

**Table 13G: Hospice Home Care Office Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2018)*

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

<b>County</b>	<b>HSA</b>	<b>Hospice Inpatient Beds Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Cumberland	V	1	To be determined	To be determined
It is determined that there is no need for additional hospice inpatient beds 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).