

## **Table 8B: Inpatient Rehabilitation Bed Need Determinations**

*(Proposed for Certificate of Need Review Commencing in 2011)*

It is determined that the HSA listed in the table below needs additional Inpatient Rehabilitation Beds as specified.

<b>SERVICE AREA</b>	<b>ACUTE CARE BED NEED DETERMINATION*</b>	<b>CERTIFICATE OF NEED APPLICATION DUE DATE**</b>	<b>CERTIFICATE OF NEED BEGINNING REVIEW DATE</b>
HSA IV	14	To be determined	To be determined
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 Determinations 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).