Currently licensed substance abuse facilities seeking to add a new site or to make changes to a licensed facility must submit: an application, licensure fees (if applicable), application checklist and supplemental documentation. Please submit the required items in a timely manner to ensure sufficient time for review and response as necessary.

Change in Status Applicant (New Site):

A change in address (site move) will be processed as a new site. Upon approval and completion of a site move, the facility will need to submit a closure form and return the original licensure certificate.

- Application - [25 Texas Administrative Code TAC §448.403].
- Fees - Licensure fees are not refundable. Fees shall be paid in full by cashier’s check or money order. Make payable to: Texas Health and Human Services [25 TAC §448.408].
- IRS Letter - Internal Revenue Service letter assigning the federal employer identification number to the applicant applying for licensure.
- Certificate of Filing - 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.”
- Assumed Name Certificate (If applicable) - 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] Legal name and site address must be listed.
- ADA Checklist - [25 TAC §448.505] Complete the 89 page ADA checklist for each building and/or suite to be licensed.
- Certificate of Occupancy - 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].
- Lease Agreement/Deed - Copy of the lease agreement or deed to the site address that reflects the legal name of the applicant as tenant or owner.
- Floor Plan - Copy of a floor plan that clearly identifies what the facility site address will entail at each room.
- Co-Location List (if applicable) - Submit a listing of all non-substance use disorder treatment services and/or programs provided at the site address listed on the application. Guidance regarding Co-Location can be reviewed at: www.dshs.texas.gov/facilities/substance-abuse/news.aspx.
Residential Applicants Only – Additional Documentation

☐ 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 State Health Services [25 TAC §448.1202].
☐ Gas pipe pressure test performed by the local gas company or a licensed plumber [25 TAC §448.1202].
☐ 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].
☐ 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].

Detoxification Applicants Only – Additional Documentation

☐ Name and license number of Medical Director [25 TAC §448.902].

Change in Status Applicant (Treatment Service Change):

☐ Application - [25 Texas Administrative Code TAC §448.403].
☐ Fees (if applicable) - Licensure fees are not refundable. Fees shall be paid in full by cashier’s check or money order. Make payable to: Texas Health and Human Services [25 TAC §448.408].
☐ Facility’s Operational Plan - [25 TAC §448.502(a) (1-4)].
☐ Co-Location List (if applicable) – Submit a listing of all non-substance use disorder treatment services and/or programs provided at the site address listed on the application. Guidance regarding Co-Location can be reviewed at: www.dshs.texas.gov/facilities/substance-abuse/news.aspx.

Submit application packet and payment to:

Texas Health and Human Services
Facility Licensing Group - Service Code 529201043
P.O. Box 149055
Austin, Texas 78714-9055
Substance Abuse Facility Licensure Application
Checklist for Change in Status Applicants

If the facility fails to provide the information the Commission requires to process the change in status application within six months from the date of application, the application may be denied. The facility shall not reapply for six months from the date of denial. [25 TAC §448.405 (b)]

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.

I acknowledge that all required items indicated on this checklist and licensure fees are submitted as the application packet for licensure as a substance abuse treatment facility for:

__________________________________________
Legal Name of Applicant

By signing below, I attest that I am authorized to submit this application and to act on behalf of the above named applicant. I have thoroughly reviewed the Standard of Care Rules at 25 TAC Chapter 448, and I accept responsibility for full knowledge and compliance by our facility and personnel with all applicable laws, including the Standard of Care rules in 25 TAC Chapter 448, including revisions.

__________________________________________
Chief Executive Officer or Facility Contact (Print)

__________________________________________
Chief Executive Officer or Facility Contact (Sign)

__________________________________________
Date