

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**



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Dear Prospective Assisted Living Facility Provider:

This letter is in response to a request for information regarding a change of ownership of an existing Assisted Living Facility. Assisted Living Facilities are required to be licensed by the State of Montana. The rules and regulations that pertain to Assisted Living can be found at <http://www.dphhs.mt.gov/qad/assistedliving/providers/index.shtml>, under the “Statutes and Rules governing Assisted Living” tab.

In order to change ownership of a facility, please submit the following:

- A letter of Intent to Sell, with projected date of sale included.
- A letter of Intent to Purchase, with projected date of purchase included.
- Indicate if the current policies and procedures governing the current facility are to be used by the new owner, or if new ones are being written. New policies and procedures must be submitted to the Department at least forty-five (45) days prior to the expected change of ownership for review and approval.
- If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability conducted within the last six months. 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.
- A fire inspection report from the State Fire Marshall conducted within the last six months. The Fire Marshal for your area can be found at <http://www.doj.mt.gov/enforcement/fireprevention/default.asp>.
- A description of the type of security system / locks used to secure the facility.
- A description of any structural changes to be made, accompanied by a copy of floor plans for the changes proposed. Floor plans can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the residents. If the bedroom has any built in obstruction (i.e. a closet or bookcase) measurements are made from the front of the closet door / bookcase to the opposite wall. Door swing areas are not included in the available square footage of the room.

□ Submit documentation that the facility administrator has either:

- Successfully complete the self-study Senior Living University's Administrator Level 1 certification. Senior Living University may be accessed at <http://www.seniorlivingu.com>.
- Is enrolled in the self-study Senior Living University's Administrator Level 1 certification (this certification must be completed within six (6) months of the start of assuming administrator duties within the facility).
- A current nursing home administrators certification, either in Montana or from another state.

Upon submission and approval of all of the aforementioned, the Licensure Bureau will issue a six (6) months provisional license. A facility may not accept or retain residences without a current license. During the provisional license period, a Health Care Facility surveyor will conduct an on-site visit to assess compliance with Assisted Living regulations. This visit is also an opportunity for you and the assisted living staff to obtain any needed clarification on rules and statutes.

If you have any further questions or need assistance during the change of ownership process, you may contact Traci Clark, Program Manager at 444-1575; Harry Dziak, MSW, at 444-0572; Thad Person, RN., at 329-1358; or Shelley Lowe, RN., at 444-9138.

Sincerely,

Becky Fleming-Siebenaler
Licensure Bureau Chief
Quality Assurance Division