

**Table 12D: Medicare-certified Home Health Agency or Office Need Determination**

*(Proposed for Certificate of Need Review Commencing in 2017)*

It is determined that the counties listed in the table below need additional Medicare-certified home health agency or office as specified.

<b>County</b>	<b>HSA</b>	<b>Home Health Agencies/Office Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Mecklenburg	III	1	To be determined	To be determined
It is determined that there is no need for additional Medicare-certified home health agencies or offices anywhere else in the state.				

\* Need Determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).