

**Table 5B: Acute Care Bed Need Determination\***

<b>Service Area</b>	<b>Acute Care Bed Need Determination**</b>	<b>Certificate of Need Application Deadline***</b>	<b>Certificate of Need Beginning Review Date</b>
Cabarrus	22	To be determined	To be determined
Cumberland	53	To be determined	To be determined
Durham/Caswell	40	To be determined	To be determined
Mecklenburg	76	To be determined	To be determined
New Hanover	35	To be determined	To be determined
Pitt/Greene/Hyde/Tyrrell	63	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

\* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

\*\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-1 (see Chapter 4).

\*\*\* Application deadlines are absolute. The filing deadline is 5:30 p.m. on the application deadline date (see Chapter 3).