SERVICE CODE: 529201034
DEPT ID: ZZ101 FUND: 150

TEXAS Health and Human Services

Psychiatric Hospital Multiple Location License Renewal Application

Name of Main Hospital: _____

Name of Multiple Location Hospital: _____

Hospital License Number: _____ **Status:** ☐ Profit ☐ Non-Profit

Renewal Fee Submitted ☐ By Mail ☐ Online *(See Renewal Notice for Fee Amount)*

Hospital within a hospital: ☐ Yes ☐ No

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1. HOSPITAL SERVICES:

☐ **PRIVATE PSYCHIATRIC** - The term "private psychiatric" means an establishment offering inpatient services, including treatment facilities, and beds for use beyond 24 hours, for the primary purpose of providing psychiatric assessment and diagnostic services and psychiatric inpatient care and treatment for mental illness. Such services must be more intensive than room, board, personal services, and general medical and nursing care. Although substance abuse services may be offered, a majority of beds must be dedicated to the treatment of mental illness in adults and/or children. Services other than those of an inpatient nature are not licensed or regulated by the department and are considered only to the extent that they affect the stated resources for the inpatient components.

Services: *(Please check all services offered)*

☐ Psychiatric

☐ Chemical Dependency

☐ Laboratory Services (*Onsite or Contracted*)

☐ Emergency Treatment Room *(Required)*

LICENSE NUMBER: _____ SERVICE CODE: 529201034

2. LICENSED BEDS:

a. How many total licensed beds are at this hospital location? _____
Total bed design capacity of this hospital only.
A change in the bed design capacity requires prior approval and possible fees.

b. How many emergency treatment room beds are at this hospital location? _____
This count is not included in the licensed bed count above and will not affect fees.
A minimum of one bed is required.

3. EQUIPMENT AND FACILITIES:

☐ Attach a description of any major medical equipment and facilities used by the hospital.

☐ Attach a plan (campus map) of the premises that describes the buildings and grounds and the manner in which the various parts of the premises are intended to be used. The plan should also include the names of the buildings, the licenses held by each building, and the number of beds in each building.

4. MEDICAL AND PROFESSIONAL STAFF:

Provide the name of the physician in charge of the care and treatment of the patients.

_____ _____
Name of Physician Title

_____ _____
License Number Expiration Date

Provide the numbers of all professional staff below. On a separate sheet include an explanation of the duties and qualifications of the professional staff.

_____ Licensed Counselors
_____ Registered Nurses
_____ Master Social Workers
_____ Licensed Vocational Nurses
_____ PhDs
_____ Other: _____
_____ MDs
_____ Recreational Therapists
_____ Occupational Therapists
_____ Activity Therapists
_____ Psychiatric Technicians

5. ACCREDITATION:

(Check the appropriate category)
Attach a copy of the most recent <u>hospital</u> letter or certificate of accreditation.

☐ Joint Commission (JC)
☐ American Osteopathic Association (AOA)
☐ DNV GL
☐ Center for Improvement in Healthcare Quality (CIHQ)
☐ Not accredited

6. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 134, Private Psychiatric Hospitals and Crisis Stabilization Units Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents.

_____ _____
Chief Executive Officer Signature Date Signed

_____ _____
Printed Name of CEO Title

_____ _____
Telephone Number Email Address

7. HOSPITAL ADMINISTRATOR:

_____ _____
Onsite Administrator in charge of day-to-day operations Title

_____ _____
Telephone Number Email Address