



**DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES**

**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT  
January 2025**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Garfield County	Jordan	Open LTC	TBA	8/30/24	Sept	N	12/9/24 *It was extended to 2/28/25					

Name of facility in **BOLD** indicates a new request for report month.

<b>APP</b> Application	<b>DEC</b> Decision	<b>LOI</b> Letter of Intent	<b>NH</b> Nursing Home	<b>TBA</b> To Be Announced
<b>CHOW</b> Change of Ownership	<b>DISMISS</b> Appeal dismissed	<b>LTC</b> Long-Term Care	<b>NR</b> Non-Reviewable Project	<b>Y</b> Approval or Yes
<b>CO</b> County	<b>FAC</b> Facility	<b>MTH</b> Month of Notice	<b>REQ</b> Request	<b>10/10</b> Ten Bed/Ten % Rule (50-5-301, MCA)
<b>CR</b> Comparative Review	<b>H</b> Hospital	<b>N</b> Disapproval or No	<b>REC REQ</b> Reconsideration Hearing of Decision	CE/NR - Capital expenditure >\$5M/no CON review required
<b>DATES</b> Month/Day/Year	<b>IHS</b> Indian Health Service	<b>N/A</b> Not Applicable	<b>SNF</b> Skilled Nursing Facility	



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**DEPARTMENT OF  
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**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT  
March 2025**

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