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
Cleveland	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.