Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D

Narcotic Treatment Program
Application Instructions

Dear Applicant,

The documents that follow are intended to give you instructions on completing the Narcotic Treatment Program application process. Please read and complete documents carefully.

OPEN ENROLLMENT PERIOD:

December 1st through December 31st is the only time-period the Department of Behavioral Health and Developmental Disabilities (DBHDD) will accept applications for new Narcotic Treatment Programs.

FEES:

In addition to submitting a complete application package, programs are required to submit the initial application fee of $300.00 plus the licensure fee of $1,500.00 (totaling $1,800.00).

APPLICATION SUBMISSION:

Applications must be completed online through the application portal: https://gahles.dch.georgia.gov/.

All documents listed on the Narcotic Treatment Program Application Requirements on the following pages must be submitted to the portal.

If additional information or documentation is required, you will receive an email from the Department with instructions. **Failure to submit requested information, documents, or pay required fees will result in the denial of your application. Application fees are non-refundable.**

Rules and Regulations for Narcotic Treatment Programs can be accessed here: https://rules.sos.state.ga.us/gac/111-8-53.

Background checks will need to be completed for Owners and Administrators through DBHDD. Information on background check instructions can be found here: https://dbhdd.georgia.gov/be-connected/background-policy-gaps-information.

For general application questions, please email the Department at Licensure.Application@dbhdd.ga.gov.

Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D

Narcotic Treatment Program
Application Requirements (pg. 1)

1.) Attach proof of payment of required fees.

2.) Provide documentation indicating the Governing Body/Owner of the facility is a corporation, LLC, partnership, or non-profit.

____ If a corporation, include Certificate of Incorporation and Articles of Incorporation.
____ If a non-profit, include documentation of non-profit status [501(c) 3].
____ If partnership, include partnership agreement.
- List names and addresses of all partners.

____ If a Limited Liability Company (LLC), include Certificate of Organization and Articles of Organization.
- List names, titles, and addresses of the officers of the corporation.

____ If individual, include statement of all owners and percentage of ownership.
- List names and addresses of all owners (10% or more ownership interest)

3.) Completed Affidavit of Personal Identification (form attached below).

4.) Copy of photo identification that was presented to the Notary Public to complete the Affidavit of Personal Identification.

5.) Proof of ownership/legal control of the property (deed, lease, mortgage statement or bill of sale).

6.) Copy of Comprehensive Program Description to include:
- Range of services
- Days and hours of operation
- Maximum number of clients to be served at full operation
- Expected census for each quarter for the first year of operations
- Fee schedule for all services

7.) Copy of the license for the Pharmacist in charge.

8.) Copies of policies and procedures for treatment and counseling plans. Please reference Rule 111-8-53-.07(4)(a). *NOTE:* In lieu of the Department reviewing all policies and procedures, the applicant must sign and notarize the Affidavit of Compliance (form attached below).

Narcotic Treatment Program
Application Requirements Continued (pg. 2)

9.) Copies of operational and clinical policies and procedures. Please reference Rule 111-8-53-.07(4)(b). *NOTE:* In lieu of the Department reviewing all policies and procedures, the applicant must sign and notarize the Affidavit of Compliance (attached below).

10.) Personnel qualifications of owners, medical directors, nurses and counselors to include:

- Resume
- License / Certifications
- Job Description
- Required Trainings

Please reference Rule 111-8-53-10(2).

11.) Listing of all currently licensed Narcotic Treatment Programs within the Region of the proposed location as well as any within a 75-mile radius regardless of Region.

12.) Patient levels – phases of treatment of currently licensed programs in the proposed Region and within 75-miles to include:

____ Number of patients admitted to current Narcotic Treatment Programs in the most recent month.
____ Number of patients served by current Narcotic Treatment Programs in the most recent month.

13.) Data on demographic, social, health, economic, alcohol and drug related crimes, alcohol and drug overdoses, and hospital and emergency department admissions of individuals addicted to opioids for the program location.

14.) Documentation of the applicant's experience operating a Narcotic Treatment Program or working at such program, including a complete history of such experience.

15.) Documentation of the applicant's program ownership in other locations, if any, to include:

- Description of the other Narcotic Treatment Programs.
- Any current, previous, or revoked licenses, registrations, enrollments, accreditations, contracts, and network memberships.

Narcotic Treatment Program
Application Requirements Continued (pg. 3)

16.) Evidence the applicant sought community input for the proposed location from substance abuse advocacy organizations, civic organizations, neighborhood associations, locally elected officials, and other groups. This may include letters of support, evidence of meetings with local officials, community forums, etc.

17.) Copy of letter of intent to file an application with all Law Enforcement offices within a 25-mile radius of the proposed program location.

18.) Copy of letter of intent to file an application with all Drug Courts within a 75-mile radius of the proposed program location.

19.) A narrative description of and information about adjoining businesses and occupancies within 200 feet of the facility, including a description of transportation access, traffic patterns, security features, local area police and crime reports, and neighborhood safety.

20.) Description of the facility's parking arrangements for staff and patients.

21.) Background check confirmation for owner(s) and administrator(s) (form attached below).

22.) Assurances satisfactory to the Department that the program is in compliance with all applicable federal, state, and local laws for handling and dispensing of drugs to include:

____ SAMHSA – Proof of application or registration
____ DEA – Proof of application or registration
____ Pharmacy license – Proof of application or registration
____ Bio-hazardous Waste Agreement
____ Pest Control Agreement
____ Sanitation Agreement / Contract
____ Proof that the building(s) and grounds are accessible by the disabled
____ Certificate of Occupancy, business license, etc.
____ Fire Safety Inspection Report

23.) Applicant statement of responsibility (form attached below).

Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D

O.C.G.A. § 50-36-1(f)(1)(B)
Affidavit of Personal Identification

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 Behavioral Health and Developmental Disabilities, the undersigned applicant verifies one of the following with respect to the application for 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 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, _____, _____.
(day) (month) (year) (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: _____

Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D

Affidavit of Compliance

I, _____, the undersigned duly authorized representative of
(Name of Owner/Authorized Representative)

_____, hereby attest that in furtherance of its application for licensure,
(Governing Body)

said entity has developed Policies and Procedures and forms 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 program.

Additionally, the above-mentioned governing body understands that once licensed, it is subject to unannounced periodic inspections at which time the Policies and Procedures must be readily available for review. Deficient policies and procedures may subject the facility to sanctions pursuant to Rules and Regulations 111-8-25.

This the _____ day of _____, 20_____
(day) (month) (year)

_____
Signature of Authorized Representative

_____
Business / Facility Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____ 20_____

_____
NOTARY PUBLIC
My Commission Expires: _____

Georgia Department of Behavioral Health & Developmental Disabilities

Applicant's Statement of Responsibility

The undersigned, representing the governing body, submits this application for licensure pursuant to O.C.G.A. § 26-5-45 and certifies that this facility will comply with said statute and the Rules and Regulations for Narcotic Treatment Programs (111-8-53 *et seq*.). I certify that this facility is in compliance with all administrative and procedural requirements pertaining to the Narcotic Treatment Program. I understand that the license is non-transferable and must be returned to the Department of Behavioral Health and Developmental Disabilities if the facility closes, changes locations, or changes governing body.

I certify that this application and all attachments are true and accurate. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true. I understand that providing false information may result in my application for licensure being denied or, where the entity is already licensed, a suspension or revocation of that license. I understand that falsification of this application may subject me to criminal prosecution and civil money penalties.

I certify that I will notify the State of Georgia, Department of Behavioral Health and Developmental Disabilities if there are future substantive changes in facility operation, and that written notice will be given before the effective date of the change. I hereby swear and affirm that I am over the age of 21 and am otherwise competent to sign this application.

By my signature below, I (print name) _____ affirm that I have read and understand the Rules and Regulations for Narcotic Treatment Programs and I am prepared for an onsite inspection.

_____

Applicant Signature

_____

Date

Georgia Department of Behavioral Health &
Developmental Disabilities

Kevin Tanner, Commissioner

Division of Strategy, Technology, & Performance

DBHDD Background Check Confirmation Form

For instructions related to background checks, please go to: **Background Policy & GAPS Information**

Legal name of facility:

Tax ID:

Location of facility:

Type of facility:

Name of Individual	Role	Date of Eligibility	Eligibility Determination