



**Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
August 2011**

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 Medical Home Health	Cut Bank	Reestablish home health agency services in Glacier County.	\$6,000	1/4/11	1/11	N	5/17/11	7/15/11				
Benefis Health System	Great Falls	Replacement and renovation of existing skilled nursing facilities.	\$23,700,000	3/4/11	3/11	N	7/31/11	6/3/11	N	9/1/11	Y 8/18/11	
First Choice Home Health	Bozeman	Expand Home Health Agency Services into Yellowstone County.	\$9,000	5/1/11	5/11	Y**						
St. John's Lutheran Ministries and Billings Clinic	Billings	Establish a new Home Health Agency in Yellowstone County.	\$31,075	6/9/11	7/11	Y**						
Able Valley Home & Health Care Services, LLC	Chaska, MN	Establish a new Home Health Agency in Yellowstone County.	\$21,500	7/18/11	8/11	**						
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Lewis and Clark County.	\$127,500	7/29/11	8/11							
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Broadwater County.	\$17,000	7/29/11	8/11							
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Jefferson County.	\$8,500	7/29/11	8/11							
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Meagher County.	\$8,500	7/29/11	8/11							
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Powell County.	\$8,500	7/29/11	8/11							

** Informational hearing to be held September 22, 2011 in Billings, Montana.

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 Y Approval or Yes
DATES Month/Day/Year

* First-year operating cost HHA
Name of facility in **BOLD** indicates a new request for report month