

**Table 13H: Hospice Inpatient Bed Need Determination**

<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	8	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.				

\* 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 (see Chapter 3).