Texas Unified Licensure Information Portal (TULIP)

Training Guide

Revision Date: February 24th, 2022

Version 4.0
Table of Contents

TULIP PORTAL PROVIDER TRAINING GUIDE ................................................................. 3

1.1 PROVIDER REGISTRATION AND LOGIN .................................................................. 3
  1.1.A. OVERVIEW ......................................................................................................... 3
  1.1.B. HOW TO REGISTER FOR TULIP ...................................................................... 3
  1.1.D LOG IN AS A PROVIDER .................................................................................. 9

1.2 PORTAL NAVIGATION ............................................................................................. 11
  1.2.A. HOMEPAGE ....................................................................................................... 11
  1.2.B. APPLICATION STATUSES ............................................................................... 15
  1.2.C. APPLICATION TYPES .................................................................................... 17

1.3 PROVIDER APPLICATIONS ..................................................................................... 19
  1.3.A OVERVIEW ......................................................................................................... 19
  1.3.B SUBMIT INITIAL APPLICATIONS FOR A NEW LICENSE FOR FACILITY: .............. 22
  1.3.C SUBMIT AN INITIAL APPLICATION FOR A NEW LICENSE FOR AN AGENCY .......... 41
  1.3.D SUBMIT CHANGE OF OWNERSHIP FOR FACILITY/AGENCY (CHOW) APPLICATIONS .......................................................... 54
  1.3.E RENEW AN EXISTING LICENSE ................................................................... 60
  1.3.G ACCOUNT UPDATES ...................................................................................... 64
  1.3.H INTERACTION OF APPLICATION WITH THE PORTAL: .................................... 70
  1.3.I MANAGE ALZHEIMER CERTIFICATION: .......................................................... 83
  1.3.J MANAGE MEDICARE BRANCH CERTIFICATION (FORM 2023) : ...................... 86

1.4 OTHER ACTIONS ....................................................................................................... 90
  1.4.A UPLOAD A FORM ............................................................................................ 90
  1.4.B GRANTING ACCESS TO NEW USERS ............................................................... 92
  1.4.C MANAGE PROVIDER ACCESS ......................................................................... 93
  1.4.D SUBMIT NON-INCIDENT REPORT .................................................................. 95
  1.4.E SUBMIT A COMPLAINT REPORT .................................................................... 109

1.5 REPORTING ............................................................................................................... 119
  1.5.A SUBMIT A RESIDENT DEATH REPORT ............................................................ 119
  1.5.B SUBMIT AN INCIDENT REPORT ....................................................................... 124
  1.5.C SUBMIT A PIR FOR LTC AGENCY/FACILITY .................................................. 137

1.6 CONTACT HHS ........................................................................................................ 156
1. TRAINING GUIDE OVERVIEW: TULIP PORTAL

This training guide is organized into the following major components:

- **Portal Navigation**: login & registration, user management, general navigation, and settings
- **Provider Applications**: create, upload documents, review deficiencies, pay for, and submit an application, submit CHOW, Change Update, Manage Alzheimer’s and Medicare Branch Certification.
- **Other Actions**: Upload Form, Account Updates
- **Reporting**: This section details the following:
  - How to submit and edit a monthly resident death report
  - How to access the Incident Self Reporting Portal

Please note that TULIP is optimized for Google Chrome and should be used in this browser whenever possible.

1.1 PROVIDER REGISTRATION AND LOGIN

1.1.A. OVERVIEW

1.1.B. HOW TO REGISTER FOR TULIP

If you have not registered for TULIP, please click [https://txhhs.force.com/TULIP/s/login/](https://txhhs.force.com/TULIP/s/login/) to register and click on ‘Not a Member’ to get started.
Next, you will see the following screen.

Select ‘Provider Licensure’ if you require a Provider License.
NOTE: ‘Occupational License’ User Manual is at below link:
If the user does not already have a TULIP account, users will first be prompted with the question “Have you or a representative of your business completed first time registration?” If “Yes”, user will enter valid State of Texas SSN and select the “Submit” button when finished.

When SSN is entered, below screen is displayed:
Next, enter the Legal Business Entity name and the Registrant Information. Then click, Submit. Do not enter a facility name or an agency name as only the Legal Business Entity will show in the search window.

If user selects No/New to TULIP, following screen displays.
Enter the Business and Security Authority Information and then click, Submit.
Already have an account?

TULIP - User Manual

Register

* Have you or a representative of your business completed first time registration?
No

* Is your business New to TULIP or have you been given a Registration Code?
New to Tulip

Business

Please enter the Legal Business Entity Name. Legal Business Entity Name is the primary account. All facilities or agencies are linked after the Legal Business Entity Name is saved.

If your business is a sole proprietorship and you do not have a Federal Tax Identifier (EIN), provide the name of the Sole Proprietor as legal business name and that individual’s Social Security Number (SSN) for the Tax Identifier.

* Business Legal Name

* Business Type

* Federal Tax Identifier (EIN)

Security Authority

The Security Authority is responsible for approving/rejecting TULIP access and facilitating application access for anyone associated with the business. Consider using a person from the IT department or someone with strong computer skills.

During initial registration, one individual must be identified to approve and reject access requests on behalf of your business. Please provide the Security Authority's information below:

* First Name

Middle Name

* Last Name

* Email

* Social Security Number

* Phone

* I represent

--Select an option--

Submit
If user selects No/Have Registration Code, the following screen displays. Enter the Business and Security Authority Information then click, Submit.
After clicking submit, an email will be sent confirming your registration and prompting you to create a password and login. The email can take up to one hour to receive. Please check your SPAM or JUNK email if you do not get the email within one hour. If you still do not receive the email to create a password and login please email HHSC TULIP Support at TULIP_Support@hhsc.state.tx.us

1. If you are a returning TULIP user, select the “Already have an account?” link under the Texas Health and Human Services logo to log into TULIP with your existing provider credentials.

1.1.D LOG IN AS A PROVIDER

It is highly recommended that providers bookmark the login screen for easy access to their TULIP account portal. To log in, enter your username and password then click Log in.

From this initial login page, you may navigate back to the initial registration page (Section 2.1.2.B., “Create a Provider Account”) by selecting the “Not a member?” link.

Forgot your password

If you have forgotten your password, select the “Forgot your password?” link from the screen above, just under the login fields. You will be prompted to enter your username (the email address used to register). The following screen will display, allowing you to return to the login screen or resend the password reset email.
If you do not receive the password reset email please contact HHSC TULIP Support at TULIP_Support@hhsc.state.tx.us

Additional TULIP Information

HHSC maintains a webpage to host the most updated information regarding TULIP. Access this webpage by clicking the link at the bottom of the login screen that reads, “Click here for additional information about TULIP”.

![TULIP Online Licensure Application System](image-url)
1.2 PORTAL NAVIGATION

1.2.A. HOMEPAGE

The image below is an example of a provider homepage, the screen you will see when you first log into the TULIP portal. From here you can submit applications, update resident death reports, upload forms, view account details, and address deficiencies. To return to this page from anywhere in the portal, simply select the Home icon on the leftmost side of the page banner.

The following sections can be found on a provider homepage:

- **Parent Facility/Agency Applications**
  This section will only show new parent facilities or new parent agency applications that are pending a new license.
  Once the application is approved, and a new license number or new facility id is issued, the account name and information will show below under section two, Facility/Agency Details.

- **Facility/Agency Details**
  If you manage multiple facilities and agencies you will see all in section two. You can toggle between the various agencies/facilities by clicking on the caret displayed besides the agency/facility details.
## Facility/Agency Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>License</th>
<th>License Expiry Date</th>
<th>Facility Id</th>
<th>Renewal Available</th>
<th>To Avoid</th>
<th>Review...</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTLE HAVEN PRECC</td>
<td>Facility</td>
<td>149241</td>
<td>2023-04-13</td>
<td>107164</td>
<td>2022-12-14</td>
<td>2023-03-28</td>
<td></td>
</tr>
<tr>
<td>MAECE VILLAGE AT MARBRIDGE</td>
<td>Facility</td>
<td>146548</td>
<td>2022-01-14</td>
<td>000706</td>
<td>2021-08-16</td>
<td>2022-02-28</td>
<td></td>
</tr>
<tr>
<td>CHOW OF NURSING</td>
<td>Facility</td>
<td>308101</td>
<td>2021-03-18</td>
<td>001701</td>
<td>2021-11-18</td>
<td>2021-05-03</td>
<td></td>
</tr>
<tr>
<td>Trinity Manor Redistributor</td>
<td>Facility</td>
<td>306380</td>
<td>2021-03-18</td>
<td>007404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VILLA ASUNCION INDEPENDENT</td>
<td>Facility</td>
<td>144585</td>
<td>2021-02-26</td>
<td>030728</td>
<td>2020-10-29</td>
<td>2021-04-12</td>
<td></td>
</tr>
<tr>
<td>AND ASSISTED LIVING CENTER</td>
<td>Facility</td>
<td>144583</td>
<td>2021-04-30</td>
<td>104286</td>
<td>2020-12-31</td>
<td>2021-06-14</td>
<td></td>
</tr>
<tr>
<td>FAC CHOWS ARE US OF AUSTIN</td>
<td>Facility</td>
<td>308104</td>
<td>2024-06-03</td>
<td>009920</td>
<td>2024-01-04</td>
<td>2024-06-17</td>
<td></td>
</tr>
<tr>
<td>HCSSA AGENCY GROUP</td>
<td>Agency</td>
<td>020846</td>
<td>2024-03-03</td>
<td></td>
<td>2023-11-04</td>
<td>2024-04-17</td>
<td></td>
</tr>
</tbody>
</table>

## Facility/Agency Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>License</th>
<th>License Expiry Date</th>
<th>Facility Id</th>
<th>Renewal Available</th>
<th>To Avoid</th>
<th>Status</th>
<th>Pymt D</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTLE HAVEN PRECC</td>
<td>Facility</td>
<td>149241</td>
<td>2023-04-13</td>
<td>107164</td>
<td>2022-12-14</td>
<td>2023-03-28</td>
<td>NEW</td>
<td></td>
</tr>
<tr>
<td>MAECE VILLAGE AT MARBRIDGE</td>
<td>Facility</td>
<td>146548</td>
<td>2022-01-14</td>
<td>000706</td>
<td>2021-08-16</td>
<td>2022-02-28</td>
<td>PAYMENT RECEIVED</td>
<td></td>
</tr>
<tr>
<td>CHOW OF NURSING</td>
<td>Facility</td>
<td>308101</td>
<td>2021-03-18</td>
<td>001701</td>
<td>2021-11-18</td>
<td>2021-05-03</td>
<td>PAYMENT RECEIVED</td>
<td></td>
</tr>
<tr>
<td>Trinity Manor Redistributor</td>
<td>Facility</td>
<td>306380</td>
<td>2021-03-18</td>
<td>007404</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VILLA ASUNCION INDEPENDENT</td>
<td>Facility</td>
<td>144585</td>
<td>2021-02-26</td>
<td>030728</td>
<td>2020-10-29</td>
<td>2021-04-12</td>
<td>PAYMENT RECEIVED</td>
<td></td>
</tr>
<tr>
<td>AND ASSISTED LIVING CENTER</td>
<td>Facility</td>
<td>144583</td>
<td>2021-04-30</td>
<td>104286</td>
<td>2020-12-31</td>
<td>2021-06-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAC CHOWS ARE US OF AUSTIN</td>
<td>Facility</td>
<td>308104</td>
<td>2024-06-03</td>
<td>009920</td>
<td>2024-01-04</td>
<td>2024-06-17</td>
<td>PAYMENT RECEIVED</td>
<td></td>
</tr>
</tbody>
</table>

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**TULIP Training Guide**

Page 12 of 156
**Viewing Application:**
To view and open the application, click on the hyperlink.

After clicking the application hyperlink, the application can open and be edited.

You can choose to delete the desired application by clicking on ‘Trash’ icon next to the application. Please note: you cannot delete a Renewal application or an application that has been submitted or is in completed status.
To confirm the deletion of the application, click OK. The application will then be deleted.
### 1.2.B. APPLICATION STATUSES

All applications will feature a status to communicate the stage at which an application sits in processing. The following statuses will help providers track the progress of their TULIP applications:

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>An application has been created and is ready for the providers review.</td>
</tr>
<tr>
<td>READY TO SUBMIT</td>
<td>All required fields have been completed on the application and it is ready for payment and submission.</td>
</tr>
<tr>
<td>PAYMENT PENDING</td>
<td>The application has not been submitted and payment is pending.</td>
</tr>
<tr>
<td>SUBMITTED/PENDING ASSIGNMENT</td>
<td>Payment has been submitted or mailed. The application will not be processed until payment is sent and cleared.</td>
</tr>
<tr>
<td>RESPONSE REQUIRED BY PROVIDER</td>
<td>The application requires a response or action from the provider as soon as possible to proceed with processing.</td>
</tr>
<tr>
<td>IN REVIEW</td>
<td>An application has been submitted and payment has been received. The application is in review.</td>
</tr>
<tr>
<td>IN ANALYSIS</td>
<td>An application has been submitted and payment has been received. The application is in analysis.</td>
</tr>
<tr>
<td>COMPLETE</td>
<td>The application review has been completed.</td>
</tr>
<tr>
<td>APPROVED LICENSE ISSUED</td>
<td>The application has been approved and the license has been issued.</td>
</tr>
<tr>
<td>CERTIFICATION GRANTED</td>
<td>The application has been certified for services.</td>
</tr>
<tr>
<td>PENDING HEALTH REQUEST BY PROVIDER</td>
<td>The application is pending health survey information from the provider.</td>
</tr>
<tr>
<td>PENDING LSC REQUEST BY PROVIDER</td>
<td>The application is pending LSC by the provider.</td>
</tr>
<tr>
<td>PENDING LSC FOLLOW-UP</td>
<td>The application is pending the LSC follow-up.</td>
</tr>
<tr>
<td>PENDING LSC SURVEY</td>
<td>The application is pending an LSC Survey.</td>
</tr>
<tr>
<td>PENDING HEALTH SURVEY</td>
<td>The application is pending a health survey.</td>
</tr>
<tr>
<td>Status</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PENDING HEALTH SURVEY FOLLOW-UP</td>
<td>The application is pending a health survey follow-up.</td>
</tr>
<tr>
<td>PENDING CMS</td>
<td>The application is pending CMS.</td>
</tr>
<tr>
<td>DENIED</td>
<td>The submitted application has been denied by HHSC.</td>
</tr>
<tr>
<td>WITHDRAWN</td>
<td>An application that has been withdrawn.</td>
</tr>
<tr>
<td>EXPIRED</td>
<td>A renewal application was automatically generated but not submitted before the license expiration date.</td>
</tr>
</tbody>
</table>
### 1.2.C. APPLICATION TYPES

The following application types are offered through TULIP.

<table>
<thead>
<tr>
<th>Agency or Facility</th>
<th>Application Number</th>
<th>Application Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>3720</td>
<td>Account Update</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capacity Increase/Decrease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Management Company</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Relocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Shares Transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of ICF/IID Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial – New Construction Provisional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reactivate (Bed Suspension)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Real Estate Change</td>
</tr>
</tbody>
</table>

<p>| Facility           | 3720-N             | Account Update                                       |
|                    |                    | Capacity Increase/Decrease                            |
|                    |                    | Change – Management Company                           |
|                    |                    | Change – Relocation                                   |
|                    |                    | Change – Shares Transfer                              |
|                    |                    | Change of ICF/IID Administrator                       |
|                    |                    | Change of Ownership (CHOW)                            |
|                    |                    | Initial                                              |
|                    |                    | Initial – New Construction Provisional               |
|                    |                    | Reactivate (Bed Suspension)                          |
|                    |                    | Real Estate Change                                   |</p>
<table>
<thead>
<tr>
<th>Agency or Facility</th>
<th>Application Number</th>
<th>Application Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>3720-P</td>
<td>Account Update</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capacity Increase/Decrease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Admin/CFO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Operating Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Relocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management Company</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Real Estate Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer of Ownership Interest</td>
</tr>
<tr>
<td>Facility</td>
<td>3720-G</td>
<td>Initial</td>
</tr>
<tr>
<td>Facility</td>
<td>3721</td>
<td>Capacity Increase/Decrease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Relocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td>Facility</td>
<td>3736</td>
<td>Renewals only</td>
</tr>
<tr>
<td>Agency</td>
<td>2021</td>
<td>Change – Accreditation Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Admin/CFO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Alternate Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Update Category of Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Controlling Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – DBA (not CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Mailing Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Name of Owner (not CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Phone/Fax/Email/Operating Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Relocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Service Area Expansion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Service Area Reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Stock Transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td>Agency or Facility</td>
<td>Application Number</td>
<td>Application Type</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Agency</td>
<td>2023</td>
<td>Adding Licensed &amp; Certified Category</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td>Agency</td>
<td>2024</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Update Category of Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Relocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Phone/Fax/Email/Operating Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Service Area Expansion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Service Area Reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
<tr>
<td>Agency</td>
<td>2025</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change of Ownership (CHOW)</td>
</tr>
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<td>Change – Phone/Fax/Email/Operating Hours</td>
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<tr>
<td></td>
<td></td>
<td>Change – Service Area Expansion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change – Service Area Reduction</td>
</tr>
</tbody>
</table>

1.3 PROVIDER APPLICATIONS

1.3.A OVERVIEW

TULIP online applications will enable both agencies and facilities to submit license and certification applications from start to finish. The following flow lays out the steps to complete an application:

If you have to SUBMIT any of the following applications or Manage the Medicare Branch or Alzheimer’s applications, click on ‘Provider Applications’ tab from blue ribbon:

- Submit an initial application for new license for Agency/Facility
• Submit CHOW- Change of Ownership for Facility/Agency
• Submit a Change or Update
• Manage Medicare Branch Certification
• Manage Alzheimer Certification

Quick Reference: TULIP Online Application Features

The applications as represented in TULIP are made to reflect the previous HHSC paper applications as much as possible. Depending on each question, data entry fields will vary between free text fields, date calendars, numerically restricted, or picklists. The following features are unique to TULIP and of note:

• Progress Bar: This bar is featured at the top of each application and will help providers track progress during data entry. Each step within the bar maybe be clicked to jump to different application pages.

Figure 17. TULIP Application Progress Bar

• Date Calendar: Throughout applications, providers will find date fields with three options for entry: a “mm/dd/yyyy” manual keyboard option, up/down selection arrows, or a dropdown calendar at the far right of the field box.

Figure 18. Date Calendar
- **Instructions**: Instructions can be accessed both from the initial Application List page and within the footer at the bottom of all applications. When selected, this link will open in a new tab so as to not disrupt application progress.

![Application Instructions](image)

**Figure 19. TULIP Application Instructions Button**

- **Saving**: Moving to a new step or selecting the “Next” or “Save” buttons in the footer at the bottom of the application will automatically save application progress. After saving, you may navigate away from TULIP or close your browser entirely to resume the application at a later date. The saved application will be stored in the Pending Provider Action section of the homepage.

![Back, Next, and Save buttons](image)

**Figure 20. Back, Next, and Save buttons**

- **Required Fields**: TULIP applications include required fields and documents, marked both in red and with an asterisk (*). Providers will not be blocked from moving between steps or saving/closing/exiting the application if required fields are left blank. Missing required fields will be displayed in the “Deficiencies” step and will, however, prevent access to the final stages of payment and application submission.

![Example of TULIP Required Field](image)

**Figure 21. Example of TULIP Required Field**

- **Exemptions**: Applications will vary by type. On some applications, providers may notice checkboxes or Yes/No fields that could exempt them from certain pieces of the application. TULIP applications will use the concept of required fields (explained above) to enforce fields that apply to all users. If you complete a field that exempts you from another non-required field, continue through the application. The following examples will help illustrate exemptions:
  - **Example, Address entry fields**: A provider enters their Physical Address. Instead of entering a Mailing Address, they select a checkbox that reads “Same as Physical Address” and continue through the application. The information entered into the physical address fields will also populate the mailing address fields upon application approval.
  - **Example, Yes/No selection fields**: A provider selects “Yes” in a Yes/No selection field. Oftentimes, if the selection is No the provider may simply move onto the next question. TULIP applications include all necessary instructions around Yes/No fields. If you need further help, please access the Instructions document using the button at the bottom left of the screen.
• **Attestations**: Secured by Salesforce’s logins, TULIP applications ask for an attestation in place of prior notarized affidavits. Please note that most applications will still require a separate fire marshal approval upload.

1.3.B SUBMIT INITIAL APPLICATIONS FOR A NEW LICENSE FOR FACILITY:

The selection of the application type and form name will depend on the responses provided to below questions unlike the current functionality where the form name and application name were displayed upfront for the provider to choose from.

Click on the Blue Button ‘Submit an Initial Application for a New License’ when you have to initiate a new license for any of the following:

After clicking on “Submit an Initial Application for a New License”, below questions will be displayed to select from:
Select an Application Type: If you select “Facility” option from above, the following types of Initial Licenses will be displayed.
i. Creating Nursing Application with Yes/No for previously held license and yes/No to Alzheimer's Certification:

Select Facility as the ‘Initial License type’, “Nursing” for “Type of Initial License” and “Yes” for having license for Nursing Facility in Texas.

Provide the ‘Facility ID’ and Answer Yes to Alzheimer’s Certificate and Click ‘SUBMIT’:
On clicking SUBMIT, two (2) applications are displayed in two (2) different tabs in the browser and both the applications need to be filled, submitted with payment made for both the applications.

- Application for Nursing Facility - (3720-N)
- Application to certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders 3721
NOTE: Both the applications will need to be filled, submitted and payment be made (based on the responses entered by the provider during application selection) for successful processing.

On selecting 'Initial' and clicking Save, 3720-N application is displayed.
NOTE: After making the payment, the application will show under ‘Parent Facility/Agency Applications’ with the status changed from NEW to ‘Payment Pending’.

Submit a Completed Application

Your application is not considered completed or eligible for processing unless both your payment is submitted and the application itself is submitted.

The Submit step is the final step in the progress tracker and displays a single “Submit Application” button. Press this button to submit your application.

After application is submitted successfully, the application status will change and it will be displayed under ‘Parent Business Entity Applications’ under ‘In-Progress’ applications.
Once the application is approved, the application status will change to ‘Complete’ and it will be displayed under ‘Facility/Agency Details’ under ‘Completed’ applications.

Let us select ‘NO’ to previous license and Yes to Alzheimer’s Certificate question.

On clicking Submit, 2 applications will be created across different tabs and both need to be completed along with fee payment and submission.

On clicking Submit, two (2) applications are generated in different tabs in the browser:

- Application for Nursing Facility License - Initial Probationary 1 yr license 3720-N
- Application to certify Nursing Facilities and Assisted Living Facilities for Alzheimer’s Disease and Related Disorders 3721
ii. Creating DAHS- Initial Construction Provisional (3720) Application:

Select ‘Day Activity Health Services’ for Type of Initial License and select the method for receiving the license. In this example, let us select ‘Temporary Basic requirements are above’ and click Submit.
Initial Construction Provisional (3720) is displayed.

Select Initial - New Construction Provisional and Click SAVE. Application for Initial-New Construction Provisional (3720) is displayed:
Fill the application and once application is Submitted, it will show under ‘In-Progress’ applications for ‘Parent Facility/Agency Applications’ section under Home Page.

Fill the application and once application is Submitted, it will show under ‘In-Progress’ applications for ‘Parent Facility/Agency Applications’ section under Home Page.

Once application is approved, the application will move under ‘Completed Applications’ for the approved Facility under ‘Facility/Agency Details’ section of Home page.

iii. Creating Intermediate Care Facility for Individuals with an Intellectual Disability (3720) Application:

Select ‘Intermediate Care Facility for Individuals with an Intellectual Disability’ for Type of Initial License:
Select the method for receiving the license from ‘Reactivation/Redistribution/Reallocation’:

**Reactivation:** Re-activation is ICFs/IID who voluntarily close may suspend their Medicaid beds for up to one year, as defined in 40 TAC 9.218. To reactivate the beds, the provider must submit a reactivation application to obtain a new ICF/IID license. The suspended beds cannot be transferred to another entity. To submit an ICF/IID reactivation application to obtain an initial license, the applicant must have documentation from HHSC of ownership of the beds. A Facility ID of a currently assigned ICF/IID facility is required to proceed.

**Redistribution:** HHSC periodically allows providers to request to redistribute their certified capacity. The announcement that the agency is accepting these requests is published in the Texas Register. To submit an ICF/IID redistribution application to obtain an initial license, the applicant must have documented approval from the agency.

**Reallocation:** HHSC has created a reallocation of ICF/IID Medicaid beds process as defined in PL 19-21. To submit an ICF/IID reallocation application to obtain an initial license, the applicant must have documentation from HHSC of the reallocated beds to the applicant.

If we select ‘Reallocation’ or ‘Redistribution or Reallocation and click SUBMIT, Initial Application for State license to operate Long Term Care Facility (3720) will be created.

Let us select, ‘Reallocation’ and click submit. On clicking SUBMIT after selecting Reallocation, Application for State License to Operate a Long-Term Care Facility (3720) is created:

NOTE: On selecting Reactivation, facility ID for the currently assigned ICF/IID facility is needed.
**NOTE:** When user is trying to reopen a CLOSED license, they must go one of these routes, Reactivation or Redistribution or Reallocation. However, this is ONLY for ICF/IID. For others that are non-facilities, user should contact TULIP Support for next steps.

If the user’s current facility or license was closed due to an expired license or a voluntary closure, the user should email HHSC TULIP Support at TULIP_Support@hhsc.state.tx.us for next steps.

iv. **Creating Prescribed Pediatrics for Extended Care Centers Application (3720-P)**

Let us select ‘Prescribed Pediatrics for Extended Care Center’ for Type of Initial License:

There are 2 types of methods displayed to receive this license:

a. Temporary Basic Requirements  
b. Does not meet the above requirements

On selecting ‘Temporary Basic Requirements’ as license method and clicking Submit, Application for State License to Operate a Prescribed Pediatric Extended Care Center (3720-P) application is displayed.
v. Creating Assisted Living Facility as the type of license with different facility types:

Select ‘Assisted Living Facility’ as the type of license and facility Type: A

There are 3 types of methods displayed to receive this license:

c. Provisional Basic
d. Good Standing
e. Does not meet the above requirements

On selecting ‘Provisional Basic’, 3720-Initial Construction Provisional Application is displayed, on clicking SUBMIT.
Good Standing License Method: On selecting Good Standing and facility type ‘A’, Assisted Living Facility A or B Application in Good Standing for State License to Operate a Long-Term Care Facility (3720-G) is displayed after clicking SUBMIT.

NOTE: A certificate of Good Standing issued by the Texas Comptroller of Public Accounts must be provided as a document.
Not meeting requirements: On selecting ‘Don’t meet above requirements’ and facility type ‘A’, Assisted Living Facility A or B Application in Good Standing for State License to Operate a Long-Term Care Facility (3720-G) is displayed after clicking SUBMIT.
Select ‘Assisted Living Facility’ as the License Type and Type B as the Facility Type:

There are 3 types of methods displayed to receive this license:

a. Provisional Basic
b. Good Standing
c. Does not meet the above requirements

On selecting Provisional type or Good Standing as the license method, another question “Requesting Alzheimer’s Certificate?” is displayed.
On selecting YES to ‘Requesting Alzheimer’s Certificate?’ and clicking SUBMIT, two (2) applications are displayed across different tabs in the browser:

- Initial Construction Provisional Application 3720 and
- Application to certify Nursing Facility and Assisted Living Facilities for Alzheimer’s Diseases and Related Disorders 3721
On selecting Good Standing and selecting YES to ‘Requesting Alzheimer’s Certificate?’ and clicking SUBMIT, two (2) applications are displayed across different tabs in the browser:

- Assisted Living Facility Type A or B Application in Good Standing for State License to Operate a Long-Term Care Facility 3720-G and
- Application to certify Nursing Facility and Assisted Living Facilities for Alzheimer’s Disease and Related Disorders 3721
On selecting ‘Does not meet Requirements’ as license method and selecting YES to ‘Requires Alzheimer’s Certificate?’, and clicking SUBMIT, two (2) applications are displayed across different tabs in the browser:

- Application for State License to operate a Long Term Care Facility 3720
- Application to certify Nursing Facility and Assisted Living Facilities for Alzheimer’s Diseases and Related Disorders 3721
1.3.C SUBMIT AN INITIAL APPLICATION FOR A NEW LICENSE FOR AN AGENCY

To create a new or initial application for your agency, follow the steps below.

1. Select the “Submit an Initial Application for a New License” button near the top of the page.

![Diagram of TULIP Training Guide interface showing submission options]

i. Creating Parent HCSSA/ Agency Application (2021):

Select ‘Initial License is for - ‘Agency- (Home Health/ Personal Assistance Services/ Hospice)’ from the drop down.

Select ‘Type of Initial License’ – ‘New Home Health/Personal Assistance Services Parent Agency’

![Diagram showing initial application options]

On selecting ‘Type of Initial License’, system shall display the SUBMIT button and a message “A Total of One (1) Initial Application(s) will be created that require completion, payment of fee and submission (for Each)"

After clicking SUBMIT, 2021- Home and Community Support Services Agency License Application is created.
NOTE: For initial applications, check the “Initial” checkbox and as the agency has not yet been licensed, a License Number is not required. Select the “Save” button.

On clicking SAVE, system shall let the applicant fill up 2021 application.

ii. Creating HCSSA /Agency Initial Branch Application (2025):

a. Select ‘Initial License is for’ - ‘Agency- (Home Health/ Personal Assistance Services/ Hospice)’ from the drop down.

b. Select ‘Type of Initial License’ – ‘New Home Health/Personal Assistance Services Branch for an Active Licensed Home Health/Personal Assistance Services Parent Agency’

On selecting ‘Branch’ option for ‘Type of Initial License’ field, system displays ‘License Number of Home Health/ Personal Assistance Services Parent Agency’. Let us provide a valid License no for an active parent agency.
After providing valid License No., click submit and 2025-Home and Community Support Services Agency Request for Branch License Application is created.

NOTE: For initial applications, check the “Initial” checkbox and as the agency has not yet been licensed, a License Number is not required. Select the “Save” button.
After selecting ‘Initial’ and providing License Number, click SAVE. On clicking SAVE, applicant can enter information into the 2025 application.

iii. Creating HCSSA /Agency Initial ADS Application (2024):

a. Select ‘Initial License is for’ - ‘Agency- (Home Health / Personal Assistance Services/ Hospice)’ from the drop down.

b. Select ‘Type of Initial License’ – ‘New Home Health/Personal Assistance Services Branch for an Active Licensed Home Health/Personal Assistance Services Parent Agency’

c. Provide License No. of the Parent Agency and click SUBMIT.

On clicking SUBMIT, 2024 (Home and Community Support Services Agency Request for Alternate
Delivery Site License) Application is created.

On checking ‘Initial’, providing License number for parent agency and clicking SAVE, 2024 application is displayed and the applicant can begin filling out the application.

For training purpose, let us practice creating parent HCSSA agency application (2021):

After selecting the criteria for the application as mentioned before, 2021 application will be displayed. Start filling the application from Step 1:
Ownership Control and Disclosure

Certain application types request ownership information. To enter the ownership hierarchy, navigate to the Ownership and Control Interest Disclosure section in the application. Here providers can enter the Type of Ownership, Disclosure checkboxes, and build a Hierarchy.

To enter an Ownership Hierarchy, select the “Add Owner” button, shown below.
A detail box will appear. Enter the details for this owner, including the ownership percentage, Taxpayer Identification Number (TIN), and start date of association. The ownership percentage will be 100% for the first Business. The Business is the first selection by default. To add an Individual click, Add Owner again and within the dropdown select, Individual. Next, select the “Save” button to return to the application and see the saved record.

The user will see the saved record listed until the Ownership Hierarchy section and will notice that the record offers the option to add an owner of that record.

Repeat this process with each owner in the hierarchy until you have represented the agency’s ownership structure. Levels of the hierarchy and each ownership percentage will indent to accurately show relationships, and businesses and individuals will be represented with different icons for easy reference. An example is shown below:
Upload Documents

After the final data entry screen, the “Next” button will take the user to the “Documents” step of the progress tracker. On this screen, each application will display the various documents associated with that application type. Required documents are denoted with the phrase “This document is required” in red.

Users may either select the “Upload Files” button to select a local file or drag and drop a file onto the corresponding document row. Once the document upload is complete, the user can click “Done” and see their document name reflected in the document row with the ability to delete the document if desired, as shown above.
To upload a document that is not on the list (or upload an additional page of a document), scroll to the top of
the page and select “Add Additional Attachment” button. Enter a Name and Description for the document
and Save the document.

A placeholder will be created for your document. Again, either select the “Upload Files” button to select a
local file or drag and drop a file onto your custom document row. You may delete both the uploaded
document and the overall document placeholder using the delete buttons, marked below.

When you are finished uploading documents, click the “Next” button to continue.

**Review Application Deficiencies**

The “Deficiencies” step ensures a complete application before the Provider can proceed to application
payment and submission. The Provider is required to select the “Review” button; otherwise, the “Payment”
step will not display any information and instead direct the Provider back to the “Review” button.
The “Review” button will capture incorrect values entered required fields (including blanks or improper formats) and missing attachments on required documents and list the deficiencies. Deficiencies will be listed in the order in which they appear in the application.

In all cases, the deficiency will be delineated by a light gray box and will display the Item (section) in which the deficiency appears; each section can have one or more deficiencies. In some cases, the deficiency will further display the specific field that is deficient within the Item through the deficiency’s Description.

To quickly navigate through the application to the deficiency, select the “Go to Step” button associated with the deficiency; the hyperlink will direct the Provider to the specific step on which the deficiency appears.

In many cases, deficient fields will be outlined in red boxes to flag the fields for the Provider and may be accompanied by help text. To resolve deficiencies, click into the deficient fields and fill appropriate values, or attach a correct required document if resolving a document deficiency.

You must continue to select the “Review” button on the “Deficiencies” tab to ensure that all deficiencies are resolved. Once all deficiencies have been resolved, the application will display a success message indicating that there are no deficiencies to address and the Provider will be able to proceed to the following tabs.
Review Application Summary and Print Application

The “Summary” tab of the application submission process displays a read-only concatenation of all Steps in the application to allow the user to quickly review all entered information. From the “Summary” tab, Providers can print the application for their own records before application submission.

Providers can similarly print their applications after application submission also from the “Summary” tab.

Generate and Print a Payment Coupon

On the Payment step of the application, the user will see an overview of basic application details such as Application ID, Application Type, Application Status, and Application Date. Underneath these details the user will select a Payment Type from the dropdown picklist field containing three payment options:

1. ACH
2. Credit Card
3. Paper Check / Money Order

If the third option is selected, the page will display a checkbox alongside the price asking you to confirm “I understand that in order to complete this application, I must mail in the coupon”. When checked, the button below this statement is activated. This button generates a populated payment coupon in a new browser tab.

The payment coupon must be printed and mailed to the provided address along with their paper check or money order for the full amount before the application will be processed by HHS. Providers can print the generated payment coupon PDF as their computer normally allows.

Select the “Next” button to continue to the submission step.
Pay Online Through Texas.gov

Texas.gov is the statewide government website and also the official payment processor for Texas agencies. Payments made online with TULIP will be made through the Texas.gov checkout process.

If either the ACH or Credit Card option is chosen as the Payment Type, this payment option will display a Texas.gov price and a link to pay through Texas.gov in a separate tab. Please note that the link is valid for 30 minutes. If the 30 minutes has elapsed and the link expires, you will need to close the application and refresh the page to re-enter.
Once you complete the online payment, you will receive a confirmation email from Texas.gov. Press the “Continue” button to return to the application and submit the application.

Submit the application and once the application is successfully submitted, it will be displayed under –‘In Progress’ applications section for the given license #. Once the application is approved, the application will be moved from the In-Progress Applications to ‘Completed’ applications.

1.3.D SUBMIT CHANGE OF OWNERSHIP FOR FACILITY/AGENCY (CHOW) APPLICATIONS

i. Submit CHOW for Agencies:

After logging to the provider portal using your username and password, select Provider Applications, ‘Submit CHOW-Change of Ownership for Facility/Agency’
Next, select Agency, and enter License # for the agency you wish to apply CHOW for. Click, Continue.

On Clicking CONTINUE, the parent agency along with the branch agency (if any) and/or ADS agency if any are displayed. Depending on the number of branches, and or alternate delivery site locations tied to the license, that is how many applications that will open at once.
Enter the Change of Ownership Effective Date 30 days from the current date/todays date. Click, Confirm Selections & Submit.

Tips:

- If there is only one PARENT to CHOW, then only one application would open.
- If there is one PARENT and 2 Branches, then 3 applications will open at once.
- For the above example 4 applications would open at one time.
- **SAVE the applications before starting on them to ensure you do not get a timeout error.**
Failure to include a Branch or Alternate Delivery Site in Application Completion, Payment of Fee and Submission will result in that Branch or Alternate Delivery Site being Closed.

Note that on Confirmation, an email notification will be sent to Agency listed below that a Change of ownership has been initiated.

On clicking ‘Confirm Selections and Submit’, total # of CHOW applications are displayed across in different tabs, one tab for each agency type. The number of applications opened depends on the total number of branches, ADS and parent agency displayed.

Fill all the opened applications in different tab and click SUBMIT. Once the applications are submitted, they will show in ‘In-Progress’ section for new License # that is assigned after CHOW to the parent 2021 agency application. Once the applications are approved, the applications will move to ‘Completed Applications’ section. Similarly, both branch and ADS will be displayed in the similar way under new license # under ‘Completed Applications’.

NOTE: The previous parent agency, branch and ADS (if present) related to previous license # on which CHOW was performed will be marked CLOSED and thus the applications will NO longer be displayed in the portal unless the user checks ‘All Facilities and Agencies’.
NOTE: Once the agency is already under CHOW progress, system will not let the user to initiate another CHOW and will throw the message 'The Change of Ownership is already in Progress.'
NOTE: Change of Ownership may be submitted/effective date prior to renewal. New owner gets a new license number, facility ID stays the same.

Additionally, Change of Ownership may be submitted/effective date for a current license without incurring any late fee and new CHOW party is entitled to renew the new license and previous owner is NOT responsible to renew the license.

The effective date of the CHOW is the date that, once the application is approved, will be the effective date of the new license in the new owner’s name. CHOWS must be submitted at least 30 days prior to the effective date.

**Initiating CHOWS for Facilities:**

The process to initiate a CHOW for the facility will be same as agency EXCEPT the Facility ID will remain the same unlike agency where a new license is issued.
Enter the CHOW Effective Date. Must be 30 days out from today’s date. Click, Confirm Selections & Submit.

1.3.E RENEW AN EXISTING LICENSE

Users will have the ability to renew an existing license beginning 120 days before their license expires. This renewal application will generate automatically through TULIP. You can access the renewal application from the ‘Home’ tab on your portal.

The renewal application will be displayed under the ‘In-Progress’ applications for the given ‘Facility’ or ‘Agency’
On clicking the Application ID hyperlink, system will open the renewal application, partially populated for the chosen form and you can continue with the data entry, edit any fields needed, document upload, payment, and submission steps ensuring all required fields are complete.

For training purposes, let us click on the App-0012225259. Renewal application opens.

After the application is submitted, the renewal application will change the status and application will be displayed under ‘Payment Received’ status in ‘In-Progress’ applications section for the given Facility/Agency.
After this application is approved, this renewal application will move to ‘Completed Applications’ section for the chosen Facility/Agency:

NOTE: User can find the information on when the current license is due for renewal (current license expiration date) when a CHOW is in progress under Home Page.
1.3.F. Address Deficiencies after Submission – Response Required by Provider

After application submission, an HHS Licensing Specialist will review your application in full and mark any information that needs to be corrected or added. Once sent back to providers, these deficiencies must be corrected as soon as possible; if HHS does not receive a corrected response within 30 days, the submitted application will be proposed for denial.

Providers will receive an email to their designated applicant contact when deficiencies are noted on an application and the 30-day correction period has begun.

To find an application marked with deficiencies, navigate to the provider home page. Any application requiring providers' action will be marked with a Red Exclamation Mark indicating the pending response from provider. The Pending Provider Action section should be visible for respective applications once the carets are expanded for the respective ‘In-Progress’ applications under the given license or facility ID. Any applications waiting for provider response will be listed here with a Status of “Response Required by Provider”.

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TULIP Training Guide

Page 63 of 156
1.3.G ACCOUNT UPDATES

Account updates will be available on Applications 3720, 3720-N, and 3720-P for facility providers who wish to update fields on their application that do not incur a fee and are not covered by a Change of Information application type. Note: Facilities that use a 3720-G application form type will simply use a 3720.

To make an Account update:
From the Provider Portal Home page, navigate to the ‘Provider Applications’ section and click on Submit a Change/Update.

On clicking ‘Submit a Change or Update’, Select Application Form pop up is displayed with the following application form options:
For training purpose let us select – HCSSA Parent:

On clicking OK, following page is displayed with options to Change /Update the information:
Enter the desired Change and License number for which you desire to initiate a Change/Update:

Enter the ‘Effective Date’

On clicking SAVE, 2021 Home and Community Support Services application is displayed:
Complete filling the application till Submit. After submission, application is showing correctly under ‘In-Progress’ application on ‘Home Button’ for given license #:

Once the application is Approved or marked Complete, application should move under ‘Completed Applications’ for the given License number.
Similarly, Change or Update can be initiated on any application selected from the dropdown:

![Image of TULIP application screenshot]

Note that only application sections that do not incur a fee will be displayed. If you need to update information in a section that is hidden, you will need to submit a new Change application and pay the associated fee.

Use the “Next” and “Save” buttons to navigate the application as you normally would. When you have made all necessary field updates, select the “Submit” button to submit the update application to a Licensing Specialist for review. You will not be charged a fee on the Payment tab when submitting.

**NOTE:** Below are the timeframes for submitting the change and or an ‘Update’ for agency and/or facility on the type of action that user needs to perform:

<table>
<thead>
<tr>
<th>‘ACTIVE’</th>
<th>‘Form’</th>
<th>Action Name</th>
<th>Effective Date Notification Requirement (Calendar Days)</th>
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</thead>
<tbody>
<tr>
<td>Agency/Agency Type</td>
<td>Facility/Facility Type</td>
<td>2021</td>
<td>Accreditation Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alternate Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Controlling Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Legal Entity Name (not CHOW)</td>
</tr>
</tbody>
</table>

**NOTE:** TULIP will generate the most recently submitted application—fully populated—for the user to update.
<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Date Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone/Fax/Email/Operating Hours</td>
<td>within 7 days after</td>
<td></td>
</tr>
<tr>
<td>Relocation</td>
<td>more than 30 days before</td>
<td></td>
</tr>
<tr>
<td>Service Area Expansion</td>
<td>more than 30 days before</td>
<td></td>
</tr>
<tr>
<td>Service Area Reduction</td>
<td>within 10 days after</td>
<td></td>
</tr>
<tr>
<td>Shares Transfer</td>
<td>within 7 days after</td>
<td></td>
</tr>
<tr>
<td>Category of Service</td>
<td>more than 30 days before</td>
<td></td>
</tr>
<tr>
<td>HCSSA – ADS 2024</td>
<td>Phone/Fax/Email/Operating Hours</td>
<td>within 7 days after</td>
</tr>
<tr>
<td>Relocation</td>
<td>more than 30 days before</td>
<td></td>
</tr>
<tr>
<td>Service Area Expansion</td>
<td>more than 30 days before</td>
<td></td>
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<tr>
<td>Service Area Reduction</td>
<td>within 10 days after</td>
<td></td>
</tr>
<tr>
<td>Category of Service</td>
<td>more than 30 days before</td>
<td></td>
</tr>
<tr>
<td>HCSSA – Branch 2025</td>
<td>Phone/Fax/Email/Operating Hours</td>
<td>within 7 days after</td>
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<td>Relocation</td>
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<tr>
<td>Service Area Expansion</td>
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<td>Service Area Reduction</td>
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<td>Account Update</td>
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<tr>
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<td>2</td>
</tr>
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<td>2</td>
</tr>
<tr>
<td>Real Estate</td>
<td>within 30 days of</td>
<td>2</td>
</tr>
<tr>
<td>Relocation</td>
<td>within 30 days of</td>
<td>2</td>
</tr>
<tr>
<td>Reopen</td>
<td>within 30 days of</td>
<td>2</td>
</tr>
<tr>
<td>ALF 3720</td>
<td>Account Update</td>
<td>within 30 days of</td>
</tr>
<tr>
<td>License Capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares Transfer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relocation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAHS 3720</td>
<td>Account Update</td>
<td>within 30 days of</td>
</tr>
</tbody>
</table>

1 Only calculate and display warning if date is more than specified number of days in the past (i.e., ignore future Effective dates over number)
1.3.H INTERACTION OF APPLICATION WITH THE PORTAL:

Whether it be a facility application or agency application, whenever the application is NEW or In-Progress, application will be displayed under ‘In-Progress’ section of the corresponding Agency or Facility. Once the application is Approved, the application moves to the ‘Completed Applications’ section for the corresponding Agency or Facility.

For instance, for training purposes let us create a Agency Branch (2025) application for the parent agency with License number. (xxxxxx)

Next, click SUBMIT. A new application for agency from ‘Provider Applications’ and provide the license number.
For agency, let us start with creating HCSSA branch application - Application 2025:

After entering information on Step 1, click SAVE and your application will save. Click on Step 2 and provide the information:
On Clicking SAVE, Documents tab is displayed with list of documents that are mandatory for successful submission of Branch application. Upload the required documents and click Save:
NOTE: After clicking SAVE on any of the Steps, Application number is created and the application is displayed under ‘In-Progress’ applications for the chosen License # for the parent agency. If you wish to resume later, click on the Application ID displayed and the application will open up.

On resuming the application, proceed with the next step-
Keep clicking Save and NEXT to proceed to next step in the application.
On Clicking SUBMIT Application, Application is submitted.

Now click on ‘Home’ icon to check this application is displayed still under ‘In-Progress’ applications for Parent Agency with License number (xxxxx) and under the Status ‘Payment Received’. The user can click on the application ID hyperlink and see the application details whenever desired.
Once this application is marked ‘Approved’, application will move to ‘Completed’ applications.

Below is the screenshot that shows the application moved to ‘Completed’ applications for this license #, once application was approved and provider status is ‘Completed’.

Similarly, after the Alternate Delivery Site Application (2024) is Approved, and marked as ‘Complete’, the ‘Complete’ application will be displayed under new section created for the agency with application under ‘Completed Application’ section.

In the below screenshots, there are 3 sections created for same Agency name – one each for 2021, 2024, 2025 with each section having ‘In-Progress’ and ‘Completed Applications’. 
Similarly, CHOW applications for agency (2021, 2024 or 2025) or Facility, once initiated will fall under ‘In-Progress’ application till the applications are approved. Once the application is approved, the application will move under ‘Complete Application’ section for the given Agency (2021, 2024, 2025) or Facility section.

For training purpose, let's initiate a CHOW for parent agency.
On clicking SAVE, start filling the application till the SUBMIT screen. Once Submitted, application will show up under parent agency, In-Progress Application.
After clicking SUBMIT, all the parent facility/agency applications will be displayed under the Business Entity account ‘In Progress’ applications until the parent agency/parent facility applications are approved.

Once the above application is Approved and marked as ‘Complete’, the application will move under ‘Completed Applications’.

Similarly, let’s start CHOW application for Branch Agency (2025 Application):
After Submitting the 2025 CHOW Application, this 2025 application will be displayed under ‘In-Progress’ applications under the ‘Parent Facility/Parent Agency Applications’ as the application is yet NOT approved.
ADS 2024 CHOW:

After the CHOW 2024 application is submitted, it shows up under in-progress application for Parent agency /parent facility under Business Entity.
After application is approved and marked complete, it will move under ‘Completed’ Applications for the parent agency to which the CHOW 2024 (ADS) application is linked.

1.3.I MANAGE ALZHEIMER CERTIFICATION:

To manage Alzheimer Certification, click ‘Manage Alzheimer Certification’ under ‘Provider Applications’

On clicking ‘Manage Alzheimer Certification’, Application to certify Nursing Facility and Assisted Living Facility for Alzheimer’s Disease and Related Disorder (3721) is displayed.

Depending on type of application you can select – Capacity Increase/Decrease or Change-Relocation. For training purpose, let us select ‘Capacity Increase/Decrease’.

Provide the effective date that is greater than Last Renewal Approval Date but less than Current License Expiration Date.

Enter the Facility ID for an ‘Active’ ‘Nursing Facility’ or Assisted Living Facility – Type B’ that does have ACTIVE Alzheimer certification and Alzheimer Certification Date is greater than current date.

This can be combined with Relocation.
On clicking SAVE, application to certify Nursing Facilities and Assisted Living Facilities for Alzheimer’s Disease and Related Disorders (Form 3721) is displayed.

On clicking submit, application is submitted.
After submitting, application appears under ‘IN-Progress’ applications for the given Facility ID:

![Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer’s Disease and Related Disorders](image)

Once the application is Approved and marked as ‘Complete’, the application will move to ‘Completed Applications’:
1.3.J **MANAGE MEDICARE BRANCH CERTIFICATION (FORM 2023):**

Before clicking the button, ‘Manage Medicare Branch Certification’, system always requires that either a Parent Agency or Branch Agency first be selected and Requires that the Parent or Branch selected is ‘Active’.

To manage Medicare Branch Certification (Form 2023), click ‘Manage Medicare Branch Certification’ under ‘Provider Applications’.

On clicking ‘Manage Medicare Branch Certification’, Application for Medicare Certified Branch (Form 2023) is displayed.

Enter the Effective Date for Adding the Licensed Certified Category. Enter the License Number. Once the
license number is entered and user clicks, search, the user will see a Branch/ADS window. The account name should auto-populate to the window. Click, Save.

On clicking SAVE, Application for Medicare Certified Branch (Form 2023) will be displayed:

Next, fill out all application information for all tabs & click save after each entry.
Keep filling the application and saving the application details till you are ready to submit the application with all deficiencies addressed:

Once application is submitted, the application shows under 'In-Progress Applications for given license # in home page:
When the application status is changed to ‘In Analysis’, this change is reflected in the application status and application is still under ‘In-Progress’ applications section for the given License #:

Once the application is approved and marked complete, application should move to ‘Completed Application’ for given license # with the Application status marked as ‘Complete’
1.4 OTHER ACTIONS

1.4.A UPLOAD A FORM

Once selected, New Comments/Attachment Provider Upload window will open up.

When selected, this link will open a New Provider Upload popup box in the same window. The user will:

- Enter a name for the document
- Add a description for the document. This helps HHS quickly identify the upload
- Searched for and select the associated provider
• Click “Save” to move to the upload portion. The user will see a green success ribbon that reads “Document was created”.

Upload a File

Once created and saved, the user will see the document details displayed. On this screen, the user can either drag and drop a file into the designated box or select the “Upload Files” button to manually select a file. More than one file may be uploaded to the same named document (in the event that a document is multi-page but saved separately), but should be uploaded one at a time. A small, secondary popup box will show the upload progress; when the document is fully uploaded, the user will be prompted to acknowledge the upload by clicking the “Done” button.
To manage files within a document, select the “View All” link in the bottom right corner of the “Notes & Attachments” section. From here, users can see the upload date and size of the files. To upload a new version, delete, or download the file added, click the arrow box on the far right of the file row.

To manage created document uploads, select the Uploads tab in the banner at the top of the screen at any time. Records can be created by clicking the “New” button and edited / deleted at a row level using the arrow box on the far right of each file row.

1.4.B GRANTING ACCESS TO NEW USERS

To grant portal access to new users or remove old users, the Security Authority must first log into their Salesforce TULIP account. Once logged in, the user will navigate to Manage Users in their provider portal. If someone other than the Security Authority logs into TULIP, they will not see a Manager Users option.

A list of recently viewed contacts will be displayed. Use the dropdown list on the left side of the page to change views.

- The Pending Approval list will display users waiting for approval to the user group they wish to join. To take action on a pending user, click on the user. You will see three buttons on the record: Approve, Reject, and Deactivate.
• The Active Users list allows Security Authorities to deactivate and manage users.
• The Deactivated Users list allows Security Authorities to reactivate and manage users.

1.4.C MANAGE PROVIDER ACCESS

To manage access, the Security Authority must first log into their Salesforce TULIP account.
A list of Entity Access records will be displayed. An Entity Access record describes the relationship between a user and an entity. Use the dropdown list on the left to change views.

Edit and delete access records using the dropdown arrows to the right of each line item record.

**Note:** Selecting “Delete” for an entity access record will remove access for that particular entity. Selecting this button does not delete the entity from existence.

**Link an existing entity to an existing user in TULIP**

To tie an existing entity to an existing user, follow the steps outlined below. If the user or entity you wish to link is not yet created, please reference Section 1.1.B. Create a Provider Account to register a new account.

Select the “New” button from the Entity Access page above. A New Entity Access Record box will open.

Search and select the account and the contact you wish to link. Use the checkboxes provided to designate whether a user is also a Security Authority and whether they have permissions to submit applications on the entity’s behalf. Click “Save” when you are finished.

**Note:** There is no limit on how many Security Authorities can be designated for a given entity; the number of Security
Authorities allowed for a given provider entity is up to the discretion of the provider entity.

1.4.D SUBMIT NON-INCIDENT REPORT

Create and submit an incident report

To submit an incident online, please visit the link (https://txhhs.force.com/nonltc). We highly recommend anyone submitting the incidents online to bookmark this page for future use.

If you have an existing TULIP account, the incident portal can also be accessed from your TULIP dashboard. Go to ‘Other Actions’ tab and you will see link Submit a Non LTC incident’ as shown in the image below.

To begin with the incident report, you will need to identify the facility.
1. Search for the facility you want to submit the incident for using facility ID, facility name, CMS Certification Number (CCN) or address and click on search button. System displays the search results and you must select the facility you want to submit an incident for and click on next button.

![Search for facility](image)

2. Enter incident data

The following screenshots will show the layout of incident report. The incident report will vary depending on the type of provider, we have 12 different provider types and the system will automatically load the form applicable to the provider type you choose on the “search for facility” page. The available provider types are

- Abortion facilities
- Ambulatory Surgical Centers
- Birthing centers
- Clinical laboratories
- Community Mental Health Center
- End Stage Renal Disease (ESRD)
- Freestanding Emergency Medical Care Facilities (FEMC)
- Hospitals
- Private Psychiatric hospitals and Crisis Stabilization units
- Psychiatric Hospitals
- Substance Abuse and Narcotic Treatment Providers
- Special care facilities

The fields will also vary in type:

- Free text
- Numerically-restricted
- Email-restricted
• Picklists (both single- and multiple-selection)
• Checkboxes
• Popup entry boxes

Fields that have red asterisk (*) at the beginning of the field label name are required fields.
3. Enter all the required information and click on “next” to proceed to next step/screen.

4. If the report contains no identifiable clients, click next to proceed to the next step.
5. Click on “Add New Client” button to add client information, if there are any identifiable clients.
* Please note: Social Security Number (SSN) and Date of Birth (DOB) are required fields when adding client information. If you do not have the client’s SSN or DOB, please call 1-888-973-0022 to make your report.

6. Add Client Vitals information (Applicable to ESRD facilities only) – Click on the “Add Record” button next to each vital type to add multiple vitals for each client

7. Enter client information and click on the “Add Client” button to add and save client information
8. To edit previously entered client information, click on the “Edit” button next to the client you want to edit.

9. To remove previously entered client, click on the “Remove” button next to the client you want to remove.

10. Click the “Next” button to proceed to next screen/section.

11. Click the “Next” button to proceed to next screen/section.

12. Some incidents, such as those involving abuse, neglect, or exploitation, may involve a specific alleged perpetrator. **If there are no alleged perpetrators, click “next” to proceed to the next step.**

13. Click on the “Add Alleged Perpetrator” button to add alleged perpetrator information, if there are any identifiable alleged perpetrators.
14. Enter alleged perpetrator information and click on the “Add Alleged Perpetrator” button to add and save alleged perpetrator information.

   NOTE: SSN and DOB are required fields when adding alleged perpetrator information. If you do not have the alleged perpetrator’s SSN or DOB, please call 1-888-973-0022 to make your report.

15. To edit previously entered alleged perpetrator information, click on “Edit” the button next to the alleged perpetrator you want to edit

16. To remove previously entered alleged perpetrator, click on the “Remove” button next to the alleged perpetrator you want to remove
*Note: The following sections “Fetus Information” and “Physician Information” may not be present for all provider types. Please skip ahead to the “Intake Summary” section if these do not apply to your provider type.

17. Click the “Next” button to proceed to next screen/section
18. If this report does not have any fetus information, click “next” to proceed to the next step.
19. Click on the “Add Fetus Information” button to add fetus information, if there are any fetus.
20. Enter fetus information and click on the “Add Fetus” button to add and save fetus information.

21. To edit previously entered fetus information, click on the “Edit” button next to the fetus you want to edit.

22. To remove previously entered fetus, click on the “Remove” button next to the fetus you want to remove.

23. Click the “Next” button to proceed to next screen/section.

24. If this report does not have any physician information, click “next” to proceed to the next step.

25. Click on the “Add physician Information” button to add physician information, if there are any physician.
26. Enter physician information and click on the “Add physician” button to add and save physician information.

27. To edit previously entered physician information, click on the “Edit” button next to the physician you want to edit.

28. To remove previously entered physician, click on the “Remove” button next to the physician you want to remove.
29. Click the “Next” button to proceed to next screen/section
### Facility Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility License Number</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Facility Name</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>CIP#</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Address</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Phone Number</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Provider Type</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Provider Sub Type</td>
<td>&lt;blank&gt;</td>
</tr>
</tbody>
</table>

### Incident Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time the facility first learned of the incident</td>
<td>1/1/2000</td>
</tr>
<tr>
<td>Date of last contact prior to treatment</td>
<td>1/1/2000</td>
</tr>
</tbody>
</table>

### Attestation of Incident Report

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature/Print name</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>Name</td>
<td>&lt;blank&gt;</td>
</tr>
</tbody>
</table>

### Client/Resident Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>Jane</td>
<td>1/1/1980</td>
<td>View Details</td>
</tr>
</tbody>
</table>

### Alleged Perpetrator Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>Mary</td>
<td>1/1/1972</td>
<td>View Details</td>
</tr>
</tbody>
</table>
30. To edit report, click on the “Back” button to proceed to the step you want to edit information on
31. To print summary of incident, click on the “Print Page” button
32. To submit report, click on the “Submit” button
33. Submission confirmation page with intake number will be displayed after submitting the report

34. To add an attachment to the incident report, click on “Browse” button, select the attachment and then click on “Upload” button
35. To add additional attachments, click on “Browse” button
36. To delete recently uploaded attachment, click on “Delete” button next to attachment to delete attachment
37. If you have completed the report, click on “Done” button to submit attachments and return to HHSC CII Non LTC incidents home page.

1.4.E SUBMIT A COMPLAINT REPORT
If you have an existing TULIP account, the complaints portal can also be accessed from your TULIP dashboard. Go to ‘Other Actions’ tab and you will see link ‘Submit a Complaint’ as shown in the image below.

To begin with the complaints report, you will need to identify the facility or agency against which you want to submit
1. Search for the agency/facility you want to submit the complaint for using agency/facility name, agency license number/facility ID or address and click on search button. System displays the search results and you must select the agency/facility you want to submit a complaint for and click on next button.

2. Enter complaint data
The following screenshots will show the layout of complaint report. The fields will vary in type:

- Free text
- Numerically-restricted
- Email-restricted
- Picklists (both single- and multiple-selection)
- Checkboxes
- Popup entry boxes

Fields that have red asterisk (*) at the beginning of the field label name are required fields

3. Enter all the required information and click on next to proceed to next step/screen.
4. Select yes if this complaint has identifiable client/resident and click on next to proceed to step 3.1 to add client information
5. Select no if this incident doesn't not have an identifiable client/resident and click next to proceed to step 4 – Alleged perpetrator section/screen
6. Click on “Add client” button to add client information

7. Enter client information and click on “save” button to add and save client information
8. To edit previously entered client information, click on “Edit” button next to the client you want to edit
9. To remove previously entered client, click on “Remove” button next to the client you want to remove
10. Click “Next” button to proceed to next screen/section
11. Select yes if this complaint has identifiable perpetrators and click on next to proceed to step 4.1 to add Perpetrator
12. Select no if this complaint doesn’t have identifiable perpetrators and click next to proceed to step 5 – Additional incident information section

13. Click on “Add Alleged Perpetrator” button to add perpetrator information
14. Enter perpetrator information and click on “save” button to add and save perpetrator information.
15. To edit previously entered perpetrator information, click on “Edit” button next to the perpetrator you want to edit
16. To remove previously entered perpetrator, click on “Remove” button next to the perpetrator you want to remove
17. Click “Next” button to proceed to next screen/section
Summary

Agency/Facility Information
- Agency/Facility Name: [Name]
- State: [State]
- License Number/Facility ID: [ID]
- Zip Code: [ZIP]
- City: [City]
- County: [County]
- USA

Your Information
- Anonymous Complaint Reporter: [Name]
- First Name: [First]
- Last Name: [Last]
- Mailing Address: [Address]
- City: [City]
- Austin

Client/Resident Information
- Does this complaint have an identifiable client/resident?
  - Yes
  - Last Name: [Last]
  - First Name: [First]
  - DOB: [DOB]

Alleged perpetrator Information
- Are there identifiable alleged perpetrators?
  - Yes
  - Last Name: [Last]
  - First Name: [First]

Additional Incident Information
- Incident Date Time: [Date] [Time]
- Police/Mapping numbers: [Numbers]
- What was your expectation relative to resolution?
- Was the resident/patient first hospitalized?
- Please provide a full explanation of your concerns. Include information concerning the frequencies of occurrence, reason this occurred, whether or not you have taken any actions such as reporting these concerns to the facility administration, etc.
- Witness Information: [Details]
- Were any staff involved?
18. To edit report, click on “Back” button to proceed to the step you want to edit information on
19. To print summary of complaint, click on “Print Page” button
20. To submit report, click on “Submit” button
21. Submission confirmation page with intake number is displayed after submitting the report

22. To Add an attachment to the complaint report, click on “Chose file” button, select the attachment and then click on “Upload” button
23. To add additional attachments, click on “Chose file” button
24. To delete recently uploaded attachment, click on “Delete” button next to attachment to delete attachment
25. If you have completed the report, click on “Done” button to submit attachments and return to HHSC CII complaints home page.

1.5 REPORTING

1.5.A SUBMIT A RESIDENT DEATH REPORT

The “Resident Death Reporting” functionality is meant for use only by authorized Providers associated with NF and ICF facilities. TX Health and Human Services will have no interaction with submitted resident death reports or ability to view resident death report information.

Create a Resident Death Report

To create a new Resident Death Report, select the “Resident Death Report” action in the “Reporting” section of the Provider Portal home page.
On clicking at the link, the New Resident Report Form is displayed. Alternatively, the Provider can select the “New” button within the “Resident Death Reports” tab that appears in the navy highlights bar. The “Resident Death Reports” tab can be used for managing previously submitted resident death reports, including viewing, editing, and deleting.
Either “create” action will open a “New Resident Death Report” popup box in the same window. The user will first search for the facility or agency for which they wish to file a resident death report, then input the administrator, administrator email, and the name of the person preparing the report. When fields are completed, click “Save” to manage your record. The user will see a green success ribbon that reads “Resident Death Report was created”.

![New Death Report Popup](image_url)
Add Resident Death Report Residents

To add residents to a Resident Death Report, select the “New” button in the related “RS Resident Death Report Residents” section. A “New Resident Death Report Resident” popup will prompt the Provider to enter demographic and death details about the resident; at a minimum, the Provider must enter information into all required fields, marked both in red and with an asterisk (*).

Once a resident death report resident has been successfully created, the resident’s record will save to
the “RS Resident Death Report Residents” section where it can be viewed and edited at a later time if necessary.

**Manage Resident Death Reports**

To edit a Resident Death Report, select the “Edit” button to open up a popup similar to the initial creation popup that opens the resident death report fields for editing.

To delete a Resident Death Report, select the “Delete” button from this detail page and confirm your intention to delete the record.
Submit a request for a Health Visit

If you are an agency, you will upload Form 2020 (or Form 2020-A for agencies with Hospice In-Patient Units) to the Uploads tab of your portal homepage. See the 1.4.B. Upload a Form section for details regarding how to upload a document.

If you would like to request a Health Visit for a facility, please contact the HHS Licensing Specialist reviewing your application. See the 1.6. Contact HHS section for more information.

1.5.B SUBMIT AN INCIDENT REPORT

To create a new incident report for an agency/facility, follow the steps below.

1. Select the “Reporting” tab and system will direct you to the reporting page. Click on the link ‘Incident Report’ and system will take you to Incident reports page.
1.1 Select the “New LTC Incident” button on incident reports page and system will direct you to incident reports “Identify your agency/facility” page.

1.2 Search for the agency/facility you want to submit the incident report for using agency/facility name, agency license number/facility ID or address and click on search button. System displays the search results and you must select the agency/facility you want to submit an incident report for and click on next button.
Enter incident report data
Fields that have red asterisk (*) at the end of the field label name are required fields.
2. Enter all the required information and click on next to proceed to next step/screen.
3. Select yes if this incident posed a threat to multiple residents and click on next to proceed to step 5 – Alleged perpetrator section/screen
Select no if this incident posed a threat to few residents and click next to proceed to step 4.1 to add client information

3.1 Click on “Add client” button to add client information
Enter client information and click on “save” button to add and save client information

4. To edit previously entered client information, click on “Edit” button next to the client you want to edit
   To remove previously entered client, click on “Remove” button next to the client you want to remove
● Select yes if there are identifiable perpetrators and click on next to proceed to step 5.1 – Perpetrator section
● Select no if there are no identifiable perpetrators and click next to proceed to step 6 – Description of incidents

4.1 Click on “Add Alleged Perpetrator” button to add perpetrator information
Enter perpetrator information and click on “save” button to add and save perpetrator information
4.2 To edit previously entered perpetrator information, click on “Edit” button next to the perpetrator you want to edit.
To remove previously entered perpetrator, click on “Remove” button next to the perpetrator you want to remove.
### Texas Unified Licensure Information Portal (TULIP)

#### Summary

**Agency/Facility Information**
- Agency/Facility name: [Redacted]
- TX License: [Redacted]
- City: [Redacted]
- State: [Redacted]
- Zip: [Redacted]

**Your Information**
- First Name: [Redacted]
- Last Name: [Redacted]
- Email: [Redacted]
- City: [Redacted]
- State: [Redacted]
- Additional Contact Numbers:
  - [Redacted]
  - [Redacted]

**Incident Information**

<table>
<thead>
<tr>
<th>Incident Date</th>
<th>Time</th>
<th>Day of Month</th>
<th>Incident Category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/2020</td>
<td>4:05 PM</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>01/03/2020</td>
<td>6:16 PM</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

*Note: All incident information has been redacted.*
5. To edit report, click on “Back” button to proceed to the step you want to edit information on
6. To print summary of the incident, click on “Print Page” button
7. To submit report, click on “Submit” button
8. Incident information with intake number is displayed after submitting the report.

1.5.C SUBMIT A PIR FOR LTC AGENCY/FACILITY

Logging into TULIP and searching for an incident.

It is highly recommended that providers bookmark the login screen (https://txhhs.force.com/TULIP/s/login/) for easy access to their TULIP account portal. To log in, enter your username and password.
9. The image below is an example of a provider homepage, the screen you will see when you first log into the TULIP portal. This screen is used by Long Term Care (LTC) providers to submit or view licensing applications. To return to this page from anywhere in the portal, simply select the Home icon on the left most side of the page banner.

![Texas Unified Licensure Information Portal (TULIP)](image)

10. Select the “Reporting” tab and system will direct you to the reporting page. Click on the link ‘Incident Report’ and system will take you to Incident reports page.

![Texas Unified Licensure Information Portal (TULIP)](image)

11. Select the “Incident Report” link and system will direct you to the incident reports page
12. Click on the RS Case Intake number for which you want to submit the provider investigation report and system will open the incident report.
Provider Investigation Report: Create and submit report

13. Click on “Create PIR” button to create an Investigation report

Figure 27. Incident details – “Create PIR” button

13.1 Enter provider investigation report data

The following screenshots will show the layout of provider investigation report. The fields will vary in type:

- Free text
- Numerically-restricted
- Email-restricted
- Picklists (both single- and multiple-selection)
- Checkboxes
- Popup entry boxes
Fields that have red asterisk (*) at the end of the field label name are required fields

13.2 Client/Resident information
On client/resident information screen/page you will see client details which were submitted previously on the Incident report and you can also add a new client.

14. Edit client information
Click on “Edit” button next to the client you want to provide additional information for and system will take you to the edit screen, enter additional information and click on “Save client resident information” button to save the information.

![Client/Resident Information Screen]

Client/Resident Information (Please click on Edit button next to each client/resident to provide additional information if you previously submitted client/residents on incident report)

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>client 1</td>
<td>123-45-6789</td>
<td>01/01/2020</td>
<td>Edit</td>
</tr>
<tr>
<td>client 2</td>
<td>987-65-4321</td>
<td>01/01/2020</td>
<td>Edit</td>
</tr>
</tbody>
</table>
14.1 Add new client
Click on “Add Additional Client” button to enter additional client, enter information and click on “Save Client” button to save the information.
14.2 Add new client actions
You can Edit or Remove client by clicking on “Edit” button or “Remove” button next to newly added client.
15. **Perpetrator information**

On perpetrator information screen/page you will see perpetrator details who were submitted previously on the Incident report and you can also add a new perpetrator.

15.1 **Edit perpetrator information**

Click on “Edit” button next to the perpetrator you want to provide additional information for and system will take you to the edit screen, enter additional information and click on “Save perpetrator information” button to save the information.
15.2 Add new perpetrator

Click on “Add Additional perpetrator” button to enter additional perpetrator, enter information and click on “Save Perpetrator” button to save the information.
### Perpetrator Information

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>rape</td>
<td>$66-66-6666</td>
<td>01/01/2020</td>
<td>Edit</td>
</tr>
<tr>
<td>murder</td>
<td>234-54-6666</td>
<td>01/01/2020</td>
<td>Edit</td>
</tr>
</tbody>
</table>

### Add Perpetrator Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15.3 Add new perpetrator actions
You can Edit or Remove perpetrator by clicking on “Edit” button or “Remove” button next to newly added perpetrator.

Witness Information

15.4 Add Witness
You can add witness information by clicking on the “Add Witness information” button or skip to next section by clicking on “Next” button
15.5 Enter witness information and click on “Add Witness” button to save information
15.6 Witness Actions
You can edit or remove witness by clicking on the “Edit” button or “Remove” button next to witness name.

Enter Investigation details and Attestation
16. **Confirmation Page and Attachments**

16.1 System will display confirmation message with intake number. To upload files click the “Chose File” button, select the file and click on “Upload” button to attach supporting documents to your investigation report and click on “Done” button or click on “Chose file” button again to add more attachments.
Delete Attachments

To delete attachments uploaded in error, click on “Delete” button next to the attachment.
1.6 CONTACT HHS

To contact HHS (or request a Health / Life Safety Code Visit), call 512-438-2630. For more information on licensing and certification, please visit the Texas HHS website at https://www.hhs.texas.gov.