



Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Sheila Hogan, Director

Dear Prospective Youth Care Facility Provider:

Thank you for your interest in becoming a licensed youth care provider. You are encouraged to contact your area Licensing Surveyor to discuss and clarify any and/or all steps in the licensing process as you proceed in your exploration or application as a licensed provider. This letter is intended to guide you through the licensing process.

The following application material may be located at:

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

1. Application form - QAD/CRL-001 (Rev 3/00);
2. Application Supplement - QAD/CRL-001A (Rev 3/00);
3. Personal Statements of Health for Licensure forms- one needs to be completed by each direct care staff employed in your facility- QAD/CRL-005 (Rev 3/00);
4. Release of Driving Records (Approved form from the Division of Motor Vehicles;
5. Administrative Rules of Montana-Licensing Requirements for Youth Care Facilities,
6. MCA 52-2-601 through 52-2-628 Montana Code Annotated;
7. MCA 41-2-201 through 41-3-203 Montana Code Annotated: Mandatory abuse and neglect reporting law;

Recommended and required action steps as you explore or prepare for licensure:

1. Have you met with area and state placing agencies to determine if there is a need for a youth care facility in the area you have selected? (e.g. Child and Family Services Division-protective services and youth probation, Dept of Corrections, Mental Health vendors)
2. Have you contacted DPHHS - Child and Family Services Contract Liaison (Ph 841-2492) to determine if the Department is interested in contracting with you for services?
3. Have you contacted the local fire marshal, building codes inspector, and sanitarian to tour your site to determine preliminary compliance with fire safety, building and health safety codes?
4. Have you explored the area zoning ordinances?
5. Have you filed for corporate status? (NOTE: "for profit" or "not for profit" corporate status is a requirement of licensure, however Montana Code prohibits the Child and Family Services Division from entering into a contract with a "for profit "licensed residential care provider)

Should you decide to file an application at this time, please note the following:

The completion of Protective Services and Criminal Background for direct care staff is required. Out of state background checks must be completed for any staff that have lived out of state in the past 5 years prior to employment. The completion of such checks for prospective employees is the responsibility of the provider/employer. There is a small fee for completion of each of the above noted background checks in the state of Montana.

To complete a State of Montana Criminal Background check you will need to send the employees name, social security number and date of birth to:

**Montana Criminal Records
PO Box 201403
Helena, MT 59620-1403**

To complete a State of Montana, driving record check the request must be submitted to the DMV on the approved release form (copy is enclosed or request additional copies from the DMV).

**Montana Division of Motor Vehicles
PO Box 201430
Helena, MT 59620-1430
406 444-4590**

Protective service background checks are also recommended steps in the assurance of hiring staff that do not pose a threat to residents in your care. In state children's protective service, background checks can be initiated by sending signed release(s) of information to:

**DPHHS/Child & Family Services Division
Tiffany Snook, Administrative Assistant
301 South Park
Helena MT 59620
(406) 841-2400**

The area Licensing Surveyor will contact you to arrange a site visit/evaluation after the QAD Licensure Bureau receives the completed application packet. The QAD-Community Residential Licensing Program will make every effort to complete your initial licensing assessment and make a license status determination within 60 days of our receipt of your *completed application*. A **completed application** consists of the following:

1. Completed and signed Application form (sides 1 and 2);

2. Completed and signed Application Supplement;
3. Articles of Incorporation or Bylaws;
4. Organizational Chart;
5. Current list of Board of Directors including terms of office and addresses;
6. Job Descriptions for each staff;
7. Program Description;
8. Personnel and Program policies and procedures;
9. Grievance procedures;
10. Orientation/training plan;
11. Completed Personal Statements of Health for Licensure for *each staff* (DPHHS-QAD/CRL-005);
12. State Fire Marshal or designee certification. Please refer to the State Fire Marshall's website at <https://dojmt.gov/enforcement/investigations-bureau/fire-prevention> and contact the Fire Marshal for your area to determine who will conduct your fire inspection.
13. W-9 Request for Taxpayer ID number and certification;
14. Any other information relevant to licensure previously discussed between you and your area licensing specialist; and,

Please send your completed application packet to:

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

If you have further questions, or have questions during the licensure process, you may contact: Julie Fink, Program Manager at 563-4668; or the area licensing surveyors at: Stephanie Galle, Anaconda 563-4669, Jasmine Taylor, Great Falls 453-0539, Lisa Maua, Billings 655-7621 or Debra Unruh, Missoula 329-1592.

Sincerely,

Julie Fink, Residential Care Program Manager
Licensure Bureau
Quality Assurance Division