**Licensure Bureau**
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**
**October 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 | | | | | |
| Blackfeet Care Center | Browning | Request CON extension | N/A | | | | | | | | Y | |
| **Kindred Transitional Care – Park Place** | Great Falls | CHOW | | | | | | | | | NR | |
| **Kindred Nursing & Rehab - Parkview** | Dillon | CHOW | | | | | | | | | NR | |

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)