

Table 15C (1): 2015 Child/Adolescent Psychiatric Inpatient Bed Need Determination – DRAFT 5/4/12

(Proposed for Certificate of Need Review Commencing in 2013)

It is determined that the counties listed in the table below need additional child/adolescent psychiatric inpatient beds as specified.

Local Management Entity (LME) and Counties	HSA	Child/Adolescent Psychiatric Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga, Wilkes		5	To be determined	To be determined
It is determined that there is no need for additional child/adolescent psychiatric inpatient 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).