



Home Health Care Service Standard

Texas Department of State Health Services, HIV Care Services Group—[HIV/STD Program | Texas DSHS](#)

Subcategories	Service Units
Home Health Care	Per visit
Home Health Specialized Care	Per visit

Health Resources & Services Administration (HRSA)

Description:

Home Health Care is the provision of services in the home that are appropriate to an eligible client’s needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client’s HIV disease and may include:

- Administration of prescribed therapeutics (e.g., intravenous, and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostic testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Agencies may fund non-licensed personal care services with the Home and Community-based Health Services service category.

Limitations:

Providers cannot conduct Home Health Care in nursing facilities or inpatient mental health or substance abuse treatment facilities. Personal care and non-licensed in-home care providers are not allowable services.

Services:

A licensed and certified home health agency provides Home Health Care Services in a home or community-based setting in accordance with a written, individualized plan of care established by a licensed primary medical care provider. Home Health Care Services may include the following:

- Part-time or intermittent skilled nursing care
- [Physical therapy](#)
- [Occupational therapy](#)
- [Speech-language pathology services](#)
- Durable medical equipment
- Medical supplies for use at home

Universal Standards:

Services providers for Home Health Care must follow [HRSA and DSHS Universal Standards](#) 1-52 and 84-85.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Initiation of Care Orders: The home health agency must receive written orders from the client’s primary HIV medical provider before initiation of care by the home health agency from a licensed practitioner to include the following:</p> <ul style="list-style-type: none"> • Doctor of Medicine (MD) • Doctor of Osteopathy (OD) • Nurse Practitioner (NP) • Clinical Nurse Specialist (CNS) • Physician Assistant (PA) <p>Note: Section 3708 of the CARES Act allows a nurse practitioner, clinical nurse specialist, or physician assistant who is working in accordance with State law to order or refer home health services. This applies on or after March 1, 2020.</p> <p>Homebound Status: The ordering provider must certify the client is homebound or confined to home as applicable. To receive Home Health Services, the client must meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • The client needs the aid of supportive devices, such as crutches, canes, wheelchairs, or walkers • The client has a condition in which leaving the home is medically contraindicated • Leaving the home would require a considerable 	<ol style="list-style-type: none"> 1. Percentage of clients with documentation of signed orders for home health care services by a qualified licensed practitioner before initiation of care by the home health agency. 2. Percentage of clients with documentation of certification of client homebound status by a licensed health care practitioner. (Pilot Measure)

<p style="text-align: center;">and taxing effort</p> <p>Note: If the client does leave the home, the client may still meet the definition of homebound if the absences from the home are infrequent or for periods of relatively short duration or are attributable to the need to receive health care treatment.</p>	
<p>Timely Initiation of Care: Staff must contact the client within 1 business day of the referral, and must initiate services at the time specified by the primary medical care provider or within 2 business days, whichever is earlier.</p>	<p>3. Percentage of clients with documentation of initiation of care within one of the following criteria: 3a: Within 1 business day of receipt of referral or order for services 3b: On the date specified by referring or ordering provider 3c: Within 2 days of the date specified by the provider</p>
<p>Initial Assessment: Agencies must complete a comprehensive assessment of the client’s psychosocial, functional, past medical history, current health status, to include:</p> <ul style="list-style-type: none"> • Assessment of access to medical care • Ability to adhere to therapies • Disease stage • Symptom management and prevention • Need for nursing and support services • Family and or another support system • Safety of living environment • Level of risk for falls • Medications • Treatments • Head-to-toe nursing assessment of body systems • Ability to perform activities of daily living 	<p>4. Percentage of clients with documentation of a completed comprehensive assessment on initiation of care.</p>

<p>Implementation of Care Plan: Staff will complete a care based on the primary medical care provider's order that includes:</p> <ul style="list-style-type: none"> • Current assessment and needs of the client including medication, dietary, treatment, and activities orders • Need for home health services • Types, quantity, and length of time services are to be provided • Signature of a clinical healthcare professional <p>Care providers will update the care plan at least every 60 calendar days.</p>	<ol style="list-style-type: none"> 5. Percentage of clients with documentation of care plans completed in accordance with the primary medical care provider's order(s). 6. Percentage of clients with documentation of care plan reviewed or updated as necessary based on changes in the client's situation at least every 60 calendar days.
<p>Provision of Services: Professional staff will:</p> <ul style="list-style-type: none"> • Provide nursing and rehabilitation therapy care under the supervision and orders of the client's primary medical care provider. • Monitor the progress of the care plan by reviewing it regularly with the client and revising it as necessary based on any changes in the client's situation. • Advocate for the client when necessary. • Monitor changes in the client's physical and mental health, and level of functionality. • Work closely with the client's other healthcare providers and effectively communicate and address client service-related needs, challenges, and barriers. • Provide assurance that the services are provided in accordance with allowable modalities and locations under the definition of home health services. • Write progress notes on the day service was 	<ol style="list-style-type: none"> 7. Percentage of clients with documentation of completed progress notes within 14 working days of the service rendered in the client's primary record. 8. Percentage of clients with documentation of ongoing communication and care coordination with the primary medical care provider.

<p>rendered and incorporate progress notes into the client record within 14 working days.</p> <p>The agency will maintain ongoing communication with the primary medical care provider.</p>	
<p>Transfer and Discharge: Transfer and discharge of clients from home health care services should result from a planned and progressive process that considers the needs and desires of the client and the caregiver(s), family, and support network.</p> <p>Agencies must develop a transfer plan when one or more of the following criteria are met:</p> <ul style="list-style-type: none"> • Agency no longer meets the level of care required by the client. • Client transfers services to another service program. • The client is not stable enough to be cared for outside of the acute care setting as determined by the agency and the client's primary medical care provider. • The client no longer has a stable home environment appropriate for the provision of home health services as determined by the agency. • Client is unable or unwilling to adhere to agency policies. • An employee of the agency has experienced a real or perceived threat to safety during a visit to a client's home, in the company of an escort or not. The agency may discontinue services or refuse the client for as long as the threat is ongoing. 	<p>9. Percentage of clients with documentation of a transfer plan developed in coordination with the client, caregiver(s), and multidisciplinary team with a referral to an appropriate service provider agency, as applicable.</p> <p>10. Percentage of clients with documentation of a discharge plan developed with client, caregiver(s), and multidisciplinary team, as applicable. (Pilot Measure)</p>

<p>Notification of Transfer or Discharge: When a client is transferred or discharged from services, agencies must:</p> <ul style="list-style-type: none">• Provide written notification to the client or the client’s parent, family, spouse, significant other, or legal representative.• Notify the client’s attending physician or practitioner.• Written notification must be delivered no later than 5 days before the date on which the client will be transferred or discharged.	<p>11. Percentage of clients with documentation of notification of transfer or discharge within 5 days before the date of transfer or discharge as applicable to the following parties: (Pilot Measure)</p> <p>11a: The client or legal representative</p> <p>11b: The client’s attending practitioner, as applicable.</p>
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References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2022.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 1 Administration, Part 15 Texas Health and Human Services Commission, Chapter 354 Medicaid Health Services, Subchapter A Purchased Health Services, Division 3 Medicaid Home Health Services, Rule §354.1039 Home Health Services Benefits and Limitations, [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=354&rl=1039](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=354&rl=1039)