

Table 13G: Hospice Home Care Office Need Determination

County	HSA	Hospice Home Care Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Cumberland	V	1	To be determined	To be determined
Rowan	III	1	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.				

* 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 (see Chapter 3).