

**Montana Chemical Dependency Center
Additional Application Requirements**

➤ **TYPE ALL APPLICATION MATERIALS**

- Biopsychosocial Assessments
- Application
- Releases of Information
- Financial Forms

➤ **Biopsychosocial Assessment** completed within 45 days of application by a Montana LICENSED ADDITION COUNSELOR to be submitted with the application for treatment.

- Please individualize the information to the patient and include ASAM dimensional 1-6 breakdown.

➤ **Releases of Information** for the referent, legal entities, DFS, medical & mental health providers and MEDICAID if applicable.

- Mountain Pacific / Telligan Medicaid Services
PLEASE MAKE SURE ALL BOXES ARE CHECKED
3404 Cooney Drive
Helena, MT 59602
Phone – (800) 219-7035

➤ When possible a form of identification upon admission to MCDC.

- State ID
- Driver's License
- Military ID
- Tribal ID
- Probation and Parole Face Sheets
- County Jail Face Sheets

➤ When possible, Medicaid applications should to be **submitted prior** to their bed date at MCDC. Medicaid does not have to be approved prior to admission. Please verify that the appropriate paperwork has been submitted for eligible patients.

➤ When possible, include a **copy of their Medicaid card** (if already on Medicaid) with their application so that we can obtain the necessary information such as their Medicaid number to complete Magellan forms.

➤ If a patient receives **Medicare Part D** for medications, please include a **copy of card.**

➤ **Private Insurance – Copy of the front and back of card** need to be included.

**Please contact the Admissions Coordinator, Jamie@ 496-5412, with any questions or concerns pertaining to the process or information listed above. **