

**Table 9Y: Fixed Cardiac Catheterization Equipment Need Determination***(Proposed for Certificate of Need Review Commencing in 2017)*

It is determined that the service areas listed in the table below need additional fixed cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Fixed Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Cumberland	1	To be determined	To be determined
It is determined that there is no need for additional fixed cardiac catheterization equipment 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).

**Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination**

*(Proposed for Certificate of Need Review Commencing in 2017)*

It is determined that the service areas listed in the table below need additional shared fixed cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Shared Fixed Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional shared fixed cardiac catheterization equipment 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).

**Table 9AA: Mobile Cardiac Catheterization Equipment Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2017)*

It is determined that the service areas listed in the table below need additional mobile cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Mobile Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional mobile cardiac catheterization equipment 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).