

ADULT RESIDENTIAL MENTAL HEALTH FACILITY APPLICATION CHECKLIST

For your convenience, an application checklist has been created to outline the required documents for each application submission. Please upload all required documents in the Adult Residential Mental Health Facility (ARMH) application packet. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request.

Upon application submission and payment, if required, you will receive an acknowledgement email. Applications are reviewed in the order they are received by our office. The initial review timeframe is **30 business days** from the application submission date.

The official rules for Adult Residential Mental Health Facility are on record with the Georgia Secretary of State's Office at <https://rules.sos.state.ga.us/gac/111-8-2> .

The online application portal can be accessed at <https://gahles.dch.georgia.gov/>. All correspondence regarding the status of your application will be sent to the email address provided for the contact person on your application. If additional documentation is required, you will receive an email from HFRD_do_not_reply@dch.ga.gov containing a link to the application portal and a verification code. Please open the email, copy the invitation code, and paste it into the link provided to check your application status. Upload the requested documents, confirm that all documents have been uploaded, and click submit. You will receive a confirmation email acknowledging that we have received your documents. Failure to upload the requested documents will result in the denial of your application.

For information regarding Change of Ownership (CHOW), please review Frequently Asked Questions on DCH website - <https://dch.georgia.gov/divisionsoffices/hfrd/facilities-provider-information/hfrd-chow-faq> .

For questions regarding ARMH regulations, surveys, plan of corrections, permits, facility letters, administrator and/or contact information updates, i.e., email address, phone numbers, email the Behavioral Health Team at hfrd.drug@dch.ga.gov.

For general application questions, email the HFRD Applications and Waivers Team at hfrd.applicationswaivers@dch.ga.gov .

If you are providing any residential or outpatient substance abuse treatment you will be required to apply for a separate DATEP permit.

Note: Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license. The licensure fee will be collected by the program after the application review is complete. If you encounter payment issues during the application process, email the Finance Team at hfrd.payments@dch.ga.gov for assistance.

Initial

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.
2. Documentation of city/county zoning approval or applicable documents
3. Notarized Affidavit of Personal Identification
4. Copy of photo ID that was shown to the notary public
5. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
6. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.
7. ARMH facilities are required to use GCHEXS. ARMH is considered a long-term care facility for purposes of criminal background checks and under Georgia law a fingerprint background check is required for owners, administrators and all direct care staff.

Satisfactory determination letter, dated within 12 months of the application submission date, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit the Secretary of State website at [111-8-12](#). For additional information, please visit [DCH OIG](#), or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov.

Note: If there are no individuals that own 10% or more interest, provide a letter on the company letterhead stating this information. The letter must be signed by the owner or owner representative.

8. Fire Safety Inspection Report **or** Certificate of Occupancy performed by the state fire marshal, the proper local fire marshal or state inspector, with no violations or hazards. **(The inspection must be dated within 12 months of application submission date)**.
9. Facility Floor Plan (To include areas conducive to privacy for counseling, group activities, reception/waiting areas, and bathrooms which to ensure privacy for collection of urine specimens and/or any other areas ARMH services will be offered).
10. Certificate of Occupancy for the building or other supporting documentation
11. Provide a copy of the Clinical Laboratory Improvement Amendment Certification or Waiver (CLIA) if diagnostic drug testing is performed on-site. If testing will be performed off-site, provide a copy of the CLIA of the vendor that will be performing the drug testing.
12. Sanitation Agreement or Invoice
13. Licensure fee - see Schedule of Licensure Activity Fees
<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Change of Ownership (CHOW)

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.
2. Notarized Affidavit of Personal Identification
3. Copy of photo ID that was shown to the notary public
4. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
5. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.

6. ARMH facilities are required to use GCHEXS. ARMH is considered a long-term care facility for purposes of criminal background checks and under Georgia law a fingerprint background check is required for owners, administrators and all direct care staff.

Satisfactory determination letter, dated within 12 months of the application submission date, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit the Secretary of State website at [111-8-12](#). For additional information, please visit [DCH OIG](#), or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov .

Note: If there are no individuals that own 10% or more interest, provide a letter on the company letterhead stating this information. The letter must be signed by the owner or owner representative.

7. Copy of the executed legal transaction documents for the business entity (Bill of Sale, closing documents, etc.). This document must be signed by the previous governing body/owner and disclose the effective date of change of ownership/closing.

Note: While the sale is pending, the CHOW application can be submitted and note that the bill of sale will be submitted when the sale is completed. This will allow HFR to start the review process prior to the ownership change.

Relocation

1. Documentation of city/county zoning approval or applicable documents
2. Notarized Affidavit of Personal Identification
3. Copy of photo ID that was shown to the notary public
4. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
5. Fire Safety Inspection Report **or** Certificate of Occupancy performed by the state fire marshal, the proper local fire marshal or state inspector, with no violations or hazards. **(The inspection must be dated within 12 months of application submission date).**
6. Certificate of Occupancy for the building or other supporting documentation
7. Facility Floor Plan (To include areas conducive to privacy for counseling, group activities, reception/waiting areas, and bathrooms which to ensure privacy for collection of urine specimens and/or any other areas ARMH services will be offered).
8. Provide a copy of the Clinical Laboratory Improvement Amendment Certification or Waiver (CLIA) if diagnostic drug testing is performed on-site. If testing will be performed off-site, provide a copy of the CLIA of the vendor that will be performing the drug testing. (For new relocation address)
9. Sanitation Agreement or Invoice
10. Licensure fee - see Schedule of Licensure Activity Fees
<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Facility Name Change

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

Governing Body Name Change (not a CHOW)

1. Evidence from Georgia Secretary of State that the corporation, LLC, etc. is registered, if applicable. If not applicable, provide other supporting documentation showing legal authority.
2. Notarized Affidavit of Personal Identification
3. Copy of photo ID that was shown to the notary public
4. Provide a letter on business letterhead explaining the governing body name change and the effective date.

Decrease in capacity

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

Increase in capacity

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public
3. Fire Safety Inspection Report **or** Certificate of Occupancy performed by the state fire marshal, the proper local fire marshal or state inspector, with no violations or hazards. **(The inspection must be dated within 12 months of application submission date).**
4. Facility Floor Plan (To include areas conducive to privacy for counseling, group activities, reception/waiting areas, and bathrooms which to ensure privacy for collection of urine specimens and/or any other areas ARMH services will be offered).

Change in Service (add)

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

Change in Service (remove)

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public

O.C.G.A. § 50-36-1(f)(1)(B) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

_____ I am a United States citizen.

_____ I am a legal permanent resident of the United States.

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(f)(1)(A), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

In making the *above* representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
DAY OF _____ 20__

NOTARY PUBLIC
My Commission Expires: