

Table 13G: Hospice Home Care Office Need Determination *

County Service Area	Hospice Home Care Office Need Determination**	Certificate of Need Application Due Date***	Certificate of Need Beginning Review Date
Rowan	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 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-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).