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Certificate of Need Data: Applications, Approvals, and Sites

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Executive Summary

Certificate of need (CON) data describe regulatory projects and decisions, not a census of operating acquisition targets. An application can identify a proposed facility, an expansion at an existing address, equipment, or a control change. The research task is to establish which object the record describes and what happened afterward. North Carolina defines a certificate as an opportunity to develop a project; Louisiana explicitly places facility-need approval before seeking licensure or certification. (www.ncleg.gov) (legis.la.gov) Those distinctions should determine how a private-equity market map counts sites and capacity.

The evidence crosswalk needs separate fields for **application, decision, completion, license, provider identifier, and verified operations**. Hawaii's opening procedure distinguishes licensing from Medicare and Medicaid certification, while Pennsylvania explains that licensure permits operation. (health.hawaii.gov) (sais.health.pa.gov) An exemption belongs on a separate decision branch: Illinois states that exemptions are not based on need. (hfsrb.illinois.gov) Neither an exemption nor an approval establishes acquisition interest. A transaction-related filing should remain a proposed event until independent evidence establishes its disposition.

The state-by-state matrix below covers **all states and D.C.**, using official project routes or explicitly limited licensing routes checked for this report. It is not a current national count of CON jurisdictions. Service scope and effective dates matter: Tennessee describes transitions from CON to licensure between **December 1, 2025 and July 1, 2030**, and South Carolina's statute schedules a hospital-related provision's repeal for **January 1, 2027**. (www.tn.gov) (www.scstatehouse.gov) Washington also warns that project-status updates can lag by **two to three weeks**. (doh.wa.gov) Search date, decision date, and legal effective date therefore cannot share one timestamp.

In the **fictional calculation** below, requested new capacity is **80 beds**, approved capacity **52**, licensed capacity **24**, and capacity verified as operating **16**. A separate ownership-change record concerns existing capacity and contributes no new beds. These are worksheet arithmetic, not market estimates or completion probabilities. The practical priority is to reconcile the approved project to its exact licensed site, preserve unmatched records, and investigate capacity differences. Florida's implementation monitoring continues until

licensing; Kentucky requires progress reporting for projects not fully implemented. (ahca.myflorida.com) (www.chfs.ky.gov) A defensible map reports a pipeline and an operating inventory separately, with the unresolved difference visible.

Introduction and Background

A search for **certificate of need applications** can produce a useful origination lead without producing a countable operating site. The record might concern a new service at an established facility, a proposed location, or a change involving an existing operator. New York's application system explicitly accommodates entities not yet established as certified or licensed operators. (www.health.ny.gov) Importing every applicant into an operating-target universe would discard that distinction at the first step.

Certificate of need (CON) is not even the only program name an analyst must search. Arkansas uses **Permits of Approval**, Massachusetts uses **Determination of Need**, and Virginia uses **Certificate of Public Need**. (healthy.arkansas.gov) (www.mass.gov) (www.vdh.virginia.gov) Program names, searchable objects, and covered activities differ. A national certificate of need database assembled for acquisition research therefore needs jurisdiction-specific definitions rather than a single standardized interpretation of the word “approved.”

For Docket's private-equity origination audience, the useful question is whether a public record supports the mandate's required facility, service, capacity, and operating status. This report concentrates on that application-to-operation handoff. It does not attempt to reconstruct ultimate ownership or estimate a company's willingness to sell. Those are separate research decisions, which require their own evidence.

The National Conference of State Legislatures (NCSL) **April 29, 2025** reference reports **35 states and Washington, D.C.**, with its coverage table anchored to **January 2025**. (www.ncsl.org) The National Academy for State Health Policy (NASHP) tracker reports a **September 3, 2026** update but notes that several named states remained in its review process. (nashp.org) These references support discovery; the official state routes below provide the jurisdiction-specific evidence. Their vintages should not be combined into an unqualified current state count.

The reference date is **October 18, 2026**, the date of this review. The matrix distinguishes a source checked on that date from a rule taking effect on a date stated by the source. Where only a licensing route was verified, CON scope remains unresolved. Alaska's agency expressly describes CON and facility licensure as separate processes; that is a useful starting principle for reading the rest of the evidence. (health.alaska.gov)

Key Changes

Replace a single status with an evidence crosswalk

The recommended status ladder is an editorial research framework. It records increasingly relevant evidence while preserving branches that do not imply progress toward operation. **Exempt**, **denied**, and **withdrawn** are decision outcomes, not intermediate operating stages. North Carolina's section can approve, deny, or condition an application; the disposition must be read at project level. (info.ncdhhs.gov)

Table 1 compares the objects a researcher should retain and the limit of each object's inference.

Object or research status	What to record	Counting rule and evidence limit
Proposed	Application version, applicant, site, requested service and capacity	Keep in the proposed-project cohort. New York permits applications from entities not yet licensed. (www.health.ny.gov)
Approved or conditional	Final decision, conditions, effective date, authorized scope	Approval permits development; it does not establish operation. (www.ncleg.gov)
Exempt or nonreviewable	Determination, precise activity, entity and date	Separate branch; Illinois exemptions do not establish need. (hfsrb.illinois.gov)
Denied or withdrawn	Disposition and superseding application, if any	Exclude from the active proposal cohort under the worksheet's chosen rule; Hawaii warns withdrawals can explain missing numbers. (health.hawaii.gov)
Completed	Completion notice, final scope and costs	Separate milestone; Illinois requires notification of project completion. (ilga.gov)
Licensed	License holder, site, service, status, authorized capacity	Evidence of permission to operate in the relevant jurisdiction; Pennsylvania distinguishes this from certification. (sais.health.pa.gov)
Medicare or Medicaid certified	Provider type, certification identifier, dates	Separate payment-related evidence; Hawaii distinguishes certification from licensing. (health.hawaii.gov)
National Provider Identifier (NPI) identified	Identifier, entity type, addresses and update dates	Identity crosswalk only; enumeration is not license validation. (download.cms.gov)
Operating and verified	Dated evidence of actual service delivery matched to the site	Recommended acceptance status; record the source and observation date, with any capacity limitation.
Unresolved	Missing evidence or conflicting objects and dates	Retain the record without counting it as verified operational capacity.
Docket editorial worksheet	Reconciliation of the underlying public records	Publisher's research framework; contributes no independent permission, license, or operating evidence.

These statuses should coexist. An approved project can have a partially licensed configuration and unresolved operating capacity. A licensed facility can have a pending expansion. Store the project outcome, completion evidence, license status, and operating observation as separate fields, rather than overwriting them with the most favorable label. For the recommended operating test, seek a dated utilization submission reporting activity, an official service-opening confirmation, or a current operator statement corroborated by the matched license. Record the period and service each document actually covers. An operating conclusion should describe the supported capacity, with remaining capacity left unresolved.

Separate recommendations, decisions, and completion

Hawaii distinguishes **standard review** from **administrative review**. Under standard review, advisory councils or panels make recommendations before the agency's final decision. (health.hawaii.gov) The worksheet should identify the issuing body and document type so that a recommendation cannot silently become a final

approval. An administrative route should likewise remain a review classification, not an operating-status flag.

Completion is another distinct object. Illinois requires permit and exemption holders to notify its review board upon completion. (ilga.gov) Florida describes monitoring implementation of approved projects until licensing, with continued monitoring of approved conditions. (ahca.myflorida.com) Those sources support searching beyond the decision letter. They do not support assuming that every approved project subsequently reached a licensed or operating stage.

Make changes date-specific and service-specific

Tennessee describes phased movement of services from CON to licensure through **July 1, 2030**. (www.tn.gov) South Carolina's statute contains a hospital-related repeal effective **January 1, 2027**. (www.scstatehouse.gov) Both dates require a prospective marker in an October review. A future change must not be applied to an earlier project simply because the updated statute is already online.

Process changes also affect the document trail. Iowa states that public hearings ceased being required beginning **July 1, 2026**. (hhs.iowa.gov) An analyst should therefore search for the state's actual decision and project record rather than use the presence or absence of a hearing as a universal status test.

Implementation Considerations and Process Changes

Build a project-status worksheet before counting sites

The recommended worksheet keeps a project record distinct from the facility record it may eventually affect. Missouri's published law ties a certificate to its named premises and persons, while New York exposes project, facility, operating-certificate, review-status, and project-status fields. (health.mo.gov) (www.health.ny.gov) Those are useful models for designing explicit keys rather than relying on applicant names.

Retain the following field groups, using a blank or a documented “not applicable” value where the source does not support an answer:

- **Jurisdiction and scope:** State, service category, governing rule, rule effective date, and applicability question.
- **Project identity:** Project identifier, application version, applicant legal name, project type, and predecessor or successor record.
- **Location:** Proposed facility address, building or suite, relocation origin, and geography used for the mandate.
- **Requested capacity:** Proposed beds, rooms, equipment, or services, preserving the source's unit and existing baseline.
- **Decision:** Final status, decision date, conditions, authorized capacity, and the document's issuing body.
- **Implementation:** Progress-report date, extension, completion evidence, and completion scope.
- **License and identifiers:** License identifier, holder, status, service and capacity; National Provider Identifier (NPI) or Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), where applicable.

- **Identity evidence:** Corporate entity identifier and jurisdiction, operating brand, exact supporting document, and the match rationale.
- **Provenance and conflict:** Source web address, quoted passage, retrieval date, source update date, unresolved conflict, and next research action.

The last field group is essential for **certificate of need project tracking**. Washington explicitly warns that its online project-status updates may lag. (doh.wa.gov) A newly collected page may therefore describe an older state of the project. Preserve when the agency says an event occurred and when the team observed it, rather than treating retrieval as the event itself.

Use a repeatable decision sequence

The following workflow is a proposed analytical process, not a statement that every state follows the same legal sequence. Louisiana expressly separates facility-need approval from seeking licensure, and Nebraska separately conditions hospital operation on inspection and a licensing determination. (legis.la.gov) (dhhs.ne.gov)

- **Route the service:** Confirm the facility category and activity against the relevant jurisdiction's current official source.
- **Read the whole disposition:** Distinguish filing, completeness, staff analysis, recommendation, final decision, and any conditions.
- **Trace the authorized project:** Search subsequent versions, progress reports, extensions, and completion documents.
- **Match the license:** Reconcile holder, physical site, service, capacity, and relevant dates to the authorized project.
- **Verify operations:** Seek dated, site-specific operating evidence; record what remains uncertain rather than infer full use from permission.
- **Count under a stated rule:** Include each site and capacity unit only in the cohort whose acceptance requirements it meets.

For transaction applicability, qualified state counsel should confirm the operative rule, exemption conditions, and effective date before the team treats a public filing as evidence that a contemplated transaction is cleared. In Illinois, state-maintained health care facilities, including long-term care facilities, must seek a permit before closing. (hfsrb.illinois.gov) The research worksheet should preserve that qualification instead of flattening every ownership event into “CON approved.”

State-by-State Source Routing

The following matrix is a **source-routing reference**, checked for this report, rather than a certification that a project is reviewable or that a state has no restrictions. **C** means an official CON or similarly named project route. **S** means the cited source establishes a special or limited need-review route. **L** means a licensing-first source was verified while current CON scope remains unresolved in this review. These labels describe the research route, not a national legal census.

Table 2 lists the lead source, useful public records, and the principal boundary to preserve. **License not assessed** means the separate license lookup was not independently checked for that row. **Date not established** means this review did not verify a controlling effective date from the cited source. Unless a row states a source date or effective date, those dates remain unverified. Document-access limits are stated only where observed; an application link does not guarantee a full public file.

State or district	Route, agency and service scope	Application, decision or license evidence; date and access limit
Alabama	C: State Health Planning online filing system	Registration-based filing route; public decisions, detailed scope and separate license lookup not assessed. (shpdaonline.alabama.gov)
Alaska	C: Department of Health CON program	Project and determination routes; agency distinguishes CON from licensure and links licensing programs. Date not established. (health.alaska.gov)
Arizona	L: Department of Health Services licensing	AZ Care Check and provider databases; CON scope unresolved. Source update is not an individual license verification. (www.azdhs.gov)
Arkansas	S: Health Services Permit Agency	Permits of Approval for listed facility types; applications, agency reports and commission decisions. License not assessed; date not established. (healthy.arkansas.gov)
California	L: Public Health, Cal Health Find	Search by facility, type or location; licensing and certification evidence. CON scope unresolved. (www.cdph.ca.gov)
Colorado	L: Public Health and Environment	Facility licensing and certification routes; certification is a separate reimbursement process. CON scope unresolved. (cdphe.colorado.gov)
Connecticut	C: Office of Health Strategy portal	Filing and status tools; request progress is distinct from disposition. License not assessed; date not established. (portal.ct.gov)
Delaware	C: Health Resources Board, Public Review	Activity reports and decisions; contact the board for records before **2020**. License not assessed. (dhss.delaware.gov)
District of Columbia	C: DC Health planning program	Official frequently asked questions (FAQ) document includes acquisition of effective control; FAQ is dated **February 2023**, not a current project register. License not assessed. (dchealth.dc.gov)
Florida	S: Agency for Health Care Administration	Listed hospice, nursing and intermediate-care scope; implementation monitoring until licensed. Check service exclusions. (ahca.myflorida.com)
Georgia	C: Community Health, Health Planning	Weekly tracking report and repository; applications under review are not approvals. Separate license lookup not assessed. (dch.georgia.gov)
Hawaii	C: State Health Planning and Development Agency	Applications and decisions; gaps may reflect drafts or withdrawal. Office of Health Care Assurance supplies the separate licensing process. (health.hawaii.gov)
Idaho	L: Health and Welfare, hospital licensing	Hospital route; licenses have no expiration date under the page's **July 1, 2025** change. CON scope unresolved. (healthandwelfare.idaho.gov)
Illinois	C: Health Facilities and Services Review Board	Current applications and documents; separate Public Health surgery-facility directory and license materials verified. Project-specific decision still required. (hfsrb.illinois.gov) (dph.illinois.gov)

State or district	Route, agency and service scope	Application, decision or license evidence; date and access limit
Indiana	S: Department of Health, nursing homes	Comprehensive-care CON applications and bed-need analysis; do not generalize to all healthcare services. License not assessed. (www.in.gov)
Iowa	C: Health and Human Services	Filed applications, reviews and extensions; public-hearing requirement changed **July 1, 2026**. License not assessed. (hhs.iowa.gov)
Kansas	L: Health and Environment facilities program	State licensing and federal certification route. CON scope unresolved; project-decision route not established. (www.kdhe.ks.gov)
Kentucky	C: Health and Family Services, CON	Online search, inventory and newsletters; progress reporting separates approval from implementation. Separate license lookup not assessed. (www.chfs.ky.gov)
Louisiana	S: Statutory facility need review	Listed provider categories and exceptions; approval precedes seeking licensure or certification. Agency application archive not assessed. (legis.la.gov)
Maine	C: Healthcare Oversight	Annual CON reviews and change categories; letter of intent precedes application. Separate license lookup not assessed. (www.maine.gov)
Maryland	C: Health Care Commission	Active and past applications, with status and project filters; clear carried-over search filters. License not assessed; date not established. (mhcc.maryland.gov)
Massachusetts	C: Public Health, Determination of Need	Pending and completed project routes; includes many ownership/site changes. Separate license lookup not assessed. (www.mass.gov)
Michigan	C: Health and Human Services	Applications, activity reports, inventories and utilization routes; apply service-specific standards. License not assessed; thresholds are dated. (www.michigan.gov)
Minnesota	S: Health, nursing-home moratorium	Exception proposals and previous awards; this is not a general CON project register. Separate license status requires review. (www.health.mn.gov)
Mississippi	C: State Department of Health	Weekly reports, analyses, exemptions and reviewability forms; ownership-change form is a separate object. License not assessed. (www.msdh.ms.gov)
Missouri	C: Health and Senior Services	Active letters-of-intent database and CON materials; a letter of intent is not an issued certificate. License not assessed. (health.mo.gov)
Montana	S: Public Health and Human Services	Long-term-care CON and posted letters; website-publication change effective **July 1, 2025** coexists with older newspaper instructions. (www.dphhs.mt.gov)
Nebraska	S: Health and Human Services	CON limited to rehabilitation and nursing-home beds; hospital licensing route separately verified. (dhhs.ne.gov)
Nevada	C: CON program, agency transition	Page describes **July 1, 2025** transfer to Nevada Health Authority and retains project/hearing links; recheck responsible office. License not assessed. (www.dpbh.nv.gov)
New Hampshire	L: Health Facilities Administration	Facility license search and separate federal-certification unit. Current CON or special-service scope unresolved. (www.dhhs.nh.gov)
New Jersey	C: Health, CON and Facility Licensing	Full and expedited decision routes; separate facility licensing route linked. Date not established. (nj.gov)
New Mexico	L: Health Care Authority, Health Improvement	Licensing/certification and licensed-facility survey routes; direct provider search not retrievable. CON scope unresolved. (www.hca.nm.gov)

State or district	Route, agency and service scope	Application, decision or license evidence; date and access limit
New York	C: Health, New York State Electronic Certificate of Need (NYSE-CON)	Project, facility and operating-certificate fields; review status and project status differ. Operating-certificate field is not independent current license verification. (www.health.ny.gov)
North Carolina	C: Health Service Regulation	Applications, findings, issued certificates, exemptions and progress routes; approval may be conditional. License not assessed. (info.ncdhhs.gov)
North Dakota	L: Health and Human Services	Facility licensing, inspection and regulatory route across listed facility types. CON scope unresolved. (www.hhs.nd.gov)
Ohio	S: Health, long-term-care CON	Pending applications and decisions; complete application-file review requires an appointment. License not assessed. (odh.ohio.gov)
Oklahoma	S: Health Facility Systems	Nursing/specialized-facility CON; monthly notices, facility directory and licensing forms. Date not established. (www.oklahoma.gov)
Oregon	S: Health Authority	Hospital and specified nursing/intermediate-care review; applications, decisions and archive. Check exclusions; license not assessed. (www.oregon.gov)
Pennsylvania	L: Health facilities program	Facility searches and licensing; agency explicitly distinguishes licensure from certification. CON scope unresolved. (www.pa.gov) (sais.health.pa.gov)
Rhode Island	C: Health Systems Development	Pending requests, recommendations and decisions include CON, control changes and initial licensure; retain request type. Date not established. (health.ri.gov)
South Carolina	C: Public Health CON	Web application and monthly/archived materials; statutory hospital-related repeal is future-dated **January 1, 2027**. License not assessed. (dph.sc.gov) (www.scstatehouse.gov)
South Dakota	L: Health facility licensure	License verification and licensed-facility lists. CON scope unresolved; check individual record currency. (doh.sd.gov)
Tennessee	C: Health Facilities Commission	Intent letters, review notices and status reports; phased transition to licensure requires service/date matching. License status not individually assessed. (www.tn.gov)
Texas	L: Health and Human Services	Facility-type licensing and online verification route; CON scope unresolved. Hospital ownership-change licensing is a separate filing category. (www.hhs.texas.gov) (fhb.hhs.texas.gov)
Utah	L: Official state geographic information system (GIS) facility dataset	Licensed-facility dataset reports **February 2026** update; dataset currency does not establish each license's current status. CON scope unresolved. (gis.utah.gov)
Vermont	C: Green Mountain Care Board	Pending applications, decisions and jurisdiction/intent routes; qualifying investments, equipment and services. License not assessed; date not established. (gmcboard.vermont.gov)
Virginia	C: Health, Certificate of Public Need	Intent letters, staff reports, decisions and monthly report; certificate precedes covered project initiation. License not assessed. (www.vdh.virginia.gov)
Washington	C: Health, project-status register	Intent, exemption and application records from **2019**; status updates may lag **two to three weeks**. License not assessed. (doh.wa.gov)

State or district	Route, agency and service scope	Application, decision or license evidence; date and access limit
West Virginia	C: Health Care Authority	Reviewability, exemptions and document archive; FAQ routes operating-facility research separately. Conflicting webpage expenditure thresholds not adopted here. (hca.wv.gov)
Wisconsin	L: Health Services, Quality Assurance	Provider Search and licensing/certification routes. CON scope unresolved; a search hit still requires site-level reconciliation. (www.dhs.wisconsin.gov)
Wyoming	L: Healthcare Licensing and Surveys	Facility directory and licensing descriptions. CON scope unresolved; verify the relevant facility category. (health.wyo.gov)

The matrix supports **certificate of need by state** research without converting unknown scope into “no CON.” Its licensing-first rows are starting points for finding facilities, while the project rows are starting points for finding proposed or authorized changes. A mandate covering outpatient surgery should not reuse a nursing-home-specific route as a complete census. Florida's service exclusions and Nebraska's explicit bed-category limitation illustrate why the service must remain part of the routing key. (ahca.myflorida.com) (dhhs.ne.gov)

Public-access boundaries also matter. An authenticated filing system, a downloadable report, and a searchable decision register are different interfaces. Ohio's appointment requirement for complete files and Delaware's instruction to request older records are concrete limits on what a web-only collection can establish. (odh.ohio.gov) (dhss.delaware.gov) Keep a route-level update log and a record-level evidence log; they answer different freshness questions.

Reconcile Applicants, Facilities, and Provider Identifiers

The recommended identity model links **applicant**, **authorized project**, **licensed facility**, **operating brand**, and **legal entity** without treating them as interchangeable. New York's separate project and facility fields support that separation, and Rhode Island's description of effective-control changes explicitly distinguishes owner, operator, and lessee. (www.health.ny.gov) (health.ri.gov) An applicant-name match is a candidate link, not an accepted merger of records.

National Plan and Provider Enumeration System (NPPES) data add provider identifiers to that crosswalk. CMS describes the NPI as a **10-digit** identifier (www.cms.gov) that persists through changes in name or address. (www.cms.gov) CMS also states that issuance does not validate licensure or credentialing. (download.cms.gov) Consequently, an NPI attached to a proposed address cannot independently promote a project to licensed or operating status.

Use the following acceptance rules as a worksheet policy:

- **Preserve roles:** Store applicant, license holder, operator, and property owner in separate fields when identified.
- **Match physical locations:** Retain suite, building, relocation origin and destination; do not equate a mailing address with the project site.
- **Require corroboration:** Accept a link using explicit identifiers or documented continuity, with supporting address and service evidence.

- **Keep subparts visible:** Do not use a provider identifier as a universal physical-site count; CMS permits organizational subpart enumeration. (www.cms.gov)
- **Date each relationship:** A later license holder should not silently replace the applicant on an earlier decision.
- **Retain rejected matches:** Record why similar names or neighboring addresses were not joined, so a later analyst can revisit them.

CMS **Provider of Services** data provide another object, organized around certification information rather than CON applications. The methodology describes certification, termination, accreditation, name and location characteristics organized by **CCN**. (data.cms.gov) Record the provider type and source period before comparing that identifier with a state license. A certification record can corroborate the crosswalk, but it cannot replace the state decision or prove that the full approved configuration is operating.

This is especially important for **certificate of need acquisition research**. A control-change request can concern an already operating site, while a new-service request can concern an existing legal entity. Texas even provides a hospital license application category for initial licensing, ownership change, or relocation. (fhb.hhs.texas.gov) The filing's activity type should determine whether the map records a new site, a modification, or an ownership-related event. Acquisition interest remains unknown unless separately evidenced.

Data Analysis and Evidence

Define the denominator before calculating a rate

For **certificate of need healthcare market mapping**, the recommended quantitative output is a set of comparable capacity cohorts, with an explicit unit, geography, service definition, observation cutoff and treatment of revisions. Keep the latest valid scope for each project while retaining earlier versions. Avoid combining submitted applications with decisions issued in the same period and calling the result a completion rate.

Some official quantities describe the regulatory route rather than the market. Michigan states a clinical-service-area expenditure threshold of **$4,272,500 effective January 1, 2026**. (www.michigan.gov) That figure is not a facility valuation, revenue estimate, or minimum acquisition size. Similarly, Kentucky's **six-month** progress-reporting interval describes administrative monitoring rather than the time an approved project normally takes to open. (www.chfs.ky.gov)

Data extracts also require version control. CMS stopped supporting **Version 1** of its monthly and weekly NPPES files effective **March 3, 2026**. (download.cms.gov) The Provider of Services methodology includes active providers and certain terminated providers, so record presence alone does not establish active certification. (data.cms.gov) Preserve the file version, provider status and source period before joining an extract to the CON worksheet.

Capacity bridge (Fictional Example)

The following invented specialty-facility portfolio is a calculation exercise. Every project, quantity and status in this example is fictional; no real facility, state inventory or acquisition target is represented. All beds use the same hypothetical service definition and geographic boundary.

Table 3 separates requested new beds, approved new beds, currently licensed new beds, and new beds verified as operating at the fictional cutoff.

Fictional record	Requested new beds	Approved new beds	Licensed new beds	Verified operating new beds	Worksheet treatment
Project A	24	24	16	16	Partial configuration verified; remaining approved capacity unresolved.
Project B	20	20	0	0	Approved; no licensing evidence in the exercise.
Project C	12	0	0	0	Pending; proposed cohort only.
Project D	16	0	0	0	Denied; retained in submitted cohort, excluded from active pipeline.
Project E	8	8	8	0	Licensed; actual operations unresolved.
Ownership event F	0	0	0	0	Existing 18-bed site, separately verified; no incremental capacity.
New-capacity total	**80**	**52**	**24**	**16**	Existing capacity from F remains outside this bridge.

The fictional approved-to-requested ratio is **52/80 = 65%**. Verified operating new capacity is **16/80 = 20%** of requested beds, or approximately **16/52 = 30.8%** of approved beds. Neither ratio estimates a future completion probability: these are mixed-status records at a cutoff, without follow-up time or a representative population. The licensed-to-approved gap is **28 beds**; the licensed-to-verified gap is **8 beds**. Those gaps prioritize research rather than establish physical nonexistence.

Report the following outputs separately:

- **Submitted capacity:** Includes the fictional denied record because the chosen denominator is the submitted cohort.
- **Active proposed capacity:** Excludes denied or withdrawn versions under a stated cutoff rule.
- **Approved capacity:** Uses the decision's authorized amount, with conditions retained.
- **Licensed capacity:** Uses the matched license's relevant service and capacity fields.
- **Verified operational capacity:** Includes only the amount supported by the specified operating evidence.
- **Existing transaction capacity:** Remains separate when a control change adds no beds or locations.

Hawaii has published an official historical table expressly comparing planning-agency-approved and licensing-agency-licensed bed capacity as of **December 31, 2022**. (health.hawaii.gov) That is useful precedent for keeping the measures separate, not a current operating inventory. The fictional bridge adds a further analytical requirement: current operating evidence must be assessed independently.

Implications and Future Directions

The useful future database is a dated event ledger linked to facilities, not a growing stack of application names. The recommended design permits a project to acquire a new decision, extension, license match or operating observation without deleting its earlier state. New York's distinction between review status and project status, and Kentucky's continuing progress reports, provide practical source patterns for this design. (www.health.ny.gov) (www.chfs.ky.gov)

Prioritize review according to the unanswered question that matters to the mandate:

- **Approved without a license match:** Investigate completion, extensions, changed address, and authorized scope.
- **Licensed without operating verification:** Seek current site-specific service evidence and retain capacity uncertainty.
- **Pending near the target geography:** Track competitive supply proposals separately from today's operating universe.
- **Ownership-related filing:** Reconcile affected entities and the event's outcome before changing the operator hierarchy.
- **Competing or related applications:** Preserve cross-references and mutually dependent conditions; do not automatically sum overlapping proposals.
- **Changed legal scope:** Revisit affected services and dates, preserving the rule used for each earlier assessment.

Refresh triggers should include newly posted decisions, progress materials, license changes, and a jurisdiction's announced rule transition. The appropriate timing depends on the source: Georgia publishes a weekly tracking report, whereas Washington warns of a lag before project-status updates appear. (dch.georgia.gov) (doh.wa.gov) Neither cadence proves that every project has changed or that a page checked today is current to today.

For prioritization, treat “unresolved” as an owned research action with a specific missing document, not an implicit rejection or a favorable assumption. A filed project may warrant monitoring, but it does not establish that an acquisition target is operating, controlled by the named applicant, or available for sale. Keeping these questions separate makes a map easier to review as the evidence changes.

Conclusion

Certificate of need data become useful for acquisition research when each record retains its object, jurisdiction, scope, and dates. The main decision is whether the source establishes a proposal, an authorized project, a completion milestone, a licensed facility, or verified operations. The state routes in this report provide

starting points for that investigation, with unverified scope and access limits stated explicitly.

The recommended handoff is an application-to-operation worksheet that preserves the requested and approved configuration, attaches license and provider identifiers only where the match is supported, and keeps the operating conclusion separate. Exemptions and ownership-related events require their own branches. A control-change application should not create new capacity, and a provider identifier should not supply missing operating evidence.

For a mandate-specific market map, report the proposed pipeline and verified operating inventory as separate outputs. Make capacity units, cohort membership, cutoff dates, and unresolved differences visible. The fictional bridge illustrates how the same records can support different totals without any arithmetic contradiction: the totals answer different questions.

The resulting research is useful because another analyst can inspect each inference, reproduce the count, and identify the next missing document. It supports a defensible prioritization decision while leaving acquisition interest and other unsupported conclusions unknown.

Source links

Links cited in this article, in order of first appearance. Full addresses are provided for readers using extracted text.

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Research against a defined mandate

A useful target list needs more than company names. Docket focuses on the questions that determine whether a company fits an investment mandate, including the evidence needed to support or qualify each answer. Our research approach makes the connection between screening criteria, source material and conclusions visible to the team reviewing the work.

Triage, Scout and Audit

Docket's three named research agents perform complementary tasks. Triage resolves company identity and screens fit. Scout collects sourced answers against the mandate. Audit checks retained evidence, addresses contradictions and leaves unsupported answers visibly unresolved. This structure helps reviewers distinguish established findings from missing information and questions requiring further investigation.

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Our research library covers market mapping, screening criteria, private-company data, succession and ownership, source evaluation and evidence standards. These resources explain the methods and limitations behind origination research. Findings support a team's judgment; they do not establish that a company is for sale or guarantee a transaction or investment outcome.

Work with Docket

Visit Docket to explore the platform, managed research and the current contact path. Read about screening criteria, evidence standards, AI research agents and market mapping.

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