

**Table 13G: Hospice Home Care Office Need Determination**

<b>County Service Area</b>	<b>Hospice Home Care Office Need Determination</b>	<b>Certificate of Need Application Deadline</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 anywhere else in the state and no other reviews are scheduled.			

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

\*\* Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.