

Montana Healthcare Coalitions Newsletter – October 28, 2021

New and Noteworthy

DES Mitigation Funding

There are several open funding opportunities through the DES Mitigation Program. Visit <https://des.mt.gov/Mitigation/Mitigation-Program> for full details and information.

MT RHC COVID-19 Programs Information

Attached are two fact sheets released recently through HRSA, Federal Office of Rural Health Policy. These fact sheets are to assist RHC's with any questions related to the various RHC Covid-10 programs.

As always, if you have questions related to the Vax Confidence, Testing and Mitigation, or Vax distribution please feel free to reach out to the appropriate contacts below:

- RHC Vax Confidence Grant Program: rhcvoxconfidenceinfo@nosorh.org
- HRSA, RHC Testing and Testing and Mitigation: rhcCovidtestinginfo@nosorh.org
- HRSA, RHC Vax Distribution: RHCVaxDistribution@hrsa.gov

Additionally, as the Testing and Mitigation funds are nearing a close (First funding ~49k; to be spent down by 12/31/21) a few RHCs have chosen to purchase at home testing kits to pass out to community partners or to patients. Another route has been to purchase additional PPE. If you are looking for further ideas feel free to reach out to Natalie Claiborne at Natalie.claiborne@montana.edu.

Oxygen Supply Disruption

DPHHS has gathered information on oxygen suppliers, primary contacts and delivery options throughout Montana. Please see the attached spreadsheet for this information. We encourage facilities to closely monitor oxygen supply and take steps to acquire additional supply before an emergency is imminent.

Montana Healthcare Responder Request Form

Please use the following link to submit requests for volunteers to fill in for staffing gaps within your facility. https://PHEP.formstack.com/forms/mt_healthcare_responder_request_form

Emergency Rule Waiving 25 Mile Rule

Please see the attached document for the emergency rule waiving the 25 mile rule regarding access to CAH swing beds.

COVID-19 Resources for Pediatric Healthcare Leaders and Clinicians

The [COVID-19 Resources for Pediatric Healthcare Leaders and Clinicians webpage](#) is now available on PHE.gov. The webpage includes resources for pediatric health care providers and their facilities to stay up-to-date on the latest information regarding the pandemic. Health care providers can use the webpage to plan how to best protect pediatric patient health.

CDC Provides Recommendations for Tribal Communities Amidst COVID-19

CDC recently released [Recommendations for Tribal Ceremonies and Gatherings During the COVID-19 Outbreak](#). These recommendations aim to help tribal communities, elders, and leaders decide how best to keep their communities safe and prevent the spread of COVID-19. These considerations are meant to support—not replace—tribal laws, rules, and regulations aimed at protecting the health of tribal communities.

CDC Digital Media Toolkit: 2021 - 2022 Flu Season

Upending CDC's seasonal flu vaccination campaign materials are available to assist partners in communicating about the importance of vaccination. The digital toolkit includes details on events/activities, sample social media and newsletter content, graphics, web assets, and media prep material. The material is downloadable, shareable, and some of the material is customizable. Find the toolkit and learn more at CDC.gov.

Data and Situational Awareness

New Therapeutic Coming to EMResource/TeleTracking

As you've likely heard already, sotrovimab is a new therapeutic that is starting to be allocated/distributed this week.

We are still working out exactly when it will be added to the [Federal hospital reporting guidance](#), however, when it is added it will be assigned to **therapeutic D**.

Partners who would like to activate therapeutic D fields for reporting sotrovimab courses on hand and sotrovimab courses administered (field 40c and 40d, respectively) are welcome to do so. Sotrovimab reporting will be similar to other therapeutics in that the data will be reported on Wednesday only with the previous week defined as Wednesday through Tuesday.

Converting the therapeutic D fields for sotrovimab reporting is not a requirement at this time, however, it is anticipated to be required at a future date.

We will be in touch with updates as soon as able. Additional information on therapeutics is available on phe.gov.

New Process for Forgotten Passwords in EMResource

Previously, users were able to contact their coalition coordinator for assistance with resetting a forgotten password. Juvare has recently updated their process. If you have forgotten your password, please use the steps below.

1. Go to <https://login.juvar.com/>
2. Click "Need help signing in?"
3. Click "Forgot password?"
4. Follow the instructions from there.

As always, your coalition coordinators are there to answer any questions or provide assistance in EMResource.

EMResource Tip Sheet

Recently we have been receiving questions regarding getting information from EMResource relevant to transfers. Please review and share the attached EMResource Tip Sheet for questions about finding bed availability, contacts for transfers and additional tips on capturing relevant information. Please reach out the hppcoordinators@mtha.org with questions.

Missed Data in TeleTracking

If a facility misses a day reporting into EMResource and TeleTracking, there is a process for doing a manual entry backdate. Users must log into the TeleTracking then click on Add New Entry. There is now a dropdown where you can choose the date to submit data for. This process is much simpler than uploading the template for missed data. **Ensure that ALL fields are entered or the data will not be counted for compliance. We still encourage hospitals to enter data into EMResource daily by 1200.**

Upcoming Events

CISA Region 8 Active Shooter Preparedness Webinar

November 3, 2021 13:00-15:00 MDT

Registration Link: [CISA Region 8 Active Shooter Preparedness Webinar](#)

Weitzman ECHO Series on COVID-19

5-part series addressing updates on pediatric vaccines, boosters, engagement, and promising practices

Next Session: November 3, 10-11am MST

Join us as we discuss updates to the pandemic, how organizations have shifted their workforce, vaccine boosters, and promising practices moving forward.

We will be joined again by Dr. Stephen Scholand to give us COVID-19 (and variant) updates at the beginning of each session.

At the end of each session, our expert panelists will answer your questions, so join us live so you can engage with the panel and hear from your peers across the country!

If you cannot make the live session, the slides and recording will be sent to all who register for the series and posted on the [website](#).

Topics Will Include:

- Fundamentals of Team-Based Care Within the Setting of COVID-19 – Review & Reintroduction
- Boosters for Immunocompromised and Patients at High Risk
- Pediatric Vaccines in the Team-Based Care Model
- Community Engagement Pathways
- Supporting Staff & Sharing Best Practices in Navigating COVID-19

[Register here](#)

Regional Executive Committee Meetings

Eastern Region – Tuesday, November 16 via [Zoom](#)

Central Region – Thursday, November 18 9:00 – 11:00 via [Zoom](#)

Montana DLI Virtual Fall 2021 SafetyFest

November 15-19, 2021

Information and registration: <https://safetyfestmt.dli.mt.gov/billings-2021>

K-1302- Continuity Program Management—FEMA Region VIII

November 16-19, 2021 08:00-12:00 MT

To register: https://training.fema.gov/netc_online_admissions/

CISM Basic Group and Individual Peer Support

November 29-December 1, 2021

Bozeman- location and other info TBA

POC- Carol Burroughs 406-580-4443 or carolatwork@montana.net

HSEP course is now virtual.

Please see hyperlink below for further information and registration.

<https://cdp.dhs.gov/training/course/AWR-336-W>

Chemical Security Seminars 2021

December 1, 8, and 15, 2021, from 9 am to 1 pm MT

The Cybersecurity and Infrastructure Security Agency (CISA) invites you to attend the virtual 2021 Chemical Security Seminars

These seminars will feature important chemical security information for industry organizations, facility owners and operators, government officials, first responders, and law enforcement. Sessions will discuss and share the latest in chemical security best practices, including:

The state of chemical security—updates for the [Chemical Facility Anti-Terrorism Standards \(CFATS\) program](#) and ongoing voluntary chemical security efforts

CISA leadership's priorities and vision

Case studies from industry representatives

A discussion on ransomware incidents and best practices

A deep-dive into the [18 CFATS Risk-Based Performance Standards \(RBPS\)](#), including best practices

Chemical threat and economic espionage briefings

Challenges encountered with chemical security during the COVID-19 pandemic

The convergence of cyber and physical security

[Registration for the 2021 Chemical Security Seminars](#) is now open! The Seminars are free to attend and open to the public.

[Please register](#) no later than November 30, 2021.

Registrants will receive the links to join virtually through Microsoft Teams closer to the date of the Seminars. For questions or comments, please visit the [Chemical Security Summit webpage](#) or email the Chemical Seminars Team at ChemicalSummitReg@hq.dhs.gov.

Intent Into Action – L-418

January 24 – 28, 2022 8:00 am – 5:30 pm daily

Bozeman Holiday Inn, 5 East Baxter

Application and Information at <https://L481.eventbrite.com>. See the attached flyer for additional information.

K0449 (Virtual) ICS Curricula Train the Trainer

Course Dates:

Fiscal Year 2022 (FY2022)

- February 7–11, 2022
- March 21–25, 2022
- August 8–12, 2022
- September 19–23, 2022

Course is 5 days in length- 06:30- 15:30 Mountain Time

Mandatory homework and group collaboration after the instruction ends

Registration: https://training.fema.gov/netc_online_admissions

EMI POC: Rick Flick (301) 447-1633 or Russell.flick@fema.dhs.gov

Engagement and Other News

Register Now for the National EMS Advisory Council Meeting Webcast

November 3 and 4, 2021, 11:00 am MT

The National EMS Advisory Council will be holding a virtual meeting on Wednesday and Thursday, November 3-4. Members of the public can view the full agenda and register for the webcast [here](#).

This will be the first meeting of the newly appointed council, which includes 15 new members and ten returning members. NEMSAC meets several times each year to discuss issues facing the EMS community and provide advice and recommendations regarding EMS to the National Highway Traffic Safety Administration in the Department of Transportation and to the Federal Interagency Committee on EMS.

The agenda for each day includes time for NEMSAC subcommittee deliberations in the morning, with the webcast council meeting convening at 1 pm ET on Wednesday, November 3, 2021, and 1 pm ET on Thursday, November 4, 2021. Items on the council's agenda include:

- Proposed advisories related to education on human trafficking and supporting a national cardiac arrest registry
- Election of NEMSAC chair and vice chair
- Discussion of new and emerging issues in EMS
- Public comment

Individuals registered for the meeting interested in addressing the council during the public comment periods must submit their comments in writing to Clary Mole at clary.mole@dot.gov by 5 pm ET on October 29, 2021.

Updated Crisis Care Guidance

On behalf of DPHHS, here is information on the release of the updated crisis care guidance as well as links to the guidelines.

Front Matter:

<https://dphhs.mt.gov/publichealth/cdepi/diseases/CoronavirusMT/MontanaCrisisCareGuidanceFrontMatter.pdf>

Overview & Materials:

<https://dphhs.mt.gov/publichealth/cdepi/diseases/CoronavirusMT/MontanaCrisisCareGuidanceOverviewMaterials.pdf>

Link to PowerPoint for FEMA Public Assistance Reimbursement for COVID-19

Below is a link to the MT DES Website with a recorded training for eligible applicant agents (such as non-profit hospitals) seeking financial reimbursement from FEMA through Montana Disaster and Emergency Services Public Assistance, for COVID-19 related expenses.

<https://des.mt.gov/Recovery/Recovery-Program>

Provider Relief Fund (PRF) Phase 4 and American Rescue Plan (ARP) rural distribution

The Health Resources and Services Administration (HRSA), opened the online portal for health care providers to apply for funding from the Provider Relief Fund (PRF) Phase 4 and American Rescue Plan (ARP) rural distribution. Eligible health care providers will be able to apply for \$25.5 billion in relief funds, including \$8.5 billion in ARP resources for providers who serve rural patients covered by Medicare, Medicaid, or the Children's Health Insurance Program (CHIP) and \$17 billion for PRF Phase 4 for a broad range of providers with changes in operating revenues and expenses.

Providers must submit their completed application by the final deadline of October 26, 2021, at 11:59 p.m. ET. In order to expedite and streamline the application process and minimize administrative burdens, providers will apply for both programs in a single application. More information on the application portal, eligibility for the PRF, and the methodologies can be found online: <https://www.hrsa.gov/provider-relief/future-payments>.

Additionally, HRSA is committed to transparency and proactive communications around PRF payments. To this end, HRSA published [detailed information](#) about how the PRF Phase 3 payments were calculated. Providers that believe their PRF Phase 3 payment was not calculated correctly according to this methodology can [submit the completed form online](#) by the deadline November 12, 2021, at 11:59 p.m. ET. Applicants are encouraged to apply early to facilitate review and expedite any revised payments made as a result of the reconsiderations process.

Questions

We are committed to supporting you and answering questions as quickly as possible. Please send any questions or comments to hppcoordinators@mtha.org.

Visit the [Montana Regional Healthcare Coalitions](#) website for additional information and resources.

Casey Driscoll, CPHQ

Southern Coalition Readiness and Response Coordinator, MHA

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www.mtha.org | [Facebook](#) | [Twitter](#)



EMResource Tip Sheet

Where do I look to see if a facility has bed availability?

- The main splash page has bed availability for Adult ICU and Med/Surge Beds. If you want additional details, click on the facility name and look at the Bed Availability categories.
 - Some CAHs report their non-skilled swing beds as Long Term Care beds, however some include attached, but separate, nursing homes in that field.
 - Fields of importance:
 - Bed Capacity: Adult ICU
 - Bed Capacity: Medical Surgical
 - Bed Capacity: Long Term Care
 - Bed Availability: Adult ICU
 - Bed Availability: Med/Surg
 - Bed Availability: Long Term Care
 - Please note that, while these fields may have a recent timestamp, the facility may not be updating these fields regularly.

Who do I contact for transfers?

- Last fall, EMResource was updated to include the facility contact information for inter-facility transfers. This is the point of contact for a facility's ability to receive a patient. To access that information, click on the facility name to get to the individual facility's information.

Type: Sample Hospital
Address: 521 1st Ave NW
Great Falls, MT 59404
County: Cascade
Lat/Longitude: 47.508936 / -111.321171
EMResource/AHA ID: 177286 /
Website:
Contact: Transfer Primary Contact
Contact Title:
Phone 1: 406-123-4567
Phone 2:
Fax: 406-456-7891
Email: person@hospital.com
Notes: Next Person to Contact
Sally Stephen
406-234-5678

I do not see both PPS and CAH hospitals on the splash page, how do I fix that?

- Users have the ability to change the types of facility they are able to view.
 - Click on the View tab at the top of the page and select the Resource Type that you would like. Most useful will be Regional Default, Hospitals, Critical Access Hospitals or your respective Region.
- If you would like all Hospitals and Critical Access Hospitals to be your default view, email hppcoordinators@mtha.org and we will get that fixed for you.

What additional information would be helpful to put in EMResource?

- Please enter your bed capacity and bed availability on a frequent basis. We understand that the HHS data is required and this information is included in those fields but, currently, HHS data is not shared.
- If you are facing a critical staffing shortage for the day or week, please enter the number and type of staff that you are short in the Comment section for HHS: Critical Staffing Shortage Today measure.

Letter to CEOs

In the near future the HPP program will be sending a letter to hospital CEOs requesting approval to make the HHS data fields visible to all users in EMResource. This information is important to be able to share because it is updated daily by the majority of facilities, includes additional information that just bed capacity and availability, and will positively impact situational awareness for all users. These fields will either be visible to all or hidden

from all, we cannot only make the information visible for some facilities. We encourage you to reach out to your CEO to approve this request to better facilitate patient transfers within your region.

Contact Information

Don McGiboney
Healthcare Preparedness Program Manager, DPHHS
dmcgiboney@mt.gov
406-444-5942

Cindee McKee
Healthcare Coalition Director, MHA
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Robbie Kavon
Eastern Region Coalition Coordinator, MHA
Roberta.kavon@mtha.org
406-489-3182

Kitty Songer
Central Region Coalition Coordinator, MHA
Kitty.songer@mtha.org
406-465-4484

Oxygen Supplier Name	Phone Number	Location	24/7	Delivery
1 Airgas Store	(406) 203-1369	Missoula	Yes	Yes
2 Airgas Store	(406) 651-0300	Billings		
3 Bluebird Medical Supply Company	(406) 585-2860	Bozeman	Existing Customers Only	
4 Community Home Oxygen Inc. (Rotech)	(406) 265-3273	Havre		
5 Community Home Oxygen Inc. (Rotech)	(406) 665-2886	Hardin		
6 CPAP Solutions Inc.	(406) 761-0706	Great Falls		
7 CPAP Solutions Inc.	(406) 782-0706	Butte	Yes	Yes
8 CPAP Solutions Inc.	(406) 890-2009	Kalispell		
9 CPAP Solutions Inc.	1 (866) 761-0706	Bozeman		
10 General Distributing Company	(406) 259-5023	Billings		
11 General Distributing Company	(406) 359-6114	Glendive	Yes	Yes
12 General Distributing Company	(406) 442-7737	Helena		
13 General Distributing Company	(406) 454-1351	Great Falls		
14 General Distributing Company	(406) 586-5927	Bozeman		
15 General Distributing Company	(406) 723-5491	Butte		
16 Lincare	(406) 232-6561	Miles City		
17 Lincare	(406) 257-2531	Kalispell		
18 Lincare	(406) 265-8882	Havre	Yes	Yes
19 Lincare	(406) 449-2253	Helena		
20 Lincare	(406) 482-2366	Sidney		
21 Lincare	(406) 543-1832	Missoula		
22 Lincare	(406) 652-0773	Billings		
23 Lincare	(406) 723-2020	Butte		
24 Lincare	(406) 771-6668	Great Falls		
25 Lincare	(406) 846-2222	Deer Lodge		
26 Lincare	(406) 873-8671	Libby		
27 Lincare	(406) 873-9164	Cut Bank		
28 Norco	(406) 363-1800	Hamilton		
29 Norco	(406) 728-6362	Missoula	Operating at Above Capacity	
30 Norco	(406) 752-4804	Kalispell	No Extra	
31 Norco Billings Service Industrial	(406) 252-5339	Billings		
32 Norco Medical	(406) 494-1249	Butte		
33 Rotech	(406) 232-1321	Miles City		
34 Rotech	(406) 245-9792	Billings	During Business Hours Only No Weekends	
35 Rotech	(406) 443-3716	Helena	Existing Customers	Yes but
36 Rotech	(406) 452-0202	Black Egle		
37 Rotech	(406) 494-6900	Butte		
38 Rotech	(406) 728-4315	Missoula		
39 Rotech Community Home Oxygen , Inc.	(406) 586-1262	Bozeman		



Training Announcement

Intent Into Action L-481



WHEN: January 24-28, 2022
8:00 AM— around 5:30 PM daily
WHERE: Bozeman Holiday Inn
5 East Baxter, Bozeman
COST: No Tuition Cost—Grant Funded
PER DIEM: Not Covered
CONTACT: Kevin Larsen
(406) 548-0117
kevin@readygallatin.com
TAUGHT BY: Mission-Centered Solutions
MT POST & NWCG Certified



Application and Info at:

<https://L481.eventbrite.com>

The course focuses on guiding the staff as a highly functional and integrated team that can leverage incident management practices to its best effect:

- Developing ethos and team culture as a professional staff
- Establishing an effective command climate aligned with a Mission-Driven Culture
- Developing and maintaining a common operating picture
- Providing functional integration and resilience
- Thinking critically and strategically
- Leading at the team, section, and stakeholder level
- Influencing the political, social, infrastructure, information, and economic elements of the operational environment
- Developing and communicating intent at an incident level

This five-day program provides practical experience using ICS or AIIMS structure in the context of a large incident response. Students work in iterative simulations to review, practice, and improve the application of doctrinal tools along with leadership skills as appropriate for the staff.



To expand access to vaccines and ensure equity in COVID-19 response in rural communities, the Health Resources and Services Administration is working with Rural Health Clinics (RHCs) across the nation to distribute vaccines, strengthen vaccine confidence, and to expand COVID-19 testing and mitigation efforts.

RURAL HEALTH CLINIC COVID-19 TESTING AND MITIGATION PROGRAM ([RHCCTM](#))

Through the American Rescue Plan Act (ARPA), over \$460 million provided to RHCs nationwide to maintain and increase COVID-19 testing efforts and expand access to COVID-19 testing and mitigation. Eligible CMS-certified RHCs received a one-time allocation of \$100,000 per RHC. As of October 2021, RHCCTM Program and the [Rural Health Clinic COVID-19 Testing \(RHCCT\) Program](#) supported over 16.2 million COVID-19 tests in rural communities.

**OVER
16.2 MILLION
COVID-19 TESTS
SUPPORTED**

RHCCTM Program Purpose

- [COVID-19 testing](#) –Viral tests (including at-home tests) and antibody tests
- [COVID-19 testing-related expenses](#) – Supplies to provide testing, personal protective equipment (PPE), workforce retention and hiring efforts, health care setting/facility retrofitting
- [COVID-19 mitigation](#) – Contact tracing, screening, post-COVID conditions management, community education, maintaining healthy environment
- [COVID-19 mitigation-related expenses](#) – Workforce retention and hiring, health care setting/facility retrofitting, digital technologies updates
- Visit the [HRSA RHCCTM Program website](#) for additional details, including important dates, allowable expenses, insurance and reimbursement, reporting, and payment process

RHCCTM Program Technical Assistance

HRSA has funded the [National Association of Rural Health Clinics \(NARHC\)](#) to provide participating RHCs one-on-one technical assistance.

- [Email HRSA](#)
- [Email NARHC](#)
- [HRSA Listserv](#)
- [NARHC Webinars](#)

RURAL HEALTH CLINIC VACCINE DISTRIBUTION PROGRAM ([RHCVD](#))

The RHCVD Program, developed in partnership with the Centers for Disease Control and Prevention, distributes COVID-19 vaccines directly to RHCs to increase the availability of COVID-19 vaccines.

RHCVD Program Purpose

- Increase COVID-19 vaccine allocation in rural communities
- Provide COVID-19 vaccine, constituent products, and supplies at no cost
- Visit the [HRSA RHCVD Program website](#) for additional details

RHCVD Program Technical Assistance

HRSA funded the [Georgia Health Policy Center \(GHPC\)](#) to provide RHCs one-on-one TA RHCs.

- [Email HRSA for TA referral](#)
- [GHPC Resources and Webinars](#)

RURAL HEALTH CLINIC VACCINE CONFIDENCE PROGRAM ([RHCVC](#))

Through the ARPA, over \$97 million in grant funding provided to 1,975 CMS-certified RHCs across 44 states to strengthen vaccine confidence and counter vaccine hesitancy in rural communities. Each awardee received \$49,529 per RHC.

RHCVC Program Purpose

- Reinforce key messages about prevention and treatment of COVID-19 and other infectious diseases
- Provide information to rural residents about why, where and how to get vaccinated
- Identify isolated and/or vaccine hesitant populations
- Visit the [HRSA RHCVC Program website](#) for additional details, including frequently asked questions, allowable expenses, important dates, and links to previous webinars

**OVER
\$97 MILLION
TO SUPPORT
1,975 RHCs**

RHCVC Program Technical Assistance

HRSA has funded the [National Organization of State Offices of Rural Health](#) (NOSORH) to provide RHCs one-on-one technical assistance.

- [Email HRSA](#)
- [Email NOSORH](#)
- [HRSA Listserv](#)
- [NOSORH Webinars](#)

Rural Health Clinic (RHC) COVID-19 Program Integration

To expand access to vaccines and ensure equity in COVID-19 response in rural communities, the Health Resources and Services Administration is working with Rural Health Clinics (RHCs) across the nation to distribute vaccines, strengthen vaccine confidence, and to expand COVID-19 testing and mitigation efforts.



Testing and Mitigation (RHCCTM)

Maintain and increase COVID-19 testing efforts and expand access to COVID-19 testing and mitigation activities in rural communities. Continuation of RHC COVID-19 Testing (RHCCT) Program.



Vaccine Confidence (RHCVC)

Improve vaccine confidence and counter vaccine hesitancy in rural communities.



Vaccine Distribution (RHCVD)

Deliver COVID-19 vaccines directly to RHCs to increase the availability of COVID-19 vaccines in rural communities.

January 2020
COVID-19 Public Health Emergency Begins

May 2020
\$49K RHCCT Program Payment

May 2021
RHCVD Program Begins

June 2021
\$100K RHCCTM Program Payment

July 2021
\$50K RHCVC Program Payment

Program Activities [‡]	RHCCTM	RHCVC	RHCVD
COVID-19 vaccine	×	×	✓
Buy freezer/refrigerator	✓	×	×
Patient gift card for COVID-19 vaccination	×	✓	×
Buy and distribute at-home COVID-19 tests	✓	×	×
Buy and distribute facemasks	✓	✓	×
Public service announcement (TV, radio, web)*	×	✓	×
Buy/rent digital signage/billboard*	✓	✓	×
Hire providers and staff*	✓	✓	×
Staff retention payments/hiring bonuses*	✓	×	×
Staff transportation*	✓	✓	×
Staff childcare, temporary housing	✓	×	×
Patient transportation*	✓	✓	×
Patient childcare costs*	×	✓	×
Buy/rent/operate mobile unit/vehicle*	✓	✓	×
Buy/rent tent*	✓	✓	×
Buy sharps disposal containers	✓	×	×
Contact tracing costs	✓	×	×
COVID-19 literacy flyers, buttons, pens, signs, etc.	✓	✓	×
Social media campaign*	×	✓	×
Retrofit facilities for infection control	✓	×	×
Update HVAC system, HEPA filtration, UVGI fixtures	✓	×	×
Install self-closing devices on doors	✓	×	×
Remove carpet and install sheet vinyl flooring	✓	×	×
Replace upholstered seating with vinyl seating	✓	×	×
Patient self-scheduling technology	✓	✓	×
Telehealth network integration software, equipment, services*	✓	✓	×
Long COVID support	✓	×	×

[‡]including, but not limited to *for applicable RHC Program COVID-19 efforts

BEFORE THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES
OF THE STATE OF MONTANA

In the matter of the adoption of) NOTICE OF ADOPTION OF
Temporary Emergency Rule I) TEMPORARY EMERGENCY RULE
pertaining to waiver of swing bed)
requirements)

TO: All Concerned Persons

1. The Department of Public Health and Human Services (department) is adopting the following emergency rule to optimize the department’s, providers’, and other stakeholders’ continued response to COVID-19, and to ensure access to services and supports to meet the needs of Montanans affected by COVID-19.

2. Because the process for the promulgation of administrative rules under the Montana Administrative Procedure Act (Title 2, Chapter 4 of the Montana Code Annotated) is inflexible in terms of certain mandated timelines, the typical process for promulgating administrative rules to change current regulatory requirements would result in a situation where the department’s ability to adequately respond to the pandemic would be temporarily disrupted.

3. Since August 2021, the number of newly diagnosed COVID-19 cases has increased significantly in Montana.¹ This has led to a significant increase in the number of hospitalizations and deaths statewide. The increased number of individuals with COVID-19 requiring hospitalization is creating significant challenges to Montana’s hospital systems, which are reaching or exceeding their bed capacity limits (e.g., acute care and intensive care beds) and the availability of equipment/supplies (e.g., ventilators).² Additionally, hospitals across the state are experiencing significant staffing shortages (e.g., nurses, nurses' aides). Because of these challenges, Montana hospitals need to be able to efficiently discharge patients when they otherwise become eligible for discharge to other care settings.

4. A swing bed hospital is a licensed hospital, critical access hospital, or licensed medical assistance facility that has federal approval to provide post-hospital, skilled nursing care to patients. A swing bed is a bed approved under federal regulations to provide either acute care or extended skilled nursing care to a patient. A swing bed is used to transition a patient from acute care to skilled nursing care without leaving the hospital.

¹ Montana Department of Public Health and Human Services. Interim Analysis of COVID-19 cases in Montana (as of 9/3/2021) https://dphhs.mt.gov/assets/publichealth/CDEpi/DiseasesAtoZ/2019-nCoV/EpiProfile/EPIPROFILE_09032021_final.pdf

² Montana Department of Public Health and Human Services. COVID-19 Hospital Occupancy and Capacity in Montana Status Report as of 9/13/2021 <https://dphhs.mt.gov/assets/publichealth/CDEpi/DiseasesAtoZ/2019-nCoV/Reports/HospitalReport09132021.pdf>

5. Under ARM 34.40.402 and 37.40.405, before transferring a Medicaid member to a swing bed, the swing bed hospital must determine that no appropriate nursing facility bed is available to the patient within a 25-mile radius of the hospital, and the hospital must maintain written documentation of inquiries made to nursing facilities about the unavailability of an appropriate bed. When a nursing facility bed within a 25-mile radius of the hospital becomes available, the administrative rules require that the hospital discharge the Medicaid patient to the appropriate nursing facility bed within 72 hours of the nursing facility bed becoming available.

6. Hospital systems, including critical access hospitals that serve rural populations in Montana, are experiencing a surge of demand for medical services by Montanans infected with the COVID-19 virus, in particular the highly contagious Delta variant which is now the predominant strain in Montana. In addition to facing the demand for medical services, hospitals are experiencing staff shortages and need to reduce administrative burden on staff in the management of available beds and services. The department has received communications from hospital systems and other stakeholders that the administrative swing bed requirements impose a significant burden on hospitals in this challenging time.

7. For the foregoing reasons, the department adopts this emergency rule. Promulgation of this emergency rule is necessary because no other administrative action can be taken that would alleviate the burden imposed by the requirements being waived and enable hospitals and critical access hospitals to continue to address the COVID-19 public health emergency in an effective and efficient manner. EMERGENCY RULE I provides a statement of department intent to exercise regulatory discretion related to, and waive compliance with, specific administrative rules of Montana to address the problems identified above. This rule will remain in effect no longer than 120 days after the date of adoption.

8. The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who need an alternative accessible format of this notice. If you require an accommodation, contact Heidi Clark at the Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail dphhslegal@mt.gov.

9. The emergency rule is effective immediately, September 17, 2021.

10. The text of the emergency rule provides as follows:

EMERGENCY RULE I WAIVER OF SWING BED REQUIREMENTS DURING EMERGENCY The department will exercise regulatory discretion and waive compliance with:

- (1) Swing bed requirements in ARM 37.40.405(1)(b) and (2).
- (2) To the extent necessary to facilitate payment under Medicaid, ARM 37.40.402 (1)(b)(i)(A) through (D).

AUTH: 2-4-303, 53-2-201, 53-6-113, MCA
IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

11. The rationale for the temporary emergency rules is as set forth in paragraphs 1 through 7.

12. It is presently unknown whether a standard rulemaking procedure will be undertaken prior to the expiration of these temporary emergency rules. The necessity and efficacy of these emergency rules will be continuously evaluated as the effort to combat the COVID-19 pandemic in Montana develops.

13. The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this agency. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be mailed or delivered to the contact person in paragraph 8 or may be made by completing a request form at any rules hearing held by the department.

14. The bill sponsor contact requirements of 2-4-302, MCA, do not apply to this rulemaking. Special notice, pursuant to 2-4-303, MCA, was made to each member of the Children, Families, Health, and Human Services Interim Committee and each member of the committee staff using electronic mail on September 17, 2021.

/s/ Chad G. Parker
Chad G. Parker
Rule Reviewer

/s/ Adam Meier
Adam Meier, Director
Public Health and Human Services

Certified to the Secretary of State September 17, 2021