

## Department of Public Health and Human Services

Office of Inspector General • 2401 Colonial Drive, 2<sup>nd</sup> Floor • Helena, MT 59620 • fax: 444-1742

Greg Gianforte, Governor

**Adam Meier, Director** 

Dear Prospective Home Infusion Therapy Provider:

Thank you for your interest in Home Infusion Therapy Facilities in Montana. This letter is intended to guide you through the licensing process. Home Infusion Therapies are not required to be reviewed by the Health Planning Program, and therefore do not need a Certificate of Need.

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

| □ A completed License Application and fee. The Home Infusion Therapy Application may be  |
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| downloaded at  |
| https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityLicensure/LBFacilityApplications/LBHomeInfacilityApplicati |
| <u>usionTherapyAgency</u>  |
| □ Policies and Procedures, for review and approval. These must be submitted at least forty-five (45) days prior to the expected facility opening date.   |
| □ Please review the specific rules pertaining to a Home Infusion Therapy Agency: Administrative  |

Rules of Montana 37.106.2401 – 37.106.2433, and the Minimum Standards for All Healthcare

Upon submission and approval of all the aforementioned information and documentation, the Licensure Bureau will issue a six (6) month provisional license. A facility may not accept patients until it is licensed. A health care facility surveyor from the Licensure Bureau will conduct a survey of the facility within the provisional license period to assess compliance with Home Infusion Therapy Agency regulations. This visit is also an opportunity for the facility to obtain any clarification on those regulations.

If you have further questions, or have questions during the licensure process, the main number for the Licensure Bureau is 406-444-2676.

Sincerely,

Carter Anderson, Inspector General, Montana DPHHS

Facilities: 37.106.301 – 37.106.331.