Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Burke	1	To be determined	To be determined
Cleveland	1	To be determined	To be determined
Guilford	1	To be determined	To be determined
Haywood	1	To be determined	To be determined
Johnston	1	To be determined	To be determined
McDowell	1	To be determined	To be determined
Randolph	1	To be determined	To be determined
Rockingham	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.			

## Table 13G: Hospice Home Care Office Need Determination\*

\* 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.0202(2). The filing deadline is <u>5:00</u> <u>p.m.</u> on the application deadline date.