

Table 13H: Hospice Inpatient Bed Need Determination*

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cumberland	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.			

* 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.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.