

**Table 15E: Adult Psychiatric Inpatient Bed Need Determination**

<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>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	II, IV, V	4	To be determined	To be determined
It is determined that there is no need anywhere in the state and no 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 (see Chapter 3).