

Home and Community Based Services Provider (HCBS)

Change of Agency Name Checklist

- 1. Completed HCBS licensure application, mailed to **Health Standards Section, P.O. Box 3767, Baton Rouge, Louisiana, 70821-3767.**
- 2. Copy of the approval letter of the architectural facility plans from the Office of the State Fire Marshal (Adult Day Care and Center Based Respite modules);
- 3. Copy of the on-site inspection report with approval for occupancy by the Office of the State Fire Marshal (Adult Day Care and Center Based Respite modules);
- 4. Copy of the health inspection report with approval of occupancy from the Office of Public Health (Adult Day Care and Center Based Respite modules);
- 5. Proof of financial viability, comprised of:
 - a line of credit letter issued from a **federally insured, licensed lending institution** in the amount of at least \$50,000. ***For the purposes of an HCBS licensure, personal loans or bank balances of \$50,000 or more do not meet this requirement. No waiver of this requirement will be granted.**
 - certificate of general and professional liability insurance of at least \$300,000. **Certificate holder must state: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767;** and
 - certificate of worker's compensation insurance. **Certificate holder must state: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767.**
- 6. Completed disclosure of ownership and control information form.