



BOARD of COMMISSIONERS

COUNTY OF CARBON • STATE OF MONTANA

Post Office Box 887
Red Lodge, MT 59068

Phone: (406) 446-1595
Fax: (406) 446-2640

RESOLUTION NO. 2024-15

RESOLUTION TO AMEND CARBON COUNTY DEVELOPMENT REGULATIONS

A resolution by the Carbon County Board of Commissions to amend the Carbon County Development Regulations in accordance with MCA 76-2-205.

WHEREAS: The Carbon County Board of Commissioners last adopted an update to the Development Regulation in 2021, AND;

WHEREAS: The Carbon County Board of Commissioners is desirous of promoting the public health, safety, morals, and general welfare, AND;

WHEREAS: The Carbon County Board of Commissioners has adopted the Carbon County Montana 2020 Growth Policy pursuant to 76-1-604, AND;

WHEREAS: The Carbon County Planning Board has recommended adoption of amendments to the Carbon County Development Regulations to the Carbon County Board of Commissioners, AND;

WHEREAS: The Carbon County Board of Commissioners held a public hearing on December 7, 2023 at which the public was afforded an opportunity to be heard regarding the proposed amendments to the Carbon County Development Regulations, AND;

WHEREAS: Following the public hearing the Carbon County Board of Commissioners considered and reviewed the proposals of the Planning Board, AND;

WHEREAS: A Resolution of Intent to Amend the Carbon County Development Regulations (Resolution 2024-06) was passed by the Carbon County Board of County Commissioners on January 9, 2024, AND;

WHEREAS: Notification of the passage of the Resolution of Intent was published in the Carbon County News for two weeks, and stated the regulatory boundaries of the Development Regulations, the general character of the Regulations, and that the

proposed Regulations are available for review at the office of the Carbon County Clerk and Recorder, AND;

WHEREAS: For 30 days following the first publication of the notice of the Resolution of Intent, the Carbon County Board of Commissioners accepted written protests to the adoption of the amended Carbon County Development Regulations, AND;

WHEREAS: Within 30 days after the expiration of the protest period, the Commission may adopt a resolution adopting the amended Carbon County Development Regulations.

NOW, THEREFORE BE IT RESOLVED, that the Carbon County Board of Commissioners hereby adopts Resolution No. 2024-15, a resolution to amend the Carbon County Development Regulations in accordance with MCA 76-2-205.

PASSED AND ADOPTED BY THE CARBON COUNTY BOARD OF COMMISSIONERS THIS 29th DAY OF February, 2024.

Carbon County Commissioners

Scott C. Miller
Commissioner Dist. #1

Scott Blain
Commissioner Dist. #2

Bill E Bullock
Commissioner Dist. #3

ATTEST

Macque L. Bohleen, Clerk and Recorder

INVITATION TO BIDDERS 2024 MOTOR GRADER

NOTICE IS HEREBY GIVEN, that the Carbon County Board of Commissioners will receive sealed bids for the purchase over time of one (1) new, diesel powered, articulated frame, all-wheel drive motor grader.

Sealed bids will be received by the Carbon County Board of County Commissioners at 17 West 11th Street, Post Office Box 887, Red Lodge, Montana, 59068, until 11:00 a.m. MST on February 29^h, 2024 when they will be publicly opened and read aloud. Each Bid must be clearly marked "MOTOR GRADER BID ENCLOSED".

Each bid must be accompanied by a Certified Check, Cashier's Check, or Bid bond payable to Carbon County in the amount of ten percent (10%) of the total amount of the bid for the motor graders without deduction for the value of the possible trade in equipment. The successful bidder shall forfeit to Carbon County their bid security if they fail or refuse to enter into a contract within the time specified. All bids shall remain effective for a period of 180 days from the date of opening. Bid security of unsuccessful bidders shall be returned upon acceptance of the successful bid.

Specifications for the equipment may be examined or obtained at the Carbon County Clerk and Records Office at 17 West 11th Street, Red Lodge, Montana 59068 or online <http://co.carbon.mt.us/rfps/>.

Questions may be directed to the Carbon County Commissioners at (406) 446 – 1595 or commissioners@co.carbon.mt.us.

No proposal may be withdrawn after the scheduled time for the public opening of proposals, which is scheduled for 9:00 a.m. MST on February 29th, 2043. Bids may be mailed, or delivered to the Carbon County Clerk and Recorder, P.O. Box 887, 17 West 11th St., Red Lodge, Montana, 59068.

Carbon County reserves the right to reject any or all proposals received, to waive informalities therein, to postpone the award of the contract for a period of time not to exceed sixty (60) days and to accept the lowest responsive and responsible proposal(s) determined to be in the best interests of Carbon County.

DATED this 8th day of February, 2024.

Scott Miller, Presiding Officer
Carbon County Board of Commissioners

Carbon County Behavioral Health Crisis Coalition

BYLAWS

Mission Statement

Our mission is to help improve behavioral health in Carbon County for children, adults, and seniors through promotional and preventative programs, crisis interventions, assistance accessing treatment, and maintenance support.

Article I - Membership

Membership in the Carbon County Behavioral Health Crisis Coalition (BHCC) shall generally consist of, but not be limited to representatives from:

- Public Health
- Law Enforcement
- Fire Departments
- Emergency Medical Services
- Search and Rescue
- Local Behavioral Health-Related Entities and Providers
- Local Hospitals
- Local Elected Officials
- Local Religious Organizations
- Local Non-Profits
- Other Relevant Community Services
- The General Public
- Relevant State Agencies

Appointment of Representatives and Alternatives

BHCC are to be nominated by the agency or organization they are to represent, and they must be approved with a majority vote by existing BHCC members. Members must be residents of, or members of entities located in or serving in Carbon County, Montana. The BHCC may include one or more representatives from an eligible agency or organization, but that entity shall be entitled to a singular vote. The membership term is unlimited unless another individual is either appointed as a representative to the BHCC by the respective entity they are associated with or that individual resigns or is dismissed by the BHCC. In addition to appointing a designated representative, each entity represented in the Coalition must nominate an alternative individual responsible for attending meetings should the primary representative be unable to do so.

Resignation

A member of the BHCC may resign by presenting a letter to the head of the Coalition notifying the BHCC of their intentions to resign. An individual who notifies the Coalition of their desire for resignation is responsible for coordinating with and notifying the entity they represent of their intent. The respective entity will then be tasked with appointing a new representative responsible for attending meetings and participating in Coalition-related activities.

Dismissal

The BHCC may recommend the removal of any member of the Coalition provided that such dismissal requests are made through a majority vote of the committee during an executive session. The Leader of the Crisis Coalition may also dismiss any member of the Coalition that fails to attend or appoint a representative to attend 75% of all Behavioral Health Crisis Coalition Meetings in a given calendar year. If this occurs, their respective entity is expected to appoint a new representative.

BYLAWS

Attendance

Each entity's designated representative(s) is expected to attend each monthly meeting. If an individual is unable to attend a meeting, their respective entity's alternative appointee is expected to attend. In-person attendance is strongly preferred.

Article II - Officers and Subcommittees

Officers

Officers of the Carbon County Behavioral Health Crisis Coalition shall be:

- Crisis Coalition Coordinator

The Crisis Coalition Coordinator is to act as the Coalition's primary organizer. Their term of service is to be indefinite, given their association or employment with Carbon County Public Health remains current. The Leader of the Crisis Coalition will be responsible for organizing Crisis Coalition general meetings, overseeing the subcommittee heads, and managing Crisis Coalition projects and goals.

- Secretary

The secretary of the Carbon County Crisis Coalition will be responsible for recording attendance and meeting minutes during the Coalition meeting and distributing these to Crisis Coalition members.

- Subcommittees

The Leader of the Crisis Coalition will determine the structure and composition of the subcommittees using input and feedback from members of the BHCC. Subcommittees will convene to consider issues assigned by the Coalition and/or issues of the subcommittee's devising. Subcommittee meetings will be held monthly at the discretion of subcommittee chairs in terms of meeting mode and location.

- Subcommittee Heads

Subcommittee heads will report the activities discussed during their respective subcommittee meetings and make recommendations and status updates to the full Coalition at each monthly meeting. Subcommittee heads are responsible for ensuring adequate communication and Subcommittee Heads will be responsible for creating a standing meeting date, coordinating monthly meetings & activities, ensuring the participation of members in their subcommittee.

- Subcommittee Secretaries

Each subcommittee will appoint a secretary to record attendance and meeting minutes during the Coalition Subcommittee Meetings. The subcommittee secretary will be responsible for making meeting minutes and attendance records available to the Crisis Coalition members.

Article III - Meetings

Meetings are to be held once per calendar month and will be accessible to members of the Coalition in person or via an online platform. Notice of all meetings shall be made to members of the Coalition at least two weeks prior to the day of the meeting. A quorum of members is required for the conduct of business consisting of the presence of a minimum of five representatives, excluding the Leader of the Crisis Coalition.



BYLAWS

Article V - Public Availability and Public Request for Information

Public Minute Availability, and Requests for Information

Official meeting minutes may be requested by members of the public. Requests for meeting minutes shall be addressed to the Carbon County Public Health Department, P.O. Box 2289, 10 Oakes Ave S., Red Lodge, MT 59068. The BHCC shall respond to requests for information and meeting minutes no later than 45 days from the receipt of the request. The Leader of the Crisis Coalition shall serve to disseminate requested information should that information be deemed reasonable.

Annual Dissemination of Business

The BHCC is responsible for the creation and distribution of an annual report on Coalition-related activities and interventions to the general public. The BHCC will also offer an annual presentation detailing such activities to inform the general public of the Coalition's business. Notice of the event shall be published in the Carbon County News at least one week prior to the presentation date. The Coalition may also publish additional information regarding the annual report and annual community presentation to additional sites at the discretion of the BHCC, with the goal of reaching a broad and representative group of Carbon County community members.

Article VI – Liability

Liability

Any member of the Coalition nor the entity that they represent shall not hold the Coalition nor Carbon County Public Health liable for any tangible or intangible damage that might happen to them while participating in any Coalition-related activity.

Article VII - Dissolution of the BHCC

Dissolution

In the event that the Carbon County Behavioral Health Crisis Coalition is dissolved or becomes inactive as determined by members and/or stakeholders, all equipment and BHCC responsibilities shall revert to member agencies or entities best qualified to resume role responsibilities as determined by the Coalition and/or Carbon County Public Health.

Article VIII – Bylaws

Bylaw Ratifications

Bylaws will be reviewed annually, and any potential changes should only be made after receiving a majority approval from Coalition members. Bylaws may also be reviewed with recommendation from the Leader of the Crisis Coalition.

**Memorandum of Agreement for STD Clinics and Support of On-Site Rapid Testing
Syphilis, HIV, and HCV**

Between

DPHHS STI/HIV /Viral Hepatitis Section
and
Partner

This Memorandum of Agreement (MOA) is entered into between the STI/HIV/Hepatitis C Section of the Montana Department of Public Health and Human Services (the “Department” or “DPHHS”), whose contact information is as follows: 1400 E Broadway, Helena, MT 59602, (406) 444-3536, and Kristi.Aklestad@mt.gov and [name of partner] (the “Partner”), whose contact information is as follows: [mailing address], [phone], [email] (collectively, the “Parties”).

SECTION 1. BACKGROUND AND PURPOSE

This MOA sets forth the terms and understanding between the Parties for the Partner to provide resources and services to prevent chlamydia, gonorrhea, syphilis, HIV, and hepatitis C among at risk populations, particularly those that are uninsured or underinsured, and to decrease related health disparities.

The MOA defines the expectations between the Parties to allow the Department to provide (1) point of care (POC) screening supplies for syphilis, HIV, and hepatitis C virus (HCV); and (2) confirmatory testing for syphilis, HIV, and HCV at the Montana Public Health Laboratory for uninsured and underinsured individuals.

The Partner under this agreement is designated as a sexual health clinic and is eligible as a covered entity under the 340B program.

SECTION 2. DUTIES AND OBLIGATIONS OF PARTNER

A. Partner shall promote POC screening and service delivery to priority populations at the highest risk of exposure to STIs, HIV, and HCV as described below:

1. HIV Priority Populations: Men-who-have-sex-with Men (MSM) and People who inject drugs (PWID).
2. HCV Priority Populations: PWID and people who are or have been incarcerated.
3. Syphilis Priority Populations: females aged 15-44 and MSM.
4. At least 50% of individuals screened should have one or more of the above risk factors.

B. Conduct POC testing for syphilis, HIV, and/or HCV at a level appropriate for the Partner’s organization.

- C. Provide appropriate follow-up and risk reduction counseling for each individual who receives STI/HIV/HCV testing and/or treatment.
- D. Upon a preliminary positive POC screening result for syphilis, HCV, or HIV, it is the responsibility of the Partner to refer the individual for appropriate confirmatory testing or provide confirmatory testing through the MPHL, if the individual is uninsured or underinsured,
- E. The results of any positive screening test for Hepatitis C must be reported to the Department and/or the local health officer in accordance with the Department's communicable disease control rules under Title 37, Chapter 114 of the Administrative Rules of Montana. The Partner shall also refer and support the individual in accessing confirmatory testing and treatment as needed.
- F. Positive HIV, HCV, and syphilis POC test will be reported using a reporting platform provided by the Department in accordance with Section 4 of this MOA.
- G. For partners providing POC screening, Partner must submit documentation of a current CLIA waiver for POC tests or be included on DPHHS' CLIA waiver. Partners included on DPHHS' CLIA waiver must submit monthly Quality Assurance (QA) logs on a quarterly basis, which include monthly temperature logs and inventory logs, on a reporting platform provided by the Department.
- H. Partners providing POC screening shall enroll and participate annually in required online training provided by the Department's STI/HIV /Viral Hepatitis Section. This training must be completed by all Partner staff and volunteers who are involved in performing POC screening.
- I. Partner agrees to be listed on the Department's HIV/STI/Viral Hepatitis Section's website as serving all at-risk groups, listed in section 2(A).
- J. The Partner will provide facilitation of, or referral to, Pre-Exposure Prophylaxis (PrEP) for individuals at high-risk of exposure to HIV, by establishing/maintaining local referral networks capable of providing these services.
- K. The Partner agrees to routinely monitor their inventory and notify the Department to ensure transfer and/or return of any unused screening tests to the Department at least 90 days prior to the test's expiration date so that the Department will have the opportunity to redistribute the tests to other partners for use.
- L. The Partner will not charge the individual or the individual's insurance for POC tests completed using screening supplies provided by the Department.
- M. Partner will provide confirmatory testing as needed for syphilis/HIV/HCV for individuals who are uninsured or underinsured. Upon submitting a specimen to the MPHL, the partner

will notify the Department's STI/HIV /Viral Hepatitis Section staff contacts of the submission.

- N. The Partner agrees no cost confirmatory testing services provided by the MPHL may be used only for individuals who are uninsured, underinsured, and/or incarcerated and will not be billed to individuals receiving those services.

SECTION 3. RESPONSIBILITIES OF THE DEPARTMENT

- A. The Department will supply syphilis, HIV, and HCV POC screening tests to the Partner in a quantity determined by the Department, at its sole discretion, based upon availability of screening supplies, needs of other partners, and ensuring the most effective use of limited resources.
- B. The Partner acknowledges the supply of POC screening supplies may need to be restricted as the Department has limited funding for the purchase and distribution of POC test kits. In the event it becomes necessary to limit the number of POC test kits provided to Partner, the Department will make a reasonable effort to notify Partner in advance prior to imposing limits on requests for POC screening kits. Should it become necessary to restrict the number of POC test kits provided to partners due to limits on funding and/or available resources, the Department, in its sole discretion, may prioritize distribution of POC test kits to those partners screening a higher proportion of epidemiologically high-risk individuals or those partners detecting a relatively high number and/or greater proportion of individuals screening positive for HIV, syphilis, or Hepatitis C through POC screening, as reported by the Partner in Evaluation Web.
- C. The Department will provide annual online training on the administration of POC screening tests and risk-reduction counseling.
- D. The Department will provide templates for temperature logs and quality control logs that Partner may use in the implementation of their Quality Assurance (QA) program.
- E. Subject to available program resources, the Department will provide technical assistance or assist the Partner in identifying technical assistance resources as requested by the Partner.
- F. The Department will provide guidance in obtaining confirmatory testing for uninsured or underinsured individuals for HIV, syphilis, and Hepatitis C through the MPHL. Confirmatory testing through the MPHL is dependent on the availability of funding from the Department's STI/HIV Prevention/Viral Hepatitis programs.
- G. The Department will provide guidance on how the Partner can register for the 340B Program upon receipt of the signed MOA.

SECTION 4. REPORTING AND BILLING REQUIREMENTS

- A. The Partner is required to assist individuals in identifying available insurance resources when possible.
- B. If the individual has private insurance, group insurance, Medicaid, or Medicare, the individual's insurance must be billed for laboratory fees.
- C. The following data must be collected and available for review on request:
 - i. Treatment log; and
 - ii. Laboratory report substantiating charge.
- D. Syphilis, HIV, and HCV POC screening data using tests provided by the Department must be submitted quarterly in provided reporting platform.
- E. Positive HCV POC screening results must be reported according to ARM 37.114.204

SECTION 5. LIAISON AND SERVICE OF NOTICES

- A. NAME, PHONE NUMBER, EMAIL, or their successor, is the liaison for the Department. NAME, PHONE NUMBER, EMAIL is the liaison for Partner. These persons serve as the primary contacts between the parties regarding this MOA. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the Parties' addresses set out in this MOA.

SECTION 6. TERM OF MOA

- A. The MOA shall take effect upon execution by the parties and shall terminate on December 31, 2024, unless terminated earlier in accordance with the terms of this MOA. Renewals of this MOA, by written agreement of the parties, may be made at one-year intervals, or any interval that is agreed upon by both parties.
- B. Either party may terminate this MOA upon providing 30 days' advance written notice to the other party.

SECTION 7. GENERAL

- A. The headings to the section of this MOA are convenience of reference and do not modify the terms and language of the sections to which they are headings.
- B. Except as may be otherwise provided by its terms, this MOA may not be enlarged, modified or altered except by written amendment signed by the parties to this MOA.
- C. Any provision of this MOA that is determined to conflict with any federal or state law or regulation, is inoperative to the extent it conflicts with that authority and is to be considered modified to the extent necessary to conform with that authority.
- D. This MOA may be executed in counterparts, which together will constitute one instrument.

The parties through their authorized agents have executed this MOA on the dates set out below.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____
Todd Harwell, PHSD Administrator
Department of Public Health & Human Services

Date: _____

PARTNER

BY: _____
NAME, POSITION
PARTNER NAME

Date: _____

MONTANA BOARD OF PHARMACY
(301 S PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 444-6880 FAX (406) 841-2305
E-MAIL: dlibsdpba@mt.gov WEBSITE: pharmacy.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date that the Board has a complete routine application)

A BUSINESS CANNOT OPERATE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS 24.174.830 LIMITED SERVICE PHARMACY:

- ◆ A limited service pharmacy is defined as a family planning clinic:
 - (a) operating under contract with the Department of Public Health and Human Services (DPHHS);
 - or**
 - (b) providing pharmaceutical care under the review of a consulting pharmacist and dispensing legend drugs, but which is not under contract with DPHHS.
- ◆ Each limited service pharmacy must apply for a license from the board and submit the required fee.
- ◆ The Board shall grant a license to operate a limited service pharmacy to qualified applicants. A licensed family planning clinic may operate satellite locations under the same license if identified on the application.
- ◆ A limited service pharmacy is not required to employ a licensed pharmacist.
- ◆ A limited service pharmacy dispensing legend drugs other than factory, prepackaged contraceptives must disclose the name, address, telephone number, and title of the designated person in charge of the limited service pharmacy. The person in charge is responsible for the limited service pharmacy's compliance with all applicable state and federal statutes and rules. A person in charge may be responsible for multiple sites.
- ◆ Nothing in this rule is meant to limit or restrict the authority of a registered nurse employed by a family planning clinic, operating under contract with DPHHS, from dispensing factory, prepackaged contraceptives as authorized by [37-2-104](#), [37-7-103](#), or [50-31-307](#), MCA.
- ◆ Schematic Drawing (floor plan) of the pharmacy drug storage area including security information
- ◆ Person-in-Charge form

FEE:

\$45 (Non-Refundable) – Pharmacy Application Fee

****Make check or money order payable to the Montana Board of Pharmacy****

DOCUMENTS: The following documents must be submitted to the Board office in order to complete the license application. Please make 8 ½" x 11" copies of the following and submit with the application:

- ◆ Schematic Drawing (floor plan) of the pharmacy drug storage area including security information
- ◆ Person-in-Charge Agreement

APPLICATION PROCEDURES:

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

PROCESSING PROCEDURES:

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued. The pharmacy license must be posted in a conspicuous place in the pharmacy.

ADDITIONAL RULE INFORMATION:

- ◆ A limited service pharmacy must display its license in a conspicuous place at the facility.
- ◆ The board may annually inspect limited service pharmacies, including any satellite locations. The board may inspect more often for cause. Such inspections must include assurance that the limited service pharmacy provides adequate:
 - (a) drug labeling;
 - (b) counseling materials to all patients, including the name of the limited service pharmacy's consulting pharmacist, where required;
 - (c) contact information of a knowledgeable individual at the clinic in the event of an adverse reaction;
 - (d) records maintenance and retention; and
 - (e) drug storage and security.
- ◆ A registered nurse or provider with prescriptive authority, employed by a family planning clinic operating under contract with DPHHS, may dispense oral antibiotics used to treat Chlamydia to a patient diagnosed with Chlamydia and to a sexual contact or partner of a patient diagnosed with Chlamydia. All appropriate records shall be maintained on-site. The antibiotics dispensed must:
 - (a) be prepackaged and properly labeled in accordance with state law;
 - (b) include appropriate counseling materials informing the patient of the potential risks involved in taking the drug; and
 - (c) contain contact information for the healthcare provider or a consulting pharmacist to provide advice or answer questions.
- ◆ **Change in Location** – whenever a limited service pharmacy changes physical location, including within the existing business location, it shall submit a new schematic or floor plan, for Board approval.
Whenever a limited service pharmacy changes its physical location outside of its then existing business location, its original license becomes void and must be surrendered. The limited service pharmacy shall submit a new license application, including a new schematic and floor plan of the new location, for the Board's approval at least 30 days before such change occurs.
- ◆ **Change of Person-in-Charge** – when the person-in-charge leaves the employment of such limited service pharmacy, the person will be held responsible for the proper notification to the Board of such termination of services. Within 72 hours of termination of services of the person-in-charge, a new person-in-charge must be designated and an affidavit filed with the Board.
- ◆ **Pharmacy Closure** - Upon closure of a limited service pharmacy, the original license becomes void and must be surrendered to the Board within ten days.
- ◆ **Pharmacy Compliance** – All new limited service pharmacies shall be in compliance with **ARM 24.174.830** at the time the limited service pharmacy is opened for business.

For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff at the website pharmacy.mt.gov or email at dlibsdp@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE OPERATION OF A LIMITED SERVICE PHARMACY ON THE WEBSITE

MONTANA BOARD OF PHARMACY
(301 SOUTH PARK, 4TH FLOOR, HELENA, MT 59601- Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 444-6880 FAX (406) 841-2305
E-MAIL: dlibsdp@mt.gov
WEBSITE: www.pharmacy.mt.gov

Application for Licensure as Limited Service Pharmacy:

1. FAMILY PLANNING CLINIC NAME: Carleon County Public Health
(OPERATING UNDER CONTRACT WITH THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS))

OR

FAMILY PLANNING CLINIC NAME: _____
(PROVIDING PHARMACEUTICAL CARE UNDER THE REVIEW OF A CONSULTING PHARMACIST AND DISPENSING LEGEND DRUGS, BUT WHICH IS NOT UNDER CONTRACT WITH DPHHS)

2. MAILING ADDRESS: PO Box 2289

3. PHYSICAL ADDRESS: 10 OAKES AVE S.

EMAIL ADDRESS: dlynn@co.carleon.mt.us

4. TELEPHONE: (406) 446-9941 FAX _____

5. TAX ID NUMBER: (406) 446-1274

6. PLEASE LIST THE NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE OF SATELLITE LOCATIONS:

7. PERSON-IN-CHARGE:

NAME Erin Cross public Health Director + Medical Director *Cindy Swan DNP*
ADDRESS 10 OAKES AVE S PO Box 2289
CITY Red Lodge STATE MT ZIP CODE 59068
TELEPHONE NUMBER (406) 446-9941 FAX (406) 446-1274

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
4. **[Business Entities only]** “You” in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.
5. **[Business Entities with Persons in Charge]** “You” in these instructions and questions refers to associates or agents of the facility, organization, or entity applying for licensure who must answer these questions personally as individuals.

PERSONAL HISTORY QUESTIONS

1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No
5. Have you ever withdrawn an application for any professional license? Yes No
6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No
7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No
9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No
11. Are you now subject to criminal prosecution or pending criminal charges? Yes No
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No

14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No
16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No
17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Pharmacy. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.pharmacy.mt.gov

MONTANA BOARD OF PHARMACY
(301 S PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 444-6880 FAX (406) 841-2305
E-MAIL: dlibsdpaha@mt.gov WEBSITE: www.pharmacy.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date that the Board has a complete routine application)

A BUSINESS CANNOT OPERATE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

PERSON-IN-CHARGE FORM

LICENSE REQUIREMENTS 24.174.830(6) ARM LIMITED SERVICE PHARMACY:

- ◆ Complete the Limited Service Pharmacy application
- ◆ Submit the Person-in-Charge form
- ◆ A limited service pharmacy is not required to employ a licensed pharmacist.
- ◆ A limited service pharmacy dispensing legend drugs other than factory, prepackaged contraceptives must disclose the name, address, telephone number, and title of the designated person in charge of the limited service pharmacy. The person in charge is responsible for the limited service pharmacy's compliance with all applicable state and federal statutes and rules. A person in charge may be responsible for multiple sites.
- ◆ Nothing in this rule is meant to limit or restrict the authority of a registered nurse employed by a family planning clinic, operating under contract with DPHHS, from dispensing factory, prepackaged contraceptives as authorized by [37-2-104](#), [37-7-103](#), or [50-31-307](#), MCA.

APPLICATION PROCEDURES:

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent registration. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

PROCESSING PROCEDURES:

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent registration will be issued.

For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff at pharmacy.mt.gov or email at dlibsdpaha@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES ON THE WEBSITE

MONTANA BOARD OF PHARMACY
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OEA # MS6626052

STATEMENT OF PERSON-IN-CHARGE

Name of Family Planning Clinic Carbon County Public Health License # NUR-APRN-LIC-176362

Address of Family Planning Clinic 10 OAKES AVE S.
PO Box 2289
Red Lodge, MT 59068

Owner of Family Planning Clinic Erin Cross, Public Health Director
Cindy Swan Medical Director

That he/she is the Person-in-Charge of the above named Family Planning Clinic and will be the Person-in-Charge until the present license expires; that if the undersigned ceases to be Person-in-Charge prior to the expiration of the license, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for disciplinary action; that the undersigned agrees fully and promptly to comply with the applicable federal laws, laws of the State of Montana, and the rules and regulations of the Board of Pharmacy governing this application, applicants business, and the dispensing of permitted medications.

Signature _____

Please retain a copy of this form in the family planning clinic and send the original to the Board office

entrance
to public
health office

Public
Health
Director's
Office



Door remains closed &
locked at all times.

Only public health director & 2 public health
nurses have key fob to access room

All drawers & cupboards have the
ability to lock. They remain locked
and closed. Only director & 2 nurses have keys to access.

