



Dear Prospective Outdoor Behavioral Program Provider;

Thank you for your interest in an 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:

- Application. The online licensure application portal can be located at: <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/lboutdoorbehavioralprogram>
- A floor plan of the facility documenting the size of all rooms and spaces utilized by the residents. This may be hand drawn as long as dimensions are included. If the bedroom has any built-in obstructions, such as a closet or bookcase, measurements are made from the front surface, not from the back. Door-swing areas are not included in the available square footage of the room. Additional requirements in relation to the physical property are found at ARM 37.106.302 of the Minimum Standards for All Healthcare Facilities. Please review the rules carefully and determine that your facility meets the conditions set forth in that rule.
- 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.
- Policies and Procedures, for review and approval. These must be submitted at least forty-five (45) days prior to the expected facility opening date. The rules describing the regulatory requirements for critical access hospitals can be found at the web address above.

- A Personal Statement of Health for Licensure – one needs to be completed by each direct care staff employed in your facility.
- Release of Driving Records
- Release of Information for Adult and Youth Care Facility Provider
- The completion of Criminal and Child Protective Services background checks 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 check 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

In addition to submission of all the aforementioned information and documentation, you will need to schedule an onsite Physical Compliance inspection with the Bureau Construction Consultant. Review and approval of all required documentation, and approval by the Construction Consultant are required prior to the issuance of a license. You may not admit residents in your facility until you are licensed.

Upon submission and approval of all the aforementioned information and documentation and the final approval from the Bureau construction consultant, the Licensure Bureau will issue a six (6) month provisional license. A health care facility surveyor from the Licensure or Certification Bureau will conduct an on-site survey of the facility within the provisional license

period to assess compliance with critical access hospital regulations. This visit is also an opportunity for the facility to obtain any clarification on those regulations.

If you have further questions, or have questions during the licensure process, you may contact the Licensure Bureau at 406-444-2676.

Tara Wooten

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