



Texas Unified Licensure Information Portal (TULIP) Application Checklist

Table of Contents

Before getting started on your application you should have already collected required information. If you have the information in hand before you start, submitting the application will be easier. The following checklists can help you organize the information in advance. Note that some specific applications, such as Assisted Living Good Standing, Assisted Living Provisional, Nursing Facility Probationary may have different information requirements.

- [List of required information in all application types](#)

Required Documents:

- [Nursing Facilities \(NF\)](#)
- [Assisted Living \(ALF\)](#)
- [Day Activity and Health Services \(DAHS\) w/wo Individualized Skills and Socialization](#)
- [Day Activity and Health Services \(DAHS\) Individualized Skills and Socialization Only](#)
- [Home & Community Support Services Agencies \(HCSSA\)](#)
- [Intermediate Care Facilities \(ICF\)](#)
- [Prescribed Pediatric Extended Care Centers \(PPECC\)](#)

Required Fields: TULIP PORTAL Applications

Required fields can be required by TULIP or for your agency/facility.

- Facility ID/License number if one is already in place
- Facility/Agency information, including legal entity name, EIN, physical address, mailing address, telephone number, email, and DBA, if applicable.
- Administrator/Director/Manager Information including SSN and email address
 - For HCSSA, Alternate Administrator, Supervising Nurse, and Alternate Supervising Nursing information, including SSN and email address. Qualifications for the administrator and alternate administrator, including professional license number
 - For NF, the Nursing Facility Administrator License Number and permanent physical address-
 - For PPECC, the CFO, including SSN
- NPI Number: Required for NF and HCSSA (Category other than PAS Only)
- Management Information including operating days/hours: Required for HCSSA
 - Operating Hours: Required for PPECC
- Categories of Service: Required for HCSSA
- Proposed Licensed/Certified Bed Count or Capacity (DAHS-Individualized Skills and Socialization Only)
- Census data: Required for HCSSA renewals and CHOWs

- Geographic services area: Required for HCSSA
- Real Estate Ownership Information: Required for NF, ALF, DAHS, DAHS with Individualized Skills and Socialization, ICF/IID
- Ownership Information, including owners, controlling parties, and affiliates, and SSN
- Management Company Information, including owners, controlling parties, and affiliates, and SSN, if applicable
- Accreditation information: Required for HCSSA
- Contracts with State Agencies: Required for HCSSA Renewals
- Facility/Agency Licenses: Required for HCSSA, NF, DAHS, ALF, ICF/IID
- Parent Organizations, including directors, officers, partners: Required for HCSSA
- Disclosures of information related to all disclosed legal entities and individuals, including but not limited to, information about convictions, tax liens, and adverse actions.
- Application contact person: Required for NF, DAHS, ALF, ICF/IID, PPECC
- Application Preparer, if applicable: NF and PPECC
- Financial Information: Required for NF
- DAHS-Individualized Skills and Socialization: provider type, contracted providers, setting information

Required Documents: Nursing Facilities (NF)

- Tax ID Document
- Proposed Bed Configuration & Floor Plans
- Property Documents
- NPI Documents
- Medicaid Bed Allocation Approval Letter
- Letter to Local Health Authority
- Fire Marshall Inspection Report
- Formation Authorization Documents
- Management Company Agreement, if applicable
- Life Safety Code Inspection Request
- Expedited Life Safety Code Request

Required Documents related to Medicare

- Patient or Hospital Transfer Agreement
- Operations Transfer Agreement (OTA)
- Office of Civil Rights Confirmation
- CMS 671-LTC Facility Application for Medicare
- CMS 1561 – Health Insurance Benefit

Required Documents: Assisted Living Facility (ALF)

- Tax ID Document
- Property Documents
- Letter to Local Health Authority Fire Marshall Inspection Report
- Partnership Agreement, if applicable
- NPI Document, if applicable
- Management Company Agreement, if applicable
- LSC Inspection Request
- Expedited LSC Inspection Request, if requested
- Pre-licensure CBT
- Health Readiness Letter
- HHSC form 1092 Chow Affidavit (CHOWs)

Required Documents: Day Activity and Health Services (DAHS, DAHS with Individualized Skills and Socialization)

- Tax ID Document
- Property Documents
- Letter to Local Health Authority
- Fire Marshall Inspection Report
- Partnership Agreement, if applicable
- NPI Document, if applicable
- Management Company Agreement, if applicable
- LSC Inspection Request
- Pre-licensure CBT (DAHS with Individualized Skills and Socialization)
- HHSC form 1092 Chow Affidavit (CHOWs)

Required Documents: Day Activity and Health Services (DAHS) Individualized Skills and Socialization Only

- Tax ID Document
- Pre-licensure CBT
- HHSC form 1092 Chow Affidavit (CHOWs)

Required Documents: Home & Community Support Services Agencies (HCSSA)

- Tax ID Document
- Pre-Licensure CBT
- Initial or Continuing Education Required
- Training Hours Initial Organization Chart
- Initial Orderly Transfer of Care
- Management Company Agreement, if applicable
- NPI Document, if applicable
- Medicare Certified:
 - Form 6325 (Relocations)
 - Form 1561 (Health Insurance Benefit Agreement)
 - Form 690 (Office of Civil Rights)
 - Form 417 (Hospice)
- Hospice Inpatient Unit:
 - Fire Marshal Inspection Report (Initial and Relocation)
 - Letter to Local Health Authority (Initial and Relocation)
 - Life Safety Code Survey Readiness Request (Initial and Relocation)
 - Property Documents (Initial and relocation)
- Change of Ownership:
 - HHSC form 1092 Chow Affidavit
 - Accreditation Org Transfer document (Notification letter from the AO)
 - CMS form 3695 – Prospective Owner Intentions Regarding Medicare Certification
 - Final Purchase Documents

Required Documents: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)

- Tax ID Document
- Property Documents
- Letter to Local Health Authority
- Fire Marshal Inspection Report
- Partnership Agreement, if applicable
- NPI Document, if applicable
- Management Company Agreement, if applicable
- LSC Inspection Request
- Expedited LSC Inspection Request, if requested
- Pre-licensure CBT
- HHSC Approval Letter
- Health Readiness Letter
- HHSC form 1092 Chow Affidavit (CHOWs)

Required Documents: Prescribed Pediatric Extended Care Centers (PPECC)

- Tax ID Document
- Property Documents
- Letter to Local Health Authority
- Fire Marshal Inspection Report
- Bank Letter of Credit
- Building Plan Approval
- Building Zone Requirements
- Life Safety Code Inspection Request
- Owner Background Check
- HHSC form 1092 Chow Affidavit (CHOWs)