



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
January 2026**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Philips CO Hospital	Malta	Increase swing bed capacity	Estimated at \$50,000	9/11/25	Oct	N	12/14/25	12/8/25		3/8/26		
Cottonwood Healthcare	Great Falls	Reopen Ivy in Great Falls	\$6.5 million	9/9/25	Sept	N	11/14/25	11/14/25	Req-1/7/26 Hearing Date-2/4/26	2/19/26		

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	



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
February 2026**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Philips CO Hospital	Malta	Increase swing bed capacity	Estimated at \$50,000	9/11/25	Oct	N	12/14/25	12/8/25		3/8/26		
Cottonwood Healthcare	Great Falls	Reopen Ivy in Great Falls	\$6.5 million	9/9/25	Sept	N	11/14/25	11/14/25	Req-1/7/26 Hearing Date-2/4/26	2/19/26	2/18/26	

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



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
March 2026

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DUE	DEC & DATE	REC REQ
Philips CO Hospital	Malta	Increase swing bed capacity	Estimated at \$50,000	9/11/25	Oct	N	12/14/25	12/8/25		3/13/26	3/13/26	

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