



Long-Term Care Regulatory Provider Letter

Number: PL 2021-41
Title: Health Maintenance Activities
Provider Types: Assisted Living Facility (ALF)
Date Issued: November 15, 2021 (Revision January 27, 2023)

1.0 Subject and Purpose

The purpose of this letter is to explain what health maintenance activities (HMAs) are and how they can be used in ALFs.

2.0 Policy Details & Provider Responsibilities

2.1 Health Maintenance Activities (HMAs)

An HMA is a specific task for a specific resident that requires a higher level of skill to perform than personal care services and that the resident could perform for themselves but for a functional disability¹ that prevents it.

The use of HMAs in an ALF is optional and based upon a **documented** assessment of the resident by a Registered Nurse (RN) **and agreement from the resident, legally authorized representative (LAR) or other adult chosen by the resident to direct and receive care as an HMA.** Upon completing the assessment of a resident, the RN will decide what activity, if any, qualifies as an HMA for that resident.

HMAs include the following:

- Administering oral medications that are normally self-administered, including medication through a permanently placed feeding tube with irrigation;
- Administering topically applied medications that are normally self-administered;
- Administering unit dose medication administration by way of inhalation (metered dose inhaler or MDI) including medications administered as nebulizer treatments for prophylaxis and/or maintenance;

- Routine administration of a prescribed dose of oxygen; noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) therapy;
- Administering of a bowel and bladder program, including suppositories, enemas, manual evacuation, digital stimulation associated with a bowel program, tasks related to external stoma care including but not limited to pouch changes, measuring intake and output, and skin care surrounding the stoma area;
- Routine preventive skin care and care of Stage 1 pressure ulcers;
- Feeding and irrigation through a permanently placed feeding tube inserted in a surgically created orifice or stoma; and
- Other tasks that a RN may reasonably conclude as safe to exempt from delegation based on an assessment consistent with 22 TAC [§225.6 RN Assessment of the Client](#).

Examples of what some HMAs could look like in an ALF include:

- Application of topical medication for a resident with eczema: The resident has a stable and predictable condition and is able to instruct staff on how to apply the medication but is unable to apply the medication to themselves due to contractures in both hands.
- Irrigation of a feeding tube for a resident who has a permanent gastrostomy tube (g-tube): The resident has a stable and predictable condition and is able to instruct staff on how to irrigate the tube but is unable to irrigate the tube by themselves because of tremors from Parkinson's disease.
- Administration of a nebulizer treatment for a resident with chronic obstructive pulmonary disease (COPD): The resident has a stable and predictable condition and is able to instruct staff on how to administer the treatment but is unable to administer it to themselves because of a previous stroke and limited use of their dominant hand.
- Application of a topical barrier cream for an incontinent resident who has moisture associated skin damage: The resident is unable to direct care; however, the resident's family is able and willing to direct the staff on how to apply the barrier cream.

Tasks that, in the context of an ALF, are not allowed to be designated as HMAs include:

- Intermittent catheterization; and

- Administration of insulin or other injectable medications prescribed in the treatment of diabetes mellitus.

The use of HMAs for any ALF resident is optional and based on the resident's individual assessment. Before a task can be designated as an HMA, the RN must conduct a resident assessment. Part of this assessment evaluates the predictability of the resident's condition, as well as the ability of the resident or resident's legally authorized representative (LAR) to participate in directing staff on how to perform the HMA. **Only residents who meet the criteria to receive an HMA and would like to utilize HMAs require an assessment from the RN. Residents who require the use of HMAs to reside in or continue to reside in an ALF must receive an assessment by the RN prior to admission and upon significant change in condition to ensure the facility can meet the resident's needs.** The RN then determines and documents which task, if any, qualifies as an HMA.

The facility may allow personal care staff to perform an HMA for a resident, only if all of the following conditions are met:

- A RN acting on behalf of the facility conducts and documents an assessment in accordance with 22 TAC Rule §225.6 and determines that the activity qualifies as an HMA not requiring delegation;
- The resident, the resident's LAR, or other adult chosen by the resident, is willing and able and has agreed in writing, to participate in directing the personal care staff's actions in carrying out the HMA;
- The activity performed is for a person with a functional disability and the activity addresses a condition that is predictable and stable, in accordance with 26 TAC Rule §553.3; and
- The activity is performed for a resident who could perform the task on his or her own, but a functional disability prevents the resident from doing so.

1 Functional disability is defined as a mental, cognitive, or physical disability that precludes the physical performance of self-care tasks, including health maintenance activities and ADLs.

2 Note on RN delegation: The designation of an activity as an HMA is different than RN delegation. Delegation is defined as the authorization of an unlicensed person to provide nursing services while the delegating RN retains accountability for how the unlicensed person performs the task. For HMAs, an RN determines if an activity qualifies as an HMA for a specific resident, but the RN is not accountable for

how staff perform the HMA. Please review the rules in [Chapter 225 RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions](#) for more details on delegation criteria, tasks that may be delegated, tasks prohibited from delegation, and other rules on delegation.

2.2 RN Assessment of the Client

22 TAC [§225.6 RN Assessment of the Client](#) lists the requirements for a standard nursing assessment. An ALF without a RN may contract a RN to complete the assessment. The RN must consider each element listed in 22 TAC §225.6 when conducting their assessment and determining whether an activity qualifies as an HMA for a given resident. HHSC does not have a form for a standard nursing assessment.

The RN must reassess a resident's status:

- Any time there is a change in the resident's condition that may affect the resident's physical or cognitive abilities, or the stability or predictability of the resident's condition; and
- At least once annually; or
- At least once every six months if the resident has been diagnosed with Alzheimer's disease or a related disorder or resides in an Alzheimer's disease certified facility or unit.

The RN is not required to know the identity of the personal care staff member who will perform the activity or his or her specific qualifications, nor is the RN required to determine the competency of the personal care staff who will perform the activity. **The facility is responsible for ensuring staff are trained and can correctly perform the activity for the resident.**

2.3 Documentation

The RN assessment and applicable HMAs must be documented for each resident and included in the resident's service plan. Documentation must include assessment outcomes and any supporting evidence of why a certain activity qualifies as an HMA for a specific resident. If the RN assessment determines that an activity qualifies as an HMA not requiring delegation, the RN may attach the applicable HMA(s) at the end of the resident's RN assessment and in the resident's service plan.

3.0 Frequently Asked Questions (FAQs) on HMAs

1. Can blood sugar checks be an HMA?

While this task is not included in the list of HMAs in the rule, it is up to the RN to decide if a blood sugar check is safe to exempt from delegation based on the RN's assessment of the resident.

Additional considerations may include the level of maintenance and routine checks of blood glucose monitoring machines, proper disposal of sharps, and assuring that the unlicensed person does not make clinical decisions based on the resident's blood sugar.

2. Can the ALF contract with a RN to perform the RN assessment of a resident?

The RN performing the resident assessment is not required to be employed by the ALF, but there must be a contract in place. The ALF could also have a contract with a third party that employs or contracts with a nurse as long as the nurse is required to act on behalf of the ALF.

3. If the resident cannot direct the activity or task, can the resident still have HMAs?

Yes, in that §553.263 states that if a resident, resident's legally authorized representative (LAR), or another adult chosen by the resident is able and willing to direct personal care staff to perform the task without RN supervision and the resident, the resident's LAR, or the other adult chosen by the resident is willing and able and has agreed in writing to participate in directing the personal care staff's actions in carrying out the HMA. Each situation will be different, and it will depend upon the ability of the resident and the willingness of the LAR to participate in the direction of the resident's care. The resident's LAR or other adult chosen by the resident will need to be available either in person or by phone for any HMA.

4. Does the task have to be listed on the HMAs list?

Per 22 TAC §225.4(a)(8)(J)-(K), HMAs include those tasks that an RN may reasonably conclude as safe to exempt from delegation based on an assessment consistent with §225.6 (relating to RN Assessment of the Client) and such other tasks as the Board may designate.

It is not up to HHSC or the ALF provider to determine which activities are reasonably safe to designate as an HMA—that is up to the RN to decide. If the task is not specifically listed in §255.4 and the RN determines it can be an HMA, proper documentation must back up the RN's decision. **Any task the RN determines is safe to exempt from delegation and can be performed by an unlicensed individual must also be within the scope of practice for an**

Assisted Living Facility. "Skilled nursing" activities may not be performed as an HMA.

5. Can any staff member perform an HMA?

Personal care staff may perform an HMA as long as the staff member is properly trained and competent to perform the task specifically for the resident.

6. Who is responsible for training staff to perform the HMA?

The facility is responsible for training staff and ensuring an activity is done correctly and safely. Training may include, but is not limited to, a check-off of the skill, demonstration and teach back, competency check, individual training, or a group training activity.

The RN is responsible for determining if an activity qualifies as an HMA. In determining this, the RN assesses the ability of the resident or the resident's LAR to participate in the management and direction of the task, their ability to communicate with an unlicensed person, and the adequacy and reliability of support systems available to the resident or resident's LAR. See RULE §225.6, RN Assessment of the Client, for more detail and other elements included in the RN assessment.

The ALF must document that the direct care staff member was trained in the HMA and is competent per the resident or the LAR. The ALF may provide additional training materials and resources for HMAs.

7. What does it mean to "direct care"?

The resident or the resident's LAR **or designee** must be able to direct the care provided in an HMA. This means that the resident or the resident's LAR **or designee** must agree in writing to train the staff member(s) who will be performing the HMA, as well as be available (either in person or by phone/video) if there are questions or additional information is needed regarding the HMA.

8. Do all residents require an RN assessment?

No. A facility must be willing and able to provide HMAs, and only those residents with a functional disability who desire to receive assistance through HMAs require an RN assessment.

9. Can the resident's Home Health Agency direct the care provided in an HMA?

Yes. A resident or resident's LAR who is unwilling or unable to direct care may elect to have the resident's Home Health Agency direct care as long as the Home Health Agency agrees.

10. Can an RN designate all medication administration as an HMA in place of medication delegation?

No. Medication delegation is a requirement in rule for unlicensed staff who do not currently have the authority to administer medications. Medication administration as an HMA can only be authorized for a resident with a functional disability that would otherwise be able to self-administer their own medications. The resident may also only receive medication administration as an HMA for stable and predictable conditions, as determined by the RN assessment.

4.0 Background/History

House Bill 3329, 86th Legislature, Regular Session, 2019, amended the definition of assisted living facility to allow personal care staff to perform HMAs for a resident, without RN delegation. New rules for ALFs went into effect on August 31, 2021.

5.0 Resources

- 26 TAC [Rule §553.263 Health Maintenance Activities](#)
- 26 TAC [Rule §553.3 Definitions](#)
- 22 TAC [Rule §225.4 Definitions](#)
- 22 TAC [Rule §225.6 RN Assessment of the Client](#)
- [PL 2021-28](#) (Revised): Description of Upcoming Key Changes to 26 TAC Chapter 553, Licensing Standards for Assisted Living Facilities

Resources on RN Delegation:

- [Overview of Delegation](#) (Texas Board of Nursing)
- [Chapter 225 RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions](#)
- [Frequently Asked Questions – Delegation](#) (Texas Board of Nursing)
- [Rule 225 RN Delegation Handout](#)

6.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.