Dear Prospective Outdoor Behavioral Program Provider;

Thank you for your interest in a Outdoor Behavioral Program 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/lboutdoorbehavioralprogram>

* 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/Quality Assurance Division/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

[Brian.Nelson@mt.gov](mailto: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 37.98.1503.
* State Fire Marshal or designee inspection/approvals are required for license endorsement of a Residential Outdoor Behavioral Program. 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 Outdoor Behavioral Program and per ARM 37.98.102 – 37.98.1822.

**The following references may be located at:** [**http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBOutdoorBehavioralProgram**](http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBOutdoorBehavioralProgram)

1. A current license application form with explanation of fees;

2. Outdoor Behavioral Program Application Supplement- Staff training;

3. Outdoor Behavioral Program Application Attachment;

4. Outdoor Behavioral Program Application Attachment 50-5-101 through 50-5-220 MCA;

5. Minimum Standards for Outdoor Behavioral Program Facilities, Administrative Rules of Montana (ARM 37.98.102 through 37.98.1822;

6. Mandatory abuse and neglect reporting law, 41-2-201 through 41-3-203;

7. A Personal Statements of Health for Licensure form- one needs to be completed by each direct care staff employed in your facility- /CRL-005 (Rev 3/00);

8. Release of Driving Records (Approved form from the Division of Motor Vehicles);

9. Release of Information for Adult and Youth Care Facility Provider.

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

The completion of Criminal and Child Protective Services is required for all Outdoor Behavioral Program Staff. 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 Criminal and noted background checks in the state of Montana.

The completion of a State of Montana Criminal Background checks can be initiated by sending signed release(s) of information to:

Montana Criminal Records

PO Box 201403

Helena, MT 59620-1403

The completion of driving record checks can be initiated by sending signed release(s) of information to the DMV at:

Montana Division of Motor Vehicles

PO Box 201430

Helena, MT 59620-1430

406 444-4590

The completion of 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

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/lboutdoorbehavioralprogram>

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

DPHHS, Quality Assurance Division