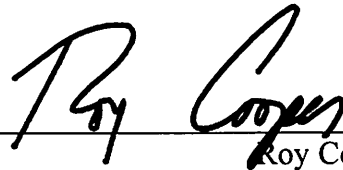
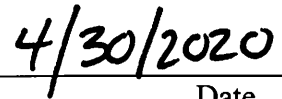


I hereby approve the following Certificate of Need Revised Review Schedule as an amendment to Chapter 3 of the North Carolina 2020 State Medical Facilities Plan effective as of the date setforth below.

A handwritten signature in black ink, appearing to read "Roy Cooper", written over a horizontal line.

Roy Cooper, Governor

A handwritten date "4/30/2020" written in black ink over a horizontal line.

Date

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## CHAPTER 3 CERTIFICATE OF NEED REVISED REVIEW SCHEDULE FOR AUGUST – DECEMBER

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As a result of the Coronavirus Disease 2019 (COVID-19) public health emergency, Table 3A in Chapter 3 of the 2020 State Medical Facilities Plan has been revised for the remainder of 2020.

Please note: except for need determinations for dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application filing deadline in 2020, even though Table 3A shows multiple review dates for the review category. Also as a result of COVID-19, those dates have been pushed back. The revised review dates for the need determinations for the remainder of 2020 are shown in the tables following Table 3A. Please note, as a result of COVID-19, those dates do not always coincide with the dates shown in Table 3A for the broad review category.

**Table 3A: 2020 Revised Certificate of Need Review Schedule for August -  
December**

CON Beginning Review Date	Category (All HSAs)									
February 1, 2020			C	D.3						
March 1, 2020	A	B.1			E	F	G	H	I	J
April 1, 2020			C	D.1						
May 1, 2020	A	B.2			E	F	G	H		J
June 1, 2020										
July 1, 2020										
August 1, 2020	A		C	D.2	E			H		
September 1, 2020				D.1			G		I	J
October 1, 2020	A	B.1			E	F		H		
November 1, 2020				D.1		F	G		I	J
December 1, 2020	A			D.3	E			H		

**Table 5B: Acute Care Bed Need Determinations August - December**

Service Area	Acute Care Bed Need Determination	CON Application Due Date	CON Beginning of Review Date
Forsyth	68	7/15/2020	8/1/2020
Mecklenburg	126	11/16/2020	12/1/2020
Moore	25	9/15/2020	10/1/2020
New Hanover	36	9/15/2020	10/1/2020

**Table 6C: Operating Room Need Determinations August - December**

Service Area	Operating Room Need Determination	CON Application Due Date	CON Beginning of Review Date
Forsyth	2	7/15/2020	8/1/2020
Mecklenburg	12	11/16/2020	12/1/2020
Wake	3	9/15/2020	10/1/2020

**Table 11D: Adult Care Home Bed Need Determinations August - December**

Service Area	Adult Care Home Bed Need Determination	CON Application Due Date	CON Beginning of Review Date
Pamlico	90	8/17/2020	9/1/2020
Tyrell	80	8/17/2020	9/1/2020

**Table 13H: Hospice Home Care Office Need Determinations August - December**

Service Area	Hospice Home Care Office Need Determination	CON Application Due Date	CON Beginning of Review Date
Rowan	1	9/15/2020	10/1/2020

**Table 13I: Hospice Inpatient Bed Need Determinations August - December**

<b>Service Area</b>	<b>Hospice Inpatient Bed Need Determination</b>	<b>CON Application Due Date</b>	<b>CON Beginning of Review Date</b>
Cumberland	8	10/15/2020	11/1/2020

**Table 14D: Child/Adolescent Psychiatric Inpatient Bed Need Determinations August - December**

<b>Service Area</b>	<b>Child/Adolescent Psychiatric Inpatient Bed Need Determination</b>	<b>CON Application Due Date</b>	<b>CON Beginning of Review Date</b>
EastPointe	28	7/15/2020	8/1/2020
Vaya	24	7/15/2020	8/1/2020

**Table 15C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determinations August - December**

<b>Service Area</b>	<b>Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination</b>	<b>CON Application Due Date</b>	<b>CON Beginning of Review Date</b>
Central	20	7/15/2020	8/1/2020

**Table 15D: Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determinations August - December**

<b>Service Area</b>	<b>Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination</b>	<b>CON Application Due Date</b>	<b>CON Beginning of Review Date</b>
Forsyth	32	7/15/2020	8/1/2020

**Table 17E-3: Fixed MRI Scanner Need Determinations August - December**

<b>Service Area</b>	<b>Fixed MRI Scanner Need Determination</b>	<b>CON Application Due Date</b>	<b>CON Beginning of Review Date</b>
Alamance	1	11/16/2020	12/1/2020
Durham/Caswell	1	7/15/2020	8/1/2020
Guilford	1	10/15/2020	11/1/2020
Mecklenburg	1	9/15/2020	10/1/2020

If you have any questions about the revised review schedule, please contact:

**North Carolina Division of Health Service Regulation  
Certificate of Need  
20704 Mail Service Center  
Raleigh, North Carolina 27699-2704**

**Phone: (919) 855-3873**