Dear Prospective Outpatient Substance Use Disorder Facility Service Provider:

Thank you for your interest in becoming a licensed Substance Use Disorder Facility in Montana. This letter is intended to guide you through the licensing process. The following items must be completed and submitted to initiate the licensing process:

* The online licensure application portal can be located at: <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/lbchemicaldependencytreatmentcenter>

A license application, fee and supporting documents listed below can be uploaded to the application portal.

* A floor plan of the facility documenting the size of all rooms and spaces utilized by the clients. This may be hand drawn as long as dimensions are included. If the bedroom has any build-in obstructions, such as a closet or bookcase, measurements are made from the front surface, not from the back. Additional requirements in relation to the physical property are found at ARM 37.106.1470 and ARM 37.106.302. If you have questions regarding the physical property please contact:

Brian Nelson, Construction Consultant

DPHHS/Office of Inspector General/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

406-444-6794

[Brian.Nelson@mt.gov](mailto:Brian.Nelson@mt.gov)

* Local Building Code approval. If your facility is new construction, please submit the Certificate of Occupancy, issued by the local or State building code authority.
* State Fire Marshal or designee certification. 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. These must be submitted at least forty-five (45) days prior to the expected facility opening date. The manual must include a minimum of:
* A written client confidentiality policy pursuant to 42 CFR Part 2.  ARM 37.106.1416
* Each SUDF must have a written policy and procedure manual addressing all

requirements in ARM 37.106.1420.

* A written policy and procedure that regarding governing body or oversight committee requirements in ARM 37.106.1425.
* A written serious incident reporting policy addressing ARM 37.106.1426.
* Written policies for handling suspected incidents of abuse, neglect, or exploitation ARM 37.106.1427
* A written personnel policy manual as required by ARM 37.106.1430.
* Written policies and procedures for staff training as required by ARM 37.106.1434.
* A written policy addressing trainee/interns and volunteers as required in 37.106.1435.
* A written policy and procedure addressing clinical requirements as required in 37.106.1440.
* A resident rights policy as required by ARM 37.106.1450.
* A written procedure which regulates and control access to and use of client records. ARM 37.106.1452
* Substance use disorder facilities serving adolescents must have written policies and procedures as required per ARM 37.106.1455.
* Policies outlining care management per ARM 37.106.1456.
* Written policies and procedures addressing requirements for storage, administration and disposal of medications per ARM 37.106.1457.
* Infection prevention and control policies and procedures per ARM 37.106.1458.
* If the SUDF allows pets into the facility a written procedure for their care and maintenance per ARM 37.106.1466.
* Policies must address staffing and clinical requirements for the outpatient level of care provided per 37.106.1468.
* Policies and procedures outlining crisis telephone services as required in 37.106.1468.
* Policies and procedures describing care management services per 37.106.1456.
* A written maintenance program describing the procedures to keep the building, grounds, and equipment in good repair and free from hazards. ARM 37.106.320
* A written disaster plan and offsite evacuation agreement as required by ARM 37.106.322.

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://rules.mt.gov/gateway/Subchapterhome.asp?scn=37%2E106.14>

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

Licensure Bureau Program Manager

Office of Inspector General

(406) 563-4668