



Health Standards Section

Add Unit (Bedroom) & Bed Checklist for Behavioral Health Service Provider (BHSP)

Name of Provider:

ALL ITEMS BELOW ARE REQUIRED FOR UNIT (BEDROOM) AND BED ADDITIONS

	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. Located at: FNR Approval			
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			
DH Plan review from OSFM with approval from OSFM.			
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 updated floorplan with new beds indicated.			
Fee is \$25 for bed increase plus \$5 for each additional unit (bedroom). 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: 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@la.gov			

HSS-BH-INITIAL Provider Checklist (12/2024)

Health Standards Section
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