

**Substance Use Disorder Facility Licensure
Application Packet Documents for New/Initial Applicants**

To apply for an initial substance use disorder facility license, the items indicated below, this checklist initialed and signed, and licensure fees are required to be included with your application submission. Incomplete packets will delay processing. No treatment is authorized prior to approval of this application. Please submit the required items in a timely manner to ensure sufficient time for review and response as necessary.

- Facility Licensure Application completed in full & signed (25 Texas Administrative Code (TAC) §448.403);
Note: Provide a copy of the Internal Revenue Service letter assigning the federal employer identification number (EIN). If the person applying for licensure is an entity required to file a certificate of formation with the Secretary of State (SOS) or to register with the SOS to transact business in this State, please list that entity's full name under the "legal name" and attach a certificate of status from the Secretary of State's office to establish the applicant's legal status. A sole proprietor should list the individual's name under "legal name of applicant." To be included on a license, an assumed name listed on an application must be accompanied by a corresponding certificate of assumed name filed with the Secretary of State and/or applicable county clerk's office, as required by applicable law.
- Facility's Operational Plan [25 TAC § 448.502(a)(1) –(4)];
- Proof of liability insurance (25 TAC §448.403);
- Fees paid in full (25 TAC §448.408):
Base fee - \$1200.00;
Fee for each site - \$125.00; and
Fee for each residential bed - \$35.00

General Environment – Residential and Outpatient Facilities

- Completed ADA checklist access at <http://www.ada.gov/racheck.pdf>. Include reasonable timeframes and corrective action plans to address identified deficiencies, if applicable (25 TAC §448.505);
- Copy of Certificate of Occupancy from the local authority that reflects the current use by the occupant or documentation that the locality does not issue occupancy certificates (25 TAC §448.505);
- Co-Location: If the facility's physical location for which you are applying will be shared with non-substance use disorder treatment programs or services, please review the November 18, 2014, Guidance regarding Co-location of Facilities and/or Other Programs/Services at <http://www.dshs.texas.gov/facilities/substance-abuse/news.aspx>. Accordingly, please provide a complete listing of any and all non-substance use disorder treatment services or programs provided in the facility location you wish to license.

Additional Documentation for Residential Facilities

Please contact the Department's Substance Abuse Compliance Group by email at SACG@dshs.state.tx.us or by telephone at (512) 834-6700, ext. 2113 regarding physical plant requirements and pre-licensure inspection information.

Note: Inspections must be current, signed, dated, and free of outstanding corrective actions.

- Inspection by the local certified fire inspector or the State fire marshal (25 TAC §448.1202);
- Inspection of the alarm system by the fire marshal or an inspector authorized to install and inspect such systems (25 TAC §448.1202);
- Kitchen health inspection by the local health authority or the Texas Department of Health (25 TAC §448.1202);
- Gas pipe pressure test performed by the local gas company or a licensed plumber (25 TAC §448.1202);

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- Inspection and maintenance of fire extinguishers by personnel licensed or certified to perform said duties (25 TAC §448.1202);
- Fire alarm installation certificate which reflects installation by agents registered with the State Fire Marshal (25 TAC §448.1206); and
- Floor plan indicating total square footage of each room and the number and type of bed(s) (bunk or single) per room in which clients will sleep (25 TAC §448.1205).

Additional Documentation for Detoxification Programs

- Name and license number of Medical Director (25 TAC §448.902)
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Please submit the above items and total licensure fee payment, via cashier's check or money order, to:

Department of State Health Services
Regulatory Licensing Unit
Facility Licensing Group/Mail Code 2003
P.O. Box 149347
Austin, TX 78714-9347

OVERNIGHT MAILING ADDRESS

Department of State Health Services
Regulatory Licensing Unit
Facility Licensing Group/Mail Code 2003
1100 W. 49th Street
Austin, TX 78756

Applications are maintained for six (6) months. If the applicant has not demonstrated compliance with all applicable requirements during that time, the application will be retired. There is a six (6) month waiting period to reapply.

An application under Health & Safety Code, Chapter 464, and 25 TAC Chapter 448 is for licensure as a chemical dependency treatment facility only, and issuance of a license under those provisions does not satisfy any other applicable requirement for licensure or other form of authorization.

By signing below, I acknowledge that all required items indicated on this checklist and all licensure fees are submitted as the application packet for the above-named applicant for licensure as a chemical dependency treatment facility. I also attest that I am authorized to submit this application and to act on behalf of the named applicant, that I have thoroughly reviewed the Standard of Care Rules at 25 TAC Chapter 448, and that the applicant accepts responsibility for full knowledge and compliance by the applicant and its personnel with all applicable laws, including the Standard of Care rules in 25 TAC Chapter 448, including revisions.

Signature of the Applicant or the Applicant's Authorized Representative

Date

Printed Name of Applicant or Applicant's Authorized Representative