

# Louisiana Department of Health

## Health Standards Section

### CASE MANAGEMENT

#### Initial Licensure Checklist

\_\_\_\_\_ Completed Case Management Application

\_\_\_\_\_ Email License Application to [HSS-HC-SC-Licensing@La.Gov](mailto:HSS-HC-SC-Licensing@La.Gov) (preferred method)

\_\_\_\_\_ Mail License Application to: Health Standards Section, P.O. Box 3767, B.R., LA 70821-3767

\_\_\_\_\_ Non-refundable application fee and Payment Transmittal Form located at:

\_\_\_\_\_ <https://ldh.la.gov/index.cfm/page/1737>

\_\_\_\_\_ Copy of Administrator's Resume

\_\_\_\_\_ Statement of Information, to include and to validate:

a) days and hours of operation; and

b) publication of 24-hour telephone number

\_\_\_\_\_ Copy of the Office Floor Plan displaying the front and rear entrance/exit

\_\_\_\_\_ Copy of the current Statewide Criminal Background Check conducted by the Louisiana State Police or its authorized agent for all owners & administrators. Each owner must be at least aged 18 years

\_\_\_\_\_ Copy of the current Statewide Sex Offender Registry Status conducted by the Louisiana State Police or its authorized agent for all owners & administrators. Each owner must be at least aged 18 years

\_\_\_\_\_ Copy of Proposed Budget for six months to one year

\_\_\_\_\_ Copy of General Liability Insurance Certificate in the amount of at least \$300,000 that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767

\_\_\_\_\_ Copy of Professional Liability Insurance Certificate in the amount of at least \$300,000 that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767

\_\_\_\_\_ Copy of Worker's Compensation Insurance Certificate that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767

\_\_\_\_\_ Copy of completed Disclosure of Ownership Form which includes any controlling interest or ownership in any other licensed agencies

\_\_\_\_\_ Copy of the Organizational Chart, including names, addresses, position titles and terms of membership of the key administrative personnel and governing body