

**Table 12D: Medicare-certified Home Health Agency or Office  
Need Determination**

| <b>County<br/>Service Area</b>  | <b>Home Health<br/>Agency/Office<br/>Need<br/>Determination**</b> | <b>Certificate of Need<br/>Application<br/>Due Date***</b> | <b>Certificate of<br/>Need Beginning<br/>Review Date</b> |
|---|---|--|--|
| Mecklenburg   | 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).