

Home and Community Based Services (HCBS) Initial Application Checklist

1. HCBS FNR Approval Letter*

2. HCBS initial license application with modules selected

CBR* In-Home Respite* MIHC* PCA* SIL* ADC FS SE SFC

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 submitted to Dallas; fees are non-refundable

4. Payment Transmittal Form

5. Office of State Fire Marshal (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 plan for an ADC or CBR.

6. OSFM on-site inspection report with approval for occupancy for an ADC or CBR

7. Office of Public Health (OPH) inspection report with approval for occupancy for an ADC and CBR

8. Office floor sketch with published 24-hour phone number listed on the floor plan/sketch; entrances and exits need to identified

9. The Administrator's resume

- a. Include months by years
- b. Include populations worked with, i.e., elderly, developmentally disabled

10. Evidence that proposed Administrator is a resident of Louisiana

- a. Preferably a copy of a Louisiana Driver's License or State ID Card

11. The Administrator's highest degree diploma or high school equivalent

12. Evidence that the proposed Administrator has one of the following:

- a) Bachelor's degree, plus a minimum of four years of verifiable experience working in a field providing services to the elderly and/or persons with developmental disabilities; **or**
- b) A minimum of six years of verifiable experience working in a health or social service related business, plus a minimum of four additional years of verifiable experience working in a field providing services to the elderly and/or persons with developmental disabilities; **or**
- c) An RN licensed and in good standing with the LSBN and have at least two years' experience in providing care to the elderly or to adults with disabilities.

13. Statewide Criminal & National Sex Offender background check for all Owners & the Administrator conducted by either the Louisiana State Police (LSP) or by an authorized LSP agency

14. Line of Credit in the amount of \$50,000.00 issued from a Federally Insured Lending Institution (FDIC); letter must contain the name of the agency and the geographical office address; the letter must be signed by an authorized bank representative

15. Certificate of Insurance with proof of General Insurance in the amount of at least \$300,000.00

16. Certificate of Insurance with proof of Professional Liability Insurance in the amount of at least \$300,000.00

17. Certificate of Insurance with proof of Workers' Compensation – no amount is specified

All Certificates of Insurance must list HSS is listed as 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

18. Disclosure of Ownership & Controlling Interest Statement

19. Agency Organizational Chart, including names, position titles of key administrative personnel and the governing body

20. Certificates of completed mandatory On-line provider training classes (3 classes) for all Owners and the Administrator

21. Any other documents or information required by the department for licensure

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