STANDARDSMITH · OPERATIONS & COMPLIANCE KITS FOR CARE BUSINESSES

Free sample: Texas PAS Policy & Procedure Manual

Texas HCSSA, Personal Assistance Services category. Built to 26 TAC Chapter 558. Texas rules as of November 2026.

What's in this sample (pages taken unchanged from the full manual, version 1.0.1)

- The cover and the full table of contents: 36 policies in 5 parts and 25 forms
- "Important: read this first," including how to adapt and adopt the manual
- Two complete policies: **2.3 Verification of Employability** (criminal history, Nurse Aide Registry and SEMARC checks) and **3.2 Client Conduct, Responsibilities and Rights; Complaints**
- The sources and verification notes page

Version 1.0.1. Developed by a registered nurse (MSN, RN) with legal nurse consulting and case management experience. Final RN review completed November 2026. The full manual (editable Word + PDF) is available from Standardsmith.

Pending rule change. On September 18, 2026, HHSC proposed amending most of Chapter 558 (51 TexReg 6429). As of November 15, 2026 it had not been adopted. Policies the proposal would affect are marked in the contents.

Not legal advice. This is a self-prepared operational template that an agency adapts to its own operations and adopts through its own governing body. It doesn't guarantee license approval or survey results. Verify current requirements with Texas HHSC and the official Texas Administrative Code, and talk to a Texas health care attorney about legal questions. Standardsmith isn't affiliated with Texas HHSC or any government agency. You may print and use this sample for your own agency; please don't resell or republish it. © 2026 Standardsmith.

STANDARDSMITH · OPERATIONS & COMPLIANCE KITS FOR CARE BUSINESSES

State-Ready Policy & Procedure Manual

Texas edition: Home and Community Support Services Agency (HCSSA) Personal Assistance Services (PAS) category

Built to 26 Texas Administrative Code Chapter 558. 36 policies and 25 editable forms.

Texas rules checked against the Texas Secretary of State's official Texas Administrative Code viewer and the Texas Register on **November 14–15, 2026**.
Developed by a registered nurse (MSN, RN) with legal nurse consulting and case management experience. Final RN review completed November 2026.
Not legal advice. © 2026 Standardsmith. Version 1.0.1 (November 2026).

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Important: read this first

Not legal advice. This manual is a self-prepared operational template that you adapt and adopt for your own agency. It isn't legal advice, it doesn't create an attorney-client or other professional relationship, and it doesn't guarantee license approval or survey results. Texas HHSC makes all licensing and survey decisions. Rules change; verify current requirements with Texas HHSC and the official Texas Administrative Code before relying on any policy. For legal questions, talk to a Texas health care attorney.

About this edition. Version 1.0.1, Texas rules as of November 2026. Developed by a registered nurse (MSN, RN) with legal nurse consulting and case management experience. Final RN review completed November 2026. Clinical choices that each agency must make for itself (for example, whether to offer RN-delegated tasks or g-tube care, CPR, and supervision frequency) are shown as [bracketed] agency choices with a recommended default. Standardsmith isn't affiliated with HHSC, the Texas Board of Nursing, or any government agency.

Pending rule change. On September 18, 2026, HHSC proposed amendments to most of Chapter 558 (51 TexReg 6429, rule project 22R045). As of the November 13, 2026 Texas Register they had not been adopted. This manual follows the rules in effect today. Each policy's heading table has a **Pending rule change** row, and the contents mark affected policies with ⚑ PENDING. When HHSC adopts the amendments, check every flagged policy before your next survey.

Known differences between rule text and current HHSC practice (details in the policies):

- **Reporting abuse, neglect and exploitation.** §558.249 still names DFPS and HHSC. Since September 1, 2023, HHSC tells agencies to report ANE by agency staff to HHSC Complaint and Incident Intake only (PL 2023-12). Policy 5.1 follows HHSC's process.
- **Registry checks.** §558.247 and §558.289 still cite 40 TAC §93.3(c), which moved to 26 TAC §561.3. Amended §561.3 (effective July 23, 2026) adds the SEMARC check; HHSC required it from August 3, 2026, and will survey for it from January 7, 2027 (PL 2026-10). Policies 2.3 and 2.6 include it.

How to use this manual

1. **Fill in every [bracketed field]** with your agency's details: name, people, numbers, and the agency choices each policy asks you to make. Delete options you don't choose.
2. **Delete what doesn't apply.** Lines marked **Not for PAS-only** apply only to licensed home health, hospice or other categories. Policies 2.4 (volunteers), 2.6 (contractors), 4.2 (delegated tasks) and 4.5 (g-tube) let you state that you don't offer the service.

3. **Check each rule citation** against the official text at the Texas Secretary of State's Texas Administrative Code viewer (linked from sos.state.tx.us) and HHSC's HCSSA pages (hhs.texas.gov). HHSC doesn't publish a list of required policies; its HCSSA FAQ (July 2026) says Chapter 558 itself determines which policies are required.
4. **Adopt it.** Have your governing body adopt the manual in writing (Form X) before your first client.
5. **Train every staff member** on it, and have each sign the acknowledgment (Form D).
6. **Follow it.** Surveyors check that each policy is adopted *and* enforced, by looking at your client and personnel files. A policy you don't follow can become a deficiency.
7. **Review it** at least once a year, after any survey, and whenever HHSC changes a rule or issues a provider letter. Use the compliance calendar (Form V).

Reading a policy. Each policy has a heading table (rule basis, who it applies to, owner, adoption and review dates, pending rule change), then purpose, numbered procedures, records, any flags for owner, RN or attorney review, and "Practical notes for owners," which are suggestions, not rule text. Text marked "agency choice" isn't required by Chapter 558; you can change it.

Word version. An editable Word (.docx) file with the same content comes with this manual, so you can fill in fields and forms.

Policy 2.3 Verification of Employability: Criminal History and Registry Checks

Rule basis	26 TAC §558.247 (Verification of Employability and Use of Unlicensed Persons); Texas Health and Safety Code Chapter 250, including §250.006 (convictions barring employment); 26 TAC §561.3 (Employment and Registry Information; amended effective July 23, 2026, 51 TexReg 4568), which replaced 40 TAC §93.3(c), the rule still named in §558.247(a)(4) and (b)(4); Texas Health and Safety Code Chapter 810 (SEMARC); HHSC Provider Letter PL 2026-10 (revised Oct 2, 2026)
Applies to	Every unlicensed applicant, employee and volunteer whose duties would or do include face-to-face contact with a client (Chapter 558 checks). The SEMARC check in step 2.3 applies to every employee, contractor and volunteer, licensed or unlicensed (HHSC, PL 2026-10 and Oct 2026 HCSSA webinar FAQ)
Owner	[Administrator name], Administrator; [Alternate name], Alternate Administrator
Adopted / reviewed	[Date adopted by governing body] / reviewed at least annually and whenever the rule changes
Pending rule change	Proposed Sept. 18, 2026 (51 TexReg 6429), not adopted as of Nov. 13, 2026: retitles §558.247, adds SEMARC and MAR checks, requires suspension of a person found to have engaged in reportable conduct while appeals are pending, and adds rules for emergency interim hiring (51 TexReg 6432). SEMARC is already required by 26 TAC §561.3 (effective July 23, 2026).

1. Purpose

[Agency Name] protects clients by confirming, before any unlicensed person has face-to-face contact with a client, that the person isn't barred from employment by a criminal conviction or by a listing as unemployable in a state registry.

2. Before hire or first client contact

1. **Criminal history check.** The Administrator, or a designee, runs a criminal history check authorized by and in compliance with Texas Health and Safety Code Chapter 250 for every unlicensed applicant (§558.247(a)(1)).
2. **Registry searches.** Before the applicant is hired, or before an unlicensed employee's first face-to-face contact with a client, the designee searches the **Nurse Aide Registry (NAR)** and the **Employee Misconduct Registry (EMR)** on the HHSC website, and prints or saves the dated results (§558.247(a)(3); §558.246(a)(6)(A)). HHSC now runs these searches in TULIP, as separate NAR and EMR searches (PL 2026-03).
3. **SEMARC search.** At hire, and before the person has any access to a client, the designee also runs a **Search Engine for Multi-Agency Reportable Conduct (SEMARC)** check in TULIP and saves the result. SEMARC shows EMR results plus reportable-conduct findings from DFPS, TEA and TJJD (26 TAC §561.3(a), (c), (f); Tex. Health & Safety Code Ch. 810). [Agency Name] doesn't hire, or keep employing, anyone listed as unemployable in SEMARC or the NAR. If a result is pending, the person may do off-site or virtual orientation only, with no client contact, until the result clears. HHSC began requiring SEMARC

on August 3, 2026, and won't survey for it until January 7, 2027 (PL 2026-10). Chapter 558 itself still says EMR until the pending amendments are adopted.

4. **Bars to employment.** [Agency Name] won't employ an unlicensed applicant who:
    - has a conviction listed in Health and Safety Code §250.006 that bars employment;
    - has a conviction that [Agency Name] has determined is a contraindication to employment; or
    - is listed as unemployable in the NAR or the EMR (§558.247(a)(2)–(3)).
5. **Other convictions.** If the check shows a conviction that isn't listed in §250.006, the Administrator reviews it and documents, on the Employability Check Log (Form A), the offense, its date, how it relates to client safety, and the decision on whether it's a contraindication to employment (§558.247(a)(2)).
6. **EMR and SEMARC information.** Within **five working days after hire**, [Agency Name] gives each employee written information explaining that a person listed in SEMARC isn't employable by an agency, that SEMARC is governed by 26 TAC Chapter 561 and Health and Safety Code Chapter 810, and that the EMR is governed by Chapter 561 and Health and Safety Code Chapter 253. The employee signs an acknowledgment, which goes in the personnel file (26 TAC §561.3(d), formerly 40 TAC §93.3(c); §558.247(a)(4); §558.246(a)(6)(B)).

3. Ongoing checks

1. The designee re-searches the NAR and EMR (and SEMARC, for every employee) **at least every 12 months**, never more than 365 days apart (§558.247(a)(5); 26 TAC §561.3(e)). [Agency Name] runs the re-check during the employee's hire-anniversary month, tracked on the compliance calendar.
2. If [Agency Name] learns that an employee is listed as unemployable (NAR, EMR or SEMARC), or has a conviction that bars employment or that the agency has found to be a contraindication, the Administrator **immediately discharges** the employee from duties involving face-to-face client contact (§558.247(a)(6)).

4. Volunteers

The same checks apply to unlicensed volunteers with face-to-face client contact. The criminal history check and the NAR and EMR searches happen before first client contact, EMR information is given within five working days of first client contact, the registries are re-searched at least every 12 months, and the volunteer is stopped immediately if found unemployable (§558.247(b)).

5. Contracted staff

If [Agency Name] arranges for another agency or organization to supply unlicensed staff, the contract requires these same checks, and [Agency Name] meets §558.289(c)–(d) (§558.247(d)).

6. Records

Dated check results, registry printouts, conviction reviews and EMR acknowledgments are kept in each person's personnel file (see Policy 2.2, §558.246) and produced to HHSC on request (§558.247(c)).

Practical notes for owners (not rule text): Check the registries *before* scheduling an orientation shadow shift with a client, since that counts as face-to-face contact. Put the annual re-check date in your scheduling software the day you hire. A surveyor will usually pick a few personnel files and compare the hire date, the first-visit date and the registry printout dates.

Policy 3.2 Client Conduct, Responsibilities and Rights; Complaints

Rule basis	26 TAC §558.282 (Client Conduct and Responsibility and Client Rights); §558.250(c)–(e) (agency complaint investigations, retaliation); §558.292(a)(1), (a)(6) (agreement content); §558.301(a)(9)(J)–(L) (record acknowledgments); Texas Human Resources Code Chapter 102 (Rights of the Elderly), for clients 60 and older
Applies to	All clients, all staff, and the Administrator
Owner	[Administrator name], Administrator
Adopted / reviewed	[Date] / at least annually
Pending rule change	Proposed Sept. 18, 2026 (51 TexReg 6429), not adopted as of Nov. 13, 2026: adds a client-rights handout at admission and clarifies several rights (51 TexReg 6433).

1. Purpose

[Agency Name] protects and promotes the rights of every client, explains what it expects of clients, and gives clients a way to raise grievances without fear of reprisal (§558.282(a)–(b)).

2. At admission

1. In advance of furnishing care, or during the initial evaluation visit, the supervisor gives the client, or the client's legal representative, a **written notice of all policies on client conduct, responsibility and rights** (§558.282(e)).
2. At admission, the supervisor gives the client a **written complaint statement** saying that a complaint against the agency may be directed to: **HHSC Complaint and Incident Intake, P.O. Box 149030, Austin, Texas 78714-9030, toll free 1-800-458-9858** (§558.282(d)). The statement also tells the client that complaints may go to the Administrator, at [phone], and that [Agency Name] reviews and resolves complaints within [number] days (§558.282(d)).
3. For a client aged 60 or older, the supervisor also gives a copy of the rights and responsibilities in Human Resources Code Chapter 102 and gets a signed acknowledgment (§558.282(c); §558.301(a)(9)(J)).
4. The supervisor explains the rights, helps the client understand and use them, and documents that the client shows understanding (§558.282(f)(3)).
5. Written informed consent, specifying the type of care and services [Agency Name] may provide, is signed or marked by the client or legal representative (§558.282(f)(1)).
6. The client record holds signed acknowledgments of the ANE reporting policy and of how to register a complaint (§558.301(a)(9)(K)–(L)). The service agreement also contains client rights and the complaint procedure (§558.292(a)(1), (a)(6)).

3. Client rights

Each client has the right to (§558.282(f)):

1. be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment, and any changes;

2. participate in planning care and any change in care, be consulted in advance of changes, refuse care and services, and be told before care starts how much payment is expected from the client, a third-party payer, or any other known source;
3. have help understanding and exercising these rights;
4. exercise their rights as a client of the agency;
5. have their person and property treated with consideration, respect and full recognition of their individuality and personal needs;
6. be free from abuse, neglect and exploitation by an agency employee, volunteer or contractor;
7. confidential treatment of personal and medical records; and
8. voice grievances about care that is or fails to be furnished, or about lack of respect for property, without discrimination or reprisal.

If a client has been adjudged incompetent, the person appointed by law exercises the client's rights. Otherwise, a legal representative may exercise them to the extent the law allows (§558.282(g)–(h)).

4. Client conduct and responsibilities

[Agency Name] asks clients and families to: give accurate information about needs and changes in condition; tell the agency about schedule changes [24] hours ahead when possible; treat staff with respect and keep the home safe for staff; and not ask staff to do tasks outside the service plan. *[Agency choice, not rule text. Edit to fit your agency.]*

5. Handling complaints

1. Any staff member who receives a complaint from a client, family, guardian or the client's health care provider reports it to the Administrator the same day.
2. The Administrator **documents receipt and starts an investigation within 10 days** of receiving the complaint, and documents every part of the investigation (§558.250(c)(2)). This covers complaints about care furnished, care the agency failed to furnish, and lack of respect for the client's property (§558.250(c)(1)).
3. The investigation and its documentation are **completed within 30 days** of receipt, unless the agency has and documents reasonable cause for a delay (§558.250(d)).
4. The Administrator tells the complainant the outcome within the time frame stated in the complaint statement.
5. If a complaint alleges abuse, neglect or exploitation, staff follow Policy 5.1 immediately. The 10-day and 30-day steps above don't replace the HHSC report.
6. [Agency Name] doesn't retaliate against anyone for filing a complaint, presenting a grievance, or giving information in good faith (§558.250(e)).

6. Records

Signed rights notices and acknowledgments (Form G) are kept in the client record (Policy 3.9). Complaint logs and investigation files are kept by the Administrator for [5] years. *[The retention period for complaint files is an agency choice; Chapter 558 doesn't set one.]*

Pending rule change (proposed Sept 18, 2026, not adopted): HHSC proposes requiring a client-rights handout at admission and clarifying several rights (51 TexReg 6433). **Verified Nov 15, 2026:** the complaint link printed in HHSC Provider Letter 2023-12 (txhhs.force.com) is out of date. HHSC's Complaint and Incident Intake page now lists: phone **800-458-9858** (Monday–Friday, 7 a.m.–7 p.m.), online at **tulip.hhs.texas.gov/LTCcomplaint/s/**, and email **ciicomplaints@hhs.texas.gov**. Print these in the client-rights notice along with the mailing address required by §558.282(d), and recheck the HHSC page each year.

Practical notes for owners (not rule text): Put the HHSC complaint statement word for word on its own page in the admission packet and get it signed. Keep a simple complaint log (Form H) (date received, date investigation started, date closed) so you can show the 10-day and 30-day time frames at a glance.

Sources and verification notes

Every rule citation in this edition was checked on **November 14, 2026** against the sources below. Texas Administrative Code text comes from the Texas Secretary of State's official TAC viewer ("query as of 11/14/2026"), including each rule's source note. No unofficial copy was used as the source of rule text. On **November 15, 2026**, §558.404 was rechecked on the official viewer and open items were checked against HHSC's websites (see below).

Source	Used for
26 TAC Chapter 558 (HHSC, Licensing Standards for Home and Community Support Services Agencies), official TAC viewer	All Chapter 558 citations. Most cited sections were last amended effective April 25, 2021 (46 TexReg 2427); §558.256 effective January 24, 2023 (48 TexReg 217). No cited section was amended after June 2026.
26 TAC §561.3 (Employment and Registry Information), amended effective July 23, 2026 (51 TexReg 4568)	SEMARC and NAR checks; written EMR and SEMARC information (Policies 2.3, 2.6; Form Q)
22 TAC Chapter 225 (Texas Board of Nursing), §§225.6–225.13	RN delegation (Policy 4.2; Policy 3.1)
Texas Register, proposed and adopted rules, June 5 to November 13, 2026	Pending Chapter 558 proposal, 51 TexReg 6429 (September 18, 2026); §561.3 adoption
HHSC Provider Letters PL 2023-12 (ANE reporting), PL 2025-01 (AlertMedia), PL 2026-03 (NAR and EMR searches in TULIP), PL 2026-10 (SEMARC); HCSSA FAQ (July 2026); HCSSA webinar (October 2026)	Current HHSC practice notes in Policies 2.3, 3.2, 5.1, 5.2, 5.3
Texas statutes (statutes.capitol.texas.gov): Health and Safety Code §166.004 and Chapter 331 (§§331.001–331.006, as amended by SB 463, 89th Leg., eff. September 1, 2025); Occupations Code §§102.001, 102.006	Policies 3.3, 1.3 and 1.9
29 CFR 1910.1030 (eCFR, current to November 12, 2026)	Policy 5.4

HHSC links, forms and references checked November 15, 2026

- HHSC complaint and incident links: PL 2023-12's txhhs.force.com links are out of date. Current links from HHSC's Complaint and Incident Intake pages: tulip.hhs.texas.gov/LTCcomplaint/s/ (complaints) and tulip.hhs.texas.gov/TULIP/s/login/ (provider incident portal); 800-458-9858; ciicomplaints@hhs.texas.gov (Policies 3.2, 5.1).
- HHSC Form 3613 (HCSSA Provider Investigation Report): current listing effective 10/2023 on fhb.hhs.texas.gov; HHSC says a revision is coming (Policy 5.2).
- HHSC–Board of Nursing memorandum of understanding (§558.404(d)(3); Health and Safety Code §142.001(22)(B)): its text wasn't found on the HHSC or Board of Nursing websites and isn't summarized (Policy 4.5).
- HHSC model EMR and SEMARC employee notice: none found; Form Q follows 26 TAC §561.3(d).
- Employee Misconduct Registry rules moved from 40 TAC Chapter 93 to 26 TAC Chapter 561: confirmed by the official source note for §561.3 ("adopted to be effective April 21, 2022, 47 TexReg 2012").

Not summarized in this edition

- Not summarized here: §558.23 (change of ownership), §558.11(g) and 26 TAC Chapter 560 (persons and convictions barring licensure), Health and Safety Code Chapter 81 and Chapter 85 Subchapter I, 22 TAC Chapter 224, payer contract requirements, and federal program rules (Medicaid, Medicare, anti-kickback, HIPAA). Each policy that points to them says so.

Rule text oddities noted

- §558.259(c)(2)(E) lists the "Rehabilitation Act of 1993." The policy repeats the rule's wording.
- §558.250(b)(3) still describes reporting to DFPS and HHSC (see Policy 5.1).
- The September 2026 proposal refers to its new electronic records rule as both §558.304 and §558.305.

Privacy and HIPAA: this manual doesn't decide whether your agency is a HIPAA covered entity or how Texas Health and Safety Code Chapter 181 applies. See the official sources (HHS Office for Civil Rights at hhs.gov/hipaa, and the Texas statutes) and ask a health care attorney.

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