



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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STATE OF MONTANA

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HELENA, MT 59620-2953

Dear Prospective Out Patient Provider:

This letter is in response to your request for information on licensure and certification of an Out Patient Facility. There are two types of Out Patient licensures: Certified Ambulatory Surgical Centers and Licensed only Out Patient facilities for primary care services. If the proposed Out Patient facility requires certification, please contact the Certification Bureau to request a Certification New Provider Packet for Ambulatory Surgical Centers at:

Certification Bureau
2401 Colonial Drive, 2nd Floor
PO Box 202953
Helena, Montana 59620-2953
(406) 444-2099
FAX: 444-3456

The following references are enclosed:

- 1) A current license application form with explanation of fees.
- 2) *Outpatient Application Attachment 1*, 50-5-101 through 50-5-208, Montana Code Annotated (MCA).
- 3) Minimum standards for all Health Care Facilities, Administrative Rules of Montana (ARM) 37.106.301 through 37.106.331.
- 4) Minimum standards for Out Patient Facilities, ARM 37.106.2301 through 37.106.2311.

If the out patient facility is not being certified (Licensed only) please submit the following for licensure of the facility to the Licensure Bureau at the above address:

- A completed License Application for Out Patient Facilities, with the appropriate fee.
- If construction is required, a Certificate of Occupancy issued by the local building codes authority.

- ❑ A recent fire inspection report from the local fire authority.
- ❑ 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.
- ❑ A floor plan of the facility, which can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the patients.
- ❑ Policies and procedures must be submitted at least forty-five (45) days prior to expected opening date for review and approval.
- ❑ Written verification by the installer that an electrical call system is functioning as designed and installed and that it rings into an area that is staffed twenty-four (24) hours, if applicable for the services being provided.

Upon submission and approval of **ALL** aforementioned information and documentation for an out patient facility, this Bureau will issue a six (6) month to 364 day provisional license. You may not accept patients into your facility until you are licensed.

A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the out patient regulations. This visit is also an opportunity for you and your staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

You may find additional information and forms on the Internet at:

<http://www.dphhs.mt.us>

Click on ***Programs and Services***, select ***Licensing/Certification***, then ***Health Care Facilities*** or

go directly to: <http://www.dphhs.mt.gov/programsservices/healthcarefacilities.shtml>

If you have further questions or need assistance during the licensure process, you may contact Harry Dziak, MSW 444-0572, Thad Person, RN 329-1318, Shelley Lowe, RN 444-9138, Jan Kiely, Program Manager 444-1575, or the Licensure Bureau main number, which is 444-2676.

Sincerely,

Becky Fleming-Siebenaler
Licensure Bureau Chief
Quality Assurance Division

Enclosures: 4

Cc: Out patient New Provider Packet Letter