



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
January 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County		10/5/20 incomplete Revised 12/15/20	Jan							
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Lake County		12/15/20	Jan							
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Ravalli County		12/15/20	Jan							
Big Sky Care Center	Helena	CHOW		1/26/21							N/R 1/29/21	

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
February 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County		10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21					
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Lake County		12/15/20	Jan	N	5/10/21					
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Ravalli County		12/15/20	Jan	N	5/10/21					
Frontier Home Health	Butte	Establish Home Health in Deer Lodge County		2/19/21								

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
 CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
 March 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21					
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21					
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21					
Frontier Home Health	Butte	Establish Home Health in Deer Lodge County	N/A	2/19/21	Mar							
Eden Home Health	Bozeman	CHOW	N/A	3/23/21	N/A	N/A	N/A	N/A	N/A	N/A	NR 3/23/21	N/A

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
 CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
 April 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21					
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21					
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21					
Frontier Home Health	Butte	Establish Home Health in Deer Lodge County	N/A	2/19/21	Mar	N	6/29/21					
Eden Home Health/Wel-Home Health	Bozeman	CHOW	N/A	3/23/21	N/A	N/A	N/A	N/A	N/A	N/A	NR 3/23/21	N/A
Home Health Services	Circle	Establish Home Health in McCone County	N/A	4/5/21	Apr							
KP Health Solutions	Jordan	Establish Home Health in Garfield County	N/A	4/1/21	Apr							

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
May 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21	5/10/21				
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21				
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21				
Frontier Home Health	Butte	Establish Home Health in Deer Lodge County	N/A	2/19/21	Mar	N	6/29/21					
Encompass Home Health/ Frontier Home Health	Bozeman Butte Helena	CHOW	N/A	3/25/21	N/A	N/A	N/A	N/A	N/A	N/A	NR 3/31/21	N/A
Home Health Services	Circle	Establish Home Health in McCone County	N/A	4/5/21	Apr	N	8/10/21	Withdrawn by applicant				
KP Health Solutions	Jordan	Establish Home Health in Garfield County	N/A	4/1/21	Apr	N	8/10/21	Withdrawn by applicant				

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
 CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
 June 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		
Frontier Home Health / Encompass Health	Butte	Establish Home Health in Deer Lodge County	N/A	2/19/21	Mar	N	6/29/21	Withdrawn by applicant 6/24/21				
Eden Home Health / EmpRes	Vancouver, WA	Establish Home Health in Yellowstone County	N/A	6/24/21	N/A	N	N/A	Withdrawn by applicant 6/28/21				

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau
 CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
 July 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE *	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21		8/8/21		

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

August 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Clark Fork Healthcare LLC dba Big Sky Home Health	Missoula	Establish Home Health in Missoula County	N/A	10/5/20 incomplete Revised 12/15/20	Jan	N	5/10/21	5/10/21	N/A	8/8/21	8/8/21 Y	N
Big Sky Home Health	Missoula	Establish Home Health in Lake Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21	N/A	8/8/21	8/8/21 Y	N
Big Sky Home Health	Missoula	Establish Home Health in Ravalli Co	N/A	12/15/20	Jan	N	5/10/21	5/10/21	N/A	8/8/21	8/8/21 Y	N
Logan Health	Shelby Conrad Cut Bank	CHOWs for CAHs (Shelby, Conrad, Cut Bank) and LTC (Shelby & Conrad)	N/A	5/24/21	NR	NR	NR	NR	N/A	NR	NR	N/A
Logan Health Home Care	Conrad	CHOW	N/A	7/22/21	NR	NR	NR	NR	NR	NR	NR	N/A
Logan Health	Whitefish	CHOW	N/A	8/4/21	NR	NR	NR	NR	NR	NR	NR	N/A

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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

September 2021

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & 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 % Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency				

There was no activity this month. Rule changes coming next month.