



Health Standards Section

Renewal Licensing Checklist for Behavioral Health Service Provider (BHSP)

Name of Provider:

RENEWAL LICENSING REQUIREMENTS

ALL ITEMS BELOW ARE REQUIRED FOR LICENSE RENEWAL

NO LICENSURE CHANGES ALLOWED WITHIN 30 DAYS OF RENEWAL	YES	NO
A. A BHS provider license shall expire on the expiration date listed on the license, unless timely renewed by the BHS provider.		
B. To renew a license, the BHS provider shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet shall include:		
A completed BHS provider licensure application.		
A current OSFM report (for on-site and residential services); Office of State Fire Marshal Annual Inspection **NOT the same as Plan Review ** If you are unable to obtain a completed inspection, please provide documentation from the SFM of your attempt to obtain a completed annual inspection.		
A current OPH inspection report (for on-site and residential services). <i>All ASAM Levels and Opioid Treatment Programs.</i> Effective June 13, 2023- Excludes Mental Health Only Providers. (Mental Health Services Program/ Clinic, Psychosocial Rehabilitation Services Program, Crisis Intervention Program, Community Psychiatric Support and Treatment Program, Mental Health Intensive Outpatient Programs, Mobile Crisis Response).		
The non-refundable license renewal fee as established by statute. Mail Payment and Payment Transmittal Form to: DHH Licensing Payments, P.O. Box 734350, Dallas, TX 75373		
<i>Except for governmental entities, proof of financial viability. Provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:</i>		
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		
Payment of any outstanding fees, fines or monies owed to the department.		
For a residential substance use disorder facility, submission of the attestation in accordance with §5712 of this Chapter.		
Any other documentation required by the department.		
Addictionologist name, credentials and current contract are required if providing addiction services.		
Key Personnel Change Form Administrator: Resume Medical Director, Clinical Director, Clinical Supervisor: Resume and Active Medical License Addictionologist: Resume Active Medical License and Addiction Medicine Certification.		
Please email all documents (Except actual payment as noted above) to: HSS-BH-Licensing <HSS-BH-Licensing@la.gov>		

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