



# DADS Presentation

## Completing Form 2021 Licensing Application

Home and Community Support Services Agencies

A photograph of a "Form 2021 Licensing Application" for Home and Community Support Services Agencies. The form is white with black text and checkboxes. It includes sections for: "1. TYPE OF APPLICATION", "2. LICENSING FEE: \$5,750", "3. NAME OF OWNER (LEGAL ENTITY)", "4. ADDRESS THE AGENCY WILL BE DOING BUSINESS AS (DBA)", and "MANAGEMENT INFORMATION". The form is tilted and partially obscured by a blue and white wavy graphic at the bottom of the slide.

# Overview

- The purpose of this presentation is to provide information about the Form 2021 Licensing Application and the rules affecting the application located in the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 97 Subchapter B licensing standards as it relates to the Home and Community Support Services Agencies (HCSSA).
- This information will equip the participant to understand the licensing process and application requirements.

The image shows a 'Form 2021 Licensing Application' for a 'Home and Community Support Services Agency'. The form is issued by the Texas Department of Aging and Disability Services, located at 1001 Cooke Street, Austin, TX 78738. It includes sections for 'TYPE OF APPLICATION' (Initial, Change of Administrator, Relinquish, Change of Ownership, Update), 'LICENSING FEE: \$5,750', 'NAME OF OWNER (LEGAL ENTITY)', 'ADDRESS' (Physical and Mailing), and 'MANAGEMENT INFORMATION' (Supervising Nurse, Alternate Administrator, etc.).

The application can be found at <http://www.dads.state.tx.us/forms/2021/>.

Subchapter B can be located at <http://www.dads.state.tx.us/handbooks/lshcssa/>

# Who Should Submit Form 2021?

Those persons providing Home Health, Hospice or Personal Assistance Services (PAS) for pay or other considerations in a client's residence, an independent living environment or another appropriate location should submit this application.

Complete this form for all initial parent, renewal and Change of Ownership (CHOW) applications.

An applicant may receive an application packet from DADS or download one from the DADS website.



# Objectives

In this course you will review the:

- Texas Administrative Code (TAC), Title 40, Part 1, Chapter 97 Subchapter B; and
- Licensing Form 2021.

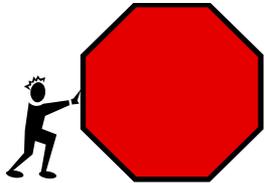


## Organization

- This course is designed to provide general information on the licensing application requirements.
- It will be helpful to print the application Form 2021 so it may be reviewed throughout this course.
- This presentation follows Form 2021 in its content. Form 2021 is divided into sections which require specific information.
- This presentation includes information from Title 40, Part 1, Chapter 97 Subchapter B to ensure the participant has all the required information to complete Form 2021.

It remains the full responsibility of each applicant to complete the application in its entirety with accurate information.

# National Provider Identification Number



**Prior to submitting your Application Form 2021 you will need your National Provider Identification number.**

The National Provider Identification (NPI) number is the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPES). To obtain an NPI, you may apply online at <https://NPPES.cms.hhs.gov>.

NOTE: Once you have this number you can submit your application.



# Presurvey Conference CBT

To avoid delays in the application process, the applicant should ensure that the appropriate individuals have completed the presurvey computer-based training (CBT) **before** submission of Form 2021. The applicant must print documentation of completion for each of the required individuals and submit proof of completion with the application.

According to §97.11, the presurvey conference CBT must be completed by the individuals below:

- the designated administrator and an alternate of a personal assistance agency; or
- the designated administrator, alternate administrator, supervising nurse and alternate supervising nurse of all other types of agencies

The presurvey conference CBT is on the DADS website at <http://www.dads.state.tx.us/providers/hcssa/cbt>



# Form 2021 Sections

The application is divided up into 14 sections.

Section 1-Type of Application	Section 8-Renewals or CHOWS only
Section 2-Legal Entity Name	Section 9-Geographic Service Areas
Section 3-Address	Section 10-Ownership Disclosure
Section 4-Doing Business As (DBA) Name	Section 11-Adverse Legal History
Section 5-Management Information	Section 12-Affidavit for Application
Section 6-Accreditation Status	Section 13-Affidavit of Capability
Section 7-Contracts with State Agencies	Section 14-Affidavit of Financial Solvency



# Begin Completing Form 2021

- Type or print all information so that it is legible.
- Do not use pencil or white out correctional fluid.
- Report additional information within a section by copying and completing that section for each additional entry.
- Submit all required supporting documentation, including the required fee.
- Keep a copy of your completed application with the attachments and a copy of your check for your records.
- An applicant must complete and furnish all documents and information that DADS requests in accordance with instructions provided with the application packet.
- All submitted documents must be notarized copies or originals.
- Complete all sections of the application.

Texas Department of Aging and Disability Services  
 Accounts Receivable  
 Mail Code E-111  
 P.O. Box 149030  
 Austin, TX 78714-9030  
 Telephone: (512) 438-2630

Home and Community Support Services Agency  
 License Application

For DADS Use Only  
 Approval Date: \_\_\_\_\_  
 Specialist: \_\_\_\_\_

**1. TYPE OF APPLICATION (check one and refer to instructions for change of information or update)**  
 Initial  
 Change of Administrator  Renewal  Relocation  
 Change of Ownership (CHOW)  Update: Type of Update: \_\_\_\_\_  
 Stock Transfer 49% or Less

**2. LICENSING FEE: \$1,750**  
 License No. (for renewal and change of ownership applications only) \_\_\_\_\_  
 Health and Safety Code Chapter 142, Section 142.010, authorizes the Texas Department of Aging and Disability Services (DADS) to set application as officially submitted until the applicant pays the full licensing fee. Fees paid to DADS are not refundable.

Ensure the legal business entity shown in Section 3 matches the name on the tax documents, articles of incorporation or articles of organization. Submit a copy of the documentation from the National Provider Identifier (NPI) office and documentation from the Internal Revenue Service (IRS) of the tax identification number.

**3. NAME OF OWNER (Legal Entity)**  
 Mailing Address: \_\_\_\_\_  
 3(a). National Provider Identifier (NPI) No. \_\_\_\_\_  
 Tax Identification No. \_\_\_\_\_

**4. NAME THE AGENCY WILL BE DOING BUSINESS AS (DBA)**  
 \_\_\_\_\_  
 (b). Physical Location of the Agency (include City, County and ZIP Code) \_\_\_\_\_

**5. ADDRESS: Make sure the physical location address listed is the actual location of the agency (for example, where all original files are kept and services are delivered and administered). The mailing address is where the agency receives its correspondence.**  
 (a). Mailing Address (include City, County and ZIP Code) \_\_\_\_\_

**6. MANAGEMENT INFORMATION: Do not leave any blanks. All agencies must have an administrator and an alternate administrator. The supervising nurse and alternate supervising nurse are required for agencies requesting Licensed Home Health, Licensed and Certified Home Health Services, and Hospice categories. Those agencies requesting only the category of Personal Assistance Services do not require a supervising nurse or alternate supervising nurse.**

Operating Days	Operating Hours
Agency Email Address	Telephone No. (include area code)
Name of Administrator	Fax No. (include area code)
Name of Alternate Administrator	
Name of Supervising Nurse/Therapist (if applicable)	Email Address
Name of Alternate Supervising Nurse/Therapist (if applicable)	Email Address
Name of Chief Financial Officer (if applicable)	Email Address

# Section 1 Type of Application

Use the application form to:

- apply for an Initial license or CHOW (change of 50% or more of stock/ownership) license; and
- renew a license.

The application form must be used to update DADS about changes that affect your agency such as:

- relocation;
- management personnel;
- operating hours;
- telephone and fax numbers;
- agency service area (expanding or reducing);
- category(ies) of service(s) (adding or deleting);
- ownership interests and/or stock transfer of 49% or less;
- agency name (legal entity name and/or DBA); and
- chief financial officer (CFO).

Check the box that applies in section one.

**1. Type of Application (check one and refer to instructions for change of information or update)**

Initial       Renewal       Change of Ownership (CHOW)       Stock Transfer 49% or Less

Change of Administration       Relocation       Update: Type of Update:

**License No.** (for renewal and change of ownership applications only)

**For stock transfer or change of ownership,  
refer to Section 10.**

# Types of Application

The next section of slides explain each of the application types in section one. Review each type or proceed to the type of application pertinent to your circumstances. Please read the section and its corresponding rules located both here and in the TAC Chapter 97 Subchapter Part B.



## 1. Type of Application (check one and refer to instructions for change of information or update)

- Initial       Renewal       Change of Ownership (CHOW)       Stock Transfer 49% or Less
- Change of Administration       Relocation       Update: Type of Update:

License No. (for renewal and change of ownership applications only)

**For stock transfer or change of ownership,  
refer to Section 10.**

# §97.11 Initial Licensure

## Important facts about initial licensure

- A first-time application for a license is an application for an initial license.
- An application for a license when there is a CHOW is an application for an initial license.
- A separate license is required for each place of business as defined in §97.2.
- An agency's place of business must be located in and have an address in Texas.
- An applicant must be at least 18 years of age.



Before issuing a license, DADS considers the background including criminal history and qualifications of:

- the applicant;
- a controlling person of the applicant;
- a person with a disclosable interest;
- an affiliate of the applicant;
- the administrator;
- the alternate administrator; and
- the chief financial officer.



# §97.11 Initial Licensure

Initial licensure applicants must meet certain criteria



The applicant must not: have an unsatisfied final judgment in any state or other jurisdiction; be in default on a guaranteed student loan (Education Code, §57.491); or be delinquent on child support obligations (Family Code, Chapter 232).



**CRITERIA**



In the last two years, the applicant must not have a history in any state or other jurisdiction of any of the following: an unresolved federal or state tax lien; an eviction involving any property or space used as an inpatient hospice agency; or an unresolved final Medicare or Medicaid audit exception.



In the last 12 months, the applicant must not have a history in any state or other jurisdiction of any of the following: denial, suspension, or revocation of an agency license or a license for a health care facility; surrender a license before expiration or allowance of a license to expire instead of the licensing authority proceeding with enforcement action; a Medicaid or Medicare sanction or penalty relating to the operation of an agency or a health care facility; operation of an agency that has been decertified in any state under Medicare or Medicaid; or debarment, exclusion, or involuntary contract cancellation in any state by Medicare or Medicaid.

# §97.11 Initial Licensure

## Application procedures for certification

## Links

- When an agency requests the initial license application including certification, the applicant completes and submits a CMS-855A enrollment application and all supporting documentation to its fee-for-service contractor.
- The fee-for-service contractor reviews the application and makes a recommendation for approval or denial to DADS, with a copy to the Centers for Medicaid and Medicare Services (CMS) Regional Office.
- The applicant may have an approved accreditation organization conduct a certification survey. Currently DADS must complete all Tiers I, II, and III before conducting certification surveys per Provider Letter 2015-09.
- If CMS certifies an agency to participate in the Medicare program, DADS sends a notice to the agency that the category of Licensed and Certified (L&C) has been added to the license.
- If CMS denies certification to an applicant or if the applicant withdraws the application for participation in the Medicare program, the agency may retain the category of licensed only.

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>

<http://www.dads.state.tx.us/providers/communications/2015/letters/PL2015-09.pdf>

# §97.17 Renewal

## Factors that affect a renewal licensure

- In order to continue providing services to clients, an agency must renew its license and have a successful survey or be satisfactorily accredited.
- An agency whose license expires must close and apply for an initial license. An agency license is valid for two years.
- If an agency provides inaccurate or false statements or withholds information from the renewal application and/or attachments to the application, DADS may assess the penalties against the agency that apply in §97.13.
- For each licensure period, an agency must provide services to at least one client. DADS does not require an agency to admit a client under each category of service authorized under the license as a condition for renewal of the license.

**QUICK  
FACTS**

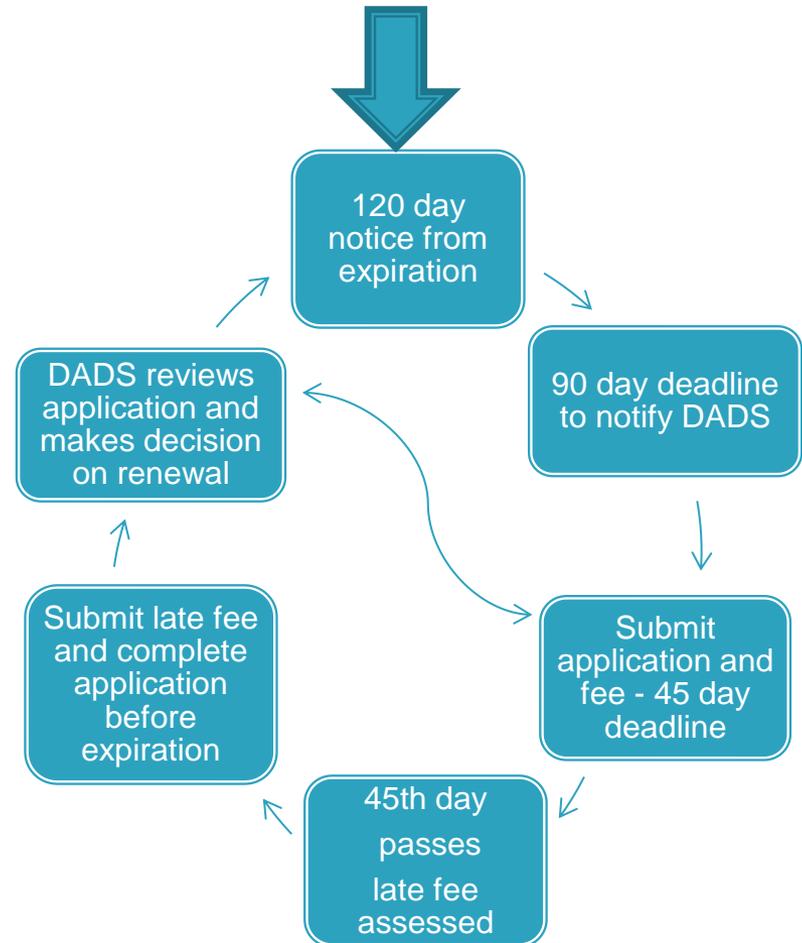


# §97.17 Renewal

## Renewal licensure process

- Renewal applications must be submitted before the expiration date. DADS sends a reminder at least 120 days before the expiration.
- If an agency does not receive the reminder from DADS at least 90 days before the expiration date of a license, the agency must notify DADS and submit a written request for a renewal application.
- An agency must submit to DADS a complete and correct renewal application and the required license fee specified in §97.3. The packet must be postmarked no later than the 45th day before the expiration date of the license.
- If an agency submits a renewal application that is postmarked later than the 45th day before the expiration date of a license, but no later than the expiration date of the license, DADS assesses the late fee set out in §97.3(b).

DADS sends out a reminder of expiration



# §97.17 Renewal

## Factors affecting a renewal application

The agency must cease operation on the date the license expires if DADS does not receive a renewal application postmarked before the expiration date.

If at the time an agency submits a timely renewal application, and an action to revoke, suspend, or deny renewal of the license is pending, the agency may continue to operate. The license is valid until the agency has had an opportunity for a formal hearing as described in §97.601.

DADS notifies an agency, in writing, if an application does not include all documents, information, or the license fee. An agency must submit the missing documents, information, or fee to DADS postmarked no later than 30 days after the date of the notice or DADS considers the renewal application incomplete and denies the application.



# §97.17 Renewal

## Special military considerations

This applies to a license holder who is an individual or a partnership comprised of individuals, all of whom are or were on active duty with the armed forces of the United States of America serving outside the state of Texas.

- An individual having power of attorney from the license holder or other authority to act on behalf of the license holder may request renewal of the license.
- An agency may request a renewal application before or after the expiration of the license.
- A copy of the official orders or other official military documentation showing that the license holder is or was on active military duty serving outside the state of Texas must be filed with DADS along with the renewal application and a copy of the power of attorney from the license holder or other authority to act on behalf of the license holder must be filed with DADS along with the renewal application.
- A license holder is not authorized to operate the agency for which the license was obtained after the expiration of the license unless and until the license holder actually renews the license.



# §97.23 Change of Ownership

Important factors affecting a CHOW

A CHOW occurs when there is a change of 50% or more in the ownership (interest and/or stock) or a change in the Employer Identification Number (EIN).

A change of ownership does not apply if an agency is amending its official documents to revise its name.

A change of ownership for a parent agency is a change of ownership for the parent agency's branch office or alternate delivery site and requires the submission of an initial application and license fee for the branch office or alternate delivery site.



# §97.25 Change of Ownership

Important factors affecting a CHOW

An applicant must notify DADS at least 60 days before the effective date of the CHOW.

A prospective new owner must submit a postmarked, complete and correct application packet for a license and the appropriate license fee at least 30 days before the date of sale or other transfer of ownership, and before the expiration date of the license.

If an applicant submits a timely and complete application packet and license fee and meets all criteria for a license, DADS issues the applicant a license effective on the date of the transfer of ownership.



# §97.25 Change of Ownership

Time factors when submitting CHOW application packets

If a complete and correct application packet and license fee to DADS is postmarked less than 30 days before the anticipated date of sale is submitted the applicant is required to pay the late fee set out in §97.3.



If a complete and correct application packet and license fee to DADS is received by the date of sale, the applicant must prove to DADS' satisfaction that the health and safety of the agency's clients requires an emergency CHOW.

If an incomplete application packet and license fee is submitted to DADS, it must contain a letter explaining the circumstances that prevented its completion. The letter must be postmarked at least 30 days before the anticipated date of sale. DADS must accept the explanation and the applicant must submit the missing information to DADS within 30 days after the date of the letter.

# §97.213 Relocation

## Factors affecting a relocation

- An agency must not transfer a license from one location to another without prior notice to DADS. The agency must submit written notice to DADS to report a change in physical location at least 30 days before the intended relocation according to §97.213.
- To obtain an exemption, an agency must notify DADS immediately if an unexpected situation beyond the agency's control makes it impossible for the agency to submit written notice to DADS no later than 30 days before the agency relocates. DADS grants or denies the exemption.
- If DADS grants the exemption, the agency must submit written notice to DADS within 30 days after the date DADS grants the exemption.



- If an agency reports a change in physical location, the agency must pay a fee and may be subject to a late fee, as described in §97.208.
- DADS will send the agency a Notification of Change reflecting the new location. The agency must post the Notification of Change beside its license in accordance with §97.211.
- An agency is exempt from the requirements when reporting a temporary relocation that results from the effects of an emergency or disaster, as specified in §97.256.

# §97.218 Change in Organization

Factors affecting a change in management

If a change occurs in the following management personnel, an agency must submit written notice to DADS no later than seven days after the date of a change in an: administrator, alternate administrator, chief financial officer or controlling person, as defined in §97.2.

When an agency has a change in management personnel, the agency must pay a fee and may be subject to a late fee, as described in §97.208. An agency is not required to pay a fee to report a change in alternate administrator, but the agency must pay a late fee, as described in §97.208, if the agency does not report the change within the time frame required.

DADS will use the postmark to determine whether or not to assess a late fee.

A change in the management personnel requires DADS evaluation and approval. DADS notifies an agency if the information the agency provides does not reflect that a person meets the required qualifications per §97.218 .



# Updates

DADS requires certain updates be reported using Form 2021.

Please review these individual sections if they apply located at <http://www.dads.state.tx.us/handbooks/lshcssa/>.

Rule	Application Change	DADS Form 2021 Requirements
§97.213	Agency Relocation (physical address)	Page 1 (Sections 1, 3, 4, 5a and 5b) and Page 20
§97.214	Mailing Address (if different from physical address)	Page 1 (Sections 1, 3 and 5b) and Page 20
§97.214	Agency Contact Information (telephone number) or Operating Hours	Page 1 (Sections 1, 3, 5 and 6) and Page 20
§97.215	Agency Name (Doing Business As (DBA), not change of ownership)	Page 1 (Sections 1, 3, 4 and 5) and Page 20
§97.215	Name of Owner (Legal Entity) (name change only, not change of ownership)	Page 1 (Sections 1, 3, and 5) and Page 20



Additional update information on the next slide.

# Updates

DADS requires certain updates be reported using Form 2021.

Please review these individual sections if they apply located at <http://www.dads.state.tx.us/handbooks/lshcssa/>.

Rule	Application Change	DADS Form 2021 Requirements
§97.218	Agency Organization (management – administrator or chief financial officer)	Page 1 (Sections 1, 3, 4, 5 and 6) and Page 20
§97.218	Agency Organization (management – administrator or chief financial officer)	Page 1 (Sections 1, 3, 4, 5 and 6), Page 2 (Section 10a), Page 5 (Section 12a, 12b and new ownership information), Page 9 (Section 12b(iv) if applicable) and Page 20
§97.218	Agency Organization (management – alternate administrator)	Page 1 (Sections 1, 3, 4, 5 and 6) and Page 20
§97.219	Category of Service (adding or deleting)	Page 1 (Sections 1, 3, 4, and 5), Page 2 (Section 9) and Page 20
§97.220	Service Area (expanding or reducing)	Page 1 (Sections 1, 3, 4 and 5), Page 3 (Section 11), Page 4 and Page 20



# Section 2 Licensing Fees

## 2. Licensing Fee: \$1,750

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. DADS will not consider an initial, renewal or change of ownership application as officially submitted until the applicant pays the full licensing fee. **Fees paid to DADS are not refundable**

### Other Fees

Update Change	Fee	Update Change	Fee	Update Change	Fee
Agency Contact Information (telephone number) or Operating Hours	\$0	Mailing Address (if different from physical address)	\$0	Agency Relocation (physical address)	\$30
Agency Organization (management – administrator or chief financial officer)	\$30	Agency Name (Doing Business As (DBA), not change of ownership)	\$30	Name of Owner (Legal Entity) (name change only, not change of ownership)	\$30
Category of Service (adding or deleting)	\$30	Agency Organization (management – alternate administrator)	\$0	Service Area (expanding or reducing)	\$30

DADS collects other fees related to changes when an untimely Form 2021 is received. Please see §97.208 for information on late fees.

If DADS receives a partial fee, the application packet and monies are returned to the applicant.

# Section 3 Business Information

Fill out the correct information for each box on the application.

**Ensure the legal business entity shown in Section 3 matches the name on the tax documents, articles of incorporation or articles of organization.** Submit a copy of the documentation from the National Provider Identifier (NPI) office and documentation from the Internal Revenue Service (IRS) of the tax identification number.

3. Name of Owner (Legal Entity)		
3(a). National Provider Identifier (NPI) No.	Mailing Address	Tax Identification No.

The National Provider Identification (NPI) is the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPES).

# Section 4 and 5 Name and Address

Fill in the blanks on the application

## 4. Name the Agency will be doing business as (DBA)

Ensure Item 4 indicates the name the agency that your agency will be DBA. This is the same name as the legal entity name unless otherwise filed with the Secretary of State as an assumed name.

**5. Address:** Make sure the physical location address listed is the actual location of the agency (for example, where all original files are kept and services are delivered and administered). The mailing address is where the agency receives its correspondence.

5(a) Physical Location of the Agency (include City, County and ZIP Code)

5(b) Mailing Address (include City, County and ZIP Code)

Fill in the physical address and mailing address in this section of the application. Please include city, county and zip code. The mailing address is where the agency receives its correspondence.

# Section 6 Management Information

Fill out all the required information. Do not leave any blanks on the form.

<p><b>6. Management Information:</b> Do not leave any blanks. All agencies must have an administrator and an alternate administrator. The supervising nurse and alternate supervising nurse are required for agencies requesting Licensed Home Health, Licensed and Certified Home Health Services, and Hospice categories. Those agencies requesting only the category of Personal Assistance Services do not require a supervising nurse or alternate supervising nurse.</p>			
Operating Days	Operating Hours	Telephone No. (include area code)	Fax No. (include area code)
Agency Email Address			
Name of Administrator		Email Address	
Name of Alternate Administrator		Email Address	
Name of Supervising Nurse/Therapist (if applicable)		Email Address	
Name of Alternate Supervising Nurse/Therapist (if applicable)		Email Address	
Name of Chief Financial Officer (if applicable)		Email Address	



Remember PAS agencies must designate an administrator and an alternate administrator and all other types of agencies must designate an administrator, alternate administrator, supervising nurse and alternate supervising nurse.

# Section 7 Accreditation Status

DADS recognizes three accrediting organization and the links to their websites are listed below. This section of the application informs DADS of the status of your accreditation. Please check yes or no on the application for each question.

**7. Accreditation Status:** Initial applicants will not be accredited. Change of Ownership (CHOW) applicants should notify the accrediting organization and inform it of the CHOW. Accreditation does not automatically transfer to new owners. DADS must receive a copy of the accreditation letter before it will recognize the agency as accredited.

Joint Commission with Deemed Status accreditation.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Commission accreditation.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Health Accreditation Program with Deemed Status.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Health Accreditation Program.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accreditation Commission for Health Care with Deemed Status.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accreditation Commission for Health Care.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Links

- <http://www.jointcommission.org>
- <http://www.chapinc.org/>
- <http://www.achc.org/>



# Section 8 Contracts with State Agencies

Follow the directions on the application for each blank.

## 8. Contracts with State Agencies

For initial applicants this should be marked **No**. CHOW applicants must contact the contracting section of the appropriate state agency and request either a contract assignment or a new contract. The state contract does not automatically transfer to the new owner. Examples of state agencies include the Texas Department of Aging and Disability Services, Texas Department of State Health Services, Texas Health and Human Services Commission, Texas Department of Assistive and Rehabilitative Services and Texas Department of Family and Protective Services. Examples of program contracts are Primary Home Care, Community Based Alternatives, Medically Dependent Children Program, Deaf Blind with Multiple Disabilities, Community Living Assistance and Support Services, Consolidated Waiver Program, Medicaid Program and Chronic Children's Program.

Do you currently have a program contract(s) with any state agency(ies)?.....  Yes  No

Name(s) of State Agency(ies):

Name(s) of Program Contract(s) and Vendor No.(s):



# Section 9 Categories of Service

Each of these categories are defined and reviewed during the presurvey conference CBT. If you have questions please review the CBT. Complete this section on the application by checking the category(ies) of service you offer.

**9. Category(ies) of Services (check the category(ies) of service to be included on the license for this location):** Please note the category of Licensed and Certified Home Health Services will not be added to the license until after the agency receives its Medicare Provider Number from CMS.

- Licensed and Certified Home Health Services (L&CHHS)
- Licensed and Certified Home Health Services with Home Dialysis Designation (L&CHHS with Home Dialysis)
- Licensed Home Health Services (LHHS)
- Licensed Home Health Services with Home Dialysis Designation (LHHS with Home Dialysis)
- Personal Assistance Services (PAS)
- Hospice Services                       In-Patient Hospice                       No. of Beds

Each of these categories of service are explained in the required CBT Presurvey Conference.

# Section 10 Renewal or CHOW Only

Fill out the blanks in this section of the application completely.

**10. For Renewal and Change of Ownership Only.** Initial applicants should not complete this section. The CHOW applicant should complete (b) (iii) and (iv).

a. Has a stock transfer occurred within the last 24 months?.....  Yes  No

If yes, give effective date and submit notarized copies signed by the stockholder(s) relinquishing the stock and the effective date.

b. **Census Data for Renewal** (complete (i) through (iv)) and **Change of Ownership** (complete (iii) and (iv) **only**).

The information provided in (i) through (iv) should **not** include the clients served by branch offices or alternate delivery sites.

**Note:** The sum of (ii) must equal (i) and the sum of (iv) must equal (iii).

(i) Total number of unduplicated clients served in the last licensure period:

(ii) Number of unduplicated clients served in the last licensure period by categories of service:

L&CHHS  L&CHHS w/home dialysis  LHHS  LHHS w/home dialysis  PAS  Hospice

(iii) Total current unduplicated client census:

(iv) Current unduplicated client census by category of service:

L&CHHS  L&CHHS w/home dialysis  LHHS  LHHS w/home dialysis  PAS  Hospice



# Section 11 Geographic Service Area

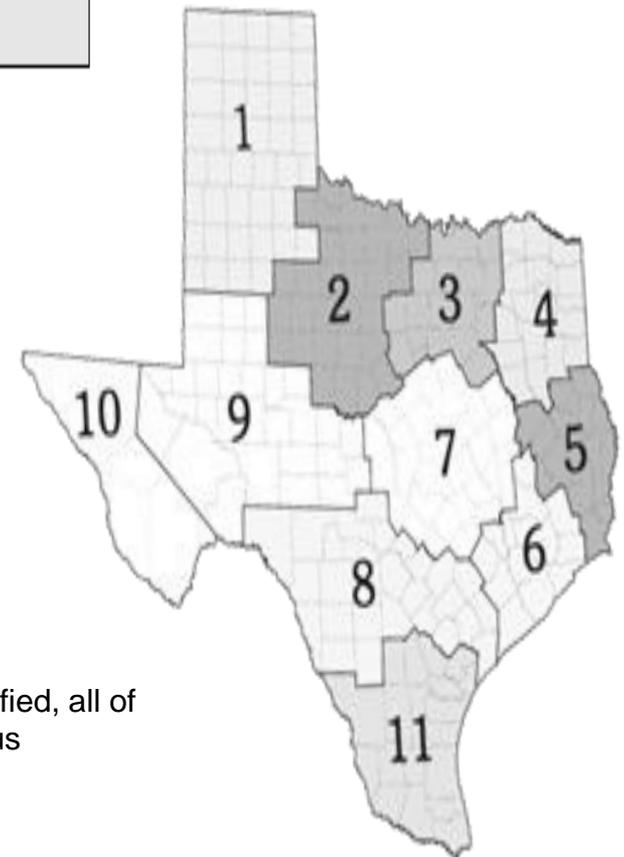
## 11. Geographic Service Area

Check the box by each county served by your agency.

Check here if there is a change of service area from previous applications.

This section is divided up into regions. Please check the box for each county you serve.

- REGION 1 – LUBBOCK
- REGION 2 – ABILENE
- REGION 3 – METROPLEX
- REGION 4 – TYLER
- REGION 5 – BEAUMONT
- REGION 6 – HOUSTON
- REGION 7 – AUSTIN
- REGION 8 – SAN ANTONIO
- REGION 9 – ABILENE
- REGION 10 – EI PASO
- REGION 11 – CORPUS CHRISTI



If an agency is Medicare certified, all of its counties must be contiguous

# Section 12 Ownership and Control Interest Disclosure

In section 12, check the type of organizational structure of your agency. If you are hospital based please check the box on the application.

Check one of the boxes on the application for Profit or Nonprofit.

## 12. Ownership and Control Interest Disclosure

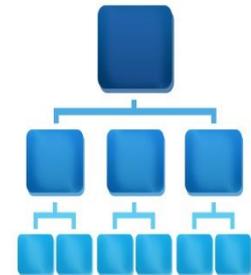
Attach a copy of the Secretary of State Franchise Tax Certification of Account Status. Identify the type of organizational structure of the agency.

### a. Type of Ownership:

- Check one:**  Profit  Nonprofit **Check if:**  Hospital-based
- Check one:**  Individual (18 years or older)  Limited Liability Company  City  
 General Partnership  Corporation  Trust  
 Limited Partnership  State  Publicly Traded  
 Limited Liability Partnership  County  Other



Do not forget to submit the copy of the Secretary Franchise Tax Certification of Account Status



# Section 12 Ownership and Control Interest Disclosure

In section 12b (i), you must disclose information about the owner/applicant and affiliates. Fill out the application with each owner applicants information. Report both the organization/individual and stockholders/investors that have ownership in the applicant/agency.

b. (i) **Owner/Applicant Disclosure:** Disclose information for the owner/applicant and affiliates. Report both the organization/individual and stockholders/investors that have ownership in the applicant/agency. The individual(s) percentage of ownership must equal 100%

1. All stockholders (individual persons and any business entities) owning a percentage of the agency.

Check here if stock is publicly traded.

2. All directors, partners, members, officers, executives and trustees.

3. All entities and persons who have controlling/directional/governing/managing interest in owner/applicant.

**Note:** All partners within a partnership must be reported. This applies to both general and limited partnerships. For instance, if a limited partnership has several limited partners and each of them owns 1% interest in the partnership, each limited partner must be reported in this application by name, address and Social Security number. If the owner has purchased a franchise, indicate the name, address and Social Security number of the purchaser.

Check here if this section does not apply and skip to Item 12. b. (ii).

Name	Date of Birth	Social Security No.	% Ownership
			%
Business Address (Street, City, State, ZIP Code)			



# Section 12 Ownership and Control Interest Disclosure

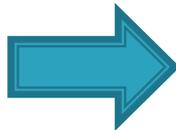
On the application section 12b (ii), complete a separate section for each legal business entity and disclose the name, address, Tax ID number (EIN) and contact person information for the management company.

DADS requires that management company controlled organizations be reported. This is any organization that exercises operational or managerial control over the day-to-day operations of the HCSSA.

**12 b. (ii) Management Company:** If the facility is operated by or proposed to be operated under a management company, enter the following management company information. Complete a separate page for each legal business entity and disclose the name, address, tax ID number and contact person information for the management company.

Management company controlled organizations must be reported. This is any organization that exercises operational or managerial control over the day-to-day operations of the HCSSA.

Check here if this section does not apply and skip to Item 12. b. (iv).



Name of Management Company		Tax ID No.	% Ownership of the Applicant
Mailing Address (Street or P.O. Box, City, State, ZIP Code)			Telephone No. (include area code)
Business Address (Street or P.O. Box, City, State, ZIP Code)			
Name of Contact Person		Email Address	
Title	Telephone No. (include area code)	Contact Fax No. (include area code)	

# Section 12 Ownership and Control Interest Disclosure

On the application section 12b (iii), please complete each space with the requested information.

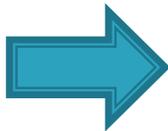
**12 b. (iii)** Provide the following information for applicable stockholders and staff of the management company, including:

1. All stockholders. Please list any stockholders of the management company who are also stockholders listed in Item 12 b. (i) or Item 12 b. (vi) first, followed by stockholders with only an ownership interest in this corporation.

Check here if stock is publicly traded.

2. All directors, partners, members, officers, executives and trustees.

3. All entities and persons who have controlling/directional/governing/managing interest in the management company.



Name of Business Entity (if other than individual)				
Mr., Ms., Dr.	First Name	MI	Last Name	Jr., Sr., etc.
Date of Birth	Driver License No.	Social Security No.	Title, Position or Relationship	% Ownership
Business Address (Street or P.O. Box, City, State, ZIP Code)				

# Section 12 Ownership and Control Interest Disclosure

On the application section 12b (iv), list the information requested for each officer, director or partner.

**12 b. (iv)** List the name, business address and Social Security number of all officers for the applicant's board of directors/governing body. This section applies to all agencies that are corporations, limited liability companies, limited partnerships or trust foundations. All agencies with the category of Licensed and Certified Home Health Services, Licensed and Certified Home Health Services with Dialysis, or Hospice Services must have a board of directors/governing body.

Check here if the paragraph above does not apply. Skip to Item 12. b. (v)



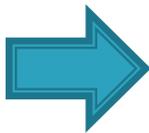
Name of Director/Officer/Partner	Social Security No.	Date of Birth	Position
Business Address (Street, City, State, ZIP Code)			

# Section 12 Ownership and Control Interest Disclosure

On the application section 12b (v), list the information requested for each facility/agency license held in any state.

**12 b. (v)** If the applicant or affiliate has held or holds a facility/agency license in any state, identify the name of that facility/agency. Identify the relationship, including the name, current or last address of the other facility/agency, the date such relationship commenced and, if applicable, the date it was terminated.

Check here if this section does not apply. Skip to Item 12. b. (vi).



Name of Agency Affiliate	Tax ID No.	Relationship to Facility	
Facility Address (Street, City, State, ZIP Code)	Start Date	Term Date	



# Section 12 Ownership and Control Interest Disclosure

On the application section 12b (vi), list the information requested if the owner/applicant is a subsidiary of another organization.

**12 b. (vi)** If the owner/applicant is a subsidiary of another organization, identify the name, address and Social Security number or tax identification number of the parent organization(s).

**Check here if this section does not apply. Skip to Section 13.**



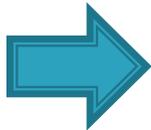
Name of Parent Organization	SSN/Tax ID
Business Address (Street, City, State, ZIP Code)	



# Section 12 Ownership and Control Interest Disclosure

On the application section 12b (vii), provide the information requested for those individuals with ownership interest in the parent organization.

**12 b. (vii)** If a parent organization was named on the previous page, identify and provide the name, Social Security number, date of birth, position and business address for the directors, officers, partners and persons with ownership interest in the parent organization.



Name of Director/Officer/Partner	Social Security No.	Date of Birth	Position
Business Address (Street, City, State, ZIP Code)			



# Section 13 Adverse Legal History

DADS requires in section 13 (a) that the owner/applicant must disclose the following data concerning each owner/applicant, applicant's affiliates and the managers of the applicant/owner. Check the appropriate boxes on the application and provide needed attachments if you answered "yes".

## 13. Adverse Legal Action

- a. The owner/applicant must disclose the following data concerning each owner/applicant, applicant's affiliates and the managers of the applicant/owner. These are the individuals identified in Item 12. b. (i). Each question must be answered. If Yes is answered, disclose the name of the person and/or entities involved and provide written information, including ownership and facility information, circumstances, dates and final action. The affiliates are the administrator, alternate administrator and chief financial officer. Review 40 TAC §97.223 to determine the offenses that may constitute a bar to agency licensure or participation in agency management under 40 TAC §§97.11, 97.19 and 97.241.



At the time the application is submitted, do any of these individuals have a history of:

- (i) A misdemeanor conviction in any state?.....  Yes  No  
Attachment provided.....  Yes  No
- (ii) A felony conviction in any state?.....  Yes  No  
Attachment provided.....  Yes  No

Don't forget any attachments

# Section 13 Adverse Legal History

DADS requires in section 13 (b) that an owner/applicant disclose the information below for certain individuals listed below. Check the appropriate boxes on the application and provide needed attachments if you answered “yes”.

b. An owner/applicant must disclose, for the two-year period preceding the application date, data concerning the applicant/owner, a controlling person of the applicant or an affiliate of the applicant. This includes the individuals identified in Item 12. b. (i), as well as the administrator, alternate administrator and chief financial officer. If Yes is answered, disclose the name of the person and/or entities involved and attach official, written documentation, including ownership and facility information, circumstances, dates and final action.

Have any of these individuals had a history of:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (i) Unresolved federal or state (any state) tax liens?.....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Eviction involving any property or space used as an agency in any state? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Unresolved final Medicare or Medicaid audit exceptions? .....                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# Section 13 Adverse Legal History

DADS requires in section 13(c) that an owner/applicant disclose the information listed below. This includes all of the individuals identified in Item 12b (i), as well as the administrator, alternate administrator and chief financial officer. Check the appropriate boxes on the application and provide needed attachments if you answered “yes.”

- c. An owner/applicant must disclose, for the 12 months preceding the application date, data concerning the applicant/owner or applicant's controlling person. This includes all of the individuals identified in Item 12. b. (i), as well as the administrator, alternate administrator and chief financial officer. If Yes is answered, disclose the name of the person and/or entities involved and provide written information, including ownership information, circumstances, dates and final action.

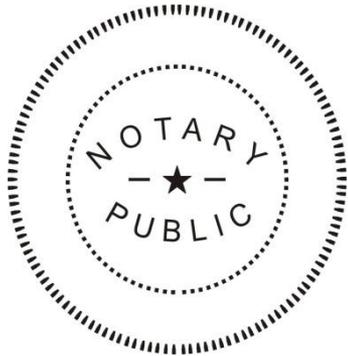
Have any of these individuals had a history of:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) Had denial, suspension or revocation of an agency license or of any health care facility in any state?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Surrendered a license in any state before expiration or allowed a license to expire instead of the licensing authority proceeding with enforcement action?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Had Medicaid or Medicare sanctions or penalty relating to the operation of an agency or health care facility? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) Operated an agency that has been decertified in any state under Medicare/Medicaid? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) Had debarment, exclusion or involuntary contract cancellation in any state from Medicare or Medicaid? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attachment provided</b> .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# Section 14 Affidavit for Application

This affidavit states all the information you are submitting is true and correct. Complete the affidavit.

- It must be signed by the owner or a person having signing authority.
- The affidavit must be signed by someone over the age of 18 and legally competent, qualified and authorized to make the affidavit.
- The affidavit must be notarized.



14. **Affidavit for Application, Including Compliance History:** Must be signed by the owner. If the owner does not sign, the applicant must have documentation of signatory authority. All CHOW applications must be signed by the buyer.

Before me, the undersigned authority personally appeared:

(Name of Authorized Representative)

who, being by me duly sworn, deposes as follows:

My name is . I am over the age of 18, legally competent and in all respects qualified and authorized to make this affidavit.

The facts set forth in the foregoing application are true and correct. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of the home and community support services agency license.

Signature -- Authorized Representative

Title

Printed Name of Authorized Representative

Date

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

Signature -- Notary Public

Notary Public in and for County, Texas

Place Notary Seal  
or Stamp Here

With a few exceptions, you have the right to request and be informed about the information that 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

# Section 14 Affidavit for Capability

This affidavit attests that you have read, understand and are able to meet the requirements listed in Title 40 Texas Administrative Code Chapter 97 and Health and Safety Code Chapter 142. Complete the affidavit.

- It must be signed by the owner or a person having signing authority for all types of applications.
- This affidavit attests that you are over 18 years of age and personally acquainted with all the facts stated in your application.
- This affidavit requires you to have a notary.



Form 2021  
Page 15 / 12-2014-E



**TEXAS**  
Department of Aging  
and Disability Services

Home and Community Support Services Agency  
**Affidavit of Capability**

**Must be completed by owner for all applications**

County of \_\_\_\_\_  
State of \_\_\_\_\_

BEFORE ME, the undersigned authority personally appeared who, being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_ I am over 18 years of age, of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated.

For the purpose of applying for licensure as a home and community support services agency in the State of Texas,

\_\_\_\_\_ Name of Legal Entity \_\_\_\_\_ Doing Business As \_\_\_\_\_

hereinafter referred to as the provider of services, hereby states and declares: The owner and management personnel for \_\_\_\_\_ Name of Legal Entity \_\_\_\_\_

have read and understand Health and Safety Code Chapter 142 and 40 Texas Administrative Code Chapter 97 and are in possession of the knowledge, skills and qualifications necessary to meet the minimal requirements for the provision of quality care for:

- Licensed and Certified Home Health Services (L&CHHS)
- Licensed and Certified Home Health Services with Home Dialysis Designation (L&CHHS with Home Dialysis)
- Licensed Home Health Services (LHHS)
- Licensed Home Health Services with Home Dialysis Designation (LHHS with Home Dialysis)
- Personal Assistance Services (PAS)
- Hospice Services

\_\_\_\_\_ Printed Name of Affiant \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Signature — Affiant \_\_\_\_\_ Date Signed \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Signature — Notary Public

Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_

Place Notary Seal  
or Stamp Here

# Section 14 Affidavit of Financial Solvency

This affidavit attests that your agency as the provider of services states and declares that it has the financial resources to meet its proposed budget and to provide the services required during the term of the license. Complete the affidavit.

- It must be signed and completed by the owner or a person having signing authority for initial and CHOW applications.
- This affidavit attests that you are over 18 years of age and personally acquainted with all the facts stated in your application.
- This affidavit requires you to have a notary.



Form 2021  
Page 16 / 12-2014-E

**TEXAS**  
Department of Aging  
and Disability Services

Home and Community Support Services Agency  
**Affidavit of Financial Solvency**

**Must be completed by the owner for all initial and change of ownership applications.**

County of

State of

BEFORE ME, the undersigned authority personally appeared who, being by me duly sworn, deposed as follows:

My name is  I am over 18 years of age, of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated.

For the purpose of applying for licensure as a home and community support services agency in the State of Texas,

Name of Legal Entity  Doing Business As

hereinafter referred to as the provider of services, hereby states and declares that the agency has the financial resources to meet its proposed budget and to provide the services required by the statute and by the Department of Aging and Disability Services during the term of the license.

Printed Name of Affiant  Title

Signature — Affiant  Date Signed

SWORN TO AND SUBSCRIBED BEFORE ME on the  day of , 20

Signature — Notary Public

Notary Public in and for the State of Texas

My commission expires:

Place Notary Seal  
or Stamp Here

# Document Checklist for Initial and CHOW Applications

The following documents must be submitted with the application packet:

- Completed application Form 2021;
- Completed Affidavit of Capability;
- Completed Affidavit of Financial Solvency;
- Non-refundable licensing fee;
- Completed entity documents for business organizations;
- Franchise tax account status from the State Comptroller's Office or exemption letter;
- Proof of National Provider Identification Number;
- Proof of Tax ID Number (EIN);
- Organizational structure of the agency;
- Job descriptions for the agency administrator and alternate administrator;
- Job description for the supervising nurse and alternate supervising nurse;
- A written plan to provide annual continuing education for management personnel;
- Current resume or curriculum vitae for the agency administrator and the alternate administrator;
- Current resume or curriculum vitae for the supervising nurse and alternate supervising nurse;
- Presurvey Conference CBT certificates;
- Form 2022, criminal history check, for each owner, administrator, alternate administrator and chief financial officer;
- Copies of the initial 8 hour administrator training certificates; and
- Written plan for the orderly transfer of care for the patients/clients.



Additional information concerning these documents maybe found on pages 17-18 of Form 2021

# Document Checklist for CHOW Applications

The following additional documents must be submitted for a CHOW:

- Notarized copy of previous owner's affidavit;
- Notarized copy of sales agreement;
- Notarized copy of bill of sale;
- Accreditation status; and
- Contract status with all state agencies.



Additional information concerning these documents maybe found on page 18 of Form 2021

# Document Checklist for Medicare Applications

The following documents must be submitted:

- Health Insurance Benefit Agreement CMS Form 1561;
- Medicare Certification Civil Rights Information Request Form and Attachments; and
- Form HHS-690, Assurance of Compliance.

## Links

[www.hhs.gov/ocr/civilrights/resources/providers/medicare\\_providers/formstobecompleted.html](http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html).

[www.hhs.gov/ocr/civilrights/resources/providers/medicare\\_providers/formstobecompleted.html](http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html).

[www.hhs.gov/ocr/ps690.pdf](http://www.hhs.gov/ocr/ps690.pdf).

If you are requesting hospice you must also complete this form:

- Hospice Request for Certification in the Medicare Program Form 417.

[www.cms.hhs.gov/cmsforms/downloads/cms417.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms417.pdf).



Additional information concerning these documents maybe found on page 18 of Form 2021

# Document Checklist for Renewal Applications

The following documents must be submitted:

- Completed Form 2021 application;
- Non-refundable licensing fee of \$1,750;
- Letter of accreditation (if applicable);
- Contract program and contract numbers (if applicable);
- Completed Form 2022, Criminal History Check;
- Current resume or curriculum vitae of the agency's administrator and alternate administrator;
- Current resume or curriculum vitae of the agency's supervising nurse/therapist and alternate supervising nurse/therapist;
- Proof of Tax ID Number; and
- National Provider Identification number.



Additional information concerning these documents maybe found on page 19 of Form 2021

- In addition, one of the following must be submitted: (as filed with the Texas Secretary of State)
  - copy of the articles of incorporation and assumed name certificate (if applicable);
  - copy of the articles of organization and assumed name certificate (if applicable);
  - copy of the informal or formal partnership agreement and assumed name certificate (if applicable); or
  - copy of the will, letters, testamentary or trust agreement.

# Where to Send Application Packet

## Regular Mail

Regulatory Services Accounts Receivable  
Mail Code E-411  
Department of Aging and Disability Services  
P. O. Box 149030  
Austin, TX 78714-9030



## Overnight Delivery

Regulatory Services Accounts Receivable  
Mail Code E-411  
Department of Aging and Disability Services  
701 West 51st St.  
Austin, TX 78751

# Application Processing Time Frames

An application from an agency is processed in accordance with the following general time frames:

- If DADS receives an incomplete application, the DADS HCSSA Licensing Unit will notify the HCSSA applicant in writing of any deficient items in the application. The applicant must respond with complete and correct information within 30 days from the date of the letter or the application will be denied.



- DADS will issue a license or deny the application within 45 days of receipt of a complete application, which includes all required documentation and fees. The processing of the application with DADS mail room and DADS Account Receivable could take up to 10 days from the date mailed.

# Congratulations!

You have completed this presentation. Take time to review the application and to ensure that all the required documentation is in the application packet before mailing.

The secret of getting ahead is  
getting started

-Mark Twain