

## DRUG ABUSE TREATMENT AND EDUCATION PROGRAM 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 Drug Abuse Treatment and Education Program (DATEP) 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 official rules for Drug Abuse Treatment and Education Program 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 Drug Abuse Treatment and Education Program can be found on Healthcare Facility Regulation Division website at <https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/hfr-laws-regulations>.

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](mailto: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), please review Frequently Asked Questions on DCH website - <https://dch.georgia.gov/divisionsoffices/hfrd/facilities-provider-information/hfrd-chow-faq>.

For questions regarding DATEP Regulations, surveys, plan of corrections, permits, facility letters, Administrator and/or contact information update, i.e., email address, phone numbers, email the Behavioral Health Team at [hfrd.drug@dch.ga.gov](mailto:hfrd.drug@dch.ga.gov).

For general application questions, email the HFRD Applications and Waivers Team at [hfrd.applicationswaivers@dch.ga.gov](mailto: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. 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. 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).**
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 DATEP services will be offered).
8. Certificate of Occupancy for the building or other supporting documentation

9. 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.
10. Sanitation Agreement or Invoice
11. Licensure fee (see Schedule of Licensure Activity Fees)

### **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. 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 DATEP 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)

### **Initial Branch**

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. 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).**
7. Facility Floor Plan to include area conducive to privacy for counseling, group activities, reception/waiting areas and bathrooms which assure privacy for collection of urine specimens and/or any other areas DATEP services will be offered.
8. Certificate of Occupancy for the building or other supporting documentation
9. Sanitation Agreement or Invoice
10. Licensure fee (see Schedule of Licensure Activity Fees)

### **Relocation of a Branch**

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 assure privacy for collection of urine specimens and/or any other areas DATEP services will be offered.
8. Sanitation Agreement or Invoice
9. Licensure fee (see Schedule of Licensure Activity Fees)

#### **Change in Service (add) to the Existing Program**

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

#### **Change in Service (remove) to the Existing Program**

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

#### **Add Transitional Housing Unit**

1. Notarized Affidavit of Personal Identification
2. Copy of photo ID that was shown to the notary public
3. The residential transitional housing unit address(es) must be shown on the application. If additional space is needed to record transitional units' addresses, please include a separate page.
4. 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).**

\*If the transitional housing is a single dwelling, i.e., house, duplex, etc. a new fire safety inspection is required. If the transitional housing unit is in an apartment complex, an updated fire inspection report from the leasing agent/complex is required. \*

#### **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 change of ownership)**

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 DATEP services will be offered).

**Change in ASAM Level**

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

**Change in Population Served**

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

**MAT Services**

Please visit the portal to submit MAT Affidavit for DATEP Providers. The instructions are as follows:

1. Select Facility Type: DATEP
2. Select Application Type: MAT Affidavit for DATEP Providers
3. Upload MAT Affidavit for DATEP Providers
4. Submit

## 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:

- 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(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 this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ 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:

\_\_\_\_\_

**Medication-Assisted Treatment (MAT) Affidavit  
 For  
 Drug Abuse Treatment and Education Program (DATEP)**

<b>Name of Facility:</b> (DATEP Licensee)	
<b>Name of Affiant:</b> (Authorized Representative of Governing Body)	
<b>Facility Address:</b>	
<b>COUNTY OF:</b>	
<b>STATE OF:</b>	

**BEFORE ME, the undersigned authority personally appeared who, being by me duly sworn, affirms as follows:**

- A.** I, the above-named Affiant, have personal knowledge of the matters addressed in this affidavit and the attestations made herein.
- B.** I am over eighteen (18) years of age, and I am of sound mind and capable of making this affidavit in support of the facts stated herein.
- C.** I am a duly authorized representative of the governing body of the above-named DATEP Licensee (hereinafter "DATEP") which is licensed by the Healthcare Facility Regulation Division, as a Drug Abuse Treatment and Education Program.
- D.** I acknowledge that DATEPs are subject to regulation pursuant to O.C.G.A. §§ 26-5-1 et seq., Comp. R. & Regs. 111-8-19, and Comp. R. & Regs. 111-8-53, hereinafter known as the "body of controlling laws."
- E.** The DATEP will adhere to all rules and regulations as outlined in the body of controlling laws.
- F.** Buprenorphine & Suboxone will only be prescribed and dispensed by a holder of a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate permitting the holder to prescribe and dispense Schedule III medications for Opioid Use Disorder.

- G. The DATEP will ensure that all Medication-Assisted Treatment (MAT) services provided by the DATEP are compliant with applicable state and federal laws and regulations.
- H. The DATEP does not function as a methadone clinic which would require licensure as a Narcotic Treatment Program pursuant to O.C.G.A. § 26-5-44.
- I. I understand and acknowledge that the Healthcare Facility Regulation Division will rely upon the sworn statements made herein.

\_\_\_\_\_  
**Signature of Affiant**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Printed Name of Affiant**

\_\_\_\_\_  
**Title/Position of Affiant**

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_



### Schedule of Licensure Activity Fees

<b>Licensure Activity</b>	<b>Fee</b>	<b>Frequency</b>
Application Processing Fees: <ul style="list-style-type: none"> <li>• New Application</li> <li>• Change of Ownership</li> <li>• Change in Service Level (Requiring on site visit)</li> <li>• Name Change</li> </ul>	\$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
<b>License Type</b>	<b>Fee</b>	<b>Frequency</b>
<b>Adult Day Centers</b>		
Social Model	\$250	Annually
Medical Model	\$350	Annually
<b>Ambulatory Surgical Treatment Centers (ASC)*</b>	\$750	Annually
<b>Assisted Living Communities (ALC)</b>		
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
<b>Birthing Centers</b>	\$250	Annually
<b>Community Living Arrangements*(CLA)</b>	\$350	Annually
<b>Drug Abuse Treatment Programs* (DATEP)</b>	\$500	Annually
<b>End Stage Renal Disease Centers (ESRD)</b>		
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
<b>Home Health Agencies*(HHA)</b>	\$1,000	Annually
<b>Hospices*(HSPC)</b>	\$1,000	Annually
<b>Hospitals*</b>		
1 to 24 beds	\$250	Annually
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
<b>ICFMRs - Intermediate Care Facilities / MR (private)</b>	\$250	Annually
<b>Narcotic Treatment Programs (NTP)</b>	\$1,500	Annually
<b>Memory Care Certificate</b> for Assisted Living/Personal Care Homes	\$200	Annually



<b>Nursing Homes</b>		
1 to 99 beds	\$500	Annually
100 or more beds	\$750	Annually
<b>Personal Care Homes (PCH)</b>		
2 to 24 beds	\$350	Annually
25 to 50 beds	\$750	Annually
51 or more beds	\$1,500	Annually
<b>Private Home Care Providers*(PHCP)</b>		
	Per Service	
Companion Sitting	\$250	Annually
Personal Care Services	\$250	Annually
Nursing Services	\$250	Annually
<b>Traumatic Brain Injury Facilities</b>		
	\$250	Annually
<b>X-ray Registration</b>		
	\$300	Initial Registration Only
<b>MISCELLANEOUS FEES</b>		
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
<b>ACCREDITATION DISCOUNT INFORMATION</b>		
<p><b>*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.</b></p>		
<b>Accreditation Organization</b>		<b>Program</b>
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