## CHAPTER 3 CERTIFICATE OF NEED REVISED REVIEW SCHEDULE FOR AUGUST – DECEMBER

As a result of the Coronavirus Disease 2019 (COVID-19) public health emergency, Table 3A in Chapter 3 of the 2020 State Medical Facilities Plan has been revised for the remainder of 2020.

Please note: except for need determinations for dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application filing deadline in 2020, even though Table 3A shows multiple review dates for the review category. Also as a result of COVID-19, those dates have been pushed back. The revised review dates for the need determinations for the remainder of 2020 are shown in the tables following Table 3A. Please note, as a result of COVID-19, those dates do not always coincide with the dates shown in Table 3A for the broad review catetory.

Table 3A: 2020 Revised Certificate of Need Review Schedule for August December

| CON Beginning<br>Review Date | Category (All HSAs) |     |   |             |   |   |   |   |   |   |
|------------------------------|---------------------|-----|---|-------------|---|---|---|---|---|---|
| February 1, 2020             |                     |     | С | D.3         |   |   |   |   |   |   |
| March 1, 2020                | Α                   | B.1 |   |             | Е | F | G | Н | I | J |
| April 1, 2020                |                     |     | С | D.1         |   |   |   |   |   |   |
| May 1, 2020                  | A                   | B.2 |   |             | Е | F | G | Н |   | J |
| June 1, 2020                 |                     |     |   |             |   |   |   |   |   |   |
| July 1, 2020                 |                     |     |   |             |   |   |   |   |   |   |
| August 1, 2020               | A                   |     | С | D.2         | Е |   |   | Н |   |   |
| September 1, 2020            |                     |     |   | <b>D</b> .1 |   |   | G |   | I | J |
| October 1, 2020              | A                   | B.1 |   |             | E | F |   | Н |   |   |
| November 1, 2020             |                     |     |   | D.1         |   | F | G |   | I | J |
| December 1, 2020             | Α                   |     |   | D.3         | E |   |   | Н |   |   |

Table 5B: Acute Care Bed Need Determinations August - December

| Service Area | Acute Care Bed Need<br>Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|--------------------------------------|-----------------------------|---------------------------------|
| Forsyth      | 68                                   | 7/15/2020                   | 8/1/2020                        |
| Mecklenburg  | 126                                  | 11/16/2020                  | 12/1/2020                       |
| Moore        | 25                                   | 9/15/2020                   | 10/1/2020                       |
| New Hanover  | 36                                   | 9/15/2020                   | 10/1/2020                       |

Table 6C: Operating Room Need Determinations August - December

| Service Area | Operating Room Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|-----------------------------------|-----------------------------|---------------------------------|
| Forsyth      | 2                                 | 7/15/2020                   | 8/1/2020                        |
| Mecklenburg  | 12                                | 11/16/2020                  | 12/1/2020                       |
| Wake         | 3                                 | 9/15/2020                   | 10/1/2020                       |

Table 11D: Adult Care Home Bed Need Determinations August - December

| Service Area | Adult Care Home Bed<br>Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|---|-----------------------------|---------------------------------|
| Pamlico      | 90  | 8/17/2020                   | 9/1/2020                        |
| Tyrell       | 80  | 8/17/2020                   | 9/1/2020                        |

Table 13H: Hospice Home Care Office Need Determinations
August - December

| Service Area | Hospice Home Care<br>Office Need<br>Determination | CON Application Due Date | CON Beginning of<br>Review Date |
|--------------|---|--------------------------|---------------------------------|
| Rowan        | 1   | 9/15/2020                | 10/1/2020                       |

Table 13I: Hospice Inpatient Bed Need Determinations August - December

| Service Area | Hospice Inpatient Bed | CON Application Due | CON Beginning of |
|--------------|-----------------------|---------------------|------------------|
|              | Need Determination    | Date                | Review Date      |
| Cumberland   | 8                     | 10/15/2020          | 11/1/2020        |

Table 14D: Child/Adolescent Psychiatric Inpatient Bed Need Determinations
August - December

| Service Area | Child/Adolescent Psychiatric Inpatient Bed Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|---|-----------------------------|---------------------------------|
| EastPointe   | 28  | 7/15/2020                   | 8/1/2020                        |
| Vaya         | 24  | 7/15/2020                   | 8/1/2020                        |

Table 15C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determinations August - December

| Service Area | Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|--|-----------------------------|---------------------------------|
| Central      | 20   | 7/15/2020                   | 8/1/2020                        |

Table 15D: Adult Chemical Dependency (Substance Use Disorder) Treatment
Bed Need Determinations August - December

| Service Area | Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|--------------|---|-----------------------------|---------------------------------|
| Forsyth      | 32  | 7/15/2020                   | 8/1/2020                        |

Table 17E-3: Fixed MRI Scanner Need Determinations August - December

| Service Area   | Fixed MRI Scanner<br>Need Determination | CON Application Due<br>Date | CON Beginning of<br>Review Date |
|----------------|---|-----------------------------|---------------------------------|
| Alamance       | 1                                       | 11/16/2020                  | 12/1/2020                       |
| Durham/Caswell | 1                                       | 7/15/2020                   | 8/1/2020                        |
| Guilford       | 1                                       | 10/15/2020                  | 11/1/2020                       |
| Mecklenburg    | 1                                       | 9/15/2020                   | 10/1/2020                       |

If you have any questions about the revised review schedule, please contact:

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