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

| County<br>Service Area                                                                                | Home Health<br>Agency/Office<br>Need Determination | Certificate of Need<br>Application<br>Deadline** | Certificate of<br>Need Beginning<br>Review Date |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| Brunswick                                                                                             | 1                                                  | To be determined                                 | To be determined                                |
| Catawba                                                                                               | 1                                                  | To be determined                                 | To be determined                                |
| Edgecombe***                                                                                          | 1                                                  | To be determined                                 | To be determined                                |
| Forsyth                                                                                               | 1                                                  | To be determined                                 | To be determined                                |
| Granville***                                                                                          | 1                                                  | To be determined                                 | To be determined                                |
| Guilford                                                                                              | 1                                                  | To be determined                                 | To be determined                                |
| Montgomery***                                                                                         | 1                                                  | To be determined                                 | To be determined                                |
| Nash                                                                                                  | 1                                                  | To be determined                                 | To be determined                                |
| New Hanover                                                                                           | 1                                                  | To be determined                                 | To be determined                                |
| Onslow                                                                                                | 1                                                  | To be determined                                 | To be determined                                |
| Pitt                                                                                                  | 1                                                  | To be determined                                 | To be determined                                |
| Robeson                                                                                               | 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. |                                                    |                                                  |                                                 |

<sup>\*</sup> Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

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

<sup>\*\*\*</sup> Need determinations are based on Criterion 1 or Criterion 2 in the Application of the Methodology.