



**Licensure Bureau  
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT  
February 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
Peak Medical Montana Operations, Inc. (Butte Care and Rehabilitation Center)	Butte	Undertake remodeling and cosmetic renovation with minor reconfiguration of some spaces within the existing foot print.	\$3 – 3.5 million	11/5/10	11/10	N	3/16/10	2/23/11				
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					
Peak Medical Montana Operations, Inc. (Whitefish Care and Rehabilitation Center)	Whitefish	Remodel, renovate and create 18 bed rehabilitation recovery suite wing using existing rooms, no increase in beds.	\$1.9 million	1/31/11	2/11							
<b>Parkview Care Center</b>	Billings	Change of Ownership	None Reported	2/22/11	2/11	NR	N/A	N/A	N/A	NR	NR	NR
<b>Valle Vista Manor</b>	Lewistown	Change of Ownership	None Reported	2/22/11	2/11	NR	N/A	N/A	N/A	NR	NR	NR

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed

H Hospital  
 IHS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home

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)

FAC Facility  
HHA Home Health Agency

NR Non-Reviewable Project  
N/A Not Applicable

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