



Healthcare Facility Regulation Division

IMPORTANT ANNOUNCEMENT REGARDING NARCOTIC TREATMENT PROGRAMS

Open Enrollment Period

The Department of Community Health's Healthcare Facility Regulation Division hereby gives notice to the public that its annual Open Enrollment Period for new applicant Narcotic Treatment Programs will be held from **December 1, 2023 – December 31, 2023**.

During open enrollment, the Department will accept licensure applications for new Narcotic Treatment Programs.

Mandatory Licensure Information Forum – Wednesday, November 8th, 2023

The Department will hold a mandatory licensure information forum on **Wednesday, November 8th, 2023, at 1:00 p.m.** via Zoom and phone. This mandatory information forum will address narcotic treatment regulations, the application and licensure process with the Department and State Opioid Treatment Authority requirements.

Pursuant to O.C.G.A. § 26-5-46 (b), all potential applicants must send at least one representative to attend the Mandatory Information Forum on **Wednesday, November 8th, 2023, at 1:00 p.m.** A failure by potential applicants to attend the mandatory information forum and comply with the attendance requirements will disqualify the applicant from licensure consideration during the open enrollment period.

If you have questions or concerns prior to the meeting, please contact Mr. Willie Dean, Program Director at 404-275-5865 or via email at willie.dean@dch.ga.gov.



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

Dear Applicant:

The documents that follow in this Narcotic Treatment Programs (NTP) application package are intended to give you general instructions on completing the Narcotic Treatment Programs application process. **READ THESE DOCUMENTS CAREFULLY.**

PLEASE NOTE THAT THE APPLICATION PROCESS HAS CHANGED.

Open Enrollment Period

The Open Enrollment Period for Narcotic Treatment Program is December 1, 2023 – December 31, 2023. During this time-period, the Department will accept applications for new Narcotic Treatment Programs. Thereafter, the Open Enrollment Period shall be held in the month of December of each following year unless the Department issues a Public Notice prior to December 1st specifying an alternate time frame for enrollment.

Do not use any other application or any information other than the information contained in this application package. The old forms are no longer acceptable. In addition to submitting a completed application package, you are required to submit the initial application fee of \$300.00 plus the licensure fee of \$1,500.00 (totaling \$1,800.00). Please note, applications will not be considered complete if the full fee payment is not included with the application package. **Absolutely no applications will be accepted after the end of the Open Enrollment period.**

When submitting the Application Package, you must submit all required documents listed on the Initial Narcotic Treatment Programs Application Instructions as shown below. **ALL** items must be in the exact numbered order and separated by labeled sheet dividers. **ALL documents must be submitted electronically via the application portal.** 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 the application. If additional documentation is requested, you will receive an email from workflow@dch.ga.gov. **Please click on the link at the bottom of the email or copy and paste the entire link in the browser and upload the requested documents.** Please continue to monitor your email, including your Junk/Spam folder for emails from workflow@dch.ga.gov .



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

For general application questions, please email hfrd.applicationswaivers@dch.ga.gov.

For questions regarding NTP Rules and Regulations, surveys, and permits, please email hfrd.drug@dch.ga.gov.

PLEASE DO NOT MAIL OR EMAIL ANY DOCUMENTS. All documents must be uploaded via the application portal. Failure to adhere to these guidelines, the department may deny the licensing application for failure to meet the minimum requirements.



ATTACHMENT (A)

Initial Narcotic Treatment Programs (NTP) Application Instructions

Please reference the Narcotic Treatment Program Rules and Regulations Chapter 111-8- 53, for guidance.

TAB 1

Documentation of payment of required fees – Attach payment or proof of full fee payment. Attach payment or proof of payment.

TAB 2

Completed Narcotic Treatment Programs (NTP) Application (Form attached) – This is a required form to be completed by the owner/applicant and submitted with the application package. Must indicate that the governing body (owner) of the facility is a corporation, LLC, partnership or non-profit AND provide the related documents as required. Must list names, addresses of all Owners (10% or more ownership interest). Must list names, titles, and addresses of the officers of the corporation. Must list names and addresses of all partners. (See “Attachment B”). The Governing Body Name and Georgia Secretary of State Certificate **MUST** be the same.

___ If a corporation – include Certificate of Incorporation and Articles of Incorporation.

___ If a partnership – include Partnership Agreement.

___ If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization

___ If a non-profit – include documentation of non-profit status [501(c) 3]

___ If Individual – include statement of all owners and percentage of ownership.

___ List of names and addresses of all Owners (10% or more interest)

___ List names, titles, and addresses of the officers of the corporation.

___ List names and addresses of all partners.

TAB 3

Affidavit of Personal Identification Form (Form attached) – O.C.G.A. § 50- 36-1(f)(1)(B) Affidavit (or Affidavit of Personal Identification) – is a required document. Please use the attached Instructions for Completing Affidavit Required to Become Licensed (See “Attachment C”) for step-by-step instructions on how to complete the Affidavit of Personal Identification.

TAB 4

Copy of picture identification for the applicant or the person who signs the application on behalf of the corporation. To reference a list of acceptable verifiable identification, see Secure and Verifiable Documents Under O.C.G.A. §50-36-1 (e)(2). (See “Attachment D”)

TAB 5

Assurances satisfactory to the Department that the program is in control of the property. Examples – lease agreement, bill of sale, warranty deed, mortgage statement, proposal to lease and/or property tax record. Rule 111-8-53-.07(4)(n)



TAB 6

Comprehensive Program Description to operate an NTP - Submit the program’s range of services, days and hours of operation, maximum number of clients to be served at full operation, expected census for each quarter of the first year of operation and fee schedule for all services. Rule 111-8-53-.09(2) NOTE: In lieu of the Departmental review of the program’s NTP Policies and Procedures, the applicant will sign and notarize the attached AFFIDAVIT OF COMPLIANCE.

TAB 7

Pharmacist in Charge License – Submit a copy of Pharmacist license for the “Pharmacist in Charge”. Rule 111-8-53-.10(2)(g)

TAB 8

Data and details regarding treatment and counseling plans. Submit a copy of Policies and Procedures for treatment and counseling plans. Rule 111-8-53-.07(4)(a) NOTE: In lieu of the Departmental review of the program’s NTP Policies and Procedures, the applicant will sign and notarize the attached AFFIDAVIT OF COMPLIANCE.

TAB 9

Operating standards that demonstrate an organizational capability to meet these rules. Submit a copy of the operational and clinical policies and procedures. Rule 111-8-53-.07(4)(b). NOTE: In lieu of the Departmental review of the program’s NTP Policies and Procedures, the applicant will sign and notarize the attached AFFIDAVIT OF COMPLIANCE.

TAB 10

Demographical and qualifications of owners, medical directors, counselors, and other required staff. Submit resumes, certifications, required training, brief job descriptions and licenses of the owners, medical directors, counselors, and required staff. Rule 111-8-53-.10(2)

TAB 11

Listing of all currently licensed narcotic treatment programs within the Region of the proposed location and within a 75-mile radius, whether or not such other programs are outside of the Region. Rule 111-8-53-.07(4)(d)

TAB 12

Patient levels - Phases of treatment (Rule 111-8-53-.13(g)) of currently licensed programs in the proposed Region of care and within 75 miles, including, the number of patients admitted to current narcotic treatment programs in the most recent month; and the number of patients served by current narcotic treatment programs in the most recent month. Rule 111-8-53-.07(e)

- _____ The number of patients admitted to current narcotic treatment programs in the most recent month; and
- _____ The number of patients served by current narcotic treatment programs in the most recent month.

TAB 13

Data on demographic, social, health, economic, alcohol and drug related crimes, alcohol and drug



overdoses, and hospital and emergency department admission of individuals addicted to opioids for the program location. Rule 111-8-53-.07(4)(f). (See “Attachment E”)

TAB 14

Documentation of the Applicant’s experience operating a narcotic treatment program or working at such program, including complete history of such experience both within this state and in any other state. Rule 111-8-53-.07(4)(g)

TAB 15

Program ownership in other locations, if any, including a complete and accurate description of narcotic treatment program experience, including whether the applicant currently holds, has held, or had revoked any licenses, registrations, enrollments, accreditations, contracts, and network memberships. The applicant shall disclose any adverse actions against the applicant while employed by or as a result of ownership of a narcotic treatment program. Rule 111-8-53-.07(4)(h)

TAB 16

Evidence the applicant sought community input for the proposed location from substance abuse advocacy organizations, civic organizations, neighborhood associations, locally elected officials, and other groups. Examples: Letter of support, evidence of meetings with local officials, community forums, etc. Rule 111-8-53-.07(4)(i)

TAB 17

Proof of notification of intent to file an application with all law enforcement offices within a 25-mile radius of the proposed program location. Provide a copy of letter of intent to file an application with all law enforcement offices. Rule 111-8-53-.07(4)(j)

TAB 18

Proof of notification of intent to file an application with all drug courts within a 75-mile radius of the proposed program location. Provide a copy of letter of intent to file an application that was provided to all drug courts. Rule 111-8-53-.07(4)(k)

TAB 19

A narrative description of and information about adjoining businesses and occupancies within 200 feet of the facility, including a description of transportation access, traffic patterns, security features, local area police and crime reports, and neighborhood safety. Rule 111-8-53-.07(4)(l)

TAB 20

Complete description of the facility’s parking arrangements for staff and patients. Rule 111-8-53-.07(4)(m)

TAB 21

Assurances satisfactory to the Department that the program is in compliance with all applicable federal and state laws for the handling and dispensing of drugs and all state and local health, safety, sanitation, building, and zoning requirements. Rule 111-8-53-.07(4)(n)

A. An application must include assurances satisfactory to the Department that the program will meet the requirements for approval by SAMHSA or other applicable federal agency, the DEA, and the Georgia State Board of Pharmacy.

_____SAMHSA – Proof of application or registration

_____DEA – Proof of application or registration



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

____ Pharmacy license – Proof of application or registration

B. State and local health

____ Bio-hazardous Waste Agreement

____ Pest control Agreement and/or Contract.

C. Sanitation

____ Sanitation Agreement and/or Contract

D. Building

____ Proof that all buildings and grounds are accessible by the disabled.

E. Zoning requirements

____ Certificate of Occupancy, business license, etc.

F. Safety

____ Fire Safety Inspection Report/Certificate of occupancy by the
County/City, if required.

Tab 22

Criminal Background Checks are required for the Owner(s) with 10% ownership and for the Administrator. Rule 111-8-53-.07(9); 111-8-53-.10(1)(a)(i)

See Attachment E for link to GCHEXS



APPLICANT'S STATEMENT OF RESPONSIBILITY

The undersigned, representing the governing body, submits this application for licensure pursuant to O.C.G.A. 26-5-45 and certifies that this facility will comply with said statute and the Rules and Regulations for Narcotic Treatment Programs (Ga. Comp. R. & Regs. 111-8-53 et seq.). I certify that this facility is in compliance with all administrative and procedural requirements pertaining to the Narcotic Treatment Program. I understand that our license is non-transferable and must be returned to the Healthcare Facility Regulation Division if the facility closes, changes location or governing body.

I certify that this application and all attachments are true and accurate. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true. I understand that providing false information may result in my application for licensure being denied or, where the entity is already licensed, a suspension or revocation of that license. I understand that falsification of this application may subject me to criminal prosecution and civil money penalties.

I certify that I will notify the State of Georgia, Department of Community Health, Healthcare Facility Regulation Division if there are any future substantive changes in facility operation, and that written notice will be given before the effective date of the change. I hereby swear and affirm that I am over the age of 21 and I am otherwise competent to sign this application.

**By my signature below, I (print name) _____
affirm that I have read and understand the Rules and Regulations for Narcotic
Treatment Programs and I am prepared for an onsite inspection.**

Applicant Signature

Date



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 and forms 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.

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:



ATTACHMENT (B)

APPLICATION FOR NARCOTIC TREATMENT PROGRAM (NTP)

Initial _____ Relocation _____ Facility Name Change _____ Change of Ownership _____ Governing Body Change _____

LIST THE NTP REGION NAMES: _____

1. FACILITY NAME (primary dispensing location):

- Name which the facility is advertised or presented to the public. This is the name that will be printed on your license. Refer to this facility name in all inquiries

2. FACILITY SITE ADDRESS: (NO P.O. BOX ADDRESS IS ACCEPTABLE)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

*Phone must be installed and operable prior to licensing. Cannot be a cell phone.

3. FACILITY CORRESPONDENCE MAILING ADDRESS:

Name of Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

4. ADMINISTRATOR NAME: _____

5. CLINICAL DIRECTOR NAME: _____

6. MEDICAL DIRECTOR NAME: _____

PRIMARY RESIDENCE ADDRESS: _____

PRIMARY OFFICE ADDRESS: _____

RULE 111-8-53.10(1)(c)



7. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

Full legal name of individual, partnership, corporation or other legal entity, which owns the Narcotic Treatment Program, is required. "Owner" means any individual or any person affiliated with the corporation, partnership, or association with 10 percent or greater ownership interest in a business or agency licensed as a narcotic treatment program Rule 111-8-53-.03(t). This entity is responsible for financial and contractual obligations of the business and will be recorded as the licensee on the license.

(a) Name of Governing Body: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email: _____

(b) Legal entity is: _____ For Profit _____ Not for Profit

(c) Legal entity is: _____ Proprietorship
_____ Corporation _____ Limited Liability Company
_____ Partnership _____ Limited Liability Partnership

(d) List names and addresses of all owners with ten (10%) or more interest: (attach additional sheets if necessary) _____

(e) For corporations, list names, titles and addresses of the officers of the corporation: (attach additional sheets if necessary) _____

(f) For partnerships, list names and addresses of all partners: (attach additional sheets if necessary) _____

(g) Is the medical director currently the Medical Director at another Narcotic Treatment Program in Georgia? YES _____ NO _____

If "Yes", list the facility's name(s) and address. (Rule 111-8-53-10(c))



(h) Has any program that this governing body, program director, or medical director have had an ownership interest in, ever been fined, suspended, or closed by any state narcotic authority, or by FDA or DEA? YES _____ NO _____

If "Yes", please attach a detailed explanation.

(i) Does the governing body, program director, or medical director have an ownership interest in any other Narcotic Treatment Program in Georgia or any other state? YES _____ NO _____

If yes, please attach a detailed explanation.

(j) Has any owner, partner, officer of the corporation, the program director, or the medical director ever been convicted of, or pled nolo contendere to, any crime in connection with controlled substances under any state or federal law?

YES _____ NO _____

If "Yes", please attach a detailed explanation, including the person's status with the criminal justice system (e.g. sentence completed, probation, parole).

Building Owner: If the above entity (partnership, corporation, etc.) does not own the building from which services are offered, please provide the following information:

Building Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

(k) Did you attend the Mandatory Information Forum? YES _____ NO _____

(l) Did you submit the Letter of Intent? YES _____ NO _____

APPLICANT'S STATEMENT OF RESPONSIBILITY

I certify that this program will comply with the Department of Community Health Rules and Regulations, 111-8-53, governing Narcotic Treatment Programs. I further certify that I will operate the program in compliance with all state and federal laws and regulations. I certify that the information contained on this application and the attached documents are true and correct.

Signature of Applicant/Governing Body Representative



ATTACHMENT (C)

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_____

Printed Name of Applicant
NOTARY PUBLIC
My Commission Expires _____



ATTACHMENT (D)

INSTRUCTIONS FOR COMPLETING AFFIDAVIT REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—**BUT DO NOT SIGN THE AFFIDAVIT at this time.** (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. **CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:**
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen, but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.



5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

Secure and Verifiable Documents under O.C.G.A. § 50-36-2

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]¹
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

¹ For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417



- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

² Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.



- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

ATTACHMENT (E)

NTP DATA Helpful Links

<https://www.dch.gchexs.ga.gov>

<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<https://www.cdc.gov/drugoverdose/index.html>

<https://gbi.georgia.gov/gbi-crime-statistics-database>

<https://gbi.georgia.gov/crime-statistics>

<https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses>

<https://oasis.state.ga.us/oasis/webquery/qryDrugOverdose.aspx>

<http://www.countyhealthrankings.org/app/georgia/2016/measure/factors/138/data>

<http://www.senate.ga.gov/sro/Documents/StudyCommRpts/OpioidsAppendix.pdf>

<https://www.theguardian.com/us-news/2017/jun/20/opioids-us-hospital-visits-georgia>

<https://www.samhsa.gov/data/emergency-department-data-dawn>

<https://www.otpgeorgia.org/>

DISCLAIMER: Resources provided on the Helpful Links page are for informational purposes only and do not constitute an endorsement of any website or other sources. Readers should be aware that the websites listed may change or become unavailable. The Department is not responsible for access to any of these sites or information contained on the sites.

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
Outpatient Ambulatory Surgical Treatment Centers (ASC)*	\$750	Annually
Assisted Living Communities (ALC)		
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
Birth 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
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