



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

January 2019

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).

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



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**February 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
<b>REAL, LLC</b>	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties		2/4/19	February 2019							

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<b>APP</b> Application	<b>DATES</b> Month/Day/Year	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
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<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
<b>CR</b> Comparative Review	<b>HHA</b> Home Health Agency			



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**March 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
REAL, LLC	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties		2/4/19	February 2019	N	5/24/19					

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



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**April 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
REAL, LLC	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties		2/4/19	February 2019	N	5/24/19					

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<b>APP</b> Application	<b>DATES</b> Month/Day/Year	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
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<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
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**May 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
REAL, LLC	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties		2/4/19	February 2019	N	5/24/19	5/24/19 (Yellowstone County only)				
<b>REAL, LLC</b>	Billings, MT	Establish Home Health Services in Stillwater and Carbon Counties						Withdrawn				

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<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
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**Licensure Bureau**  
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**June 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
REAL, LLC	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties	N/A	2/4/19	February 2019	N	5/24/19	5/24/19 (Yellowstone County only)				
REAL, LLC	Billings, MT	Establish Home Health Services in Stillwater and Carbon Counties	N/A	N/A	N/A	N/A	N/A	Withdrawn				
<b>Partners in Home Care</b>	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19								

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<b>APP</b> Application	<b>DATES</b> Month/Day/Year	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
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**July 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
REAL, LLC	Billings, MT	Establish Home Health Services in Yellowstone, Stillwater and Carbon Counties	N/A	2/4/19	Feb 2019	N	5/24/19	5/24/19 (Yellowstone County only) <b>Withdrawn</b>				
REAL, LLC	Billings, MT	Establish Home Health Services in Stillwater and Carbon Counties	N/A	N/A	N/A	N/A	N/A	Withdrawn	N/A	N/A	N/A	N/A
Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019							
Sweetwater	Whitefish	CHOW	N/A	6/17/19	NR	NR	N/A	N/A	N/A	N/A	6/17/19	
Sweetwater	Butte	CHOW	N/A	6/17/19	NR	NR	N/A	N/A	N/A	N/A	6/17/19	
<b>The Ivy</b>	Deer Lodge	CHOW	N/A	7/8/19	NR	NR	N/A	N/A	N/A	N/A	7/15/19	
<b>The Ivy</b>	Great Falls	CHOW	N/A	7/8/19	NR	NR	N/A	N/A	N/A	N/A	7/15/19	

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<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
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**August 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019	No	11/12/19		Y 9/25/19			
<b>Big Horn County Ambulance Home Health</b>	Hardin	Request to extend CON	N/A	N/A	August 2019	N/A	N/A	N/A	N/A	N/A	Y 8/23/19	

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<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
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**September 2019**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019	No	11/12/19		Y 9/25/19			
Big Horn County Ambulance Home Health	Hardin	Request to extend CON	N/A	N/A	August 2019	N/A	N/A	N/A	N/A	N/A	Y 8/23/19	
<b>Mountain View Manor</b>	Eureka	CHOW	N/A	9/19/19	N/A	N/A	N/A	N/A	N/A	N/A	NR	

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<b>ASC</b> Ambulatory Surgical Center	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CDU</b> Chemical Dependency Unit	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>TBI</b> Traumatic Brain Injury
<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	<b>10/10</b> Ten Bed/Ten Percent Rule (50-5-301, MCA)
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**October 2019**

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Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019	No	11/12/19	10/16/19	Y 9/25/19	1/20/20		
Big Horn County Ambulance Home Health	Hardin	Request to extend CON	N/A	N/A	Aug 2019	N/A	N/A	N/A	N/A	N/A	Y 8/23/19	
<b>Consumer Direct Home Health</b>	Missoula	CHOW	N/A	10/16/19	N/A	N/A	N/A	N/A	N/A	N/A	NR	

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<b>CHOW</b> Change of ownership	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>Y</b> Approval or Yes
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**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**November 2019**

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Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019	No	11/12/19	10/16/19	Y 9/25/19	1/20/20		
Big Horn County Ambulance Home Health	Hardin	Request to extend CON	N/A	N/A	Aug 2019	N/A	N/A	N/A	N/A	N/A	Y 8/23/19	N/A
Consumer Direct Home Health	Missoula	CHOW	N/A	10/16/19	N/A	N/A	N/A	N/A	N/A	N/A	NR	N/A
<b>Mountain View Manor</b>	Eureka	CHOW	N/A	9/19/19	N/A	N/A	N/A	N/A	N/A	N/A	Withdrawn 11/26/19	N/A

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<b>APP</b> Application	<b>DATES</b> Month/Day/Year	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility
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**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**December 2019**

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Partners in Home Care	Missoula, MT	Establish Home Health services in Ravalli County	N/A	6/12/19	July 2019	No	11/12/19	10/16/19	Y 9/25/19	1/20/20		
<b>Big Horn County Ambulance Home Health</b>	Hardin	<b>Request to extend CON Withdrawn</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/R	N/A
Consumer Direct Home Health	Missoula	CHOW	N/A	10/16/19	N/A	N/A	N/A	N/A	N/A	N/A	NR	N/A

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