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

County Service Area	Home Health Agency/Office Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning 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.			

^{*} Any person can apply for a CON 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 $\underline{5:00}$ $\underline{p.m.}$ on the application deadline date.

^{***} Need determinations are based on Criterion 1 or Criterion 2 in the Application of the Methodology.