

Table 8B: Inpatient Rehabilitation Bed Need Determination*

Service Area	Inpatient Rehabilitation Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA III	20	To be determined	To be determined
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.