

## 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. **To prevent any delays in the application review process, please submit all documents at once.**

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 **60 business days** from the application submission date. Failure to submit documents accurately and timely can result in a longer review period.

The link to access the online application portal is <https://forms.dch.georgia.gov/Forms/HFRD-Applications-and-Waivers-Intake> . All written correspondence regarding the status of your application will be sent to the email address provided on your application. If additional documentation is requested, you will receive an email from [workflow@dch.ga.gov](mailto:workflow@dch.ga.gov) . **Please open the email from [workflow@dch.ga.gov](mailto:workflow@dch.ga.gov) , click on the link at the bottom of the email OR copy and paste the entire link in browser, and upload the requested documents.** Please continue to monitor your email, including your Junk/Spam folder for emails from [workflow@dch.ga.gov](mailto:workflow@dch.ga.gov) . **DO NOT REPLY TO [workflow@dch.ga.gov](mailto:workflow@dch.ga.gov) .** This is an automated response, and replies will not be read.

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](mailto:hfrd.specialized@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. 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(s) 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)