Dear Prospective Mental Health Center Provider:

Thank you for your interest in a Mental Health Center in Montana. This letter is intended to guide you through the licensing process. The following items must be completed, submitted and accepted to initiate the licensing process:

* The online licensure application portal can be located at: <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/lbmentalhealthcenter>
* A floor plan of your facilities (can be hand drawn if dimensioned) indicating the size and name of all areas and rooms. Attach a copy of this floor plan to your application. Send the original floor plan for review to:

Brian Nelson, Construction Consultant

DPHHS/Office of Inspector General/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

Brian.Nelson@mt.gov

1(406) 444-6794

* Documentation that the mental health center’s facilities, buildings, and homes meet all applicable state and local building and fire codes as required in ARM 37.106.1925 (1) (a) and ARM 37.106.302.
* State Fire Marshal or designee inspection/approvals are required for license endorsement of Mental Health Group Homes, Inpatient Crisis Stabilization Programs, Inpatient Secured Crisis Stabilization Facilities Forensic Mental Health Facility as defined in ARM 37.106.1938, ARM 37.106.1946 and ARM 37.106.2025. 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.
* If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability dated within the past year. Please contact your local County Health Department for assistance.
* If the facility is not on a city sewer system, please submit a copy of the local County Health Department septic system inspection. As a septic system is approved based on the number of bedrooms in a facility, the septic system inspection report must reflect the number of bedrooms (please note – number of bedrooms, not number of residents) in the facility applied for.
* A written policy and procedure manual for review and approval that describes all services provided in the mental health center as required by ARM 37.106.330.

 Policies Manual must include:

* Orientation and training procedures for all employees including new employees, relief workers, temporary employees, students, interns, volunteers, and trainees as required by ARM 37.106.1907 (1) (c).
* Policy and procedure defining the responsibilities, limitations, and supervision of students, interns, and volunteers as required by ARM 37.106.1907 (1) (d) (i).
* Policy and procedure for verifying professional staff member’s credentials when hired, and thereafter, to ensure the continued validity of required licenses as required by ARM 37.106.1907 (1) (d) (ii).
* Policy and procedure for client complaints and grievances including opportunity for appeal and informing client of advocacy organizations as required by ARM 37.106.1907 (1) (d) (iii).
* Organizational chart as required by ARM 37.106.1907 (1) (e).
* Procedure for completing incident reports including maintaining incident report file as required by ARM 37.106.1907 (1) (f).
* Procedure for maintaining policy and procedure manual including review and approval by the medical director and administrator at least annually as required by ARM 37.106.1908 (1).
* Procedure for notifying staff of all changes in policies and procedures as required by ARM 37.106.1908 (1) (a).
* Procedure for addressing client rights, including a procedure for informing client of their rights as required by ARM 37.106.1908 (1) (b).
* Procedure for addressing and reviewing ethical issues and reporting ethics violations to applicable professional licensing authorities as required by ARM 37.106.1908 (1) (c).
* Procedure for informing clients of the policy and procedure for client complaints and grievances as required by ARM 37.106.1908 (1) (d).
* Procedure for initiating services to clients as required by ARM 37.106.1908 (1) (e).
* Procedure for informing clients of rules governing their conduct and the types of infractions that can result in suspension of discontinuation of services as required by ARM 37.106.1908 (1) (f).
* Procedure for suspending or discontinuing program services to clients per standards as required by ARM 37.106.1908 (1) (g).
* Procedure for referring clients to other providers or services the Center does not provide as required by ARM 37.106.1908 (1) (h).
* Procedure for conducting quality assessment and improvement activities as required by ARM 37.106.1908 (1) (i).
* Procedure for providing Representative Payee services per standards as required by ARM 37.106.1908 (2).
* Procedure for maintaining and organizing clinical records per standards as required by ARM 37.106.1909 (1).
* Procedure for maintaining a current list of providers who accept clients for assessment services not provided by the center as required by ARM 37.106.1915 (3).
* Policy and procedures describing the implementation of an active Quality assessment program required by ARM 37.106.1919.
* Policies and Procedures of the mental health center for crisis intervention services as required by ARM 37.106.1945.
* Policy and procedure governing in-person contacts between crisis responders and crisis callers per standards as required by ARM 37.106.1945.
* Medication management policies and procedures in mental health center policy and procedure manual per standards as required by ARM 37.106.1950 (3).
* An Infection prevention and control policy as required by ARM 37.106.313.

* A written maintenance program as required by ARM 37.106.320.
* A written disaster plan meeting requirements in ARM 37.106.322 (3) and (4) and written emergency procedures required in ARM 37.106.1927.
* Other policy and procedures as required per ARM.
* Policies and Procedures that define the Mental Health Center's guidelines for detecting, reporting, investigating, determining the validity, and resolving allegations of abuse or neglect as required by MCA 53-21-107.
* A licensed mental health center, with the appropriate license endorsement, may provide services as defined in ARM 37.106.1906 (4). The initial applicant must provide the policies and procedures per standards for each of the services and endorsements that is select as part of the application.

Upon completion and acceptance of the application, the Licensure Bureau will schedule an on-site visit within 45 working days from the receipt of the last document. You may not provide mental health center services to clients until a license has been issued.

Statues and Rules governing mental health centers can be found at:

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

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

Statues and Rules governing Substance Use Disorder Facilities can be found at:

<https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/lbmentalhealthcenter>

Please attach all of the items above to the online application and pay the applicable fee.

If you have further questions you may call; Julie Fink, Program Manager at 406-563-4668 or Gayl Kearns, Administrative Assistant at 406-444-4196**.**

Sincerely,

Julie Fink

Julie Fink, Residential Care Program Manager

Licensure Bureau

Office of Inspector General

(406)563-4668