

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY SERVICES 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 Outpatient Physical Therapy/Speech Pathology (OPT/SP) 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 time frame is **30 business days** from the application submission date.

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.applicationswaivers@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 provided link to check your application status. Upload the requested documents, confirm that all documents have been uploaded, and click submit. A confirmation email will be sent, indicating that your documents will be reviewed within 14 business days. Failure to upload the requested documents will result in the denial of your application.

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

For questions regarding OPT/SP Regulations and surveys, email hfrd.specialized@dch.ga.gov .

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

Note: Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license.

Initial

1. CMS 1561 Health Insurance Benefit Agreement
2. CMS 1856 Request for Certification
3. HHS 690 Electronic Confirmation
4. CMS 855 approval letter (required upon application submission)

Change of Ownership (CHOW)

1. CMS 1561 Health Insurance Benefit Agreement
2. CMS 1856 Request for Certification
3. HHS 690 Electronic Confirmation
4. 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.

5. CMS 855 approval letter (required upon application submission)

Relocation

1. Letter from facility requesting change, provide the old and new addresses and the expected relocation date

2. CMS 855 approval letter (required upon application submission)

Name Change, Additional Practice Location(s), Extension Sites

1. Letter from facility requesting the change(s)

2. CMS 855 approval letter (required upon application submission)



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 after unlicensed complaint investigation	\$550	
Follow-up visit to periodic inspection	\$250	License renewal date
License Type	Fee	Frequency
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
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
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 Registration 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
Returned Check Charge- as assessed by bank	< \$50	Per instance
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
Center for Improvement in Healthcare Quality (CIHQ)		Hospital
Commission on the Accreditation of Rehabilitation Facilities (CARF)		CLA, DATEP, PHCP
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, DATEP, HHA, Hospice, Hospital, PHCP