# Long-Term Care Regulation Provider Letter

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| **Number:** PL 2025-03 |
| **Title:** Licensure Applications |
| **Provider Types:** Nursing Facilities (NF), Day Activity Health Services (DAHS), Assisted Living Facilities (ALF), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) or Related Conditions, Prescribed Pediatric Extended Care Centers (PPECC), and Home and Community Support Services Agencies (HCSSA) |
| **Date Issued:** 07/31/2025 |

## 1.0 Subject and Purpose

The Texas Health and Human Services Commission (HHSC) Long-Term Care Regulation (LTCR) requires licensure applications to be submitted through the Texas Unified Licensure Information Portal (TULIP). All applicants must follow the TULIP instructions. Applicants are required to create a TULIP account prior to beginning this process and are encouraged to review the TULIP Training Guide to learn how to create and manage accounts, navigate the system, and use all the functions provided. Applicants can also utilize the "How Do I" tab in their account.

## 2.0 Policy Details & Provider Responsibilities

This provider letter is not intended to be a full set of instructions on application submission. It is intended to provide a broad overview of key items within the application.

### 2.1 Disclosure of Owners, Controlling Parties, and Affiliates

Disclosures of owners, controlling parties, and affiliates of the legal entity to be licensed and the management company (as applicable) are required. The requirement for these disclosures is outlined in PL 2024-11. Background checks and other screenings are completed on each

disclosed individual. The individual's identifying information, social security number (SSN) and date of birth (DOB) must be correct as it will be utilized to conduct the background checks and other screenings. Failure to submit the SSN/DOB information or errors in submission will delay processing. In addition, for each individual or entity disclosed, there are required disclosure questions related to each. If any answer is yes, supporting documentation is required.

### 2.2 Financial Review (Nursing Facilities)

The applicant must fill out the Balance Sheet, Income Statement, Accounts Receivable, and Line of Credit sections in the financial part of the Nursing Facility application. When filling out the Balance Sheet ensure that Total Assets Equal the Total Liabilities plus Owner's Equity/Change in Net Assets.

### 2.3 Real Estate (All provider types except DAHS-Individualized Skills and Socialization Only and HCSSA without an Inpatient Unit)

The applicant must provide the requested information concerning real estate ownership. This includes uploading a copy of the deed or lease associated with the legal entity to be licensed.

### 2.4 Documents

On the documents tab in the application, the applicant must upload all required documents and all optional documents that apply to that applicant.

#### 2.4.1 Survey Request Letters (All provider types except DAHS-Individualized Skills and Socialization Only and HCSSA without an Inpatient Unit)

The applicant must upload a letter indicating that they are ready for a Life Safety Code (LSC). Once the LSC survey is successful and the applicant has admitted one to three individuals, the applicant must upload a letter indicating that they are ready for a health survey. There are exceptions to this process based on the provider type and application process.

### 2.4.2 Fire Marshal Inspection Report (All provider types except DAHS-Individualized Skills and Socialization Only and HCSSA without an Inpatient Unit)

This report is required to be uploaded in the application to provide evidence that this local authority has approved the building.

### 2.4.3 Taxpayer ID Document (CP575/147C)

The license to be issued will be in the name of the licensed legal entity and their associated taxpayer ID. This document provides evidence that the taxpayer ID has been issued in the legal entity's name.

### 2.4.4 Assumed Name Certificate

Texas requires that a business that is doing business under a different name than the legal entity registered with the Secretary of State must also register its assumed name. Assumed name certificate filings expire every 10 years. Most licensed providers in Texas have a facility name that is different than the name of the legal entity. Providing the assumed name certificate provides evidence that the assumed name is registered to the legal entity and cannot be used by any other entity. For assumed name certificates filed with the Secretary of State, HHSC staff will verify the assumed name certificate on the Secretary of State website. For assumed name certificates registered with their local county office, the applicant must upload a copy of the certificate.

### 2.4.5 Letter to the Local Health Authority (As Applicable)

As required by rule, the entity to be licensed must inform the local health authority that they are going to have a license at that address.

### 2.4.6 Business Entity Documents

These documents are required to show the type of legal entity submitted is as defined in the application.

#### 2.4.7 Management Company Agreement

The management company will be providing the day-to-day operations of the provider. This document provides evidence that the legal entity to be licensed has an agreement in place.

#### 2.4.8 Medicare Required Documents

For providers that will be certified, the applicant must upload documents as required and identified in the application instructions.

### 2.5 Payment

Most applications require a licensure fee. Payments can be made in TULIP through Texas.gov. In addition, applicants can choose to obtain a coupon to mail in the payment. Applications will not be assigned for review until the application status shows payment received.

## 3.0 Background/History

Applications for licensure activities for long-term care providers must be submitted through TULIP and applicants must follow the applications instructions.

## 4.0 Resources

HHSC TULIP Website: TULIP Online Licensure Application System | Texas Health and Human Services

## 5.0 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.