

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Dear Prospective Community Home for Persons with Disabilities Provider:

Thank you for your interest in Community Homes for Persons with Developmental or Physical Disabilities in Montana. This letter is intended to guide you through the licensing process.

The following items must be submitted to the Licensure Bureau in order to license your facility:

- Application. The online licensure application portal can be located at: <u>https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/group</u> <u>home</u>
- Floor Plan: 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.
- □ Articles of Incorporation, Bylaws or Letter from Sponsoring Board
- Organizational Chart
- □ List of Board of Directors including terms of office and addresses (As applicable)
- □ Job Descriptions for each staff
- Program Description
- Policies and Procedures, for review and approval. These must be submitted at least forty-five (45) days prior to the expected facility opening date. The rules describing the regulatory requirements for critical access hospitals can be found at the web address above.
- □ Grievance procedures for staff and residents
- □ Orientation/training plan
- □ Fire Marshal Certification
- □ Sanitarian Certification
- □ The completion of Criminal Background for direct care staff is required.

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 (406) 444-3625

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

For homes providing services to persons under the age of 18; protective service background checks are 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, Office Manager 301 South Park Helena MT 59620 (406) 841-2492

In addition to submission of all the aforementioned information and documentation, you will need to schedule an onsite Physical Compliance inspection with the Bureau Construction Consultant. Review and approval of all required documentation, and approval by the Construction Consultant are required prior to the issuance of a license. You may not admit residents in your facility until you are licensed.

Upon submission and approval of all the aforementioned information and documentation and the final approval from the Bureau construction consultant, the Licensure Bureau will issue a six (6) month provisional license. A health care facility surveyor from the Licensure Bureau will conduct an on-site survey of the facility within the provisional license period to assess compliance with critical access hospital regulations. This visit is also an opportunity for the facility to obtain any clarification on those regulations. If you have further questions, or questions during the licensure process, you may contact the Licensure Bureau at 406-444-2676.

Sincerely,

Tara Wooten

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