

Table 13I: Hospice Inpatient Bed Need Determination*

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cumberland	10	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.