# Health Standards Section

**Add Unit (Bedroom) & Bed Checklist for Behavioral Health Service Provider (BHSP)**

***Name of Provider:***

**ALL ITEMS BELOW ARE REQURIED FOR UNIT (BEDROOM) AND BED ADDITIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | NA |
| **FNR Approval Letter, only for CPS and/ or PSR services and/ or residential substance abuse that treats anyone other than women and adolescents. Located at:** [**FNR Approval**](https://ldh.la.gov/index.cfm/page/3728) |  |  |  |
| Letter of intent indicating location of facility (physical address), # of beds/bed numbers to be added, # of bedrooms/bedroom numbers, location of new beds, if male/female beds, and the total # of beds and bedrooms after the addition. |  |  |  |
| A completed BHS provider licensure application. Located at: [BHS Application](https://ldh.la.gov/assets/medicaid/hss/docs/BHS/HSS-BH-01_Lic-App-February2024.pdf)  In space for bedrooms & beds, put current number + number of additional bedrooms/beds= Total |  |  |  |
| DH Plan review from OSFM with approval from OSFM. |  |  |  |
| Cautionary codes from OSFM DH plan review. |  |  |  |
| Attestation for compliance with each of the OSFM DH plan review Cautionary codes. [Attestation to Plan Review Cautionary Codes](https://ldh.la.gov/assets/medicaid/hss/docs/BHS/HSS_PR_02PlanReviewAttestation.doc) |  |  |  |
| Current on-site inspection report from OSFM |  |  |  |
| Current on-site inspection report from OPH. |  |  |  |
| Copy of updated floorplan with new beds indicated. |  |  |  |
| Fee is $25 for bed increase plus $5 for each additional unit (bedroom). Please send a copy of the payment transmittal form and copy of check with check number/routing information visible. Updated fees are located at: [Health Standards Fee Schedule](https://ldh.la.gov/index.cfm/page/252)  **Payment should be sent to lockbox in Dallas.**  DHH Licensing Payments, P.O. Box 734350, Dallas, TX 75373  **Payment Procedure located at**: Payment Procedure  **Payment Transmittal Form located at:** [Payment Transmittal Form](https://ldh.la.gov/assets/medicaid/hss/docs/ALL_Prgms/PaymentTransmittalForm062019.doc) |  |  |  |
| **NOTE: Bed additions require an onsite physical environment survey prior to final approval for licensing/use.** |  |  |  |
| **Please email all documents (Except actual payment as noted above) to**: [HSS-BHSProviders@la.gov](file:///C:\Users\P00126486\Documents\Behavioral%20Health\HSS-BHSProviders@la.gov) |  |  |  |
|  |  |  |  |

*HSS-BH-INITIAL Provider Checklist (12/2024)*

Health Standards Section

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