

Montana Code Annotated (MCA) 2005

Table of Contents

TITLE 50. HEALTH AND SAFETY

CHAPTER 5. HOSPITALS AND RELATED FACILITIES

Part 2: Licensing

[50-5-201. License requirements.](#)

[50-5-202. License fees.](#)

[50-5-203. Application for license.](#)

[50-5-204. Issuance and renewal of licenses -- inspections.](#)

[50-5-205. Repealed.](#)

[50-5-206. Repealed.](#)

[50-5-207. Denial, suspension, or revocation of health care facility license -- provisional license.](#)

[50-5-208. Hearing required.](#)

[50-5-209. Repealed.](#)

[50-5-210. Department to make rules -- standards for hospices.](#)

[50-5-211. Hospital hospice programs -- exemptions from separate licensure.](#)

[50-5-212. Organ procurement program required.](#)

[50-5-213. Requirements for home infusion therapy services.](#)

[50-5-214. Requirements for retirement homes.](#)

[50-5-215. Standards for adult foster care homes.](#)

[50-5-216. Limitation on care provided in adult foster care home.](#)

[50-5-217 through 50-5-219 reserved.](#)

[50-5-220. Licensure of outdoor behavioral programs -- exemption.](#)

[50-5-221. Repealed.](#)

[50-5-222 through 50-5-224 reserved.](#)

[50-5-225. Assisted living facilities -- services to residents.](#)

[50-5-226. Placement in assisted living facilities.](#)

[50-5-227. Licensing assisted living facilities.](#)

[50-5-228. Limited licensing.](#)

[50-5-229. Repealed.](#)

[50-5-230. Repealed.](#)

[50-5-231. Repealed.](#)

[50-5-232. Patient protection account -- deposit of funds.](#)

[50-5-233. Designation of critical access hospitals -- adoption of rules.](#)

[50-5-234 reserved.](#)

[50-5-235. Hourly limitation waivable by department or department's designee.](#)

[50-5-236 through 50-5-237 reserved.](#)

[50-5-238. Licensure of intermediate care facility for developmentally disabled -- rulemaking.](#)

[50-5-239 through 50-5-244 reserved.](#)

[50-5-245. Department to license specialty hospitals -- standards -- definition -- moratorium.](#)

50-5-201. License requirements.

(1) A facility or licensee considering construction of or alteration or addition to a health care facility shall submit plans and specifications to the department for preliminary

inspection and approval prior to commencing construction.

(2) A person may not operate a health care facility unless the facility is licensed by the department. Licenses may be issued for a period of 1 to 3 years in duration. A license is valid only for the person and premises for which it was issued. A license may not be sold, assigned, or transferred.

(3) Upon discontinuance of the operation or upon transfer of ownership of a facility, the license must be returned to the department.

(4) Licenses must be displayed in a conspicuous place near the admitting office of the facility.

History: En. Sec. 161, Ch. 197, L. 1967; amd. Sec. 105, Ch. 349, L. 1974; R.C.M. 1947, 69-5203; amd. Sec. 2, Ch. 37, L. 1979; amd. Sec. 8, Ch. 347, L. 1979; amd. Sec. 1, Ch. 405, L. 1991; amd. Sec. 11, Ch. 415, L. 1993.

50-5-202. License fees. The department shall collect fees for each license issued for deposit in the state general fund as follows:

(1) facilities with 20 beds or less--\$20;

(2) facilities with 21 beds or more--\$1 per bed.

History: En. Sec. 162, Ch. 197, L. 1967; amd. Sec. 1, Ch. 282, L. 1975; R.C.M. 1947, 69-5204.

50-5-203. Application for license. The procedure to apply for a license is as follows:

(1) At least 30 days prior to the opening of a facility and after that no later than the expiration date of the license, application is made to the department accompanied by the license fee.

(2) The application shall contain:

(a) the name and address of the applicant if an individual, the name and address of each member if a firm, partnership, or association, or the name and address of each officer if a corporation;

(b) the location of the facility;

(c) the name of the person or persons who will manage or supervise the facility;

(d) the number and type of patients or residents for which care is provided;

(e) any information which the department may require pertaining to the number, experience, and training of employees;

(f) information on ownership, contract, or lease agreement if operated by a person other than the owner.

History: En. Sec. 163, Ch. 197, L. 1967; amd. Sec. 107, Ch. 349, L. 1974; amd. Sec. 2, Ch. 282, L. 1975; R.C.M. 1947, 69-5205; amd. Sec. 2, Ch. 405, L. 1991.

50-5-204. Issuance and renewal of licenses -- inspections.

(1) After receipt of a new application and notice that the facility is ready to be inspected, the department or its authorized agent shall conduct an initial inspection of the facility within 45 days.

(2) After receipt of an application for renewal of a license, the department or its authorized agent shall inspect the facility without prior notice to the operator or staff.

(3) If the department determines that the facility meets minimum standards and the proposed or existing staff is qualified, the department shall issue a license for a period of 1 to 3 years in duration.

(4) If minimum standards are not met, the department may issue a provisional license for less than 1 year if operation will not result in undue hazard to patients or residents or if

the demand for accommodations offered is not met in the community.

(5) The minimum standards that home health agencies must meet in order to be licensed must be as outlined in 42 U.S.C. 1395x(o), as amended, and in rules implementing it that add minimum standards.

(6) The department may inspect a licensed health care facility whenever it considers it necessary. The entire premises of a licensed facility must be open to inspection, and access to all records must be granted at all reasonable times.

History: En. Sec. 164, Ch. 197, L. 1967; R.C.M. 1947, 69-5206; amd. Sec. 9, Ch. 347, L. 1979; amd. Sec. 1, Ch. 5, Sp. L. 1981; amd. Sec. 1, Ch. 443, L. 1985; amd. Sec. 1, Ch. 143, L. 1987; amd. Sec. 3, Ch. 405, L. 1991; amd. Sec. 4, Ch. 366, L. 1995.

50-5-205. Repealed. Sec. 27, Ch. 347, L. 1979.

History: En. Sec. 165, Ch. 197, L. 1967; amd. Sec. 107, Ch. 349, L. 1974; amd. Sec. 23, Ch. 187, L. 1977; R.C.M. 1947, 69-5207.

50-5-206. Repealed. Sec. 27, Ch. 347, L. 1979.

History: En. Sec. 166, Ch. 197, L. 1967; amd. Sec. 107, Ch. 349, L. 1974; R.C.M. 1947, 69-5208.

50-5-207. Denial, suspension, or revocation of health care facility license -- provisional license.

(1) The department may deny, suspend, or revoke a health care facility license if any of the following circumstances exist:

(a) The facility fails to meet the minimum standards pertaining to it prescribed under [50-5-103](#).

(b) The staff is insufficient in number or unqualified by lack of training or experience.

(c) The applicant or any person managing it has been convicted of a felony and denial of a license on that basis is consistent with [37-1-203](#) or the applicant otherwise shows evidence of character traits inimical to the health and safety of patients or residents.

(d) The applicant does not have the financial ability to operate the facility in accordance with law or rules or standards adopted by the department.

(e) There is cruelty or indifference affecting the welfare of the patients or residents.

(f) There is misappropriation of the property or funds of a patient or resident.

(g) There is conversion of the property of a patient or resident without the patient's or resident's consent.

(h) Any provision of parts 1 through 3 is violated.

(2) The department may reduce a license to provisional status if as a result of an inspection it is determined that the facility has failed to comply with a provision of part 1 or 2 of this chapter or has failed to comply with a rule, license provision, or order adopted or issued pursuant to part 1 or 2.

(3) The denial, suspension, or revocation of a health care facility license is not subject to the certificate of need requirements of part 3.

(4) The department may provide in its revocation order that the revocation is in effect for up to 2 years. If this provision is appealed, it must be affirmed or reversed by the court.

History: En. Sec. 167, Ch. 197, L. 1967; R.C.M. 1947, 69-5209; amd. Sec. 10, Ch. 347, L. 1979; amd. Sec. 12, Ch. 415, L. 1993; amd. Sec. 253, Ch. 546, L. 1995.

50-5-208. Hearing required.

(1) A license may not be denied, suspended, or revoked without notice and an opportunity for a hearing before the department.

(2) Notice must be given the applicant or licensee of a date, not less than 15 days after mailing or service, for a hearing before the department.

(3) The decision of the department is final 30 days after it is mailed or served unless the applicant or licensee commences an action in the district court to appeal the decision. An appeal must be in the district court where the facility is located or will be located.

History: En. Sec. 168, Ch. 197, L. 1967; amd. Sec. 73, Ch. 349, L. 1974; R.C.M. 1947, 69-5210; amd. Sec. 254, Ch. 546, L. 1995.

50-5-209. Repealed. Sec. 27, Ch. 347, L. 1979.

History: En. Sec. 177, Ch. 197, L. 1967; amd. Sec. 107, Ch. 349, L. 1974; R.C.M. 1947, 69-5219.

50-5-210. Department to make rules -- standards for hospices.

(1) The department shall by rule establish standards for the licensure of a hospice. These standards must consider the terminally ill patient and the patient's family as a unit and require service delivery through a medically directed interdisciplinary team of professionals and volunteers acting under a defined hospice administration.

(2) A hospice must meet the standards of care defined by law for any skilled care it provides that normally would be provided by a licensed facility such as a hospital, skilled nursing facility, or home health agency.

(3) The department shall by rule establish standards for the licensure of a residential hospice facility.

(4) The department shall by rule establish standards for the licensure of a freestanding inpatient hospice facility in accordance with medicare certification regulations contained in 42 CFR, part 418, subparts C through E, as adopted by the department. To be licensed by the department, the facility must be managed directly by a medicare-certified hospice.

History: En. Sec. 2, Ch. 324, L. 1983; amd. Sec. 2, Ch. 151, L. 1993.

50-5-211. Hospital hospice programs -- exemptions from separate licensure. A hospice program provided by a hospital need not be separately licensed if the department finds that such program meets the standards of [50-5-210](#).

History: En. Sec. 3, Ch. 324, L. 1983.

50-5-212. Organ procurement program required. The administrator of a hospital licensed under this chapter shall as a condition of licensure under [50-5-201](#):

(1) establish a written protocol for the identification of potential organ donors that:

(a) assures that families of potential organ donors are made aware of the option of organ or tissue donation and their option to decline;

(b) encourages discretion and sensitivity with respect to the circumstances, views, and beliefs of families of potential organ donors; and

(c) requires that a qualified organ procurement agency be notified of potential organ donors;

(2) designate and train a person or persons to represent him for purposes of requesting an anatomical gift as provided in [72-17-213](#); and

(3) make known to the public that the hospital has an organ procurement program as described in subsection (1).

History: En. Sec. 3, Ch. 219, L. 1987; amd. Sec. 1, Ch. 540, L. 1989.

50-5-213. Requirements for home infusion therapy services. An agency providing home infusion therapy services shall directly provide either the home infusion therapy

services or skilled nursing services and may either directly provide or may arrange for the provision of the other services.

History: En. Sec. 10, Ch. 366, L. 1995.

50-5-214. Requirements for retirement homes. A retirement home shall offer meals or central kitchens but may not offer nursing or personal-care services to the residents, other than by a contract with a third party.

History: En. Sec. 11, Ch. 366, L. 1995.

50-5-215. Standards for adult foster care homes. The department may adopt rules establishing standards for the licensing of adult foster care homes. The standards must provide for the safety and comfort of the residents and may be adopted by the department only after receiving the advice and recommendations of the state fire prevention and investigation program of the department of justice in relation to fire and safety requirements for adult foster care homes.

History: En. Sec. 12, Ch. 366, L. 1995.

50-5-216. Limitation on care provided in adult foster care home.

(1) Except as provided in this section, the types of care offered by adult foster care homes are limited to light personal care or custodial care and may not include skilled nursing care.

(2) An adult foster care home may be licensed to provide care for an adult receiving state-funded services through the developmental disabilities program of the department or for an adult who resided in the home before reaching 18 years of age, even though the adult is:

- (a) in need of skilled nursing care;
- (b) in need of medical, physical, or chemical restraint;
- (c) nonambulatory or bedridden;
- (d) incontinent to the extent that bowel or bladder control is absent; or
- (e) unable to self-administer medications.

(3) An adult foster care home that applies for a license under subsection (2) shall provide the department with a copy of the statement required in subsection (4).

(4) A resident of an adult foster care home licensed under subsection (2) must have a certification in the form of a signed statement, renewed on an annual basis, from a physician, a physician assistant, a nurse practitioner, or a registered nurse, whose work is unrelated to the operation of the home and who has actually visited the home within the year covered by the statement and certifies that:

- (a) the services available to the resident in the home or in the community, or services that may be brought into the home from the community, including nursing services or therapies, are appropriate for meeting the health care or other needs of the resident; and
- (b) the health care status of the resident does not necessitate placing the resident in a more intensive residential service setting.

(5) As used in this section, "skilled nursing care" means 24-hour care supervised by a registered nurse or a licensed practical nurse under the orders of an attending physician.

History: En. Sec. 13, Ch. 366, L. 1995; amd. Sec. 2, Ch. 133, L. 1999; amd. Sec. 24, Ch. 519, L. 2005.

50-5-217 through 50-5-219 reserved.

50-5-220. Licensure of outdoor behavioral programs -- exemption.

(1) The department shall provide for licensure of a qualified outdoor behavioral program that accepts public funding. An outdoor behavioral program that does not accept public funds or governmental contracts is exempt from licensure.

(2) The department shall develop administrative rules for licensure that must include program requirements, staff requirements, staff-to-youth ratios, staff training and health requirements, youth admission requirements, water and nutritional requirements, health care and safety, environmental requirements, infectious disease control, transportation, and evacuation. The department may accept accreditation by a nationally recognized accrediting or certifying body but may not require the accreditation.

History: En. Sec. 2, Ch. 348, L. 2003.

50-5-221. Repealed. Sec. 13, Ch. 415, L. 1993.

History: En. Sec. 11, Ch. 347, L. 1979.

50-5-222 through 50-5-224 reserved.

50-5-225. Assisted living facilities -- services to residents.

(1) An assisted living facility shall, at a minimum, provide or make provisions for:

(a) personal services, such as laundry, housekeeping, food service, and local transportation;

(b) assistance with activities of daily living, as provided for in the facility admission agreement and that do not require the use of a licensed health care professional or a licensed practical nurse;

(c) recreational activities;

(d) assistance with self-medication;

(e) 24-hour onsite supervision by staff; and

(f) assistance in arranging health-related services, such as medical appointments and appointments related to hearing aids, glasses, or dentures.

(2) An assisted living facility may provide, make provisions for, or allow a resident to obtain third-party provider services for:

(a) the administration of medications consistent with applicable laws and regulations; and

(b) skilled nursing care or other skilled services related to temporary, short-term, acute illnesses, which may not exceed 30 consecutive days for one episode or more than a total of 120 days in 1 year.

History: En. Sec. 1, Ch. 597, L. 1983; amd. Sec. 3, Ch. 54, L. 2003.

50-5-226. Placement in assisted living facilities.

(1) An assisted living facility may provide personal-care services to a resident who is 18 years of age or older and in need of the personal care for which the facility is licensed under [50-5-227](#).

(2) An assisted living facility licensed as a category A facility under [50-5-227](#) may not admit or retain a category A resident unless each of the following conditions is met:

(a) The resident may not require physical or chemical restraint or confinement in locked quarters, but may consent to the use of safety devices pursuant to Title 50, chapter 5, part 12.

(b) The resident may not have a stage 3 or stage 4 pressure ulcer.

(c) The resident may not have a gastrostomy or jejunostomy tube.

(d) The resident may not require skilled nursing care or other skilled services on a continued basis except for the administration of medications consistent with applicable laws and regulations.

- (e) The resident may not be a danger to self or others.
- (f) The resident must be able to accomplish activities of daily living with supervision and assistance based on the following:
 - (i) the resident may not be consistently and totally dependent in four or more activities of daily living as a result of a cognitive or physical impairment; and
 - (ii) the resident may not have a severe cognitive impairment that renders the resident incapable of expressing needs or making basic care decisions.
- (3) An assisted living facility licensed as a category B facility under [50-5-227](#) may not admit or retain a category B resident unless each of the following conditions is met:
 - (a) The resident may require skilled nursing care or other services for more than 30 days for an incident, for more than 120 days a year that may be provided or arranged for by either the facility or the resident, and as provided for in the facility agreement.
 - (b) The resident may be consistently and totally dependent in more than four activities of daily living.
 - (c) The resident may not require physical or chemical restraint or confinement in locked quarters, but may consent to the use of safety devices pursuant to Title 50, chapter 5, part 12.
 - (d) The resident may not be a danger to self or others.
 - (e) The resident must have a practitioner's written order for admission as a category B resident and written orders for care.
 - (f) The resident must have a signed health care assessment, renewed on a quarterly basis by a licensed health care professional who:
 - (i) actually visited the facility within the calendar quarter covered by the assessment;
 - (ii) has certified that the particular needs of the resident can be adequately met in the facility; and
 - (iii) has certified that there has been no significant change in health care status that would require another level of care.
- (4) An assisted living facility licensed as a category C facility under [50-5-227](#) may not admit or retain a category C resident unless each of the following conditions is met:
 - (a) The resident has a severe cognitive impairment that renders the resident incapable of expressing needs or of making basic care decisions.
 - (b) The resident may be at risk for leaving the facility without regard for personal safety.
 - (c) Except as provided in subsection (4)(b), the resident may not be a danger to self or others.
 - (d) The resident may not require physical or chemical restraint or confinement in locked quarters, but may consent to the use of safety devices pursuant to Title 50, chapter 5, part 12.
- (5) For category B and C residents, the assisted living facility shall specify services that it will provide in the facility admission criteria.
- (6) The department shall develop standardized forms and education and training materials to provide to the assisted living facilities and to the licensed health care professionals who are responsible for the signed statements provided for in subsection (3)(f). The use of the standardized forms is voluntary.
- (7) The department shall provide by rule:
 - (a) an application or placement procedure informing a prospective resident and, if applicable, the resident's practitioner of:

- (i) physical and mental standards for residents of assisted living facilities;
- (ii) requirements for placement in a facility with a higher standard of care if a resident's condition deteriorates; and
- (iii) the services offered by the facility and services that a resident may receive from third-party providers while the resident lives at the facility;
- (b) standards to be used by a facility and, if appropriate, by a screening agency to screen residents and prospective residents to prevent residence by individuals referred to in subsections (3) and (4);
- (c) a method by which the results of any screening decision made pursuant to rules established under subsection (7)(b) may be appealed by the facility operator or by or on behalf of a resident or prospective resident;
- (d) standards for operating a category A assisted living facility, including standards for the physical, structural, environmental, sanitary, infection control, dietary, social, staffing, and recordkeeping components of a facility and the storage and administration of over-the-counter and prescription medications; and
- (e) standards for operating a category B assisted living facility, which must include the standards for a category A assisted living facility and additional standards for assessment of residents, care planning, qualifications and training of staff, prevention and care of pressure sores, and incontinence care; and
- (f) standards for operating a category C assisted living facility, which must include the standards for a category B assisted living facility and additional standards for resident assessment, the provision of specialty care to residents with cognitive impairments, and additional qualifications of and training for the administrator and direct-care staff.

History: En. Sec. 2, Ch. 597, L. 1983; amd. Sec. 1, Ch. 140, L. 1985; amd. Sec. 2, Ch. 590, L. 1993; amd. Sec. 5, Ch. 366, L. 1995; amd. Sec. 255, Ch. 546, L. 1995; amd. Sec. 1, Ch. 331, L. 2001; amd. Sec. 4, Ch. 54, L. 2003.

50-5-227. Licensing assisted living facilities.

- (1) The department shall by rule adopt standards for licensing and operation of assisted living facilities to implement the provisions of [50-5-225](#) and [50-5-226](#).
- (2) The following licensing categories must be used by the department in adopting rules under subsection (1):
 - (a) category A facility serving residents requiring the level of care as provided for in [50-5-226](#)(2);
 - (b) category B facility providing skilled nursing care or other skilled services to five or fewer residents who meet the requirements stated in [50-5-226](#)(3); or
 - (c) category C facility providing services to residents with cognitive impairments requiring the level of care stated in [50-5-226](#)(4).
- (3) A single facility meeting the applicable requirements for a category A facility may additionally be licensed to provide category B or category C services with the approval of the department.
- (4) The department may by rule establish license fees, inspection fees, and fees for patient screening. Fees must be reasonably related to service costs.

History: En. Sec. 3, Ch. 597, L. 1983; amd. Sec. 3, Ch. 590, L. 1993; amd. Sec. 6, Ch. 366, L. 1995; amd. Sec. 256, Ch. 546, L. 1995; amd. Sec. 5, Ch. 54, L. 2003.

50-5-228. Limited licensing. The department may grant a license that is provisional upon the correction of noncompliance with provisions of [50-5-225](#) through [50-5-228](#) or rules

adopted pursuant to [50-5-225](#) through [50-5-228](#). A provisional license may be granted only for a specific period of time and may not be renewed.

History: En. Sec. 4, Ch. 597, L. 1983; amd. Sec. 208, Ch. 42, L. 1997.

50-5-229. Repealed. Sec. 13, Ch. 415, L. 1993.

History: En. Sec. 5, Ch. 597, L. 1983.

50-5-230. Repealed. Sec. 13, Ch. 415, L. 1993.

History: En. Sec. 6, Ch. 597, L. 1983.

50-5-231. Repealed. Sec. 13, Ch. 415, L. 1993.

History: En. Secs. 2, 3, Ch. 433, L. 1981.

50-5-232. Patient protection account -- deposit of funds.

(1) There is a patient protection account in the state special revenue fund.

(2) There is deposited in the patient protection account money received by the department in the form of gifts, grants, reimbursements, or appropriations from any source that are intended to be used for the purposes of the account.

(3) The funds deposited in the patient protection account may be used only:

- (a) to pay for the costs of a receivership; and
- (b) to pay for the cost of department-initiated relocation of residents.

(4) Penalties collected pursuant to part 1 or 2 of this chapter must be deposited in the state general fund.

History: En. Sec. 7, Ch. 415, L. 1993; amd. Sec. 44, Ch. 422, L. 1997.

50-5-233. Designation of critical access hospitals -- adoption of rules.

(1) The department may designate as a critical access hospital a facility that:

(a) is:

(i) located more than 35 road miles or, in the case of a facility located in mountainous terrain or where only secondary roads exist, more than 15 road miles from a hospital or another critical access hospital; or

(ii) a necessary provider of health care services to residents of the area where the facility is located;

(b) provides 24-hour emergency care that is necessary for ensuring access to emergency care services in the area served by the facility;

(c) complies with the bed limitations adopted by rule, not to exceed the number specified in 42 U.S.C. 1395i-4(c)(2)(B), (c)(2)(E), and (f);

(d) provides inpatient acute care for a period not exceeding 96 hours, as determined on an average, annual basis for each patient;

(e) complies with the staffing requirements of 42 U.S.C. 1395i-4(c)(2)(B)(iv); and

(f) operates a quality assessment and performance improvement program and follows appropriate procedures for review of utilization of services as specified in 42 U.S.C. 1395x(aa)(2)(I).

(2) The department shall adopt rules to implement this section, including the following:

(a) standards for determining whether the facility qualifies as a necessary provider pursuant to subsection (1)(a)(ii);

(b) standards for determining whether the 24-hour emergency care provided is necessary to ensure that the area served by the facility has adequate access to emergency care services;

(c) procedures for applying for and receiving designation as a critical access hospital; and

(d) designation of the maximum number of beds allowed pursuant to subsection (1)(c) and consistent with federal law.

History: En. Sec. 5, Ch. 192, L. 2001; amd. Sec. 1, Ch. 7, L. 2005.

50-5-234 reserved.

50-5-235. Hourly limitation waivable by department or department's designee. The department or the department's designee may waive the 24-hour limitation related to recovery care beds, as defined in [50-5-101](#), as that limitation applies to a particular bed, if the attending physician of the individual occupying the bed determines that the waiver is medically appropriate. The waiver may be granted by the department before or after the 24-hour limitation is exceeded.

History: En. Sec. 2, Ch. 366, L. 2001.

50-5-236 through 50-5-237 reserved.

50-5-238. Licensure of intermediate care facility for developmentally disabled -- rulemaking.

(1) The department shall adopt procedures for licensing intermediate care facilities for the developmentally disabled. A person may not operate an intermediate care facility for the developmentally disabled without a license. The application for a license must include:

- (a) the name and address of the applicant;
- (b) the location of the intermediate care facility for the developmentally disabled;
- (c) the name of the person or persons who will manage or supervise the intermediate care facility for the developmentally disabled;
- (d) the number of persons with developmental disabilities who will receive care at the intermediate care facility for the developmentally disabled; and
- (e) other information required by the department by rule.

(2) The department may adopt rules establishing standards for licensing intermediate care facilities for the developmentally disabled. The standards must address the protection of residents' rights, individual resident treatment and habilitation needs, staffing requirements, including qualifications, resident behavior and facility practices, health care services, physical environment, dietetic services, and recordkeeping.

History: En. Sec. 5, Ch. 403, L. 2003.

50-5-239 through 50-5-244 reserved.

50-5-245. (Temporary) Department to license specialty hospitals -- standards -- definition -- moratorium.

(1) The department shall license specialty hospitals using the requirements for licensure of hospitals and the procedure provided for in parts 1 and 2 of this chapter.

(2) As used in this section, "specialty hospital" means a specialty hospital as defined in 42 U.S.C. 1395nn.

(3) Notwithstanding the requirements of subsection (1), the department may not license a specialty hospital until July 1, 2007. (*Terminates July 1, 2007--sec. 6, Ch. 365, L. 2005.*)

History: En. Sec. 2, Ch. 365, L. 2005.