

Date

Provider
Address

RE: Request for Outdoor Behavioral Program Application Packet

Dear Provider;

Thank you for your interest in becoming a licensed Outdoor Behavioral Program. You are encouraged to contact me 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.

The following references are enclosed:

1. A current license application form with explanation of fees;
2. Outdoor Behavioral Program Application Supplement- Staff training
3. Outdoor Behavioral Program Application Attachment
4. Outdoor Behavioral Program Application Attachment 50-5-101 through 50-5-220 MCA.
5. Minimum Standards for Outdoor Behavioral Program Facilities, Administrative Rules of Montana (ARM 37.98.102 through 37.98.1822 **DRAFT COPY**;
6. Mandatory abuse and neglect reporting law, 41-2-201 through 41-3-203 MCA
7. (10) 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 3/00);
8. Release of Driving Records (Approved form from the Division of Motor Vehicles—copy as needed);

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

The completion of Criminal Background checks is required for Outdoor Behavioral Program Staff. The completion of such checks for prospective employees is the responsibility of the provider/employer.

To complete a State of Montana Criminal Background check you will need to send the employees name, social security number and date of birth to:

Montana Criminal Records
PO Box 201403

Helena, MT 59620-1403

To complete a State of Montana, driving record check the request must be submitted to the DMV on the approved release form (copy is enclosed or request additional copies from the DMV).

Montana Division of Motor Vehicles
PO Box 201430
Helena, MT 59620-1430
406 444-4590

There is a small fee for completion of each of the above noted background checks in the state of Montana.

The completion of Protective service background checks is also required for Outdoor Behavioral Program Staff. In state children's protective service background checks can be initiated by sending signed release(s) of information to:

Kathy Munson, Office Manager
Child and Family Services Division
PO Box 8005
Helena, MT 59604-8005
Ph 406 444-9749

Note regarding **Adult Protective Services Background Checks**: Recently the DPHHS Senior and Long Term Care and Legal Services Divisions determined: "Because of the level of confidentiality required by statute 52-3-813, MCA, the Department lacks the statutory authority to release confidential case file information to a facility conducting a background check (except under very limited circumstances-specifically- when the facility conducting the background check is providing services to the person named in the report as the victim of abuse/neglect/exploitation). As a result, release of confidential APS case file information to a facility regarding a prospective employee is a violation of 52-3-813, MCA." July 26, 2002: DPHHS, Legal Services Division. If you have any questions about this interpretation please contact the Adult Protective Services Bureau at 406 444-9810.

Your Licensing Surveyor will contact you to arrange a site visit/evaluation after he receives your completed application packet. The QAD Licensure Bureau will make every effort to complete your initial licensing assessment and make a license status determination within 45 days of our receipt of your *completed application*.

Please send your completed application packet and direct any questions you may have to:

Kathy Cook
Quality Assurance Division
2401 Colonial Drive 2nd Floor
Helena, MT 59620-2953

Sincerely,

Julie Fink
Residential Care Program Manager
DPHHS, Quality Assurance Division