



## MATERNAL FACILITY DESIGNATION APPLICATION LEVEL I

### General Information

- For technical assistance, process, or rule clarification, please contact:

- **Perinatal Designation Coordinators**

Debbie Lightfoot, RN – (512) 231-5614  
[Debra.Lightfoot@DSHS.texas.gov](mailto:Debra.Lightfoot@DSHS.texas.gov)

Alisha Wilkin, RN – (512) 834-6743  
[Alisha.Wilkin@DSHS.texas.gov](mailto:Alisha.Wilkin@DSHS.texas.gov)

Danielle Vargas, R.N. – (737) 218-7069  
[Danielle.Vargas@DSHS.texas.gov](mailto:Danielle.Vargas@DSHS.texas.gov)

Vicki Gloria, R.N. – (737) 218-7079  
[Vicki.Gloria@DSHS.texas.gov](mailto:Vicki.Gloria@DSHS.texas.gov)

- **Designation Program Manager**

Elizabeth Stevenson, RN – (512) 834-6794  
[Elizabeth.Stevenson@DSHS.texas.gov](mailto:Elizabeth.Stevenson@DSHS.texas.gov)

- Submit the application packet to our office within 120 days of the facility's completed self-survey report and attestation.
- For further information regarding the application process, go to [Texas Administrative Code Title 25, Part 1, Chapter 133, Subchapter K, §133.204 - Designation Process](#)



Application Packet Submission Instructions:

1. Fill out the Application. Answer all questions completely.
2. Compile all required documents for the application packet: application, payment, Self Survey Report, Plan of Correction (POC), Perinatal Care Region (PCR) participation letter, and any subsequent documents requested by the office.
3. Submit payment<sup>1</sup> and Remittance Form to:

Texas Department of State Health Services  
Cash Receipts Branch, MC 2003  
Office of EMS/Trauma Systems Coordination  
P.O. Box 149347  
Austin, Texas 78714-9347

4. Electronically submit application packets to:

[DSHS.EMS-TRAUMA@dshs.state.tx.us](mailto:DSHS.EMS-TRAUMA@dshs.state.tx.us)

**Subject line:** Maternal Application Packet: [Facility Name and PCR/TSA]

- If unable to submit electronically, send via:

US Postal Service:

Department of State Health Services  
Office of EMS/Trauma Systems, MC1876  
P. O. Box 149347  
Austin, TX 78714-9347

Other services (i.e. UPS or FedEx), or hand-delivery:

Department of State Health Services  
Office of EMS/Trauma Systems, MC1876  
8407 Wall Street  
Austin, TX 78754

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<sup>1</sup>Application fee: Level I ≤100 licensed beds - \$250.00; or >100 licensed beds - \$750.00.





Maternal Statistical Data:

Reporting month/year (mm/yy): \_\_\_\_\_ to \_\_\_\_\_  
(Use the most recent 12-month period, i.e. 04/17 to 04/18)

Total number of vaginal deliveries:  
Total number of forceps deliveries:  
Total number of vacuum deliveries:

Total number of TOLAC<sup>5</sup> attempts:  
Total number of VBAC<sup>6</sup> deliveries:

Total number of C-section deliveries:

Total number of multiples:

Total number of postpartum hemorrhage cases:

Total number of perinatal ICU admissions:

Total number of maternal-related deaths:

Total number of maternal transfers in from external facilities:  
Total number denied:

Total number of maternal transfers out to external facilities:  
Total number denied:

Signature of Maternal Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Signature of Maternal Medical Director \_\_\_\_\_ Date \_\_\_\_\_

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<sup>5</sup>Trial of Labor After Cesarean

<sup>6</sup>Vaginal Birth After Cesarean

Revised September 13, 2018



Budget/Fund: ZZ101-160 355726

Remittance Form

Send this form with your payment to:

**Texas Department of State Health Services  
Cash Receipts Branch, MC 2003  
Office of EMS/Trauma Systems  
P.O. Box 149347  
Austin, Texas 78714-9347**

Division: HCQSS/EMS                      Budget #: ZZ101  
Program: Maternal Designation        Fund #: 160

Application For: Maternal Facility Designation

Date

Facility Level: Level I

Facility Name:  
Street Address:  
City, State, Zip:  
County:

Perinatal Care Region (PCR/TSA):

Fee<sup>7</sup> Amount Enclosed:

Make checks payable to: *Texas Department of State Health Services*

Check Number:

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<sup>7</sup>Application fee: Level I ≤100 licensed beds - \$250.00; or >100 licensed beds - \$750.00.



Required Documents:

Completed designation application form.

Copy of the Remittance Form sent to *Cash Receipts* with payment.

PCR Letter of Participation.

Completed maternal self survey report with appropriate requested documents.

Completed attestation form.

Plan of correction if appropriate.

Any subsequent documents requested by the office.