

PRIVATE HOME CARE PROVIDERS 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 Private Home Care Providers (PHCP) 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.

The link to access the PHCP application web portal and upload required documents is www.mmis.georgia.gov/portal/PubAccess.HFRD/HFRD%20Application/tabId/62/Default.aspx OR www.mmis.georgia.gov . Application and licensure fees must be paid in the Georgia Medicaid Management Information System (GAMMIS) Web portal at the time of the application submission. Please retain your license tracking number (LTN) to track the status of your application. Due to the unique nature of each application, the application unit are unable to state an exact timeframe when an application will be fully reviewed after it has been submitted. Typically, the turnaround time from submission to completion of review is sixty (60) days after your confirmation of receipt is received from the application unit. The application unit will make every effort to process and review all applications in an expedient manner as possible upon receipt. All written correspondence regarding the status of your application will be sent to the email address provided on your application. Failure to submit documents accurately and timely can result in a longer review period.

The official rules for Private Home Care Providers 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 Private Home Care Providers can be found on Healthcare Facility Regulation Division website at <https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/hfr-laws-regulations> .

For application related questions, please contact the Applications and Waivers Unit by email hfrd.applicationswaivers@dch.ga.gov and reference your LTN.

For questions regarding PHCP Rules and Regulations, adding counties to the permit, change of information, i.e., contact person name and phone number only, and copy of permit, contact the PHCP Program by email hfrd.phcp@dch.ga.gov .

Initial/New

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

2. Notarized Personal Identification Affidavit

NOTE: Only the Affidavit in this licensure package is acceptable.

3. **Provide copy of applicant's ID that was shown to notary.**
4. Copy of Business License from local city/county government. In the event you are unable to obtain a business license, written correspondence explaining the reason is required from your local government.
5. Copy of Secretary of State, Certificate of Incorporation, if incorporated; or if not incorporated, listing of IRS Tax ID number is acceptable.
6. Completed fingerprinting through Georgia Criminal Background Check System (GCHEXS) for the administrators, managers, and owners (**satisfactory determination letter on DCH letterhead must be dated within 12 months of application submission**). For fingerprint background check requirements, visit <https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs/georgia-criminal-background-check-system-gchexs>
7. A description of services.
 - Describes scope of services offered.
 - Describes types of clients served.
8. Name, qualifications, and job description (including copy of professional license, if applicable) of administrator.
 - Includes evidence of having history of no misconduct as described in 111-8-65-.09(5)(a)1
 - Job duties include full authority and responsibility for the operation of the PHCP
 - Evidence of completion of orientation training.
9. List of current employees – **The Administrator and at least one other employee is required to open a PHCP. A Registered Nurse with an unrestricted GA license is permitted to hold the position as an Administrator, Owner and Certified Nursing Assistant (CNA)** and copies of personnel records for those employees, and job descriptions and qualifications requirements of current and prospective employees.
 - Includes appropriate types of employees for provision of services for which permit is requested.
 - Includes statements, or forms for statements, as to history of abuse or neglect of others.
 - Includes documentation of TB testing results.
 - Includes forms for documentation of identifying information and emergency contacts.
 - Includes documentation of any employment history available.
 - PCA qualifications require completion of the NLN exam on-line and assessment of competency for services to be performed, or completion of a provided 40-hour training curriculum and assessment of competency. CNA must be registered in GA and requires a current GA certification, completion of the NLN exam on-line and assessment of competency for services to be performed, or completion of a provided 40-hour training curriculum and assessment of competency.
10. Nursing positions require a GA license.
 - Companion or sitter positions require ability to read, write, and follow instructions and completion of training or pass competency assessment, as appropriate, for understanding needs of populations served, basic meal preparation, provision of transportation services, housekeeping, home safety, handling emergencies in the home, and infection control.

11. A written description of whether the program will employ only certified nurse aides to perform personal care tasks.

12. Description of any contracted services, including procedures for supervision of such services and for determining qualifications of contracted individuals. **Note: only RNs and LPNs can be employed as contractors in a PHCP.** Requires that the PHCP will assess competencies for contracted RNs and LPNs and will keep on site documentation of qualifications of each.

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

Change of Ownership (CHOW)

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

2. Executed Bill of Sale

***Note: The PHCP must have active clients to process as a change of ownership. Otherwise, the facility must submit an initial/new application for a permit. ***

3. Copy of business license from your local city or county government

4. Copy of Notarized Personal Identification Affidavit.

NOTE: Only the Affidavit in this licensure package is acceptable.

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

6. Completed fingerprinting through Georgia Criminal Background Check System (GCHEXS) for the administrators, managers, and owners (**satisfactory determination letter on DCH letterhead must be dated within 12 months of application submission**). For fingerprint background check requirements, visit <https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs/georgia-criminal-background-check-system-gchexs>

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

Name Change

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

2. If name of business and governing body will be the same, upload a copy of Secretary of State, Certificate of Incorporation or Certificate of Organization.

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

Administrator Name Change

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

No fee is required

Address Change

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

2. The Department must be notified at least 15 days in advance of an address change.

An electronic application and fee are required for an address change

3. Copy of business license from your local city or county government with current address is required.

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

Addition of Services

1. An electronic application completed via GAMMIS Web Portal for a license to operate as a private home care provider.

2. Upload description and scope of services

3. Upload complete personnel file for RN or CNA depending on service addition.

4. Upload description of type clients you plan to serve.

5. Upload copies of job descriptions.

6. Upload description of contracted services

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

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:



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

AFFIDAVIT OF COMPLIANCE

I, _____, the undersigned duly authorized representative of
Name of Owner/Applicant

_____, hereby attest that in furtherance of its application
Governing Body

for licensure, said entity has developed policies and procedures mandated under the rules and regulations indicated below. If the application for licensure is approved by the Department, these policies and procedures shall be implemented immediately by the facility. Additionally, _____ understands that once licensed, it is
Governing Body
subject to unannounced periodic inspections at which time the policies and procedures shall be readily available for review for sufficiency and compliance with applicable rules and regulations. Deficient policies and procedures may subject the facility to sanctions pursuant to Ga. Comp. R. & Regs. 111-8-25.

1) _____ Assisted Living Communities
Chapter 111-8-63

2) _____ Home Health Agencies
Chapter 111-8-31

3) _____ Hospices
Chapter 111-8-37

4) _____ Narcotic Treatment Programs
Chapter 111-8-53



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

- 5) _____ Personal Care Homes
Chapter 111-8-62

- 6) _____ Private Home Care Providers
Chapter 111-8-65

This ____ day of _____, 20__.

Signature of Authorized Representative

Business/Facility Name

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

NOTARY PUBLIC
My Commission Expires:

SCHEDULE OF LICENSURE ACTIVITY FEES

Licensure Activity	Fee	Frequency
Application Processing Fees: <ul style="list-style-type: none"> • New Application • Change of Ownership • Change in Service Level (Requiring on site visit) • Name Change 	\$300	Upon submission
Initial License Fee (Same as 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		
<p>*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.</p>		
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