



## Health Standards Section

### Facility Closure Checklist for Behavioral Health Service Provider (BHSP)

*Name of Provider:*

<b>Letter of intent to include/ attest to all of the following: Prior to the effective date of the closure or cessation of business, the BHS provider shall:</b>	YES	NO
1. Give 30 days advance written notice to:		
a. HSS,		
b. the prescribing physician,		
c. the client, legal guardian or legal representative, if applicable, of each client.		
2. Provide for an orderly discharge and transition of all of the clients in accordance with the provisions of this Chapter.		
<b>F. In addition to the advance notice of voluntary closure, the BHS provider shall submit a written plan for the disposition of client medical records for approval by the department. The plan shall include the following:</b>		
1. The effective date of the voluntary closure.		
2. Provisions that comply with federal and state laws on storage, maintenance, access, and confidentiality of the closed provider's clients' medical records.		
3. An appointed custodian(s) who shall provide the following: (Provide name, phone, email and address)		
a. Access to records and copies of records to the client or authorized representative, upon presentation of proper authorization(s).		
b. Physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction.		
4. Public notice regarding access to records, in the newspaper with the largest circulation in close proximity to the closing provider, at least 15 days prior to the effective date of closure. (Provide name of newspaper)		
<b>Please email all documents (Except actual payment as noted above) to: <a href="mailto:HSS-BHSPProviders@la.gov">HSS-BHSPProviders@la.gov</a></b>		
<b><u>SO notify OBH upon completion.</u></b>		

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

Health Standards Section  
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