

## Health Standards Section

### Change of Address Checklist for Behavioral Health Service Provider (BHSP)

Name of provider:

**\*\*\*YOU MUST TURN IN YOUR LICENSE FOR THE PREVIOUS LOCATION\*\*\***

Criteria (Each of these must be attached in order for your application to be processed):	Yes	No	NA
<b>FNR Approval Letter, only for CPS and/ or PSR services and/ or residential substance abuse that treats anyone other than women and adolescents.</b>			
<b>NOTE:</b> All documents must have the matching legal name/ dba name and correct address.			
Letter of Intent: Providers licensed by Health Standards Section (HSS) must notify the department of a change of address. All providers having a change of address shall submit a Letter of Intent with the date that the change of address will be effective.			
A completed BHS provider licensure application. On application, mark "Other" and indicate "Change of Address (list the new address on the application)"			
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			
The LDH plan review approval letter from Office of State Fire Marshal, (OSFM). Has the DH Project number.			
Once you have completed your State Fire Marshal AR and DH plan review: <ul style="list-style-type: none"> <li>Please have someone release the <b>DH Plan Review</b> in the OSFM IMS website for our review. The log-in, first name "H", last name will be HSSBHSP01.</li> <li>Please have someone release the <b>AR Plan Review</b> in the OSFM IMS website for our review. The log-in, first name "H", last name will be HSSBHSP01.</li> </ul> Once released, please send an email to the Program Manager notifying the documents have been released.			
The on-site inspection report with approval for occupancy by the OSFM.			
Cautionary Codes from the Plan Review			
Attestation for Compliance from addressing the above Cautionary Codes.			
The health inspection report with recommendation for licensure from the Office of Public Health, (OPH).			
<b>Except for governmental entities, proof of financial viability. Provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:</b>			
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. <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> <b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
2) Proof of workers' compensation insurance; and <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> <b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
3) Proof of general liability insurance of at least \$500,000. <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> <b>Specifically:</b> LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			

A legible floor sketch or drawing of the premises to be licensed with documented room dimensions and identified service areas.			
Rental/Lease Agreement or Proof of Ownership			
Any other documentation or information required by the department for licensure.			
Please email all documents (Except actual payment as noted above) to: <a href="mailto:HSS-BHSPProviders@la.gov">HSS-BHSPProviders@la.gov</a>			

*HSS-BH-INITIAL Provider Checklist (10/2024)*

Health Standards Section  
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