

**Substance Abuse Facility Licensure  
Application Packet Documents**

*Ensure all items indicated below are included with your application packet; incomplete packets will delay processing. It is suggested that you submit the required documents in a timely manner to ensure sufficient time for review and response as necessary.*

**Outpatient New Applicants:**

- Facility Licensure Application completed in full & signed (§448.403);
- If incorporated, evidence of legal authority to operate in the State of Texas (i.e. Articles of Incorporation filed with the Secretary of State) (§448.501);
- Current documentation of the organization's staffing structure, including lines of supervision and the number of staff members for each position (§448.501);
- Facility's Operational Plan (§448.502);
- Client Grievance Procedures (§448.702);
- Abuse, Neglect and Exploitation Policy and Procedures (§448.703);
- Restraint and Seclusion Policy and Procedures (§448.706);
- Proof of liability insurance (§448.403);
- Copy of Certificate of Occupancy from the local authority that reflects the current use by the occupant or documentation that the locality does not issue occupancy certificates (§448.505);
- Completed ADA checklist (include timeframe and corrective action plan to address identified deficiencies if applicable) (§448.505);
- Documentation to demonstrate compliance with personnel hiring practices for credential verification, employee reference check, criminal background check, and pre-employment drug screen (§448.601);
- Copy of Client Bill of Rights as it applies to your program (§448.701);

**Additional Documentation for Residential Facilities:**

- Policies and/or Procedures applicable to your program addressing:
  - Standards of Conduct (§448.218);
  - Facility's Operational Plan (§448.502);
  - Quality Management (§448.504);
  - Client Transportation (§448.510);
  - Client Grievance (§448.702);
  - Abuse, Neglect and Exploitation (§448.703);
  - Restraint & Seclusion (§448.706);
  - Responding to Emergencies (§448.707);
  - Searches (§448.708);
  - Requirements Applicable to Detoxification Programs (§448.902);
  - Additional Requirements for Adolescent Programs (§448.905);
  - Access to Services for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Clients (§448.906);
  - Treatment Services Provided by Electronic Means (§448.911);
  - General Provisions for Medication (§448.1001);
  - Emergency Evacuation (§448.1203);
  - Court Commitment Services (§448.1301); and
  - Therapeutic Communities (§448.1401).
- Proposed Staffing Schedule;
- Proposed Program Schedule; and
- Sample client record reflecting required documentation as outlined in the rules.
- Completed ADA checklist (include timeframe and corrective action plan to address identified deficiencies if applicable);

Inspections must be current, signed, dated, and **free** of outstanding corrective actions.

- Inspection by the local certified fire inspector or the State fire marshal;

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- Inspection of the alarm system by the fire marshal or an inspector authorized to install and inspect such systems;
- Kitchen health inspection by the local health authority or the Texas Department of Health;
- Gas pipe pressure test performed by the local gas company or a licensed plumber;
- Inspection and maintenance of fire extinguishers by personnel licensed or certified to perform said duties;
- Fire alarm installation certificate which reflects installation by agents registered with the State Fire Marshal; and
- Floor plan indicating total square footage of each room and the number and type of bed(s) (bunk or single) per room in which clients will sleep.

**Additional Documentation for Detoxification Programs:**

- Name and license number of Medical Director;
- Medical policies, procedures, guidelines, tools and medical content of all required forms with support documentation reflecting approval by the Medical Director;
- Proposed staffing schedule; and
- Program services schedule.

**Direct all correspondence/inquiries to:**

Department of State Health Services  
Regulatory Licensing Unit  
Facility Licensing Group/Mail Code 2835 OR  
MC 2003 (if you remit fees with the packet)  
P.O. Box 149347  
Austin, TX 78714-9347

Applications are maintained for six (6) months. If you have not demonstrated compliance with all applicable rules during that time, your application will be retired. There is a six (6) month waiting period to reapply.