



**Health Standards Section
Checklist for Behavioral Health Service Provider (BHSP)**

INITIAL LICENSING REQUIREMENTS

Criteria (Each of these must be attached in order for your application to be processed):	Yes
FNR Approval for CPST and/or PSR services ONLY	<input type="checkbox"/>
Letter of Intent (to fully describe the intent of the BHSP, including anticipated date of opening)	<input type="checkbox"/>
BHSP License Application	<input type="checkbox"/>
BHSP License Application Fee(s)	<input type="checkbox"/>
Office of State Fire Marshal LDH Plan Review Approval Letter (will have DH-##-#### project number)	<input type="checkbox"/>
Cautionary Codes from OSFM	<input type="checkbox"/>
Attestation for compliance with Plan Review cautionary items (use Cautionary Codes from Plan Review letter)	<input type="checkbox"/>
Office of State Fire Marshal Certificate for Occupancy Onsite visit **NOT the same as Plan Review above**	<input type="checkbox"/>
Office of Public Health Certificate for Occupancy Onsite visit	<input type="checkbox"/>
Floor Plan with Dimensions and Identified Service Areas	<input type="checkbox"/>
Organizational chart (see webpage)	<input type="checkbox"/>
If providing addiction services, submit copy of Addictionologist credentials w/ contractual agreement displaying their relationship to your program's DBA name	<input type="checkbox"/>
Criminal Background Checks: Owners, managing employees and those in direct care with under 18.	<input type="checkbox"/>
Line of Credit at least \$50,000 include the official bank statement with last 4 digits of account #	<input type="checkbox"/>
General & Professional Liability Insurance at least \$500,000	<input type="checkbox"/>
Worker's Compensation Insurance	<input type="checkbox"/>
CLIA certificate (if applicable)	<input type="checkbox"/>
If operated by a corporate entity, current proof of registration/status with the La. Secretary of State	<input type="checkbox"/>
Lease Agreement (if the building is not owned by the BHSP) NOTE: If the BHSP owns the building submit a letter indicating ownership; identify areas that are subleased	<input type="checkbox"/>

RENEWAL LICENSING REQUIREMENTS

ALL ITEMS BELOW ARE REQUIRED FOR LICENSE RENEWAL

BHSP License Application	<input type="checkbox"/>
BHSP License Application Fee(s)	<input type="checkbox"/>
Office of State Fire Marshal Certificate for Occupancy Onsite visit **NOT the same as Plan Review above**	<input type="checkbox"/>
Office of Public Health Certificate for Occupancy Onsite visit	<input type="checkbox"/>
If providing addiction services, include name of the Addictionologist on the application	<input type="checkbox"/>
Line of Credit at least \$50,000 include the official bank statement with last 4 digits of account #	<input type="checkbox"/>
General & Professional Liability Insurance at least \$500,000	<input type="checkbox"/>
Worker's Compensation Insurance	<input type="checkbox"/>

HSS-BH-INITIAL Provider Checklist (02/2020)