Dear Prospective Specialty Mental Health Center Provider:

Thank you for your interest in a Specialty 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:

* A license application and fee. The application can be downloaded at: <http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBMentalHealthCenter.aspx>
* 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 37.106.1925 (1) (a) and ARM 37.106.302.
* State Fire Marshal or designee inspection/approvals are required for licensure. 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 specialty mental health center as required by ARM 37.106.330 and ARM 37.106.1801 – 37.106.1845.

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 a specialty mental health centers can be found at:

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

Please complete and return all items above, with the license fee as required in MCA 50-5-202 to the address specified below:

Gayl Kearns, Administrative Assistant

DPHHS/Quality Assurance Division/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

If you have further questions you may call; Gayl Kearns, Licensing Permit Tech at 1(406) 444-4196 or Julie Fink, Program Manager at 406-563-4668.

Sincerely,

Julie Fink

Julie Fink, Residential Care Program Manager

Licensure Bureau

Quality Assurance Division

(406)563-4668