

## Table 13H: Hospice Inpatient Bed Need Determination Draft – 5/06/2014

*(Proposed for Certificate of Need Review Commencing in 2015)*

It is determined that the counties listed in the table below need additional hospice inpatient beds as specified.

| COUNTY  | HSA | HOSPICE<br>INPATIENT BEDS<br>NEED<br>DETERMINATION* | CERTIFICATE OF<br>NEED<br>APPLICATION<br>DUE DATE** | CERTIFICATE OF<br>NEED BEGINNING<br>REVIEW DATE |
|---|-----|---|---|---|
| It is determined that there is no need for additional hospice inpatient beds anywhere 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).