

HOME HEALTH AGENCY 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 Home Health Agency (HHA) 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 Home Health Agencies 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 regulations, surveys, plan of corrections, permits, facility letters, administrator and/or contact information update, i.e., email address, phone numbers, email the Home Health/Hospice Team at hfrd.hospicehh@dch.ga.gov.

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

Note: Please do not submit your application unless all required documents are complete and ready for upload in the GAHLES portal. The only exception applies to the "Executed Closing Documents" for a Change of Ownership application. Failure to provide this information at the time of submission may result in delays and rejection of your application and it may also result in the forfeiture of application fees.

Application fees are non-refundable. All licensure fees must be paid in full prior to receiving a permit or license (for change of ownership applications, this includes the previous owner's past due fees). If you encounter payment issues during the application process, email the HFRD Finance Team at hfrd.payments@dch.ga.gov for assistance.

Initial

1. Certificate of Need approval from GA Department of Community Health, Office of Health Planning (OHP) Rule 111-8-31-.03 Certificate of Need Review. **"Have you obtained the Certificate of Need (CON) approval from DCH Office of Health Planning?"** If "yes", proceed with the application submission. If

“no”, the application cannot be completed at this time. For more information, visit DCH OHP website at <https://dch.georgia.gov/con-applications-and-forms> .

2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. Notarized Affidavit of Compliance (**select Home Health Agencies**)
5. In the online GAHLES application, 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. **Satisfactory determination letter, dated within 12 months of the application submission date**, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit the Secretary of State website at [111-8-12](#). For additional information, please visit [DCH OIG](#), or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov .

Note: If there are no individuals that own 10% or more interest, provide a letter on company letterhead stating this information. The letter must be signed by the owner or owner representative.

7. Copy of Business License from local city/county government. The business license must be current with the facility name and address. If you are unable to obtain a business license, provide a written explanation from your local government stating the reason.
8. 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.
9. Home Health budget plan for 1st year.

Please submit the underlined federal forms directly to the program: hfrd.hospicehh@dch.ga.gov

10. HHS 690 Assurance of Compliance <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>
11. CMS 1561 Health Insurance Benefit Agreement
12. Licensure fee - see Schedule of Licensure Activity Fees
<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-payment-portal>

Change of Ownership (CHOW)

All past due fees must be paid in full prior to receiving a permit or license. Please contact HFRD Finance Team at hfrd.payments@dch.ga.gov for assistance.

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. 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.

3. Organizational charts of the ownership structure for the governing body pre- and post-sale transaction.
4. Copy of Business License from local city/county government. The business license must be current with the facility name and address. If you are unable to obtain a business license, provide a written explanation from your local government stating the reason.
5. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
6. Copy of photo ID that was shown to the notary public

7. In the online GAHLES application, 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.

8. **Satisfactory determination letter, dated within 12 months of the application submission date**, from the DCH Georgia Criminal History Check System (GCHEXS). All administrators and individual owners with 10% or more ownership interest must complete a fingerprint-based background check through GCHEXS. The owner of the facility may request access to GCHEXS by going to [GCHEX](#). For Fingerprint Background Check rules and regulations, visit the Secretary of State website at [111-8-12](#). For additional information, please visit [DCH OIG](#), or by calling at 404-463-7154 or by emailing at gchexs.user@dch.ga.gov.

Note: If there are no individuals that own 10% or more interest, provide a letter on company letterhead stating this information. The letter must be signed by the owner or owner representative.

Please submit the underlined federal forms directly to the program: hfrd.hospicehh@dch.ga.gov

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

10. CMS 1561 Health Insurance Benefit Agreement

Branch Addition

1. Certificate of Need approval from GA Department of Community Health, Office of Health Planning (OHP).
2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. Provide a letter on business letterhead indicating the parent agency the branch will be billing under and the counties the branch will be servicing. If the branch serves counties currently not authorized under the parent agency, list the additional counties.
5. Google map showing distance from main agency address to each county being serviced

Branch Removal

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Provide a letter on business letterhead indicating the branch location that will be removed.

Change in Service (add)

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Provide a letter on business letterhead requesting the type of service(s) that will be added

Change in Service (remove)

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Provide a letter on business letterhead requesting the type of service(s) that will be removed

Facility Name Change

1. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
2. Copy of photo ID that was shown to the notary public
3. Provide a letter on business letterhead explaining the change and the effective date.

Governing Body Name Change (not a CHOW)

1. Provide a letter on business letterhead explaining the change and the effective date.

2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. 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.

Relocation

1. Certificate of Need approval from GA Department of Community Health, Office of Health Planning (OHP).
2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. Provide a letter on business letterhead explaining if this will impact the current patients being served. If so, please provide a plan that shows how the agency will accommodate the patient(s).
5. Google map showing distance from main agency address to each county being serviced

Service Area Change (add counties)

1. Certificate of Need approval from GA Department of Community Health, Office of Health Planning (OHP).
2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. Provide a letter on business letterhead indicating the counties they currently serve, and the counties they want to add.
5. Provide a letter on business letterhead explaining if this change will impact current patients being served. If so, please provide a plan that shows how the agency will accommodate the patient(s).
6. Google map showing distance from main agency address to each county being serviced

Service Area Change (remove counties)

1. Certificate of Need approval from GA Department of Community Health, Office of Health Planning (OHP).
2. Notarized Affidavit of Personal Identification - **O.C.G.A. § 50-36-1(f)(1)(B) Affidavit** (see below)
3. Copy of photo ID that was shown to the notary public
4. Provide a letter on business letterhead indicating the counties they currently serve, and the counties that will be removed.
5. Provide a letter on business letterhead explaining if this change will impact current patients being served. If so, please provide a plan that shows how the agency will accommodate the patient(s).

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:



AFFIDAVIT OF COMPLIANCE

I, _____, the undersigned duly authorized representative of
Name of Owner/Applicant

_____, hereby attest that in furtherance of its application
Governing Body Name

for licensure, said entity has developed policies and procedures 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 Name
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.

- 1) _____ Assisted Living Communities
Chapter 111-8-63
- 2) _____ Home Health Agencies
Chapter 111-8-31
- 3) _____ Hospices
Chapter 111-8-37
- 4) _____ Narcotic Treatment Programs
Chapter 111-8-53



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

- 5) _____ Personal Care Homes
Chapter 111-8-62
- 6) _____ Private Home Care Providers
Chapter 111-8-65

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: