

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

*(Proposed for Certificate of Need Review Commencing in 2016)*

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

<b>Service Area</b>	<b>Inpatient Rehabilitation Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
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).