



Behavioral Health Licensing Unit

Two Peachtree Street NW, Suite 23.277, Atlanta, GA 30303-3142

Telephone 404-657-1652 Fax 770-359-4655

CRISIS STABILIZATION UNIT APPLICATION PACKET FOR INITIAL OR NEW LICENSURE

This is an application to apply for a **Crisis Stabilization Unit License**. Other requirements for licensure and informational materials are available on line at <http://dbhdd.georgia.gov/behavioral-health-licensing-unit>

A Crisis Stabilization Unit (CSU) is a medically monitored, short-term residential program licensed by the Department of Behavioral Health and Developmental Disabilities as an emergency receiving and evaluating facility to provide psychiatric stabilization and detoxification services twenty-four (24) hours a day, seven (7) days a week.

This application may be used to apply for:

- An **Initial License**
- A **New** license due to **Change in Ownership** or **Change in Location** of a currently licensed CSU.

No application will be acted upon until the Department determines that the application is complete with all required attachments submitted, as required by the Rules and Regulations for the Department of Behavioral Health and Developmental Disabilities, Adult Crisis Stabilization Units, Chapter 82-3-1, and Children and Adolescent Crisis Stabilization Units, Chapter 82-4-1.

- The application and other documents must be submitted to the Department of Behavioral Health and Developmental Disabilities (DBHDD) **no later than ninety (90) calendar days prior** to the projected opening date of the CSU.
- The Department shall conduct announced and unannounced on-site reviews and inspections of all facilities and services to determine compliance with the rules and regulations to operate a CSU prior to a license being granted.
- The initial license is valid for the first year of operation. The term of the initial license may not exceed one year from date of issuance.

Note: A separate application for licensure must be submitted for each CSU location.

Table of Contents

Requirements for Licensure.....	Page 3
Submission Requirements.....	Page 4
CSU Application Form.....	Page 5
Appendix A: Ownership Addendum.....	Page 9
Appendix B: Citizen/Qualified Alien Affidavit.....	Page 10
Appendix C: Secure and Verifiable Documents List.....	Page 11
Appendix D: Application Checklist.....	Page 13

REQUIREMENTS FOR LICENSURE

All application materials must be submitted to the Department **no later than ninety (90) calendar days** prior to the projected opening date of the CSU and must include the following:

1. An accurate and complete application form;
2. A working budget showing projected revenue and expenses for the first year of operation, including revenue plan;
3. Documentation of working capital:
 - a. If the applicant is a sole proprietor, a corporation, a limited partnership, a limited liability company, or a hospital authority: Funds or a line of credit sufficient to cover at least 90 days of operating expenses must be documented;
 - b. If the applicant is a public entity: Appropriate revenue must be documented;
4. Documentation of authority to conduct business in the State of Georgia, e.g., business license, state contract;
5. A twenty-four (24) hour staffing plan which includes all staff and other persons providing services to individuals at the CSU, the Crisis Service Center and the Temporary Observation Unit (if applicable);
6. A certificate of occupancy and a floor plan with dimensions and with space and room function designations;
7. Photocopies of operating agreements with treatment facilities for psychiatric, addictive disease and physical health care needs that are beyond the scope of the CSU;
8. A program description **signed by the Medical Director** that includes, consistent with Departmental rules, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet CSU admission criteria;
9. Proposed daily schedule of treatment and education options throughout twelve (12) waking hours each day, including treatment and educational opportunities responsive to the mental health, physical health, and addictive disease issues represented by individuals in service;
10. A copy of a fire safety survey indicating approval by the local fire authority in whose jurisdiction the CSU is based that is dated no earlier than one year prior to the opening date. For new construction, additions, and renovation projects, written approval by the local building department must be included in addition to fire authority approval;
11. Documentation of accreditation as required by Departmental policy.

ADDITIONAL DOCUMENTATION

1. Copy of Commercial General Liability or Comprehensive Liability Insurance Certificate;
2. Organizational Chart of the agency;
3. A signed and notarized U.S. Citizen/Qualified Alien Affidavit, with required documentation to be completed by the CEO of the CSU.

SUBMISSION REQUIREMENTS

The completed DBHDD application, with all required documentation must be submitted simultaneously. **The Department will not accept incomplete application packets.**

Application and supporting documentation must include a single hard copy of all elements, submitted in a 3-ring binder, appropriately labeled and tabbed for easy review. **Documents must be submitted in the same order as listed on the checklist.**

Completed packets must be returned via U.S. Postal Service or other recognized mail carriers, such as UPS, Fed-Ex, DHL, etc.

Please mail completed application with supporting documentation to:

**Department of Behavioral Health and Developmental Disabilities
Behavioral Health Licensing Unit
2 Peachtree Street
Suite 23.277
Atlanta, Georgia 30303-3142**

HAND DELIVERIES WILL NOT BE ACCEPTED

CSU APPLICATION FORM
APPLICATION FOR INITIAL OR NEW LICENSURE

<input type="checkbox"/> ADULT CSU <input type="checkbox"/> INITIAL <input type="checkbox"/> NEW: CHANGE IN OWNERSHIP <input type="checkbox"/> NEW: CHANGE IN LOCATION	<input type="checkbox"/> CHILD/ADOLESCENT CSU <input type="checkbox"/> INITIAL <input type="checkbox"/> NEW: CHANGE IN OWNERSHIP <input type="checkbox"/> NEW: CHANGE IN LOCATION
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Does this CSU have contracted services for a Crisis Service Center and a Temporary Observation Unit? Yes No

1. Provider Information*

A. Legal Name: _____

Doing Business as (DBA): _____

FEI Number: _____

Street Address: _____

City/State/Zip Code: _____

Mailing Address (if different): _____

City/State/Zip Code: _____

Telephone: _____

B. Owner (if applicable): _____

Telephone: _____

E-Mail Address: _____

C. Corporate/Agency Chief Executive Officer: _____

Telephone: _____

E-Mail Address: _____

* Any change in: name; address; telephone number; ownership; CEO; CSU Director/Nursing Administrator; Medical Director; or any construction, renovation or modification of the building(s); or date of the cessation of operation of CSU requires notification in writing to the Department. See <http://dbhdd.georgia.gov/behavioral-health-licensing-unit> for CSU Change of Information Form.

Provider Information* (continued)

D. CSU Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____

County in which CSU is located: _____

E. CSU Director's Name: _____

Title: _____

Telephone: _____

E-Mail Address: _____

Nursing Administrator's Name: _____

Title: _____

Telephone: _____

E-Mail Address: _____

F. Medical Director's Name: _____

Telephone: _____

E-Mail Address: _____

G. Contact Name (Name of the person completing this application): _____

Title: _____

Telephone: _____

E-Mail Address: _____

* Any change in: name; address; telephone number; ownership; CEO; CSU Director/Nursing Administrator; Medical Director; or any construction, renovation or modification of the building(s); or date of cessation of operation of CSU requires notification in writing to the Department. See <http://dbhdd.georgia.gov/behavioral-health-licensing-unit> for CSU Change of Information Form.

Professional Personnel Contractors		
Agency	Address	Phone #

If more space is necessary to respond to this section, a copy of this page may be attached as an additional appendix to this application and should be noted by the checking of this box.

6. Signature and Certification

I certify that all information in this application is correct and that all copies submitted with the application are originals or copies of the original documents. I understand that intentionally providing false information on this application or attachments is a violation of state law.

Chief Executive Officer or Administrator's Signature

Date

Printed Name of CEO or Administrator

Title

(_____) _____
Telephone Number (include Area Code)

E-mail

OWNERSHIP ADDENDUM

Please complete this form **if** the owner is a partnership with persons as partners, or a corporation in which a person has an ownership interest of at least 25% of the business entity. Attach additional pages if necessary.

The owner is a [select one]:

Limited Partnership – List each person who is a general partner.
(Attach additional pages if necessary.)

- Profit
- Non-Profit

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Corporation or Limited Liability Company – List any person who has an ownership interest of 25% or more in the corporation or LLC.
(Attach additional pages if necessary)

- Profit
- Non-Profit

Print Name: _____ Percent Ownership: _____%

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT
O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from _____ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a 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 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(e)(1), 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

Before me this ____ day of _____, 20__;

Notary Public
My Commission Expires: _____

AFFIX SEAL HERE

*See Appendix C

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient
 - identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS

Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- 1 Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)].

APPLICATION CHECKLIST

REMEMBER: All application materials must be submitted to the Department no later than ninety (90) calendar days prior to the projected opening date of the CSU.

Have you completed and included the following?

- An accurate and complete application form;
- A working budget showing projected revenue and expenses for the first year of operation, including revenue plan;
- Documentation of working capital:
 - a. If the applicant is a sole proprietor, a corporation, a limited partnership, a limited liability company, or a hospital authority: Funds or a line of credit sufficient to cover at least 90 days of operating expenses must be documented
 - b. If the applicant is a public entity: Appropriate revenue must be documented;
- Documentation of authority to conduct business in the State of Georgia, e.g., business license, state contract;
- A twenty-four (24) hour staffing plan which includes all staff and other persons providing services to individuals at the CSU and the Crisis Service Center and the Temporary Observation Unit (if applicable);
- A certificate of occupancy, and a floor plan with dimensions and with space and room function designations;
- Photocopies of operating agreements with treatment facilities for psychiatric, addictive disease and physical health care needs that are beyond the scope of the CSU;
- A program description signed by the Medical Director that includes, consistent with Departmental rules, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet CSU admission criteria;
- Proposed daily schedule of treatment and education options throughout twelve (12) waking hours each day, including treatment and educational opportunities responsive to the mental health, physical health, and addictive disease issues represented by individuals in service;

- A copy of a fire safety survey indicating approval by the local fire authority in whose jurisdiction the CSU is based that is dated no earlier than one year prior to the opening date.
***For new construction, additions, and renovation projects, written approval by the local building department must be included in addition to fire authority approval;**
- Documentation of accreditation as required by Departmental policy;
- Copy of General Liability or Comprehensive Liability Insurance;
- Organizational chart of the agency, including names and titles of all employees;
- A signed and notarized U.S. Citizen/Qualified Alien Affidavit, with required documentation (see Appendix B) to be completed by the CEO of the CSU.