

# MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

## MONTANA MENTAL HEALTH NURSING CARE CENTER

PHONE (406) 538-7451  
FAX (406) 535-2863

800 CASINO CREEK DRIVE  
LEWISTOWN, MONTANA 59457

*Application updated 01/09/2023*

To Whom It May Concern:

The Montana Mental Health Nursing Care Center (MMHNCC) is a 117 bed licensed residential facility. The primary function of the center is the care and treatment of persons with mental disorders who require nursing care. Appropriate admissions to MMHNCC are persons who are unable to maintain themselves in their homes, or communities due to mental disorder but who do not require the intensity of treatment available at Montana State Hospital. Mental disorders are defined as any organic, mental or emotional impairment, which has substantial adverse effects on an individual's cognitive or volitional functions.

To be eligible for admission a person must:

- A. Be in need of long-term nursing care
- B. Have a mental disorder
- C. Meet the following criteria:
  1. Exhibit behaviors rendering the person unable to be served appropriately in the community of residence, or in a less restrictive setting, including a non-specialized nursing home.
  2. Does not require acute medical hospital care or active psychiatric treatment as provided by Montana State Hospital.
  3. Does not require the services of a full-time psychiatrist.
  4. Has received a comprehensive medical evaluation within 60 days prior to application.
  5. Has received a mental health evaluation and recommendation for admission by a Mental Health Professional Person within 60 days prior to application submission.
  6. Currently has a Court Ordered Commitment or is in the process of being committed; commitments must not expire prior to the resident's first 8 weeks at MMHNCC.
  7. Complete the attached application for admission.
  8. Is admitted on a voluntary basis by the person, a legally appointed guardian, durable power-of attorney providing for health care decisions, or by a valid order of commitment from a district court issued pursuant to Title 53, Chapter 21, Montana Code Annotated.

As defined in 53-21-411, patients from Montana State Hospital who meet the above criteria will be given priority for admission to the Center.

**This facility Prohibits Discrimination on the Basis of Race, Color, Sex, Age, Handicap, Religion or National Origin.  
The Center is a Tobacco Free Campus. No Tobacco products, lighters or matches allowed on grounds.**

Please complete the attached admissions application form. If you have questions or require additional information, feel free to contact an Admissions team member at (406) 538-7451

*A Residential Facility for the Long-Term Care and Treatment of Persons who have a mental disorder An Equal Opportunity Employer*



**Department of Public Health and Human Services  
 Montana Mental Health Nursing Care Center  
 800 Casino Creek Drive  
 Lewistown Montana 59457  
 Phone (406) 538-7451 Fax (406) 535-2863**

Application for Involuntary Admission

<b>Name of Applicant:</b>	<b>Date of Birth:</b>
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Marital Status:</b>
<b>Legal Guardian/DPOA/POA:</b> <b>Address:</b>	<b>Phone:</b>
<b>Referring Facility or County of Initial Commitment:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	<b>Phone:</b>
<b>Specific Behavior Issues Causing Referral:</b>	

**Attempted Placement Documentation:**

Facility	Date of Referral	Date of Denial	Reason for Denial

***In order for our Admissions team to review referrals, the following information must be included:***

- This application for Involuntary Admission
- Most current History and Physical
- Nursing Assessment: (to include but not limited to)
  - \*Nursing Notes (past month)
  - \*Activities of Daily Living
  - \*Most current Physician Orders
- Most current Psychiatric history and evaluation
- Commitment Order from the court

<b>Signature of Person Completing Application:</b>
<b>Printed Name:</b>
<b>Title/Position:</b>
<b>Address:</b>
<b>Phone:</b>

Fax applications to: **Montana Mental Health Nursing Care Center Attn. Admissions Team**

Fax number: **(406) 535-2863**

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*Welcome to the Montana Mental Health Nursing Care Center. Upon acceptance, please provide the following information:*

- Current Physician Orders
- Diet Orders including Dysphagia level
- Vaccination/Immunization/PPD history/Chest X-Ray
- Use of eyeglasses, dentures, hearing aids, personally owned D.M.E
- Nursing Assessment: (to include but not limited to)
  - \*Nursing Notes (most current from time of application)
  - \*Current Treatment/Care Plan
- Social History
- Labs (past 3 months)
- Advanced Directives/POLST
- Guardian/DPOA/POA paperwork (if applicable)
- Representative Payee/Conservator Contact Information (if applicable)
- Family Contact Information
- Copies of Birth Certificate and/or Social Security Card
- Copies of Insurance cards

○ **INSURANCE INFORMATION:** *Please attach a legible copy of any insurance cards*

<b>Medicare ID#</b>	<b>Effective Dates: A</b> <b>B</b>
<b>Medicare D Plan:</b>	<b>Member ID#:</b>
<b>Medicaid #:</b>	<b>Effective Date:</b>
<b>Other Insurance</b>	
<b>Plan Name:</b>	<b>Member ID#:</b>
<b>Address:</b>	<b>Group #:</b>

• **FINANCIAL STATUS-SOURCES OF INCOME AND AMOUNTS**

<b>SSI \$</b>	<b>VA \$</b>	<b>Retirement \$</b> <b>Source</b>
<b>SSDI \$</b>	<b>Service Connected %:</b>	
<b>SS \$</b>		
<b>Tribal \$</b>	<b>Other \$</b>	
<b>Tribe:</b>	<b>Source</b>	