MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR OUTDOOR PROGRAMS

(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2203 FAX (406) 841-2305
EMAIL: dlibsdpap@mt.gov WEBSITE: http://www.paarp.mt.gov

ILLEGIBLE OR INCOMPLETE LICENSURE APPLICATIONS WILL BE RETURNED.

PROGRAMS/FACILITIES REQUIRED TO REGISTER UNDER TITLE 37, CHAPTER 48:

"Program" means a private alternative adolescent residential or outdoor program that provides a structured, private, alternative residential setting for youth who are experiencing emotional, behavioral, or learning problems and who have a history of failing in academic, social, moral, or emotional development at home or in less-structured traditional settings.

Full licensure will be granted following the required background investigations of certain employees and managers and satisfactory initial department inspection of the program's physical location.

PROGRAMS/FACILITIES THAT ARE NOT INCLUDED IN THE LICENSURE:

any program that is required to be licensed or regulated by the state under Title 50, 52, or 53;
recreational programs such as Boy Scouts, Girl Scouts, or 4-H clubs;
organizations, boarding schools, or residential schools with a sole focus on academics;
residential training or vocational programs with a sole focus on education and vocational training;
youth camps with a focus on recreation and faith-related activities; or
an organization, boarding school, or residential school that is an adjunct ministry of a church incorporated in the state of Montana.

FEES:
Licensing Fees are calculated according to youth capacity based on average daily census.

Average Daily Census
"Average Daily Census is derived by taking the number of service days (all of the youths on the days, multiplied by the number of days) totaling all of the days and dividing by 365. For example, if a facility has nine youths at its facility on one day, then 10 on the next day, that would be 19 total service days. The formula would determine the actual number of service days. 50 youths on one day will be 50 service days. A service day is considered all or any portion of a twenty-four hour period in which service is provided to one participant."
*__New programs will need to project their number of participants serviced.__

	Licensure Fee:
0 – 10 participants	**$ 1,688.00**
11 – 25 participants	**$ 4,345.00**
26 – 50 participants	**$ 8,138.00**
51 – or more participants	**$13,313.00**

Make check or money order payable to:
Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.
All fees are nonrefundable and are not prorated for portions of the licensing period.

DOCUMENTS AND/OR ADDITIONAL INFORMATION TO BE SUBMITTED WITH COMPLETED LICENSURE APPLICATION: A copy of current documents that are requested MUST be attached to the application. Failure to provide requested document copies makes the application "incomplete" and will delay the processing of your application.

PLAN OF OPERATION

1. the average daily census for the program;
2. a description of the program and facility;
3. a description of the mission, goals, and objectives of the program;
4. a description of the population served by the program, including the maximum number of program youths to be served and the gender of program youths;
5. the location and contact information for each program, including the person responsible for the conduct of the program;
6. a list of professional and supervisory employees and relevant credentials and other qualifications;
7. a copy of program policies and procedures on:
   (i) admission;
      a. include copies of written contracts between the program and the legally responsible persons to be completed, signed by all legally responsible persons, and kept in the youth's records with copies provided to those involved in the contract. Contracts shall include: description of the program; expectations for youth and family; participation, services to be provided; cost of services; refund policy;
   (ii) suicide screening;
   (iii) behavior management;
   (iv) communication with family members;
   (v) the availability of routine and emergency medical and psychological care;
   (vi) medication management;
   (vii) complaint or grievance procedures for each of the following: Parent; Youth; Employee;
   (viii) fire drill conducted at least four times a year and documented.
8. The Program's written plan to satisfy and keep current the necessary fingerprint and background check for managers, workers and employees who will have direct access to program participants. "Direct access" means that an individual has or will likely have, spoken contact or physical contact with, or access to the program participant.
9. A copy of your program's insurance policy.
10. A program shall have a plan of operation described in an information packet or similar publication for public distribution including the above information.

APPLICATION PROCEDURES

When the licensure application is complete, it will be reviewed and processed by Board staff. Keep the Board office informed at all times of any changes to the licensure application, such as ownership, business registration type or name, contact information, address, telephone, program manager or administrator.

PROCESSING PROCEDURES

The applicant will be notified in writing of any deficient or missing items from the application file.

The department or board shall conduct onsite inspections of the program premises and facilities before initial licensure is granted. Department staff will contact the person responsible for the conduct of the program, as identified in the licensure application, to request permission to visit the facility at least seven business days prior to the intended visit for the purpose of maintenance of licensure.

Once a licensure application is processed and the onsite inspection is successfully completed a licensure certificate will be issued to the program.

Each program licensure is **non-transferable from one owner(s) to another.**

A new facility must apply for licensure and must meet the licensure requirements established by statute and rule.

Fees will not be prorated.

For information with regard to the processing of this application or other concerns please contact the Board of Private Alternative Adolescent Residential or Outdoor Programs at (406) 841-2300 or email us at dlibsdpap@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR OUTDOOR PROGRAMS AT OUR WEBSITE:
http://www.paarp.mt.gov

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AVERAGE DAILY CENSUS: ☐ 0-10 Participants ☐ 11-25 Participants ☐ 26-50 Participants
☐ 51-or more participants

1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____
☐ Limited Liability ☐ Professional Corporation ☐ Non-Professional Corporation

2. BUSINESS STATUS: ☐ Non-Profit ☐ For Profit ☐ In-State ☐ Out-of-State

If the Business is incorporated out-of-state, list the state of incorporation _____

Please provide the address of your Corporate Headquarters _____

_____

3. DATE BUSINESS ESTABLISHED _____ Registered in Montana with the Secretary of State? ☐ Yes ☐ No

4. BUSINESS ENTITY NAME _____

5. FEDERAL TAX ID # _____ OR SOCIAL SECURITY # _____

6. BUSINESS PHYSICAL ADDRESS _____

7. BUSINESS MAILING ADDRESS _____

8. BUSINESS TELEPHONE NUMBER _____ FAX _____

9. BUSINESS EMAIL ADDRESS _____

10. BUSINESS WEB SITE: _____

11. LIST ALL OWNER'S NAMES OR IF YOUR BUSINESS IS A CORPORATION, LIST ALL OFFICER'S NAMES: (Please provide other names on a separate sheet of paper and attach to the licensure application.)

LAST NAME	FIRST NAME	MI	PHONE NUMBER	CREDENTIAL NUMBER, LICENSE NUMBER, & STATE

12. PLEASE NAME THE INDIVIDUAL WHO IS RESPONSIBLE FOR THE CONDUCT OF THE PROGRAM ***(Please complete the "Individual Employee Report Form" on Page 7.)***

_____

Name Position Contact Phone Number

13. PLEASE LIST ALL CURRENT PROFESSIONAL AND SUPERVISORY EMPLOYEES AND RELEVANT CREDENTIALS AND OTHER QUALIFICATIONS: Please provide other qualifications on a separate sheet of paper and attach to licensure application. ***(Please have each listed employee complete the "Individual Employee Report Form" on Page 8).***

LAST NAME	FIRST NAME	MI	LICENSE NUMBER, AND STATE WHERE LICENSED	POSITION

Please make copies of this page as needed.

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: ***(Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13).***

a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**

b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☐ No

c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☐ No

d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No

14. Please list whether your program/facility is accredited/certified/licensed/registered; including licensure or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			Yes ☐ No ☐

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☐ No

17. Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

18. Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

19. Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

20. Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

21. Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

22. Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No

23. Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

24. Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.

☐ Yes ☐ No

25. Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.

☐ Yes ☐ No

26. Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

☐ Yes ☐ No

27. Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

☐ Yes ☐ No

28. Does this business or the person in charge of this business who is listed on this application have any criminal charges pending or has this business or the person in charge of this business ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or has this business ever pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than $100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.

☐ Yes ☐ No

29. Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

☐ Yes ☐ No

30. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

☐ Yes ☐ No

31. Has the person in charge of this business who is listed on this application ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

☐ Yes ☐ No

INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program.** Please make copies as needed and attach to application.

Employee Name _____

Position _____

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

☐ Yes ☐ No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

☐ Yes ☐ No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

☐ Yes ☐ No

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

_____ _____

Signature Date

DECLARATION

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/licensure history and competence of thisfacility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensure. I accept the rules and procedures outlined in these documents as the basis for this application.

_____ _____

Signature of Person-in-Charge Date