

Continuing Care Providers (CCPs)

All licensed Continuing Care Providers are required to file an Annual Disclosure Statement including a financial statement audited by a Certified Public Accountant within 120 days following the end of the facility's fiscal year. The format and content of said disclosure statements are set out in Texas Administrative Code Chapter 33.

- The filing fee is \$500.00 PLUS \$2.00 per living unit.
- CCPs that offer future guarantees of long-term nursing care are also required to file an Actuarial Review with the disclosure statement at least once every five years.
- Actuarial Reviews may also be required to be submitted by other facilities at the request of the Texas Department of Insurance. These special filings are due within 120 days from the date of the request.
- CCPs that must file amended disclosure statements pursuant to TAC 33.303, please include [CCRC Form 8](#) which reflects what has been amended in the disclosure statement.
- For CCPs that are compliant with TAC 33.403 (b), the department may authorize an escrow agent to continue to release escrowed entrance fees for that facility to the CCRC provider without further proof of satisfying the requirements specified in TAC 33.403 (b) if the CCRC meets the following conditions:
 - (1) provides a quarterly report to the department reflecting an accounting of the activities of the entrance fee escrow account for that particular facility.
 - (2) the accounting reflects a beginning balance, dates of each withdrawal from escrow during the reporting period, and an ending balance. This accounting must be verified, attested to in regard to its accuracy, and signed by both the bank escrow agent and the facility's Chief Financial Officer or person of likewise authority; and
 - (3) the CCRC provider immediately informs the department of any problems, issues, and/or irregularities encountered in the release of entrance fee escrow funds as set forth under this subsection.
- Refer to [CCP Filing Instructions](#), [CCRC Form 6a](#) (Instructions for Preparation of CCRC Disclosure Statement) and [CCRC Form 6](#) (Format for Disclosure Statement for Continuing Care Facility)/[CCRC Form 6b](#) (Format for Disclosure Statement for Continuing Care in Residence).
- Submit the filing fee and the fee transmittal form ([FIN590](#)) to:
Texas Department of Insurance
Attention: Cashier MC-FRD
P.O. Box 12030
Austin, Texas 78711-2030
- Email an electronic copy of the annual filing along with a copy of the check and a copy of FIN590 to: FAFilings@tdi.texas.gov.
- For any changes that affect the Certificate of Authority, send the filing fee and fee transmittal Form 321 to:
Texas Department of Insurance
Attention: Cashier MC-FRD
P.O. Box 12030
Austin, Texas 78711-2030
- Email an electronic copy of the filing along with a copy of the check and a copy of FIN321 to: CLRFilings@tdi.texas.gov.

If you have questions regarding the certificate of authority, email CompanyLicense@tdi.texas.gov or <https://www.tdi.texas.gov/forms/form3ccrc.html>