



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
January 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Glacier Ridge Recovery & Treatment Center	Kalispell	Establish an inpatient chemical dependency treatment facility	Less than \$950,000	Revised 10/6/15	Oct 2015	N	3/10/16					
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015		3/10/16					
Mountain View Care Center, Inc.	Ronan	Change of ownership	N/A	11/27/15		NR						
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015		2/29/16					

LEGEND:

ASC Ambulatory Surgical Center
 CDU Chemical Dependency Unit
 CO County
 CR Comparative Review
 DEC Decision
 DISMISS Appeal dismissed
 FAC Facility
 HHA Home Health Agency

H Hospital
 IHS Indian Health Service
 LOI Letter of Intent
 LTC Long-Term Care
 MTH Month of Notice
 NH Nursing Home
 NR Non-Reviewable Project
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision
 REQ Request
 SNF Skilled Nursing Facility
 TBA To Be Announced
 TBI Traumatic Brain Injury
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
 N Disapproval or No Y Approval or Yes
 DATES Month/Day/Year

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