



# Department of Public Health and Human Services

Quality Assurance Division ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ fax: 444-1742

**Steve Bullock, Governor**

**Sheila Hogan, Director**

Dear Prospective Long Term Care provider:

Long Term Care facilities (LTCs) are considered health care facilities in State law and are required to be licensed by the State of Montana. It is required that the Certificate of Need program be notified of a Long Term Care facility's plan for a change of ownership before pursuing licensure. Please contact the Administrative Officer for the Certificate of Need, Leslie Howe, at (406) 444-9519.

The following information and forms are necessary to initiate the licensure and certification process for a change in ownership:

- ARM 37.106.101, Certificate of Need notification
- 42 CFR 484.10-484.55- Federal Guidelines & Regulations
- ARM 37.106.601 Minimum Standards for Skilled/Intermediate Care Facilities
- ARM 37.106.301 Minimum Standards for All Health Care Facilities
- Civil Rights Compliance Check list
- CMS 1561, Health Insurance Benefits Agreement (2 copies will be needed) Choice of Intermediary
- Completed form CMS 671
- Completed CMS form 855A
- A recommendation letter from MAC with a copy of the completed 855A
- A Montana State License Application

If you have questions regarding the licensing process, I can be reached at (406) 444-7770.

Sincerely,

Leigh Ann Holmes  
Licensure Bureau Chief  
Quality Assurance Division