



Health Standards Section

Behavioral Health Service Provider (BHSP)

Add OFFSITE LOCATION or ADDING a SERVICE Check List (If adding services only submit documents with an asterisk)**

Name of Provider:

	YES	NO	NA
FNR Approval Letter, only for CPS and/ or PSR services and/ or residential substance abuse that treats anyone other than women and adolescents.			
NOTE: All documents must have the matching legal name/ dba name and correct address.			
Letter of intent indicating location of facility (physical address), # of beds/bed numbers to be added, # of bedrooms/bedroom numbers, location of new beds, if male/female beds, and the total # of beds and bedrooms after the addition.			
**A completed BHS provider licensure application. In space for bedrooms & beds, put current number + number of additional bedrooms/beds= Total If Adding Substance Abuse/ Addiction services, please submit copy of Addictionologist credentials with contractual agreement. **			
DH Plan review from OSFM with approval from OSFM. (will have DH-##-###)			
Once you have completed your State Fire Marshal AR and DH plan review: <ul style="list-style-type: none"> - Please have someone release the DH Plan Review in the OSFM IMS website for our review. The log-in, first name "H", last name will be HSSBHSP01. - Please have someone release the AR Plan Review in the OSFM IMS website for our review. The log-in, first name "H", last name will be HSSBHSP01. - Once released, please send an email to the Program Manager notifying the documents have been released. 			
Cautionary codes from OSFM DH plan review.			
Attestation for compliance with each of the OSFM DH plan review Cautionary codes.			
Current on-site inspection report from OSFM.			
Current on-site inspection report from OPH.			
Copy of offsite floorplan.			
Except for governmental entities, proof of financial viability. Provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:			
1) Proof of professional liability insurance of at least \$500,000 or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified health care provider with the Louisiana Patient's Compensation Fund (PCF): a. if the BHS provider is self-insured and is not enrolled in the PCF, professional liability limits shall be \$1 million per occurrence/\$3 million per annual aggregate. NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent). Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
2) Proof of workers' compensation insurance; and NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent). Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
3) Proof of general liability insurance of at least \$500,000. NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent). Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
Copy of lease agreement or proof of ownership of new location.			
**Payment of applicable fee. ** Please send a copy of the payment transmittal form and copy of check with check number/routing information visible. Payment should be sent to lockbox in Dallas. DHH Licensing Payments, P.O. Box 734350, Dallas, TX 75373			
NOTE: For residential only. Bed additions require an onsite physical environment survey prior to final approval for licensing/use.			
Please email all documents (Except actual payment as noted above) to: HSS-BHSPProviders <HSS-BHSPProviders@la.gov>			

Health Standards Section
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