



Transforming Rural Health

Montana's Five-Year Vision

Montana's rural communities will soon see major changes in health care with a \$233 million federal grant to stabilize and modernize rural health care delivery throughout the state.

This investment reflects the first-year award of a five-year grant program, with Montana currently set to receive up to \$1.2 billion over the life of the program. Secured through the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Program (RHTP), these funds will ensure long-term, high-quality care for the state's rural communities.

"With this unprecedented funding, we are taking a major step toward modernizing Montana's rural health care systems," Gov. Gianforte said. "We're launching this program and making a long-term commitment to our rural communities by providing Montana families with the access to health care they deserve."

The announcement follows the successful approval of Montana's application to CMS, which the Department of Public Health and Human Services (DPHHS) submitted in November. The state received the fourth-highest funding award among all 50 states, signaling the quality and strength of Montana's application.

Established by the 2025 Working Families Tax Cuts Act, the RHTP provides up to \$50 billion nationally through 2030 to help states stabilize, transform, and restructure rural health systems and support essential health care providers with sustainability.

"Every Montanan deserves top-level health care, no matter where they live," Dir. Brereton said. "This landmark funding provides the resources we need to execute our plan, which includes stabilizing our

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DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Breathe Easy This Winter

Respiratory Protection for Older Montanans

As Montana enters the winter months, DPHHS reminds older adults and those in long-term care to take steps to protect themselves against COVID-19, influenza (flu), pneumococcal pneumonia, and respiratory syncytial virus (RSV).

Last season, Montana reported over 1,000 hospitalizations and 65 deaths from influenza, and more than 600 hospitalizations from COVID 19. Older adults are at the highest risk for severe illness, making prevention critical.

Vaccination: Your Best Protection

- COVID 19: Updated vaccines are recommended for everyone six months and older.
- INFLUENZA: Annual flu shot protects for the entire season (October–May).
- PNEUMOCOCCAL: Prevents serious bacterial pneumonia, a leading cause of hospitalization in seniors.
- RSV: Available for adults 50+ after discussion with a provider.

Talk with your health care provider to determine which vaccines are right for you.

Recognize Symptoms Early

Common signs of these illnesses include fever, cough, sore throat, headache, body aches, and fatigue. Seek medical care immediately if you experience trouble breathing, chest pain, confusion, or extreme fatigue.



Talk with your health care provider to determine which vaccines are right for you. ©Galina Sharapova/Shutterstock

Prompt treatment can shorten illness and reduce severity.

Quick Prevention Tips

- Wash hands often with soap and water (or sanitizer with 60% alcohol).
- Cover coughs and sneezes with a tissue or your elbow.
- Stay home or in your room if you are sick, and get tested promptly.
- Wear a mask in close settings if you have symptoms.
- Improve air quality by opening windows when possible or using HEPA filters.
- Take extra precautions for five days after returning to normal activities.

Protect yourself and your community this winter. Vaccines and everyday prevention make a real difference for older Montanans.

Montana's Olmstead Plan

Expanding Community-Based Care

For Montanans living with disabilities, the chance to receive services close to home can make all the difference. The *Olmstead v. L.C.* Supreme Court decision affirmed that people with disabilities should have access to care in the most integrated, community-based settings possible. Montana is now building a plan to put those principles into practice.

Through legislation passed in 2023 and 2025, DPHHS is developing Montana's Olmstead Plan. This plan will guide how the state expands access to community services so that, whenever possible, individuals can remain in their homes and workplaces instead of moving into institutional settings.

The plan sets measurable goals, identifies strengths and gaps in the current system, and requires regular review to ensure Montana stays aligned with Olmstead principles. It also emphasizes collaboration with families, caregivers, advocacy groups, and the Statewide Independent Living Council.

Gathering Voices Across Montana

DPHHS partnered with the Rural Institute for Inclusive Communities at the University of Montana to lead the project. Over the past year, the team hosted 23 focus groups across the state, hearing directly from people with disabilities, caregivers, and advocates. They also

interviewed individuals who successfully transitioned from institutional care to more independent living. Tribal councils were engaged to ensure tribal communities had a voice in shaping the plan.

From this input, six priority goals were drafted. These goals focus on expanding access, improving quality, and strengthening supports so that Montanans with disabilities can thrive in community settings.

Public Input and Next Steps

A draft of the Olmstead Plan was released in December 2025 for a 30-day public feedback period, along with a virtual town hall. Feedback gathered during this time will be incorporated into the next version of the plan, which will be finalized in early 2026. The plan will include clear objectives, activities, and a monitoring strategy to track progress over time.

DPHHS will continue to provide updates to the legislature and the public as the plan moves forward. Collaboration with caregivers, families, and community partners remains central to ensuring the plan reflects Montana's priorities and supports long-term implementation.

Why It Matters

Montana's Olmstead Plan helps ensure that Montanans with disabilities can access care in settings that emphasize dignity,

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Montana submitted its application for the federal Rural Health Transformation Program, an initiative that could secure over \$1 billion in federal funding to modernize health care in rural areas of the state over the next five years.

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most rural hospitals and bridging the health care divide for families living in every corner of our state.”

DPHHS will now submit a revised budget to CMS that aligns with the award, in addition to partnering with the Montana Office of Rural Health to host biannual

stakeholder meetings, ensuring ongoing input from the public. The first meeting will be Thursday, January 22.

During the seven-week application development period, DPHHS prioritized sustainable, transformative initiatives designed to be sustained beyond RHTP

funding. As the Department transitions to implementation, it will establish a dedicated internal unit to administer the five-year program and select external implementation partners through competitive procurement processes.

DPHHS will collaborate with rural providers, hospitals, community organizations, and other health care stakeholders to deliver five core initiatives tailored to Montana’s rural health care challenges.

The five core initiatives are:

- **WORKFORCE DEVELOPMENT:** Increasing recruitment, expanding clinical training, and retaining rural health care providers in partnership with the Montana Department of Labor and Industry.
- **SUSTAINABLE ACCESS:** Stabilizing rural facility finances through restructuring recommendations and expanded telehealth services, including one-time awards for necessary telehealth equipment.
- **INNOVATIVE CARE MODELS:** Expanding value-based payment models and better leveraging Emergency Medical Services and pharmacy services to reduce emergency room admissions and other high-cost interventions.
- **COMMUNITY HEALTH AND PREVENTION:** Supporting infrastructure upgrades and expanding

primary, behavioral, and dental health services in schools through partnerships with federally qualified health centers and other providers.

- **TECHNOLOGY INNOVATION:** Helping rural providers modernize Electronic Health Record systems to improve access, data quality, and sharing.

DPHHS incorporated vital rural health metrics, including those pertaining to glycemic status, hypertension, obesity, and suicide rates, into its long-term commitment to evaluating and monitoring Montana-specific RHTP outcomes.

Submitted to CMS following several weeks of public outreach, the state’s RHTP plan reflects input from Montana’s hospitals, over 20 rural health stakeholders, all eight tribal nations and Urban Indian Organizations, and other state agencies. DPHHS also integrated feedback from a 900-registrant webinar and over 300 formal responses to an agency-led Request for Information.

RHTP funding was allocated to states based on a federal formula: 50% divided equally among all states with approved plans, 25% based on states’ rurality, and 25% based on how well each state’s proposed plan aligns with CMS criteria.

More information about the RHTP can be found at ruralhealth.mt.gov.

Administrator's Corner



Lindsey Carter, SLTCD Administrator

The Gifts We Inherit from Those Before Us

Some of my favorite childhood memories are of sitting at a table with my grandmother, playing cribbage or Scrabble for what felt like hours. I didn't realize it then, but those games were doing more than teaching me math or vocabulary. They were giving me time with her — real time — where stories slipped out between hands, and I learned who she was, what she had lived through, and how she made sense of the world.

Those moments shaped me in ways I only understand now.

I'm reminded how often the things we treasure most come from the generations before us. Older adults carry knowledge that comes from lived experience — the kind you can't Google or learn from a book. When they share their stories, they're not just telling us about the past. They're giving us tools for the present: perspective, resilience, and a sense of continuity.

So many of our traditions exist because someone older kept them alive. A recipe that only tastes right when it's made "their way." A song that shows up every year. A ritual that doesn't feel complete unless it's done the way it's always been done. These aren't just habits — they're threads that connect us to the people who came before us.

And honoring older generations doesn't require anything elaborate. Sometimes it's as simple as slowing down long enough to listen. Asking a question. Making space for someone to share a memory.

These small gestures say, "You're still part of this. You still matter." They remind us that connection across generations isn't something that happens automatically — it's something we choose to nurture.

I think about that when I remember the last years of my grandmother's life. She was living in a skilled nursing facility then, and her world had become smaller.

Some days she felt distant, quieter than the woman I grew up with. But whenever I brought out the cribbage board, something familiar sparked.

The game pulled us both back — to her kitchen table, to the stories, to the lessons tucked into every hand. Even when words were harder for her, that simple ritual bridged the years between us.

I hope we all find moments like that — moments that remind us of how much older generations have given us, and how much they still have to offer. The decorations and gifts fade quickly, but the people who shaped us leave something lasting.

By honoring them, listening to them, and carrying their stories forward, we keep their influence alive in our families, communities, and traditions we pass on.

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independence, and community connection. With greater investment in local services, the state is strengthening a system that supports people close to home.

For more info about Montana's Olmstead plan, visit umt.edu/rural-institute/partnership/olmstead-plan.php

For info about the 30-Day public feedback period, visit umt.edu/rural-institute/partnership/olmstead-plan-public-feedback.php



The Olmstead plan will guide how Montana expands access to community services, helping individuals live, work, and participate fully in everyday life rather than being placed in institutions whenever possible.

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Preventing Falls, Promoting Independence



Balance exercises build strength and stability. In older adults, they help reduce the risk of falls. ©Robert Kneschke/Shutterstock

Falls are one of the leading health concerns for older adults, often resulting in injuries that can limit independence and reduce quality of life. Yet many falls are preventable. With the right tools, training, and support, older Montanans can stay active, confident, and safe in their communities. That's why the Montana Arthritis and Falls Prevention Programs are committed to offering evidence-based workshops that empower participants by helping them build strength, improve balance, and reduce their risk of falling.

These programs are more than exercise classes — they are opportunities to connect, learn, and take practical steps toward healthier living. Whether through

group discussion, gentle movement, or guided walking, each workshop is designed to meet older adults where they are and help them move forward with confidence.

Program Highlights

- **STEPPING ON:** A seven-week program that helps older adults lower their risk of falls and overcome the fear of falling. Weekly two-hour sessions combine interactive discussion, storytelling, and practical exercises to build confidence and safety skills. (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionClasses)
- **STAY ACTIVE AND INDEPENDENT FOR LIFE (SAIL):** A 12-week fitness

program for adults 65+ that focuses on strength, balance, and mobility. By targeting the physical skills most important for fall prevention, SAIL helps participants maintain independence and improve overall quality of life. (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionClasses)

- **TAI CHI FOR ARTHRITIS AND FALLS PREVENTION:** This gentle Sun-style Tai Chi program uses slow, flowing movements to improve flexibility, posture, and balance. Offered in either an eight-week (twice weekly) or 16-week (once weekly) format, Tai Chi is safe, easy to learn, and adaptable for all fitness levels. (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionClasses)
- **WALK WITH EASE:** A six-week walking program designed for anyone seeking a low-impact way to start or maintain regular physical activity. Offered in group, self-directed, or enhanced formats, Walk with Ease helps participants build stamina and confidence while reducing arthritis pain and stiffness. (For more info, visit dphhs.mt.gov/publichealth/arthritis/arthritismanagementprogram)

Upcoming 2026 Leader Trainings

The Montana Arthritis and Falls Prevention programs are hosting trainings for those interested in leading community

workshops. By becoming a trained leader, you can bring these valuable programs to your community and help older adults live healthier, more independent lives.

- **STEPPING ON:** March 24–26, 2026 | Helena, MT (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionTrainingWorkshops)
- **SAIL:** April 7–8, 2026 | Sidney, MT
May 6–7, 2026 | Helena, MT (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionTrainingWorkshops)
- **TAI CHI FOR ARTHRITIS AND FALLS PREVENTION:** May 19–20, 2026 | Kalispell, MT (For more info, visit dphhs.mt.gov/publichealth/FallPrevention/FallsPreventionTrainingWorkshops)
- **WALK WITH EASE:** Online format available (For more information, visit dphhs.mt.gov/publichealth/arthritis/Trainings or email Melissa.Dale@mt.gov or Erin.Bley@mt.gov for details)

These programs are approved under the Older Americans Act Title III-D. Spaces are limited, so don't wait — register today to secure a spot.

For questions or more information, please email Melissa.Dale@mt.gov or Erin.Bley@mt.gov.

The Silent Epidemic

Loneliness and Isolation in Older Adults

The golden years of retirement and aging are often envisioned as a time of peaceful leisure and connection. Yet, for many older adults, this chapter is shadowed by a pervasive, and often silent, crisis: loneliness and social isolation. Declared a major public health concern by experts, this challenge is not merely about being alone; it's a deep disconnection that profoundly impacts health and well-being.

Defining the Disconnect

It's important to distinguish between the two related, yet different, concepts:

- Isolation is an objective state, meaning a measurable lack of social contact and a small social network. An older adult living alone who rarely sees family or friends is socially isolated.
- Loneliness is a subjective and distressing feeling — the perceived mismatch between social connections one has and the connections one desires. A person can be surrounded by people in a nursing home or at a family gathering and still feel profoundly lonely.

Studies consistently show that one in three older adults report experiencing loneliness or isolation, a figure that often

spikes dramatically for those dealing with chronic illness, disability, or poor mental health.

Causes of Disconnection

A confluence of life changes often makes older adults vulnerable to isolation and loneliness:

- LOSS AND BEREAVEMENT: The death of a spouse, life-long friends, or siblings is one of the most significant triggers for profound loneliness.
- LIFE TRANSITIONS: Retirement removes the daily structure and social interactions of the workplace. Changes in living situation or the loss of a driver's license can also severely limit a person's ability to engage with the outside world.
- PHYSICAL AND SENSORY DECLINE: Impaired mobility, vision loss, or hearing loss can make socializing physically difficult or exhausting, leading to a retreat from public life.
- GEOGRAPHIC DISTANCE: Modern society often sees families spread across states or countries, leaving seniors without their primary support network nearby.

Studies consistently show that one in three older adults report experiencing loneliness or isolation.
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The Serious Health Toll

Loneliness and social isolation are far more than just emotional struggles — they are potent risk factors for serious physical and mental decline. Research has found that the health consequences of being socially disconnected are comparable to the risk of smoking 15 cigarettes a day or having obesity.

Key Health Impacts include:

- CARDIOVASCULAR HEALTH: Increased risk of high blood pressure, heart disease, and stroke.
- COGNITIVE DECLINE: Higher risk of developing dementia and Alzheimer's disease.
- MENTAL HEALTH: Strong association with increased rates of depression, anxiety, and poor sleep quality.

- IMMUNE SYSTEM: A compromised immune response, leaving one more vulnerable to infections.
- MORTALITY: Loneliness is independently associated with a significantly increased risk of premature death.

Finding the Way Back to Connection

Addressing this epidemic requires a multi-faceted approach from individuals, families, healthcare providers, and communities.

- FAMILY AND FRIENDS: Simple, consistent gestures matter most. Scheduling regular phone calls, video chats, or visits can help. Actively listening and encouraging older adults to discuss their

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Helping Long-Term Care Residents Return Home

How Montana's Money Follows the Person Program Changes Lives



For individuals living in institutional settings, returning to the community can be life-changing, but not always easy. Since 2005, the Money Follows the Person (MFP) demonstration project has helped states support that transition by providing funding to move seniors and individuals with disabilities from nursing homes and hospitals into home- and community-based care.

Nationally, MFP has supported more than 129,000 transitions. In Montana, where the program began in 2014, more than 329 individuals have successfully moved back into their communities.

Eligibility and Assistance

To qualify, participants must have lived in an institutional setting for at least 60 consecutive days, with Medicaid covering at least one of those days. They must also be eligible for one of Montana's waiver partner programs (BSW, Severe Disabling Mental Illness Waiver, or Developmental Disability Waiver). Finally, they must be willing to move into one of the following qualified residential settings:

- A home owned or leased by the participant or their family member;

- An apartment with secure access and an individual lease (including assisted living facilities); and
- A community-based residential setting, like a group home, with no more than four unrelated residents.

MFP assists with rent and utility deposits, past due utility bills, household goods, and environmental or vehicle modifications.

Regional Transition Coordinators

Transition coordinators play a crucial role in ensuring a smooth and successful transition for individuals moving from an institutional setting back into the community. Several key factors highlight the importance of transition coordinators:

- **PERSONALIZED PLANNING:** Coordinators work closely with individuals to develop a personalized transition plan that addresses individual needs, preferences, and goals. This includes identifying suitable housing, arranging necessary medical equipment, and coordinating home-care services.
- **RESOURCE COORDINATION:** Coordinators help connect individuals with various community resources and services, such as transportation, peer support, and financial assistance for housing and household goods. This ensures all necessary supports are in place for a safe and successful transition.

- **ADVOCACY AND SUPPORT:** Coordinators advocate for an individual's needs and preferences, ensuring their voice is heard throughout the process. They provide essential emotional support and guidance, helping to navigate the complexities of returning to the community, particularly in finding suitable housing.

- **REDUCING READMISSIONS:** By coordinating care and ensuring all necessary supports are in place, coordinators help reduce the risk of hospital readmissions, failed transitions, and other complications that can arise during the transition period.

Every successful transition reflects the commitment of MFP coordinators and the resilience of the individuals they support. With the right guidance, independence becomes not just a goal, but a lived experience.

To make a referral, please go to the MFP website (dphhs.mt.gov/SLTC/mfp), and click on "Make a Referral."

For more info, contact the MFP project director, April Staudinger, via email at MoneyFollowsThePerson@mt.gov or call (406) 439-6870 or fax (406) 655-7646.

Sophistication and Prevention of Modern Scams



Many victims mistakenly believe scams are isolated incidents, but in reality, many cons unfold over weeks or even months. © Andrey Popov/Shutterstock

By Alex Ward, AARP Lead Volunteer for American Indian Outreach

Scams today have become significantly more sophisticated compared to the past. There are now more organized groups of scammers who dedicate extensive time and effort to seek out potential victims. Unlike before, many scammers are younger and work together in groups, enabling them to target more people and more convincingly impersonate legitimate individuals or organizations.

Long-Term Cons:

Not Just One-Time Events

Many victims mistakenly believe scams are isolated incidents, but in reality, many cons unfold over weeks or even months. This month, I am focusing on these types of prolonged scams and offering some general advice on how to avoid falling victim to them.

Case Study: Amazon Scam in Montana

One victim in Montana encountered a variation of these scams. She initially had an issue with an Amazon purchase and communicated with Amazon staff to resolve it. Several days later, she received a call from someone claiming to be from “Amazon,” who said accounts were being opened in her name across the country. The caller insisted she needed to speak with the Federal Trade Commission (FTC) and offered to forward the call.

This is a significant red flag — Amazon employees are focused on selling products and may advise you to contact the FTC, but you should always use a trusted phone number, such as one found on the FTC’s official website or brochures. Never call a number provided by a stranger over the phone, internet, or text.

The scam continued as she spoke with someone allegedly from the FTC, who confirmed accounts were opened in her

name and said she should talk to someone from the Drug Enforcement Administration (DEA). Again, the call was forwarded.

In reality, this would never happen. Anyone receiving an unexpected call of this nature should independently verify the agency’s contact number from a reliable source and initiate the call themselves.

Eventually, she was connected to a supposed DEA agent, who accused her of money laundering based on the fraudulent accounts and began contacting her daily for several weeks, questioning her whereabouts and accusing her of not assisting with their investigation.

After more than a month, he claimed she was no longer suspected of money laundering, but that a group they were investigating was tracking her money. He offered to provide a secure “lock box” for her funds and instructed her to transfer all her money — including checking, savings, and retirement accounts — into it. She complied, moving over \$100,000, and never heard from him again.

The victim tried to be cautious by asking the caller how she could verify his identity. He promised to send a photo of his credentials. However, identification sent over the internet is never proof of legitimacy, as scammers can easily fabricate or manipulate such information.

Vermont Bank Security Officer Scam

A similar incident occurred in Vermont, where a caller claimed to be a security officer from the victim’s bank. He told her there was an investigation involving people from the bank and instructed her

to transfer her account to another bank he provided. The most alarming part was when he told her not to tell anyone — an unmistakable red flag.

Changing Patterns: Bigger Targets

These scammers are not content with small sums. Unlike traditional cons seeking a few thousand dollars, these groups aim for much larger amounts — \$100,000 or more per victim.

How to Avoid Becoming a Victim

- If you receive an unsolicited call from a bank or government agency claiming you are being victimized, take down the caller’s information and organization. Then, independently look up the agency’s official number and call it yourself to verify the caller’s identity. If the person is legitimate, have the agency transfer you to them. Generally, organizations will not notify you of such problems by phone, especially regarding suspicious employees. If they contact you by phone, they will usually say they are having trouble with your account and ask you to come and talk about it.
- Never accept identification over the phone, internet, or text. One can never be certain the information provided is genuine. Victims of romance scams often learn this lesson too late, after losing money.
- If someone demands you pay a fine using an unfamiliar payment

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feelings can reduce the subjective pain of loneliness.

- **COMMUNITY ENGAGEMENT:** Encouraging participation in local programs is so important. Options include joining senior centers, enrolling in classes (often free or low-cost), volunteering, or joining faith-based groups. These activities provide both structure and purpose.
- **TECHNOLOGY AS A BRIDGE:** While not a replacement for in-person contact, technology can be a powerful tool. Video-calling apps can bridge long distances, and engaging in online groups or classes can facilitate new friendships.
- **PROFESSIONAL HELP:** Health care providers are increasingly

screening for loneliness. In some cases, behavioral therapies (like cognitive behavioral therapy) can help older adults change their negative thought patterns that can fuel social withdrawal.

Ultimately, combating loneliness and isolation is a shared societal responsibility. By recognizing that social connection is a fundamental pillar of health — as vital as nutrition and exercise — we can help our older adults live lives that are not only longer, but richer and more connected.

If you're checking in with a loved one and suspect they are neglecting their own needs or a caregiver is neglecting their needs, contact Adult Protective Services at (844) 227-9300 or visit online at dphhs.mt.gov/sltc/aps. If you suspect harm is occurring right now, call 911.



**HAVE A HAPPY, SAFE,
AND HEALTHY NEW YEAR!**

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method, do not comply. Instead, pause and verify the caller's identity using public sources before proceeding.

These types of fraud are increasingly common. For example, the bank security officer in Vermont reported estimates of more than 400 such scam calls occurring each month.

Staying alert to red flags and verifying information independently are the best defenses against these increasingly sophisticated scams.