COMMUNITY LIVING ARRANGEMENT 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 your Community Living Arrangement (CLA) Application Packet. As a reminder, all policies and procedures must be established as part of the requirement for regulations and readily available upon request. To prevent any delays in the review process, please submit all documents at once.

Upon application submission and payment, if required, you will receive an acknowledgement email. Applications are reviewed in the order they are received. The initial review period is 60 days from the date of receipt. Failure to submit documents accurately and timely can result in a longer review period.

The official rules for Community Living Arrangement are on record with the Georgia Secretary of State's Office at http://rules.sos.state.ga.us/. A courtesy copy of the rules for Community Living Arrangement can be found on Healthcare Facility Regulation Division website at https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/hfr-laws-regulations .

The link to access the online application portal is **https://forms.dch.georgia.gov/Forms/HFRD-Applications-and-Waivers-Intake .** All written correspondence regarding the status of your application will be sent to the email address provided on your application. If we request additional documentation, please click on the link at the bottom of the email from workflow@dch.ga.gov and upload the requested documents. Please continue to check your email for status updates including junk/spam email.

For application related questions, please contact us at hfrd.applicationswaivers@dch.ga.gov and reference your facility name and/or application number.

Initial/New Permit

1. Application - completed and signed by the Owner
If a corporation - include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the community living arrangement
If partnership - include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the community living arrangement
If a non-profit - include documentation of non-profit status [501(c) 3]
If Individual - include statement of all owners and percentage of ownership.

2. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

3. **Provide copy of applicant's ID that was shown to notary**

4. A copy of Proof of Ownership for the property or a copy of the Lease Agreement

5. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load (must be dated within 12 months of application

submission)

6. Electrical Service Compliance Form with no violations or hazards identified from a Georgia licensed electrician and the electrician's State license number (must be dated within 6 months of application submission)

7. Floor Sketch (label rooms, location of all doors, windows and bed placement for residents, provider's personal living quarters, and staff)

8. Administrator & Owner Survey Form signed and dated by the Owner

9. Written approval for water source and sewage disposal system (If the facility uses a septic system, complete the Water and Septic Tank Report Form)

10. Licensure fee is required. For more information, see Schedule of Licensure Activity Fees.

Change of Ownership (CHOW)

1. Application - completed and signed by the Owner
If a corporation - include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the community living arrangement
If partnership - include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the community living arrangement
If a non-profit - include documentation of non-profit status [501(c) 3]
If Individual - include statement of all owners and percentage of ownership.

2. Provide a Bill of Sale or Transaction Agreement for the business purchase

3. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

4. **Provide copy of applicant's ID that was shown to notary**

5. A copy of Proof of Ownership for the property or a copy of the Lease Agreement

6. Administrator & Owner Survey Form signed and dated by the Owner

Governing Body Name Change

1. Application - completed and signed by the Owner
If a corporation - include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the community living arrangement
If partnership - include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the community living arrangement
If a non-profit - include documentation of non-profit status [501(c) 3]
If Individual - include statement of all owners and percentage of ownership.

2. Administrator & Owner Survey Form signed and dated by the Owner

3. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

4. **Provide copy of applicant's ID that was shown to notary**

Facility Name Change

1. Application - completed and signed by the Owner

2. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

3. **Provide copy of applicant's ID that was shown to notary**

Decrease in Capacity

1. Application - completed and signed by the **Owner**

2. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

3. **Provide copy of applicant's ID that was shown to notary**

Increase in Capacity

1. Application - completed and signed by the Owner

2. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load

3. Floor Sketch (label rooms, location of all doors, windows and bed placement for residents, family, and staff)

4. A completed Affidavit of Personal Identification.
NOTE: Only the Affidavit in this licensure package is acceptable.

5. **Provide copy of applicant's ID that was shown to notary**

Conversion from PCH to CLA

1. Application - completed and signed by the Owner

2. A completed Affidavit of Personal Identification
NOTE: Only the Affidavit in this licensure package is acceptable.

3. **Provide copy of applicant's ID that was shown to notary**

4. Licensure fee is required. For more information, see Schedule of Licensure Activity Fees.

Community Living Arrangement Application

CHECK ALL THAT APPLY

- ☐ New Permit
- ☐ Change Governing Body (ownership)
- ☐ Change Governing Body Name
- ☐ Change of CLA Name
- ☐ Change of Address (not location)
- ☐ Change of Capacity
- ☐ Other _____

1. Name of Residence			(Area Code) Telephone	
2. Residence Address	Street	City	County	Zip
3. Governing Body			(Area Code) Telephone	
4. Address	Street	City	County	Zip

5. Type of Ownership

☐ Individual ☐ Corporation ☐ Non-Profit ☐ Partnership ☐ Government
☐ Church ☐ Other

6. Attach name, address, phone number, birth date and social security number for the Administrator.

7. Attach list of names, addresses, and phone numbers of individuals or organizations having a 10% or more ownership interest in the facility.	**8. Attach letter of verification signed by representative of the DBHDD Regional Office.**
9. Attach a floor sketch of the entire facility (including multiple floors and buildings) and identify each room and the locations and doors, room measurements, and bed placements for residents, family, and staff.	
10. Requested Capacity (specific # of residents)	**11. Facility or Governing Body E-mail Address**

12. Change in Capacity From To	**13. Previous Governing Body**
14. Previous CLA Name	**15. Previous CLA Address**

16. By signature below, I certify that I intend to exclusively serve consumers funded by the DBHDD or its contract provider. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application.

_____
Print Name of the Owner of the Community Living Arrangement **Date**

_____
Signature of the Owner of the Community Living Arrangement

O.C.G.A. § 50-36-1(e)(2) 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:

1) _____ I am a United States citizen.

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

3) _____ 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(e)(1), 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:

ADMINISTRATOR & OWNER SURVEY FORM

Name of Facility: _____ County: _____

Mailing Address: _____ City: _____ Zip: _____

NAME OF ADMINISTRATOR	DATE OF BIRTH	SOCIAL SECURITY #	ALSO OWNER? Yes / No
NAME OF OWNER(S)	**ADDRESS**	**TELEPHONE NUMBER**	**PERCENTAGE OWNERSHIP**

Owner's Signature: _____ Date: _____

01/01/2012

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME OF COMMUNITY:_____

ADDRESS:_____

_____

OWNER:_____

OWNER'S CURRENT ADDRESS:_____

_____

OWNER'S PHONE #:_____

OWNER'S EMAIL ADDRESS:_____

- -

TO BE COMPLETED BY THE ELECTRICIAN

NOTE TO ELECTRICIAN: Do NOT complete this form unless all information is listed above regarding the location to be inspected.

I, _____ have inspected the electrical system at the above listed community and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature:_____

Printed Name:_____

Date of Inspection:_____

Georgia State License #:_____

Phone #:_____

02/01/2012

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the facility is located if the community is served by a well and/or a septic tank. **If the community is served by public water and sewer, you only need to submit a copy of a current water bill.**

To be completed by applicant:

Facility Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (check only one):

_____ The facility's water supply is from an approved source.

_____ The facility's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The facility is connected to a public or community sewage disposal system.

_____ The facility is served by an on-site sewage system adequate for the proposed use for _____ residents.

Maximum Number of Residents

County Environmentalist: _____ _____

Print Name Title

Signature: _____ Date: _____

SCHEDULE OF LICENSURE ACTIVITY FEES

Licensure Activity	Fee	Frequency
Application Processing Fees: • New Application • Change of Ownership • Change in Service Level (Requiring on site visit) • Name Change	$300	Upon submission
Initial License Fee (Same an annual licensure activity fee for each program type)	Varies by program	Submitted prior to issuance of license
Involuntary Application Processing fee subsequent to unlicensed complaint investigation	$550	
Follow-up visit to periodic inspection	$250	License renewal date
LICENSES		
Adult Day Centers		
Social Model	$250	Annually
Medical Model	$350	Annually
Ambulatory Surgical Treatment Centers (ASC)*	$750	Annually
Assisted Living Communities (ALC)		
25 to 50 beds	$750	Annually
51 or more beds	$1,500	Annually
Birthing Centers	$250	Annually
Clinical Laboratories*	$500	Annually
Community Living Arrangements*(CLA)	$350	Annually
Drug Abuse Treatment Programs* (DATEP)	$500	Annually
End Stage Renal Disease Centers (ESRD)		
1 – 12 stations	$600	Annually
13 - 24 stations	1,000	Annually
25 or more stations	$1,100	Annually
Stand Alone ESRD Facilities Offering Peritoneal Dialysis Only	$800	Annually
Eye Banks	$250	Annually
Home Health Agencies*(HHA)	$1,000	Annually
Hospices*(HSPC)	$1,000	Annually
Hospitals*		
1 to 24 beds	$250	Annually
25 to 50 beds	$750	Annually
51 or more beds	$1,500	Annually
ICFMRs - Intermediate Care Facilities / MR (private)	$250	Annually
Narcotic Treatment Programs (NTP)	$1,500	Annually
Memory Care Certificate for Assisted Living/Personal Care Homes	$200	Annually
Nursing Homes		
1 to 99 beds	$500	Annually
100 or more beds	$750	Annually
Personal Care Homes (PCH)		
2 to 24 beds	$350	Annually
25 to 50 beds	$750	Annually
51 or more beds	$1,500	Annually

Private Home Care Providers*(PHCP)	Per Service	
Companion Sitting	$250	Annually
Personal Care Services	$250	Annually
Nursing Services	$250	Annually
Traumatic Brain Injury Facilities	$250	Annually
X-ray Registration	$300	Initial Application Only
MISCELLANEOUS FEES		
Civil monetary penalties as finally determined		Case-by-case basis
Late Fee – 60 days past due	$150	Per instance
Permit replacement	$50	Per request
List of Facilities by license type (electronic only)	$25	Per request

ACCREDITATION DISCOUNT INFORMATION

***Eligible for a 25% discount if currently accredited by a nationally recognized accreditation organization approved by the department as having standards comparable to specific state licensure requirements and a complete copy of the current decision is submitted to the department at the time of annual license fee renewal. Currently the department will accept current accreditation at the level Medicare (CMS) accepts for deemed status from a CMS approved organization. Below is the list of the current accreditation organizations approved by this department.**

Accreditation Organization	Program
Accreditation Association for Ambulatory Health Care (AAAHC)	Ambulatory Surgery
Accreditation Commission for Health Care, Inc (ACHC)	CLA, HHA, Hospice, PHCP
American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)	Ambulatory Surgery
American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)	CAH, ASC, Hospital
American Association for Blood Banks (AABB)	Clinical Laboratory
American Society for Histocompatibility and Immunogenetics (ASHI)	Clinical Laboratory
Center for Improvement in Healthcare Quality (CIHQ)	Hospital
Commission on the Accreditation of Rehabilitation Facilities (CARF)	CLA, DATEP, PHCP
COLA	Clinical Laboratory
College of American Pathologists (CAP)	Clinical Laboratory
Community Health Accreditation Program (CHAP)	Hospice, PHCP
Council on Accreditation (COA)	CLA, DATEP
Council on Quality and Leadership (CQL)	CLA, DATEP, PHCP
Det Norske Veritas Healthcare (DNV Healthcare)	CAH, Hospital
The Joint Commission (JC)	ASC, CAH, CLA, Clinical Laboratory, DATEP, HHA, Hospice, Hospital, PHCP

ANNUAL LICENSE RENEWAL PAYMENTS

The Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25, require licensed providers to pay licensure activity fees **annually**. The department no longer mails annual licensing fee invoices. ***The annual fees are due October 31st and collected through December 31st each year without penalty.*** A late fee of $150 is automatically added to your balance on January 1st each year.

A new and simplified way to view and understand annual fees:

Fees paid between October and December 31st are good for the following ***calendar*** year. For example, if your annual fees are current, fees paid in November 2021 are good for Calendar year 2022.

Regardless of when your initial licensing fee was paid, the payment is good for that ***calendar*** year. For example, if you pay your initial license fee in June and are licensed in August 2021- The initial license fee is good for ***calendar*** year 2021. The renewal fee due in October 2021 is for calendar year 2022.

How and where to pay annual licensing fees:

You must pay your annual licensing fees in our payment web portal. This link is permanently located on the Healthcare Facility Regulation Home page. Here is the direct link for your convenience.
https://forms.dch.georgia.gov/Forms/Payments

The department accepts Visa, Mastercard, Discover and American Express. ACH payments are also accepted using your checking account.

LICENSURE ACTIVITY FEES COLLECTED BY THE DEPARTMENT ARE NOT REFUNDABLE.

If you have questions regarding annual licensing activity fees, please send your inquiry to:

HFRD.payments@dch.ga.gov