# Health Standards Section

**Renewal Licensing Checklist for Behavioral Health Service Provider (BHSP**)

***Name of Provider:***

***RENEWAL LICENSING REQUIREMENTS***

**ALL ITEMS BELOW ARE REQURIED FOR LICENSE RENEWAL**

|  |  |  |
| --- | --- | --- |
| **NO LICENSURE CHANGES ALLOWED WITHIN 30 DAYS OF RENEWAL** | YES | NO |
| A. A BHS provider license shall expire on the expiration date listed on the license, unless timely renewed by the BHS provider. |  |  |
| **B. To renew a license, the BHS provider shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet shall include:** |  |  |
| 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) |  |  |
| A current OSFM report (for on-site and residential services);Office of State Fire Marshal Annual Inspection \*\*NOT the same as Plan Review \*\*  If you are unable to obtain a completed inspection, please provide documentation from the SFM of your attempt to obtain a completed annual inspection. |  |  |
| A current OPH inspection report (for on-site and residential services). *All ASAM Levels and Opioid Treatment Programs.*  **Effective June 13, 2023- Excludes Mental Health Only Providers***. (Mental Health Services Program/ Clinic, Psychosocial Rehabilitation Services Program, Crisis Intervention Program, Community Psychiatric Support and Treatment Program, Mental Health Intensive Outpatient Programs, Mobile Crisis Response).* |  |  |
| The non-refundable license renewal fee as established by statute.  Updated fees are located at: [Health Standards Fee Schedule](https://ldh.la.gov/index.cfm/page/252)  Mail Payment and Payment Transmittal Form to:  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) |  |  |
| ***Except for governmental entities, proof of financial viability. Provide verification and continuous maintenance of all of the following pursuant to R.S. 40:2153:*** |  |  |
| 1. A line of credit issued from a federally insured, licensed lending institution in the amount of at least $50,000. |  |  |
| 2. Proof of professional liability insurance of at least $500,000 or proof of self-insurance of at least $100,000, along with proof of enrollment as a qualified health care provider with the Louisiana Patient’s Compensation Fund (PCF): a. if the BHS provider is self-insured and is not enrolled in the PCF, professional liability limits shall be $1 million per occurrence/$3 million per annual aggregate.  **NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent).**  Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821. |  |  |
| 3. Proof of workers' compensation insurance; and  **NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent).**  Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821 |  |  |
| 4. Proof of general liability insurance of at least $500,000.  **NOTE: the LDH-HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent).**  Specifically: LDH Health Standards Section, PO Box 3767, Baton Rouge, La. 70821 |  |  |
| Payment of any outstanding fees, fines or monies owed to the department. |  |  |
| For a residential substance use disorder facility, submission of the attestation in accordance with §5712 of this Chapter. |  |  |
| Any other documentation required by the department. |  |  |
| Addictionologist name, credentials and current contract are required if providing addiction services. |  |  |
| Key Personnel Change Form located at: [HSS Change of Address, Key Personnel, or Name | La Dept. of Health](https://ldh.la.gov/page/hss-change-of-address-key-personnel-or-name)  Administrator: Resume  Medical Director, Clinical Director, Clinical Supervisor: Resume and Active Medical License  Addictionologist: Resume Active Medical License and Addiction Medicine Certification. |  |  |
| **Please email all documents (Except actual payment as noted above) to**: [HSS-BH-Licensing <HSS-BH-Licensing@la.gov>](file:///C:\Users\P00126486\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\LHZI0AK8\HSS-BH-Licensing%20%3cHSS-BH-Licensing@la.gov%3e) |  |  |

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

Health Standards Section

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