

**Table 5B : Acute Care Bed Need Determinations
 Current Methodology**

(Proposed for Certificate of Need Review Commencing in 2011)

It is determined that the county listed in the table below needs additional Acute Care Beds as specified.

| SERVICE AREA | ACUTE CARE BED NEED DETERMINATION* | CERTIFICATE OF NEED APPLICATION DUE DATE** | CERTIFICATE OF NEED BEGINNING REVIEW DATE |
|--|---|---|--|
| Bertie | 1 | To be determined | To be determined |
| Buncombe- Madison-Yancey | 22 | To be determined | To be determined |
| Statewide Total | 23 | | |
| It is determined that there is no need for additional Acute Care 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).

Note: Days of Care are under review for several facilities and Need Determinations are subject to change.