



TEXAS
Health and Human
Services

Welcome Providers!

**Individualized
Skills and Socialization
Webinar**

November 30, 2022

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LTCR Staff

Panelists

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Agenda

1. Introduction
2. Background and Overview
3. Provider Responsibilities
4. Survey Process
5. TULIP Navigation Overview
6. Questions



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Background and Overview



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Background

HHSC is required under state law to replace day habilitation services in Medicaid 1915(c) home and community-based services (HCBS) waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community.

HHSC will implement the new, more integrated service to replace day habilitation referred to as Individualized Skills and Socialization services. Providers will be licensed as DAHS – Individualized Skills and Socialization providers.



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Program Rules

HHSC will publish rules implementing the new Individualized Skills and Socialization program for Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) providers.

Those rules will be located in Title 26 of the Texas Administrative Code, Chapter 559, Subchapter H.

HHSC anticipates an effective date in mid-December.



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Provider Responsibilities



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Individualized Skills and Socialization License

To deliver Individualized Skills and Socialization services, providers must apply for and be issued a Day Activity Health Services (DAHS) – Individualized Skills and Socialization license by HHSC.

Providers must use the HHSC Texas Unified Licensure Information Portal (TULIP) to apply for the DAHS - Individualized Skills and Socialization license.

Providers can find more information about how to use TULIP and apply for the DAHS -Individualized Skills and Socialization license using the following resources:

- [TULIP Online Licensure Application System | Texas Health and Human Services](#)
- Online application in TULIP will be available December 1, 2022



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Capacity

As part of the licensure process, an Individualized Skills and Socialization provider must declare the maximum capacity that the provider can serve.

This number is determined by the provider and may be informed by building occupancy requirements, staff availability, and Medicaid program requirements for service delivery.

Note: The provider is not required to serve the maximum capacity listed on the license at all times, but the license should reflect the total number of individuals the provider can serve at one time.



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Off-site Individualized Skills and Socialization Only

An Individualized Skills and Socialization provider may deliver off-site only Individualized Skills and Socialization services, but it must provide a physical location that is a designated place of business where records are kept, as part of the licensure application process.



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Individualized Skills and Socialization Provider Requirements

An Individualized Skills and Socialization provider must follow all applicable rules and regulations, including:

- any applicable local ordinances and codes or other state laws, such as food establishment, sanitation, or building requirements;
- Medicaid program rules that pertain to the individual participating program, such as HCS, TxHmL, and DBMD;
- any requirements established by the HHSC contract and applicable billing guidelines; and
- the LTCR Individualized Skills and Socialization regulatory requirements.



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Administrators

The Individualized Skills and Socialization provider must employ an administrator who is responsible for the oversight of Individualized Skills and Socialization services, staff training, staff supervision, and record maintenance.

The administrator may oversee multiple Individualized Skills and Socialization locations. The specific job title of this employee is not important; however, the provider must employ someone who serves this function and have a policy regarding the delegation of responsibility in the administrator's absence.



Background Checks

In addition to complying with the Texas Health and Safety Code regarding initial criminal history checks prior to offering employment to any person, the Individualized Skills and Socialization provider must search the:

- employee misconduct registry (EMR);
- nurse aide registry (NAR);
- medication aide registry (MAR);
- List of Excluded Individuals and Entities (USLEIE) maintained by the United States Department of Health and Human Services; and
- and the List of Excluded Individuals and Entities (LEIE) maintained by HHSC Office of Inspector General.

For NAR, MAR, and EMR, these searches must be conducted every 12 months to verify continued employment eligibility.



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Staff Training

The Individualized Skills and Socialization provider must ensure that staff members receive initial and ongoing training. The training must be documented, and records must be maintained by the Individualized Skills and Socialization provider.

Examples of required initial and ongoing trainings include:

- CPR training, which may be provided by any nationally or locally recognized adult CPR course or certification program;
- first aid;
- infection control;
- an overview of the population served;
- identification and reporting of abuse, neglect, or exploitation; and
- staff responsibilities under the emergency response plan.



Medications

If an individual cannot or chooses not to self-administer his or her medications, the provider must provide assistance with medications and the performance of related tasks if:

- a registered nurse has conducted an assessment of the assistance and related tasks and delegated such to the Individualized Skills and Socialization provider in accordance with state law and rules; or
- a physician has delegated the assistance and related tasks as a medical act to the Individualized Skills and Socialization provider under Texas Occupations Code Chapter 157, as documented by the physician.



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Medications (cont.)

Additionally, the provider must ensure:

- the proper storage of medications (including separation of medications, locked storage areas, and medications requiring refrigeration);
- the documentation of medication regimen; and
- reporting of any unusual reactions to medication.



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Accident, Injury, or Acute Illness

The provider must stock and maintain first aid supplies to treat burns, cuts, and poisoning:

- On-site provider: supplies must be in a single location in the on-site location; and
- Off-site provider: supplies must be immediately available at all times during service provision.



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Environment and Emergency Response

The Individualized Skills and Socialization provider must develop and maintain an emergency response plan that includes the eight core functions of emergency management. Those core functions include a written plan that:

- designates an emergency preparedness coordinator who is responsible for the direction and control of the provider's response to an emergency;
- establishes how the provider will receive and monitor local news and weather updates in an emergency.;
- describes how the provider will communicate with staff and others in an emergency;



Environment and Emergency Response (cont.)

- describes protocols for sheltering-in-place in an emergency.
- describes protocols for evacuating individuals to an alternate location during an emergency;
- describes how the provider will transport individuals during an emergency;
- ensures the health and medical needs of individuals are met during an emergency; and
- ensures individuals have appropriate access to resources during an emergency.



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Fire Drills

The Individualized Skills and Socialization provider performs a fire drill at least once every 90 days. The provider completes HHSC Fire Drill Report form ([4719](#)) for each fire drill and maintains the document.



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Environment

The Individualized Skills and Socialization provider must ensure the on-site location conforms to all applicable state laws and local ordinances pertaining to occupancy and meets the provisions and requirements concerning accessibility for individuals with disabilities.



Reporting Abuse, Neglect, and Exploitation to HHSC

Any Individualized Skills and Socialization provider staff who suspects that an individual is in a state of abuse, neglect, or exploitation must report the abuse, neglect, or exploitation to Texas Health and Human Services (HHSC) Complaint and Incident Intake (CII) within one hour after suspecting or learning of the suspected abuse, neglect, or exploitation:

- calling 1-800-458-9858, or
- through the [incidents submission portal](#)* in TULIP.

*Preferred method of reporting



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Reporting Incidents to HHSC

The provider also reports incidents to HHSC. Examples of reportable incidents include, but are not limited to:

- the death of an individual, if the death occurs while the individual is receiving services from an Individualized Skills and Socialization provider;
- misappropriation of property;
- drug diversions;
- injuries of unknown origin;
- fires; and
- situations that pose a threat to individuals receiving Individualized Skills and Socialization services, staff, or the public, which involve the need for calling the police or the local fire authority in order to maintain safety.



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Provider Investigation Report (Form 3613-A)

Within five working days after making a report to CII, the provider must ensure an investigation of the incident is conducted and send a written investigation report on [Form 3613-A](#), Provider Investigation Report, or a form containing, at a minimum, the information required by Form 3613-A, to HHSC's CII.



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Survey Process



Types of Surveys

The HHSC LTCR survey process for an Individualized Skills and Socialization provider will occur:

- **Routine;** once every two years following the initial survey, unless compliance history warrants a visit from HHSC surveyors sooner.
- **Non-Routine;** HHSC surveyors also investigate complaints and incidents; therefore, a provider should be ready for a surveyor visit at any time.
- **Unannounced;** all visits, whether routine or non-routine and made for the purpose of determining the appropriateness of care of individuals and day-to-day operations of an Individualized Skills and Socialization provider will be unannounced.



Entrance Conference

Upon arrival, the HHSC surveyor or survey team will request to speak to the administrator or alternate. The surveyor will make an introduction and request a private meeting room to conduct the entrance conference as well as the following:

- A work area
- Access to the clinical records
- Identity of the staff who can respond to questions
- Census information
- Access to a photocopy machine.

During the entrance conference, the surveyor will provide the administrator or alternate with general information, including:

- The surveyor's contact information,
- Explanation of visit's purpose,
- Timeframes for the survey, if applicable, and
- An overview of what to expect during the survey.



Information Gathering

For any visit type, surveyors will preform various observations, interviews, and record reviews in order to make compliance determinations .

Examples of information a surveyor might request or collect during a visit include:

- List of individuals receiving services, including identification of whether they are under the waiver program, or the funding source used
- Employee list with position and contact information
- Operational policies and procedures
- Clinical Records
- Personnel Records
- Complaint/Grievance Logs
- Accident/Injury Reports
- Medication Administration Records
- Digital photographs
- Written statements
- Photocopies of documents



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Exit Conference

When surveyors have completed their analysis of the information collected during a survey or investigation, surveyors will request to have an exit conference with the administrator or alternate to discuss the preliminary findings.

During the exit conference, surveyors will:

- Let the provider know if any areas of concern were identified,
- Provide a list of identified concerns,
- Offer the provider an opportunity to produce additional information,
- Provide Informal Dispute Resolution (IDR) process instructions,
- Provide timeline information regarding the Statement of Violations and submitting a Plan of Correction (PoC) to your HHSC Program Manager (PM).

Within 10 working days from exit, providers will receive the Statement of Violations from HHSC (3724) and instructions for completing the PoC, if applicable. Upon receipt of the final statement of violations, the provider will have 10 working days to submit an acceptable PoC to their HHSC Regional Director and/or Program Manager.



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TULIP Navigation Overview



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TULIP-Provider Account Creation

- TULIP registration can be found here:
<https://txhhs.force.com/TULIP/s/>
- TULIP only works with Chrome.
- If you already use TULIP, your login is the same.
- If you do not have a TULIP account, you will need to select 'Not a Member'.

The screenshot shows the login interface for the Texas Unified Licensure Information Portal (TULIP). At the top is the Texas Health and Human Services logo. Below it, the title "Texas Unified Licensure Information Portal (TULIP)" is displayed. The login form consists of two input fields: "Email" and "Password". Below these fields is a blue "Log in" button. To the left of the button is a link for "Forgot your password?" and to the right is a yellow button labeled "Not a Member?". Below the login section, there is a paragraph of text: "If you have previously attempted to register but didn't complete the registration (no email to complete registration received), Please contact TULIP support TULIP_Support@hhsc.state.tx.us". At the bottom, it states "This application works only in Google Chrome browser" and provides two links: "Click here for additional information about TULIP" and "Click here for HHSC Privacy Policies and Practices".

TULIP-Provider Account Creation (cont.)



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The screenshot shows the TULIP portal interface. At the top left is the Texas Health and Human Services logo. To its right is the text "TEXAS Health and Human Services". Below this is the title "Texas Unified Licensure Information Portal (TULIP)". In the top right corner is a "Login" link. A dark blue navigation bar contains a home icon, a "? How Do I...." link, and three menu items: "Provider Applications", "Reporting", and "Other Actions". Below the navigation bar, there are two links: "Already have an account?" and "TULIP - User Manual". The main content area features a "Register" section. It starts with a question: "* Are you registering for Provider Licensure (or) Occupational Licensure?". Below this is a dropdown menu with "--Select an option--" displayed twice. The first instance is highlighted in blue, and the second instance is highlighted in white. Below the dropdown, there are two radio button options: "Provider Licensure" (which is selected and has a red border) and "Occupational Licensure".



TULIP-Provider Account Creation (cont.)

Register

Please review the following definitions, to register with the right role :

Definitions:

Provider Licensure/SP3 Certification = Agency, Facility, SP3 Certification.

Occupational Licensure = Nursing Facility Administrator (NFA)

* Are you registering for Provider Licensure/SP3 Certification (or) an Occupational Licensure?

Provider Licensure/SP3 Certification

Register

* Have you or a representative of your business completed first time registration?

--Select an option--

--Select an option--

Yes

No



TULIP-Provider Account Creation (cont.)

Definitions:

Provider Licensure/SP3 Certification = Agency, Facility, SP3 Certification.

Occupational Licensure = Nursing Facility Administrator (NFA)

* Are you registering for Provider Licensure/SP3 Certification (or) an Occupational Licensure?

Provider Licensure/SP3 Certification

Register

* Have you or a representative of your business completed first time registration?

No

Please Select

- ☒ Long Term Care
- ☐ Health Care Regulation

* Is your business New to TULIP or have you been given a Registration Code?

--Select an option--

--Select an option--

New to Tulip

Have Registration Code



TULIP-Provider Account Creation (cont.)

* Is your business New to TULIP or have you been given a Registration Code?

New to Tulip

Business

Please enter the Legal Business Entity Name. Legal Business Entity Name is the primary account. All facilities or agencies are linked after the Legal Business Entity Name is saved.

If your business is a sole proprietorship and you do not have a Federal Tax Identifier (EIN), provide the name of the Sole Proprietor as legal business name and that individual's Social Security Number (SSN) for the Tax Identifier.

* Business Legal Name

* Business Entity Type

--Select an option--

* Federal Tax Identifier (EIN)

Security Authority

The Security Authority is responsible for approving/rejecting TULIP access and facilitating application access for anyone associated with the business. Consider using a person from the IT department or someone with strong computer skills.

During initial registration, one individual must be identified to approve and reject access requests on behalf of your business. Please provide the Security Authority's information below:

* First Name

Middle Name

* Last Name

* Email

* Social Security Number

* Phone

* I represent

--Select an option--

☐ Check here if you are a consultant


Submit



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TULIP-Provider Account Creation (cont.)

Welcome to TULIP Inbox x



TULIP noreply-hhs-salesforce@hhsc.state.tx.us via xhp46vhr5yh7.r-9fgteam.cs32.bnc.sandbox.salesforce.com
to me ▾

11:20 PM (31 minutes ago) ☆ ↶ ⋮

Greetings hcr provider2,

You recently submitted a registration form to request access to the Texas Unified Licensure Information Portal (TULIP).

In order to complete your registration, please [click here](#) to navigate from this page to TULIP and create a password.

For future reference, you can access TULIP at <http://txhhs.force.com/TULIP>
Your username is: [\[redacted\]@gmail.com](#)

As a security authority for tex health inc. You are responsible for reviewing and approving/rejecting all requests for TULIP access for this business. If other users require TULIP access for this business, Please have them search for the exact business name tex health inc during the registration process. Failure to select the exact name will delay the registration process.

Thank you,
Texas Health and Human Services



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Security Authority Granting Access



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Texas Unified Licensure Information Portal (TULIP)



? How Do I...

Application Form Instructions

Provider Applications

Reporting

Other Actions

HCR Facilities

LTC Actions

Submit a Resident Death Report

Upload a Form

Submit a Complaint

Submit a Non LTC Incident

Add Registration Code to an Unregistered Business

Manage Users

Manage Facility/Agency Access



Security Authority Granting Access (cont.)

Approve Reject

DETAILS

RELATED

Name	Contact Owner
<input type="text" value="hcr provider3"/>	<input type="text" value="Admin DADS"/>
Title	Email
<input type="text"/>	<input type="text" value="hcrprovider3@gmail.com"/>
Account Name	Phone No.
<input type="text" value="tex health inc"/>	<input type="text" value="(435)435-3454"/>
Employee ID	Home Phone
<input type="text"/>	<input type="text"/>
	Mobile
	<input type="text"/>
	Other Phone
	<input type="text"/>
	Fax
	<input type="text"/>

▼ Address Information

Mailing Address

▼ Additional Information

Birthdate

▼ System Information

Created By


Last Modified By

Contact Record Type



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Resetting Your Password

**TEXAS**
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**Texas Unified Licensure Information
Portal (TULIP)**

Email

Password

Log in

Forgot your password?

Not a Member?

*If you have previously attempted to register but didn't complete the registration (no email to complete registration received), Please contact TULIP support
TULIP_Support@hhsc.state.tx.us*

*This application works only in Google Chrome browser
Click here for additional information about TULIP
Click here for HHSC Privacy Policies and Practices*



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Additional TULIP Information

The screenshot displays the Texas Health and Human Services website. At the top, there is a navigation bar with links for 'A-Z Index', 'Connect', 'Español', 'Subscribe', and 'Survey'. Below this is a search bar with the text 'Keyword search' and an 'Apply' button. The main header includes the Texas Health and Human Services logo and a navigation menu with links for 'ABOUT HHS', 'SERVICES', 'DOING BUSINESS WITH HHS', 'LAWS & REGULATIONS', and 'CONTACT'. The main content area features a blue banner with the text 'TULIP Online Licensure Application System'. Below the banner is a breadcrumb trail: 'Home > Doing Business with HHS > Licensing, Credentialing and Regulation > TULIP Online Licensure Application System'. The page is divided into two columns. The left column is titled 'Doing Business with HHS' and contains a list of links: 'Business and Contracting Opportunities', 'Contracts of \$100,000 and More', 'Grants', 'Historically Underutilized Business Opportunities Program', and 'Licensing, Credentialing and Regulation'. The right column contains a paragraph stating that the Texas Health and Human Services Commission will introduce TULIP, an online system for submitting long-term care licensure applications. It also lists the provider types regulated by long-term care regulatory services, including: Assisted living facilities, Day activity and health services facilities, Home and community support services agencies, Intermediate care facilities for individuals with an intellectual disability or related conditions, Nursing facilities, and Prescribed pediatric extended care centers.

A-Z Index | Connect | Español | Subscribe | Survey

Keyword search

ABOUT HHS ▾ SERVICES ▾ **DOING BUSINESS WITH HHS ▾** LAWS & REGULATIONS ▾ CONTACT

TULIP Online Licensure Application System

Home > Doing Business with HHS > Licensing, Credentialing and Regulation > TULIP Online Licensure Application System

Doing Business with HHS

- Business and Contracting Opportunities
- Contracts of \$100,000 and More
- Grants
- Historically Underutilized Business Opportunities Program
- ▾ Licensing, Credentialing and Regulation

In the coming weeks, the Texas Health and Human Services Commission will introduce TULIP, an online system for submitting long-term care licensure applications. Once active, TULIP will replace paper licensure applications for all provider types regulated by long-term care regulatory services, including:

- Assisted living facilities
- Day activity and health services facilities
- Home and community support services agencies
- Intermediate care facilities for individuals with an intellectual disability or related conditions
- Nursing facilities
- Prescribed pediatric extended care centers



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Creating and Submitting an Application



Texas Unified Licensure Information Portal (TULIP)



? How Do I...

Application Form Instructions

Provider Applications

Reporting

Other Actions

NA / MA / NFA

Long Term Care Regulation

STAR PLUS Pilot Program Certification

Health Care Regulation

Long Term Care Regulation – Provider Licensure

Submit an Initial Application for a New License

Submit CHOW - Change of Ownership for Facility/Agency

Submit a Change or Update

Manage Medicare Branch Certification

Manage Alzheimer Certification



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Creating and Submitting an Application (cont.)



Initial License for a Long-term Care Home Health / Personal Assistance Services Agency or Facility

* Initial License is for

FACILITY – (Nursing, Assisted Living, Intermediate Care Facilities for Individuals with an Intellectual Disability, Day Activity Health Services, Prescribed Pediatric Extended C :

* Type of Initial License

- SELECT OPTION -

- SELECT OPTION -

NURSING

DAY ACTIVITY HEALTH SERVICES

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY

PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS

ASSISTED LIVING



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Creating and Submitting an Application (cont.)



3720

Application for State License to Operate a Long-Term Care Facility

Initial

Note: Initial Applications do not require Facility ID.

Select the Type of Application

- ☐ Initial
- ☐ DAHS w Indiv Skills & Soc-Initial
- ☐ DAHS Indiv Skills & Soc Only-Initial

* Facility ID

Cancel

Save



Creating and Submitting an Application (cont.)

Application Type

DAHS Indiv Skills & Soc Only-Initial

Edit

Step 1

Step 2

Step 3

Step 4

Documents

Deficiencies

Summary

Payment

Submit

Item 1. Facility Information

If you are DAHS - Individualized Skills & Socialization Only: National Provider Identification No. is not a required field.

* Facility Name

* Facility Physical Address Street

* City

* State

* Zip

* County

* Facility Area Code and Telephone No.

Facility Area Code and Fax No.

* Facility Email Address

Facility Mailing Address Street (or P.O. Box, if different from physical address)

City

State

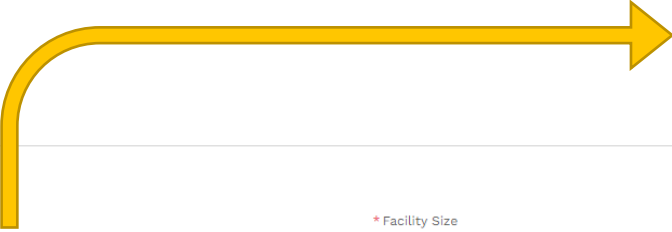
Zip

National Provider Identification No.



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Creating and Submitting an Application (cont.)



Item 3. Type of Facility

* Facility Type

Select an Option

* Facility Size

Select an Option

Item 4. Number of Beds/Application Fee

If you are DAHS - Individualized Skills & Socialization Only: Beds Requested, Beds Decrease Requested are not a required field.

Licensed Capacity

Beds Requested

Beds Decrease Requested

Item 5. Facility Administrator/Manager/Director

* First Name of Administrator/Manager/Director

* Last Name

* Social Security No.



Creating and Submitting an Application (cont.)

✓

Step 2

Step 3

Step 4

Documents

Deficiencies

Summary

Payment

Submit

Item 6. Applicant Information

APPLICANT CONTACT PERSON INFORMATION

* Last Name

* First Name

MI

Suffix

-Select an Option-

* Area Code and Telephone No.

Area Code and Fax No.

* Email Address

* Title or Relationship to Applicant

OWNERSHIP AND CONTROL INTEREST DISCLOSURE QUESTIONS:

* The Legal Entity Name described below has been charted, filed, registered or otherwise legally declared with the Secretary of State

Select an Option

* The Legal Entity name described below is in Good Standing with the Texas State Comptroller's Franchise Tax requirements.

Select an Option

LIFE SAFETY CODE VISIT:

If you are DAHS - Individualized Skills and Socialization Only, This is not a required field.

Ready for Life Safety Code Visit?

Select an Option

If you are DAHS - Individualized Skills and Socialization Only, This is not a required field.

Expedited Life Safety Code Inspection?

Select an Option

+ Add Owner



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Creating and Submitting an Application (cont.)

Entity

* Business or Individual

Business

* Ownership %

The parent entity must be 100% owner

INFORMATION

* Name of Business Entity

☐

I have previously described this entity and its owners on this application elsewhere in this section.

* Legal Entity Type

-Select an Option-

Specify Other Entity Type

* Taxpayer Identification Number

PHYSICAL ADDRESS

Street

City

State

Zip Code

Country

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

Street

City

State

Zip Code

Country

Cancel

Save

Entity

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

Street

City

State

Zip Code

Country

* Start Date of Association

OWNERSHIP INTEREST

* Will 100% ownership be disclosed for this business?

-Select an Option-

If No, answer the following questions:

Do each of the remaining individual shareholders own less than 5%?

-Select an Option-

Are the shares publicly traded?

-Select an Option-

Are all remaining ownership shares unassigned?

-Select an Option-

Are all remaining shares held in treasury of the company?

-Select an Option-

Are all remaining ownership percentage investment funds?

-Select an Option-

Cancel

Save



Creating and Submitting an Application (cont.)

Ownership Hierarchy If you are DAHS - Individualized Skills & Socialization Only, The Controlling Party is the CEO.

100% - abc Edit Add Owner Delete

Entity

Parent Entity
abc

* Business or Individual

Individual

* Ownership %

INFORMATION

Prefix

-Select an Option-

* First Name

MI

* Last Name

Suffix

-Select an Option-

* Date of Birth

Driver License No.

DLN State of Issue

* Social Security Number

* State/Country of Residence

* Title or Position Held with this entity

PHYSICAL ADDRESS

Street

Cancel

Save

City

State

Zip Code

Country

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

Street

City

State

Zip Code

Country

* Start Date of Association

Cancel

Save



Creating and Submitting an Application (cont.)

Item 7. Management Company Information

If you are DAHS - Individualized Skills and Socialization Only, This is not a required field.

Management Company Name

Item 8. Other Controlling Entity/Person Information

If you are DAHS - Individualized Skills and Socialization Only, This is not a required field.

+ Add Controlling Entity

Item 9. Real Estate Information

If you are DAHS - Individualized Skills & Socialization Only: This section is not required

A.

1. Is the applicant the sole owner of the real property?

--Select a Value--





Creating and Submitting an Application (cont.)

✓ ✓ ✓ **Step 4** Documents Deficiencies Summary Payment Submit

Item 11: Individualized Skills and Socialization
This section is for provider types of DAHS - With Individualized Skills & Socialization and for DAHS - Individualized Skills & Socialization Only.

Please Select the Provider Type

Provider Type
Select an Option

Date: Open for Business

Click the following to add sub-contracted providers

+ Add Contracted Providers

Please Select the Provider Type

Provider Type
Select an Option
Select an Option
TxHml or HCS Comprehensive Provider
DBMD Program Provider
Plans to Subcontract with a TxHml, HCS, or DBMD Provider

Contracted Provider
Providers who use this entity is for Individualized Skills and Socialization services only

Name

Component Code

Contract Number

Cancel Save



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Creating and Submitting an Application (cont.)

Individualized Skills and Socialization service will be provided

Select an Option

☐ I attest that my organization has a Community Engagement Plan that includes:

1. A description of how my organization will meet the requirement to make off-site individualized skills and socialization available to individuals;
2. A description of how my organization will work with contracted program providers to obtain information from individuals person-directed plans (PDP) and use that information to inform on-site and off-site activities that are aligned with an individual's PDP; and
3. A description of how staff will respond to an emergency or other unexpected circumstance that may occur during the provision of on-site and off-site Individualized Skills and Socialization to ensure the health and safety of all individuals

Is the building where on-site Individualized Skills and Socialization will be provided located within the same building, on the grounds of, or physically adjacent to a public Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (one operated by a local IDD authority or SSLC), a hospital, a nursing facility or another institution (does not include privately owned ICF/IID)?

Select an Option

Is the building where on-site Individualized Skills and Socialization will be provided located within the same building/residence as a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)?

Select an Option

If yes, has the applicant gone through the heightened scrutiny review process and received approval from HHSC Medicaid?

Select an Option

Note:

- Please upload the HHSC Medicaid heightened scrutiny approval letter into the documents tab of this application.
- If you have questions about the HHSC Medicaid heightened scrutiny review and approval process, please email MCS_Heightedened_Scrutiny_Review@hhs.texas.gov

Individualized Skills and Socialization service will be provided

Select an Option

Select an Option

Onsite and Offsite

Offsite Only

Select an Option

Select an Option

Yes

No



Creating and Submitting an Application (cont.)

Item 12. Attestation for Application, Including Compliance History

The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state license.

* Facility Type

Day Activity Health Services - with Individualized Skills and Socialization

I have read and understand Texas Human Resource Code, Chapter 103; and Texas Administrative Code, Title 26, Chapter 559. The owner and management personnel of the applicant have the knowledge, skills, and qualification necessary to meet the licensure requirements for: Day Activity and Health Services - with Individualized Skills and Socialization.

* Signature - Applicant

* Title

* Date

 Delete

Back

Next

Save



Creating and Submitting an Application (cont.)

✓

✓

✓

✓

Documents


Deficiencies

Summary

Payment

Submit

+ Add Additional Attachment


 3720 Taxpayer ID Document
Copy of Taxpayer ID Document from IRS

Attach File

Upload Files

Or drop files

This document is required

 3720 - DAHS Indiv Skills & Soc Required Training to Provider Document
Copy of Individualized Skills & Socialization Required Training Document

Attach File

Upload Files

Or drop files

This document is required



Creating and Submitting an Application (cont.)

Prelicensure Training for Individualized Skills and Socialization Providers

This training was designed for prospective providers who plan to offer Individualized Skills and Socialization services. Completion of this course is required as part of the license application process. In the course, providers will learn information about the requirements to obtain a license.

Preparing for a Survey

This training was designed to assist Individualized Skills and Socialization providers prepare for a survey. In this course providers will review the survey process and identify the licensure rules.

Other training courses, such as Complaint and Incident Intake training on how to efficiently submit a complete incident report to Complaint and Incident Intake are located on the HHSC Website.



Creating and Submitting an Application (cont.)

Progress bar: ✓ ✓ ✓ ✓ Documents Deficiencies Summary Payment Submit

+ Add Additional Attachment

New Attachment

* Name

Description

Cancel Save

Training Document

Progress bar: ✓ ✓ ✓ ✓ Documents Deficiencies Summary Payment Submit

+ Add Additional Attachment

Heightened Scrutiny Approval Letter

Delete

Attach File

Upload Files Or drop files



Creating and Submitting an Application (cont.)

Application Type

DAHS w Indiv Skills & Soc-Initial

Edit

✓

✓

✓

✓

✓

Deficiencies

Summary

Payment

Submit

Please click the Review button to proceed.

Delete

Back

Save

Review

✓

✓

✓

✓

✓

Deficiencies

Summary

Payment

Submit

This step contains errors:

Errors in Item 12. Attestation for Application, Including Compliance History: , Signature - Applicant, Title, Date

Error in Item 12. Attestation for Application, Including Compliance History

Go to Step

Description


Errors in Item 12. Attestation for Application, Including Compliance History: , Signature - Applicant, Title, Date





TEXAS
Health and Human
Services

Creating and Submitting an Application (cont.)


**TEXAS**
Health and Human
Services

Success
Application successfully saved. You may proceed to Summary for a printable version or Payment to submit applicable fees.

Texas Unified Licensure Information Portal (TULIP)

Stephanie Allred

[? How Do I...](#) [Application Form Instructions](#) [Provider Applications](#) [Reporting](#) [Other Actions](#) [NA / MA / NFA](#)

**TEXAS**
Health and Human
Services

3720

Application for State License to Operate a Long-Term Care Facility

Initial

Note: Initial Applications do not require Facility ID.

Application Type
DAHS Indiv Skills & Soc Only-Initial [Edit](#)

✓

✓

✓

✓

✓

Deficiencies

Summary

Payment

Submit

Please click the Review button to proceed.



TEXAS
Health and Human
Services

Creating and Submitting an Application (cont.)

Application Type

DAHS Indiv Skills & Soc Only-Initial

Print

✓

✓

✓

✓

✓

✓

Summary

Payment

Submit

Item 1. Facility Information

If you are DAHS - Individualized Skills & Socialization Only: National Provider Identification No. is not a required field.

* Facility Name

ABC DAHS Individualized Skills and Socialization

* Facility Physical Address Street

123 Front St.

* State

TX

11/22/22, 7:49 AM

Application: APP-0040810983

TEXAS
Health and Human
Services

Application for State License to Operate a Long-Term Care Facility

Initial

Note: Initial Applications do not require Facility ID.

3720

Application Type

DAHS Indiv Skills & Soc Only-Initial

Item 1. Facility Information

If you are DAHS - Individualized Skills & Socialization Only: National Provider Identification No. is not a required field.

Facility Name	ABC DAHS Individualize
Facility Physical Address Street	123 Front St.
City	Tyler
State	TX
Zip	75701
County	Smith
Facility Area Code and Telephone No.	8035551212
Facility Area Code and Fax No.	
Facility Email Address	wer@gmail.com
Facility Mailing Address Street (or P.O. Box, if different from physical address)	
City	

<https://imgprod-hhsa.ca24a.force.com/TULAPhls-application?o=6200000700007044app0040810983>

1/19

Print

19 pages

Destination

Save as PDF

Pages

All

Pages per sheet

1

Margins

Default

Options

☒ Headers and footers

☐ Background graphics

Save Cancel



Creating and Submitting an Application (cont.)

Progress bar with 8 steps. The first 7 steps are green with checkmarks. The 8th step is labeled 'Payment' and is highlighted in blue. The final step is labeled 'Submit'.

APPLICATION DETAILS

Application ID

APP-0040610983

Application Type

DAHS Indiv Skills & Soc Only-Initial

Application Status

NEW

Application Date

Nov 22, 2022

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State. If coupon shows blank, please contact HHSC TULIP Support @ TULIP_Support@hhsc.state.tx.us

Payment Type

--Select a Payment Type--

--Select a Payment Type--

ACH
Credit Card
Paper Check/Money Order

☒ I understand that in order to complete this application, I must mail in the coupon with fee.

Generate Payment Coupon



Creating and Submitting an Application (cont.)

ONLINE PAYMENTS

NOTE: This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State. If coupon shows blank, please contact HHSC TULIP Support @ TULIP_Support@hhsc.state.tx.us

Payment Type

ACH

CHARGE DESCRIPTION	AMOUNT
License Fee	\$25.00
Texas.gov Price	\$25.00

[Pay Now at Texas.gov](#)

This link will expire in 29:41

Please be advised that completing payment at Texas.gov does **not** complete the submission of this application. Once payment is processed, you will be presented with a confirmation screen. You must click the blue Continue button at the bottom of the confirmation screen on Texas.gov to return to this application and click Submit Application on the final step.



Creating and Submitting an Application (cont.)

Application Type

DAHS w Indiv Skills & Soc-Initial

Edit

✓ > ✓ > ✓ > ✓ > ✓ > ✓ > ✓ > Submit

Submit
Application

You must click the Submit Application button to complete the application process. Please note that your application is not considered fully submitted until fee payment is posted.

preprod-txhhs.cs234.force.com says

You will not be able to make any additional changes after submission until the internal review process is completed.

OK Cancel

✓ > ✓ > ✓ > ✓ > ✓ > ✓ > ✓ > Submit

If you have addressed all Deficiencies, your application is submitted.
If you have NOT addressed all deficiencies, you cannot submit the application. Please navigate to the Deficiencies tab and click REVIEW button to ensure application has been completed before submitting payment.

☐ >

APP-0040610983

DAHS Indiv Skills & So... 3720

SUBMITTED/PENDING...



Creating and Submitting an Application (cont.)



Texas Unified Licensure Information Portal (TULIP)

Stephanie Allred ▾

- ? How Do I... Application Form Instructions Provider Applications Reporting Other Actions NA / MA / NFA

Parent Facility/Agency Applications

Please Click on '>'Caret to view applications. Please open one '>'caret at a time. Opening multiple carets may cause the system to freeze.

<input type="checkbox"/>	Name	Type						
<input type="checkbox"/>	> Stephanie Texas L...	Business Entity						
<input type="checkbox"/>	> In Progress Applic...	App ID	Name of Agency (DBA)	Type	Form	Status	Date Submitted	
<input type="checkbox"/>	>	APP-0040611159	DAHS Indiv Skills & So...	3720		NEW		



Application Process

- Once the application has been submitted and payment received, the application is assigned to a licensing specialist.
- If the licensing specialist identifies any deficiencies, they will note them on the deficiency tab and the application is placed into response required status which allows the applicant to make changes to the application and resubmit. The application will show a red exclamation point beside it on the home page.
- In addition, the application will be assigned to a screening and analysis specialist who will complete the background and screening of the owners and controlling parties.
- Once both specialists approve, a temporary license will be issued, and a health survey will be requested.
- Once a successful health survey is completed, the standard (one, two, or three year) license will be issued.

Additional Resources



Texas HHSC has developed the [Individualized Skills and Socialization Provider page](#), an online source of information for providers of Individualized Skills and Socialization.

The Individualized Skills and Socialization Provider page will allow providers to:

- Complete and review trainings on the Individualized Skills and Socialization service.
- Find and review provider letters and other information and releases related to Individualized Skills Socialization.
- Link to rules and other services related to Individualized Skills and Socialization.

Providers can subscribe to receive HHS news and alerts using the Texas Health and Human Services Commission (govdelivery.com) link.

Additional Resources



TEXAS
Health and Human
Services

Contacts:

- LTCR Policy and Rules
 - LTCRPolicy@hhs.texas.gov
 - 512-438-3161
- TULIP Support
 - TULIP_Support@hhsc.state.tx.us
- LTCR Licensing and Credentialing
 - NF/DAHS Unit: LTC_NF_DAHS_Licensing@hhs.texas.gov
 - Provider Licensure and Certification Call Center: 512-438-2630
 - Director - Stephanie Allred, PhD – Stephanie.allred@hhs.Texas.gov
 - Manager - Trent Banks – Trent.banks@hhs.Texas.gov

Questions



TEXAS
Health and Human
Services





TEXAS
Health and Human
Services

Thank You

For more information:
LTCRPolicy@hhs.texas.gov
512-438-3161