

## **Table 11C: Adult Care Home Bed Need Determination Draft – 5/1/2015**

*(Proposed for Certificate of Need Review Commencing in 2016)*

It is determined that the counties listed in the table below need additional adult care home beds as specified.

<b>County</b>	<b>HSA</b>	<b>Adult Care Home Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Ashe	I	30	To be determined	To be determined
Graham	I	20	To be determined	To be determined
Jones	VI	10	To be determined	To be determined
<p>It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.</p>				

\* 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).