

Accounts Receivable E-411
Texas Department of Aging and Disability Services
P.O. Box 149030
Austin, Texas 78714-9030
Telephone: (512) 438-2630

For DADS Use Only
Approval Date:
Specialist:

Home and Community Support Services Agency
Request for Alternate Delivery Site License

1. Type of Application:

Check one: Initial Renewal Change of Ownership

Inpatient Unit: Yes No

License Number (for renewal and change of ownership applications only): _____

National Provider Identifier (NPI) Number: _____

2. Licensing Fee:

Health and Safety Code, Chapter 142, Section 142.010, authorizes the Texas Department of Aging and Disability Services (DADS) to set home and community support services agency licensing fees. **FEES PAID TO DADS ARE NOT REFUNDABLE.**

DADS will not consider an application as officially submitted until the applicant pays the licensing fee.

Initial Alternate Delivery Site License Fee	\$1000.00
Renewal Alternate Delivery Site License Fee	\$ 600.00
Change of Ownership Branch Office License Fee	\$1000.00
Initial Alternate Delivery Site Inpatient License Fee	\$1000.00

3. For Renewal Purposes Only: The information provided in 3 (a) and 3 (b) should **not** include clients served by the parent agency.

(a) Total number of **current unduplicated clients:** _____

(b) Number of **current unduplicated client census** by category of service:

Home Hospice: _____ Inpatient Hospice Unit: _____

4. Parent Agency:

Name of Parent Agency		License Number	
Street Address	City	State	ZIP Code

5. Alternate Delivery Site:

Street Address		County	
City	State	ZIP Code	
Telephone Number		Fax Number	
Operating Days		Operating Hours	

6. Parent Office:

Administrator Name	E-Mail Address
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7. Categories of Service: Check the categories of service to be included on the license for this branch location. **Note:** An Alternate Delivery Site office may offer fewer categories of services than the parent office, but may not offer categories of services that are not offered by the parent agency.

Hospice Alternate Delivery Site Hospice Alternate Delivery Site with Inpatient Unit

Name of Agency:

License Number:

8. Geographic Service Area: The counties must be within the parent agency service area.

REGION 1 – LUBBOCK										
	County			County			County		County	
<input type="checkbox"/>	Armstrong		<input type="checkbox"/>	Dickens		<input type="checkbox"/>	Hutchinson		<input type="checkbox"/>	Potter
<input type="checkbox"/>	Bailey		<input type="checkbox"/>	Donley		<input type="checkbox"/>	King		<input type="checkbox"/>	Randall
<input type="checkbox"/>	Briscoe		<input type="checkbox"/>	Floyd		<input type="checkbox"/>	Lamb		<input type="checkbox"/>	Roberts
<input type="checkbox"/>	Carson		<input type="checkbox"/>	Garza		<input type="checkbox"/>	Lipscomb		<input type="checkbox"/>	Sherman
<input type="checkbox"/>	Castro		<input type="checkbox"/>	Gray		<input type="checkbox"/>	Lubbock		<input type="checkbox"/>	Swisher
<input type="checkbox"/>	Childress		<input type="checkbox"/>	Hale		<input type="checkbox"/>	Lynn		<input type="checkbox"/>	Terry
<input type="checkbox"/>	Cochran		<input type="checkbox"/>	Hall		<input type="checkbox"/>	Moore		<input type="checkbox"/>	Wheeler
<input type="checkbox"/>	Collingsworth		<input type="checkbox"/>	Hansford		<input type="checkbox"/>	Motley		<input type="checkbox"/>	Yoakum
<input type="checkbox"/>	Crosby		<input type="checkbox"/>	Hartley		<input type="checkbox"/>	Ochiltree			
<input type="checkbox"/>	Dallam		<input type="checkbox"/>	Hemphill		<input type="checkbox"/>	Oldham			
<input type="checkbox"/>	Deaf Smith		<input type="checkbox"/>	Hockley		<input type="checkbox"/>	Parmer			

REGION 2 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Archer		<input type="checkbox"/>	Eastland		<input type="checkbox"/>	Knox		<input type="checkbox"/>	Stonewall
<input type="checkbox"/>	Baylor		<input type="checkbox"/>	Fisher		<input type="checkbox"/>	Mitchell		<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Brown		<input type="checkbox"/>	Foard		<input type="checkbox"/>	Montague		<input type="checkbox"/>	Throckmorton
<input type="checkbox"/>	Callahan		<input type="checkbox"/>	Hardeman		<input type="checkbox"/>	Nolan		<input type="checkbox"/>	Wichita
<input type="checkbox"/>	Clay		<input type="checkbox"/>	Haskell		<input type="checkbox"/>	Runnels		<input type="checkbox"/>	Wilbarger
<input type="checkbox"/>	Coleman		<input type="checkbox"/>	Jack		<input type="checkbox"/>	Scurry		<input type="checkbox"/>	Young
<input type="checkbox"/>	Comanche		<input type="checkbox"/>	Jones		<input type="checkbox"/>	Shackelford			
<input type="checkbox"/>	Cottle		<input type="checkbox"/>	Kent		<input type="checkbox"/>	Stephens			

REGION 3 – METROPLEX										
	County			County			County		County	
<input type="checkbox"/>	Collin		<input type="checkbox"/>	Erath		<input type="checkbox"/>	Johnson		<input type="checkbox"/>	Rockwall
<input type="checkbox"/>	Cooke		<input type="checkbox"/>	Fannin		<input type="checkbox"/>	Kaufman		<input type="checkbox"/>	Somervell
<input type="checkbox"/>	Dallas		<input type="checkbox"/>	Grayson		<input type="checkbox"/>	Navarro		<input type="checkbox"/>	Tarrant
<input type="checkbox"/>	Denton		<input type="checkbox"/>	Hood		<input type="checkbox"/>	Palo Pinto		<input type="checkbox"/>	Wise
<input type="checkbox"/>	Ellis		<input type="checkbox"/>	Hunt		<input type="checkbox"/>	Parker			

REGION 4 – TYLER										
	County			County			County		County	
<input type="checkbox"/>	Anderson		<input type="checkbox"/>	Franklin		<input type="checkbox"/>	Marion		<input type="checkbox"/>	Smith
<input type="checkbox"/>	Bowie		<input type="checkbox"/>	Gregg		<input type="checkbox"/>	Morris		<input type="checkbox"/>	Titus
<input type="checkbox"/>	Camp		<input type="checkbox"/>	Harrison		<input type="checkbox"/>	Panola		<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Cass		<input type="checkbox"/>	Henderson		<input type="checkbox"/>	Rains		<input type="checkbox"/>	Van Zandt
<input type="checkbox"/>	Cherokee		<input type="checkbox"/>	Hopkins		<input type="checkbox"/>	Red River		<input type="checkbox"/>	Wood
<input type="checkbox"/>	Delta		<input type="checkbox"/>	Lamar		<input type="checkbox"/>	Rusk			

REGION 5 – BEAUMONT										
	County			County			County		County	
<input type="checkbox"/>	Angelina		<input type="checkbox"/>	Jefferson		<input type="checkbox"/>	Polk		<input type="checkbox"/>	Shelby
<input type="checkbox"/>	Hardin		<input type="checkbox"/>	Nacogdoches		<input type="checkbox"/>	Sabine		<input type="checkbox"/>	Trinity
<input type="checkbox"/>	Houston		<input type="checkbox"/>	Newton		<input type="checkbox"/>	San Augustine		<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Jasper		<input type="checkbox"/>	Orange		<input type="checkbox"/>	San Jacinto			

Name of Agency:

License Number:

8. Geographic Service Area: The counties must be within the parent agency service area.

REGION 6 – HOUSTON										
	County			County			County		County	
<input type="checkbox"/>	Austin		<input type="checkbox"/>	Fort Bend		<input type="checkbox"/>	Matagorda		<input type="checkbox"/>	Wharton
<input type="checkbox"/>	Brazoria		<input type="checkbox"/>	Galveston		<input type="checkbox"/>	Montgomery			
<input type="checkbox"/>	Chambers		<input type="checkbox"/>	Harris		<input type="checkbox"/>	Walker			
<input type="checkbox"/>	Colorado		<input type="checkbox"/>	Liberty		<input type="checkbox"/>	Waller			

REGION 7 – AUSTIN										
	County			County			County		County	
<input type="checkbox"/>	Bastrop		<input type="checkbox"/>	Coryell		<input type="checkbox"/>	Lampasas		<input type="checkbox"/>	Mills
<input type="checkbox"/>	Bell		<input type="checkbox"/>	Falls		<input type="checkbox"/>	Lee		<input type="checkbox"/>	Robertson
<input type="checkbox"/>	Blanco		<input type="checkbox"/>	Fayette		<input type="checkbox"/>	Leon		<input type="checkbox"/>	San Saba
<input type="checkbox"/>	Bosque		<input type="checkbox"/>	Freestone		<input type="checkbox"/>	Limestone		<input type="checkbox"/>	Travis
<input type="checkbox"/>	Brazos		<input type="checkbox"/>	Grimes		<input type="checkbox"/>	Llano		<input type="checkbox"/>	Washington
<input type="checkbox"/>	Burleson		<input type="checkbox"/>	Hamilton		<input type="checkbox"/>	Madison		<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Burnet		<input type="checkbox"/>	Hays		<input type="checkbox"/>	McLennan			
<input type="checkbox"/>	Caldwell		<input type="checkbox"/>	Hill		<input type="checkbox"/>	Milam			

REGION 8 – SAN ANTONIO										
	County			County			County		County	
<input type="checkbox"/>	Atascosa		<input type="checkbox"/>	Edwards		<input type="checkbox"/>	Karnes		<input type="checkbox"/>	Medina
<input type="checkbox"/>	Bandera		<input type="checkbox"/>	Frio		<input type="checkbox"/>	Kendall		<input type="checkbox"/>	Real
<input type="checkbox"/>	Bexar		<input type="checkbox"/>	Gillespie		<input type="checkbox"/>	Kerr		<input type="checkbox"/>	Uvalde
<input type="checkbox"/>	Calhoun		<input type="checkbox"/>	Goliad		<input type="checkbox"/>	Kinney		<input type="checkbox"/>	Val Verde
<input type="checkbox"/>	Comal		<input type="checkbox"/>	Gonzales		<input type="checkbox"/>	La Salle		<input type="checkbox"/>	Victoria
<input type="checkbox"/>	DeWitt		<input type="checkbox"/>	Guadalupe		<input type="checkbox"/>	Lavaca		<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Dimmit		<input type="checkbox"/>	Jackson		<input type="checkbox"/>	Maverick		<input type="checkbox"/>	Zavala

REGION 9 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Andrews		<input type="checkbox"/>	Gaines		<input type="checkbox"/>	McCulloch		<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Borden		<input type="checkbox"/>	Glasscock		<input type="checkbox"/>	Menard		<input type="checkbox"/>	Terrell
<input type="checkbox"/>	Coke		<input type="checkbox"/>	Howard		<input type="checkbox"/>	Midland		<input type="checkbox"/>	Tom Green
<input type="checkbox"/>	Concho		<input type="checkbox"/>	Irion		<input type="checkbox"/>	Pecos		<input type="checkbox"/>	Upton
<input type="checkbox"/>	Crane		<input type="checkbox"/>	Kimble		<input type="checkbox"/>	Reagan		<input type="checkbox"/>	Ward
<input type="checkbox"/>	Crockett		<input type="checkbox"/>	Loving		<input type="checkbox"/>	Reeves		<input type="checkbox"/>	Winkler
<input type="checkbox"/>	Dawson		<input type="checkbox"/>	Martin		<input type="checkbox"/>	Schleicher			
<input type="checkbox"/>	Ector		<input type="checkbox"/>	Mason		<input type="checkbox"/>	Sterling			

REGION 10 – EL PASO										
	County			County			County		County	
<input type="checkbox"/>	Brewster		<input type="checkbox"/>	El Paso		<input type="checkbox"/>	Jeff Davis			
<input type="checkbox"/>	Culberson		<input type="checkbox"/>	Hudspeth		<input type="checkbox"/>	Presidio			

REGION 11 – CORPUS CHRISTI										
	County			County			County		County	
<input type="checkbox"/>	Aransas		<input type="checkbox"/>	Hidalgo		<input type="checkbox"/>	Live Oak		<input type="checkbox"/>	Starr
<input type="checkbox"/>	Bee		<input type="checkbox"/>	Jim Hogg		<input type="checkbox"/>	McMullen		<input type="checkbox"/>	Webb
<input type="checkbox"/>	Brooks		<input type="checkbox"/>	Jim Wells		<input type="checkbox"/>	Nueces		<input type="checkbox"/>	Willacy
<input type="checkbox"/>	Cameron		<input type="checkbox"/>	Kenedy		<input type="checkbox"/>	Refugio		<input type="checkbox"/>	Zapata
<input type="checkbox"/>	Duval		<input type="checkbox"/>	Kleberg		<input type="checkbox"/>	San Patricio			

Name of Agency:

License Number:

9. How will the agency evaluate the ability of the governing body to manage the location?

10. How will the agency evaluate any changes made to the lines of authority and professional and administrative control?

11. How will the agency evaluate the ability of the Medical Director to assume responsibility for the medical component of the hospice's patient care at all locations?

12. How will the agency evaluate the ability of the hospice to monitor and exercise control over services provided by personnel under arrangements or contracts at the multiple locations?

13. How will the agency evaluate changes to the IDG(s) providing hospice services?

14. How will the agency evaluate changes in staffing or the client population or both?

15. How will the agency evaluate changes in the way clinical records are maintained, protected and safeguarded against loss, destruction or unauthorized use?

16. How will the agency evaluate the ability of the hospice to provide all hospice services at the multiple locations?

Name of Agency:

License Number:

17. Affidavit:

Before me, the undersigned authority, on this day personally appeared, known to me to be the person who is the AUTHORIZED REPRESENTATIVE of this Home and Community Support Services Agency and acknowledged to me that all the information contained in this document is true and correct.

_____	_____
Printed Name	Title
_____	_____
Signature—Authorized Representative	Date Signed

Given under my hand and seal of office, this _____ day of _____ in the year of _____.

Signature of Notary Public

Notary Public in and for _____ County, Texas
Name of County

**Place Notary Seal
or Stamp Here**

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Home and Community Support Services Agencies (HCSSA) Licensing Unit at (512) 438-2630.

Name of Agency:

License Number:

Home and Community Support Services Agency

**Checklist for Completing an Alternate Delivery Site (ADS) Initial or Change of Ownership (CHOW)
Application for a Home and Community Support Services Agency (HCSSA) License**

The application, documents and required fee for the HCSSA CHOW license must be **postmarked 30 days prior to the effective date of the CHOW** to avoid a late fee.

Mail to: Home and Community Support Services Agencies
Texas Department of Aging and Disability Services
Accounts Receivable E-411
P.O. Box 149030
Austin, TX 78714-9030

Note: If mailed to any other address, your application will be delayed.

- Completed Form 2024 **application**, signed, dated and notarized.
- Non-refundable licensing fee of \$1000.00** made payable to the **Texas Department of Aging and Disability Services**.
- Organizational structure** of the ADS office that shows the relationship to the parent agency office.

For Initial Applications Only:

If the parent license is to expire within two months of the initial ADS office request, please call 512-438-2630 and request to speak with the licensing specialist for the region where the parent license is located.

Home and Community Support Services Agency

**Checklist for Completing an Alternate Delivery Site (ADS) Renewal Application
for a Home and Community Support Services Agency (HCSSA) License**

The application, documents and required fee for renewal of the HCSSA license must be **postmarked 45 days prior to the expiration date of the license** to avoid a late fee. If an agency fails to apply for license renewal prior to the expiration date of the license, the agency must cease operation upon expiration of the license.

Mail to: Home and Community Support Services Agencies
Texas Department of Aging and Disability Services
Accounts Receivable E-411
P.O. Box 149030
Austin, TX 78714-9030

Note: If mailed to any other address, your application will be delayed.

- Completed Form 2024 **application**, signed, dated and notarized.
- Non-refundable licensing fee of \$600.00** made payable to the **Texas Department of Aging and Disability Services**.