PROPOSED Table 11D: 90% Vacancy Factor Adult Care Home Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2019)

It is determined that the counties listed in the table below need additional adult care home beds as specified.

| County | HSA | Adult Care Home Bed Need Determination* | Certificate of Need Application Due Date** | Certificate of Need Beginning Review Date |
|----------|-----|---|--|--|
| Avery | I | 20 | To be determined | To be determined |
| Macon | I | 90 | To be determined | To be determined |
| Mitchell | I | 20 | To be determined | To be determined |
| Moore | V | 70 | To be determined | To be determined |
| Pamlico | VI | 60 | To be determined | To be determined |
| Polk | I | 60 | To be determined | To be determined |
| Warren | IV | 80 | To be determined | To be determined |

It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.

^{*} 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).

PROPOSED Table 11D: 95% Vacancy Factor Adult Care Home Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2019)

It is determined that the counties listed in the table below need additional adult care home beds as specified.

| County | HSA | Adult Care Home Bed Need Determination* | Certificate of Need Application Due Date** | Certificate of Need Beginning Review Date |
|----------|-----|---|--|--|
| Macon | I | 70 | To be determined | To be determined |
| Mitchell | I | 20 | To be determined | To be determined |
| Pamlico | VI | 50 | To be determined | To be determined |
| Polk | I | 50 | To be determined | To be determined |
| Warren | IV | 70 | To be determined | To be determined |

It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.

^{*} 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).