

Table 12D: Medicare-certified Home Health Agency or Office Need Determinations

(Proposed for Certificate of Need Review Commencing in 2012)

It is determined that the counties listed in the table below need additional Medicare-certified home health agency or office as specified.

| County | HSA | Home Health Agencies/Office Need Determination* | Certificate of Need Application Due Date** | Certificate of Need Beginning Review Date |
|--|-----|---|--|---|
| Mecklenburg | III | 2 | To be determined | To be determined |
| Wake | IV | 1 | To be determined | To be determined |
| It is determined that there is no need for additional Medicare-certified home health agencies or offices anywhere else in the state. | | | | |

* 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).