

Comprehensive Nursing Assessment

1. Can the CNA be completed through telehealth? How should signatures be documented for telehealth?

Answer: HHSC published an [alert](#) on April 21, 2020 stating that due to COVID-19, nursing services can be provided by telehealth. Nursing services must be done within the scope of the nurse's license and standards of practice. The program provider must not direct a nurse to complete an assessment through telehealth, as the RN has sole discretion to determine if this method can be used. [Additional resources and an FAQ about telehealth](#) was also provided by the Board of Nursing.

2. Do individuals receiving CDS services require a CNA?

Answer: HHSC does have a Form 8584 – CDS for individuals who are receiving nursing services under the CDS Option.

3. Is the CNA required to be sent with documents during a transfer?

Answer: [Section 8000 of the HCS Handbook](#) provides guidance on the transfer process. Section 8460 provides a list of documents that need to be shared with the service coordinator, including pertinent medication records and/or medical information

4. Where is major surgical history documented on the CNA?

Answer: Page 2 of Form 8584 includes a section titled *History of Major Medical/Surgical Occurrences*. Program providers are not required to use Form 8584 and may choose to create their own tool, provided it has all of the required elements.

5. Where are allergies documented on the CNA?

Answer: HHSC has updated [Form 8584](#) to include a space for allergies on Page 2.

6. Can the physician sign off on the individual's medication list when it is sent to him?

Answer: Yes. AN MD should always sign off on all orders.

7. Is the CNA a snapshot of the previous year or information moving into the next year?

Answer: It is expected that the CNA information is current as of the day signed by the RN. Historical information should be included in the appropriate sections. If there is a significant change in the individual's medical or health-related needs, an update to the CNA is advised to ensure the most current information is available.

8. What action does an RN need to take if the physician does not give a copy of individual's lab work to the RN? What if the individual resides in a HHCC setting?

Answer: The RN is responsible for the overall clinical management of the individual. The RN should follow-up on any missing lab information and report any concerns to the MD as needed. An RN is still responsible for nursing oversight for individuals who reside in a HHCC setting.

9. Do all individuals require vital signs documented on the MAR? If so, which vital signs? Is a log required for exempt staff?

Answer: Documentation is based on the RN's clinical judgement and/or orders prescribed by a physician. For example, if an individual has a new cardiac medication, then the RN may monitor the blood pressure before and after administering the medication. Another individual may not need vital signs monitored if they have been prescribed a medication and have been stable. Vital sign documentation may vary based on the RN's clinical judgement and/or doctor's orders.

10. How does an RN document on the CNA an adaptive aid that is not listed as previous history but given to the individual by the LAR?

Answer: The RN would need to update the CNA and document the rationale for the Adaptive Aid. Page 4 of Form 8584 includes a fall risk area with a comment section. This section could be used to add comments related to a walker or a wheelchair.

11. Where are medication side effects documented on the CNA?

Answer: On Page 2 of Form 8584 there is a section titled "*Review of Current Medications*" and there is a column to list side effects.

12. Are bed alarms or rails considered a rights restriction?

The use of a bed alarm or bed rails would be considered a rights restriction, but the type of documentation required would be dependent on the need for the alarm or rails. For a medical purpose, documentation regarding the medical necessity would be required. For a behavioral reason, such as elopement, the use of a bed alarm would need to be supported by a BSP for justification. The use of bed rails for behavioral purposes is not an acceptable use for individuals in the waiver.

13. Does the summary provided after a doctor visit, that contains medications, labs, and recommendations, suffice as physician orders?

Answer: If the summary included all of these elements, they would be considered updated MD orders.

14. What is considered as evidence that an MD has delegated a task?

Answer: The provider must comply with the Medical Practice Act, Occupations Code, Chapter 157, concerning physician delegation. The individual's record must include the following documentation when physician delegation is used:

- the name of the individual;
- the name of the delegating physician;
- the task(s) to be performed;
- the name of the individual(s) to perform the task(s);
- the time frame for the delegation order; and
- if the task is medication administration, the medication to be given, route, dose, and frequency.

15. Can an LVN delegate tasks?

Answer: No, as it is not within the scope of practice of an LVN. Only an RN may delegate a task.

16. Where can Axis 4 diagnoses be found?

Answer: Axis 4 is the individual's social, environmental, or other history.

17. Is CPR required for non-licensed service providers? Is it required for licensed service providers?

Answer: The HCS and TxHmL Programs currently do not require that non-licensed service providers complete CPR certification. It is a best practice. For licensed service providers, the provider would need to follow licensing standards.

18. How does a program provider document when an individual receives a flu shot at a local pharmacy instead of their doctor's office?

Answer: The pharmacy should provide documentation of any immunizations administered to an individual. The pharmacy should also request the name of the individual's PCP to then provide the individual's immunization records.

19. Can daily wound care be delegated to an LVN or unlicensed service provider?

Answer: The RN is responsible to assess the wound. The RN will then need to decide if the task can be delegated following the assessment. Depending on the wound care needed, an RN may be required to complete the daily wound care.

20. If there is a change in the dose of medication, does that require RN oversight? Does this change need to be documented on the CNA? Can it be documented by a CNA addendum or nursing note?

Answer: The Comprehensive Nursing Assessment should be current based on the individual's needs, which includes any changes in condition or changes in medications. In the event the individual requires a transfer, or another nurse provides care, the CNA should provide the most up-to-date information.

21. Can an HHCC provider be exempt if they are not the CRA?

Answer: Form 8495 requires the exempt staff member to attest that they meet the definition of a CRA, and the HHCC must be the CRA.

22. What forms need to be attached to the CNA (i.e. implementation plan, Nursing Task Screening Tool, etc.)?

Answer: The CNA is comprehensive in nature, and does not require additional forms be attached. This forms may be required to be included in the individual's record.

23. Is the list of unlicensed personnel required in addition to the delegation form?

Answer: An RN should document any unlicensed staff member who provides care to an individual. Any delegation of care would best be documented on pages 16 of Form 8584. This includes the person providing care, delegated tasks, and follow up by the RN.

24. How many hours can be billed for the CNA?

Answer: The average number of units is 3-6 and justification for more than 6 hours would be required on the individual's implementation plan

25. Is there a specific fall risk assessment that program providers are required to use?

Answer: Form 8584 includes a Fall Risk Assessment Section on page 4, which the RN must complete. The provider may choose to complete an additional risk assessment

26. If a CFC PAS/HAB provider is providing supervision of medication, do they need to complete a MAR?

Answer: The Board of Nursing defines the term "medication administration" to describe any level of support or supervision provided to ensure an individual receives his or her medications as prescribed. Only if an individual can self-administer medications, meaning the individual is able to take medication independently or has the cognitive ability to direct another person to help them receive medications, can an RN determine that a MAR is not required.

27. How frequently does the CNA need to be completed vs. just reviewed?

Answer: The CNA must be reviewed annually and updated when there are any changes in the individuals health status or care.

28. Do program providers need to keep documentation of immunizations?

Answer: Immunization records are documented on Page 8 of Form 8584 and should be kept current.

29. Where can program providers find a copy of Form 8584? Are program providers required to use this form?

Answer: HHSC has created [Form 8584](#) as a Comprehensive Nursing Assessment for HCS and TxHmL. Program providers are not required to use this form as this CNA but must ensure that any form created includes all information on Form 8584.

30. Is the nursing service plan similar to a nursing care plan? Is it similar to a implementation plan?

Answer: The RN must develop the plan for the nursing services that are needed by the individual. LVNs cannot develop nursing service plans. LVNs may participate and contribute information, but they cannot develop a plan [§217.11 (2) (A) (ii-iii)]. A nursing service plan must be developed from the RN's comprehensive assessment and other medical documentation for any individual receiving nursing services through the waiver. Nursing service plans must be current and updated when there is a change in condition or at least annually.

31. If an individual is unable to sign the CNA, can the CRA sign?

Answer: If the CRA is the legally authorized representative, then they would be authorized to sign on the individual's behalf. Otherwise, the individual would need to sign.

32. What is the timeframe to complete a CNA for an individual who transfers to a new program provider?

Answer: The timeframe is based on the clinical judgment of the RN, as any nursing services must be done within the scope of the nurse's license and standard of practice. Until an RN can assess the individuals needs and sign-off on a CNA, nursing tasks cannot be delegated to unlicensed service providers. A program provider cannot direct a nurse to delegate tasks until the individual's nursing needs have been assessed per the RN's judgement.

33. Are quarterly nursing assessments required?

Answer: TAC rule does not require quarterly nursing assessment, but the CNA should remain current. Nursing services must be provided per the individuals PDP, IPC, and implementation plan.

34. What needs to be documented in a positioning log?

Answer: In most clinical situations a positioning log may be used to show how often an individual is turned and repositioned as to prevent skin complications such as bedsores.

35. What are the guidelines for insulin administration?

Answer: Insulin Administration and any delegation of insulin will be the clinical judgement of the RN. [TAC 22 §225.12](#) are the BON rules related to *Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus*.

36. Does documentation of special needs training need to be attached to the CNA?

Answer: Documentation of special needs training is not required to be attached to the CNA but should be available in the individual's record.

37. Is the RN required to complete the implementation plan?

Answer: TAC 9.174(a)(31)(J)(4) states that the RN is responsible for development of the nursing services portion of an individual's implementation plan.

38. Is there a specific form required for physician orders?

Answer: No.

39. If a different RN completed the review last year, does this the CNA need to be completed this year by the new RN? What is the timeline for the new RN to update the CNA?

Answer: The new RN is now accountable for the care of the individuals receiving services. The RN should make reasonable progress in conducting supervisory visits of the unlicensed personnel to verify the appropriateness of the previously delegated tasks and continued competency of the unlicensed personnel performing the delegated tasks. The RN must consider the type of task(s) being performed by the unlicensed personnel and the medical issues of the individual served when determining the priority/ timeline to complete both a face to face review of the comprehensive nursing assessment and the supervisory visits of the unlicensed personnel performing delegated tasks.

40. Does a CNA need to be completed after a hospital discharge?

Answer: Following discharge, the RN would perform a face-to-face assessment and revise the nursing service plan as needed to address the changes in condition.

41. Are doctors orders for labs, medications, diet and repositioning required for individuals living in a HHCC setting?

Answer: Yes.

42. Is Form 8589 used to document delegation?

Answer: Page 16 of Form 8584 should be used by the RN to document delegation of tasks to unlicensed service providers. This will include the name of the individual providing care and the frequency of RN follow-up.

43. What happens if an individual is not compliant with lab draws?

Answer: The concern should be documented, and the individual's SPT should meet to address noncompliance issues. In some cases, behavioral supports may be needed.

44. What actions does an RN need to complete for a post-hospitalization for an individual who has tested positive for COVID-19?

Answer: This will be a clinical decision for the RN based on the individual's health care needs. HHSC released an [FAQ](#) that includes guidance on nursing during the COVID-19 pandemic.

45. Is the RN required to monitor medications for an individual in a OHFH setting?

Answer: If an unlicensed service provider is performing any nursing tasks then a CNA or nursing task screening tool needs to be completed.

46. What actions should a provider take if the LAR refuses to allow the RN contact with the individual's MD?

Answer: If the LAR is refusing to allow the RN to communicate with the MD, then it could be considered a refusal of nursing services. The program provider should follow the protocol outlined in TAC §9.174(d)-(f).

47. How does a program provider handle refusal to complete logs by a HHCC?

Answer: The provider is responsible for staff education and administrative action if assignments are not completed appropriately. This includes a family member who is a contracted host home provider, unless Form 8495 has been completed to exclude the HHCC from the BON definition of an unlicensed service provider.

48. Who is responsible for completing the Nursing Task Screening Tool if the individual refuses nursing services?

Answer: The Nursing Task Screening Tool can be completed by a representative of the program provider. It is not required to be completed by a nurse.

49. Can an individual who takes medications refuse nursing?

Answer: If an individual is refusing nursing, it the responsibility of the program provider to complete the Nursing Task Screening Tool (Form 1572) to determine if nursing services are needed to meet the health and safety needs of the individual.

50. Can injections be delegated, such as an LVN completing birth control shots?

Answer: This will be a clinical decision for the RN. The RN can only delegate tasks based on the scope of their license.

51. Should nursing services be provided if an individual is receiving home health services?

Answer: Yes.

52. Can the LVN provide special needs training?

Answer: If the special needs training falls within the scope of practice for an LVN.

53. Is a doctor's order required to complete vital signs? Can the RN choose to take an individual's vital signs without a doctor's order? What is another professional recommends vital, such as a dietician recommending daily weigh-ins?

Answer: Routine vital signs, daily weights, and other routine care require a physician's order. On an urgent basis, if the RN has a concern, then the RN can take vital signs, do an accuchecks, or other tasks at the RN's discretion.

54. How does a program provider document short-term medications, such as an antibiotic?

Answer: The CNA and the MAR should be updated based on any medication changes.

55. Do all persons identified as "natural supports" need to be trained on special needs and medical background of the individual?

Answer: The RN is responsible for ensuring any unlicensed service providers under the HCS program are knowledgeable on the special needs of the individual they work with. It is best practice that the RN complete a knowledge check on any special needs of the individual with any natural supports or family members.

56. Do medications need to be separated by medication class on the CNA?

Answer: All medications, rationale for medications, side effects, labs, and other important information will be addressed under Review of Medications section of the Comprehensive Nursing Assessment. Under Purpose/Rationale column the classification of the medication can be entered. Medications do not need to be grouped together by class on the Review of Medications.

57. If a large document is sent to an RN, does each page need to be signed and dated?

Answer: No, the nurse can sign off on the last page with a legible signature. The nurse is responsible for all of the content in that report when he/she signs.

58. If an individual is noted to be non-compliant with medications, should they be deemed competent to self-administer medications?

Answer: Competency is based on the RN's assessment, such as a Self-Administration of Medications (SAMS) assessment. If the person is deemed competent to self-administer medications, but compliance is a concern, the individual may need a referral for psychological or behavioral supports to identify the reason for noncompliance.

59. Does an unlicensed service provider need to be delegated to for oral, topical, or metered dose inhalers?

Answer: Yes. The RN must train the unlicensed service provider and determine that they are competent to administer any medication. The RN may then delegate the task at their discretion.

60. Who needs to sign off on the CRA page if the individual does not have an LAR but need assistance with making health care decisions?

Answer: The person who has been determined to be responsible for the individual will need to sign as the Client Responsible Adult.

61. What is the individual to nurse ratio in the HCS and TxHmL Programs?

Answer: HCS and TxHmL do not have a nurse to individual ratio requirement. The program provider must ensure that there are service providers available to meet the needs of all individuals in their contract in accordance with their IPC and implementation plan goals.