

Table 13G: Hospice Home Care Office Need Determination*

| Service Area | Hospice Home Care Office Need Determination | Certificate of Need Application Deadline ** | Certificate of Need Beginning Review Date |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|
| Gaston | 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 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 5:00 p.m. on the application deadline date.