

**Table 15C (2): Adult Psychiatric Inpatient  
Bed Need Determinations  
Draft 5/8/13**

*(Proposed for Certificate of Need Review Commencing in 2014)*

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

<b>Local Management Entity- Managed Care Organization (LME-MCO) and Counties</b>	<b>HSA</b>	<b>Adult Psychiatric Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
<b>Coastal Care System:</b> Brunswick, Carteret, New Hanover, Onslow, Pender	V, VI	2	To be determined	To be determined
<b>Smoky Mountain Center 1:</b> Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain	I	7	To be determined	To be determined
<b>Wake</b>	IV	6	To be determined	To be determined
It is determined that there is no need for additional adult 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).