



# **Texas Unified Licensure Information Portal (TULIP)**

## **Training Guide**

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Version 4.0

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## TULIP PORTAL PROVIDER TRAINING GUIDE

### 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

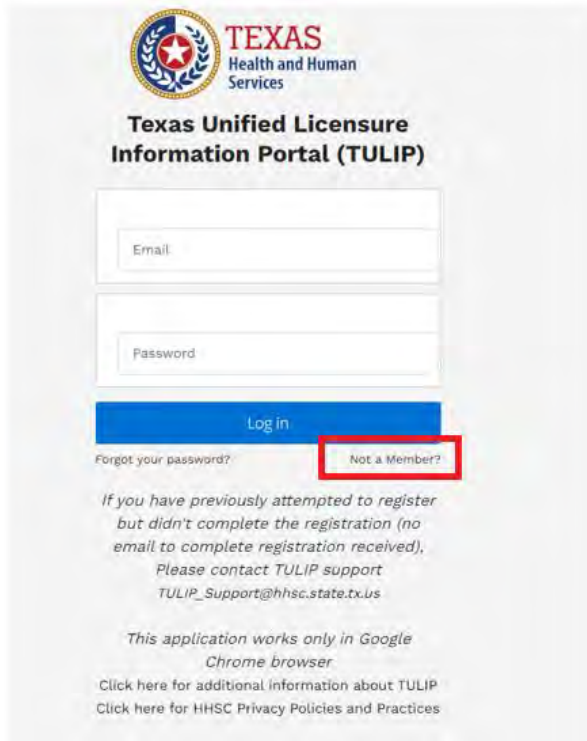
#### 1.1 PROVIDER REGISTRATION AND LOGIN

##### 1.1.A. OVERVIEW



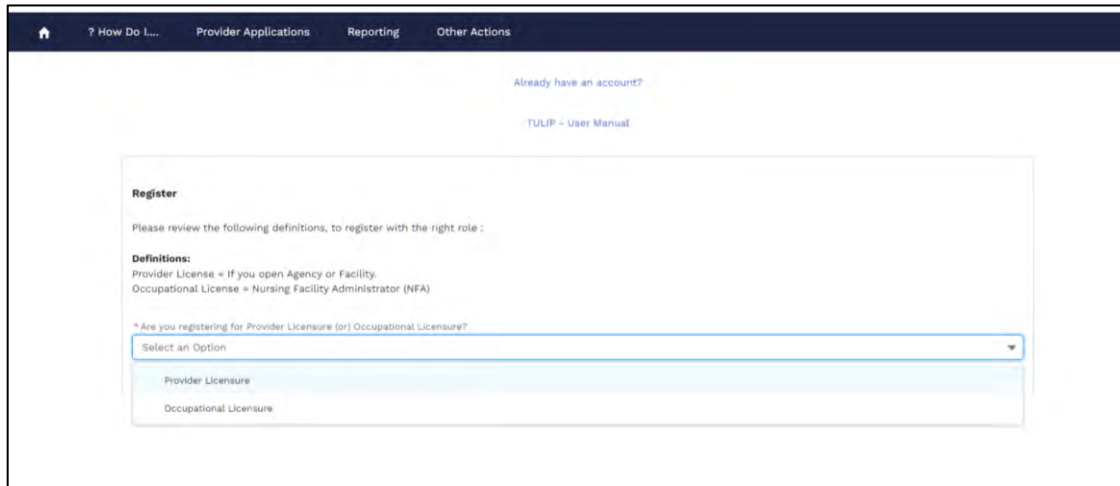
##### 1.1.B. HOW TO REGISTER FOR TULIP

If you have not registered for TULIP, please click <https://txhhs.force.com/TULIP/s/login/> to register and click on 'Not a Member' to get started.



The image shows the login page for the Texas Unified Licensure Information Portal (TULIP). At the top is the Texas Health and Human Services logo. Below it, the title "Texas Unified Licensure Information Portal (TULIP)" is displayed. There are two input fields: "Email" and "Password". A blue "Log in" button is positioned below the password field. To the left of the button is a link for "Forgot your password?". To the right is a link for "Not a Member?", which is highlighted with a red rectangle. Below the login fields, there is a paragraph of text: "If you have previously attempted to register but didn't complete the registration (no email to complete registration received), Please contact TULIP support TULIP\_Support@hhsc.state.tx.us". At the bottom, there are two links: "Click here for additional information about TULIP" and "Click here for HHSC Privacy Policies and Practices".

Next, you will see the following screen.



The image shows the "Register" screen in the TULIP portal. At the top, there is a navigation bar with links: "? How Do I...", "Provider Applications", "Reporting", and "Other Actions". Below the navigation bar, there are two links: "Already have an account?" and "TULIP - User Manual". The main content area is titled "Register" and contains the following text: "Please review the following definitions, to register with the right role :". Below this, there are "Definitions:" for "Provider License" (If you open Agency or Facility) and "Occupational License" (Nursing Facility Administrator (NFA)). A question is asked: "\* Are you registering for Provider Licensure (or) Occupational Licensure?". Below the question is a dropdown menu with the text "Select an Option". The dropdown menu is open, showing two options: "Provider Licensure" and "Occupational Licensure".

Select 'Provider Licensure' if you require a Provider License.

NOTE: 'Occupational License' User Manual is at below link:

<https://www.hhs.texas.gov/business/licensing-credentialing-regulation/long-term-care-credentialing/nf-administrators-licensing-enforcement>

**Texas Unified Licensure Information Portal (TULIP)** Login

[? How Do I...](#) [Provider Applications](#) [Reporting](#) [Other Actions](#)

[Already have an account?](#)  
[TULIP - User Manual](#)

**Register**

Please review the following definitions, to register with the right role :

\* Are you registering for Provider Licensure (or) Occupational Licensure?

Provider Licensure

**Register**

\* Have you or a representative of your business completed first time registration?

--Select an option--

**Submit**

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.

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)** Login

[? How Do I...](#) [Provider Applications](#) [Reporting](#) [Other Actions](#)

[Already have an account?](#)  
[TULIP - User Manual](#)

**Register**

Please enter your Social Security Number

\* Please enter your Social Security Number

**Cancel** **Submit**

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.

It looks like you haven't registered for TULIP yet, you will need to complete Registrant Information.

#### Business

Begin typing the Name of the Registered Business Entity. (Parent Account) Facility and Agency names will not populate within the list. If you are unsure of the name to use, please contact your security authority.

\* Business

Begin typing the name of the Business and Click Search Search

#### Registrant Information

Once completed you will receive an email confirming your request for access (and to complete registration if you are a new registrant).

The security authority for the business specified will receive and review your request for access.

* First Name	Middle Name
<input type="text"/>	<input type="text"/>
* Last Name	* Email
<input type="text"/>	<input type="text"/>
* Social Security Number	* Phone
<input type="text"/>	<input type="text"/>

**Submit**

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 Entity Type

--Select an option--

\* 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--

☐ Check here if you are a consultant**Submit**

If user selects No/Have Registration Code, the following screen displays. Enter the Business and Security Authority Information then click, Submit.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) registration interface. At the top left is the Texas Health and Human Services logo. The title "Texas Unified Licensure Information Portal (TULIP)" is centered, and a "Login" link is on the right. Below the title bar, there are links for "Already have an account?" and "TULIP - User Manual". The main registration form is titled "Register" and contains the following fields:

- \* Have you or a representative of your business completed first time registration? (Dropdown menu with "No" selected)
- \* Is your business New to TULIP or have you been given a Registration Code? (Dropdown menu with "Have Registration Code" selected)
- Registration code. (The Security Authority will have the ability to enter additional Registration Codes after Registration is complete).**
- \* Registration Code (Text input field)

### 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  ☐ Check here if you are a consultant

--Select an option--

**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](mailto: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.

**PASSWORD RESET**

Please enter the email address that you used when creating your account. An email will be sent to that address with further instructions on how to reset your password.

[Cancel](#)

If you do not receive the password reset email please contact HHSC TULIP Support at [TULIP\\_Support@hhsc.state.tx.us](mailto: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”.

The screenshot shows the Texas Health and Human Services Commission (HHS) website. At the top, there is a navigation bar with links: A-Z Index, Connect, Español, Subscribe, and Survey. Below this is the HHS logo and a search bar. The main navigation menu includes: ABOUT HHS, SERVICES, DOING BUSINESS WITH HHS (highlighted), LAWS & REGULATIONS, and CONTACT. The page title is "TULIP Online Licensure Application System". Below the title, a breadcrumb trail reads: Home > Doing Business with HHS > Licensing, Credentialing and Regulation > TULIP Online Licensure Application System. The content area is divided into two columns. The left column, titled "Doing Business with HHS", lists several categories: Business and Contracting Opportunities, Contracts of \$100,000 and More, Grants, Historically Underutilized Business Opportunities Program, and Licensing, Credentialing and Regulation. The right column contains a paragraph stating that the Texas Health and Human Services Commission will introduce TULIP, an online system for submitting long-term care licensure applications, which will replace paper applications for all provider types regulated by long-term care regulatory services. This includes a bulleted list: Assisted living facilities, Day activity and health services facilities, Home and community support services agencies, Intermediate care facilities for individuals with an intellectual disability or related conditions, Nursing facilities, and Prescribed pediatric extended care centers.

## 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.

**Texas Unified Licensure Information Portal (TULIP)** TULIP Tester

Home ? How Do I... Provider Applications Reporting Other Actions

**Parent Facility/Agency Applications**

Name	Type	2022-10-30	2022-07-02	2022-12-14	
> Kathleen SYS...	Business Entity				

**Facility/Agency Details**

☐ Include ALL Facilities/Agencies

Action R...	Name	Type	License ...	License ...	Facility Id	Renewa...	To Avoid...	Reviewe...
> !	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	2023-03-28	
>	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	2022-02-28	
>	CHOW OF NURSING	Facility	308103	2021-03-19	005191	2020-11-19	2021-05-03	
>	Trinity Manor Redistribution	Facility	308090		007404			
> !	HCSSA AGENCY GROUP	Agency	020545	2024-03-03	-	2023-11-04	2024-04-17	
> !	HCSSA AGENCY GROUP	Agency	020545	2024-03-03	-	2023-11-04	2024-04-17	

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								
<input type="checkbox"/> Include ALL Facilities/Agencies								
Action R...	Name	Type	License ...	License ...	Facility Id	Renewa...	To Avoid...	Reviewe...
<input type="checkbox"/> > !	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	2023-03-28	
<input type="checkbox"/> >	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	2022-02-28	
<input type="checkbox"/> >	CHOW OF NURSING	Facility	308103	2021-03-19	005191	2020-11-19	2021-05-03	
<input type="checkbox"/> >	Trinity Manor Redistribution	Facility	308090		007404			
<input type="checkbox"/> > !	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Facility	148165	2021-02-26	030128	2020-10-29	2021-04-12	
<input type="checkbox"/> > !	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Facility	144923	2021-04-30	104286	2020-12-31	2021-06-14	
<input type="checkbox"/> > !	FAC CHOWS ARE US OF AUSTIN	Facility	308104	2024-05-03	000520	2024-01-04	2024-06-17	
<input type="checkbox"/> > !	HCSSA AGENCY GROUP	Agency	020545	2024-03-03	-	2023-11-04	2024-04-17	


Facility/Agency Details								
<input type="checkbox"/> Include ALL Facilities/Agencies								
Action R...	Name	Type	License ...	License Expiry Date	Facility Id	Renewal Available...	To Avoid	
<input type="checkbox"/> > !	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	2023-03-28	
<input type="checkbox"/> >	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	2022-02-28	
<input type="checkbox"/> >	In Progress Applications	App ID	Date Submi...	Type	Form	Status	Pymt D	
<input type="checkbox"/> >		APP-001248...		Capacity Increase/Decrease	3721	NEW		
<input type="checkbox"/> >		APP-001228...	2021-03-19	Capacity Increase/Decrease	3721	PAYMENT RECEIVED		
<input type="checkbox"/> >		APP-001228...	2021-03-19	Capacity Increase/Decrease	3721	PAYMENT RECEIVED		
<input type="checkbox"/> >	Completed Applications	App ID	Date Submi...	Type	Form	Status	Pymt D	
<input type="checkbox"/> >	CHOW OF NURSING	Facility	308103	2021-03-19	005191	2020-11-19	2021-05-03	
<input type="checkbox"/> >	Trinity Manor Redistribution	Facility	308090		007404			
<input type="checkbox"/> >	In Progress Applications	App ID	Date Submi...	Type	Form	Status	Pymt D	
<input type="checkbox"/> >		APP-001228...	2021-03-19	Account Update; Capacity...	3720	PAYMENT RECEIVED		
<input type="checkbox"/> >	Completed Applications	App ID	Date Submi...	Type	Form	Status	Pymt D	
<input type="checkbox"/> > !	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Facility	148165	2021-02-26	030128	2020-10-29	2021-04-12	

**Viewing Application:**

To view and open the application, click on the hyperlink.

Facility/Agency Details								
<input type="checkbox"/> Include ALL Facilities/Agencies								
Action R...	Name	Type	License ...	License Expiry Date	Facility Id	Renewal Available...	To	
<input type="checkbox"/> >	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	20	
<input type="checkbox"/> >	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	20	
<input type="checkbox"/> >	In Progress Applications		App ID	Date Submi...	Type	Form	Status	Py
<input type="checkbox"/> >			<a href="#">APP-0012458454</a>		Capacity Increase/Decrease	3721	NEW	
<input type="checkbox"/> >			<a href="#">APP-0012284353</a>	2021-03-19	Capacity Increase/Decrease	3721	PAYMENT RECEIVED	
<input type="checkbox"/> >			<a href="#">APP-0012284288</a>	2021-03-19	Capacity Increase/Decrease	3721	PAYMENT RECEIVED	

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



3721

**Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders**

Application Type

Edit

Capacity Increase/Decrease Effective: 2021-03-18

Facility Id: 000706

Step 1

Documents

Deficiencies

Summary

Payment

Submit

Current/Requested Certified Alzheimer's Capacity

\* Current Certified Alzheimer's Capacity

100

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.

**Facility/Agency Details**

☐ Include ALL Facilities/Agencies

<input type="checkbox"/>	Name	Type	License ...	License ...	Facility Id	Renewa...	To Avoid La...	Reviewer ...
<input type="checkbox"/>	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	2023-03-28	
<input type="checkbox"/>	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	2022-02-28	
<input type="checkbox"/>	<b>In Progress Applications</b>	<b>App ID</b>	<b>Date Submi...</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pynt Date</b>	
<input type="checkbox"/>		APP-0012488454	Capacity Inc...	3721	NEW			
<input type="checkbox"/>		APP-0012284353	2021-03-19	Capacity Inc...	3721	PAYMENT R...		

To confirm the deletion of the application, click, OK. The application will then be deleted.

**Texas Unified Licensure Information**

systemst-bxhhs.cs32.force.com says  
Are you sure you want to delete the application :APP-0012488454

Tulip Tester

**Parent Facility/Agency Applications**

<input type="checkbox"/>	Name	Type				
<input type="checkbox"/>	Kathleen SYS...	Business Entity	2022-10-30	2022-07-02	2022-12-14	

**Facility/Agency Details**

☐ Include ALL Facilities/Agencies

<input type="checkbox"/>	Name	Type	License ...	License ...	Facility Id	Renewa...	To Avoid La...	Reviewer ...
<input type="checkbox"/>	LITTLE HAVEN PPECC	Facility	149741	2023-04-13	107154	2022-12-14	2023-03-28	
<input type="checkbox"/>	MABEE VILLAGE AT MARBRIDGE ASSISTED LIVING A	Facility	146548	2022-01-14	000706	2021-09-16	2022-02-28	
<input type="checkbox"/>	<b>In Progress Applications</b>	<b>App ID</b>	<b>Date Submi...</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pynt Date</b>	
<input type="checkbox"/>		APP-0012488454	Capacity Inc...	3721	NEW			

### 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:

Status	Description
NEW	An application has been created and is ready for the providers review.
READY TO SUBMIT	All required fields have been completed on the application and it is ready for payment and submission.
PAYMENT PENDING	The application has not been submitted and payment is pending.
SUBMITTED/PENDING ASSIGNMENT	Payment has been submitted or mailed. The application will not be processed until payment is sent and cleared.
RESPONSE REQUIRED BY PROVIDER	The application requires a response or action from the provider as soon as possible to proceed with processing.
IN REVIEW	An application has been submitted and payment has been received. The application is in review.
IN ANALYSIS	An application has been submitted and payment has been received. The application is in analysis.
COMPLETE	The application review has been completed.
APPROVED LICENSE ISSUED	The application has been approved and the license has been issued.
CERTIFICATION GRANTED	The application has been certified for services.
PENDING HEALTH REQUEST BY PROVIDER	The application is pending health survey information from the provider.
PENDING LSC REQUEST BY PROVIDER	The application is pending LSC by the provider.
PENDING LSC FOLLOW-UP	The application is pending the LSC follow-up.
PENDING LSC SURVEY	The application is pending an LSC Survey.
PENDING HEALTH SURVEY	The application is pending a health survey.

PENDING HEALTH SURVEY FOLLOW-UP	The application is pending a health survey follow-up.
PENDING CMS	The application is pending CMS.
DENIED	The submitted application has been denied by HHSC.
WITHDRAWN	An application that has been withdrawn.
EXPIRED	A renewal application was automatically generated but not submitted before the license expiration date.

**1.2.C. APPLICATION TYPES**

The following application types are offered through TULIP.

Agency or Facility	Application Number	Application Type
Facility	3720	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
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

Agency or Facility	Application Number	Application Type
Facility	3720-P	Account Update Capacity Increase/Decrease Change – Admin/CFO Change – Operating Hours Change – Relocation Change of Ownership (CHOW) Initial Management Company Real Estate Change Transfer of Ownership Interest
Facility	3720-G	Initial
Facility	3721	Capacity Increase/Decrease Change – Relocation Change of Ownership (CHOW) Initial
Facility	3736	Renewals only
Agency	2021	Change – Accreditation Status Change – Admin/CFO Change – Alternate Administrator Change – Update Category of Service Change – Controlling Person Change – DBA (not CHOW) Change – Mailing Address Change – Name of Owner (not CHOW) Change – Phone/Fax/Email/Operating Hours Change – Relocation Change – Service Area Expansion Change – Service Area Reduction Change – Stock Transfer Change of Ownership (CHOW) Initial

Agency or Facility	Application Number	Application Type
Agency	2023	Adding Licensed & Certified Category Change of Ownership (CHOW) Initial
Agency	2024	Initial Change – Update Category of Service Change – Relocation Change – Phone/Fax/Email/Operating Hours Change – Service Area Expansion Change – Service Area Reduction Change of Ownership (CHOW)
Agency	2025	Initial Change of Ownership (CHOW) Change – Relocation Change – Update Category of Service Change – Phone/Fax/Email/Operating Hours Change – Service Area Expansion Change – Service Area Reduction

## 1.3 PROVIDER APPLICATIONS

### 1.3.A OVERVIEW

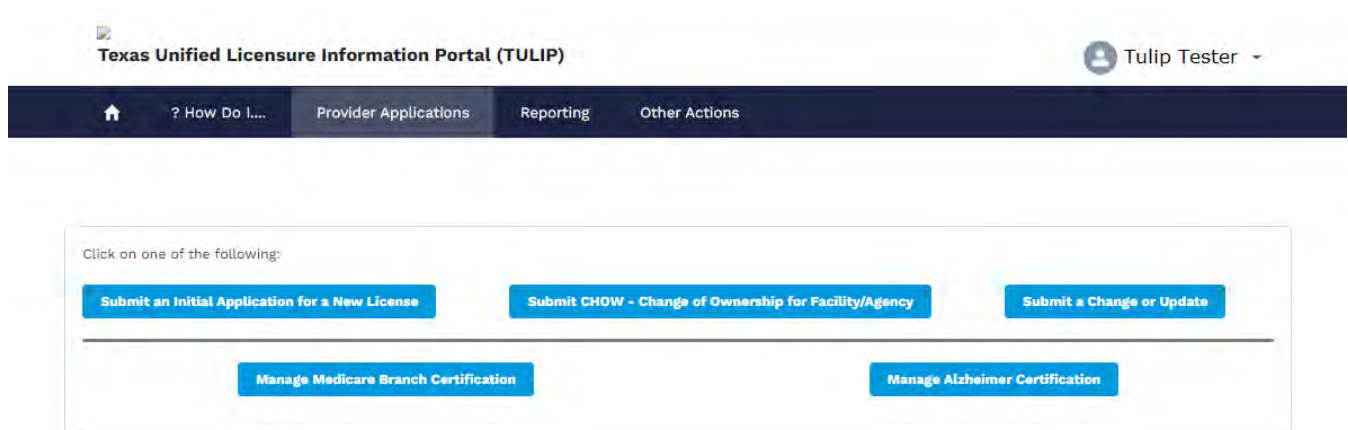
TULIP online applications will enable both agencies and facilities to submit license and certification applications from start to finish. The following flow lays out the steps to complete an application:



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 Calendars*: 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.

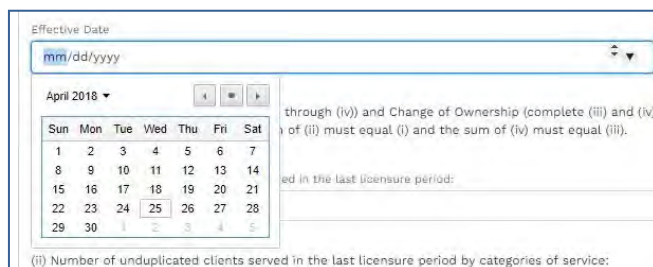


Figure 18. Date Calendar

- *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.

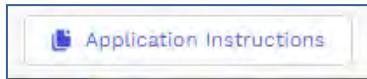


Figure 19. TULIP Application Instructions Button

- *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.

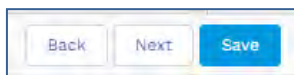


Figure 20. Back, Next, and Save buttons

- *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.

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.

**Attestations**

Must be signed by the owner. If the owner does not sign, the applicant must have documentation of signature authority. All CHOW applications must be signed by the buyer.

The information in the application is correct. I understand that submitting false or incomplete information in the application is grounds for HHSC denying, suspending, or revoking the license for which the application is submitted.

I have read and understand Texas Health and Safety Code, Chapter 142; and Texas Administrative Code, Title 40, Chapter 37. The owner and management personnel of the applicant have the knowledge, skills, and qualification necessary to meet the licensure requirements for:

Agency type(s)

☐ Licensed and Certified Home Health Services (LCCHHS)

☐ Licensed and Certified Home Health Services with Home Dialysis Designation (LCCHHS with Home Dialysis)

☐ Licensed Home Health Services (LHHS)

☐ Licensed Home Health Services with Home Dialysis Designation (LHHS with Home Dialysis)

☐ Personal Assistance Services (PAS)

☐ Hospice Services

The agency has the financial resources to meet its financial obligation and to provide services in accordance with licensing requirements.

\* Signature  \* Title  \*\* Date

### 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:

Click on one of the following:

[Submit an Initial Application for a New License](#) [Submit CHOW - Change of Ownership for Facility/Agency](#) [Submit a Change or Update](#)

---

[Manage Medicare Branch Certification](#) [Manage Alzheimer Certification](#)

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.

**Texas Unified Licensure Information Portal (TULIP)** Tulip Tester

Home ? How Do I... Provider Applications Reporting Other Actions

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended C

\* Type of Initial License  
- SELECT OPTION -  
NURSING  
DAY ACTIVITY HEALTH SERVICES  
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY  
PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS  
ASSISTED LIVING

**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.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
NURSING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 554](#)

\* Has your legal entity previously held a license for a Nursing Facility in Texas?  
YES

A three year license will be issued in accordance with Rule 19.205  
For initial applications, you are required to provide documentation for the following:

- Evidence of the right to possess the facility at the time the application will be granted (Note that application review will not commence until this document is present and complete)
- A certificate of Good Standing issued by the Texas Comptroller of Public Accounts (Note that application review will not commence until this document is present and complete)
- Certificate of Incorporation or copy of the partnership agreement if a partnership (Note that application review will not commence until this document is present and complete)

\* Facility ID:

Selecting YES will create an accompanying Alzheimer Certification Initial Application that will also require completion, payment of fee and submission.

\* Requesting Alzheimer Certificate?  
- SELECT OPTION -

Cancel

Provide the 'Facility ID' and Answer Yes to Alzheimer's Certificate and Click 'SUBMIT':

[?](#) How Do I...
 [Provider Applications](#)
[Reporting](#)
[Other Actions](#)

\* Has your legal entity previously held a license for a Nursing Facility in Texas?

YES

A three year license will be issued in accordance with Rule 19.205

For initial applications, you are required to provide documentation for the following:

- Evidence of the right to possess the facility at the time the application will be granted (Note that application review will not commence until this document is present and complete)
- A certificate of Good Standing issued by the Texas Comptroller of Public Accounts (Note that application review will not commence until this document is present and complete)
- Certificate of Incorporation or copy of the partnership agreement if a partnership (Note that application review will not commence until this document is present and complete)

\* Facility ID:

110460

Selecting YES will create an accompanying Alzheimer Certification Initial Application that will also require completion, payment of fee and submission.

\* Requesting Alzheimer Certificate?

YES

A facility that advertises, markets, or otherwise promotes that it provides services to residents with Alzheimer's disease and related disorders, a disclosure statement is required. Failure to submit the required disclosure statement will result in an administrative penalty in accordance with §19.212 of this title (relating to Administrative Penalties). The disclosure statement must include the following information:

- The facility's philosophy of care for residents with Alzheimer's disease and related disorders
- Whether the facility is certified under Texas Health and Safety Code §242.040 for the provision of specialized care and treatment of residents with Alzheimer's disease and related disorders
- The preadmission, admission, and discharge process
- Resident assessment, care planning, and implementation of the care plan
- Staffing patterns, such as resident to staff ratios, and staff training
- The physical environment of the facility
- Resident activities
- Program charges
- Systems for evaluation of the facility's program
- Family involvement in resident care
- The telephone number for HHSC toll-free complaint line

**A TOTAL OF TWO (2) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)**

**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


Applications Applications Applications

Application 1

Texas Unified Licensure Information Portal (TULIP)

Tulip Tester

[?](#) How Do I...
 [Provider Applications](#)
[Reporting](#)
[Other Actions](#)


**TEXAS**  
 Health and Human  
 Services

**3720-N**

**Application for Nursing Facility License**

**Initial**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

Initial

\* Facility ID:

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. The header includes the portal name and a user profile for 'Tulip Tester'. The main navigation bar has links for 'How Do I...', 'Provider Applications', 'Reporting', and 'Other Actions'. The central content area displays the Texas Health and Human Services logo and the title 'Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders'. A note states: 'Note: Initial Applications do not require Facility ID.' Below this, there is a section titled 'Select the Type of Application' with two radio button options: 'Initial' (selected) and 'Facility ID'. A 'Facility ID' input field is visible below the 'Facility ID' option.

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.

The screenshot shows the '3720-N Application for Nursing Facility License Initial' form. The header includes the Texas Health and Human Services logo and the title 'Application for Nursing Facility License Initial'. A note states: 'Note: Initial Applications do not require Facility ID.' Below this, there is a section titled 'Application Type' with a dropdown menu showing 'Initial' and an 'Edit' button. A progress bar indicates the current step is 'Step 1'. The main content area is titled 'Item 1: Facility Information' and contains several input fields: 'Facility Name', 'National Provider Identification No.', 'Facility Physical Address Street', and 'City'. An 'Application Instructions' link is visible in the bottom left corner.

Home ? How Do I... Provider Applications Reporting Other Actions

**Note: Initial Applications do not require Facility ID.**

Application Type: Initial Edit

Step 1 Step 2 Step 3 Step 4 Step 5 Documents Deficiencies Summary Payment Submit

Item 5. Applicant Information – Legal Entity Information

APPLICANT CONTACT PERSON INFORMATION

\* Last Name:  \* First Name:  MI:  Suffix:  --Select an Option--

\* Area Code and Telephone No:  Area Code and Fax No:  \* Email Address:


\* Title or Relationship to Applicant:

APPLICATION PREPARER

☐ Same as Applicant

Application Instructions Delete Back Next Save

Home ? How Do I... Provider Applications Reporting Other Actions

 **TEXAS**  
Health and Human Services

3720-N

**Application for Nursing Facility License**

Initial

**Note: Initial Applications do not require Facility ID.**

Application Type: Initial Edit

Step 1 Step 2 Step 3 Step 4 Step 5 Documents Deficiencies Summary Payment Submit

Item 9. Disclosure of Facility/Agency Association

List all facilities/agencies that are located outside the state of Texas or are not licensed by HHSC.

+ New Facility/Agency Association Disclosure

General Disclosure Questions: Have any of the individuals or entities identified in Item 5, 6, or 7:

A:  --Select a Value--

Application Instructions Delete Back Next Save

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.

The screenshot shows a web application interface with a dark blue header containing navigation links: Home, ? How Do I..., Provider Applications (selected), Reporting, and Other Actions. The main content area is white and contains the following elements:

- A dropdown menu for '\* Type of Initial License' with 'NURSING' selected.
- A link: 'Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement Texas Administrative Code, Title 26, Part 1, Chapter 554'.
- A dropdown menu for '\* Has your legal entity previously held a license for a Nursing Facility in Texas?' with 'NO' selected.
- Text: 'A one year probationary license will be issued in accordance with Rule 19.205'.
- Text: 'Selecting YES will create an accompanying Alzheimer Certification Initial Application that will also require completion, payment of fee and submission.'
- A dropdown menu for '\* Requesting Alzheimer Certificate?' with 'YES' selected.
- A detailed disclosure statement for facilities advertising services to residents with Alzheimer's disease, listing required information such as philosophy of care, certification, preadmission process, care planning, staffing, physical environment, resident activities, program charges, evaluation systems, family involvement, and complaint line.
- A bolded instruction: 'A TOTAL OF TWO (2) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH) Please note: To apply for Alzheimer's Certification ONLY, please choose No above under previously held, then select Yes for Alzheimer's Certification. When both applications open you will close the 3720-N application and fill out the 3721 application.'
- A large blue 'Submit' button at the bottom.

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

The screenshot shows the TULIP portal with the following details:

- Page Title:** Texas Unified Licensure Information Portal (TULIP)
- Navigation Bar:** Home, ? How Do I..., Provider Applications, Reporting, Other Actions
- Logo:** TEXAS Health and Human Services
- Application Type:** Application for Nursing Facility License
- License Type:** Initial Probationary 1 yr license
- Note:** Initial Applications do not require Facility ID.
- Form Fields:**
  - Select the Type of Application
    - ☐ Initial - Probationary (1 year license)
  - \* Facility ID:
- User:** Tulip Tester
- Reference Number:** 3720-N

The screenshot shows the TULIP portal with the following details:

- Page Title:** Texas Unified Licensure Information Portal (TULIP)
- Navigation Bar:** Home, ? How Do I..., Provider Applications, Reporting, Other Actions
- Logo:** TEXAS Health and Human Services
- Application Type:** Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders
- Note:** Initial Applications do not require Facility ID.
- Form Fields:**
  - Select the Type of Application
    - ☐ Initial
  - \* Facility ID:
- User:** Tulip Tester
- Reference Number:** 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 License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
FACILITY – (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
DAY ACTIVITY HEALTH SERVICES

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 559](#)

**Provisional Basic requirements:**

- Must be a newly constructed (ground up) facility
- Construction plans must be submitted in accordance with Rule 92.64, Chapter 553
- Applicant obtains all approvals in accordance with Rule 553.20
- A complete application must be submitted within 30 days of receipt of all approvals
- The applicant, or a person who is a controlling person and an owner of the applicant, has constructed another facility in this state that complies with the NFPA 101; and
- The applicant is in compliance with resident-care standards for licensure
- A six-month license will be issued. After conducting NFPA 101 inspection of the facility, HHSC issues a license in accordance with Texas Health and Safety Code 247.023

\* There are two methods for receiving a license for a Prescribed Pediatric Extended Care Center. Please select one of the options below:


☒ Temporary Basic requirements are above. See link above for detailed requirements.

☐ Don't meet the above requirements

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

Initial Construction Provisional (3720) is displayed.

 **TEXAS**  
Health and Human  
Services

3720

**Application for State License to Operate a Long-Term Care Facility**

**Initial Construction Provisional**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

☐ Initial-New Construction Provisional

\* Facility ID

Cancel Save

Select Initial -New Construction Provisional and Click SAVE. Application for Initial-New Construction Provisional (3720) is displayed:

3720

**TEXAS**  
Health and Human  
Services

**Application for State License to Operate a Long-Term Care Facility**

**Initial Construction Provisional**

**Note: Initial Applications do not require Facility ID.**

Application Type  
Initial-New Construction Provisional Edit

Step 1 Step 2 Step 3 Step 4 Documents Deficiencies Summary Payment Submit

Item 1. Facility Information

\* Facility Name  
|

\* Facility Physical Address Street \* City

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

3720

**TEXAS**  
Health and Human  
Services

**Application for State License to Operate a Long-Term Care Facility**

**Initial Construction Provisional**

**Note: Initial Applications do not require Facility ID.**

Application Type  
Initial-New Construction Provisional Edit

Step 1 Step 2 Step 3 Step 4 Documents Deficiencies Summary Payment Submit

Item 1. Facility Information

\* Facility Name  
|

\* Facility Physical Address Street \* City

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.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 551](#)

\* There are three methods for receiving a license for an Intermediate Care Facility for Individuals with an Intellectual Disability. Please select one of the options below:

☐ Reactivation.  
☐ Redistribution.  
☐ Reallocation.

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

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](mailto:TULIP_Support@hhsc.state.tx.us) for next steps.

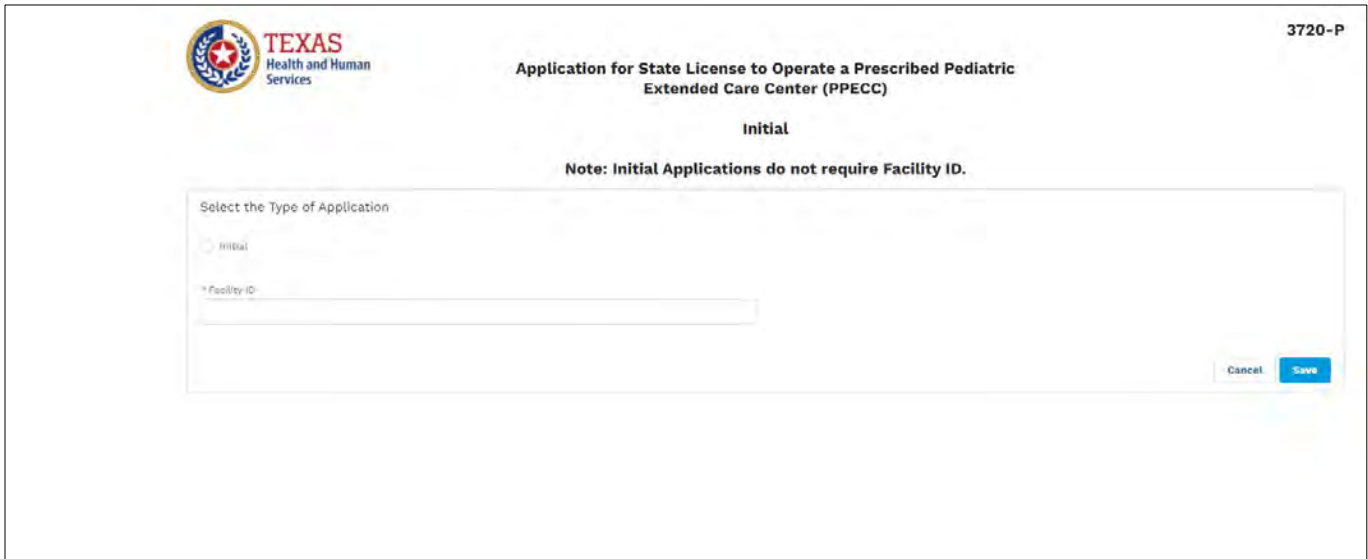
#### iv. Creating Prescribed Pediatrics for Extended Care Centers Application (3720-P)

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.



**TEXAS**  
Health and Human  
Services

**3720-P**

**Application for State License to Operate a Prescribed Pediatric  
Extended Care Center (PPECC)**

**Initial**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

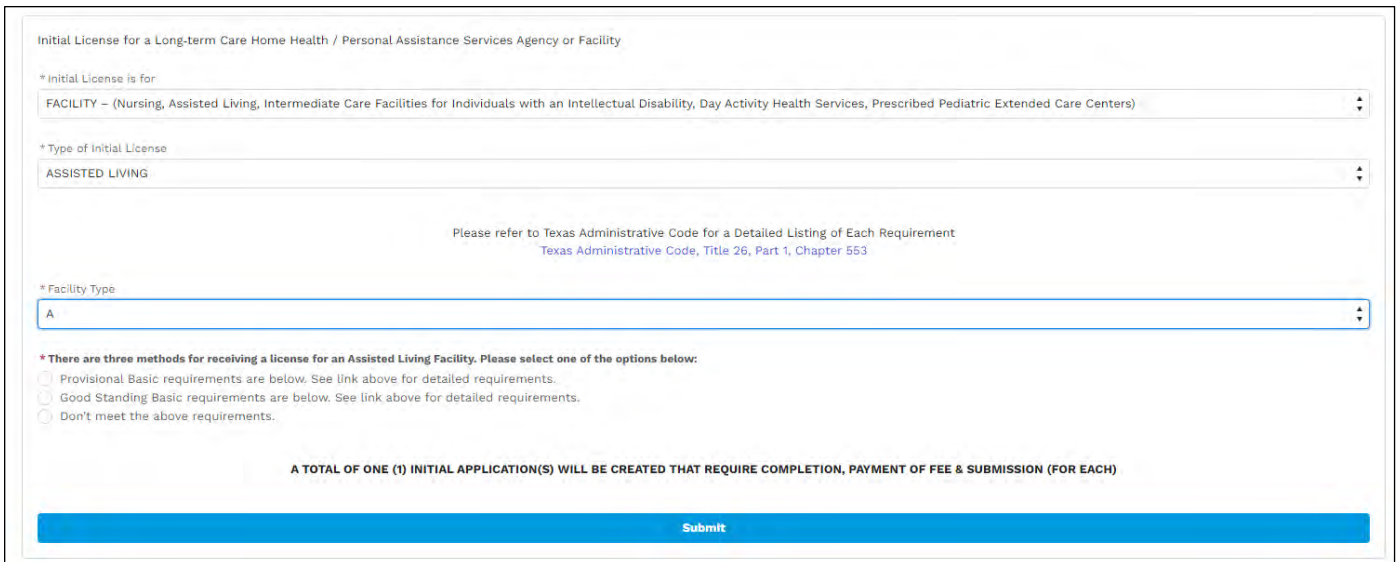
☐ Initial

\* Facility ID:

Cancel Save

**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



Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
ASSISTED LIVING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 553](#)

\* Facility Type  
A

\* There are three methods for receiving a license for an Assisted Living Facility. Please select one of the options below:

☐ Provisional Basic requirements are below. See link above for detailed requirements.

☐ Good Standing Basic requirements are below. See link above for detailed requirements.

☐ Don't meet the above requirements.

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

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.

\* Initial License is for  
FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
ASSISTED LIVING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 553](#)

\* Facility Type  
A

\* There are three methods for receiving a license for an Assisted Living Facility. Please select one of the options below:

☒ Provisional Basic requirements are below. See link above for detailed requirements.


☐ Good Standing Basic requirements are below. See link above for detailed requirements.

☐ Don't meet the above requirements.

- Must be a newly constructed (ground up) facility
- Construction plans must be submitted in accordance with Rule 92.64, Chapter 553
- Applicant obtains all approvals in accordance with Rule 553.20
- A complete application must be submitted within 30 days of receipt of all approvals
- The applicant, or a person who is a controlling person and an owner of the applicant, has constructed another facility in this state that complies with the NFPA 101; and
- The applicant is in compliance with resident-care standards for licensure
- A six-month license will be issued. After conducting NFPA 101 inspection of the facility, HHSC issues a license in accordance with Texas Health and Safety Code 247.023

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

 **TEXAS**  
Health and Human  
Services

3720

**Application for State License to Operate a Long-Term Care Facility**

**Initial Construction Provisional**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

☐ Initial-New Construction Provisional

\* Facility ID

Cancel Save

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.

FACILITY – (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
ASSISTED LIVING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 553](#)

\* Facility Type  
A

\* There are three methods for receiving a license for an Assisted Living Facility. Please select one of the options below:

☐ Provisional Basic requirements are below. See link above for detailed requirements.


☒ Good Standing Basic requirements are below. See link above for detailed requirements.

☐ Don't meet the above requirements.

- You must have been previously operated or been the controlling person of a Licensed Assisted Living Facility for at least 6 consecutive years or
- If applicant hasn't held a license, but a controlling person of the applicant has operated or been the controlling person of a Licensed Assisted Living Facility for at least 6 consecutive years AND
- Each licensed facility operated by the applicant or controlling person described above has not a violation of a licensing rule described in Texas Administrative Code Title 26 Rule 553.21
- Complete additional documentation required by rule 553.21 (need to determine if they can be added to the required document list in the application)
  - Applicant's policies and procedures (Note that application review will not commence until this document is present and complete)
  - Evidence of compliance of rule 92.123 of Chapter 553 (Note that application review will not commence until this document is present and complete)
  - Documentation of employees' credentials in accordance with Rule 92.41 of Chapter 553 (Note that application review will not commence until this document is present and complete)
- You must comply with all other requirements specified in Rule 553.21 (see link above)
- Life Safety Code compliance is required and the on-site health inspection occurs within 90 days of licensure

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

 **TEXAS**  
Health and Human  
Services

3720-G

**Assisted Living Facility Type A or B Application in Good Standing for  
State License to Operate a Long-Term Care Facility**

**Initial**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application.

☒ Initial

Cancel Save

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.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
 FACILITY – (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License  
 ASSISTED LIVING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 553](#)


\* Facility Type  
 A

\* There are three methods for receiving a license for an Assisted Living Facility. Please select one of the options below:

☐ Provisional Basic requirements are below. See link above for detailed requirements.  
☐ Good Standing Basic requirements are below. See link above for detailed requirements.  
☒ Don't meet the above requirements.

A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

Submit

 **TEXAS**  
 Health and Human  
 Services

3720

**Application for State License to Operate a Long-Term Care Facility**

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

☐ Initial

\* Facility ID

Cancel Save

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.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for

FACILITY – (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

\* Type of Initial License

ASSISTED LIVING

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 553](#)

\* Facility Type

B

**\* There are three methods for receiving a license for an Assisted Living Facility. Please select one of the options below:**

☒ Provisional Basic requirements are below. See link above for detailed requirements.

☐ Good Standing Basic requirements are below. See link above for detailed requirements.

☐ Don't meet the above requirements.

- Must be a newly constructed (ground up) facility
- Construction plans must be submitted in accordance with Rule 92.64, Chapter 553
- Applicant obtains all approvals in accordance with Rule 553.20
- A complete application must be submitted within 30 days of receipt of all approvals
- The applicant, or a person who is a controlling person and an owner of the applicant, has constructed another facility in this state that complies with the NFPA 101; and
- The applicant is in compliance with resident-care standards for licensure
- A six-month license will be issued. After conducting NFPA 101 inspection of the facility, HHSC issues a license in accordance with Texas Health and Safety Code 247.023

Selecting YES will create an accompanying Alzheimer Certification Initial Application that will also require completion, payment of fee and submission to HHS.

\* Requesting Alzheimer Certificate?

- SELECT OPTION -

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

☒ Provisional Basic requirements are below. See link above for detailed requirements.

☐ Good Standing Basic requirements are below. See link above for detailed requirements.

☐ Don't meet the above requirements.

- Must be a newly constructed (ground up) facility
- Construction plans must be submitted in accordance with Rule 92.64, Chapter 553
- Applicant obtains all approvals in accordance with Rule 553.20
- A complete application must be submitted within 30 days of receipt of all approvals
- The applicant, or a person who is a controlling person and an owner of the applicant, has constructed another facility in this state that complies with the NFPA 101; and
- The applicant is in compliance with resident-care standards for licensure
- A six-month license will be issued. After conducting NFPA 101 inspection of the facility, HHSC issues a license in accordance with Texas Health and Safety Code 247.023

Selecting YES will create an accompanying Alzheimer Certification Initial Application that will also require completion, payment of fee and submission to HHS.

\* Requesting Alzheimer Certificate?

YES

A facility that advertises, markets, or otherwise promotes that it provides services to residents with Alzheimer's disease and related disorders, a disclosure statement is required. Failure to submit the required disclosure statement will result in an administrative penalty in accordance with §19.2112 of this title (relating to Administrative Penalties). The disclosure statement must include the following information:

- The facility's philosophy of care for residents with Alzheimer's disease and related disorders
- Whether the facility is certified under Texas Health and Safety Code §242.040 for the provision of specialized care and treatment of residents with Alzheimer's disease and related disorders
- The preadmission, admission, and discharge process
- Resident assessment, care planning, and implementation of the care plan
- Staffing patterns, such as resident to staff ratios, and staff training
- The physical environment of the facility
- Resident activities
- Program charges
- Systems for evaluation of the facility's program
- Family involvement in resident care
- The telephone number for HHSC toll-free complaint line

**A TOTAL OF TWO (2) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)**

Submit

The screenshot shows a web browser with three tabs, all labeled 'Applications'. The active tab is 'Application 1'. The page header is 'Texas Unified Licensure Information Portal (TULIP)' with a user profile 'Tulip Tester'. The navigation bar includes 'Home', '? How Do I...', 'Provider Applications', 'Reporting', and 'Other Actions'. The main content area features the Texas Health and Human Services logo and the title 'Application for State License to Operate a Long-Term Care Facility'. Below the title is the subtitle 'Initial Construction Provisional' and a note: 'Note: Initial Applications do not require Facility ID.' A form section titled 'Select the Type of Application' contains a radio button labeled 'Initial-New Construction Provisional' and a text field for 'Facility ID'.

The screenshot shows the same web browser with three tabs, all labeled 'Applications'. The active tab is 'Application 2'. The page header is 'Texas Unified Licensure Information Portal (TULIP)' with a user profile 'Tulip Tester'. The navigation bar is identical to the first screenshot. The main content area features the Texas Health and Human Services logo and the title 'Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders'. Below the title is a note: 'Note: Initial Applications do not require Facility ID.' A form section titled 'Select the Type of Application' contains a radio button labeled 'Initial' and a text field for 'Facility ID'.

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 Diseases and Related Disorders 3721

The screenshot shows the TULIP web application in a browser with three tabs. The first tab, 'Application 1', is active. The page header includes the Texas Health and Human Services logo and the text 'Texas Unified Licensure Information Portal (TULIP)'. A user profile 'Tulip Tester' is logged in. The navigation bar has links for 'How Do I...', 'Provider Applications', 'Reporting', and 'Other Actions'. The main content area displays the title 'Assisted Living Facility Type A or B Application in Good Standing for State License to Operate a Long-Term Care Facility' with the identifier '3720-G'. Below this, the word 'Initial' is shown, followed by a note: 'Note: Initial Applications do not require Facility ID.' A dropdown menu labeled 'Select the Type of Application' has 'Initial' selected. At the bottom right are 'Cancel' and 'Save' buttons.

The screenshot shows the TULIP web application in a browser with three tabs. The second tab, 'Application 2', is active. The page header and navigation bar are identical to the first screenshot. The main content area displays the title 'Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders' with the identifier '3721'. Below this, the word 'Initial' is shown, followed by a note: 'Note: Initial Applications do not require Facility ID.' A dropdown menu labeled 'Select the Type of Application' has 'Initial' selected. At the bottom right are 'Cancel' and 'Save' buttons.

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 and
- Application to certify Nursing Facility and Assisted Living Facilities for Alzheimer's Diseases and Related Disorders 3721



3720

### Application for State License to Operate a Long-Term Care Facility


**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

☐ Initial

Cancel Save

Applications Applications Applications +



3721

### Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders

**Note: Initial Applications do not require Facility ID.**

Select the Type of Application

☐ Initial

### 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.

The screenshot shows the top navigation bar with a home icon, a help link '? How Do I...', and four menu items: 'Provider Applications', 'Reporting', and 'Other Actions'. Below the navigation bar, there is a section titled 'Click on one of the following:' containing five blue buttons: 'Submit an Initial Application for a New License', 'Submit CHOW - Change of Ownership for Facility/Agency', 'Submit a Change or Update', 'Manage Medicare Branch Certification', and 'Manage Alzheimer Certification'.

#### 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'

The screenshot shows the 'Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility' form. It has two dropdown menus. The first, '\* Initial License is for', is set to 'AGENCY - (Home Health, Personal Assistance Services, Hospice)'. Below it is a link: 'Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement: Texas Administrative Code, Title 28, Part 1, Chapter 558'. The second dropdown, '\* Type of Initial License', is set to 'NEW HOME HEALTH / PERSONAL ASSISTANCE SERVICES PARENT AGENCY'. Below the dropdowns is a message: 'A TOTAL OF ONE (1) INITIAL APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)'. At the bottom is a large blue 'Submit' button.

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.

The screenshot shows the Texas Health and Human Services logo in the top left corner. The page title is "Home and Community Support Services Agency License Application". Below the title, it says "Initial". A note states: "Note: Initial Applications do not require License number." The form has a section titled "Select the Type of Application" with a checkbox labeled "Initial" which is checked. Below this is a field for "\* License Number" which is empty. At the bottom right, there are "Cancel" and "Save" buttons.

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

- 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 Branch for an Active Licensed Home Health/Personal Assistance Services Parent Agency'

The screenshot shows the Texas Health and Human Services logo in the top left corner. The page title is "Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility". Below the title, it says "Initial License is for" and "AGENCY - (Home Health, Personal Assistance Services, Hospice)". A note states: "Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement: Texas Administrative Code, Title 26, Part 1, Chapter 558". Below this is a field for "\* Type of Initial License" which is set to "NEW HOME HEALTH / PERSONAL ASSISTANCE SERVICES BRANCH FOR AN ACTIVE LICENSED HOME HEALTH / PERSONAL ASSISTANCE SERVICES PARENT AGENCY". Below this is a field for "\* License Number of Home Health / Personal Assistance Services Parent Agency" which is empty. At the bottom, there is a large blue "Submit" button.

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.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for:  
AGENCY – (Home Health, Personal Assistance Services, Hospice)

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
Texas Administrative Code, Title 26, Part 1, Chapter 558

\* Type of Initial License:  
NEW HOME HEALTH / PERSONAL ASSISTANCE SERVICES BRANCH FOR AN ACTIVE LICENSED HOME HEALTH / PERSONAL ASSISTANCE SERVICES PARENT AGENCY

\* License Number of Home Health / Personal Assistance Services Parent Agency:  
020545

After providing valid License No., click submit and 2025-Home and Community Support Services Agency Request for Branch License Application is created.

Home and Community Support Services Agency  
Request for Branch License

Initial

Select the Type of Application:

☐ Initial

\* License Number:

Cancel Save

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.

Home and Community Support Services Agency  
Request for Branch License

Initial

Select the Type of Application:

☒ Initial

\* License Number:  
020545

Cancel Save

After selecting 'Initial' and providing License Number, click SAVE. On clicking SAVE, applicant can enter information into the 2025 application.

2025

TEXAS Health and Human Services

Home and Community Support Services Agency  
Request for Branch License

**Initial**

Application Type  
Initial Edit

Step 1 Step 2 Documents Deficiencies Summary Payment Submit

1. General Information:

National Provider Identifier (NPI) Number:

3. For Renewal Purposes Only:

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

- 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 Branch for an Active Licensed Home Health/Personal Assistance Services Parent Agency'
- Provide License No. of the Parent Agency and click SUBMIT.

Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Initial License is for  
AGENCY – (Home Health, Personal Assistance Services, Hospice)

Please refer to Texas Administrative Code for a Detailed Listing of Each Requirement  
[Texas Administrative Code, Title 26, Part 1, Chapter 558](#)

\* Type of Initial License  
NEW HOME HEALTH / PERSONAL ASSISTANCE SERVICES HOSPICE ALTERNATE DELIVERY SITE FOR AN ACTIVE LICENSED HOME HEALTH / PERSONAL ASSISTANCE SERVICES PARENT AGENCY

\* License Number of Home Health / Personal Assistance Services Parent Agency  
020520

**Submit**

On clicking SUBMIT, 2024 (Home and Community Support Services Agency Request for Alternate

Delivery Site License) Application is created.

2024

TEXAS Health and Human Services

Home and Community Support Services Agency  
**Request for Alternate Delivery Site License**

Initial

Select the Type of Application

Normal

License Renewal

Cancel Save

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.

2024

TEXAS Health and Human Services

Home and Community Support Services Agency  
**Request for Alternate Delivery Site License**

Initial

Application Type

Initial

Edit

Step 1 Step 2 Step 3 Step 4 Documents Deficiencies Summary Payment Submit

1.

\* Inpatient Unit

--None--

\* National Provider Identifier (NPI) Number

3. For Renewal and CHOW Purposes Only:

The information provided in 2 (a) and 2 (b) should not include information used by the parent agency.

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:

**TEXAS**  
Health and Human  
Services

Home and Community Support Services Agency  
**License Application**

**Initial**

**Note: Initial Applications do not require License number.**

Application Type  
Initial

Step 1 Step 2 Step 3 Step 4 Step 5 Documents Deficiencies Summary Payment Submit

Some sections are hidden because they are not required.

3. National Provider Identifier Number

4. Name the Agency will be doing business as (DBA)

[Application Instructions](#)

## 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.

12. Ownership and Control Interest Disclosure

<sup>a</sup> The Legal Entity Name described above has been chartered, filed, registered or otherwise legally declared with the Secretary of State.

Select an Option

<sup>a</sup> The Legal Entity Name described above is in Good Standing with the Texas State Comptroller's Franchise Tax Requirements.

Select an Option

A. TYPE OF OWNERSHIP

<sup>a</sup> Organization Structure

Select an Option

☐ Hospital Based

B. OWNER/APPLICATION DISCLOSURE

Disclose information for the owner/applicant and Affiliates. Report both the organization/individual and stockholders/investors that have ownership in the applicant/agency. The individual(s) percentage of ownership must equal 100%.

1. All stockholders (individual persons and any business entities) owning a percentage of the agency.

☐ Check here if stock is publicly traded.

2. All directors, partners, members, officers, executives and trustees.

3. All entities and persons who have controlling/directional/governing/managing interest in owner/applicant.

**Note:** All partners within a partnership must be reported. This applies to both general and limited partnerships. For instance, if a limited partnership has several limited partners and each of them owns 1% interest in the partnership, each limited partner must be reported in this application by name, address and Social Security number. If the owner has purchased a franchise, indicate the name, address and Social Security number of the purchaser.

☐ Check here if this section does not apply and skip to Item B (3).

**+ Add Owner**

B. (ii) MANAGEMENT COMPANY

If the facility is operated by or proposed to be operated under a management company, enter the following management company information. Complete for each legal business entity and disclose the name, address, tax ID number and contact person information for the management company.

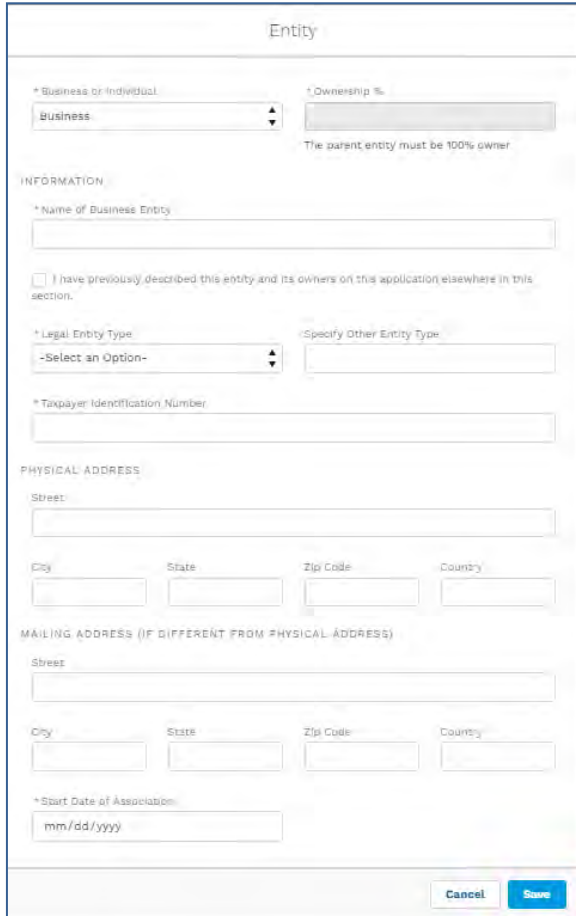
Management company controlled organizations must be reported. This is any organization that exercises operational or managerial control over the day-to-day operations of the HCSSA.

☐ Check here if this section does not apply and skip to Item B (3).

Management Company Name

Tax ID

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**



The form is titled "Entity" and contains the following sections:

- \* Business or Individual:** A dropdown menu with "Business" selected.
- \* Ownership %:** A text input field.
- The parent entity must be 100% owner
- INFORMATION**
  - \* Name of Business Entity:** A text input field.
  - ☐ I have previously described this entity and its owners on this application elsewhere in this section.
  - \* Legal Entity Type:** A dropdown menu with "-Select an Option-" selected.
  - \* Specify Other Entity Type:** A text input field.
  - \* Taxpayer Identification Number:** A text input field.
- PHYSICAL ADDRESS**
  - Street:** A text input field.
  - City:** A text input field.
  - State:** A text input field.
  - Zip Code:** A text input field.
  - Country:** A text input field.
- MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)**
  - Street:** A text input field.
  - City:** A text input field.
  - State:** A text input field.
  - Zip Code:** A text input field.
  - Country:** A text input field.
- \* Start Date of Association:** A text input field with a placeholder "mm/dd/yyyy".
- Buttons:** "Cancel" and "Save" at the bottom right.

**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*.



The "Ownership Hierarchy" section shows a table with one row:

Ownership Hierarchy
<div>  100% - Text owner </div> <div> Edit Add Owner Delete </div>


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:

100% - Example LLC I	Edit   Add Owner   Delete
100% - Example Sub A	Edit   Add Owner   Delete
33.333333% - Example Sub A I	Edit   Add Owner   Delete
100% - Example LLC B	Edit   Add Owner   Delete
33.333333% - Person A	Edit   Delete
33.333333% - Example LLC C	Edit   Add Owner   Delete
50% - Example LLC C I	Edit   Add Owner   Delete
50% - Person B	Edit   Delete
33.333333% - Example LLC D	Edit   Add Owner   Delete

## 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.



Home and Community Support Services Agency

License Application

2021

Application Type

Initial

Edit

✓

✓

✓

✓

Documents

Deficiencies

Summary

Payment

Submit

+ Add Additional Attachment

2021 Initial CMS 1561

Signed CMS 1561 Health Insurance Benefit Agreement

Delete

Attach File

Upload Files

Or drop files

2021 Initial CMS 417

Signed CMS 417 Request for Hearing Certification, if applicable

Delete

Attach File

Upload Files

Or drop files

2021 Initial Office of Civil Rights

Email Verification of Office of Civil Rights Submission

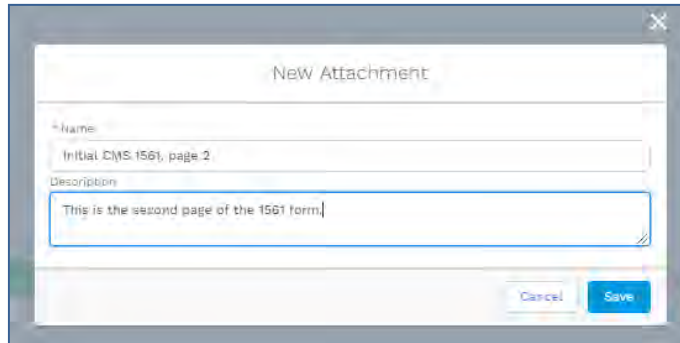
Delete

Attach File

Upload Files

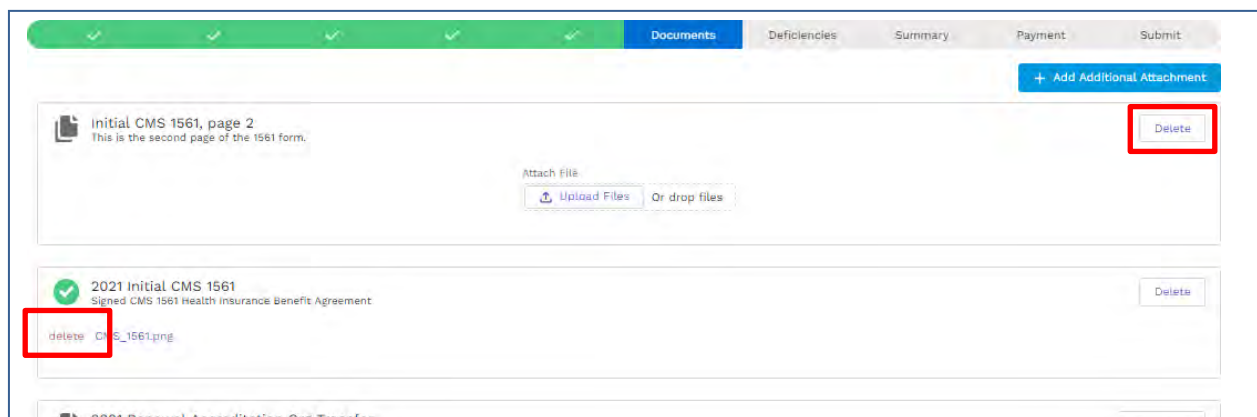
Or drop files

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.



The screenshot shows a 'New Attachment' dialog box with a close button (X) in the top right corner. It contains two text input fields: 'Name' with the value 'Initial CMS 1561, page 2' and 'Description' with the value 'This is the second page of the 1561 form.'. At the bottom right, there are 'Cancel' and 'Save' buttons.

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.



The screenshot shows the 'Documents' tab in the application interface. The top navigation bar includes 'Documents', 'Deficiencies', 'Summary', 'Payment', and 'Submit'. A green progress bar is at the top. The main area displays a list of documents. The first document is 'Initial CMS 1561, page 2' with a description 'This is the second page of the 1561 form.'. It has a 'Delete' button highlighted with a red box. Below it is a section for 'Attach File' with 'Upload Files' and 'Or drop files' buttons. The second document is '2021 Initial CMS 1561 Signed CMS 1561 Health Insurance Benefit Agreement' with a 'Delete' button. A 'delete' button next to the file name 'CMS\_1561.png' is also highlighted with a red box. At the bottom, there is a partially visible document titled '2021 Renewal Accreditation Ord Transfer'.

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.



## 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.

**TEXAS**  
Health and Human  
Services

Home and Community Support Services Agency  
**License Application**

2021

Application Type  
Initial

APPLICATION DETAILS

Application ID: APP-0000157800 Application Type: Initial

Application Status: PAYMENT PENDING Application Date: May 14, 2018

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type  
Paper Check/Money Order

CHARGE DESCRIPTION	AMOUNT
License Fee	\$1,750.00
<b>Texas.gov Price</b>	<b>\$1,750.00</b>

☒ I understand that in order to complete this application, I must mail in the coupon.

[Generate Payment Coupon](#)

Back Next Save

### 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.

Application Type  
Initial

APPLICATION DETAILS

Application ID: APP-0000178981 Application Type: Initial

Application Status: PAYMENT PENDING Application Date: 10/19/2018

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type  
Credit Card


--Select a Payment Type--

ACH

**Credit Card**

Paper Check/Money Order

[Pay Now at Texas.gov](#)  
This link will expire in 28:51



1 Payment Type

2 Customer Info

3 Payment Info

4 Submit Payment

Payment

Payment Type

Credit Card

Customer Information

Country  
United States

First Name \*  
Test

Last Name \*  
Test

Address \*  
4 Corporate Square

Address 2

City \*  
Test

State \*  
TX - Texas

ZIP/Postal Code \*  
30029

Phone \*  
5555555555


Email \*  
test@test.com

Next >

Transaction Summary

HHSC License  
Texas.gov Price

Need Help?  
Please complete the Customer Information Section



Payment Info

Credit Card Number \*  
5499990123456781

Credit Card Type  
Visa  
MasterCard  
Discover  
American Express

Expiration Month \*  
October

Expiration Year \*  
2024

Security Code \*  
123

Name on Credit Card \*  
Test Test

Next >

Transaction Summary

HHSC License \$1,789.63  
Texas.gov Price \$1789.63

Need Help?  
You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

**Payment Receipt Confirmation**

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the "continue" button at the bottom of this page to return to the HHSC Online Licensing page.

[Print](#)

**Transaction Summary**

Description	Receipt Confirmation Amount
HHSC Licensing Fee	Texas.gov Price

**Customer Information**

Customer Name	Test Test	Receipt Date	5/14/2018
Local Reference ID	529RS00402160	Receipt Time	09:54:24 AM CDT

**Payment Info**

Payment Type	Credit Card	Credit Card Number	*****6781
Credit Card Type	MAST	Order ID	37093434
		Name on Credit Card	Test Test

**Billing Information**

Billing Address	4 Corporate Square	Phone Number	5555555555
Billing City, State	Test, TX		
ZIP/Postal Code	50329		
Country	US		

This receipt has been emailed to the address below.

Email Address: test@test.com

[Continue](#)

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'

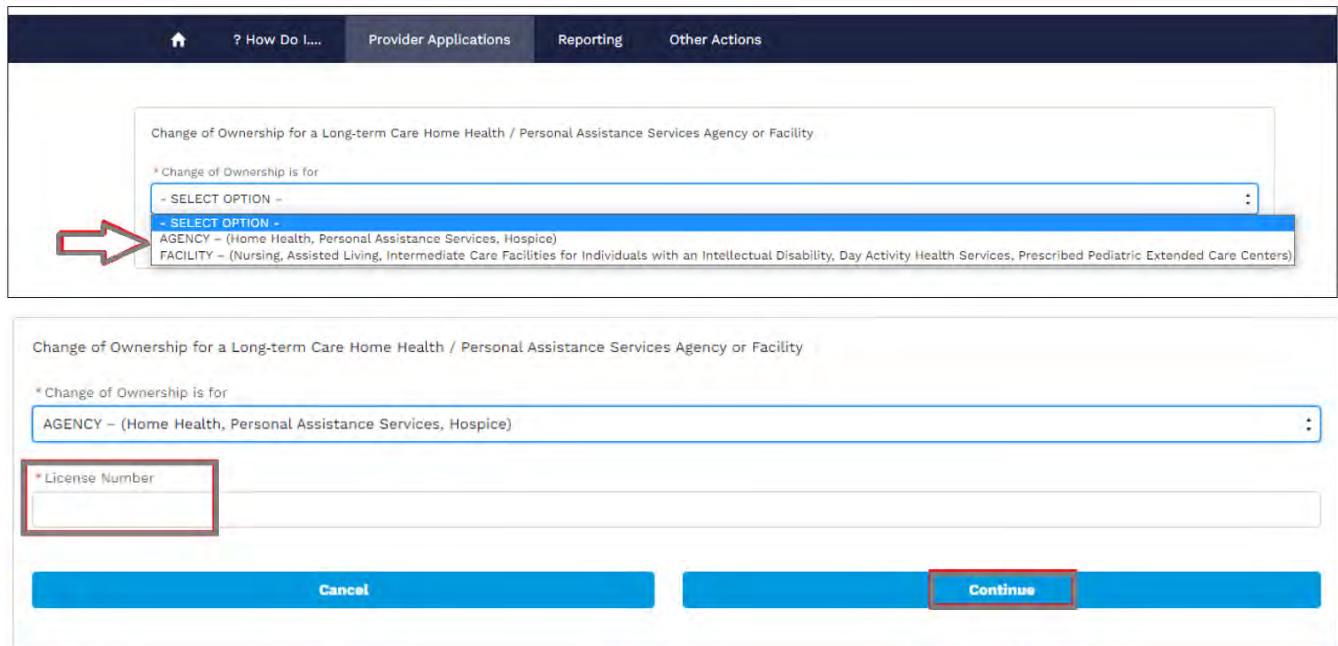
Home ? How Do I... Provider Applications Reporting Other Actions

Click on one of the following:

[Submit an Initial Application for a New License](#) [Submit CHOW - Change of Ownership for Facility/Agency](#) [Submit a Change or Update](#)

[Manage Medicare Branch Certification](#) [Manage Alzheimer Certification](#)

Next, select Agency, and enter License # for the agency you wish to apply CHOW for. Click, Continue.



Change of Ownership for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Change of Ownership is for

- SELECT OPTION -

AGENCY - (Home Health, Personal Assistance Services, Hospice)

FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended Care Centers)

Change of Ownership for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

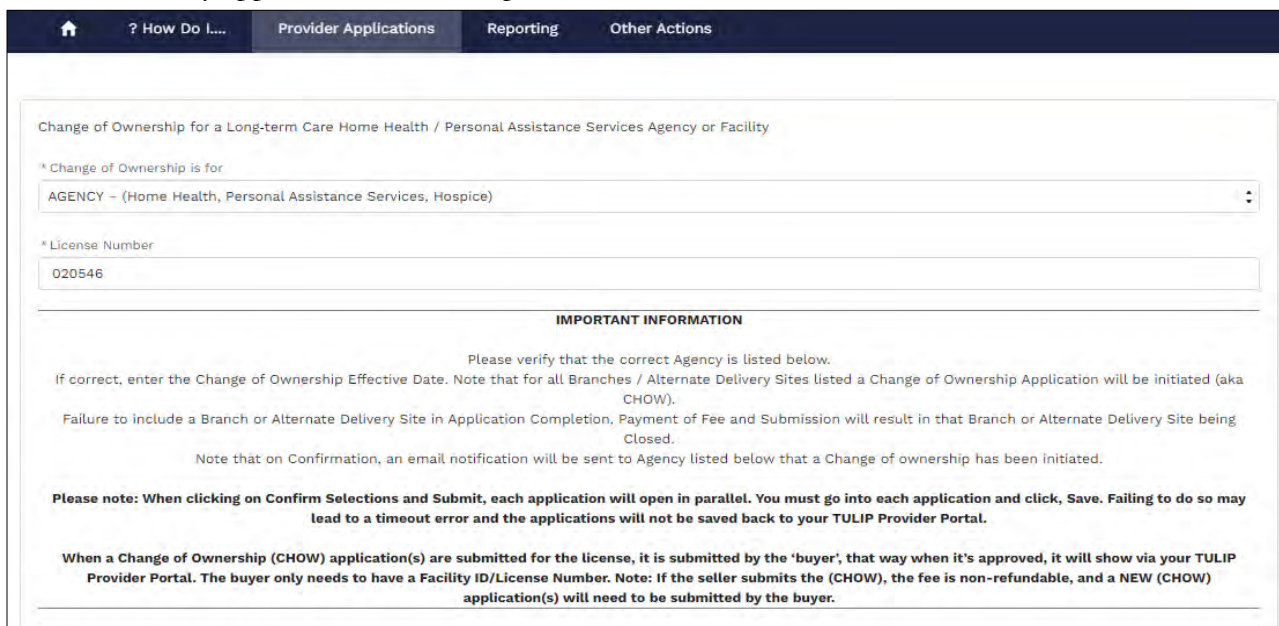
\* Change of Ownership is for

AGENCY - (Home Health, Personal Assistance Services, Hospice)

\* License Number

Cancel 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.



Change of Ownership for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Change of Ownership is for

AGENCY - (Home Health, Personal Assistance Services, Hospice)

\* License Number

020546

**IMPORTANT INFORMATION**

Please verify that the correct Agency is listed below.

If correct, enter the Change of Ownership Effective Date. Note that for all Branches / Alternate Delivery Sites listed a Change of Ownership Application will be initiated (aka CHOW).

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.

**Please note: When clicking on Confirm Selections and Submit, each application will open in parallel. You must go into each application and click, Save. Failing to do so may lead to a timeout error and the applications will not be saved back to your TULIP Provider Portal.**

When a Change of Ownership (CHOW) application(s) are submitted for the license, it is submitted by the 'buyer', that way when it's approved, it will show via your TULIP Provider Portal. The buyer only needs to have a Facility ID/License Number. Note: If the seller submits the (CHOW), the fee is non-refundable, and a NEW (CHOW) application(s) will need to be submitted by the buyer.

**HCSSA OF AUSTIN**

705 HCSSA LANE AUSTIN TX 78753  
 Services: Hospice;LHHS;PAS  
 License Expiration Date: 2024-04-12  
 Agency Type: Parent Agency  
 CCN Number: 789456  
☐ CHOW In-Progress

**BRANCH : HCSSA OF AUSTIN**

123 BRANCH ROAD AUSTIN TX 78753  
 Services: LHHS;PAS  
 License Expiration Date: 2024-04-12  
 Agency Type: Branch Agency  
 CCN Number: 789456  
☐ CHOW In-Progress

Medicare Certified Branch. As part of the Change of Ownership Application, the prospective owner will be required to declare their intentions regarding Medicare certification.

**BRANCH : HCSSA OF AUSTIN**

123 BRANCH LANE AUSTIN TX 78753  
 Services: LHHS;PAS  
 License Expiration Date: 2024-04-12  
 Agency Type: Branch Agency  
 CCN Number: 789456  
☐ CHOW In-Progress

Medicare Certified Branch. As part of the Change of Ownership Application, the prospective owner will be required to declare their intentions regarding Medicare certification.

**ADS : HCSSA OF AUSTIN**

456 ADS AVE. AUSTIN TX 78753  
 Services: Hospice Alternative Delivery Site (ADS)  
 License Expiration Date: 2024-04-12  
 Agency Type: Alternate Delivery Site  
 CCN Number: 789456  
☐ CHOW In-Progress

Medicare Certified Branch. As part of the Change of Ownership Application, the prospective owner will be required to declare their intentions regarding Medicare certification.

Enter the Change of Ownership Effective Date 30 days from the current date/todays date. Click, Confirm Selections & Submit.

A TOTAL OF (4) CHANGE OF OWNERSHIP APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)

\* Change of Ownership Effective Date:

**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'.

<	>	10115 CEDARMONT	Facility	149202	2023-05-04	007601	2023-01-04	2023-06-18	
<	>	11311 MORING PA...	Facility	149463	2023-05-05	007602	2023-01-05	2023-06-19	
<	>	ODYSSEY TLC AD...	Facility	146400	2021-05-31	101804	2021-01-31	2021-07-15	
<	>	ODYSSEY TLC AD...	Facility	147065	2022-10-15	105126	2022-06-17	2022-11-29	
<	>	ODYSSEY TLC AD...	Facility	148476	2023-01-04	105881	2022-09-08	2023-02-18	
<	>	2309 CLEARWO...	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16	
<	>	7123 SPRING MO...	Facility	148181	2021-09-01	007347	2021-05-04	2021-10-16	
<	>	ANGEL PLACE A...	Facility	147711	2021-01-27	100310	2020-09-29	2021-03-13	
<	>	DBA1_parent_013...	Agency	020547	2024-04-21	-	2023-12-23	2024-06-05	
<	>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<	>	Completed Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<	>	APP-0012329999		2021-03-20	Change of Owne...	2021	COMPLETE		
<	>	Agency Prod Test	Agency	123456	2022-10-01	-	2022-06-03	2022-11-15	

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':

Facility/Agency Details								
<input checked="" type="checkbox"/> Include ALL Facilities/Agencies								
Action Requi...	Name	Type	License Num...	License Expiry Date	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...
<input type="checkbox"/> >	POST-HEALTH HOME CARE	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15	
<input type="checkbox"/> >	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<input type="checkbox"/> >	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<input type="checkbox"/> >		APP-0001191763	2020-01-30	Renewal	2021	APPROVED/LICE...	2020-01-31	✉ hazel.flores@...
<input type="checkbox"/> >		APP-0002994896	2020-04-21	Change - Relocation	2021	COMPLETE	2020-04-22	✉ diana.griffith...
<input type="checkbox"/> > !	ANGEL PLACE ASSISTED LI...	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13	
<input type="checkbox"/> > !	ODYSSEY TLC ADULT DAY C...	Facility	105280	2024-04-01	003391	2023-12-03	2024-05-16	
<input type="checkbox"/> >	EASTBROOK HOUSE	Facility	150019	2023-09-01	003620	2023-05-04	2023-10-16	
<input type="checkbox"/> >	HARMAN HOUSE	Facility	145702	2023-09-01	003987	2023-05-04	2023-10-16	
<input type="checkbox"/> >	4209 BLOSSOM TRAIL	Facility	148049	2022-09-01	007245	2022-05-04	2022-10-16	
<input type="checkbox"/> >	ODYSSEY TLC ADULT DAYC...	Facility	139448	2016-05-01	105678	2016-01-02	2016-06-15	
<input type="checkbox"/> >	ODYSSEY TLC ADULT DAY C...	Facility	148476	2023-01-04	105881	2022-09-06	2023-02-18	
<input type="checkbox"/> >	2309 CLEARWOOD COURT	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16	
<input type="checkbox"/> >	7123 SPRING MORNING	Facility	148181	2021-09-01	007347	2021-05-04	2021-10-16	
<input type="checkbox"/> > !	ANGEL PLACE ASSISTED LI...	Facility	147711	2021-01-27	100310	2020-09-29	2021-03-13	
<input type="checkbox"/> >	POST-HEALTH HOME CARE	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15	
<input type="checkbox"/> >		APP-0012178425	2021-03-17	Initial	2025	COMPLETE		
<input type="checkbox"/> >	POST-HEALTH HOME CARE	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15	
<input type="checkbox"/> >		APP-0012309527	2021-03-19	Initial	2024	COMPLETE		
<input type="checkbox"/> >	DBA1_parent_013208	Agency	020547	2024-04-21	-	2023-12-23	2024-06-05	
<input type="checkbox"/> >	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<input type="checkbox"/> >	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<input type="checkbox"/> >		APP-0012329999	2021-03-20	Change of Ownership (CH...	2021	COMPLETE		

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.'

**Texas Unified Licensure**

**The Change of Ownership is already In Progress**  
Please contact HHSC TULIP Support @ TULIP\_Support@hhsc.state.tx.us for additional questions.

**IMPORTANT INFORMATION**

Please verify that the correct Facility is listed below.  
If correct, enter the Change of Ownership Effective Date.  
Note that on Confirmation, an email notification will be sent to Facility listed below that a Change of Ownership has been initiated.

**Please note:** When clicking on Confirm Selections and Submit, each application will open in parallel. You must go into each application and click, Save. Failing to do so may lead to a timeout error and the applications will not be saved back to your TULIP Provider Portal.

When a Change of Ownership (CHOW) application(s) are submitted for the license, it is submitted by the 'buyer', that way when it's approved, it will show via your TULIP Provider Portal. The buyer only needs to have a Facility ID/License Number. Note: If the seller submits the (CHOW), the fee is non-refundable, and a NEW (CHOW) application(s) will need to be submitted by the buyer.

**CHOWS ARE US**  
987 CHOW COURT DR. AUSTIN TX 78755  
Program Type: Nursing  
Facility ID: 110458  
License Expiration Date: 2021-03-25  
☒ CHOW In-Progress

The Change of Ownership (CHOW) is already in-Progress for this Facility ID. Please contact HHSC TULIP Support @ TULIP\_Support@hhsc.state.tx.us for further assistance.

**A TOTAL OF (1) CHANGE OF OWNERSHIP APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)**

Change of Ownership Effective Date:  
May 3, 2021

**Cancel** **Confirm Selections & Submit**

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.



? How Do I...

Provider Applications

Reporting

Other Actions

Change of Ownership for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

\* Change of Ownership is for:

FACILITY - (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended C

\* Facility Number:

110454

**IMPORTANT INFORMATION**

Please verify that the correct Facility is listed below.  
If correct, enter the Change of Ownership Effective Date.

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

**Please note: When clicking on Confirm Selections and Submit, each application will open in parallel. You must go into each application and click, Save. Failing to do so may lead to a timeout error and the applications will not be saved back to your TULIP Provider Portal.**

**When a Change of Ownership (CHOW) application(s) are submitted for the license, it is submitted by the 'buyer', that way when it's approved, it will show via your TULIP Provider Portal. The buyer only needs to have a Facility ID/License Number. Note: If the seller submits the (CHOW), the fee is non-refundable, and a NEW (CHOW) application(s) will need to be submitted by the buyer.**

**DAHS II**

698 TEST TURN LANE AUSTIN TX 78759

Program Type: DAHS

Facility ID: 110454

License Expiration Date: 2023-03-07

☐ CHOW In-Progress

**A TOTAL OF (1) CHANGE OF OWNERSHIP APPLICATION(S) WILL BE CREATED THAT REQUIRE COMPLETION, PAYMENT OF FEE & SUBMISSION (FOR EACH)**

\* Change of Ownership Effective Date:

Cancel

Confirm Selections &amp; Submit

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'


Facility/Agency Details

☐ Include ALL Facilities/Agencies

<input type="checkbox"/> Action Requi...	Name	Type	License Num...	License Expi...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...
<input type="checkbox"/> >	POST-HEALTH HOME CARE	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15	
<input type="checkbox"/> >	ANGEL PLACE ASSISTED LIVING H...	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13	
<input type="checkbox"/> >	ODYSSEY TLC ADULT DAY CENTER	Facility	105280	2021-04-01	003391	2020-12-02	2021-05-16	
<input type="checkbox"/> >	In Progress Appl... App ID Date Submitted Type Form Status Pymt Date							
<input type="checkbox"/> >	APP-0012235259		Renewal	3720	NEW			
<input type="checkbox"/> >	APP-0012225277		Renewal	3721	NEW			
<input type="checkbox"/> >	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
<input type="checkbox"/> >	EASTBROOK HOUSE	Facility	150019	2023-09-01	003620	2023-05-04	2023-10-16	

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.



TEXAS

Health and Human Services

Application for State License to Operate a Long-Term Care Facility

3720

Application Type

Renewal

Edit

Step 1

Step 2

Step 3

Step 4

Documents

Deficiencies

Summary

Payment

Submit

Item 1. Facility Information

\* Facility Name

ODYSSEY TLC ADULT DAY CENTER

\* Facility Physical Address Street

9017 LOUETTA RD

\* City

SPRING

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.

Facility/Agency Details									
Include ALL Facilities/Agencies									
Action Requi...	Name	Type	License Num...	License Expl...	Facility Id	Renewal Available Date	To Avoid Lat...	Reviewer Em	
>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15		
>	ANGEL PLACE A...	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13		
>	ODYSSEY TLC AD...	Facility	105280	2021-04-01	003391	2020-12-02	2021-05-16		
>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date		
>		APP-0012225259	2021-03-20	Renewal	3720	PAYMENT RECEIVED			
>		APP-0012225277		Renewal	3721	NEW			
>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date		

After this application is approved, this renewal application will move to 'Completed Applications' section for the chosen Facility/Agency:

>	ANGEL PLACE AS-SISTED LIVING HOMES INC #2	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13		
>	ODYSSEY TLC ADULT DAY CENTER	Facility	105280	2024-04-01	003391	2023-12-03	2024-05-16		
>	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date		
>		APP-0012225277		Renewal	3721	NEW			
>	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date		
>		APP-0000011685		Change of Owners...	3720	COMPLETE			
>		APP-0000011686		Initial	3720	COMPLETE			
>		APP-0000011687			3720	COMPLETE			
>		APP-0000011688		Renewal	3720	COMPLETE			
>		APP-0000011689		Capacity Increase/...	UPDT	COMPLETE			
>		APP-0000011690		Initial	3720-N	WITHDRAWN			
>		APP-0012225259	2021-03-20	Renewal	3720	COMPLETE			
>	EASTBROOK HOUSE	Facility	150019	2023-09-01	003620	2023-05-04	2023-10-16		

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.

Facility/Agency Details								
<input type="checkbox"/> Include ALL Facilities/Agencies								
Action Required	Name	Type	License Number	License Expiry Date	Facility Id	Renewal Available Date	To Avoid Lat...	Review
<input type="checkbox"/> > !	ANGEL PLACE ASSISTED LIVING HOMES INC #2	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13	
<input type="checkbox"/> > !	ODYSSEY TLC ADULT DAY CENTER	Facility	105280	2024-04-01	003391	2023-12-03	2024-05-16	
<input type="checkbox"/> >	2309 CLEARWOOD COURT	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16	
<input type="checkbox"/> >	DBA1_parent_013208	Agency	020547	2024-04-21	-	2023-12-23	2024-06-05	
<input type="checkbox"/> >	EASTBROOK HOUSE	Facility	150019	2023-09-01	003620	2023-05-04	2023-10-16	
<input type="checkbox"/> >	HARMAN HOUSE	Facility	145702	2023-09-01	003987	2023-05-04	2023-10-16	
<input type="checkbox"/> >	4209 BLOSSOM TRAIL	Facility	148049	2022-09-01	007245	2022-05-04	2022-10-16	
<input type="checkbox"/> >	3502 GLENDÄ	Facility	148427	2022-09-01	007266	2022-05-04	2022-10-16	
<input type="checkbox"/> >	1102 FORT SCOTT TRAIL	Facility	148604	2021-09-01	007333	2021-05-04	2021-10-16	
<input type="checkbox"/> >	5735 DARTMOUTH DRIVE	Facility	148210	2022-09-01	007344	2022-05-04	2022-10-16	

### 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".

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, there's a header with the Texas Health and Human Services logo and the text "Texas Unified Licensure Information Portal (TULIP)". Below the header, there's a navigation bar with tabs: "Uploads", "Resident Death Reports", "Deficiencies", "Summary", "Payment", and "Submit". The "Deficiencies" tab is currently selected. Below the navigation bar, there's a section titled "Error in" with a red exclamation mark icon. Under this section, there are two deficiency entries:

- Deficiency in item 1. Facility information:**
  - Description: Invalid full number - Format should be 10 digits
  - Reviewed: No
  - Addressed by Provider: No
  - Provider Comments:
- Deficiency in item 9. Real Estate information:**
  - Description:

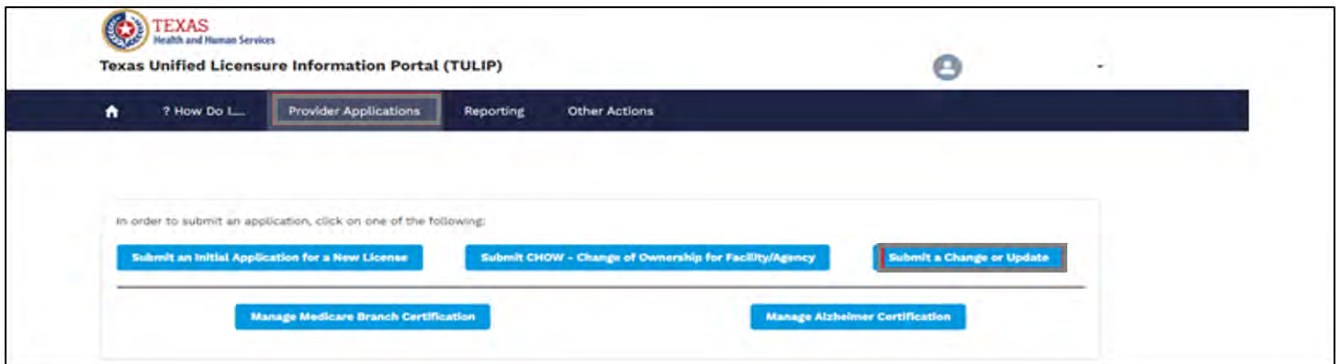
At the bottom of the screen, there's a footer with the text "Application Information" and buttons for "Back", "Next", "Save", and "Review".

### 1.3.G ACCOUNT UPDATES

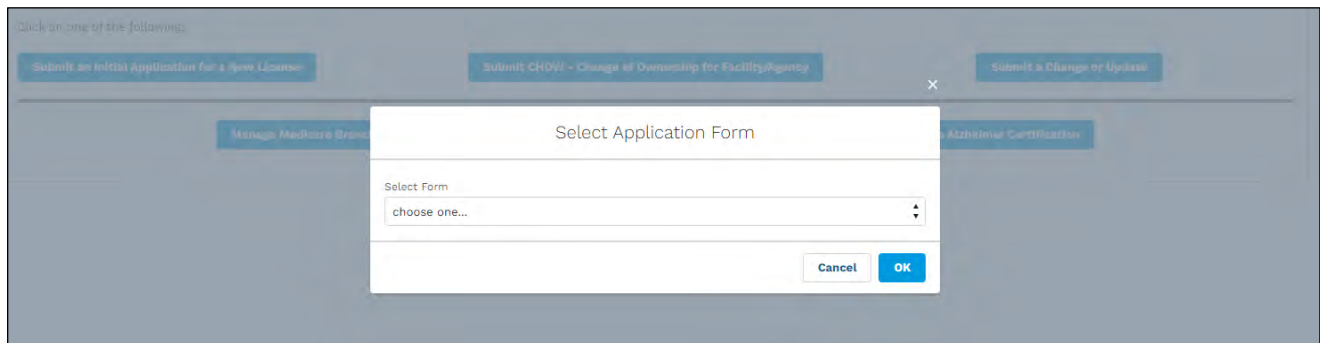
Account updates will be available on Applications 3720, 3720-N, and 3720-P for facility providers who wish to update fields on their application that *do not incur a fee* and are not covered by a Change of Information application type. Note: Facilities that use a 3720-G application form type will simply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

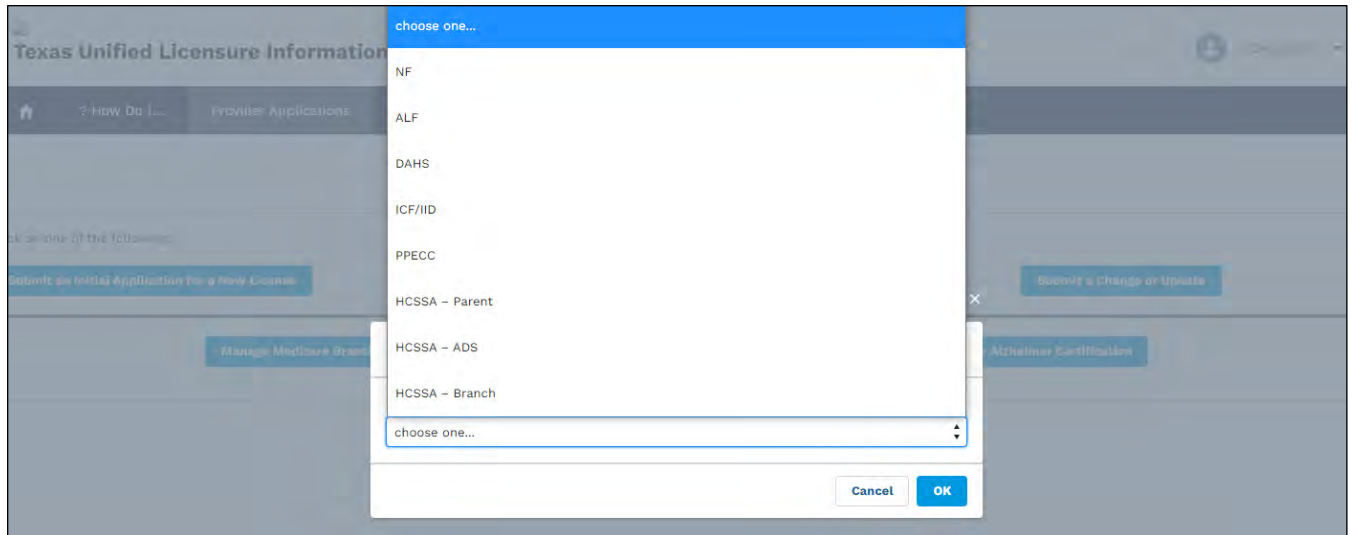
To make an Account update:

From the Provider Portal Home page, navigate to the 'Provider Applications' section and click on Submit a Change/Update.

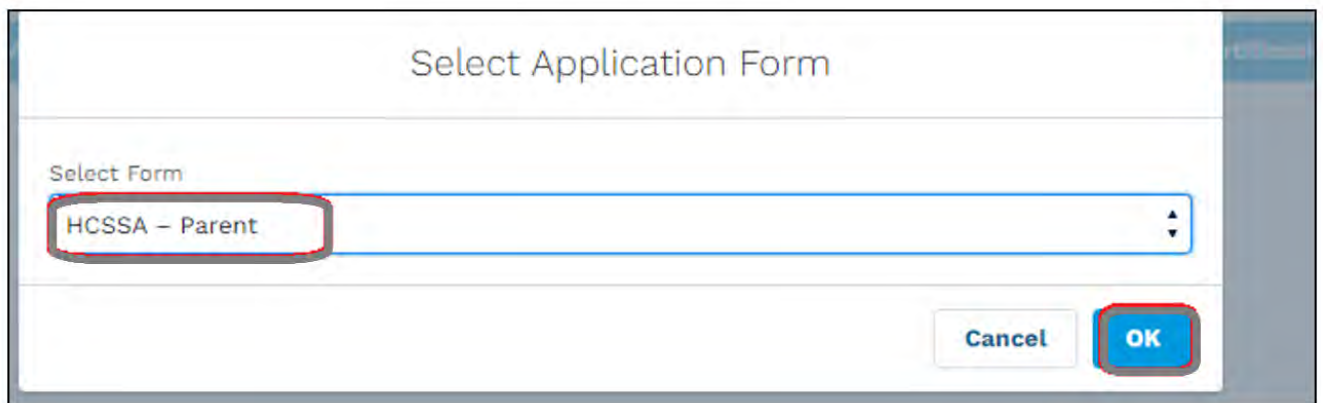


On clicking 'Submit a Change or Update', Select Application Form pop up is displayed with the following application form options:





For training purpose let us select – HCSSA Parent:



On clicking OK, following page is displayed with options to Change /Update the information:

TEXAS Health and Human Services

Home and Community Support Services Agency

**License Application**

Select the Type of Application

☐ Change - Accreditation Status

☐ Change - Admin/CEO

☐ Change - Alternate Administrator

☐ Change - Update Category of Service

☐ Change - Controlling Person

☐ Change - DBA (not CHOW)

☐ Change - Mailing Address

☐ Change - Name of Owner (not CHOW)

☐ Change - Phone/Fax/Email/Operating Hours

☐ Change - Relocation

☐ Change - Service Area Expansion

☐ Change - Service Area Reduction

☐ Change - Stock Transfer

\*License Number

Cancel Save

Enter the desired Change and License number for which you desire to initiate a Change/Update:

Enter the 'Effective Date'

Select the Type of Application

☒ Accreditation Status  
\*Effective Date  
12/01/2020

☒ Administrator  
\*Effective Date  
12/01/2020

☒ Alternate Administrator  
\*Effective Date  
12/01/2020

☒ Category of Service  
\*Effective Date  
12/01/2020

☒ Controlling Person  
\*Effective Date  
12/01/2020

☒ DBA  
\*Effective Date  
12/01/2020

☒ Mailing Address  
\*Effective Date  
12/01/2020

☒ Legal Entity Name (not CHOW)  
\*Effective Date  
12/01/2020

☒ Phone/Fax/Email/Operating Hours  
\*Effective Date  
12/01/2020

☒ Relocation  
\*Effective Date  
12/01/2020

☒ Service Area Expansion  
\*Effective Date  
12/01/2020


☒ Service Area Reduction  
\*Effective Date  
12/01/2020

☒ Shares Transfer  
\*Effective Date  
12/01/2020

\*License Number  
018506

Cancel Save

On clicking SAVE, 2021 Home and Community Support Services application is displayed:



**TEXAS**  
Health and Human  
Services

Home and Community Support Services Agency  
**License Application**

**2021**

**Application Type** Edit

Accreditation Status Effective: 2020-12-01, Administrator Effective: 2020-12-01, Alternate Administrator Effective: 2020-12-01, Category of Service Effective: 2020-12-01, Controlling Person Effective: 2020-12-01, DBA Effective: 2020-12-01, Mailing Address Effective: 2020-12-01, Legal Entity Name (not CHOW) Effective: 2020-12-01, Phone/Fax/Email/Operating Hours Effective: 2020-12-01, Relocation Effective: 2020-12-01, Service Area Expansion Effective: 2020-12-01, Service Area Reduction Effective: 2020-12-01, Shares Transfer Effective: 2020-12-01

License Number: 018506

Step 1
Step 2
Step 3
Step 4
Step 5
Documents
Deficiencies
Summary
Payment
Submit

Some sections are hidden because they are not required.

**4. Name the Agency will be doing business as (DBA)**

\* Name the Agency will be doing business as (DBA)

**5.a Physical Address**

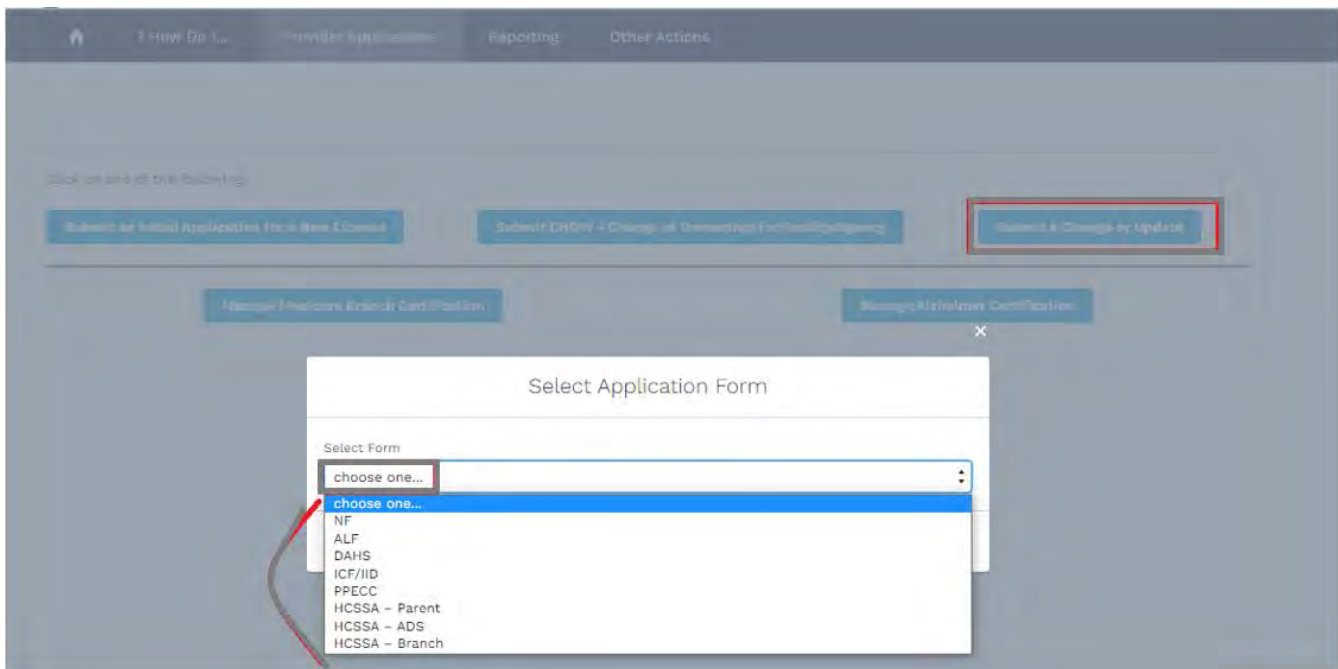
Make sure the physical location address listed is the actual location of the agency (for example, where all original files are kept and services are delivered and administered).

Complete filling the application till Submit. After submission, application is showing correctly under 'In-Progress' application on 'Home Button' for given license #:

<input type="checkbox"/>	HOME THERAPEUTIC SOLUTIONS LLC	Agency	018506	2021-10-31	-	2021-07-03	2021-12-15
<input type="checkbox"/>	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>		APP-0003213483	2020-10-29	Accreditation Status; Administrator; Alternate Administrator; Category of Service; Controlling Person; DBA; Mailing Address; Legal Entity Name (not CHOW); Phone/Fax/Email/Operating Hours; Relocation; Service Area Expansion; Service Area Reduction; Shares	2021	PAYMENT RECEIVED	

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:



NOTE: TULIP will generate the most recently submitted application—fully populated—for the user to update. 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:

<b>‘ACTIVE’ Agency/Agency Type Facility/Facility Type</b>	<b>‘Form’</b>	<b>Action Name</b>	<b>Effective Date Notification Requirement (Calendar Days)</b>
HCSSA – Parent	2021	Accreditation Status	within 7 days after
		Administrator	within 7 days after
		Alternate Administrator	within 7 days after
		Controlling Person	within 7 days after
		DBA	within 7 days after
		Mailing Address	within 7 days after
		Legal Entity Name (not CHOW)	within 7 days after

		Phone/Fax/Email/Operating Hours	within 7 days after
		Relocation	more than 30 days before
		Service Area Expansion	more than 30 days before
		Service Area Reduction	within 10 days after
		Shares Transfer	within 7 days after
		Category of Service	more than 30 days before
HCSSA – ADS	2024	Phone/Fax/Email/Operating Hours	within 7 days after
		Relocation	more than 30 days before
		Service Area Expansion	more than 30 days before
		Service Area Reduction	within 10 days after
		Category of Service	more than 30 days before
HCSSA – Branch	2025	Phone/Fax/Email/Operating Hours	within 7 days after
		Relocation	more than 30 days before
		Service Area Expansion	more than 30 days before
		Service Area Reduction	more than 30 days before
		Category of Service	within 30 days of <sup>1</sup>
NF	3720-N	Account Update	within 30 days of <sup>2</sup>
		Administrator	within 30 days of <sup>2</sup>
		Management Company	within 30 days of <sup>2</sup>
		Shares Transfer	within 30 days of <sup>2</sup>
		License Capacity	within 30 days of <sup>2</sup>
		Medicaid Capacity	within 30 days of <sup>2</sup>
		Medicare Capacity	within 30 days of <sup>2</sup>
		Real Estate	within 30 days of <sup>2</sup>
		Relocation	within 30 days of <sup>2</sup>
		Reopen	within 30 days of <sup>2</sup>
ALF	3720	Account Update	
		License Capacity	
		Management Company	
		Shares Transfer	
		Relocation	
		Real Estate	
DAHS	3720	Account Update	within 30 days of <sup>2</sup>

<sup>1</sup> 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)

		License Capacity	within 30 days of <sup>2</sup>
		Management Company	within 30 days of <sup>2</sup>
		Shares Transfer	within 30 days of <sup>2</sup>
		Relocation	within 30 days of <sup>2</sup>
		Real Estate	within 30 days of <sup>2</sup>
ICF/IID	3720	Account Update	within 30 days of <sup>2</sup>
		Administrator	within 30 days of <sup>2</sup>
		License Capacity	within 30 days of <sup>2</sup>
		Management Company	within 30 days of <sup>2</sup>
		Shares Transfer	within 30 days of <sup>2</sup>
		Relocation	within 30 days of <sup>2</sup>
		Real Estate	within 30 days of <sup>2</sup>
PPECC	3720-P	Account Update	
		License Capacity	
		Administrator/CFO	
		Operating Hours	
		Relocation	
		Management Company	
		Real Estate	
		Shares Transfer	


### 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.

[Home](#) [? How Do I...?](#) [Provider Applications](#) [Reporting](#) [Other Actions](#)

 **TEXAS**  
Health and Human  
Services

2025

Home and Community Support Services Agency  
Request for Branch License

**Initial**

Application Type

Initial

Edit

Step 1

Step 2

Documents

Deficiencies

Summary

Payment

Submit


1. General Information:

National Provider Identifier (NPI) Number:

01-0947228

For agency, let us start with creating HCSSA branch application- Application 2025:

[Home](#) [? How Do I...?](#) [Provider Applications](#) [Reporting](#) [Other Actions](#)

 **TEXAS**  
Health and Human  
Services

2025

Home and Community Support Services Agency  
Request for Branch License

**Initial**

Application Type

Initial

Edit

Step 1

Step 2

Documents

Deficiencies

Summary

Payment

Submit

1. General Information:

National Provider Identifier (NPI) Number:

01-0947228

After entering information on Step 1, click SAVE and your application will save. Click on Step 2 and provide the information:

Step 2 Documents Deficiencies Summary Payment Submit

6. Parent Office:

\* Administrator First Name  
Crystal

\* Last Name  
White

\* Email Address  
cry@abc.com

7. Categories of Service

Enter all Categories of Service that the agency intends to provide should this application be approved.

+ Category of Service

CATEGORY	SUB-CATEGORY	NO. OF BEDS
<a href="#">Edit</a> <a href="#">Del</a>	Licensed and Certified Home Health Services (LCHHS)	

8. Geographic Service Area

The counties must be within the parent agency service area.

☐ Select All Region 1 - Lubbock Counties

Region 1 - Lubbock

☐ Armstrong ☐ Bailey ☐ Bristcoe

[Delete](#)

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:

Home ? How Do I... Provider Applications Reporting Other Actions

Documents Deficiencies Summary Payment Submit

+ Add Additional Attachment

2025 Initial Remittance Fee Document/ Remittance of Late Fee  
Remittance Fee Document/ Remittance of Late Fee if applicable

Attach File  
[Upload Files](#) Or drop files

This document is required

2025 Initial Form 2022 Criminal History Check  
Criminal History Check (Form 2022)

Attach File  
[Upload Files](#) Or drop files

[Delete](#)

2025 Initial HCSSA Organizational Chart  
HCSSA Organizational Chart

Attach File

[Application Instructions](#) [Delete](#)

[Back](#) [Next](#) [Save](#)

delete Test\_Doc.doc

This document is required.

2025 Initial Computer Based Training/Modules for an Initial Alternate Admin  
Copy of Computer Based Training/Modules for an Initial Alternate Administrator (if applicable)

delete Test\_Doc.doc

This document is required.

2025 Initial Computer Based Training/Modules for an Initial Supervising Nurse  
Copy of Computer Based Training/Modules for an Initial Supervising Nurse (if applicable)

delete Test\_Doc.doc

This document is required.

2025 Initial Computer Based Training/Modules for a Initial Alt Supervising Nurse  
Copy of Computer Based Training/Modules for an Initial Alternate Supervising Nurse (if applicable)

delete Test\_Doc.doc

This document is required.

Application Instructions
Delete

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.

<div> <div>?</div> How Do I... <div>Provider Applications</div> Reporting Other Actions </div>									
<div> <div>Facility/Agency Details</div> </div>									
<div> <div>Include ALL Facilities/Agencies</div> </div>									
Action Requi...	Name	Type	License Num...	License Expl...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...	
<input type="checkbox"/>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15		
<input type="checkbox"/>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date		
<input type="checkbox"/>		APP-0012178425		Initial	2025	NEW			
<input type="checkbox"/>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date		
<input type="checkbox"/>	ANGEL PLACE A...	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13		
<input type="checkbox"/>	ODYSSEY TLC AD...	Facility	105280	2003-07-10	003391	2003-03-12	2003-08-24		
<input type="checkbox"/>	EASTBROOK HO...	Facility	150019	2023-09-01	003620	2023-05-04	2023-10-16		
<input type="checkbox"/>	HARMAN HOUSE	Facility	145702	2023-09-01	003987	2023-05-04	2023-10-16		

On resuming the application, proceed with the next step-

**TEXAS**  
Health and Human  
Services

2025

Home and Community Support Services Agency  
Request for Branch License

**Initial**

Application Type:  [Edit](#)

Progress bar: Initial (active), Summary, Payment, Submit

Please click the **Next** button to proceed.

Keep clicking Save and NEXT to proceed to next step in the application.

Navigation: Home, ? How Do I..., Provider Applications, Reporting, Other Actions

Progress bar: Initial, Summary, Payment (active), Submit

**APPLICATION DETAILS**

Application ID:  Application Type:

Application Status:  Application Date:

**ONLINE PAYMENTS**

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Type:

CHARGE DESCRIPTION	AMOUNT
Price	\$0.00

☒ I understand that in order to complete this application, I must mail in the coupon with fee.

[Generate Payment Coupon](#)

[Application Instructions](#) [Back](#) [Next](#) [Save](#)

2025

TEXAS Health and Human Services

Home and Community Support Services Agency  
Request for Branch License

Initial

Application Type  
Initial

Submit

Submit Application

You must click the Submit Application button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted.

Application Instructions

Back Next Save

2025

TEXAS Health and Human Services

Home and Community Support Services Agency  
Request for Branch License

Initial

Application Type  
Initial

Submit

Application submitted

Application Instructions

Back Next Save

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.

**Parent Facility/Agency Applications**

Name: Tulipnidihi LLC Type: Business Entity

---

**Facility/Agency Details**

Include ALL Facilities/Agencies

Action Requi...	Name	Type	License Num...	License Expi...	Facility Id	Renewal Available D...	To Avoid Lat...	Reviewer Em...
>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15	
>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date	
>		APP-0012178425	2021-03-17	Initial	2025	PAYMENT RECEIVED		
>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date	

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'.

>	10115 CEDARMONT	Facility	149202	2023-05-04	007601	2023-01-04	2023-06-18
>	11311 MORINO PARK	Facility	149463	2023-05-05	007602	2023-01-05	2023-06-19
>	ODYSSEY TLC ADULT DAY CENTER	Facility	146400	2021-05-31	101804	2021-01-31	2021-07-15
>	ODYSSEY TLC ADULT DAY CENTER	Facility	147065	2022-10-15	105126	2022-06-17	2022-11-29
>	ODYSSEY TLC ADULT DAY CENTER INC	Facility	148476	2023-01-04	105881	2022-09-06	2023-02-18
>	2309 CLEARWOOD COURT	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16
>	7123 SPRING MORNING	Facility	148181	2021-09-01	007347	2021-05-04	2021-10-16
>	ANGEL PLACE ASSISTED LIVING HOMES INC #1	Facility	147711	2021-01-27	100310	2020-09-29	2021-03-13
>	POST-HEALTH HOME CARE	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15
>	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date
>	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date
>		APP-0012178425	2021-03-17	Initial	2025	COMPLETE	
>	Agency Prod Test	Agency	123456	2022-10-01	-	2022-06-03	2022-11-15

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'.

## Facility/Agency Details

Include ALL Facilities/Agencies								
<input type="checkbox"/>	Action Requi...	Name	Type	License Num...	License Expi...	Facility Id	Renewal Ava...	To Avoid Lat...
<input type="checkbox"/>	>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15
<input type="checkbox"/>	>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	APP-0001191763		2020-01-30	Renewal	2021	APPROVED/LICE...	2020-01-31
<input type="checkbox"/>	>	APP-0002994896		2020-04-21	Change - Reloca...	2021	COMPLETE	2020-04-22
<input type="checkbox"/>	>	ANGEL PLACE A...	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13
<input type="checkbox"/>	>	ODYSSEY TLC AD...	Facility	105280	2024-04-01	003391	2023-12-03	2024-05-16
<input type="checkbox"/>	>	2309 CLEARWO...	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16
<input type="checkbox"/>	>	2309 CLEARWO...	Facility	147806	2021-09-01	007230	2021-05-04	2021-10-16
<input type="checkbox"/>	>	7123 SPRING MO...	Facility	148181	2021-09-01	007347	2021-05-04	2021-10-16
<input type="checkbox"/>	>	ANGEL PLACE A...	Facility	147711	2021-01-27	100310	2020-09-29	2021-03-13
<input type="checkbox"/>	>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15
<input type="checkbox"/>	>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	APP-0012178425		2021-03-17	Initial	2025	COMPLETE	
<input type="checkbox"/>	>	POST-HEALTH H...	Agency	013208	2022-03-31	-	2021-12-01	2022-05-15
<input type="checkbox"/>	>	In Progress Appl...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	Completed Appli...	App ID	Date Submitted	Type	Form	Status	Pymt Date
<input type="checkbox"/>	>	APP-0012309527		2021-03-19	Initial	2024	COMPLETE	
<input type="checkbox"/>	>	Agency Prod Test	Agency	123456	2022-10-01	-	2022-06-03	2022-11-15

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, lets initiate a CHOW for parent agency.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. The header includes the Texas Health and Human Services logo and the text "Home and Community Support Services Agency License Application". The user is logged in as "Tulip Tester\_". The navigation bar shows "Provider Applications" as the active tab. The main form area is titled "Select the Type of Application" and contains a checkbox for "Change of Ownership (CHOW)". Below this, there is a field for "Effective Date" with the value "04/21/2021" and a field for "License Number" with the value "013208". At the bottom right of the form are "Cancel" and "Save" buttons.

On clicking SAVE, start filling the application till the SUBMIT screen. Once Submitted, application will show up under parent agency, In-Progress Application.

The screenshot shows the "Management Information" section of the License Application form. The header is the same as the previous screenshot. The form displays the "Application Type" as "Change of Ownership (CHOW)" with an "Effective" date of "2021-04-21" and a "License Number" of "013208". Below this is a progress bar with steps 1 through 5, and buttons for "Documents", "Deficiencies", "Summary", "Payment", and "Submit". The "Management Information" section includes a description of agency requirements and several input fields: "Operating Days", "Operating Hours", "Telephone No. (include area code)", "Fax No. (include area code)", and "Agency Email Address". At the bottom left are "Application Instructions" and "Delete" buttons, and at the bottom right are "Back", "Next", and "Save" buttons.

TEXAS Health and Human Services

Home and Community Support Services Agency

**License Application**

Application Type  
Change of Ownership (CHOW) Effective: 2021-04-21  
License Number: 013208

Submit

Application submitted

Application Instructions

Back Next Save

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.

Parent Facility/Agency Applications

Name	Type						
TulipNidhi LLC	Business Entity	-	-				
In Progress Applic...	App ID	Name of Agency (DBA)	Type	Form	Status	Date Submitted	
>	APP-0012325999	DBA1_parent_013208	Change of Ownership (CHOW)	2021	PAYMENT RECEIVED	2021-03-20	

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):

The screenshot shows the Texas Health and Human Services application interface. The top navigation bar includes links for Home, ? How Do I..., Provider Applications, Reporting, and Other Actions. The main header displays the Texas Health and Human Services logo and the text "Home and Community Support Services Agency Request for Branch License". The year "2025" is shown in the top right corner. The form is titled "Select the Type of Application" and features a checkbox for "Change of Ownership (CHOW)" which is checked. Below this, there is a field for "Effective Date" with the value "04/01/2021" and a calendar icon. A "License Number" field contains the value "013208". At the bottom right, there are "Cancel" and "Save" buttons.

The screenshot displays the "4. Parent Agency:" and "5. Branch Office:" sections of the application form. The "4. Parent Agency:" section includes fields for "Name of Parent Agency" (DBAI\_parent\_013208), "Street Address" (203 Smith Street), "City" (Austin), "State" (Texas), and "Zip/Postal Code" (78754). The "5. Branch Office:" section includes fields for "Street Address" (2121 Panama Street), "County" (Travis), "City" (Austin), "State" (Texas), "Zip Code" (78754), "Telephone Number" (234-587-9907), and "Fax Number". At the bottom left, there are links for "Application Instructions" and a "Delete" button.

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.

TEXAS Health and Human Services

Home and Community Support Services Agency  
Request for Branch License

2025

Application Type  
Change of Ownership (CHOW) Effective: 2021-04-01  
License Number: 013208

Submit

Application submitted

Application Instructions

Back Next Save

Parent Facility/Agency Applications

Name	Type							
TulipNigh1 LLC	Business Entity							

In Progress Application

App ID	Name of Agency (DBA)	Type	Form	Status	Date Submitted	
APP-0012337781	Change of Ownership ...	2025		PAYMENT RECEIVED	2021-03-20	


Facility/Agency Details

Include ALL Facilities/Agencies


Action Requ...	Name	Type	License Num...	License Expi...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...
	ANGEL PLACE A	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-12	

### 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.



The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. The header includes the portal name and a user profile for 'Tulip Tster'. A navigation bar contains links for 'How Do I...', 'Provider Applications', 'Reporting', and 'Other Actions'. The main content area displays the Texas Health and Human Services logo and the title 'Request for Alternate Delivery Site License'. Below this, a box shows the application type as 'Change of Ownership (On/Off) Effective: 2021-04-21' and the license number as '012208'. A progress bar at the bottom indicates the application status, with the final step 'Application submitted' highlighted in blue.



The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. The browser tabs at the top include 'Home', 'Applications', and 'APP-0012331781 | Sales...'. The portal header displays 'Texas Unified Licensure Information Portal (TULIP)' and a user profile for 'Tulip Tster'. A dark navigation bar contains links for 'How Do I...', 'Provider Applications', 'Reporting', and 'Other Actions'. The main content area features the Texas Health and Human Services logo and the text 'Home and Community Support Services Agency Request for Alternate Delivery Site License'. A form titled 'Application Type' shows 'Change of Ownership (COO) Effective: 2021-04-21' and 'License Number: 012208'. Below the form is a progress bar with 10 steps, all marked with green checkmarks, and a final blue 'Submit' button. The text 'Application submitted' is displayed at the bottom.

The screenshot displays the 'Parent Facility/Agency Applications' section. It features a table with columns: Name, Type, App ID, Name of Agency (DBA), Type, Form, Status, and Date Submitted. The first row shows 'TulipNidhi1 LLC' as a 'Business Entity'. The second row, highlighted with a red box, shows 'In Progress Applic...' with App ID 'APP-0012333285', Name of Agency (DBA) 'DBA1\_parent\_013208', Type 'Change of Ownership ...', Form '2024', Status 'PAYMENT RECEIVED', and Date Submitted '2021-03-20'. Below this is the 'Facility/Agency Details' section with a checkbox for 'Include ALL Facilities/Agencies'.

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'

The screenshot shows the 'Provider Applications' section. It contains five buttons: 'Submit an Initial Application for a New License', 'Submit CHOW - Change of Ownership for Facility/Agency', 'Submit a Change or Update', 'Manage Medicare Branch Certification', and 'Manage Alzheimer Certification'. The 'Manage Alzheimer Certification' button is highlighted with a red box.


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.



3721

### Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders

Select the Type of Application

☒ Capacity Increase/Decrease  
 \* Effective Date


☒ Change - Relocation  
 \* Effective Date

\* Facility ID

Cancel Save

On clicking SAVE, application to certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders (Form 3721) is displayed.

Home How Do I...? Provider Applications Reporting Other Actions



3721

### Application to Certify Nursing Facilities and Assisted Living Facilities for Alzheimer's Disease and Related Disorders

Application Type Edit

Capacity Increase/Decrease Effective: 2021-04-22

Facility ID: 000660

Step 1

Documents

Deficiencies

Summary

Payment

Submit

Some sections are hidden because they are not required.

Current/Requested Certified Alzheimer's Capacity

\* Current Certified Alzheimer's Capacity

Attestation

On clicking submit, application is submitted-

Application Type

Capacity Increase/Decrease Effective: 2021-04-22

Facility ID: 000660

3721

Application Instructions

Submit

After submitting, application appears under 'IN-Progress' applications for the given Facility ID:

Action Required	Name	Type	License Num...	License Expi...	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...
	ANGEL PLACE ASSISTED LIVING HOMES INC #2	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13	
	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
	APP-0012446469	2021-03-21	Capacity Inceas...	3721	PAYMENT RECEIVED			
	APP-0006682863	2020-12-03	Renewal	3720	RESPONSE REQUIRED BY PROVIDER	2020-12-04	april.gutierrez	
	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
	ODYSSEY TLC ADULT DAY CENTER	Facility	105280	2024-04-01	003391	2023-12-03	2024-05-16	

Once the application is Approved and marked as 'Complete', the application will move to 'Completed Applications'

Action Required	Name	Type	License Num...	License Expiry Date	Facility Id	Renewal Ava...	To Avoid Lat...	Reviewer Em...
	ANGEL PLACE ASSISTED LIVING HOMES INC #2	Facility	147085	2021-01-27	000660	2020-09-29	2021-03-13	
	In Progress Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
	APP-0006682863	2020-12-03	Renewal	3720	RESPONSE REQ...	2020-12-04	april.gutierrez	
	Completed Applications	App ID	Date Submitted	Type	Form	Status	Pymt Date	
	APP-0000134950		Renewal;Real Estate Change;Change - Name of Owner (not CHOW)	3720	COMPLETE	2016-12-20		
	APP-0000163862	2019-01-16	Renewal	3720	APPROVED/LICE...	2018-12-27	ariel.hernandez	
	APP-00000005255		Renewal;Change - Name of Owner	3720	COMPLETE			

<input type="checkbox"/>	>	APP-0000005292			COMPLETE	
<input type="checkbox"/>	>	APP-0000005294	Renewal/Real Estate Change/Change Facility Name/Change - Mailing Address/Capacity Increase/Decrease	3720	COMPLETE	
<input type="checkbox"/>	>	APP-0000005295	Capacity Increase/Decrease	UPDT	COMPLETE	
<input type="checkbox"/>	>	APP-0000005296	Renewal/Change - Name of Owner (not CHOW)	3720	COMPLETE	
<input type="checkbox"/>	>	APP-0000005297	Capacity Increase/Decrease/License Capacity Increase/Decrease	3720	COMPLETE	
<input type="checkbox"/>	>	APP-0000005299	Initial	3720-N	DENIED	
<input type="checkbox"/>	>	APP-0000005298	Renewal/Change - Name of Owner (not CHOW)	3720	COMPLETE	2014-12-15
<input type="checkbox"/>	>	APP-0012446469	2021-03-21 Capacity Increase/Decrease	3721	COMPLETE	
ODYSSEY TLC ADULT DAY Facility 105280 2024-04-01 003381 2023-12-03 2024-06-16						

### 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'

The screenshot shows the 'Provider Applications' menu in the top navigation bar. Below the menu, there are four buttons: 'Submit an Initial Application for a New License', 'Submit CHOW - Change of Ownership for Facility/Agency', 'Submit a Change or Update', and 'Manage Medicare Branch Certification'. The 'Manage Medicare Branch Certification' button is highlighted with a red box.

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

The screenshot shows the 'Application for Medicare Certified Branch' form. The form is titled 'Home and Community Support Services Agency Application for Medicare Certified Branch'. It includes the Texas Health and Human Services logo. The form has a section for 'Select the Type of Application' with a checkbox for 'Adding Licensed & Certified Category'. Below this is a field for '\* License Number'. The form also has 'Cancel' and 'Save' buttons at the bottom right. A red box highlights the year '2023' in the top right corner.

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.

2023

TEXAS Health and Human Services

Home and Community Support Services Agency  
**Application for Medicare Certified Branch**

Select the Type of Application

☒ Adding Licensed & Certified Category

\* Effective Date  
11/02/2020

\* License Number  
018506 Search

Branch/Alternate Delivery Site  
Home Therapeutic Solutions Agency Branch - 8800 JAMEEL RD STE 100-E

Cancel Save

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

2023

TEXAS Health and Human Services

Home and Community Support Services Agency  
**Application for Medicare Certified Branch**

Application Type  
Adding Licensed & Certified Category Effective: 2020-11-02  
License Number: 018506 Edit

Step 1 Step 2 Step 3 Documents Deficiencies Summary Payment Submit

Some sections are hidden because they are not required.

Parent Office  
\*2, Name of Parent Agency (Doing Business As Name):

Next, fill out all application information for all tabs & click save after each entry.

Parent Office

\* 3. Name of Parent Agency (Doing Business As Name):  
Home Therapeutic Solutions, LLC

\* 4. Address Street  
888 ROUND ROCK RD

\* Address City  
ROUND ROCK

\* Address State  
TX

\* Address ZIP  
78664

\* 5. Telephone No  
512.555.1212

\* Provider No.  
743135

\* Current Census  
10

\* 6. Operating Days  
MON-FRI

\* Operating Hours  
8-5

Keep filling the application and saving the application details till you are ready to submit the application with all deficiencies addressed:

Home and Community Support Services Agency  
**Application for Medicare Certified Branch**

Application Type  
Adding Licensed & Certified Category Effective: 2020-11-02  
License Number: 018506

2023

Submit

Application submitted

Once application is submitted, the application shows under 'In-Progress Applications' for given license # in home page:

<a href="#">?</a> How Do I... <a href="#">Applications</a> <a href="#">Reporting</a> <a href="#">Other Actions</a>									
	>	APPLICATION INITIATION FACILITY	Facility	-	2020-12-20	0123456	2020-08-22	2021-02-03	
	>	TULIP APPLICATION INITIATION PARENT AGENCY	Agency	987654	2022-08-03	-	2022-04-05	2022-09-17	
	>	Nannies N Tutors 4 You Enterprises Agency	Agency	019882	2022-09-10	-	2022-05-13	2022-10-25	
	>	Home Therapeutic Solutions Agency Branch	Agency	018506	2020-02-14	-	2019-10-17	2020-03-30	
	>	<b>In Progress Applications</b>	<b>App ID</b>	<b>Date Submitted</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pymt Date</b>	<b>Reviewer Name</b>
	>		APP-0003213475		Renewal	2025	IN ANALYSIS		
	>		APP-0003213477	2020-10-15	Adding Licensed & Certified Category	2023	IN REVIEW		Kelly McEntee
	>		APP-0003213481	2020-10-20	Adding Licensed & Certified Category	2023	PAYMENT RECEIVED		
	>	<b>Completed Applications</b>	<b>App ID</b>	<b>Date Submitted</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pymt Date</b>	<b>Reviewer Name</b>
	>	AVANTE REHABILITATION CENTER	Facility	307791	2023-09-15	110325	2023-05-18	2023-10-30	

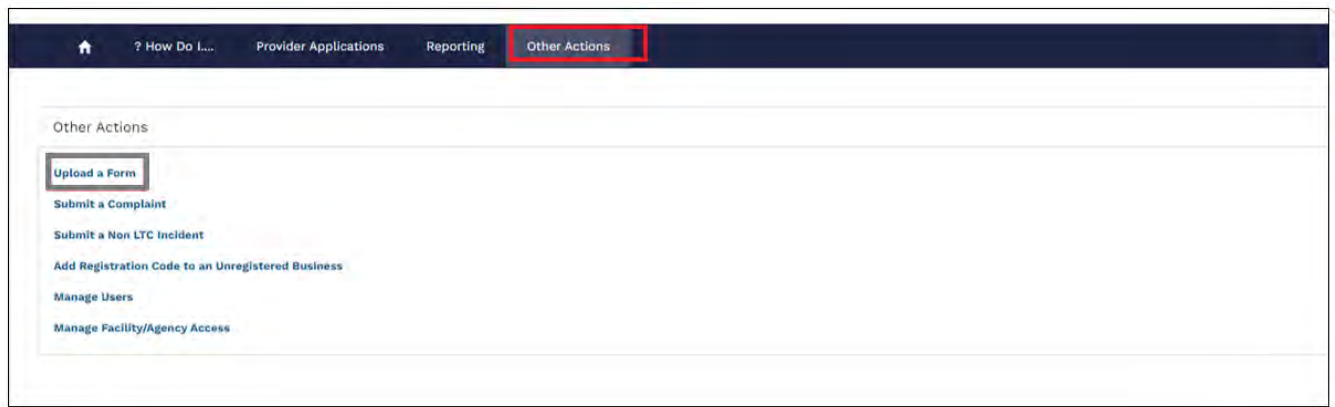
When the application status is changed to 'In Analysis', this change is reflected in the application status and application is still under 'In-Progress' applications section for the given License #:

<a href="#">?</a> How Do I... <a href="#">Applications</a> <a href="#">Reporting</a> <a href="#">Other Actions</a>									
	>	BRIGHTPOINTE AT RIVERSHIRE FACILITY	Facility	149790	2021-02-16	110326	2020-10-19	2021-04-02	
	>	TULIP APPLICATION INITIATION PARENT AGENCY	Agency	987654	2022-08-03	-	2022-04-05	2022-09-17	
	>	Nannies N Tutors 4 You Enterprises Agency	Agency	019882	2022-09-10	-	2022-05-13	2022-10-25	
	>	Home Therapeutic Solutions Agency Branch	Agency	018506	2020-02-14	-	2019-10-17	2020-03-30	
	>	<b>In Progress Applications</b>	<b>App ID</b>	<b>Date Submitted</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pymt Date</b>	<b>Reviewer ...</b>
	>		APP-0003213475		Renewal	2025	IN ANALYSIS		
	>		APP-0003213477	2020-10-15	Adding Lic...	2023	IN REVIEW		Kelly McEn...
	>		APP-0003213481	2020-10-20	Adding Lic...	2023	IN ANALYSIS		Kelly McEn...
	>	<b>Completed Applications</b>	<b>App ID</b>	<b>Date Submitted</b>	<b>Type</b>	<b>Form</b>	<b>Status</b>	<b>Pymt Date</b>	<b>Reviewer ...</b>

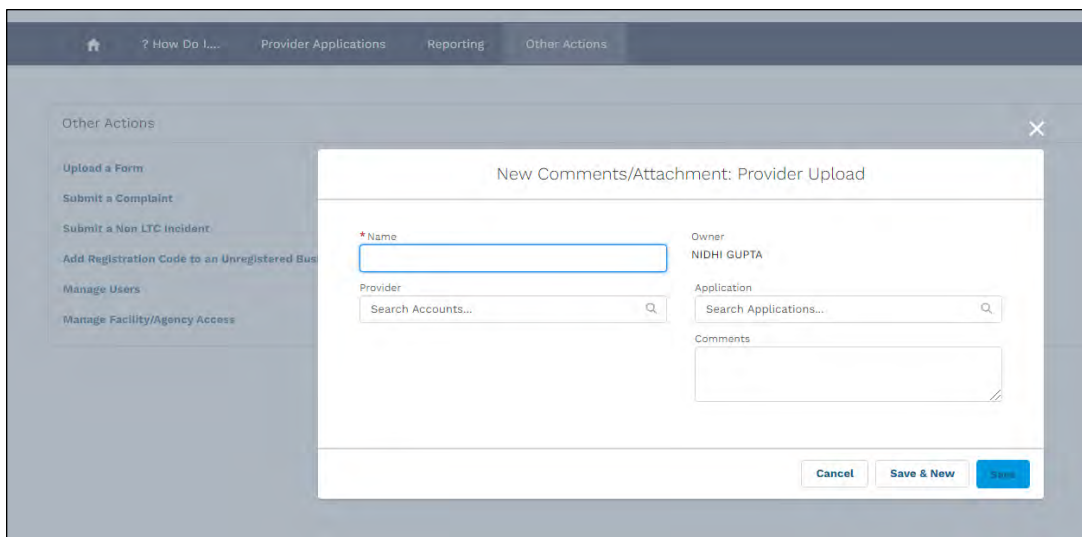
Once the application is approved and marked complete, application should move to 'Completed Application' for given license # with the Application status marked as 'Complete'

## 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”.

The screenshot shows a window titled "New Upload: Provider Upload". Inside, there are four main input areas: "Name" with a text box, "Application" with a dropdown menu labeled "Search Applications...", "Provider" with a dropdown menu labeled "Search Accounts...", and "Comments" with a large text area. At the bottom right, there are three buttons: "Cancel", "Save & New", and "Save".

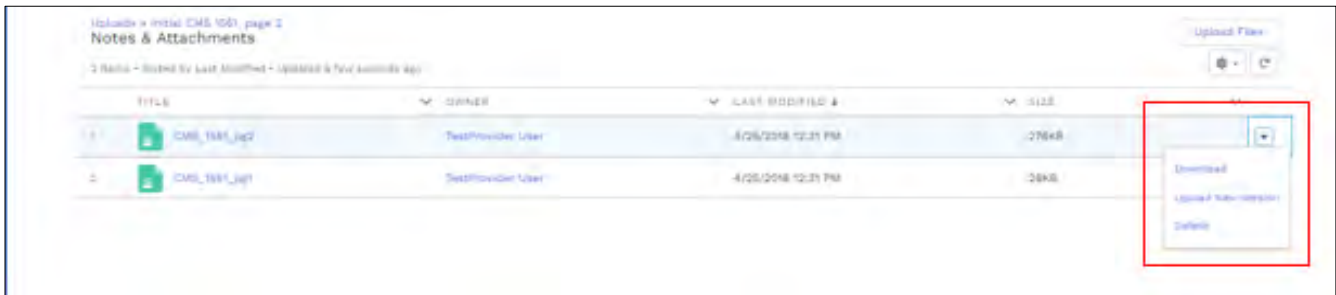
## Upload a File

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.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top is the Texas Health and Human Services logo. Below it, the page title is "Texas Unified Licensure Information Portal (TULIP)". There are navigation tabs for "Uploads" and "Resident Death Reports". The main content area shows details for a document titled "Initial CMS 1561, page 2". To the right, there is a section for "Notes & Attachments (2)" with two items listed: "CMS\_1561\_pg2" and "CMS\_1561\_pg1". A red box highlights a "Done" button at the bottom right of the attachments section.

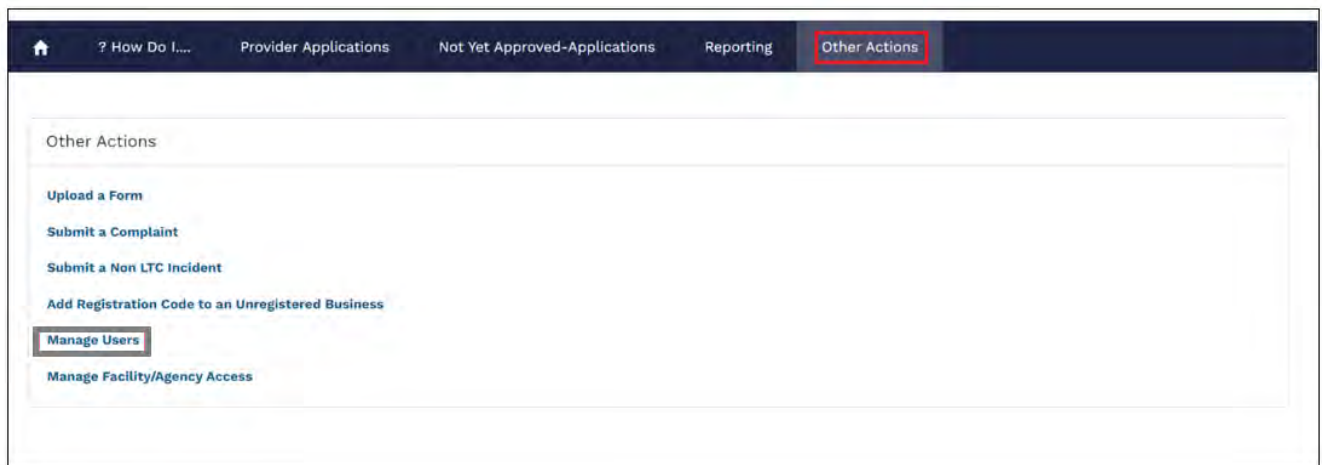
To manage files within a document, select the “View All” link in the bottom right corner of the “Notes & Attachments” section. From here, users can see the upload date and size of the files. To upload a new version, delete, or download the file added, click the arrow box on the far right of the file 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.



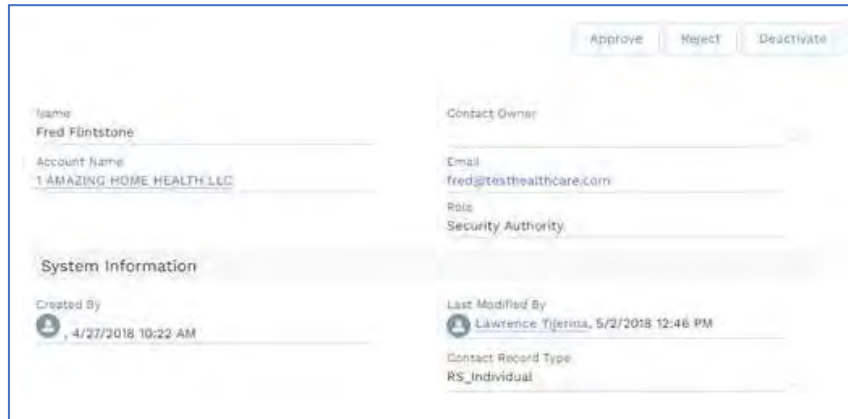
### 1.4.B GRANTING ACCESS TO NEW USERS

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.



Buttons: Approve, Reject, Deactivate

Name: Fred Flintstone

Account Name: 1 AMAZING HOME HEALTH LLC

Contact Owner

Email: fred@teatthealthcare.com

Role

Security Authority

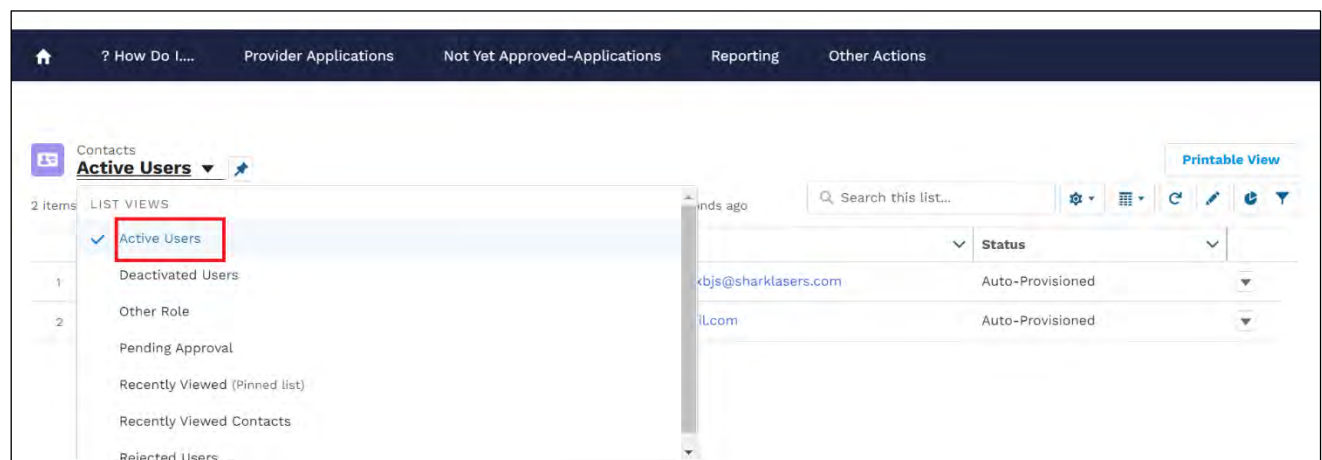
System Information

Created By: [User Icon], 4/27/2018 10:22 AM

Last Modified By: Lawrence Tijerina, 5/2/2018 12:46 PM

Contact Record Type: RS\_Individual

- The Active Users list allows Security Authorities to deactivate and manage users.
- The Deactivated Users list allows Security Authorities to reactivate and manage users.



Navigation: Home, ? How Do I..., Provider Applications, Not Yet Approved-Applications, Reporting, Other Actions

Contacts: Active Users (selected)

2 items

LIST VIEWS: Active Users (selected), Deactivated Users, Other Role, Pending Approval, Recently Viewed (Pinned list), Recently Viewed Contacts, Rejected Users

Search: Search this list...

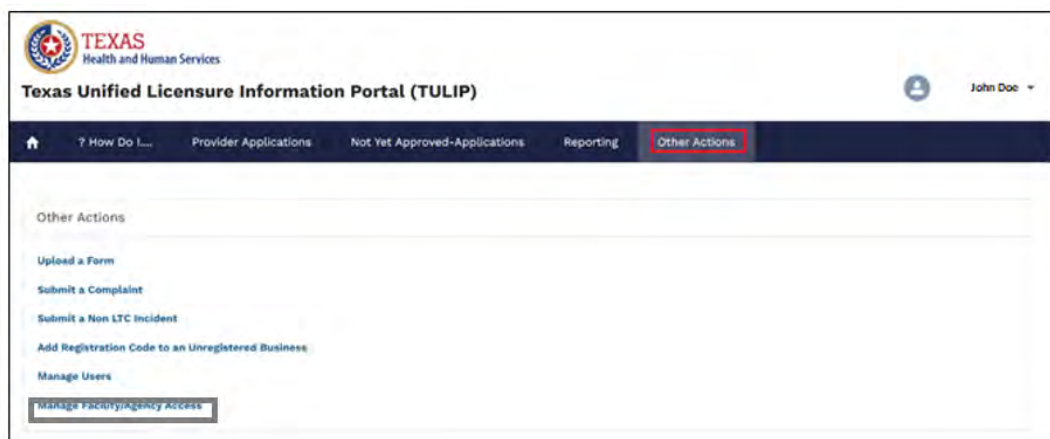
Buttons: Settings, List View, Refresh, Edit, Delete, Filter

		Status
1	xbjs@sharklasers.com	Auto-Provisioned
2	ilcom	Auto-Provisioned

Printable View

### 1.4.C MANAGE PROVIDER ACCESS

To manage access, the Security Authority must first log into their Salesforce TULIP account.



TEXAS Health and Human Services

Texas Unified Licensure Information Portal (TULIP)

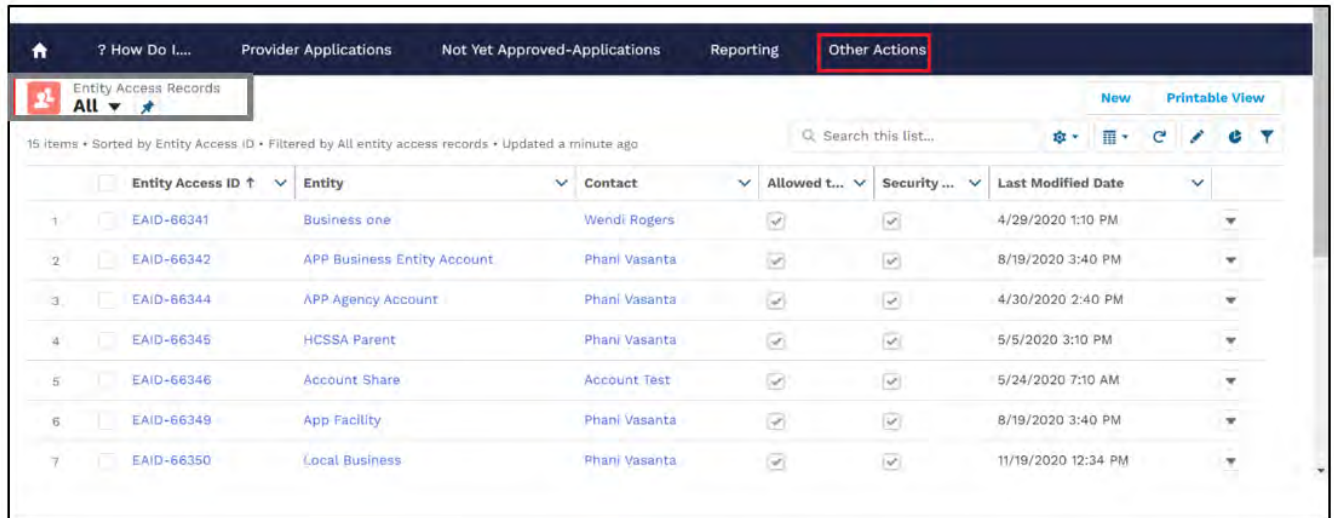
User: John Doe

Navigation: Home, ? How Do I..., Provider Applications, Not Yet Approved-Applications, Reporting, Other Actions (selected)

Other Actions

- Upload a Form
- Submit a Complaint
- Submit a Non LTC Incident
- Add Registration Code to an Unregistered Business
- Manage Users
- Manage Facility/Agency Access (highlighted)

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.



	Entity Access ID ↑	Entity	Contact	Allowed t...	Security ...	Last Modified Date
1	EAID-66341	Business one	Wendi Rogers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4/29/2020 1:10 PM
2	EAID-66342	APP Business Entity Account	Phani Vasanta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8/19/2020 3:40 PM
3	EAID-66344	APP Agency Account	Phani Vasanta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4/30/2020 2:40 PM
4	EAID-66345	HCSSA Parent	Phani Vasanta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/5/2020 3:10 PM
5	EAID-66346	Account Share	Account Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/24/2020 7:10 AM
6	EAID-66349	App Facility	Phani Vasanta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8/19/2020 3:40 PM
7	EAID-66350	Local Business	Phani Vasanta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/19/2020 12:34 PM

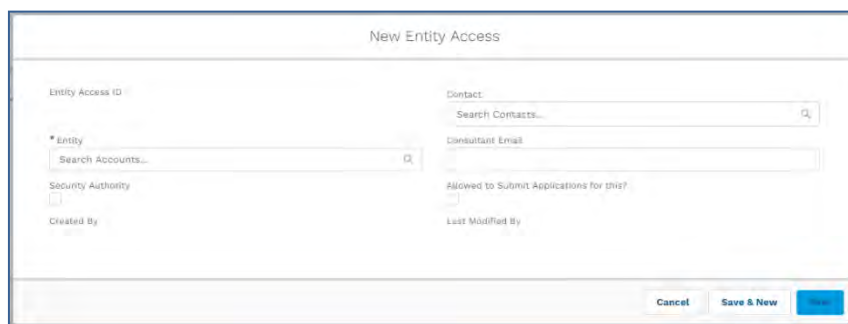
Edit and delete access records using the dropdown arrows to the right of each line item record.

*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*

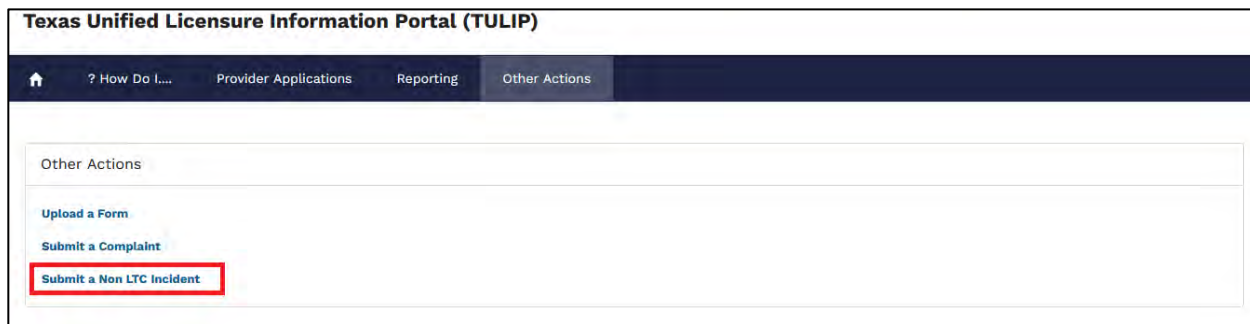
*Authorities allowed for a given provider entity is up to the discretion of the provider entity.*

#### 1.4.D SUBMIT NON-INCIDENT REPORT

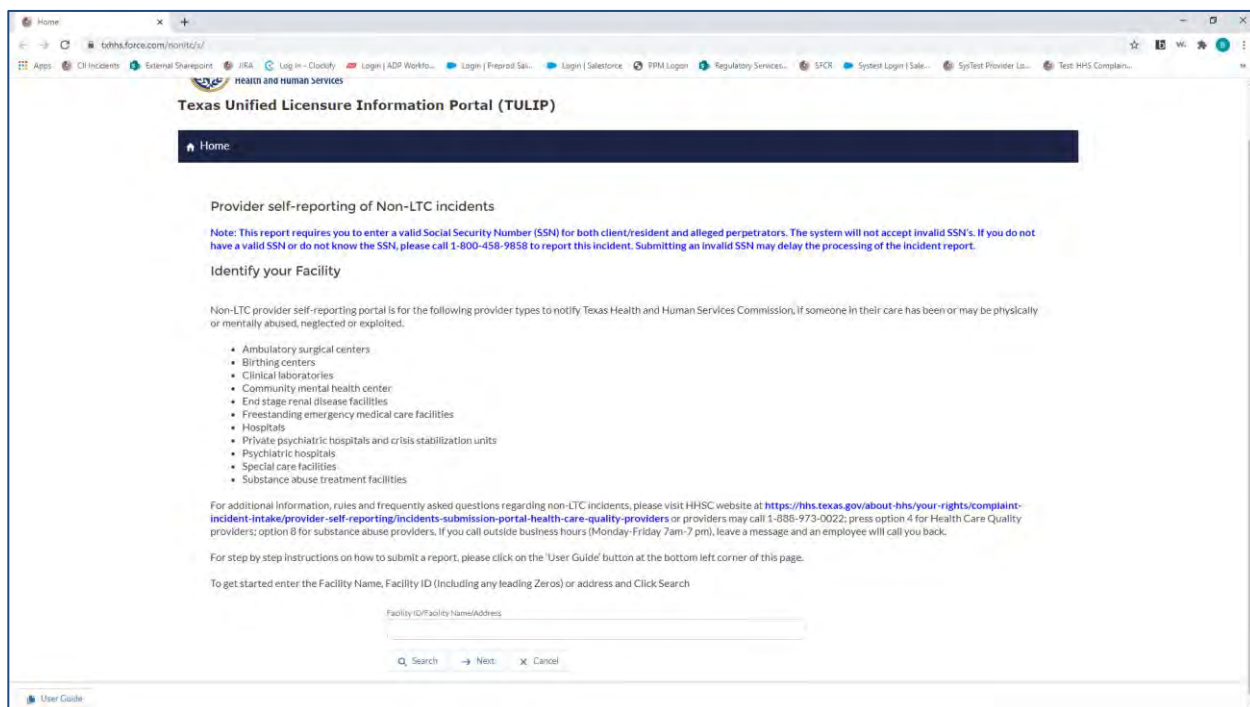
Create and submit an incident report

To submit an incident online, please visit the link (<https://txhhs.force.com/nonlrc>). 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.

**Texas Unified Licensure Information Portal (TULIP)**

Home

**Provider self-reporting of Non-LTC incidents**

Note: This report requires you to enter a valid Social Security Number (SSN) for both client/incident and alleged perpetrators. The system will not accept invalid SSN's. If you do not have a valid SSN or do not know the SSN, please call 1-800-458-9858 to report this incident. Submitting an invalid SSN may delay the processing of the incident report.

**Identify your Facility**

Non-LTC provider self-reporting portal is for the following provider types to notify Texas Health and Human Services Commission, if someone in their care has been or may be physically or mentally abused, neglected or exploited:

- Abortion or surgical centers
- Birthing centers
- Clinical laboratories
- Community mental health center
- End stage renal disease facilities
- Freestanding emergency medical care facilities
- Hospitals
- Private psychiatric hospitals and crisis stabilization units
- Psychiatric hospitals
- Special care facilities
- Substance abuse treatment facilities

For additional information, rules and frequently asked questions regarding non-LTC incidents, please visit HHSC website at <https://hhs.texas.gov/about-hhs/your-rights/complaints>. Incident outside provider self-reporting/Incidents submission portal health care quality providers or providers may call 1-866-973-0222 press option 4 for Health Care Quality providers; option 9 for substance abuse providers. If you call outside business hours (Monday-Friday 7am-7pm), leave a message and an employee will call you back.

For step by step instructions on how to submit a report, please click on the 'User Guide' button at the bottom left corner of this page.

To get started enter the Facility Name, Facility ID (including any leading zeros) or address and Click Search

Facility Name: and

Facility ID: 700000

Address: 123 Main Street, Austin, TX 78701

Provider Type: B1 ID STAGE RENAL DISEASE PA

Provider Sub Type: B1 ID STAGE RENAL DISEASE PA

Phone Number: 5125467700

User Guide

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.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. The title "Texas Unified Licensure Information Portal (TULIP)" is centered. Below the title is a dark blue navigation bar with a "Home" link. The main content area is titled "Facility Information" and contains several input fields with pre-filled values:

Field Label	Value
Facility License Number	66604
Facility Name	ESRD
CC#	
Address	123 Physical St. Austin, TX 78750, USA
Phone Number	224567890
Provider Type	END STAGE RENAL DISEASE FACILITIES
Provider Sub Type	MEDICARE

The screenshot shows the "Incident Details" form. It contains the following sections:

- Date and Time the Facility First Learned of the Incident:** Two input fields. The "Date" field is pre-filled with "1/1/2020" and has a calendar icon. The "Time" field is pre-filled with "2:37 PM" and has a clock icon.
- Date of last dialysis treatment:** One input field pre-filled with "1/1/2020" and a calendar icon.
- Incident Type:** A section with a label "Incident Type" and a list of checkboxes:
  - ☐ Death of a Patient
  - ☒ Hospital Transfer
  - ☐ Hepatitis B Conversion - Patient
  - ☐ Hepatitis B Conversion Staff
  - ☐ Involuntary Transfer or Discharge of a Patient
  - ☐ Fire in the Facility
- Reporter Information:** A section with several input fields:
  - \* First Name: Pre-filled with "Joe"
  - \* Last Name: Pre-filled with "Doe"
  - Title: A dropdown menu pre-filled with "Activity Director"
  - \* Contact Email: Pre-filled with "test@gmail.com"
  - \* Contact Phone Number: Pre-filled with "(111)111-1111"
  - Additional Contact Number: Pre-filled with "(111)111-1111"

At the bottom of the form are three buttons: "Back" (with a left arrow), "Next" (with a right arrow), and "Cancel" (with an X).

3. Enter all the required information and click on “next” to proceed to next step/screen.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. To its right, the text "TEXAS Health and Human Services" and "Texas Unified Licensure Information Portal" are displayed. Below the logo, the text "(TULIP)" is shown. A dark blue navigation bar contains a "Home" link. Below the navigation bar, a message states: "List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click 'Next' to move to the next section". Below this message is the section header "Client/Resident Information". Underneath is a table with four columns: "Last Name", "First Name", "DOB", and "Actions". At the bottom right of the table are four buttons: "Back", "Next", "Cancel", and "Add New Client".

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

The screenshot shows the "Add Client/Patient/Resident Information" form. The form contains the following fields: "First Name", "Middle Name", "Last Name", "Date of Birth" (with a calendar icon), "SSN", "Phone Number", "Mailing Address", "City", "State", and "Zip Code". Each field is represented by a text input box.



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

Home

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

### Client/Resident Information

Last Name	First Name	DOB	Actions
Smith	John	1930-01-01	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#)
[→ Next](#)
[X Cancel](#)
[+ Add New Client](#)

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

**TEXAS**  
 Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home

Provider self-reporting of Non-LTC incidents

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

### Alleged Perpetrator Information




Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

[← Back](#)
[→ Next](#)
[X Cancel](#)
[+ Add Alleged Perpetrator](#)


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

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.


### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
<h4>Add Alleged Perpetrator Information</h4> <p>* First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>* Last Name <input type="text"/></p> <p>* Date of Birth <input type="text"/> </p> <p>* SSN <input type="text"/></p> <p>Title <input type="text" value="Selection Option"/></p> <p>License Number <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Zip Code <input type="text"/></p> <p>Phone Number <input type="text"/></p> <p> Add Alleged Perpetrator  Cancel</p>			

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


**TEXAS**  
 Health and Human Services



### Texas Unified Licensure Information Portal (TULIP)





 Home

#### Provider self-reporting of Non-LTC incidents

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

#### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
Joe	Mary	01/06/1972	 Edit  Remove




 Back
  Next
  Cancel
  Add Alleged Perpetrator

**\*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.

### Fetus Information

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

 Back
  Next
  Cancel
  Add Fetus Information

20. Enter fetus information and click on the “Add Fetus” button to add and save fetus information

### Fetus Information

Last Name	First Name	DOB	Actions
<h4>Add Fetus/Infant Information</h4> <div> <div>Baby First Name</div> <input type="text"/> </div> <div> <div>Baby Middle Name</div> <input type="text"/> </div> <div> <div>Baby Last Name</div> <input type="text"/> </div> <div> <div>Baby DOB/Event</div> <input type="text"/> <div></div> </div> <div> <div>Baby Sex</div> <div>Select an Option</div> <div></div> </div> <div> <div>Date and Time of Death</div> <div> <div>Date</div> <input type="text"/> <div></div> </div> <div> <div>Time</div> <input type="text"/> <div></div> </div> </div> <div> <div>Date of Discharge</div> <input type="text"/> <div></div> </div> <div> <div>Diagnoses (all)</div> <input type="text"/> </div> <div> <div>Add Fetus</div> <div>Cancel</div> </div>			

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

### Fetus Information

Last Name	First Name	DOB	Actions
Jane	Mary	2020-01-01	<div>Edit</div> <div>Remove</div>

Back

Next

Cancel

+ Add Fetus Information

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

### Physician Information

Last Name	First Name	License Number	Actions
<div> <span>← Back</span> <span>→ Next</span> <span>✕ Cancel</span> <span>+ Add Physician Information</span> </div>			

26. Enter physician information and click on the “Add physician” button to add and save physician information

### Physician Information

Last Name	First Name	License Number	Actions
<h4>Add Physician Information</h4> <p>First Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>License Number: <input type="text"/></p> <div> <span>+ Add Physician</span> <span>✕ Cancel</span> </div>			

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

### Physician Information

Last Name	First Name	License Number	Actions
Mike	Bryant	12345	<span> Edit</span> <span> Remove</span>
<div> <span>← Back</span> <span>→ Next</span> <span>✕ Cancel</span> <span>+ Add Physician Information</span> </div>			

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

### Summary of Incident

When did you first learn of the incident?

Date

Time

On what shift did the incident occur?

Select an Option

▼

Provide a brief summary of the incident (what happened, who was involved, what action was taken when the incident occurred):

⌵

Was this reported to law enforcement?

Select an Option

▼

Was this reported to another organization?

Select an Option

▼

If Yes, list name of organization

Provide a narrative report of your investigation (how was the incident handled, what actions will be taken to reduce the potential of similar incidents in the future):

⌵

Action you will take as a result of this incident: (check all that apply)

☐ Corrective action and monitoring

☐ Development of policy/procedure

☐ Education of caregiver

☐ Education of patient

☐ Education of staff

☐ Measure, analyze and track in QAPI (Quality Assessment and Performance Improvement)

☐ Revision of policy/procedure

☐ Suspension of Perpetrator

☐ Termination of Perpetrator


☐ Other

← Back

→ Next


✕ Cancel

### Patient Transfer

Name of Facility	<input type="text"/>
Date of transfer	<input type="text"/> 
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

### Attestation of Incident Report

* Signature (Printed Name)	<input type="text"/>
* Title	<input type="text"/>
* Date	<input type="text"/> 

**TEXAS**  
Health and Human  
Services

Texas Unified Licensure Information Portal (TULIP)

Home

### Summary Step

#### Facility Information

Facility License Number	66606
Facility Name	ESRD
CCI#	
Address	123 Physical St.Austin,TX.78750,USA
Phone Number	1234567890
Provider Type	END STAGE RENAL DISEASE FACILITIES
Provider Sub Type	MEDICARE

#### Incident Details

Date and Time the Facility First Learned of the Incident	Date 1/1/2020	Time 2:37 PM
Date of last dialysis treatment	1/1/2020	

### Attestation of Incident Report

*Signature (Printed Name)	Test Test
*Title	Administrator
*Date	5/6/2020

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

#### Client/Resident Information

Last Name	First Name	DOB	Actions
Smith	John	01/01/1920	<a href="#">View Record</a> <a href="#">Hide Record</a>

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

#### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
Joe	Mary	01/06/1972	<a href="#">View Record</a> <a href="#">Hide Record</a>

[← Back](#) [Print Page](#) [Submit](#) [Cancel](#)

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

Home

### Provider self-reporting of Non-LTC incidents

**Case Information**

Your information has been received and will be processed accordingly. Your intake number is 215251.

**Attachment Upload**

Please provide any supporting documentation as an attachment. Once you press the "Done" button to finalize your submission, you will not be able to attach additional documents.

**Browse...** No file selected. **Upload**

There is a 10MB size limit per uploaded document.  
To upload a document, click the "Choose File" button to browse for the file. After selecting the file, click the "Upload" button, and your attachment will be listed above.  
Repeat for each document that needs to be attached.

**Done**

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

a complaint.

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

Current Step: 2 of 7

### Agency/Facility Information

Provider Name: Test Agency

Agency License Number / Facility ID: 000100

Address: 123 test  
Aus, TX, 78750  
USA

Phone: (123) 456-7890

The names of complainants are kept confidential and are not disclosed to the facility unless required by law. Complainant information is provided to HHSC investigative staff for a proper investigation that may include contacting the complainant for additional information.

If the complainant elects to remain anonymous, HHSC investigative staff will not have the ability to contact the complainant for additional information, if needed.

Do you want to be anonymous: ☐ Yes ☒ No

### Your Information

First Name \*

Last Name \*

Mailing Address

City

State

Zip Code

Contact Email \*

Contact Phone Number \*

Relationship to Resident/Patient/Client --Please Select--

[← Back](#) [→ Next](#) [X Cancel](#)

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

Current Step: 3 of 7

## Client/Resident/Patient Information

Does this complaint have  
identifiable client/resident?

☐ Yes  
☐ No

[< Back](#)[→ Next](#)[× Cancel](#)

6. Click on “Add client” button to add client information

Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using ‘Add client’ button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click “Next” to move to the next section

## Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
-----------	------------	-----	-----	---------

[< Back](#)[+ Add Client](#)[→ Next](#)[× Cancel](#)

7. Enter client information and click on “save” button to add and save client information

Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

### Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
-----------	------------	-----	-----	---------

### Add new Client/Resident Information

Last Name \*

First Name \*

DOB \*

SSN \*

Describe the client's/resident's functional ability, level of supervision, relevant medical conditions, and any history of behaviors

Salesforce Sans 12
   
 B I U 
  
 I\_x

Does the Client have the history of similar incidents? ☐ Yes ☐ No

+ Save X Cancel

Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

### Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
Smith	john	01/09/1969	111-11-1111	Edit            Remove

Back
 + Add Client
 Next
 X Cancel

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

Current Step: 4 of 7

**Alleged perpetrators is applicable for facility staff only. This does not apply to residents/patients involved in the incident or resident/patient family members.**

Are there identifiable alleged perpetrators?

☐ Yes, there are identifiable perpetrator(s)

☐ No, there are no identifiable perpetrators, or the event was an environmental or other issue.

[< Back](#) [Next >](#) [X Cancel](#)

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

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Perpetrators

Last Name	First Name	DOB	Actions
<div><a href="#">&lt; Back</a> <a href="#">+ Add Alleged Perpetrator</a> <a href="#">Next &gt;</a> <a href="#">X Cancel</a></div>			

13. Click on "Add Alleged Perpetrator" button to add perpetrator information

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Perpetrators

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

#### Add new Perpetrator Information

Last Name \*

First Name \*

DOB \*

Title --Please Select--

SSN \*

License/Permit Number

Phone

Mailing Address

City

State

Zip Code

Were actions taken regarding this alleged perpetrator?

☐ Yes  
☐ No  
☐ I do not know if action was taken against the alleged perpetrator

+ Save X Cancel

14. Enter perpetrator information and click on "save" button to add and save perpetrator information

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Perpetrators

Last Name	First Name	DOB	Actions
Vargas	Maria	05/18/1994	<a href="#">Edit</a> <a href="#">Remove</a>

[< Back](#)
[+ Add Alleged Perpetrator](#)
[→ Next](#)
[X Cancel](#)

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

Current Step: 5 of 7

## Additional Incident Information

Date, Time, and Location of the Incident. Please be specific as possible

Incident Date • Date Time

1/1/2020 5:34 PM

Location





















Other Details

Are there any witnesses?

☐ Yes  
☐ No

Please provide a full explanation of your concerns. Please include information concerning frequencies of occurrence, reason this occurred, and whether or not you have taken a course of action such as reporting these concerns to the police, facility administration, etc.

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**B** **I** U                       

Current Step: 6 of 7

## Summary

### Agency/Facility Information

Agency/Facility Name: State:  
Test Agency TX  
Agency License Number/Facility ID: Zip Code:  
000100 78750  
Street Address: County:  
123 test USA  
City:  
Aus

### Your Information

Anonymous Complainant/Reporter: State:  
No TX  
First Name: Zip Code:  
John 78700  
Last Name: Contact Email:  
Smith Test@gmail.com  
Mailing Address: Contact Phone Number:  
101 Test blvd (111) 111-1111  
City: Relationship to Resident/Patient/Client:  
Austin FRIEND

### Client/Resident Information

Does this complaint have identifiable client/resident?

Yes

Last Name	First Name	D.O.B	Actions
Smith	john	01/09/1969	<a href="#">View Record</a>

### Alleged perpetrator Information

Are there identifiable alleged perpetrators?

Yes

Last Name	First Name	Title	Actions
Vargas	Maria		<a href="#">View Record</a>

### Additional Incident Information

Incident Date Time:

Date: 1/1/2020 Time: 5:34 PM

Police/DFPS case numbers

What is your expectation/desire for resolution?:

Incident Location:

Was the resident/patient/client hospitalized?

Please provide a full explanation of your concerns. Please include information concerning frequencies of occurrence, reason this occurred, and whether or not you have taken a course of action such as reporting these concerns to the police, facility administration, etc.

Salesforce Sans 12 B I U C

Are there any witnesses?

Was the resident/patient/client injured in any way?

Were any staff involved?

[← Back](#) [▶ Submit](#) [Print Page](#) [X Cancel](#)

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

Current Step: 7 of 7

**Submit a complaint against a provider that is licensed or certified by Texas Health and Human Services**

Case Information

Thank you for your submission. Your report has been received and assigned the intake number is 163752 .  
Should additional information be required, you will be contacted by HHS.

Attachment Upload

Please provide any supporting documentation as an attachment. Once you press the “Done” button to finalize your submission, you will not be able to attach additional documents.

Choose File

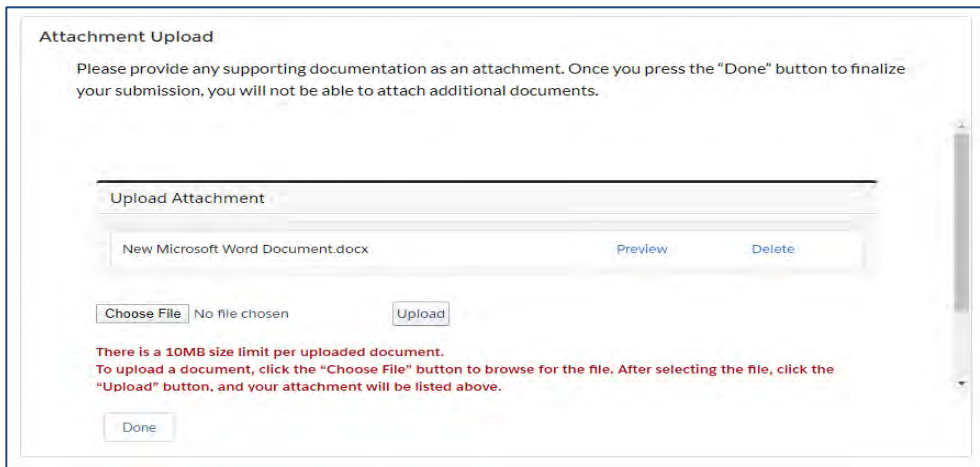
 No file chosen 

Upload

There is a 10MB size limit per uploaded document.  
To upload a document, click the “Choose File” button to browse for the file. After selecting the file, click the “Upload” button, and your attachment will be listed above.  
Repeat for each document that needs to be attached.

Done

22. To Add an attachment to the complaint report, click on “Chose file” button, select the attachment and then click on “Upload” button



**Attachment Upload**

Please provide any supporting documentation as an attachment. Once you press the "Done" button to finalize your submission, you will not be able to attach additional documents.

Upload Attachment

New Microsoft Word Document.docx

Preview

Delete

Choose File

No file chosen

Upload

There is a 10MB size limit per uploaded document.  
To upload a document, click the "Choose File" button to browse for the file. After selecting the file, click the "Upload" button, and your attachment will be listed above.

Done

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.

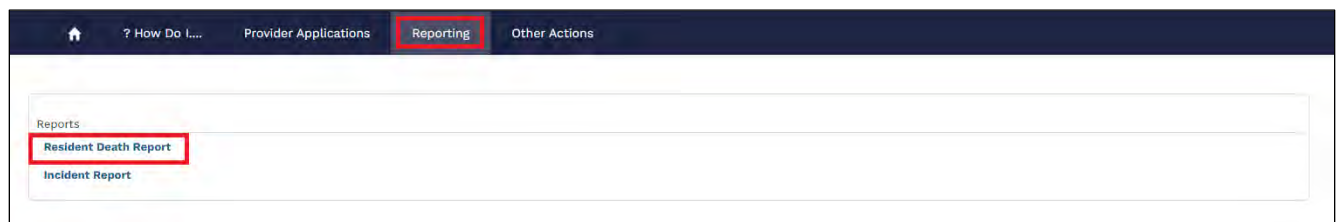
## 1.5 REPORTING

### 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.



Home 1 How Do I... Provider Applications Reporting Other Actions

Reports

Resident Death Report

Incident Report

New Resident Death Report

Facility/Agency Details

\* Facility/Agency

Search Accounts...

System Information

Death Report ID

Cancel Save & New Save

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,

TEXAS Health and Human Services

Texas Unified Licensure Information Portal (TULIP)

Home Uploads Resident Death Reports

RS Death Reports

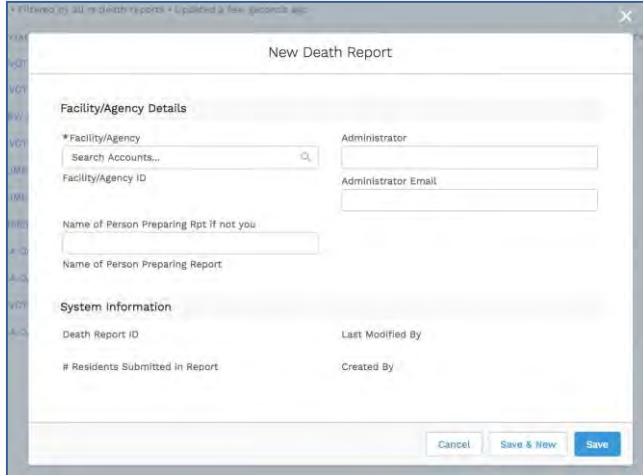
All Death Reports Submitted

13 items • Sorted by Death Report ID • Filtered by All rs death reports • Updated a few seconds ago

DEATH	FACILITY/AGENCY	FACI	ADMINISTR	CREATED DATE	ADD	CITY	COLL	RS
1	RS04-0000	T & F DEVOTED HOME HEALTH SERVICES INC		4/18/2018 8:08 AM				1
2	RS04-0001	T & F DEVOTED HOME HEALTH SERVICES INC		4/18/2018 8:08 AM				2
3	RS04-0002	CRESTVIEW MANOR NURSING AND REHABILITATION CENTER	004401	4/18/2018 8:08 AM				3

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”.



The screenshot shows a web application window titled "New Death Report". The window has a sidebar on the left with a list of items. The main content area is divided into two sections: "Facility/Agency Details" and "System Information".

**Facility/Agency Details**

- \* Facility/Agency: A dropdown menu with a search icon and the text "Search Accounts...".
- Facility/Agency ID: A text input field.
- Administrator: A text input field.
- Administrator Email: A text input field.
- Name of Person Preparing Rpt if not you: A text input field.
- Name of Person Preparing Report: A text input field.

**System Information**

- Death Report ID: A text input field.
- Last Modified By: A text input field.
- # Residents Submitted in Report: A text input field.
- Created By: A text input field.

At the bottom right of the form are three buttons: "Cancel", "Save & New", and "Save".

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Uploads Resident Death Reports

**Resident Death Report**  
RSDR-0028

DETAILS

**Facility/Agency Details**

Facility/Agency: SOUTH JIMMISTONE HOSPITAL DISTRICT  
 Facility/Agency ID:   
 Administrator: Test  
 Administrator Email: test@test.com  
 Name of Person Preparing Rpt If not you: Test  
 Name of Person Preparing Report: Test

**System Information**

Death Report ID: RSDR-0028  
 Residents Submitted in Report: 0  
 Last Modified By: TestProvider User, 5/14/2018 3:09 PM  
 Created By: TestProvider User, 5/14/2018 3:09 PM

**RS Death Report Residents (0)**

**Notes & Attachments (0)**

### 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 (\*).

**New Death Report Resident**

\* Last Name  
 First Name  
 Middle Initial  
 Medicaid Number (if applicable)  
 \* SSN  
 \* Date of Birth  
 \* Date of Death  
 \* Gender

Cancel Save & New Save

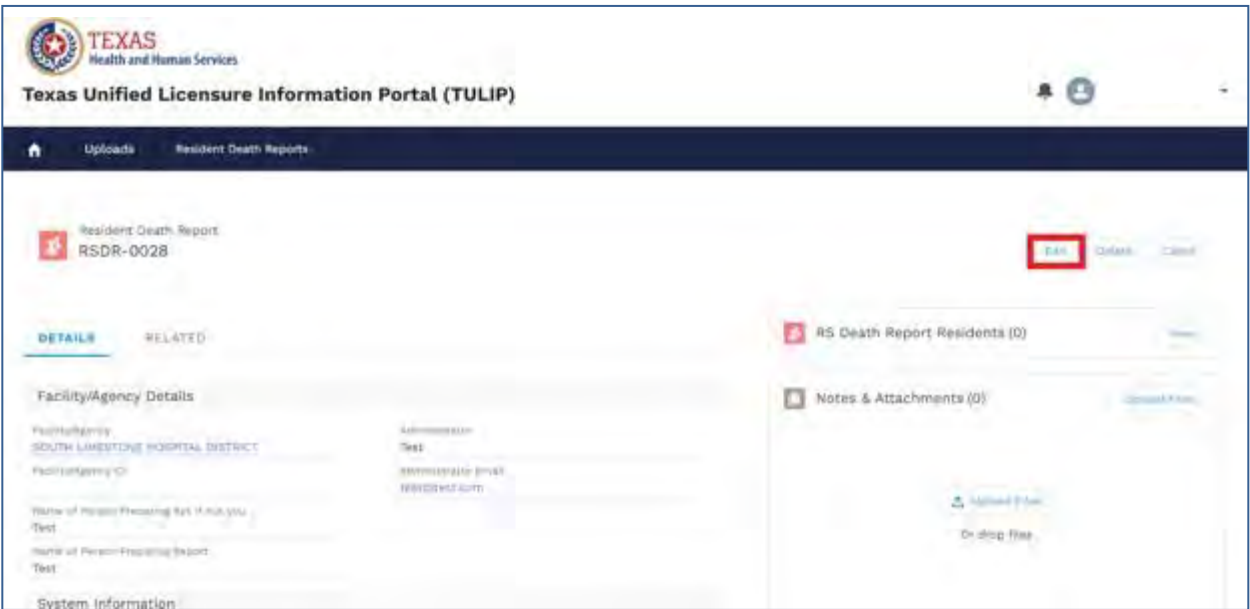
Once a resident death report resident has been successfully created, the resident’s record will save to

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.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, the Texas Health and Human Services logo is visible. The main header reads "Texas Unified Licensure Information Portal (TULIP)". Below the header, there are navigation tabs: "Home", "Uploads", and "Resident Death Reports". The "Resident Death Reports" tab is selected. The main content area displays a "Resident Death Report" for "RSDR-0028". A red box highlights the "Details" button in the top right corner of the report card. Below the report card, there are sections for "Facility/Agency Details" and "Notes & Attachments (0)". The "Facility/Agency Details" section includes fields for "Facility/Agency", "Facility/Agency ID", "Name of Person (including Age if not 000)", "Name of Person (including Report)", and "System Information". The "Notes & Attachments (0)" section includes a "Upload File" button and a "Drop Files" area.

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.

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, the Texas Health and Human Services logo is visible. The main header reads "Texas Unified Licensure Information Portal (TULIP)". Below the header, there are navigation tabs: "Home", "? How Do I...", "Provider Applications", "Reporting", and "Other Actions". The "Reporting" tab is selected. The main content area displays a "Reports" section with a list of reports: "Resident Death Report" and "Incident Report". The "Incident Report" link is highlighted in blue.

- 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.

Provider self-reporting of LTC incidents

Current Step: 1 of 8

**Note:** This report requires you to enter a valid Social Security Number (SSN) for both client/resident and alleged perpetrators. The system will not accept invalid SSNs. If you do not have a valid SSN or do not know the SSN, please call 1-800-458-9858 to report this incident. Submitting an invalid SSN may delay the processing of the incident report.

### Identify your Agency/Facility

LTC provider self-reporting portal is for the following provider types to notify Texas Health and Human Services Commission, if someone in their care has been or may be physically or mentally abused, neglected or exploited.

- Home and community support service agencies (Home health and hospice)
- Day activity and health services
- Assisted living facilities
- Licensed and skilled nursing facilities
- Licensed intermediate care facilities for persons with an intellectual disability
- Non-licensed ICF/IDs

For additional information, rules and frequently asked questions regarding LTC incidents, please visit HHSC website at <https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake/provider-self-reporting/incidents-submission-portal-long-term-care-providers> or providers may call Complaint and Incident Intake (CII) hotline at 1-800-458-9858.

For step by step instructions on how to submit a report, please click on the 'User Guide' button at the bottom left corner of this page.

To get started enter the Agency/Facility Name, Agency License Number/Facility ID (including any leading Zeros) or Address and Click Search

Search for an Agency/Facility

test facility

Search

Next

Cancel

Agency/Facility Name

Agency License Number / ...

Address

Service Type

Phone

Agency Type

Test Facility

User Guide

Enter incident report data

Page 126 of 156

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

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, there is a header with the Texas Health and Human Services logo and the text "Texas Unified Licensure Information Portal (TULIP)". Below the header is a navigation bar with links for "Home", "Uploads", "Resident Death Reports", and "Incident Report". A green banner indicates "Current Step: 2 of 9".

The main section is titled "Agency/Facility Information" and contains the following fields:

- Agency / Facility Name: Test Facility
- Agency License Number / Facility ID: 123456
- Address: 701 Test Blvd, Austin, Texas, 78750
- USA
- Phone: (123) 456-7890
- County: Travis
- Program type: Nursing

Below this section is "Your Information" with the following fields:

- First Name \*
- Last Name \*
- Title: --Please Select--
- Contact Email \*

Below this is "Telephone Numbers" with the following fields:

- Contact Phone Number \*
- Agency/Facility Phone Number \*
- Additional Contact Number

At the bottom, there are three buttons: "Back", "Next", and "Cancel".

The screenshot shows the 'Incident Report' form in the 'Texas Unified Licensure Information Portal (TULIP)'. The header includes the Texas Health and Human Services logo and the portal name. A navigation bar shows 'Incident Report' as the active tab. A green banner indicates 'Current Step: 3 of 9'.

**Incident Information**

Incident Date \*  Date  Time

DATE AND TIME FACILITY FIRST LEARNED OF THE INCIDENT:

\* Date  Time

WHO MADE/REPORTED THE ALLEGATION? \*

☐ Resident/Client  
☐ Family  
☐ Staff  
☐ Other

INCIDENT CATEGORY \* AT LEAST ONE MUST BE SELECTED

☐ Abuse  
☐ Neglect  
☐ Exploitation/Misappropriation  
☐ Injuries of Unknown Source  
☐ Missing Resident/Client  
☐ Drug Diversion  
☐ Condition(s) that pose a threat to health and safety (such as fire, bomb threat, tornado, flood, emergency power failure, sprinkler system failure, fire alarm failure, firearms in the building, air conditioning/heating failure)  
☐ Death

The local Law enforcement agency must be contacted when the facility believes any criminal act has been committed.  
Burglary or theft of non-resident/client property is not a reportable incident and needs to be reported to local law enforcement agency.

← Back   → Next   X Cancel

2. Enter all the required information and click on next to proceed to next step/screen.

**TEXAS**  
Health and Human Services

## Texas Unified Licensure Information Portal (TULIP)

Home Uploads Resident Death Reports Incident Report

**Current Step: 4 of 9**

### Client/Resident Information

Did this incident effect every client/resident -or-did this incident effect unidentified clients/residents?

☒ Yes, the incident posed a threat to health and safety of multiple residents due to a fire, bomb threat, tornado, flood, emergency power failure, sprinkler system failure, fire alarm failure, fire alarm in the building, air conditioning/heating failure

☐ No, the incident did not pose a threat to health and safety of multiple residents due to a fire, bomb threat, tornado, flood, emergency power failure, sprinkler system failure, fire alarm failure, fire alarm in the building, air conditioning/heating failure

← Back → Next × Cancel

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

**TEXAS**  
Health and Human Services

## Texas Unified Licensure Information Portal (TULIP)

Home Uploads Resident Death Reports Incident Report

**Current Step: 4 of 9**

List all clients involved in this self-report and their corresponding information using 'Add client' button below. If no clients are involved, click on the 'Next' button to move to the next section

### Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
<p>← Back + Add Client → Next × Cancel</p>				

- 3.1 Click on “Add client” button to add client information

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

Current Step: 4 of 9

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

**Add Client/Resident Information**

Last Name	First Name	DOB	SSN	Actions
<p><b>Add new Client/Resident Information</b></p> <p>Last Name * <input type="text"/></p> <p>First Name * <input type="text"/></p> <p>Is Client Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DOB * <input type="text"/></p> <p>SSN * <input type="text"/></p> <p>Describe the client's/resident's functional ability, level of supervision, relevant medical conditions, and any history of behaviors <input type="text"/></p> <p>Does the Client have history of similar incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dorm Name and Number <input type="text"/></p> <p><input type="button" value="+ Save"/> <input type="button" value="X Cancel"/></p>				

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

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

Current Step: 4 of 9

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

**Add Client/Resident Information**

Last Name	First Name	DOB	SSN	Actions
Smith	John	01/01/1974	123-45-6789	<input type="button" value="Edit"/> <input type="button" value="Remove"/>


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

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, there is a header with the Texas Health and Human Services logo and the text "Texas Unified Licensure Information Portal (TULIP)". Below the header is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". A green box indicates "Current Step: 5 of 9". The main section is titled "Alleged Perpetrator Information". Below the title, a note states: "Alleged perpetrator is applicable for facility staff only. This does not apply to residents/patients involved in the incident or resident/patient family members." There are two radio button options: "Yes, there are identifiable perpetrator(s)" (selected) and "No, there are no identifiable perpetrators, or the event was an environmental or other issue." At the bottom, there are three buttons: "Back", "Next", and "Cancel".

- 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

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, there is a header with the Texas Health and Human Services logo and the text "Texas Unified Licensure Information Portal (TULIP)". Below the header is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". A green box indicates "Current Step: 5 of 9". The main section is titled "Add Alleged Perpetrators". Below the title, a note states: "List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click 'Next' to move to the next section." There is a table with the following columns: "Last Name", "First Name", "DOB", "SSN", and "Actions". Below the table, there are four buttons: "Back", "+ Add Alleged Perpetrator", "Next", and "Cancel".

- 4.1 Click on “Add Alleged Perpetrator” button to add perpetrator information

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

[Home](#) [Uploads](#) [Resident Death Reports](#) [Incident Report](#)

Current Step: 5 of 9

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Alleged Perpetrators

Last Name	First Name	DOB	SSN	Actions
-----------	------------	-----	-----	---------

#### Add new Alleged Perpetrator Information

Last Name \*

First Name \*

Title  
-- Please Select --

SSN \*

DOB \*

License/Permit Number

Phone

Address

City

State

Zip Code

Were actions taken regarding this alleged perpetrator?

Are there any witnesses?

☐ Yes  
☐ No

☐ Yes  
☐ No

+ Save

X Cancel

Enter perpetrator information and click on “save” button to add and save perpetrator information

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

**Current Step: 5 of 9**

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Alleged Perpetrators

Last Name	First Name	DOB	SSN	Actions
maria	Vargas	05/18/1994	999-99-9999	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#) [+ Add Alleged Perpetrator](#) [→ Next](#) [X Cancel](#)

- 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**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

**Current Step: 6 of 9**

### Description of incidents

Provide a brief narrative of the incident.


This narrative should include:

- a description of any unidentified residents or clients involved;
- a description of any unidentified alleged perpetrators
- the name of any known witnesses
- description of any injury or adverse effect to the client/resident;
- description of any physical or emotional assessment performed or treatment provided as a result of the incident.

On what shift did the incident occur?\*

--Please Select--

[← Back](#) [→ Next](#) [X Cancel](#)

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

[Home](#) [Uploads](#) [Resident Death Reports](#) [Incident Report](#)

Current Step: 7 of 9

### Actions and Notifications

Please provide the following information:

- immediate actions the agency/facility has taken to protect client's/resident's health and safety as a result of the allegation (example: suspended or terminated/in-service training provided, etc.) \*
- Who was notified of the allegation (example: doctor, family/guardian, law enforcement, ombudsman, etc.) if the incident was reported to the police, include the case/reference number issued when the report was made.

Were X-Rays required? \*

☐ Yes  
☐ No

Was the resident sent to the hospital/emergency room?

☐ Yes  
☐ No

Does client/resident receive services from another facility/agency? (i.e. Nursing Home, Hospice, Home Health, Dialysis, etc.)

☐ Yes  
☐ No

What immediate actions has the agency/facility taken to protect the client's/resident's health and safety as a result of the allegation.

Were the physician, guardian and/or family notified?

☐ Yes  
☐ No

Were the police notified?

☐ Yes  
☐ No


Was DHS/ Provider Investigations notified?

☐ Yes  
☐ No


Was in-service training provided to staff as a result of this incident? \*

☐ Yes  
☐ No

[← Back](#) [→ Next](#) [X Cancel](#)

 **TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**



Home Uploads Resident Death Reports Incident Report

Current Step: 8 of 9

Summary

Agency/Facility Information


Agency / Facility Name:	Zip Code:
Test Facility	78750
Agency License Number / Facility ID:	Country:
123456	USA
Street Address:	Phone:
701 Test Blvd	(123) 456-7890
City:	County:
Austin	Travis
State:	
Texas	


Your Information

First Name:	Contact Email:
Reporter	reporter@gmail.com
Last Name:	Contact Phone Number:
Name	(111) 111-1111
Title:	Agency/Facility Phone Number:
Activity Director	(222) 222-2222
	Additional Contact Number:
	(333) 333-3333

Incident Information

Incident Date:	Who made/reported the Allegation?
Date	Resident/Client
1/21/2020	
Time	
4:00 PM	
Date Time Facility first learned of the incident:	
Date	
Jan 20, 2020	
Time	
4:16 PM	
Incident Category:	
Abuse	


**TEXAS**  
 Health and Human Services

Texas Unified Licensure Information Portal (TULIP)
 

[Home](#)
[Uploads](#)
[Resident Death Reports](#)
[Incident Report](#)

### Description of Incidents

This narrative should include:

- a description of any unidentified residents or clients involved.
- a description of any unidentified alleged perpetrators
- the name of any known witnesses
- description of any injury or adverse effect to the client/resident
- description of any physical or emotional assessment performed or treatment provided as a result of the incident.

Provide a brief narrative of the incident:

W

On what shift did the incident occur

Day

### Actions and Notifications

Please provide the following information:

- immediate actions the agency/facility has taken to protect client's/resident's health and safety as a result of the allegation (example: self suspended or terminated; in-service training provided, etc.)
- Who was notified of the allegation (example: doctor, family/guardian, law-enforcement, ombudsman, etc.) if the incident was reported to the police, include the case/reference number issued when the report was made.

te

Were X-Rays required?

No

Was the resident sent to the hospital/emergency room?

No

Does the resident require any follow up medical appointments following hospital discharge?

No

Does client/resident receive services from another facility/agency? (i.e. Nursing Home, Hospice, Home Health, Dialysis, etc.)

What immediate actions has the agency/facility taken to protect the client's/resident's health and safety as a result of the allegation

Were the police notified?

Were the physician, guardian and/or family notified?

Was DFPIS/ Provider investigations notified?

Insert DFPIS/PI Case Number

Was in-service training provided to staff as a result of this incident?

No

[← Back](#)
[▶ Submit](#)
[🖨 Print Page](#)
[✕ Cancel](#)

- To edit report, click on “Back” button to proceed to the step you want to edit information on
- To print summary of the incident, click on “Print Page” button
- To submit report, click on “Submit” button

The screenshot shows the TULIP portal interface. At the top is the Texas Health and Human Services logo and the title "Texas Unified Licensure Information Portal (TULIP)". Below this is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". A green banner indicates "Current Step: 9 of 9". The main content area is titled "Case Information" and contains the following text:

Your information has been received and will be processed accordingly. Your intake number is 163647. If additional information is required, you will be contacted regarding your submission. Once the internal investigation is complete, you will need to submit the Provider Investigation Report within 01/28/2020.

The Provider Investigation Report can be submitted via:

1. Online at (embed online web link)
2. Email to [clpprovider@hhsc.state.tx.us](mailto:clpprovider@hhsc.state.tx.us) (Attachments must be less than 20MB)
3. Fax to 1-877-438-6827 if 15 pages or less
4. Mail to Texas Health and Human Services  
Complaint and Incident Intake  
Mail Code E-249  
P.O. Box 149030  
Austin, TX 78714-9030

A "Done" button is located at the bottom left of the form area.

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

The screenshot shows the TULIP login page. At the top is the Texas Health and Human Services logo and the title "Texas Unified Licensure Information Portal (TULIP)". Below this are two input fields for "Email" and "Password". A blue "Log in" button is positioned below the password field. To the left of the button is a link for "Forgot your password?" and to the right is a link for "Register". Below the login fields, there is a note: "If you have previously attempted to register but didn't complete the registration (no email to complete registration received), Please contact TULIP support [TULIP\\_Support@hhsc.state.tx.us](mailto:TULIP_Support@hhsc.state.tx.us)". At the bottom, there is a note: "This application works only in Google Chrome browser" followed by links for "Click here for additional information about TULIP" and "Click here for HHSC Privacy Policies and Practices".

#### TULIP Homepage

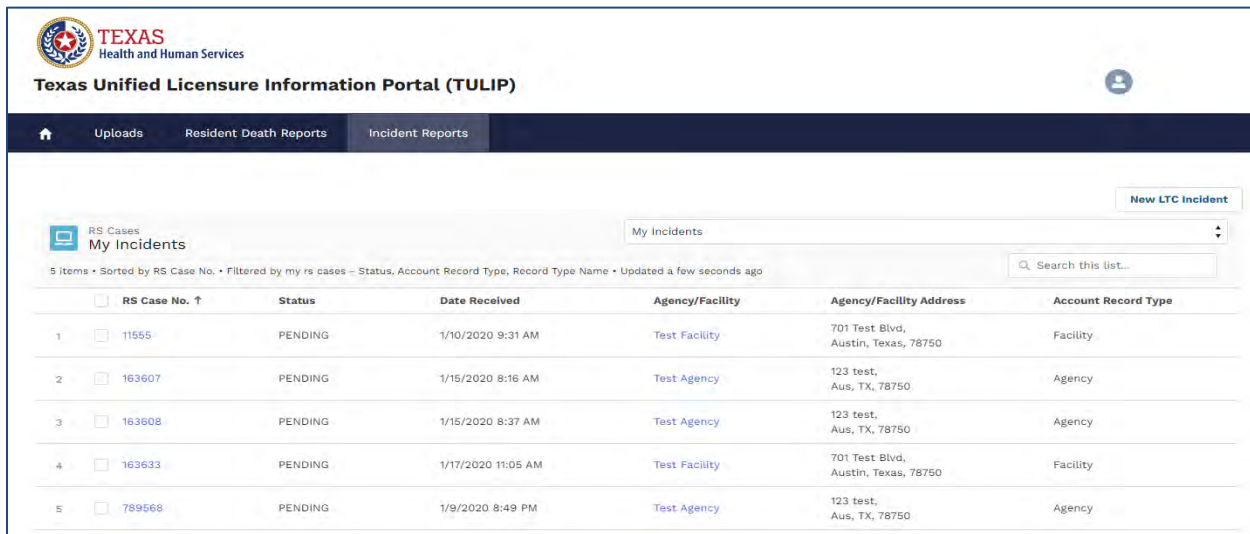
9. The image below is an example of a provider homepage, the screen you will see when you first log into the TULIP portal. This screen is used by Long Term Care (LTC) providers to submit or view licensing applications. To return to this page from anywhere in the portal, simply select the Home icon on the left most side of the page banner.

The screenshot shows the TULIP portal homepage. At the top is a dark blue navigation bar with the title "Texas Unified Licensure Information Portal (TULIP)" and a home icon. Below the navigation bar, there are two main sections. The first section is titled "Parent Facility/Agency Applications" and contains a table with columns: Name, Type, and several empty columns. The second section is titled "Facility/Agency Details" and contains a checkbox labeled "Include ALL Facilities/Agencies". Below this, there is a table with columns: Action Re..., Name, Type, License N..., License E..., Facility Id, Renewal ..., To Avoid L..., and Reviewer ....

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.

The screenshot shows the TULIP portal Reporting page. The navigation bar is the same as the previous screenshot, but the "Reporting" tab is now selected. Below the navigation bar, there is a section titled "Reports" which contains two links: "Resident Death Report" and "Incident Report".

11. Select the "Incident Report" link and system will direct you to the incident reports page



**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Reports

New LTC Incident

RS Cases  
My Incidents

5 Items • Sorted by RS Case No. • Filtered by my rs cases – Status, Account Record Type, Record Type Name • Updated a few seconds ago

Search this list...

RS Case No. ↑	Status	Date Received	Agency/Facility	Agency/Facility Address	Account Record Type
11555	PENDING	1/10/2020 9:31 AM	Test Facility	701 Test Blvd, Austin, Texas, 78750	Facility
163607	PENDING	1/15/2020 8:16 AM	Test Agency	123 test, Aus, TX, 78750	Agency
163608	PENDING	1/15/2020 8:37 AM	Test Agency	123 test, Aus, TX, 78750	Agency
163633	PENDING	1/17/2020 11:05 AM	Test Facility	701 Test Blvd, Austin, Texas, 78750	Facility
789568	PENDING	1/9/2020 8:49 PM	Test Agency	123 test, Aus, TX, 78750	Agency

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.



**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

RS Case  
163607

Create PIR

**DETAILS**

RS Case No. 163607	Date Received 1/15/2020 8:16 AM
Agency/Facility Facility ID	Agency/Facility <a href="#">Test Agency</a>
Facility/Agency Type	License Number 000100
Incident Type	Agency/Facility Address 123 test, Aus, TX, 78750
Facility License Type LICENSED FACILITY	Agency/Facility Phone

## Provider Investigation Report: Create and submit report

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

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top, the Texas Health and Human Services logo is visible. Below the header, a navigation bar includes links for Home, Uploads, Resident Death Reports, and Incident Report. The main content area shows an 'RS Case' with ID '163607' and a 'Create PIR' button. A 'DETAILS' section follows, containing a table of incident information.

DETAILS	
RS Case No.	Date Received
163607	1/15/2020 8:16 AM
Agency/Facility Facility ID	Agency/Facility
	<a href="#">Test Agency</a>
Facility/Agency Type	License Number
	000100
Incident Type	Agency/Facility Address
	123 test, Aus, TX, 78750
Facility License Type	Agency/Facility Phone
LICENSED FACILITY	

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

The screenshot shows the Texas Unified Licensure Information Portal (TULIP) interface. At the top, there is a header with the Texas Health and Human Services logo and the text "Texas Unified Licensure Information Portal (TULIP)". Below the header is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". The main content area is titled "Step 1: Intake Information" and contains two sections: "Intake Information" and "Incident Information".

**Intake Information:**

- Intake ID:
- Facility Name:
- Facility Address:
- Facility City:
- Facility State:
- Facility Zip:
- Program Type:
- Phone:

**Incident Information:**

- Incident Date:  Time:
- \*Location of Incident:
- Incident Category:
  - ☐ Death
  - ☐ Abuse
  - ☐ Neglect
  - ☐ Exploitation
  - ☐ Missing Resident/Individual
  - ☐ Drug Overdose
  - ☐ Fire
  - ☐ Bomb/ Firearm
  - ☐ Flood
  - ☐ Emergency Power Failure
  - ☐ Sprinkler System Failure
  - ☐ Fire Alarm Failure
  - ☐ Firearm in the Building
  - ☐ Air Conditioning Failure (if Outdoor temperature is at or will be 90 Degrees or Above)
  - ☐ Injury of unknown origin
  - ☐ Heating System Failure (if Outdoor temperature is 35 Degrees or Below)
  - ☐ Other
- \*Who Made the Allegation?:
- When Was the Allegation Made?:
- CRTS Notified?:

At the bottom of the form, there are two buttons: "Next" and "Cancel".

### 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.

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. The page title is "Texas Unified Licensure Information Portal (TULIP)". A navigation bar includes links for Home, Uploads, Resident Death Reports, and Incident Report. A progress bar shows six steps, with Step 2 (Client/Resident Information) currently active. Below the progress bar, a message instructs users to click the "Edit" button next to each client/resident to provide additional information. A table lists two clients with their details and an "Edit" button for each.

Name	SSN	DOB	Actions
ttttt tt	444-44-4444	01/01/2020	<a href="#">Edit</a>
client add	123-43-1111	01/01/2020	<a href="#">Edit</a>


**TEXAS**  
 Health and Human Services

Texas Unified Licensure Information Portal (TULIP)
 

[Home](#)
[Uploads](#)
[Resident Death Reports](#)
[Incident Report](#)

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

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)

Name	SSN	DOB	Actions
client 1	444-44-4444	01/01/2020	<a href="#">Edit</a>
client add	(21-43-1111)	01/01/2020	<a href="#">Edit</a>

### Edit Client/Resident Information

Name

client 1

SSN

444-44-4444

DOB

01/01/2020

Functional Ability

Select an Option

▼

Level of Supervision

Select an Option

▼

Independently Ambulatory

No

▼

Interviewable

No

▼

Capacity to make informed decisions

No

▼

Behavioral history

Select an Option

▼

Medical Diagnosis / Other Pertinent History

⌵

Services

assistance with ambulation  
 assistance with medications  
 bathing  
 catheter care  
 chaplain services  
 cleaning  
 continuous care  
 dressing  
 escort  
 grooming  
 G-tube care  
 inpatient hospice care  
 laundry  
 meal preparation  
 nursing services  
 occupational therapy  
 physical therapy  
 routine skin and hair care  
 shopping  
 social work services  
 speech therapy  
 toileting  
 transfers  
 wound care  
 other

Hours Per Week

Injury or adverse effect

Select an Option

▼

Treatment Provided

Select an Option

▼

Treatment/Transfer Date and Time

Date

Time

⌵

⌵

Assessment Date

⌵

[Save Client Resident Information](#)
[Cancel](#)

## 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.


The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top, the Texas Health and Human Services logo is visible. The main header reads "Texas Unified Licensure Information Portal (TULIP)". Below this is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". A progress bar indicates the current step is "Step 2" (highlighted in blue), with steps 1 through 6 shown. The main content area is titled "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)". It contains a table with two rows of client information, each with an "Edit" button. Below the table is a section titled "Add Client/Resident Information" with input fields for "Last Name", "First Name", and "DOB", and an "Actions" column. At the bottom, there are four buttons: "Back", "Next", "Cancel", and "Add Additional Client".


Name	SSN	DOB	Actions
tttttt tt	444-44-4444	01/01/2020	<a href="#">Edit</a>
client add	123-43-1111	01/01/2020	<a href="#">Edit</a>

Last Name	First Name	DOB	Actions

Navigation buttons: [← Back](#) [→ Next](#) [X Cancel](#) [+ Add Additional Client](#)


**TEXAS**  
 Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**


[Home](#)
[Uploads](#)
[Resident Death Reports](#)
[Incident Report](#)

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

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)

Name	SSN	DOB	Actions
client id	444-44-4444	01/01/2020	Edit
client id	123-43-1111	01/01/2020	Edit

### Add Client/Resident Information

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

### Add Clients/Residents

Last Name

First Name

DOB

SSN

Describe the client's/resident's history as follows: level of supervision, relevant medical conditions, and any history of behaviors.

Does the Client have history of similar incidents?

Resident's level of supervision?

Payment Source

Select an Option

Select an Option

Select an Option

Select an Option

Select an Option

Select an Option

☐ Medicare  
☐ Medicaid-CLASS  
☐ Medicaid-CPMD  
☐ Medicaid-Other  
☐ Private Pay

Save Client

Cancel

## 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.

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**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Uploads Resident Death Reports Incident Report

Step 2 Step 3 Step 4 Step 5 Step 6

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)

Name	SSN	DOB	Actions
tttttt tt	444-44-4444	01/01/2020	<a href="#">Edit</a>
client add	123-43-1111	01/01/2020	<a href="#">Edit</a>

Add Client/Resident Information

Last Name	First Name	DOB	Actions
Client	New	07/15/1984	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#) [→ Next](#) [X Cancel](#) [+ Add Additional 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.

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Uploads Resident Death Reports Incident Report

Step 2 Step 3 Step 4 Step 5 Step 6

Perpetrator Information

Name	SSN	DOB	Actions
eeeeee last	555-55-5555	01/07/2020	<a href="#">Edit</a>
perp add	234-54-5555	01/01/2020	<a href="#">Edit</a>

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Uploads Resident Death Reports Incident Report

Step 3 Step 4 Step 5 Step 6

### Perpetrator Information

Name	SSN	DOB	Actions
eeeeee last	555-55-5555	01/07/2020	<a href="#">Edit</a>
perp add	234-54-5555	01/01/2020	<a href="#">Edit</a>

### Edit Alleged Perpetrator

Name:

DOB:

SSN:

License / Certificate No:

\* How was the Alleged Perpetrator Identified:


\* The Alleged Perpetrator:

\* History of Similar Allegations:

[Save Perpetrator Information](#) [Cancel](#)

## 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.

**TEXAS**  
Health and Human Services

Texas Unified Licensure Information Portal (TULIP)

[Home](#) [Uploads](#) [Resident Death Reports](#) [Incident Report](#)

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Perpetrator Information

Name	SSN	DOB	Actions
eeeeee last	555-55-5555	01/07/2020	<a href="#">Edit</a>
perp add	234-54-5555	01/01/2020	<a href="#">Edit</a>

Add Perpetrator Information

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

[← Back](#) [→ Next](#) [X Cancel](#) [+ Add Additional Perpetrator](#)



**Texas Unified Licensure Information Portal (TULIP)**



## Uploads

### Resident Death Reports

### Incident Report

### Step 3

514-4

### Step 2

### Step 4

### Perpetrator Information

Name	SSN	DOB	Actions
john.doe	555-55-5555	01/01/2000	<a href="#">Edit</a>
per.j.doe	234-54-3210	01/01/2020	<a href="#">Edit</a>

### Add Perpetrator Information

Last Name	First Name	DOS	Actions
-----------	------------	-----	---------

## Add Add Alleged Perpetrator

 Save Perpetrator

✕ Cancel

### 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.

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

Step 1 Step 2 **Step 3** Step 4 Step 5 Step 6

### Perpetrator Information

Name	SSN	DOB	Actions
eeeeee last	555-55-5555	01/07/2020	<a href="#">Edit</a>
perp add	234-54-5555	01/01/2020	<a href="#">Edit</a>

### Add Perpetrator Information

Last Name	First Name	DOB	Actions
Perpetrator	New	03/09/1966	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#) [→ Next](#) [X Cancel](#) [+ Add Additional 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

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. The title "Texas Unified Licensure Information Portal (TULIP)" is centered at the top. A navigation bar below the title contains links for "Uploads", "Resident Death Reports", and "Incident Report". A progress bar indicates the current step is "Step 4" (highlighted in blue), with previous steps marked with checkmarks and subsequent steps (Step 5, Step 6) in grey. The main section is titled "Witness Information" and contains a table with the following headers: "Witness Name", "Witness Type", "Witness Phone", and "Actions". At the bottom right, there are four buttons: "Back", "Next", "Cancel", and "Add Witness Information".


Witness Name	Witness Type	Witness Phone	Actions
--------------	--------------	---------------	---------


← Back   → Next   ✕ Cancel   + Add Witness Information

15.5 Enter witness information and click on “Add Witness” button to save information

**TEXAS**  
Health and Human Services

Texas Unified Licensure Information Portal (TULIP)



 Uploads Resident Death Reports Incident Report

✓

✓

✓

Step 4

Step 5

Step 6

Witness Information

Witness Name	Witness Type	Witness Phone	Actions
--------------	--------------	---------------	---------

Add Witness Information

Witness Name

Witness Type

Select an Option

Address

City


State


Zip Code

Phone No.

\* Statement Attached (Signed & Notified if possible)

Select an Option

 Add Witness

 Cancel

## 15.6 Witness Actions

You can edit or remove witness by clicking on the “Edit” button or “Remove” button next to witness name

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top, the Texas Health and Human Services logo is visible. The main header reads "Texas Unified Licensure Information Portal (TULIP)". Below this is a navigation bar with links for "Uploads", "Resident Death Reports", and "Incident Report". A progress bar indicates the current step is "Step 4" (highlighted in blue), with previous steps marked with checkmarks and subsequent steps (Step 5, Step 6) in grey. The main section is titled "Witness Information". It contains a table with the following data:

Witness Name	Witness Type	Witness Phone	Actions
Witness One	Individual	(512)000-0000	<a href="#">Edit</a> <a href="#">Remove</a>

At the bottom of the form, there are four buttons: "Back", "Next", "Cancel", and "Add Witness Information".

Enter Investigation details and Attestation

**TEXAS**  
Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home Uploads Resident Death Reports Incident Report

Step 5 Step 6

### Investigation

\* Agency Immediate Response to prevent recurrence/protect individuals

\* Investigation Summary

\* Investigation Findings

\* Agency Actions Post Investigation

### Attestation

\* Printed Name

\* Title

\* Date

← Back → Next X Cancel

## 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.

PIR Information

**Your information has been received and will be processed accordingly. Your PIR number is PIR-000074. Please expect to be contacted regarding your submission.**

Attachment Upload

Please provide any supporting documentation as an attachment. Once you press the “Done” button to finalize your submission, you will not be able to attach additional documents.

Choose File

No file chosen

Upload

There is a 10MB size limit per uploaded document.  
To upload a document, click the “Choose File” button to browse for the file. After selecting the file, click the “Upload” button, and your attachment will be listed above.  
Repeat for each document that needs to be attached.

Done

## Delete Attachments

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

Attachment Upload

Please provide any supporting documentation as an attachment. Once you press the “Done” button to finalize your submission, you will not be able to attach additional documents.

Upload Attachment

New Microsoft Excel Worksheet.xlsx	Preview	Delete
New Microsoft Word Document.docx	Preview	Delete

Choose File

No file chosen

Upload

There is a 10MB size limit per uploaded document.

Done

## 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>.