



## Health Standards Section Checklist for Initial Licensing Behavioral Health Service Provider (BHSP)

<b>Application Date:</b>	<b>Opening/Effective Date:</b>
<b>Administrator:</b>	<b>Designated Contact Person:</b>
<b>Designated Contact Person's E-Mail Address:</b>	
<b>Designated Contact Person's Phone:</b>	
<b>BHSP DBA Name:</b>	<b>BHSP email address:</b>
<b>BHSP Entity Name:</b>	
<b>BHSP Address:</b>	
<b>BHSP Phone:</b>	<b>BHSP Fax:</b>
<b>Number of Beds (if applicable) :</b>	

Criteria (Each of these must be attached in order for your application to be processed):	Yes	No	Describe
Letter of Intent (to fully describe the intent of the BHSP, including anticipated date of opening )	<input type="checkbox"/>		
BHSP License Application	<input type="checkbox"/>		
BHSP License Application Fee(s)	<input type="checkbox"/>		
Office of State Fire Marshal LDH Plan Review Approval Letter (will have DH-##-##### project number)	<input type="checkbox"/>		
Cautionary Codes from OSFM	<input type="checkbox"/>		
Attestation for compliance with Plan Review cautionary items (use Cautionary Codes from Plan Review letter)	<input type="checkbox"/>		
Office of State Fire Marshal Certificate for Occupancy Onsite visit <b>**NOT the same as Plan Review above**</b>	<input type="checkbox"/>		
Office of Public Health Certificate for Occupancy Onsite visit	<input type="checkbox"/>		
Floor Plan with Dimensions and Identified Service Areas	<input type="checkbox"/>		
Organizational chart (see webpage)	<input type="checkbox"/>		
Criminal Background Checks: Owners, managing employees and those in direct care with under 18	<input type="checkbox"/>		
Line of Credit at least \$50,000 include the official bank statement with last 4 account #####	<input type="checkbox"/>		
General & Professional Liability Insurance at least \$500,000	<input type="checkbox"/>		
Worker's Compensation Insurance	<input type="checkbox"/>		
CLIA certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
If operated by a corporate entity, current proof of registration/status with the La. Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>	

For LDH Use Only	Date	Yes	Comments
Incomplete Packet notice sent to facility		<input type="checkbox"/>	
Fee logged into POPS		<input type="checkbox"/>	
POPS, Add to on- line Activity Report, Logs Updated		<input type="checkbox"/>	
ACO Updated with attachments scanned		<input type="checkbox"/>	
New License Printed/Mailed		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>application expiration in 90 days / post application approval</b>		<input type="checkbox"/>	
Completed By Program Manager		<input type="checkbox"/>	