

Limited Services Rural Hospital (LSRH) License Application

A general or special hospital applying for an LSRH license must meet all emergency rule requirements under Texas Administrative Code Title 26 (26 TAC) Section 600.1 and [Code of Federal Regulations Title 42 \(42 CFR\) Section 485, Subpart E](#).

The text of emergency rule 26 TAC Section 600.1 can be viewed in guidance letter GL 23-1000 which is posted on the [HHSC Health Care Facilities Regulation webpage](#).

Note: This form is only for use while the emergency rule is in effect. Any applicant using the license under the emergency rule at 26 TAC Section 600.1 must complete the initial LSRH Initial Licensing form once the standard LSRH rules take effect in 26 TAC Chapter 511. Once the standard LSRH rules take effect, an applicant must apply for an initial LSRH license and HHSC will no longer accept this application for a license.

Section 1 – Hospital Information

Hospital Name:				
Street Address:		City:	State:	ZIP Code:
Facility Contact Name (Must be a facility administrator, Chief Executive Officer (CEO) or designated facility staff member):			Title:	
Contact Area Code and Phone No. (Direct):	Contact Area Code and Phone No. (Mobile):		Contact Area Code and Fax No.:	
Email:				
Current License Type: <input type="checkbox"/> General Hospital <input type="checkbox"/> Special Hospital		Facility License No.:		Medicare/CMS Certification No.:

Section 2 – Required Services

The LSRH must provide the following services:

- Emergency services ([42 CFR Section 485.516](#)),
- Basic laboratory services ([42 CFR Section 485.518](#)),
- Radiological services ([42 CFR Section 485.520](#)) and
- Pharmaceutical services ([42 CFR Section 485.522](#)).

How many emergency treatment beds or emergency department beds are at this hospital location? _____

Note: A minimum of one bed is required.

Section 3 – Other Services

List any outpatient medical and health services the hospital currently offers and intends to continue offering. Refer to [42 CFR Section 485.524](#) for additional information regarding outpatient medical and health services.

None

Note: The hospital may only offer the services it currently provides and may not add any new services at this time.

Section 4 – Patient Transfer Policy/Memorandum of Transfer/Patient Transfer Agreement

- Submit a copy of the hospital's Memorandum of Transfer developed per the emergency rule at 26 TAC Section 600.1 and [25 TAC Section 133.44](#) governing patient transfer policies.
- Submit a copy of the Patient Transfer Policy developed per the emergency rule at 26 TAC Section 600.1 and [25 TAC Section 133.44](#) governing patient transfer policies. The Patient Transfer Policy must be signed by both the chairman and secretary of the hospital's governing body attesting to the date of adoption of the policy and the policy's effective date.
- Submit a Patient Transfer Agreement between the LSRH and a general hospital licensed under [Health and Safety Code \(HSC\) Chapter 241](#) with a level I or level II trauma center developed per 26 TAC Section 600.1, and [25 TAC Section 133.61](#) governing hospital patient transfer policies and agreements.

Section 5 – Attestations

Physical Plant Attestations

- I attest that the medical gasses have been disconnected in the inpatient rooms.
- I attest that the nurse call system has been disconnected in the inpatient rooms.
- I understand that if any modifications will be made to the physical plant, the hospital must go through the Architectural Review Unit (ARU) process to obtain approval.

Licensing Attestation

- I attest that if the facility currently operates and intends to maintain a hospital-based skilled nursing unit facility, the facility will seek state licensure through [HHSC Long Term Care Licensing](#) in accordance with [42 CFR Section 485.546](#).

Legal Attestation

- The chief executive officer (CEO) attests that the owner meets the requirements of Texas Administrative Code Title 26 (26 TAC) Section 600.1, Limited Services Rural Hospital, [25 TAC Chapter 133, Hospital Licensing](#), [HSC Chapter 241, Hospitals](#) and [42 CFR Part 485 Subpart E, Conditions of Participation: Rural Emergency Hospitals \(REHs\)](#) and that all information contained in this application is true and correct. The CEO swears or affirms that all documents submitted with the application are original or copies of the original documents. In compliance with 26 TAC Section 600.1, [HSC Section 241.022\(c\)\(1\)](#) and [25 TAC Chapter 133](#), the CEO swears or affirms that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

CEO Name	CEO Signature	Date

Facility Contact Name	Facility Contact Signature	Date

Note: Facility contact name must match the facility primary contact name in Section 1.

Note: Applicants will receive correspondence by email regarding the status of the application.

Email completed form to:

Hospital_Licensing@hhs.texas.gov and healthfacilitylicensing@hhs.texas.gov