

COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY 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 Comprehensive Outpatient Rehabilitation Facility (CORF) 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 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 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 regulations, applications, surveys, plans of correction, permits, facility letters, administrator and/or contact information update, i.e., email address, phone numbers, email the Specialized Care Team at hfrd.specialized@dch.ga.gov.

Initial

1. CMS 1561 Health Insurance Benefit Agreement
2. CMS 359 Request for Medicare Certification
3. HHS 690 Assurance of Compliance <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>
4. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the owner or the owner's representative.
5. CMS 855 **approval letter** is required. This letter is issued directly to the Department of Community Health (DCH) by the Medicare Administrative Contractor (MAC); therefore, it should not be uploaded.

Change of Ownership (CHOW)

1. CMS 1561 Health Insurance Benefit Agreement
2. CMS 359 Request for Medicare Certification
3. HHS 690 Assurance of Compliance <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>
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. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed

and dated by the owner or the owner's representative.

6. CMS 855 **approval letter** is required. This letter is issued directly to the Department of Community Health (DCH) by the Medicare Administrative Contractor (MAC); therefore, it should not be uploaded.

Relocation

1. Letter from facility requesting change, provide the old and new addresses and the expected relocation date
2. CMS 359 Request for Medicare Certification
3. CMS 855 **approval letter** is required. This letter is issued directly to the Department of Community Health (DCH) by the Medicare Administrative Contractor (MAC); therefore, it should not be uploaded.

Facility Name Change

1. Letter from facility requesting the change
2. CMS 855 **approval letter** is required. This letter is issued directly to the Department of Community Health (DCH) by the Medicare Administrative Contractor (MAC); therefore, it should not be uploaded.

Governing Body Name Change (not a CHOW)

1. Letter from facility requesting the change
2. CMS 855 **approval letter** is required. This letter is issued directly to the Department of Community Health (DCH) by the Medicare Administrative Contractor (MAC); therefore, it should not be uploaded.