



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
December 2018

No activity this month

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ

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

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



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

November 2018

No activity this month

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APP Application	DATES Month/Day/Year	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
ASC Ambulatory Surgical Center	DEC Decision	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
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CR Comparative Review	HHA Home Health Agency			



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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

October 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18	June 2018	N	10/5/18	withdrawn				

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APP Application	DATES Month/Day/Year	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
ASC Ambulatory Surgical Center	DEC Decision	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

September 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18	June 2018	N	10/5/18					
Good Samaritan Society - Mountain View Manor	Eureka	CHOW		9/4/18							NR	

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APP Application	DATES Month/Day/Year	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
ASC Ambulatory Surgical Center	DEC Decision	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CHOW Change of ownership	FAC Facility	MTH Month of Notice	REQ Request	Y Approval or Yes
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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

August 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Big Horn County Ambulance	Hardin	Establish HHA in Big Horn County	\$62,200	3/9/18	April 2018	N	7/10/18	6/13/18	N/A	9/11/18	Y 8/13/18	
Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18	June 2018	N	10/5/18					
Butte Center	Butte	CHOW		8/1/18							NR	
Whitefish Center	Whitefish	CHOW		8/1/18							NR	
Mountain View Care Center	Ronan	CHOW		8/10/18							NR	

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ASC Ambulatory Surgical Center	DEC Decision	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

July 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Big Horn County Ambulance	Hardin	Establish HHA in Big Horn County	\$62,200	3/9/18	April 2018	N	7/10/18	6/13/18		9/11/18		
Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18	June 2018	N	10/5/18					

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LEGEND

ASC Ambulatory Surgical Center	DEC Decision	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

June 2018

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Big Horn County Ambulance	Hardin	Establish HHA in Big Horn County	\$62,200	3/9/18	April 2018	N	7/10/18	6/13/18				
Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18	June 2018							
Deer Lodge Care and Rehabilitation	Deer Lodge	CHOW		6/4/18							NR 6/4/18	
Missouri River Center	Great Falls	CHOW		6/4/18							NR 6/4/18	
WELCov Home Health	Miles City	CHOW		6/5/18							NR 6/5/18	
WELCov Home Health	Bozeman	CHOW		6/5/18							NR 6/5/18	
Bridger Rehab and Care Center	Bozeman	CHOW		6/5/18							NR 6/5/18	
Cedar Wood Villa	Red Lodge	CHOW		6/5/18							NR 6/5/18	
Beartooth Manor	Columbus	CHOW		6/5/18							NR 6/5/18	

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Big Sky Care Center	Helena	CHOW		6/5/18							NR 6/5/18	
Eagle Cliff Manor	Billings	CHOW		6/5/18							NR 6/5/18	
Friendship Villa	Miles City	CHOW		6/5/18							NR 6/5/18	
Heritage Place	Kalispell	CHOW		6/5/18							NR 6/5/18	
Glacier Care Center	Cut Bank	CHOW		6/5/18							NR 6/5/18	
Mountain View Care Center	Bozeman	CHOW		6/5/18							NR 6/5/18	
Lake View Care Center	Bigfork	CHOW		6/5/18							NR 6/5/18	
Rocky Mountain Care Center	Helena	CHOW		6/5/18							NR 6/5/18	
Parkview Care Center	Billings	CHOW		6/5/18							NR 6/5/18	
Valle Vista Manor	Lewistown	CHOW		6/5/18							NR 6/5/18	

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June 2018 continued



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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

May 2018

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Townsend Home Health Care	Townsend	Establish HHA in Broadwater County	\$50,000	5/11/18								

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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

April 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	C R	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western MT	Missoula	Establish Home Health Services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17	1/31/18	3/7/18	3/7/18 Y	N
Big Horn County Ambulance	Hardin	Establish home health services in Big Horn County	\$62,200	3/9/18	April 2018							

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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

March 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	C R	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western MT	Missoula	Establish Home Health Services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17	1/31/18	3/7/18	3/7/18 Y	
Big Horn County Ambulance	Hardin	Establish home health services in Big Horn County	\$62,200	3/9/18								

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February 2018

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Interim Healthcare of Western MT	Missoula	Establish Home Health Services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17	1/31/18	3/7/18		

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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

January 2018

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Interim Healthcare of Western MT	Missoula	Establish Home Health Services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17	1/31/18	3/7/18		
Billings Health & Rehabilitation	Billings	CHOW		12/20/17							NR	
Valley Health and Rehabilitation	Billings	CHOW		12/20/17							NR	

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