



Dear Prospective Hospice Provider:

Thank you for your interest in Hospice services in Montana. This letter is intended to guide you through the licensing process. Hospices do not need to be reviewed by the Health Planning Program and therefore do not need a Certificate of Need.

Montana currently licenses three types of Hospices. They are:

1. A Hospice Program: Hospice services are provided to patients residing in their homes;
2. In-Patient Hospice: an in-patient setting where patients receive hospice care managed directly by a Medicare-certified hospice that meets all Medicare certification regulations for a freestanding facility; and
3. Residential Hospice: an inpatient setting managed directly by a Hospice program that has been licensed by the State of Montana, that can house three or more patients.

The following items must be submitted to the Licensure Bureau to license your facility:

- A completed License Application and fee. The Hospice Application may be downloaded at <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBHospice>
- A floor plan of the facility (inpatient and residential hospices only). This may be hand-drawn if 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. Physical requirements for an In-Patient Hospice can be found at ARM 37.106.2305, and those for a Residential Hospice at ARM 37.106.2311. Additional requirements relating to the physical property are found at ARM 37.106.302 of the Minimum Standards for all Healthcare Facilities. Please review these rules carefully and determine that your facility meets requirements
- Local Building Code approval (inpatient and residential hospices only). If your facility is new construction, please submit the Certificate of Occupancy, issued by the local or State building code authority.

- 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 hospices can be found at the web address above.
- Attestation statement from the prospective administrator stating that he/she has reviewed the rules pertaining to Hospices.

Do not submit an application earlier than 6-months prior to the desired licensure date. Applications that are initiated and have no provider movement in the completion and uploading required documentation will be withdrawn within the timeframe designated in bureau policy.

In addition to the submission of all the aforementioned information and documentation, you will need to schedule an on-site Physical Compliance inspection with the Bureau Construction Consultant (In-Patient and Residential Hospices only). 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 Hospice regulations. This visit is also an opportunity for the facility to obtain any clarification of those regulations.

Hospice agencies/facilities may be licensed and certified. The information in this letter is for the licensing of Hospice only. To obtain information on what is required for certification of hospice, you will need to contact the Certification Bureau at 406-444-2099 or by e-mail at MTSSAD@mt.gov

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

Sincerely,

Tara Wooten

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