a HCSSA with an L&CHH and LHH category of service that provides private duty nursing under the LHHS category of service. Am I able to do a separate entity for that category and those clients?

Answer: Agencies may contact their managed care program for certification requirements. If a program requires the Medicare CoPs to be met as a condition of contract, then services may not be provided under a separate entity. If the managed care program does not require certification or the Medicare CoPs to be met, then agencies may be eligible to operate as a separate entity.
For questions regarding private duty nursing and the StarKids program, please see the link provided: https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/star-kids.

Title 26, Texas Administrative Code, §558.256 (q), Emergency Preparedness Planning and Implementation reads, "The agency administrator and alternate administrator must enroll in an emergency communication system in accordance with instructions from HHSC." What is the emergency communication system?

Answer: The emergency communication system referred to in 26 TAC §558.256 (q) is the AlertMedia administrators and alternate administrations are required to enroll in no later than 02/15/25. Alert Media will be used to send emergency and outreach notifications through email, phone, voice and text if available.

Can a person be employed if the person has been convicted of a crime?

Answer: A HCSSA may not employ a person when it is determined, as a result of a criminal history check, that the person has been convicted of a criminal offense that bars employment, under Section 250.006(a), (b), and (d) Health and Safety Code, or that the agency has determined is a contraindication to employment. See 26 TAC §558.247, Verification of Employability and Use of Unlicensed Persons, for specific HCSSA employment requirements. If a HCSSA contracts with another agency or organization for an unlicensed person to provide home health services, hospice services, or personal assistance services, the HCSSA must comply with the rules set forth at 26 TAC §558.289 (d), Independent Contractors and Arranged Services.

Can a person be employed if the person is serving a criminal sentence, under deferred adjudication community supervision?

Answer: No. The person would not be eligible for employment if the person is currently serving a criminal sentence, under deferred adjudication community supervision, for a criminal offense that would bar employment, under Section 250.006(a), Health and Safety Code.

For the applicant to be serving a criminal sentence, under deferred adjudication community supervision, the criminal court judge, after receiving a plea of guilty or nolo contendere, hearing the evidence, and finding that it substantiates the person's guilt, the judge could defer further proceedings without entering an adjudication of guilt and place the defendant on deferred adjudication community supervision, under Article 42A.101, Code of Criminal Procedure. Only after the expiration of the period of deferred adjudication community supervision, will the judge order dismissal of the proceedings against the person and discharge the defendant, under Article 42A.111(a), Code of Criminal Procedure.

Therefore, the applicant must successfully complete the period of deferred adjudication community supervision and receive an order of dismissal and discharge, from the criminal court judge, in accordance with Article 42A.111 (c-1), Code of Criminal Procedure. Only upon the judge's order of dismissal or discharge of the criminal conviction, the conviction may not be considered as a bar to employment, under Section 250.006(b), Health and Safety Code.

How long are HCSSAs to keep copies of criminal history results of its staff?

Answer: HHSC does not determine the retention timeframe for criminal history results. For the retention of a printed DPS (Department of Public Safety) criminal history check, please contact DPS for their guidance on the documentation.

As a reminder, agencies must have evidence that a criminal history check was completed for staff upon hire. Per PL 2019-01 regarding Acceptable Documentation for a Criminal History Check, providers may keep a log in the format prescribed by HHSC as evidence of compliance. Providers are not required to provide the DPS criminal history check printout as evidence of compliance with criminal history check requirements.

Are the criminal history requirements for hospice the same as for all HCSSAs?

Answer: In addition to the requirements in 26 TAC §558.247 and 26 TAC§558.289, a hospice must conduct a criminal history on all hospice employees, volunteers, and contracted staff that have direct contact with clients or access to their records. Rules for hospice employees are located at 26 TAC §558.855, Criminal Background Checks.

Updated <07/14/26> What is the Search Engine for Multi-Agency Reportable Conduct and will HCSSAs be required to comply?

Answer: The Search Engine for Multi-Agency Reportable Conduct (SEMARC) was developed in accordance with Chapter 810 of the Texas Health and Safety Code. SEMARC provides a common platform for authorized users to search for information across multiple agencies for individuals with a history of reportable conduct. SEMARC results are used to determine an individual's eligibility for employment, volunteer positions, certification, contracts, or licensure with facilities regulated or licensed by participating state agencies. HCSSAs will be required to use SEMARC, in addition to the Nurse Aide Registry (NAR), to determine a person's employability beginning August 3, 2026. HCSSAs will access SEMARC through the Texas Unified Licensure Information Portal (TULIP). As a reminder, the NAR is housed separately. For more information, please see Provider Letter 2026-10, LTCR Provider Responsibilities for the Search Engine for Multi-Agency Reportable Conduct (SEMARC).

Should there be one Quality Assessment and Performance Improvement (QAPI) report per agency or one QAPI report per category of license?

Answer: A licensed HCSSA with multiple categories of service may have one report however, the license holder must ensure the HCSSA's QAPI program plan of implementation, review, and QAPI documents address measures as appropriate for the scope of services provided by the agency.

For example, the hospice category of service for a HCSSA would not need to have outcomes, analysis, and audits in relation to the HCSSA's Personal Assistance Services (PAS) category of service in its QAPI documentation. Even though the HCSSA's QAPI Committee created one report because the QAPI program addresses

all the scope of services provided by the HCSSA, each licensed category can glean the appropriate information from the report to have the documentation needed to be in compliance.

Are agencies allowed to charge clients for a copy of their medical record?

Answer: HCSSA rules do to not specifically address charging for medical records. This would be determined by agency policy.

Is each HCSSA required to have a separate space for storage of client records?

Answer: Per 26 TAC §558.301, Client Records, "The agency must establish an area for original active client record storage at the agency's place of business. The original active client record must be stored at the place of business (parent agency, branch office, or ADS [alternate delivery site]) from which services are provided."

What documents are required in personnel records?

Answer: The requirements for personnel records are located at 26 TAC §558.246. Any additional requirements will be based on agency policy.

Are HCSSA required to retain copies of an employee driver's license in his/her personnel record?

Answer: Personnel record requirements in 26 TAC §558.246 do not include a copy of the employee's driver's license. However, if the agency's policy states that a copy of the driver's license will be included in the personnel record, the agency must follow its policy and include a copy of the employee's driver's license.

Can client record be kept electronically?

Answer: Client records are allowed to be kept electronically. However, all criteria at 26 TAC §558.301 (relating to Client Records) must be met. Electronic records must also be accessible to surveyors while conducting an inspection.

What is CIMS and are HCSSAs required to use this to report allegations of abuse, neglect, and exploitation?

Answer: CIMS stands for Critical Incident Management System. CIMS is a tracking tool for certain waiver providers to report abuse, neglect, or exploitation (ANE)

allegations and other critical incidents. Medicaid rules for the programs listed below require providers to use CIMS. It is not a HCSSA licensure requirement.

- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS),
- Texas Home Living (TxHmL),
- Community Living Assistance and Support Services (CLASS), and
- LIDDA General Revenue (GR) services.

CIMS does not replace the regulatory ANE reporting process, as CIMS reports do not result in investigations. Separate from CIMS, HCSSAs are required to report allegations of abuse, neglect, and exploitation via TULIP, by email to ciicomplaints@hhs.texas.gov and submitting the HHSC CII Self-Report Email Template, or by calling and speaking to an agent at (800) 458-9858 (Monday through Friday, 7 a.m. – 7 p.m.).

Additional information on CIMS can be found on the following page: Critical Incident Management System (CIMS™) | Texas Health and Human Services.

I am a HCSSA that provides PAS only. Am I required to implement a Workplace Violence Program?

Answer: If a HCSSA that provides PAS only employs 2 or more RN's, the PAS must implement a Workplace Violence Program to be in compliance with SB 463 89th Texas Legislature (Regular Session, 2025) and SB 240, 88th Texas Legislature (Regular Session, 2023). Please refer to PL 2024-10 for guidance on the Implementation of a Workplace Violence Program.

*Please note that HHSC is currently working on updating the rules at 26 TAC Chapter 558 to reflect the requirements of SB 463 and SB 240.

<Added 07/02/26> I want to open an administrative support site to allow for scheduling, completion of clinical documentation, and marketing duties. Will this location require a license?

Answer: Yes, if an administrative support site is scheduling client/patient visits and completing clinical documentation. These activities are not allowed at administrative

support sites. Per 26 TAC §558.2(4), an administrative support site is a facility or site where an agency performs administrative and other support functions but does not provide direct home health, hospice, or personal assistance services. Provider Letter 2009-03 answers frequently asked questions about administrative support sites.

Client Care

What services are provided under the category of PAS?

Answer: 26 TAC §558.2(87) defines personal assistance services as, "Routine ongoing care or services required by an individual in a residence or independent living environment that enable the individual to engage in the activities of daily living or to perform the physical functions required for independent living, including respite services. The term includes:

- personal care;
- health- related services performed under circumstances that are defined as not constituting the practice of professional nursing by the Texas Board of Nursing; and
- health-related tasks provided by unlicensed personnel under the delegation of a registered nurse or that a registered nurse determines do not require delegation."

26 TAC §558.2(88) Personal care is defined as, "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; and
- transfer or ambulation."

Is Registered Nurse (RN) delegation under LHHS or PAS?

Answer: RN delegation can be provided under both categories of service. If RN delegation is to be provided under either category, the agency will have to either employ an RN or contract with the RN who is providing the delegation. The RN contracted or employed by the PAS and/or LHHS will have to follow the rules for RN delegation found in 22 TAC §225, RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions. Assessment of the client by the RN must be conducted prior to delegating any nursing-related tasks. The RN is responsible for the supervision and evaluation of competency of the unlicensed personnel to whom the delegation is provided. Documentation of delegation is also required.

Can a PAS agency fill weekly pill minders for clients?

Answer: Filling weekly pill minders for individuals who self- administer with or without assistance is not an authorized service a PAS agency can provide. If a client requires the administration of their medications due to the inability to self-administer, an RN or designee following rules at 22 TAC §225.11 can fill the pill minder. PAS agencies must keep in mind the requirements for oversight for the delegation of this task and ensure that the RN is available for the required supervisory visits as needed.

Per 22 TAC §225.11(1), persons allowed to prefill a weekly box or pill reminder are the RN or a person mutually agreed upon by the RN and client or client's responsible adult who has demonstrated the ability to complete the task properly. This is only in instances where the RN will be delegating medication administration

from the pill box and does not include situations in which the client will be self-administering their medications.

Can home health services be provided in a location other than the client's residence?

Answer: Yes. A HCSSA can provide services in a client's residence, an independent living environment, or another appropriate location. Texas Administrative Code, Chapter 558 defines independent living environment as a client's residence, which may include a group home, foster home, or boarding home facility, or other settings where a client participates in activities, including school, work, or church. Some payor sources such as insurance or a physician may require the services to be provided outside of the client's home.

The agency must keep in mind that any location where services are provided should take into account the client's dignity, privacy, and comfort. The HCSSA must be able to provide the services unencumbered.

I have two clients in the same household that want the same attendant to work for them. Can one attendant work for two clients in the same household.

Answer: Yes. The HCSSA rules do not prevent an attendant from having more than one client at any time. However, you must ensure the schedules do not overlap as this will become an issue.

Can my family member be my paid attendant?

Answer: The HCSSA rules do not prevent a client's family member working for the client. If your agency participates in Medicare, contract for Medicaid, or other programs, your agency must follow applicable federal regulations, applicable state program rules and contracts, and policy guidance for the contracted programs, including guidance related to reimbursement requirements.

My client is authorized a certain number of hours per week. The client's family wants to pay privately for hours in addition to the authorized hours the client is already receiving. Do these private pay hours have to be documented on the care plan, plan of care, or ISP?

Answer: Yes. If the client's assessment determined that additional or after-hours care would be necessary, the agency would need to indicate it in the client's care plan, plan of care, or ISP. Per 26 TAC §558.404 (f)(2), the ISP must include the types of services to be provided and the frequency and duration of services. Per 26 TAC §558.401(b)(2)(B), the plan of care must include all types of services required and frequency of visits.

What is the difference between a home health plan of care and a physician's order?

Answer: The plan of care is a written plan prepared by the appropriate healthcare professional and submitted to the physician for review and approval. A physician's order is a directive or request for services to be provided for a client. The plan of care is written after receiving a physician's order and derived from the comprehensive assessment for home health. A plan of care cannot take the place of a physician's order.

Title 26, Texas Administrative Code, §558.401 uses the term "appropriate health care professional" when referring to performing the initial health assessment and preparing the care plan or plan of care. What is meant by the appropriate health care professional?

Answer: The appropriate health care professional is based on what services are primarily being provided. If therapy, the corresponding therapist could conduct the initial health assessment and prepare the plan of care or care plan. If nursing services are provided, an RN must perform the initial health assessment and prepare the care plan or plan of care. Per 22 TAC §217.11 (2)(A)(i), a Licensed Vocational Nurse (LVN) is allowed to perform focused assessments. Because the initial health assessment is a comprehensive assessment, the LVN is not allowed to conduct the initial health assessment. This is outside the scope of practice for an LVN.

What are the rules for solicitation in Chapter 558?

Answer: The TAC rules that HCSSAs must follow concerning solicitation are found in 26 TAC §558.255, Prohibition of Solicitation of Patients. Agencies are required to adopt and enforce a policy to ensure compliance with Texas Occupations Code Chapter 102. Per Texas Occupations Code, Chapter 102, Solicitation of Patients, "A

person commits an offense of the person knowingly offers to pay or agrees to accept, directly or indirectly, overtly or covertly any remuneration in cash or in kind to or from another for securing or soliciting a patient or patronage for or from a person licensed, certified, or registered by a state health care regulatory agency."

Are assessments appropriate for teleservices?

Answer: Initial assessments and reassessments being done via telehealth are dependent on what the clinician's licensing board, Texas Occupations Code, and the Texas Administrative Code allows. This will also be dependent on whether it is clinically appropriate and safe for the client. The clinician performing the assessment will determine whether the assessment can be done while in the client's home or via telehealth. For more information on teleservices, please see PL 2024-06, Teleservices in HCSSAs.

Infection Control

What is the Tuberculosis (TB) requirement for HCSSAs?

Answer: There is no regulatory requirement for a HCSSA to conduct employee TB screenings. Under 26 TAC §558.285 of the Licensing Standards for HCSSAs, an agency is required to adopt and enforce written policies addressing infection control, including the prevention of the spread of infectious and communicable disease. Providers should adopt, implement, and enforce their policies and procedures, and ensure staff are trained accordingly. However, TB is a notifiable condition and a HCSSA is required to report positive cases of TB to their local health entity as must be indicated by the infection control policies and procedure. See the listing of local health entities by county at Local Health Entities.

HHSC also encourages following CDC recommended guidelines. PL 2020-25 speaks about recommendations for TB. For more information regarding the revised recommendations, visit the CDC website at:
https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

Hospice

Why is a certified hospice who hires a certified nurse aide (CNA) to provide hospice aide services required to follow nursing home CNA requirements?

Answer: Per the Code of Federal Regulations (CFR) §418.76 Condition of Participation: Hospice aide and homemaker services, "All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) [referring to hospice aide qualifications] of this section." However, this applies to HCSSAs that are a licensed and certified hospice.

Hospice aide qualifications are listed at 42 CFR §418.76 (a), Standard: Hospice aide qualifications.

Per CFR §418.76(a)(1), "a qualified hospice aide is a person who has successfully completed one of the following:

i. A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively.

ii. ii. A competency evaluation program that meets the requirements of paragraph (c) of this section.

iii. iii. A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry.

iv. iv. A State licensure program.

Hospice aide qualifications for a licensed only hospice are located at 26 TAC §558.843, Hospice Aide Qualifications.

What categories of service can Supportive Palliative Care (SPC) be provided under?

Answer: SPC can be provided under the categories of Licensed Home Health Services, Licensed Home Health Services with Dialysis, Licensed and Certified

Home Health Services, and Licensed & Certified Home Health Services with Dialysis. SPC cannot be provided by a hospice agency or hospice staff. A hospice agency who obtains a home health license must have separate employees, records, and policies as they are separate licenses and require staff to be clearly identified. Staff can be employed by both license types at the same time, but they cannot work in both positions at the same time. See PL 2022-33, Guidance for HCSSAs Wanting to Provide Supportive Palliative Care.

Appendix M was recently updated and released and states that using pseudo-patients is allowed for hospice aide competency. Is this allowed per Chapter 558?

Answer: No. Current rules in 26 TAC §558.701 do not allow the use of pseudo-patients. HHSC is in the process of revising their rule and will be addressing this.

Can hospice volunteers provide activities, such as crafts and reading books?

Answer: The Interpretive Guidance (IG) at §418.78, Condition of Participation: Volunteers in Appendix M of the State Operations Manual states the following: "Volunteers are considered hospice employees to facilitate compliance with the core services requirement." Appendix M provides interpretive guidance (IG) on the subject. In addition to this, the IG at §418.78(b), Standard: Role states the following: "Hospices are also permitted to use volunteers in non-administrative and non-direct patient care activities, although these services are not considered when calculating the level of activity described in standard (e)." With that in mind, easing the burden of care for the family is providing core services so long as it is outlined in the Interdisciplinary Team's (IDT) plan of care. Any volunteer service provided to a hospice client must be provided as ordered in the client's hospice plan of care (POC) prepared by the IDT. Per 26 TAC §558.821, the hospice must designate an IDT to prepare a POC based on the initial, comprehensive, and updated comprehensive assessments. Service provided by the volunteer in accordance with the hospice POC must be documented in the client's record as per 26 TAC §558.301(a)(9)(I).

How often must a RN make supervisory visits for hospice aides?

Answer: Per 26 TAC §558.842(d), "An RN must make an on-site visit to a client's home to supervise the hospice aide services at least every 14 days to assess the quality of care and services provided by the hospice aide… The hospice aide does not have to be present during this visit." These supervisory visits are not the same as the annual on-site visit to observe and assess the hospice aide. Per 26 TAC §558.842(e), "An RN must make an annual on-site visit to the location where a hospice client is receiving care to observe and assess each hospice aide while the aide performs care."

Do hospice agencies have to be Medicare or Medicaid certified?

Answer: The regulations in Chapter 558 do not discuss Medicare and/or Medicaid certification for hospice agencies. While the regulations do not discuss Medicare and/or Medicaid certification for hospices, Medicaid requirements do state that in order to receive a Medicaid contract, the hospice must show intent to certify. 26 TAC §266.305(a) states that a hospice participating in the Medicaid Hospice Program must also comply with applicable federal regulations including 42 CFR Part418. The Medicaid Hospice Provider Manual, Section 1200 states, "Home health agencies with a hospice service designation, and any agency/facility that calls itself a hospice that is not fully licensed and Medicare certified as a hospice agency, are not eligible to participate in the Medicaid Hospice Program."

If an agency is requesting payment from either Medicare or Medicaid, they must be certified with Medicare and/or contracted with Medicaid.

Licensure Surveys

Where will the agency's survey be conducted?

Answer: An initial licensure survey, re-licensure survey, and complaint investigation may be conducted at any location of the agency. Per 26 TAC §558.507, Agency Cooperation with a Survey, "An agency must provide a HHSC representative with a reasonable and safe workspace, free from hazards, at which to conduct a survey at a parent office, branch office or ADS (alternate delivery site)."

Abuse, Neglect, and Exploitation Reporting Process

Do we still need to obtain an Intake Number after reporting an incident?

Answer: Yes. Complaint Incident and Intake (CII) will still provide an intake number.

What is an example of ANE (abuse, neglect, and exploitation) that would still be reported to DFPS (Department of Family and Protective Services)?

Answer: If a HCSSA provider is suspicious of ANE being perpetrated by a family member or someone who has an ongoing relationship with the client who is not providing care for them under a HCSSA in any capacity, that would fall under the jurisdiction of DFPS. Another example would be self-neglect by the client.

Are we still required to submit Form 3613, Provider Investigation Report?

Answer: Yes. Form 3613 will still be required. The timeframe for submitting the form has not changed. Form 3613 will have to be submitted no later than the 10th day after reporting the allegations as per 26 TAC §558.250 (b)(3).

We are a pediatric only HCSSA and do not collect social security numbers on our clients. We aren't able to submit a report via TULIP. Is the only option to report via email?

Answer: As of July 1, 2023 there will be three methods to submit a self-report. Self-reported incidents of ANE can be made via one of the three methods listed below:

- Submit on-line at https://txhhs.force.com/TULIP/s/ ;
- Email CII at ciicomplaints@hhs.Texas.gov ; or
- Call by phone to 800-458-9858.

As of September 1, 2023, HCSSAs will be required to report via the following two methods:

- Submit online at https://txhhs.force.com/TULIP/s/,
- Email CII at ciicomplaints@hhs.Texas.gov, or
- Call by phone to 800-458-9858.

If the client does not have a social security number, the HCSSA will have to report via one of the other two methods:

- Email CII at ciicomplaints@hhs.Texas.gov, or
- Call by phone to 800-458-9858.

Do incidents of self-neglect need to be reported via TULIP?
Answer: All incidents of self-neglect should be reported to DFPS if there is no HCSSA involvement.

A client informed me that they lent money to their attendant. Does this need to be reported?

Answer: Yes. Any instances where the client lends the attendant money, takes out a loan for the client, etc., need to be reported as exploitation.

If my agency receives a report of ANE from DFPS, who do I report this to?

Answer: This will be reported to CII online via TULIP or via email within 24 hours. You are not required to report this to Adult Protective Services (APS), as APS is a department within DFPS.

What reporting changes take place July 1, 2023?

Answer: Effective July 1, 2023, allegations of ANE involving a Medicaid client or a child, if committed by a HCSSA, are to be reported to CII. All other alleged ANE is to be reported to both HHSC and DFPS using the existing protocol.

What reporting changes take place September 1, 2023?

Answer: Effective September 1, 2023, all allegations of ANE committed by a HCSSA are to be reported to HHSC via CII. You will no longer be required to make a report to DFPS because DFPS will no longer investigate allegations of ANE involving HCSSA providers.

Will Form 3613 be changed to reflect the changes with DFPS?

Answer: The form is being revised as necessary and will be released once completed.

How long does a HCSSA have to report an allegation of ANE after it happened?

Answer: As required by 26 TAC §558.249 (c), if an agency or a person believes that a client, serviced by the agency, has been abused, neglected, or exploited by an agency employee, the agency must report the information immediately, which means within 24 hours. This reporting requirement has not changed.

My agency is a PAS agency. Does the September 1, 2023 date apply for the new process?

Answer: Both the July 1, 2023, and September 1, 2023, implementation dates will affect a PAS. The date of implementation will depend on the payor source of the client involved. If the client is a private pay client, they will be subject to the September 1, 2023, implementation date for reporting. If the client is a Medicaid recipient or child, they will be subject to the July 1, 2023 implementation date for reporting.

If the client or family wants to make a report without notifying the HCSSA, how should they make the report?

Answer: If a client or family wishes to report a HCSSA, they can report via one of the following methods:

- Submit on-line at https://hhs.texas.gov/services/your-rights/complaint-incident-intake/how-do-i-make-a-complaint-about-hhs-service-provider ;
- Email CII at ciicomplaints@hhs.Texas.gov ;
- Call by phone at (800) 458-9858, press #1;
- By mail at Texas Health and Human Services
  Complaint and Incident Intake
  Mail Code E249
  P.O. Box 149030
  Austin, TX 78714-9030; or
- By fax at (877) 438-5827 or (512) 438-2724.

Are these changes to reporting based on the HCSSA category of service?

Answer: No. These changes are not based on category of service. The changes that are effective on July 1, 2023, are for Medicaid clients and children. The changes that are effective on September 1, 2023, are for all other payor sources.

What Medicaid-related programs are included for the July 1, 2023, implementation date?

Answer: The following HCSSA licensed Medicaid-related programs impacted are:

- Primary Home Care (PHC)
- Community Attendant Services (CAS)
- Family Care (FC)
- Managed Care, such as STAR+PLUS
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Medically Dependent Children Program (MDCP)
- Personal Care Services (PCS)
- Community First Choice (CFC)

If the client is a child that is a non-Medicaid consumer, will ANE be reported to DFPS until September 1, 2023?

Answer: No. Effective July 1, 2023, a report of ANE against a child will be reported only to CII, regardless of the payor source.

A client reported to the agency after the fact an ANE allegation that involved a former HCSSA employee. Does this still need to be reported?

Answer: Yes. Even if the employee no longer works for the HCSSA, this still needs to be reported as it involved a client and a HCSSA employee when the alleged ANE occurred.

Can the Medicaid or Medicare number be used in place of the social security number for reporting via TULIP?

Answer: No. If the client's social security number is not available, the HCSSA will have to report via one of the other two methods:

- Email CII at ciicomplaints@hhs.Texas.gov, or
- Call by phone to 800-458-9858.

To be able to report via TULIP, can a HCSSA staff member register themselves or does the administrator have to register them?

Answer: An administrator must register staff who have these permissions.

If someone other than a HCSSA called in alleged ANE to DFPS on or after September 1, 2023, will DFPS tell them to call CII or will DFPS notify CII of the allegations?

Answer: Starting on September 1, 2023, ANE allegations committed by an employee, volunteer, contractor, or subcontractor of a HCSSA provider, will be processed by CII. Statewide Intake can either provide the contact information for CII for the caller to contact CII or DFPS will forward the information to CII.

I am a HCSSA provider and I need to file a complaint of ANE against another licensed provider. Do I need to make a self-report and complete form 3613, Provider Investigation Report?

Answer: No. A self-report is filed only when HCSSA's own staff are the alleged perpetrators of an incident involving abuse, neglect, and exploitation (or other reportable event). Form 3613 Investigation Report is required when the HCSSA self-reports and investigates an incident regarding its' own staff.

If the alleged perpetrator of abuse, neglect, or exploitation is employed by another licensed entity and the HCSSA reports it to HHSC, it is called a "complaint" and does not require the HCSSA to fill out form 3613.