



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
October 2011

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVE D	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	N	10/13/11	Y 10/6/11	
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	** N						
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Lewis and Clark County.	\$127,500	7/29/11	8/11	N	12/16/11					
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Broadwater County.	\$17,000	7/29/11	8/11	N	12/16/11					
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Jefferson County.	\$8,500	7/29/11	8/11	N	12/16/11					
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Meagher County.	\$8,500	7/29/11	8/11	Y	1/16/12					
Gold Leaf Home Health	Helena	Establish a new Home Health Agency in Powell County.	\$8,500	7/29/11	8/11	N	12/16/11					
Serenity Home Health LLP	White Sulphur Springs	Establish a new Home Health Agency in Meagher County.	\$25,571	8/31/11	9/11	N	1/16/12					

Western Montana Mental Health Center	Missoula	Residential Inpatient Chemical Dependency Center	\$2,367,654	10/12/11								
Frontier Home Health and Hospice	Butte	Expand Home Health Agency Services into Deer Lodge County.	None reported	10/14/11								
Bozeman Health & Rehabilitation Center	Bozeman	Change of Ownership	N/A	10/14/11	10/11	NR	N/A	N/A	N/A	NR	NR	NR

** Informational hearing 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, (may not be strictly comparable)
 Name of facility in **BOLD** indicates a new request for report month