

Health Standards Section

Initial Licensing Checklist for Behavioral Health Service Provider (BHSP)

Name of provider: Groups Recover Together

INITIAL LICENSING APPLICATION REQUIREMENTS

Criteria (Each of these must be attached in order for your application to be processed):	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.			
NOTE: All documents must have the matching legal name/ dba name and correct address.			
A letter of intent detailing the type of BHS provider operated by the licensee and the types of services or specializations that will be provided by the BHS provider (e.g. addiction treatment program, mental health program, residential provider, outpatient provider, opioid treatment program)			
A completed BHS provider licensure 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). (will have DH-##-###)			
Once you have completed your State Fire Marshal AR and DH plan review: - 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.			
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 recommendation for licensure from the Office of Public Health, (OPH). NOTE: All providers offering any ASAM Level service or Opioid Treatment Program must register as a "Substance Abuse Facility" with OPH. Providers offering the following services shall be registered with OPH as "Mental Health Rehab Counseling Office": Mental Health Services Program/ Clinic, Psychosocial Rehabilitation Services Program, Crisis Intervention Program, Community Psychiatric Support and Treatment Program, Mental Health Intensive Outpatient Programs (MHIOPs), Mobile Crisis Response.			
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.			
Except for governmental entities, proof of financial viability. Provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:			
1) A line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000;			
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.			

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). Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
3) Proof of workers' compensation insurance; and 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). Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821			
4) Proof of general liability insurance of at least \$500,000. 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). 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: HSS-BHSPProviders@la.gov			

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

Health Standards Section
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