Dear Prospective Private Alternative Adolescent Residential or Outdoor Provider:

Thank you for your interest in becoming a licensed PAAR provider. You are encouraged to contact your area Licensing Surveyor 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. This letter is intended to guide you through the licensing process.

The online licensure application portal can be located at: <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/privatealternativeadolescentresidentialoutdoorprogram>

**Recommended and required action steps as you explore or prepare for licensure:**

1. Review all MCA’s and Administrative Rules of Montana.
2. Have you contacted the local fire marshal, building codes inspector, and sanitarian to tour your site to determine preliminary compliance with fire safety, building and health safety codes?
3. Have you explored the area zoning ordinances?
4. Have you filed for corporate status? (NOTE: ‘for profit” or “not for profit” corporate status is a requirement of licensure.)

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

The completion of FBI Fingerprint Criminal Background Checks; Instate Protective Services Background Checks and Violent and Sexual Offender Background Checks for all the administrator; all staff; volunteer’s or interns are required prior to hire. The completion of such checks is the responsibility of the department. There is a fee for completion of the FBI Fingerprint Criminal Background Check. Instructions and paperwork require can be located under the New Hire Packet Office of Inspector General website <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/privatealternativeadolescentresidentialoutdoorprogram>

Out of state background checks must be completed for the administrator; all staff; volunteer’s or interns that have lived out of the State of Montana. The completion of such checks is the responsibility of the provider/employer. If you need assistance you may contact Gayl Kearns at the number listed below.

The area Licensing Surveyor will contact you to arrange a site visit/inspection after the OIG Licensure Bureau receives the completed application packet. The OIG-Community Residential Licensing Program will make every effort to complete your initial licensing assessment and make a license status determination within 60 days of our receipt of your *completed application*. A **completed application** consists of thefollowing:

1. Completed Application
2. Completed Application Supplement;
3. Articles of Incorporation or Bylaws;
4. Organizational Chart;
5. Current list of Board of Directors including terms of office and addresses;
6. Job Descriptions for each staff;
7. Program Description;
8. Personnel and Program policies and procedures;
9. Orientation/training plan;
10. State Fire Marshal or designee certification. Please refer to the State Fire Marshall's website at <https://dojmt.gov/enforcement/investigations-bureau/fire-prevention> and contact the Fire Marshal for your area to determine who will conduct your fire inspection.
11. W-9 Request for Taxpayer ID number and certification;
12. Any other information relevant to licensure previously discussed between you and your area licensing surveyor; and,

Please attach all of the items above to the online application.

Fingerprint cards and New Hire Packets for employees must be mailed to:

Gayl Kearns, Administrative Assistant

DPHHS/Quality Assurance Division/Licensure Bureau

2401 Colonial Drive, PO Box 202953

Helena MT 59620-2953

**or**

Fax: 406-444-4196

Email: communityresidentiallicensing@mt.gov

Upon submission of all the aforementioned information and documentation, the Licensure Bureau will schedule an onsite visit within 45 working days from the receipt and approval of the last document. You may not admit residents in your facility until you are licensed.

Statues and Rules governing Substance Use Disorder Facilities can be found at:

<https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/lbfacilityapplications/privatealternativeadolescentresidentialoutdoorprogram>

If you have further questions you may call; Bryan Greer, Surveyor at 406-560-4660, Julie Fink, Program Manager at 406-563-4668 or Gayl Kearns, Administrative Assistant at 406-444-4196**.**

Sincerely,

Julie Fink

Julie Fink, Residential Care Program Manager

Licensure Bureau

Quality Assurance Division