

NURSING HOME 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 Nursing Home (NH) 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 timeframe is **30 business days** from the application submission date.

The official rules for Nursing Homes are on record with the Georgia Secretary of State's Office at <http://rules.sos.state.ga.us/>.

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_do_not_reply@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. You will receive a confirmation email acknowledging that we have received your documents. 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 Nursing Home Regulations, surveys, plan of corrections, permits, facility letters, administrator and/or contact information update, i.e., email address, phone numbers, email the Nursing Home Team at hfrd.nh@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. The licensure fee will be collected by the program after the application review is complete. If you encounter payment issues during the application process, email the Finance Team at hfrd.payments@dch.ga.gov for assistance.

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

4. Certificate of Need that indicates the number of beds approved by the DCH, Office of Health Planning. For more information, visit DCH OHP website at: <https://dch.georgia.gov/divisionsoffices/office-health-planning> .
5. A copy of proof of ownership/legal control of the property (deed, lease, or bill of sale)
6. Complete the electronic Disclosure of Ownership & Control Form
7. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.
8. Georgia State Fire Safety Inspection approving the requested bed count
9. Nursing Home/Hospital Patient Transfer Agreement
10. Proof of liability insurance or a self-insurance trust
11. **New buildings:** submit a copy of the floor plan with the bed breakdown.

Existing buildings: include the floor plan only if changes have been made to the previous floor plan.

Will the facility participate in the Federal Medicare and Medicaid Program? Yes _____ No _____

If yes, provide Items #11 through #13, if not, skip to Item #14

12. CMS 671 LTC Facility Application for Medicare/Medicaid (See the CMS website)
13. CMS 1561 Health Insurance Benefits Agreement
14. HHS 690 Assurance of Compliance <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>
15. Licensure fee – see Schedule of Licensure Activity Fees
<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

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.

6. Complete the electronic Disclosure of Ownership & Control Form
7. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.
8. Nursing Home/Hospital Patient Transfer Agreement for the new owner

9. Proof of liability insurance or a self-insurance trust for the new owner

Will the facility participate in the Federal Medicare and Medicaid Program? Yes _____ No _____

If yes, provide Items #9 through #11

10. CMS 671 LTC Facility Application for Medicare/Medicaid

11. CMS 1561 Health Insurance Benefits Agreement

12. HHS 690 Assurance of Compliance <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>

Relocation

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. Certificate of Need that indicates approval of the new location and the bed count from the DCH Office of Health Planning. For more information, visit DCH OHP website at: _

<https://dch.georgia.gov/divisionsoffices/office-health-planning> .

6. Georgia State Fire Safety Inspection approving the requested bed count

7. Proof of liability insurance or a self-insurance trust

8. **New building**: submit a copy of the floor plan with the bed breakdown. **Existing building**: include the floor plan if changes have been made to the previous floor plan

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 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

Decrease in Bed Capacity

1. Notarized Affidavit of Personal Identification

2. Copy of photo ID that was shown to the notary public

Increase in Bed Capacity

1. Notarized Affidavit of Personal Identification

2. Copy of photo ID that was shown to the notary public

3. Certificate of Need that indicates the number of beds approved by the DCH Office of Health Planning. For more information, visit DCH OHP at: <https://dch.georgia.gov/divisionsoffices/office-health-planning>

4. Georgia State Fire Safety Inspection approving the requested bed count

5. Provide a copy of the facility floor plan that indicates where the additional beds are located and the location of any building construction or renovation.

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____

NOTARY PUBLIC

My Commission Expires: