

Table 8B: Inpatient Rehabilitation Bed Need Determination
Draft 05/18/2013

(Proposed for Certificate of Need Review Commencing in 2014)

It is determined that the Service Area listed in the table below needs additional inpatient rehabilitation beds as specified.

Service Area	Inpatient Rehabilitation Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

* Need determination 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. The filing deadline is absolute (see Chapter 3).