



**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.

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	