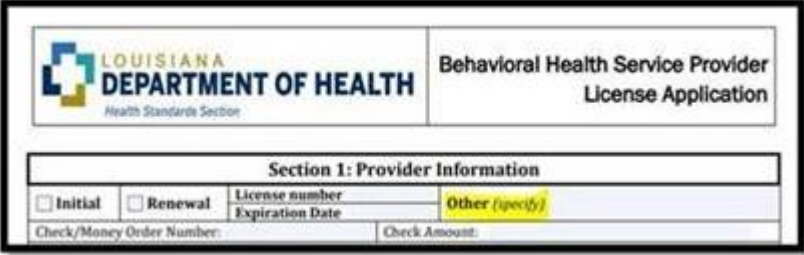


## Health Standards Section

### CHOW Licensing Checklist for Behavioral Health Service Provider (BHSP)

Name of provider:

#### CHOW LICENSING APPLICATION REQUIREMENTS

ALL CHOWS SHOULD BE SUBMITTED BEFORE RENEWAL PERIOD	Yes	No	NA
<b>Step 1 - LDH Legal Determination Criteria (Each step must be followed and the required documents must be completed and attached in order for your application to be processed):</b>			
A letter of intent- (including d/b/a and entity name of the previous and the new owner, the effective date of transfer of ownership, address and phone number)			
Complete the CHOW/ CHOI Application and email to <a href="mailto:HSSOwnerships@la.gov">HSSOwnerships@la.gov</a>			
A diagram showing the ownership structure “before” and “after” the change with documented room dimensions and identified service areas.			
Copy of the executed Bill of Sale.			
<b>Step 2- FACILITY NEED REVIEW (FNR)</b>			
If facility renders CPST and PSR, provider needs to complete the FNR portion of CHOW.			
Letter relinquishing all FNR rights of the current owner.			
Pay the FNR fee (\$200)			
<b>Step 3- LICENSING (To be completed after FNR relinquishment &amp; HSSOwnerships has rendered CHOW determination.)</b>			
Complete pages 1-3 of the BHSP License Instead of selecting “Initial” or “Renewal” in Section 1, enter “CHOW” in the blank next to “Other specify”). Provider is to complete this form with the new facility info (e.g. DBA Name, EIN, etc.).			
			
The non-refundable licensing fee established by statute, copy of the check and completed Transmittal Form. Mail Payment and Payment Transmittal Form to: DHH Licensing Payments, P.O. Box 734350, Dallas, TX 75373 Payments take approximately <b>14 days</b> to clear the lockbox from the date it is mailed Payment Transmittal form <b>MUST</b> be filled out completely and sent with each payment			
The LDH plan review approval letter from Office of State Fire Marshal, (OSFM). (will have DH-##-###)			
Attestation for compliance with each of the OSFM DH plan review Cautionary codes. <a href="#">t</a>			
The on-site inspection report with approval for occupancy by the OSFM.			
The health inspection report with recommendation for licensure from the Office of Public Health, (OPH).			
A current (within 90 days prior to the submission of the application packet) statewide criminal background check, including sex offender registry status, on all owners and managing employees. All criminal background checks be completed by a Louisiana State Police Authorized Agency. NOTE: All other staff must have the appropriate criminal background check completed per the regulations and available onsite for the Initial Licensing Survey.			
<b>Financial Viability-the provider seeking licensure is able to provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:</b>			
1. A line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000;			

<p>2. 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.</p> <p><b>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).</b></p> <p><b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821</p>			
<p>3. Proof of workers' compensation insurance;</p> <p><b>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).</b></p> <p><b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821</p>			
<p>4. Proof of general liability insurance of at least \$500,000.</p> <p><b>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).</b></p> <p><b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821</p>			
<p>An organizational chart and names, including position titles of key administrative personnel and governing body. Sample Org. Chart located at: <a href="#">Organizational Chart</a></p>			
<p>If operated by a corporate entity, such as a corporation or a limited liability company, current proof of registration and status with the Louisiana Secretary of State.</p>			
<p>Disclosure of Ownership form. Located at: <a href="#">Disclosure of Ownership and Controlling Interest Statement</a></p>			
<p>Any other documentation or information required by the department for licensure.</p>			
<p>Documentation for opioid treatment programs, such as a copy of the OBH FNA letter.</p>			
<p>For a residential substance use disorder facility, submission of the attestation in accordance with §5712 of this Rule.</p> <p><b>NOTE: By answering the questions on page 2 of the application, this serves as your attestation.</b></p>			
<p>Please email all documents (Except actual payment as noted above) to: <a href="mailto:HSS-BHSProviders@la.gov">HSS-BHSProviders@la.gov</a></p>			

*HSS-BH-INITIAL Provider Checklist (01/29/2025)*

Health Standards Section  
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