

## **NEONATAL FACILITY DESIGNATION APPLICATION LEVEL I**

**For general department or designation questions, contact a  
Designation Program Specialist:**

Celia Cantu  
(512) 231-5620  
[celia.cantu@dshs.texas.gov](mailto:celia.cantu@dshs.texas.gov)

Rebecca Wright  
(512) 657-0804  
[rebecca.wright@dshs.texas.gov](mailto:rebecca.wright@dshs.texas.gov)

**For designation process or rule clarification, contact a Perinatal  
Designation Coordinator:**

Debbie Lightfoot, RN  
(512) 987-0565  
[debra.lightfoot@dshs.texas.gov](mailto:debra.lightfoot@dshs.texas.gov)

Dorothy Courage, RN  
(512) 939-9804  
[dorothy.courage@dshs.texas.gov](mailto:dorothy.courage@dshs.texas.gov)

**Designation Program Manager:**

Elizabeth Stevenson, RN  
(512) 284-1132  
[elizabeth.stevenson@dshs.texas.gov](mailto:elizabeth.stevenson@dshs.texas.gov)

**Submit your application and supporting documents:**

DSHS Designation Team Email Inbox  
[dshs.ems-trauma@dshs.texas.gov](mailto:dshs.ems-trauma@dshs.texas.gov)

Questions will be addressed by the designation team as quickly as possible.  
The application packet must be submitted **within 90 days** of the date the  
facility completed the Self-Survey Report and Attestation Letter.

Renewal application packets must be submitted **no later than 90 days** prior  
to the current expiration date.

**\*\* To use this form, you will need a free file viewer published by Adobe.  
Visit this website to download <https://get.adobe.com/reader/>**



## **Application Packet Submission Instructions:**

1. Save the application to your computer hard drive or cloud service.
2. Open the free Adobe software installed on your computer, then open the file downloaded to your computer using Adobe.
3. Complete the application entirely using the Adobe software.
4. \*E-sign the application and save it. You cannot E-sign without Adobe.  
*\*See page 2 of the application form for e-signature instructions*
5. Send your payment and accompanying Designation Application Fee Remittance Form\* to the Revenue Management Unit, Cash Receipts Branch.  
*\*See page 3 for payment submission instructions*
6. Compile all additional documents required to accompany your application:
  - Neonatal Designation Application Form
  - Perinatal Care Region (PCR) Letter of Participation
  - Neonatal Self-Survey Report
  - Attestation Letter
  - Plan of Correction, with documented evidence of implementation, if applicable
  - Additional documents requested by the department

- 
7. Email the above documents to:

[\*\*dshs.ems-trauma@dshs.texas.gov\*\*](mailto:dshs.ems-trauma@dshs.texas.gov)

**Subject line:**

*Neonatal Application Packet: [Facility Name and PCR]*

- 
8. If you do not receive a response confirming receipt of your submission, please contact a designation team member to ensure it has been received.

***For further information regarding the application process, go to:***

[\*Texas Administrative Code Title 25, Part 1, Chapter 133, Subchapter J, §133.184 - Designation Process.\*](#)



**Neonatal Facility Designation Application - Level I**

Date:

Facility Name:

Physical Street Address:

City:

Zip Code:

Perinatal Care Region (PCR):

**Initial Designation**

Select 'Initial Designation' if the following scenarios apply:

- First Time Designating as a Neonatal Facility
- Designating at a Different Level Than Before
- Ownership or Physical Location has Changed (CHOW)

**Re-Designation (Renewal)**

Select 'Re-Designation (Renewal)' **only** if renewing a designation without level change or Change of Ownership/ Location (CHOW).

Number of DSHS Licensed Beds:

License Number:

Your License Number is a 6-digit number found on your Health Facility License issued by DSHS.

Date Payment was Mailed:

Check Number:

Payment Amount:

Application Fee is \$250 for ≤100 licensed bed facilities; and \$750 for >100 licensed bed facilities.

Designation Expiration Date:

If currently designated.

**TPI:**

The Texas Provider Identifier (TPI) is a 9-digit number issued by Texas Medicaid & Healthcare Partnership (TMHP).

**NPI:**

The National Provider Identifier (NPI) is a 10-digit number issued by the Centers for Medicare & Medicaid Services (CMS).

**Neonatal Program Manager**

Title: Name: Suffix: Credential:  
 Phone Number: Email Address:

**Neonatal Medical Director**

Title: Name: Suffix: Credential:  
 Email Address:

**CEO/Administrator**

Title: Name: Suffix: Credential:  
 Phone Number: Email Address:  
 Job Position Title:



Reporting period: \_\_\_\_\_ to \_\_\_\_\_  
Use the most recent 12-month period (ex. 06/01/2022 to 05/31/2023).

List the total number of patients who meet the criteria below in the right-hand column.

Live births:	
Well Nursery (or Mother-Baby) admissions:	
Bed Count:	
Average Daily Census:	
Total live births less than 35 weeks gestational age and not transferred out:	
Neonates transferred out to external facilities:	
Neonates admitted after delivery outside of the hospital:	
Multiple births:	
Neonatal deaths:	

Neonatal Program Manager Signature

CEO/Administrator Signature

Neonatal Medical Director Signature

**\*E-Signature Instructions:**

Click the blue signature box to sign electronically. Save the application and email it to your medical director and CEO. All signatures should be on one copy of the application.

**Please do not submit a printed and scanned version of the application.**

**Are you having trouble?**

Click [here](#) for more instructions.



Facility Name:

Physical Street Address:

City:

County:

Zip Code:

PCR:

Payment Date:

Amount Paid:

Check Number:

**\*Print this page and mail it with your check to:**

Texas Department of State Health Services Revenue Management Unit  
Cash Receipts Branch  
Mail Code 2003  
P.O. Box 149347  
Austin, TX 78714-9347

*Make checks payable to Texas Department of State Health Services*

**-----  
DSHS Cash Receipts Branch Stamp Below This Line**

**EMS/Trauma Systems  
Consumer Protection Division  
Neonatal Designation Program  
Budget/Fund: ZZ101-160 355726**