Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

Administrator Program
Monday, November 17, 2025
12:45am-2:45pm

2a. HCSSA Regulatory Compliance for Administrators: Part 1

Presented by:

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and
Grace Werckle, BSN, RN, Home Care Education Nurse Manager, TAHC&H

Home & Community Support Services Agencies Regulatory Compliance for Administrators November 17, 2025

Presented by:
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Texas Association for Home Care & Hospice

This session covers topics outlined in HCSSA Licensure rule related to information on licensing standards and applicable state or Federal Laws, including, Texas Health & Safety Code. Chapter 142(HCSSA) and Chapter 250.(NAR and Criminal History Checks of Employees and Applicants). Rule Reference: 558.259 (c)(1), and 558.259 (c)(2),(A),(B),(C)&(G); and 558.259 (d)(2)&(4).

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Texas HCSSA Administrator

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Learning Objectives

LEARNER WILL BE ABLE TO:

- Identify at least 3 key licensing standards
- Identify four categories of licensure
- Discuss applicable State and Federal Laws, including:
  - Texas Health and Safety Code, Chapter 142 (Home and Community Support Services) and Chapter 250 (Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities);
  - Texas Human Resources Code, Chapter 102, Rights of the Elderly;
  - Occupational Safety and Health Administration requirements.

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HCSSA Administrator Key Licensure Standards

Part 1

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Identify Licensing Standards

- General provisions, including purpose and scope, definitions, fees.
- Licensing Criteria, eligibility, application procedures, denial, and timeframes.
- Minimum standards for all HCSSAs, including general provisions, condition of a license, agency administration, provision and coordination of treatment of services.

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Identify Licensing Standards

- Licensure surveys, including frequency, exemptions, notice, cooperation and survey of a branch, alternate delivery site, services provided.
- The survey process, initial, personnel required, procedures (during and post).

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Identify Licensing Standards

- Enforcement actions, including penalties, court action, surrender or expiration of a license.
- Home Health Aides – Medicare Certified Agencies.
- Hospice services – State licensure rules, Medicaid and Medicare Certified requirements.

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State and Federal Laws

How are they used in your Rules?

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State Law References

- **Texas Administrative Code**
  - ***Title 26, Part 1, Chapter 558***: Licensing Standards for Home and Community Support Services Agencies
- **Texas Human Resources Code**
  - Title 6, Chapter 102: Rights of the Elderly
- **Texas Health and Safety Code**
  - Title 2, Chapter 142: Home and Community Support Services License

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State Law References

- **Texas Health and Safety Code**, continued
  - Title 4, Chapter 250: Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities, or Persons with Terminal Illnesses
  - Title 4, Chapter 253: Employee Misconduct Registry (TULIP)
  - Texas Health and Safety Code: Chapter 181: Medical Records Privacy
  - Texas Occupations Code (NEW: targeted education)
  - Texas Health and Safety Code, Chapter 331: Workplace Violence

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State Law References

- Health and Safety Code, Chapter 81 (Communicable Diseases)
- Health and Safety Code, Chapter 85 (AIDS)
- Human Resources Code, Chapter 48 (Investigations and Protective Services for Elderly Persons and Persons with Disabilities)

Federal Law References

- OSHA Safety and Health Act (General Duty Clause)
- OSHA(Blood borne Pathogens) 1910.1030
- Family Medical Leave Act (FMLA)1993

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Federal Law References

- American with Disabilities Act (ADA)1990
- Civil Rights Act of 1991
- Rehabilitation Act of 1993
- Health Insurance Portability and Accountability Act (HIPAA)of 1996
- Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- Office of Civil Rights - Anti-discrimination Rule
- Affordable Care Act Section 1557- Non-Discrimination

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Question #1

Name 5 State Law References with Chapters…

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Question #2

Name 5 Federal Law References with Chapters…

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Targeted Education

- House Bill (HB) 2059 is responsible for the Human Trafficking Prevention CE requirement for select nurses (Direct Care).
- Applicable to license renewals after Sept. 1, 2020
- Education must be approved by HHSC
- Applies to LICENSED professionals
- Each professional should follow their own board rules
- For Nurses:
  - Applies to 20 hours
  - Must be completed each renewal cycle
- HHSC website for approved education:

https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training

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Occupational Safety and Health Act HR 15580 (OSH Act)

General Duty Clause – U.S. Code Title 29, Section 654

(a) Each **employer** --

(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees

(2) shall comply with occupational safety and health standards promulgated under this Act.

(b) Each **employee** shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.

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Employer Responsibilities OSHA

Employers have a responsibility to provide a safe workplace.

- This is a short summary of key employer responsibilities:
  - Provide a workplace free from serious recognized hazards and comply with standards, rules and regulations issued under the OSH Act.
  - Examine workplace conditions to make sure they conform to applicable OSHA standards.
  - Make sure employees have and use safe tools and equipment and properly maintain this equipment.
  - Use color codes, posters, labels or signs to warn employees of potential hazards.
  - Employers must provide safety training in a language and vocabulary workers can understand.

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Employer Responsibilities -OSHA

- Employers with hazardous chemicals in the workplace must develop and implement a written hazard communication program and train employees on the hazards they are exposed to and proper precautions (*and a copy of safety data sheets must be readily available*).

See the OSHA page on Hazard Communication.

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Employer Responsibilities -OSHA

- Provide medical examinations and training when required by OSHA standards.
- Post, at a prominent location within the workplace, the "It's the Law" poster, available for free from OSHA, informs workers of their rights under the Occupational Safety and Health Act. All covered employers are required to display the poster in their workplace. Employers do not need to replace previous versions of the poster.

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Employer Responsibilities -OSHA

OSHA encourages all employers to adopt an Injury and Illness Prevention Program. Injury and Illness Prevention Programs, known by a variety of names, are universal interventions that can substantially reduce the number and severity of workplace injuries and alleviate the associated financial burdens on U.S. workplaces.

Many states have requirements or voluntary guidelines for workplace Injury and Illness Prevention Programs. Also, numerous employers in the United States already manage safety using Injury and Illness Prevention Programs, and we believe that all employers can and should do the same.

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Employer Responsibilities -OSHA

Most successful Injury and Illness Prevention Programs are based on a common set of key elements. These include: management leadership, worker participation, hazard identification, hazard prevention and control, education and training, and program evaluation and improvement.

OSHA's Injury and Illness Prevention Programs topics page contains more information including examples of programs and systems that have reduced workplace injuries and illnesses.

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Employer Responsibilities - OSHA

- Provide employees, former employees and their representatives access to the Log of Work-Related Injuries and Illnesses (OSHA Form 300). On February 1, and for three months, covered employers must post the summary of the OSHA log of injuries and illnesses (OSHA Form 300A).
- Provide access to employee medical records and exposure records to employees or their authorized representatives.
- Provide to the OSHA compliance officer the names of authorized employee representatives who may be asked to accompany the compliance officer during an inspection.

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Employer Responsibilities -OSHA

- Not discriminate against employees who exercise their rights under the Act. See our "Whistleblower Protection" webpage.
- Post OSHA citations at or near the work area involved. Each citation must remain posted until the violation has been corrected, or for three working days, whichever is longer. Post abatement verification documents or tags.
- Correct cited violations by the deadline set in the OSHA citation and submit required abatement verification documentation.

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Employer Responsibilities - OSHA

- Report to the nearest OSHA office: workplace fatality within **8 hours**; and work-related inpatient hospitalization, amputation, or loss of an eye within **24 hours**. Call our toll-free number: 1-800-321-OSHA (6742); TTY 1-877-889-5627.
- Keep records of workplace injuries and illnesses.
- Note: Employers with 10 or fewer employees and employers in certain low-hazard industries are exempt from this requirement.

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OSHA RESOURCES

- https://www.osha.gov/SLTC/home_healthcare/
  - OSHA's Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers (PDF)
  - Occupational Hazards in Home Healthcare (PDF).
  - Home Healthcare Workers: How to Prevent Violence on the Job (PDF).
  - Respirator fit tests apply to home HCWs who have occupational exposure to TB. (Letter of interpretation that addresses home health)
  - CDC Infection Control in Health Care Personnel

- OSHA can help answer questions or concerns from employers and workers. To reach your regional or area OSHA office, go to the OSHA Offices by State webpage or call 1-800-321-OSHA (6742).

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OSHA – Bloodborne Pathogens

- Make Hepatitis-B Vaccine available to all employees within 10 days of employment (Use Appendix A – form statement of refusal when employee refuses).
- Establish an exposure control plan, and must be reviewed & updated annually.
- Use engineering controls to protect workers (for example, sharps boxes, biohazard disposal system).
- Enforce work practice controls.
- Provide personal protective equipment.
- Provide post-exposure follow up to any worker at no cost to the worker.
- Use labels and signs to communicate hazards.
- Provide information and training to employees at least annually.
- Maintain employee medical and training records.

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Guidance Letters

Types of Guidance & Policy Letters:

- (PL) Provider Letters – HHSC
- (IL) Information Letters – HHSC
- (S&CC) State Survey & Certification Clarification Memos – HHSC
- (QSO) CMS Quality Safety and Oversight Letters

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HHS Provider & Information Letters

January 2025 – November 2025

- August 19, 2025 – PL 2024-10 (revised), Implementation of a Workplace Violence Program
- July 31, 2025 – PL 2025-03, Licensure Applications
- July 2, 2025 - PL 19-25 (revised) , Mandatory Reporting of Outcome and Assessment Information Set (OASIS) Data
- July 2, 2025 - PL 17-35 (revised), Determination of Separate Entities
- January 7, 2025 – PL 2025-01, New Emergency Communication Tool - AlertMedia

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HHSC Provider Notices

HHSC also puts out notices that alert providers of certain upcoming changes, upcoming education and other important information.

- November 4, 2025 - EVV Impacts Due to Dual Demonstration Pilot Program Discontinued Jan. 1
- October 13, 2025 - Critical Incident Management System (CIMS) Monthly Provider Demonstrations
- September 11, 2025 - Employability Status Check Status Sept. 11, 2025
- August 29, 2025 - Changes to CDS EVV Usage Review Notifications
- August 18, 2025 - Plan of Removal for HCS/TxHmL Providers Webinar Training
- July 14, 2025 - IDD and PI Quarterly Webinar with HHSC LTCR
- June 12, 2025 - Input Needed for HHSC Joint Provider Training
- May 6, 2025 - Writing Acceptable Plans of Correction of HCS and TxHmL In-Person Training Event

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HHSC HCSSA GENERAL FAQ's and Webinar Recordings

Frequently Asked Questions for HCSSA Providers

HCSSA Provider Webinars

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State, Regional & Federal Letters/Memos

- **HCSSA Federal Survey and Certification Letters:** Advanced Copy-Appendix Z, Emergency Preparedness Final Rule Interpretive June 02, 2017- Guidelines and Survey Procedures.
- **CMS Quality Safety and Oversight Letters (Licensed and Certified HCSSA's Only):**
  - May 29, 2024 – QSO-24-12 - State Operations Manual (SOM) Appendix M-Hospice and Appendix G-Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Revisions to Include Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)
  - May 3, 2024 – QSO-24-11 - Revisions to the State Operations Manual (SOM) Chapter 10 –Informal Dispute Resolution (IDR) and Enforcement Procedures for Home Health Agencies and Hospice Programs

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HHS Provider & Information Letters; State, Regional & Federal Letters/Memos

Subscribe and find:

https://apps.hhs.texas.gov/providers/hcssa/

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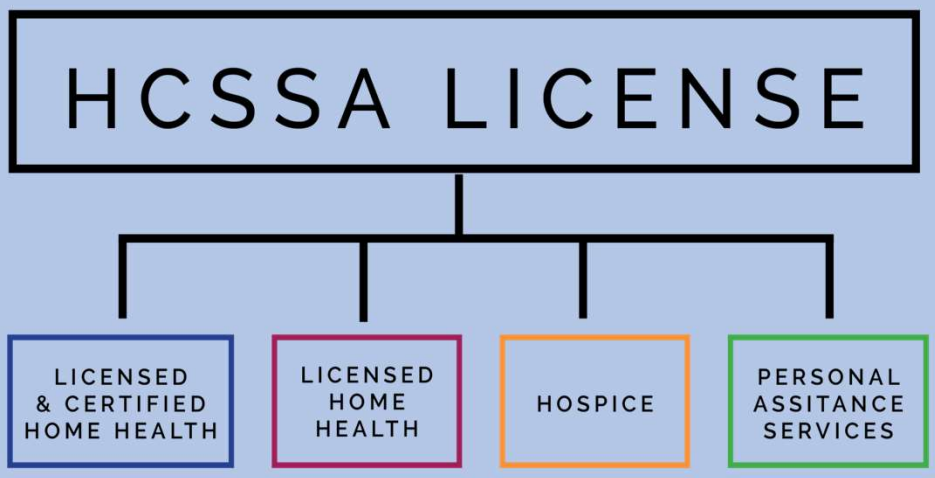
Texas Licensing Structure



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Texas Licensing Structure

- Umbrella license with opportunity to define categories of home health care services.
- Legal entity ("Doing Business As"), National Provider Identifier and Tax Identification.
- How to Establish "*Separateness of Entities"*
- Define boundaries and segregate lines of business and services;
- Distinguish services by category of licensure, whether they are on the same license umbrella or different licenses under one ownership;

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Texas Licensing Structure

- Segregate other services offered not defined by rule definition that may not be subject to applicable state or federal home care or hospice rules.
- Maintain records and evidence that provides clarity to surveyors, auditors, consumers and staff.

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Separate Entity Guidance Letters

Section 2183 - Separate Entities (Separate Lines of Business) in CMS State Operations Manual (SOM)

PL 17-35 (revised) - Determination of Separate Entities (Replaces PL 01-46 & PL 02-05)

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Question #3

Name 4 categories of Licensure…

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Key Regulations- §558.2 Definitions

(4) **Administrato**r – The person who is responsible for implementing and supervising the administrative policies of a HCSSA and for administratively supervising the provision of all services to agency clients on a day-to-day basis.

(67) **License holder** — A person that holds a license to operate and agency.

(120) **Supervising nurse** — The person responsible for supervising skilled services provided by an agency and who has the qualifications described in §558.244(c) of this chapter (relating to Administrator Qualifications and Conditions and Supervising Nurse Qualifications). This person may also be known as the director of nursing (DON) or clinical manager.

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Key Regulations- §558.2 Definitions

(28) **Client** – An individual receiving home health, hospice, or personal assistance services from a licensed HCSSA. This term includes each member of the primary client's family if the member is receiving ongoing services. This term does not include the spouse, significant other, or other family member living with the client who receives a one-time service (for example, vaccination) if the spouse, significant other, or other family member receives the service in connection with the care of a client.

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Key Regulations- §558.2 Definitions

(66) **LAR** - Legally authorized representative. A person authorized by law to act on behalf of a client with regard to a matter described in this chapter, and may include a parent of a minor, guardian of an adult or minor, managing conservator of a minor, agent under a medical power of attorney, or surrogate decision-maker under Texas Health and Safety Code, §313.004.

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Key Regulations - §558.2 Definitions

(20) **Care plan** – (A) a written plan prepared by the appropriate health care professional for a client of the HCSSA; or (B) for home dialysis designation, a written plan developed by the physician, registered nurse, dietitian, and qualified social worker to personalize the care for the client and enable long- and short-term goals to be met.

(62) **Individualized service plan** – A written plan prepared by the appropriate health care personnel for a client of a HCSSA licensed to provide personal assistance services.

(96) **Plan of care** – The written orders of a practitioner for a client who requires skilled services.

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Key Regulations - §558.2 Definitions

(37) **Day** – Any reference to a day means a calendar day, unless otherwise specified in the text. A calendar day includes weekends and holidays.

(129) **Working day** – Any day except Saturday, Sunday, a state holiday, or a federal holiday.

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Key Regulations - §558.2 Definitions

(29) **Clinical note** — A dated and signed written notation by agency personnel of a contact with a client containing a description of signs and symptoms; treatment and medication given; the client's reaction; other health services provided; and any changes in physical and emotional condition.

(99) **Progress note** — A dated and signed written notation by agency personnel summarizing facts about care and the client's response during a given period of time.

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Key Regulations - §558.2 Definitions

(43) **Disaster** — The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency. In a hospice inpatient unit, a disaster also includes failure of the heating or cooling system, power outage, explosion, and bomb threat.

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Key Regulations - §558.2 Definitions

(38) **Deficiency** — A finding of noncompliance with federal requirements resulting from a survey.

(58) **IDR** -Informal dispute resolution. An informal process that allows an agency to refute a violation or condition-level deficiency cited during a survey.

(99) **Presurvey conference** — A conference held with HHSC staff and the applicant or the applicant's representatives to review licensure standards and survey documents, and to provide information regarding the survey process.

(126) **Violation** — A finding of noncompliance with Chapter 558 or the statute resulting from a survey.

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TULIP – Licensure Activities

Providers will conduct all of their licensure activities in TULIP, including, but not limited to:

- Submitting initial applications, renewal applications, and change-of ownership notices
- Making electronic payments
- Submitting resident death reports
- Accessing the status of licensure applications and
- Sending and receiving notifications and updates to HHSC related to the licensure process.

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Time Frames for Applications

An application from an agency for an initial or renewal license or a change of information license is processed in accordance with specific time frames:

- Upon receipt of a thoroughly complete application in TULIP, the HHS/HCSSA Licensing unit has up to 45 days to process the application.
- If HHS/HCSSA Licensing unit receives an incomplete application, the HHS/HCSSA Licensing unit will notify the HCSSA via TULIP of any deficient items in the application. The applicant must respond with complete and correct information within 30 days from the date of notification or the application will be denied.

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Key Regulations – Conditions of a License

§558.208 Reporting Changes

All changes must be made using the Texas Unified Licensure Information Portal (TULIP) online licensure application system.

- ✓***TULIP Online Licensure Application System***
- ✓***Provider Letter***
- ✓***Tulip Training Guide***

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Key Regulations – Conditions of a License

§558.208 Reporting Changes

- Relocation (physical location).
- Service area (expand or reduce).
- Contact information (telephone, fax, or email address) and operating hours.
- Name change (legal entity or doing business as).
- Organizational change (management personnel).
- Category of service (add or delete).

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Key Regulations – Conditions of a License

§558.208 Reporting Changes

- $0-No fee or enforcement if timely:
  Operating hours; Telephone number or mailing address; Alternate Administrator; Certification (withdrawal).
- $30.00 fee (for one or more changes) if timely:
  Physical address; Name change; Organizational; Category and service area.
- $100.00 late fee, plus the $30.00 (if applicable) for any change submitted late.

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Key Regulations – Conditions of a License

§558.210 Agency Operating Hours

- An agency must adopt and enforce a written policy identifying the agency's operating hours.
  - For this section, the person in charge means the administrator, the designated alternate administrator, the supervising nurse, or the alternate supervising nurse.
- If an agency is closed during the agency's operating hours or between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, the person in charge must:
  - post a notice in a visible location outside the agency that will provide information regarding how to contact the person in charge; and
  - leave a message on an answering machine or similar electronic mechanism that will provide information regarding how to contact the person in charge.

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Key Regulations – Conditions of a License

§558.211 Display of License

- The license must be displayed in a conspicuous place in the designated place of business. If the information on the license is officially amended during the licensure period, a notice must be posted beside the license to provide public notice of the change.

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Key Regulations – Conditions of a License

- §558.213 Agency Relocation
  - ✓30-day prior notice, unless granted on exception
  - ✓Immediately if unexpected situation beyond agency control.
  - ✓Exempt when temporary relocation due to effects of an emergency or disaster, as specified in §558.256(o).
  - ✓Fee $30.00 ($130.00 if late).
  - ✓Change notification from HHS must be posted beside license.
- §558.214 Agency Contact Information (telephone & mailing address) and Operating Hours
  - ✓No later than 7 days after a change in telephone number or mailing address (if different from physical location).
  - ✓Agency must notify HHSC no later than 7 days after a change in operating hours.
  - ✓No fee when timely ($100.00 if late).

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Key Regulations – Conditions of a License

§558.215 Agency Name Change (Legal entity or Doing Business As (DBA) with no Change of Ownership)

- ✓No later than 7 days after the effective date
- ✓Fee $30.00 ($130.00 if late).
- ✓Change notification from HHS must be posted beside license.

§558.216 Certification Status (withdrawal from Medicare Program)

- ✓No later than 5 days after voluntarily or involuntarily termination from the Medicare Program. (Permanent closure see- §558.217).
- ✓Any other license category(ies) remain, unless no longer wish to operate.
- ✓No fee and no late fee, however subject to enforcement actions, including administrative penalties.

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Key Regulations – Conditions of a License

§558.218 Agency Organization (management personnel)

- ✓No later than 7 days after the date of change in:
  - ➢Administrator
  - ➢Alternate Administrator
  - ➢Chief Financial Officer
  - ➢Controlling Person (Defined at 558.2)
- ✓Notified only if person does not qualify (can be at least 30 days from date received).
- ✓Fee $30.00 ($130.00 if late) except for Alternate Administrator (no reporting fee, only late fee will apply).

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Key Regulations – Conditions of a License

§558.219 Adding or Deleting a Category

- At least 30 days before the addition or deletion.
- Must not provide a new category before receiving approval (HHS must review not later than 30 days from date received).
- May conduct a survey after the approval.
- Fee $30.00 ($130.00 if late).
- Change notification from HHS must be posted beside license.

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Key Regulations – Condition of a License

§558.220 Service Area

- ✓At least 30 days before expanding.
- ✓10 days after reducing.
- ✓Fee $30.00 ($130.00 if late).
- ✓Change notification from HHS must be posted beside license.

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Key Regulations – Condition of a License

§558.220 Service Area

- An agency is exempt from the requirement to submit notice to HHS no later than 30 days before the agency expands its service area if HHS determines an emergency situation exists that would affect client health and safety.
- An agency must notify HHS immediately of a possible emergency situation that would affect client health and safety.
- HHS grants or denies an exemption from the 30-day notice requirement.
- If HHS grants an exemption, the agency must submit notice to HHS, as described at §558.220(e), no later than 30 days after the date HHS grants the exemption.

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Key Regulations – Condition of a License

§558.220 Service Area

- If HHS denies an exemption, the agency may not expand agency's service area until at least 30 days after the agency submits the notice to HHS as described at §558.220(e).
- Exempt from the requirements at §558.220 (c)-(f) of this if a temporary expansion results from an emergency or disaster, as specified in §558.256(o) relating to Emergency Preparedness Planning and Implementation.
- An agency may provide services to a client outside the agency's licensed service area but within the state of Texas. For an agency licensed to provide hospice services, the additional standards in §558.830 of this chapter (relating to Provision of Hospice Core Services) applies.

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Key Regulations – Condition of a License

§558.220 Service Area

- The agency may provide the services for no more than 60 consecutive days unless the agency expands its service area as described in subsections §558.220 (e) and (f), except notice must be made no later than the 60th day to comply and avoid a late fee.
- 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.
- The agency must maintain compliance with the statute and this chapter and, if applicable, federal home health and hospice regulations.

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Key Regulations – Condition of a License

§558.220 Service Area

- The agency must document in the client record the start and end dates for the services.
- An agency's ability to provide services to a client outside its service area may depend on regulations or requirements established by the client's private or public funding source, including a health maintenance organization or other private third-party insurance, Medicaid (Title XIX of the Social Security Act), Medicare (Title XVIII of the Social Security Act), or a state-funded program. The agency is responsible for knowing these requirements.

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Key Regulations – Condition of a License

§558.220 Service Area

- If a client notifies an agency that the client is leaving the agency's service area and the agency does not provide services in accordance with §558.220(j), agency must inform client that leaving its service area will require the agency to:
  - place services on hold in accordance with the agency's written policy required by §558.281 relating to Client Care Policies, until the client returns to the agency's service area;
  - transfer and discharge in accordance with §558.295 relating to Client Transfer or Discharge Notification Requirements, and the agency's written policy required by §558.281; or
  - discharge in accordance with §558.295 and the agency's written policy required by §558.281.

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CNA Certification and Recertification Process

- Nurse Aides (NAs) and Medication Aides (MAs) are now required to use the new credentialing system in the Texas Unified Licensure Information Portal (TULIP) for licensing certification or permitting activities. PL 2023-14
- **Nurse aides renewing their certification** are required to complete 24 hours of in-service education every 2 years. NAR Approved In-Service Education Programs has a list of approved programs. **Nurse aides may complete 12 of the required 24 hours** of in-service education in a healthcare entity other than a facility licensed or certified by HHS, the Texas Department of State Health Services or the Texas Board of Nursing.
- Effective July 5, 2023, HHSC will not accept or process paper forms that are emailed, mailed or faxed to HHSC.

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Workplace Violence Requirements – Senate Bill 240

- Senate Bill 240 and the Texas Health and Safety Code, Chapter 331 – Workplace Violence were enforceable September 1, 2024.
- **This is applicable to all HCSSA agencies that employ at least 2 full time RN's.**
- HCSSA providers must establish a workplace violence prevention committee that requires the following:
  - At least one registered nurse who provides direct care to patients of the agency;
  - At least one employee who provides security services for the agency, as applicable;
  - Annual review and evaluation of the workplace violence prevention plan with results reported to the governing body;
  - Availability of a copy, upon request, of the agency WPV plan to agency employees. The agency can redact any information that would pose a security threat if made public.

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Workplace Violence Requirements – Senate Bill 240

- HCSSA agencies must adopt and enforce a workplace prevention policy that requires the agency to:
  - Encourage employees of the facility to provide confidential information on workplace violence to the committee;
  - Include a process to protect employees who provide confidential information on workplace violence to the committee;
  - Comply with HHSC rules relating to workplace violence;
  - Evaluate any existing plan or policy and provide significant consideration of the WVP plan as recommended by the WPV committee.

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Workplace Violence Requirements – Senate Bill 240

- The workplace violence prevention plan must be based on the practice setting and must:
  - Define workplace violence, including an incident involving firearms or other dangerous weapons, regardless of whether or not there was injury; and an act or threat of physical force against an employee that results in, or may result in, physical injury or psychological trauma;
  - Address physical security and safety;
  - Require the agency to provide workplace violence prevention training at least annually to employees who provide direct patient care;
  - Establish a process for response and investigation of violent or potentially violent incidents at the agency;
  - Require the agency to include employees when developing the workplace violence prevention plan;
  - Allow reporting of incidents of workplace violence through the agency's existing incident reporting system;
  - Offer, at a minimum, immediate "post-incident" services to any agency employee following an incident of workplace violence;
  - Require adjustments to patient care assignments (to the extent practicable) to prevent an employee of the agency from providing care to a patient who has previously physically abused or threatened the employee.

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Workplace Violence Requirements – Senate Bill 240

Additionally, House Bill (HB) 915 passed the legislature on May 30, 2023. This bill adds Chapter 104A (Reporting Workplace Violence) to the Texas Labor Code and **requires all employers, regardless of size, to post a notice to employees** regarding reporting of instances of workplace violence or suspicious activity.

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Question #4

Name 6 Key Regulations related to Conditions of a License…

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Questions?

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