Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
August 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish Home Health services in Lake County	N/A	6/27/17	July 2017	N	11/8/17					

Name of facility in **BOLD** indicates a new request for report month. ***** First-year operating cost HHA (may not be strictly comparable).

LEGEND:

ASC Ambulatory Surgical Center
CDU Chemical Dependency Unit
CO County
CR Comparative Review
DATES Month/Day/Year
DEC Decision
DISMISS Appeal dismissed
FAC Facility
H Hospital
HHA Home Health Agency
IHS Indian Health Service
LOI Letter of Intent
LTC Long-Term Care
MTH Month of Notice
N Disapproval or No
N/A Not Applicable
NH Nursing Home
NR Non-Reviewable Project
REQ Request
REC REQ Reconsideration Hearing of Decision
SNF Skilled Nursing Facility
TBA To Be Announced
TBI Traumatic Brain Injury
Y Approval or Yes
10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)