Dear Prospective Youth Care Facility Provider:

Thank you for your interest in becoming a licensed youth care provider. You are encouraged to contact your area Licensing Surveyor to discuss and clarify any and/or all steps in the licensing process as you proceed in your exploration or application as a licensed provider. This letter is intended to guide you through the licensing process.

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

Additional forms and information can be located on the application page above.

1. New Hire Packet Letter
2. Personal Statements of Health for Licensure forms- one needs to be completed by each direct care staff employed in your facility- QAD/CRL-005 (Rev 3/20).
3. Release of Information – QAD/CRL-18 (Rev 9-19).
4. Applicant Rights and Consent to Fingerprint and NCPA/VCA Applicants (FBI);
5. Privacy Act Statement.
6. MCA 52-2-601 through 52-2-628 Montana Code Annotated: Youth Residential Services.
7. MCA 41-2-201 through 41-3-203 Montana Code Annotated: Mandatory abuse and neglect reporting law.
8. Administrative Rule of Montana for all Youth Care Facilities.

**Recommended and required action steps as you explore or prepare for licensure:**

1. Review all MCA’s and Administrative Rules of Montana.
2. Have you met with area and state placing agencies to determine if there is a need for a youth care facility in the area you have selected? (e.g. Child and Family Services Division-protective services and youth probation, Dept of Corrections, Mental Health vendors)?
3. Have you contacted DPHHS - Child and Family Services Contract Liaison (Ph 841-2492) to determine if the Department is interested in contracting with you for services?
4. Have you contacted the local fire marshal, building codes inspector, and sanitarian to tour your site to determine preliminary compliance with fire safety, building and health safety codes?
5. Have you explored the area zoning ordinances?
6. Have you filed for corporate status? (NOTE: ‘for profit” or “not for profit” corporate status is a requirement of licensure, however Montana Code prohibits the Child and Family Services Division from entering into a contract with a “for profit “licensed residential care provider)

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

The completion of FBI Fingerprint Criminal Background Checks; Instate Protective Services Background Checks and Violent and Sexual Offender Background Checks for all the administrator; all staff; volunteer’s or interns are required prior to hire. The completion of such checks is the responsibility of the department. There is a fee for completion of the FBI Fingerprint Criminal Background Check. Instructions and paperwork require can be located under the New Hire Packet on the application page.

Out of state background checks must be completed for the administrator; all staff; volunteer’s or interns that have lived out of the State of Montana. The completion of such checks is the responsibility of the provider/employer. If you need assistance you may contact Gayl Kearns at the number listed below.

The area Licensing Surveyor will contact you to arrange a site visit/inspection after the QAD Licensure Bureau receives the completed application packet. The QAD-Community Residential Licensing Program will make every effort to complete your initial licensing assessment and make a license status determination within 60 days of our receipt of your *completed application*. A **completed application** consists of thefollowing:

1. Completed Application;
2. Completed Application Supplement;
3. Articles of Incorporation or Bylaws;
4. Organizational Chart;
5. Current list of Board of Directors including terms of office and addresses;
6. Job Descriptions for each staff;
7. Program Description;
8. Personnel and Program policies and procedures;
9. Grievance procedures;
10. Orientation/training plan;
11. Completed Personal Statements of Health for Licensure for *each staff* (DPHHS- QAD/CRL-005);
12. 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.
13. W-9 Request for Taxpayer ID number and certification;
14. Any other information relevant to licensure previously discussed between you and your area licensing specialist; and,

Please attach all of the items above to the online application.

Fingerprint cards and New Hire Packets for employees must be mailed to:

Gayl Kearns, Administrative Assistant

DPHHS/Quality Assurance Division/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

**or**

Fax: 406-444-4196

Email: [communityresidentiallicensing@mt.gov](mailto:communityresidentiallicensing@mt.gov)

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.

If you have further questions, or have questions during the licensure process, you may contact: Julie Fink, Program Manager at 1(406) 563-4668; or the area licensing surveyors at: Stephanie Galle, Lead Worker, Anaconda 1(406) 563-4669, Christopher Sowell, Great Falls 1 (406) 453-0539, Teresa Burtell, Billings 1(406) 655-7621, Bryan Greer, Anaconda 1(406) 563-4660; or Sabrina Charlson, Missoula 1(406) 329-1592.

Sincerely,

Julie Fink

Julie Fink, Residential Care Program Manager

Licensure Bureau

Quality Assurance Division