Table 13H: Hospice Inpatient Bed Need Determination
Draft – 5/06/2014

(Proposed for Certificate of Need Review Commencing in 2015)

It is determined that the counties listed in the table below need additional hospice inpatient beds as specified.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>HSA</th>
<th>HOSPICE INPATIENT BEDS NEED DETERMINATION*</th>
<th>CERTIFICATE OF NEED APPLICATION DUE DATE**</th>
<th>CERTIFICATE OF NEED BEGINNING REVIEW DATE</th>
</tr>
</thead>
</table>

It is determined that there is no need for additional hospice inpatient beds anywhere 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).