



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
September 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	N	10/13/11		
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	N
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	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						
Gold Leaf Home Health	White Sulphur Springs	Establish a new Home Health Agency in Powell County.	\$8,500	7/29/11	8/11	N	12/16/11					
Serenity Home Health LLP	Helena	Establish a new Home Health Agency in Meagher County.	\$25,571	7/29/11	9/11							

** 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