

Health Standards Section

Initial Licensing Checklist for Behavioral Health Service Provider (BHSP) Name of provider: Groups Recover Together

INITIAL LICENSING APPLICATION REQUIREMENTS

NR Approval Letter, only for CPS and/ or PSR services and/ or residential substance buse that treats anyone other than women and adolescents. It letter of intent detailing the type of BHS provider operated by the licensee and the types of ervices or specializations that will be provided by the BHS provider (e.g. addiction treatment rogram, mental health program, residential provider, outpatient provider, opioid treatment rogram) A completed BHS provider licensure application. The non-refundable licensing fee established by statute, copy of the check and completed transmittal Form to: All Payment and Payment Transmittal Form to: All Payment and Payments, P.O. Box 734350, Dallas, TX 75373 The LDH plan review approval letter from Office of State Fire Marshal, (OSFM). (will have bl. #####) Attestation for compliance with each of the OSFM DH plan review Cautionary codes. The on-site inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with payment for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with payment for occupancy by the OSFM. The health inspection report with payment for occupancy by the OSFM. The health inspection report with payment for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with payment for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with approval for occupancy by the OSFM. The health inspection report with provider with Development for occupancy by the OSFM. The health	Criteria (Each of these must be attached in order for your application to be processed):	Yes	No	NA
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Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821	
An organizational chart and names, including position titles of key administrative personnel and governing body. Sample Org.	
A legible floor sketch or drawing of the premises to be licensed with documented room dimensions and identified service areas.	
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.	
Disclosure of Ownership form.	
Documentation for opioid treatment programs, such as a copy of the OBH FNA letter.	
Any other documentation or information required by the department for licensure.	
For a residential substance use disorder facility, submission of the attestation in accordance with §5712 of this Rule.	
NOTE: By answering the questions on page 2 of the application, this serves as your attestation.	
Please email all documents (Except actual payment as noted above) to: <u>HSS-BHSProviders@la.gov</u>	

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

Health Standards Section
P.O. Box 3767 • Baton Rouge, Louisiana 70821-3767
Phone #: 225/342-0138 • Fax #: 225/342-5073
http://ldh.la.gov/