



Department of Public Health and Human Services

Quality Assurance Division ♦ 2401 Colonial Drive, 2nd Floor ♦ Helena, MT 59620 ♦ fax: 406-444-1742

Steve Bullock, Governor

Richard H. Opper, Director

Dear Prospective Adult Foster Home Provider:

Thank you for your interest in an Adult Foster Care Home in Montana. This letter is intended to guide you through the licensing process. The following items must be completed and submitted to initiate the licensing process:

- A completed license application and fee.
- A completed Personal Statement of Health for each employee of the facility and each person living in the household (This DOES NOT include adult foster care residents).
- A Release of Information for each employee of the facility and member of the family over 18 years of age residing in the home for purposes of conducting a criminal record and protective services background check.
- If you use well water, a copy of a report of the well water for potability dated within the past year. You may contact your local county health department for assistance.
- All applicants must submit a floor plan (can be hand drawn if dimensioned) of your facility indicating the size of all areas utilized by the residents. If the bedroom has any built in obstruction (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, (not from the closet back wall) to the opposite wall.
- A written policy and procedure manual that describes all services provided in the health care facility as required by ARM 37.106.330.
- A resident rights policy as required by ARM 37.100.137.
- A policy and procedure for the safe use and storage of fuels and all heat sources as required by ARM 37.100.145.
- A policy describing the consequences to the resident when violating any rules which has been established as required in 37.100.149(8).
- A policy and procedure for emergency evacuation as required by ARM 37.100.146.A resident agreement as required by ARM 37.100.162 (*if you intend to severe individuals with mental illness the agreement must also include the requirements outlined in 37.100.149*).

- Documentation of current certification in CPR/First Aid techniques for each provider or employee of the Adult Foster Care Home as required by ARM 37.100.165.
- A grievance policy as required by ARM 37.100.170.
- An Infection prevention and control policy as required by ARM 37.100.171.
- A pet policy as required by ARM 37.100.172.
- A written maintenance program as required by ARM 37.106.320.
- A written disaster plan and offsite evacuation agreement as required by ARM 37.106.322.

Upon submission of all the aforementioned information and documentation, the Licensure Bureau will schedule an onsite visit within 45 working days from the receipt of the last document. You may not admit residents in your home until you are licensed.

Statutes and Rules governing Adult Foster Care Homes can be found at:

<http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBAultFosterHome.aspx>

Please complete and return all items above, **with the fee of \$20.00** to the address specified below: (label enclosed)

Kathy Cook, Administrative Assistant
DPHHS/Quality Assurance Division/Licensure Bureau
2401 Colonial Drive, PO Box 202953
Helena MT 59620-2953

If you have further questions you may call; Julie Fink, Program Manager at 563-4668 or Kathy Cook, Administrative Assistant at 444-0507.

Sincerely,

Julie Fink
Licensure Bureau
Quality Assurance Division
(406)563-4668