

**Table 5B: Acute Care Bed Need Determinations  
 Revised 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.

<b>SERVICE AREA</b>	<b>ACUTE CARE BED NEED DETERMINATION*</b>	<b>CERTIFICATE OF NEED APPLICATION DUE DATE**</b>	<b>CERTIFICATE OF NEED BEGINNING REVIEW DATE</b>
Bertie	3	To be determined.	To be determined
Buncombe- Madison-Yancey	69	To be determined	To be determined
Cumberland-Hoke	63	To be determined	To be determined
Pitt-Greene	48	To be determined	To be determined
Mecklenburg	101	To be determined	To be determined
Wake	102	To be determined	To be determined
<b>Statewide Total</b>	<b>386</b>		
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.**