

Home and Community Based Services (HCBS) Initial Application Checklist

1. HCBS FNR Approval Letter
2. Copy of the completed HCBS License Application with modules selected
 PCA SIL In-Home Respite CBR SFC ADC SE MIHC FS

Email License Application to: HSS-HC-SC-Licensing@LA.GOV
Mail License Application to: Health Standards Section, P.O. Box 3767, B.R., LA 70821-3767
3. HCBS Fees, which are non-refundable
4. Copy of the completed Payment Transmittal Form
5. Copy of the Office of State Fire Marshall (OSFM) approval letter of the architectural facility plans and any other office/entity designated by the department to review and approve the facility's architectural plans for an ADC or CBR
6. Copy of the OSFM on-site inspection report with approval for occupancy for an ADC or CBR
7. Copy of the Office of Public Health (OPH) health inspection report with approval for occupancy for an ADC or CBR
8. Copy the floor plan/sketch with the published 24-hour phone number listed on the floor plan/sketch
9. Copy of the Administrator's Resume
10. Copy of Statewide Criminal Background & National Sex Offender Check for all owners **and** the administrator – completed by a LSP authorized agency
12. Copy of the Line of Credit Letter. The Line of Credit must be in the amount of at least \$50,000.00 from federally insured, licensed lending institution to include the geographical office location.
*****Personal loans or bank balances of \$50,000 or more do not meet this requirement. No waiver of this requirement will be granted.**
13. Copy of the Certificate of Insurance for General Liability in the amount of at least \$300,000.00
14. Copy of the Certificate of Insurance for Professional Liability in the amount of at least \$300,000.00
15. Copy of the Certificate of Insurance for Workers' Compensation – no specified amount
16. **ALL** Certificates of Insurance must list HSS as the certificate holder:
Louisiana Department of Health, Health Standards Section,
P. O. Box 3767, Baton Rouge, Louisiana 70821-3767 (or)
LDH, HHS, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767
17. Copy of the completed Disclosure of Ownership & Controlling Interest Statement

18. Copy of the Organizational Chart, including names, position titles of key administrative personnel and the governing body
19. Copy of certificates of completion for the mandatory Online new provider training classes (3 classes) for each owner and the administrator
20. Any other documents or information required by the department for licensure.

Visit our HCBS Website for additional information: <https://ldh.la.gov/index.cfm/page/3787>