



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
January 2024

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Cottonwood Healthcare	Columbus	Open LTC facility	\$2.2M	11/21/23	Dec	N	After 1/9/24	1/10/24		4/9/24		
Cottonwood Healthcare	Helena	Open LTC facility	\$1.9M	11/21/23	Dec	N	After 1/9/24	1/10/24		4/9/24		

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

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



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February 2024

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Cottonwood Healthcare	Columbus	Open LTC facility	\$2.2M	11/21/23	Dec	N	After 1/9/24	1/10/24		4/9/24		
Cottonwood Healthcare	Helena	Open LTC facility	\$1.9M	11/21/23	Dec	N	After 1/9/24	1/10/24		4/9/24		
Cottonwood Healthcare	Bigfork	Open LTC facility	\$4.5M	2/2/24	Feb							

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