## Table 15C (1): Child/Adolescent Psychiatric Inpatient BedNeed Determination – DRAFT 5/22/12

(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).

## Table 15C (2): 2015 Adult Psychiatric Inpatient Bed NeedDetermination- DRAFT 5/22/12

(Proposed for Certificate of Need Review Commencing in 2013)

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

Local Management Entity (LME) and Counties	HSA	Adult Psychiatric Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date		
Durham/Wake/Johnston/ Cumberland: Durham, Wake, Johnston, Cumberland		12	To be determined	To be determined		
Eastern Coastal Care: Brunswick, New Hanover, Pender, Onslow, Carteret		17	To be determined	To be determined		
Smoky Mountain: Macon, Graham, Swain, Clay, Cherokee, Jackson, Haywood, McDowell, Avery, Caldwell, Alexander, Wilkes, Watauga, Ashe, Alleghany		26	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).