

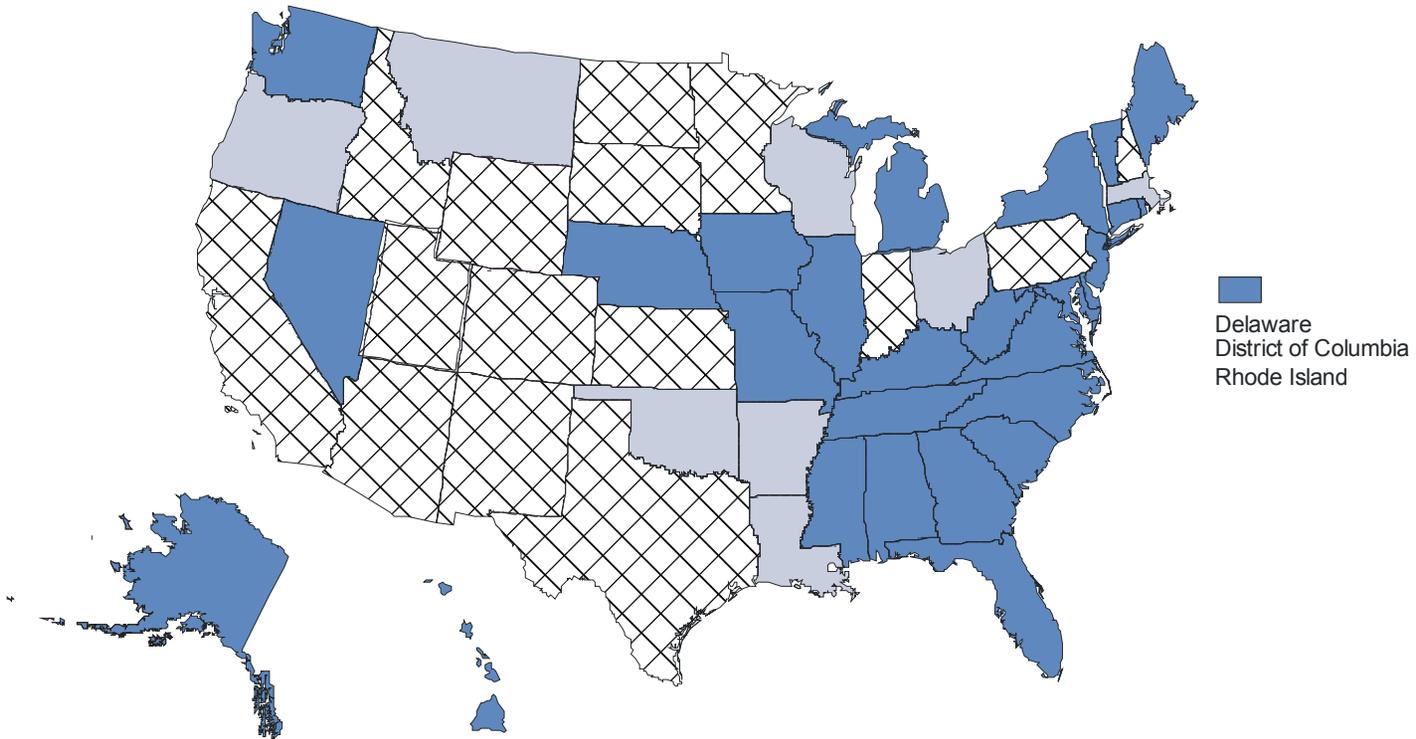
Map Book: Certificate of Need Coverage
Selected Services, 2016

American Health Planning Association

October 2016

Certificate of Need: Services Covered

Acute Care/Inpatient Hospital Beds, 2016

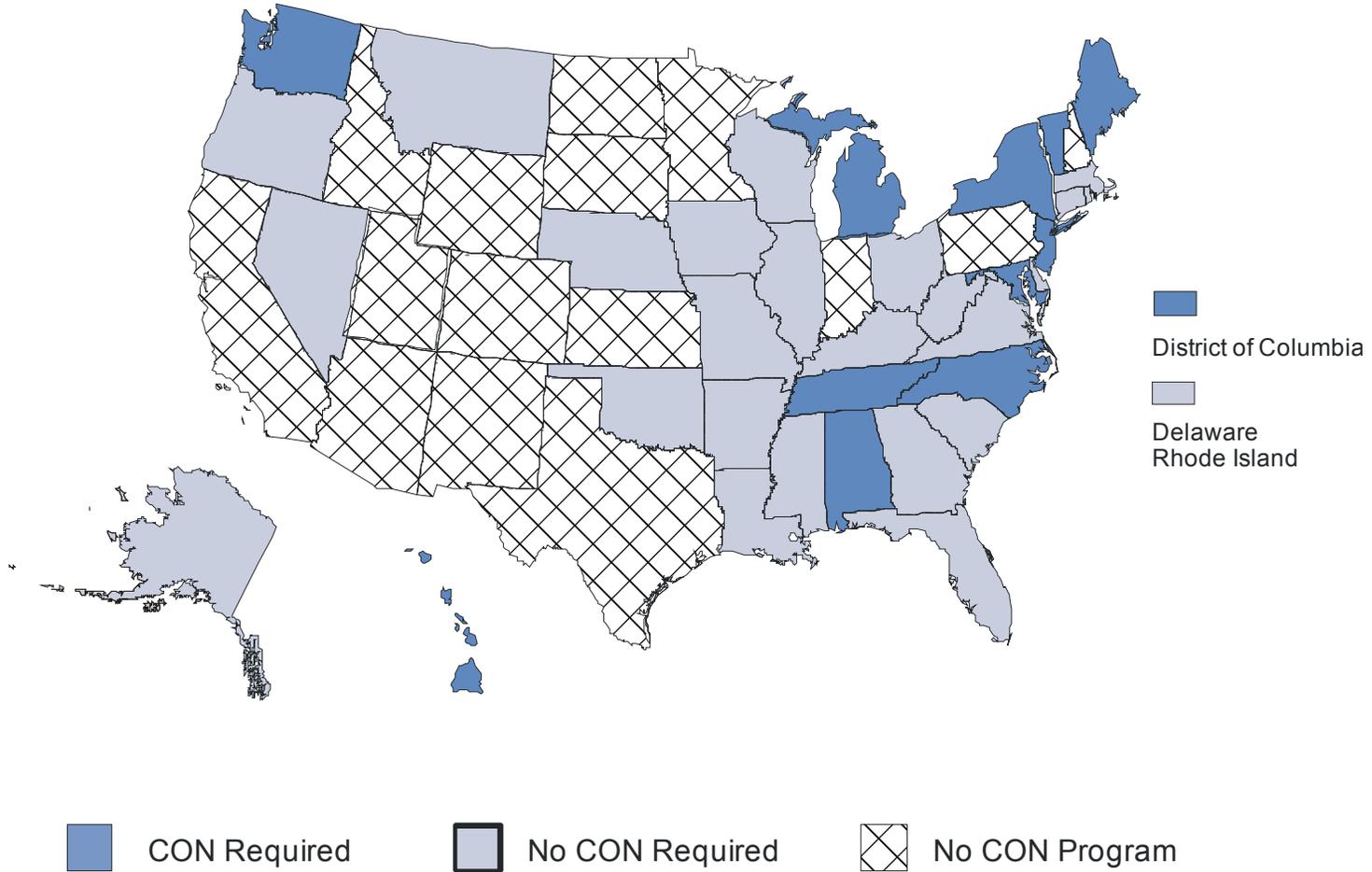
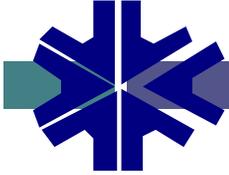


■ CON Required ■ No CON Required ☒ No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

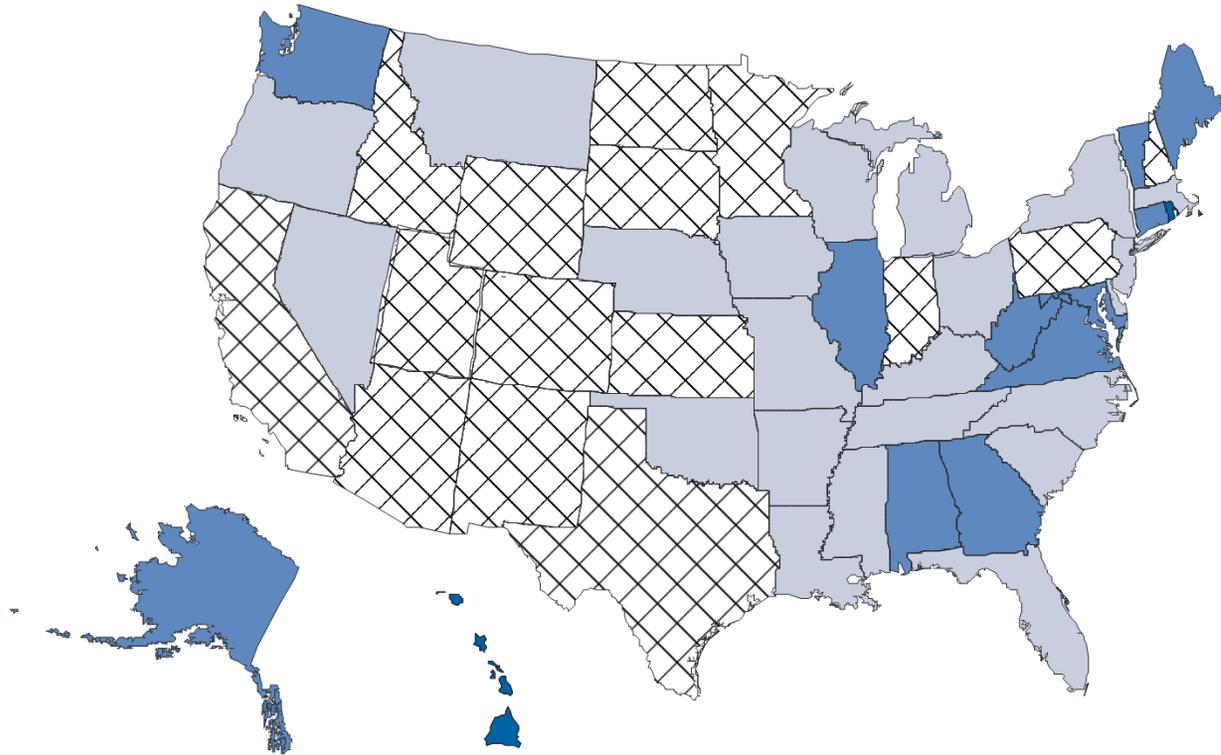
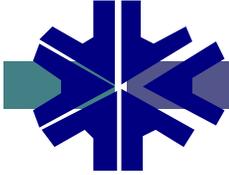
Burn Care Services/Beds, 2016



Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Obstetric Services/Beds, 2016?

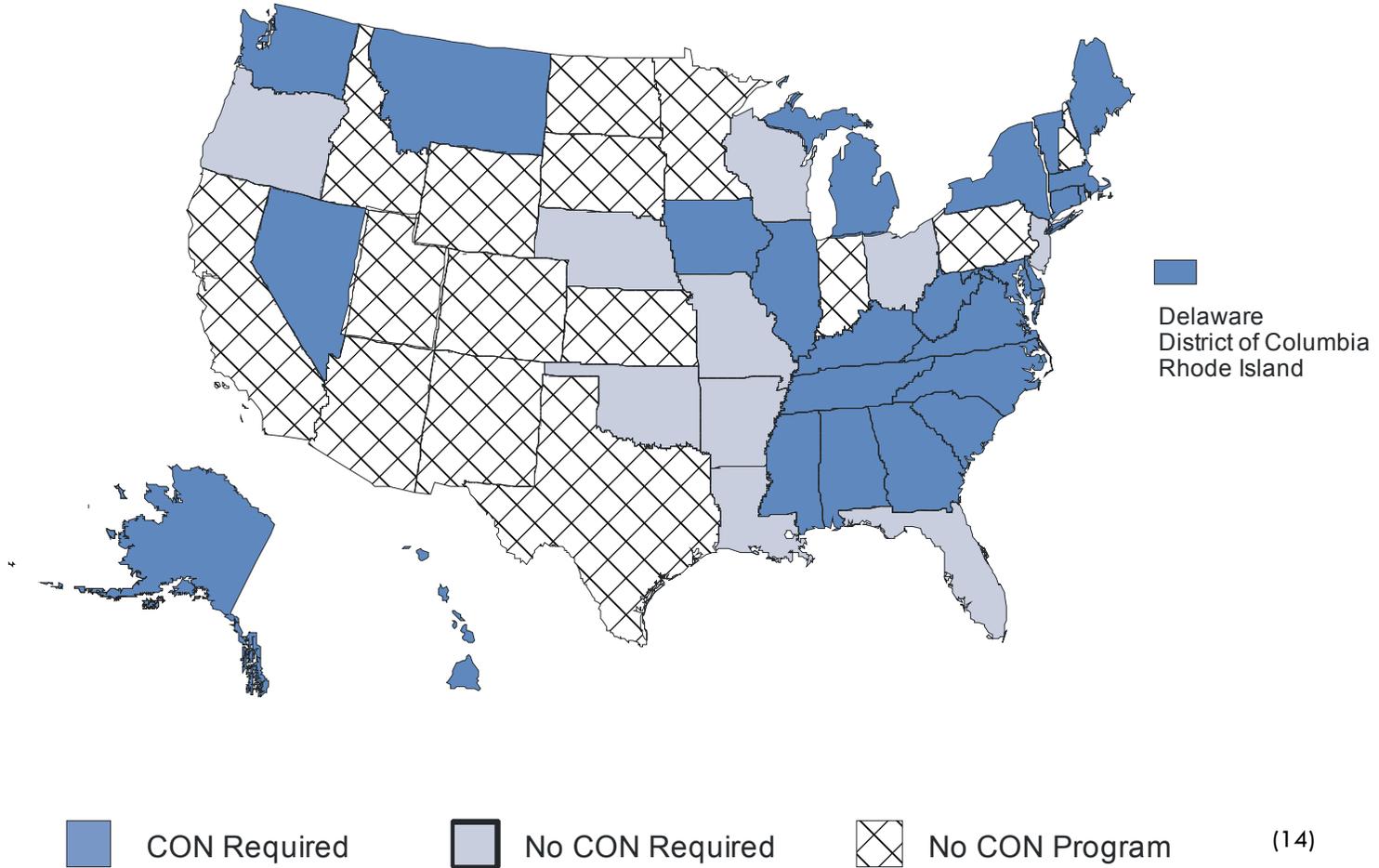
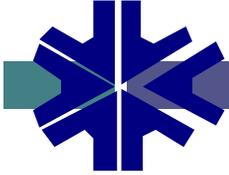


■ CON Required ■ No CON Required ☒ No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

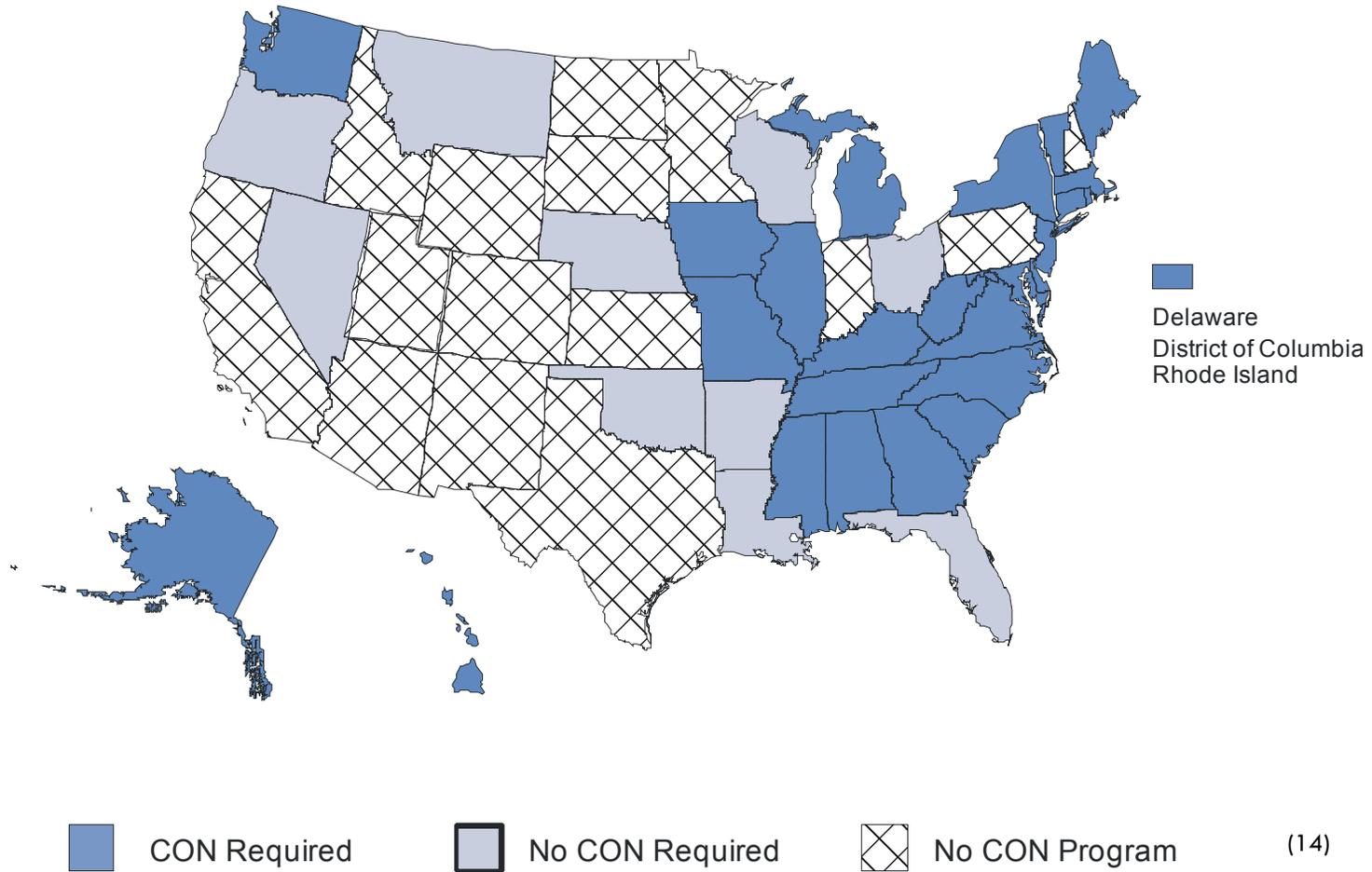
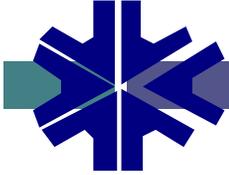
Ambulatory Surgery Centers, 2016



Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

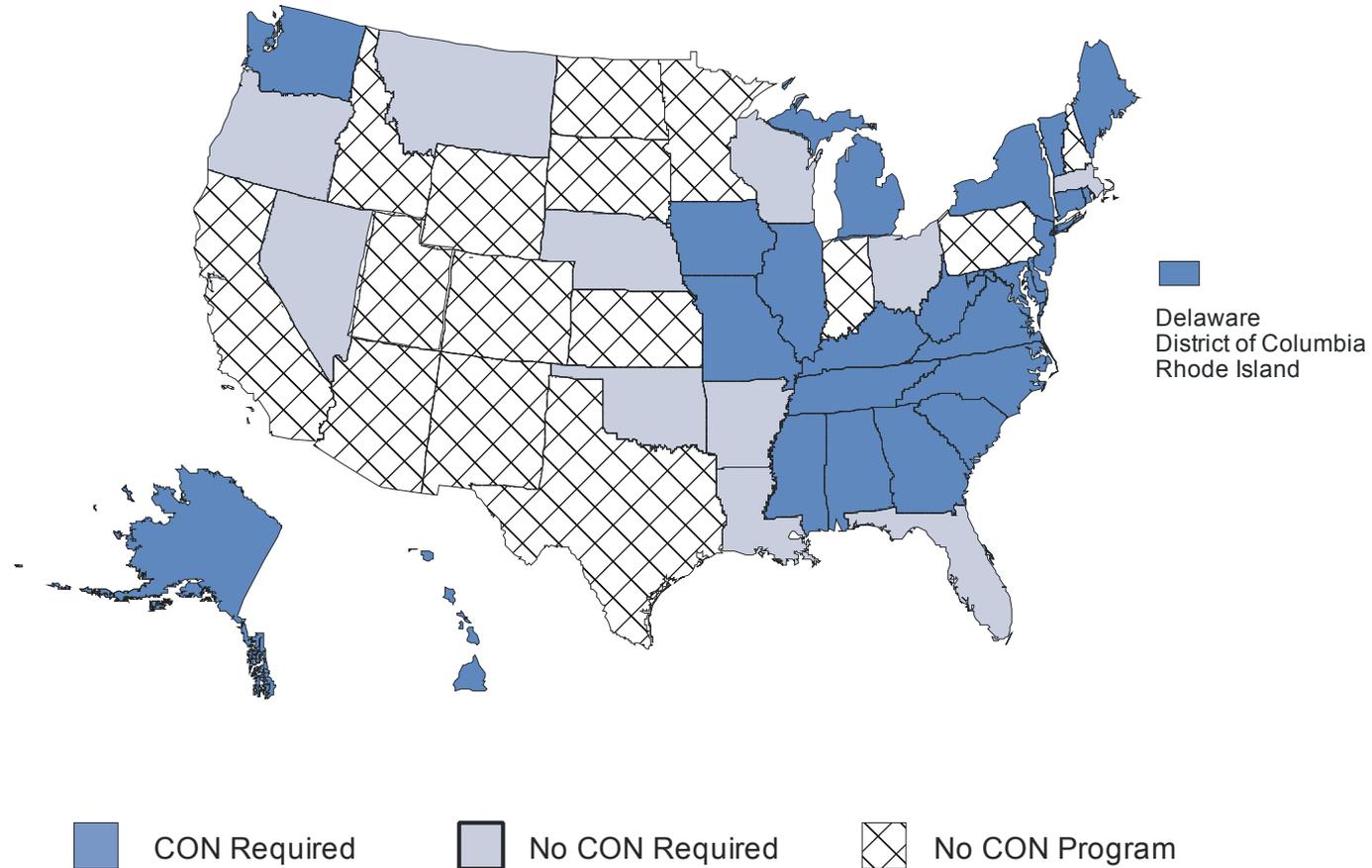
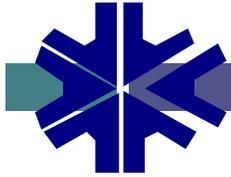
Open Heart Surgery, 2016



Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Cardiac Catheterization Laboratories, 2016

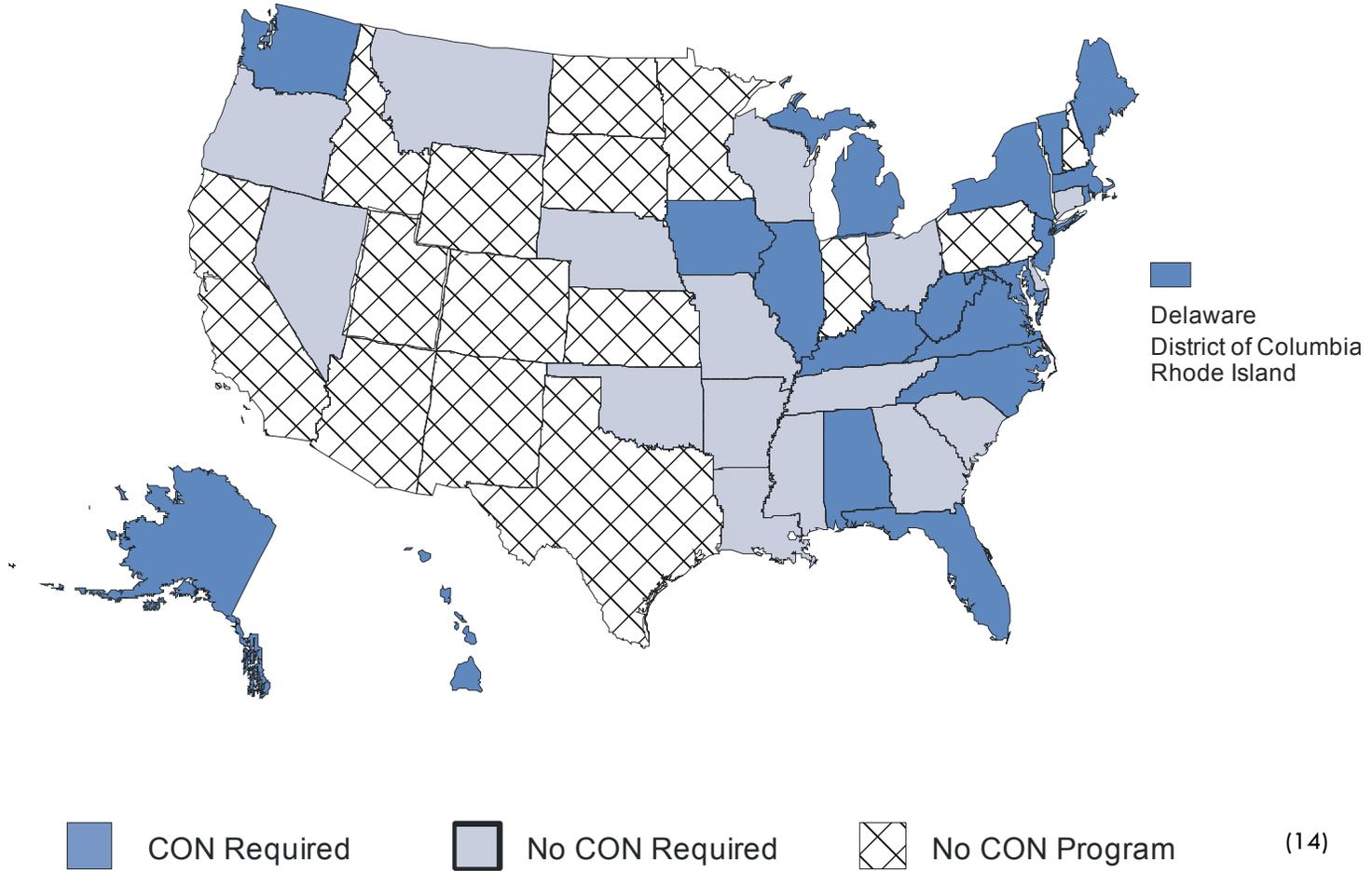
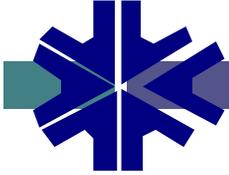


(14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

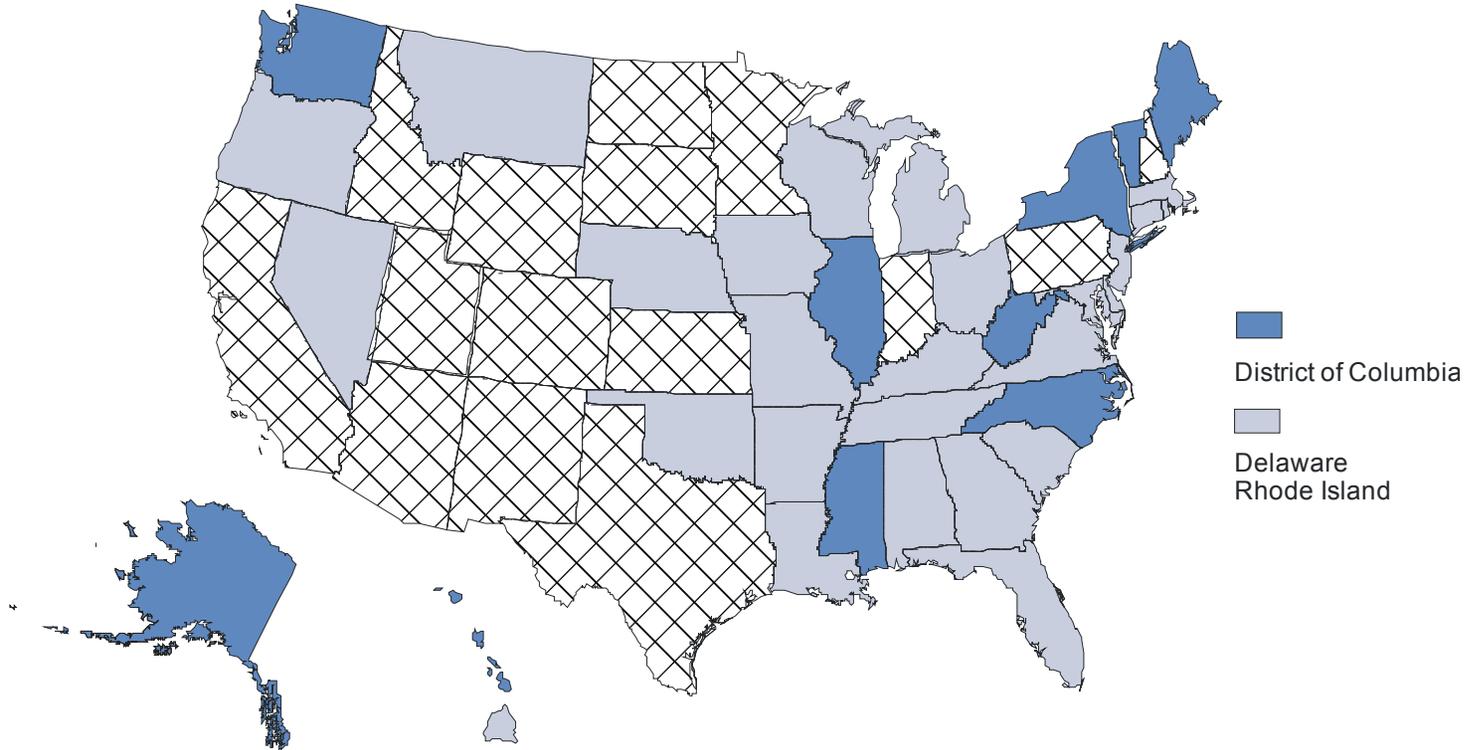
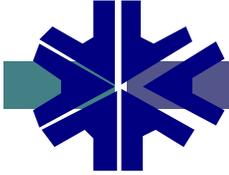
Organ Transplant, 2016



Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Renal Dialysis Services/Stations, 2016

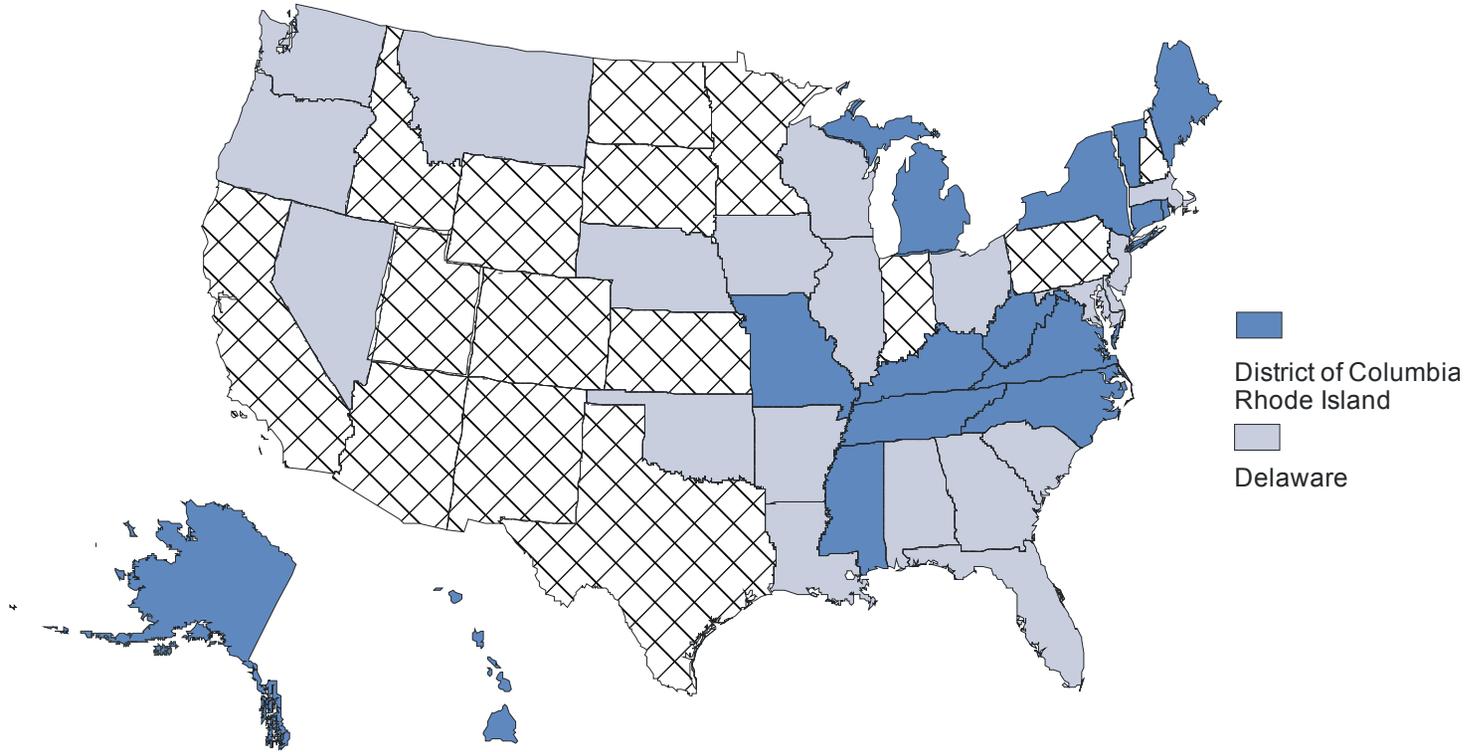


CON Required
 No CON Required
 No CON Program
 (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

MRI Services/Scanners, 2016



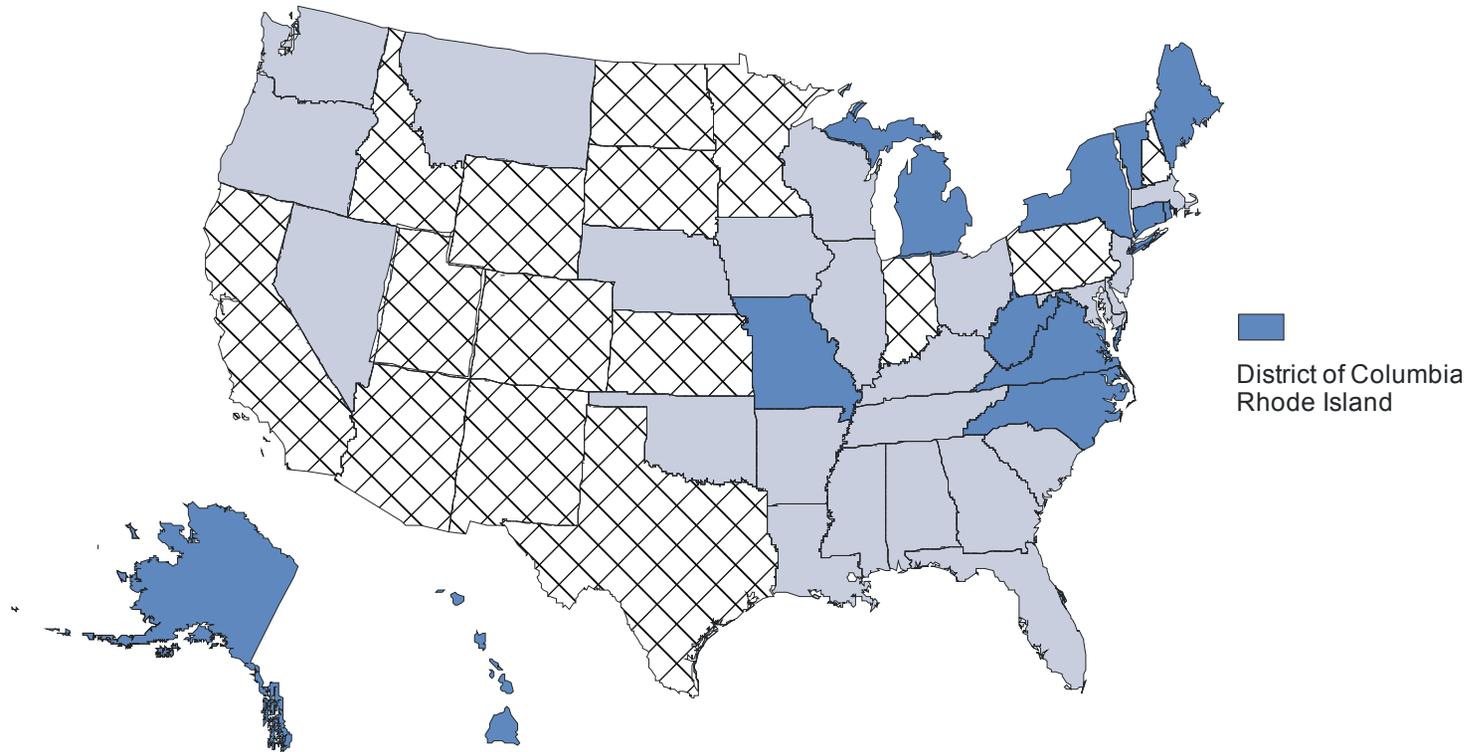
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CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

CT Services/Scanners, 2016



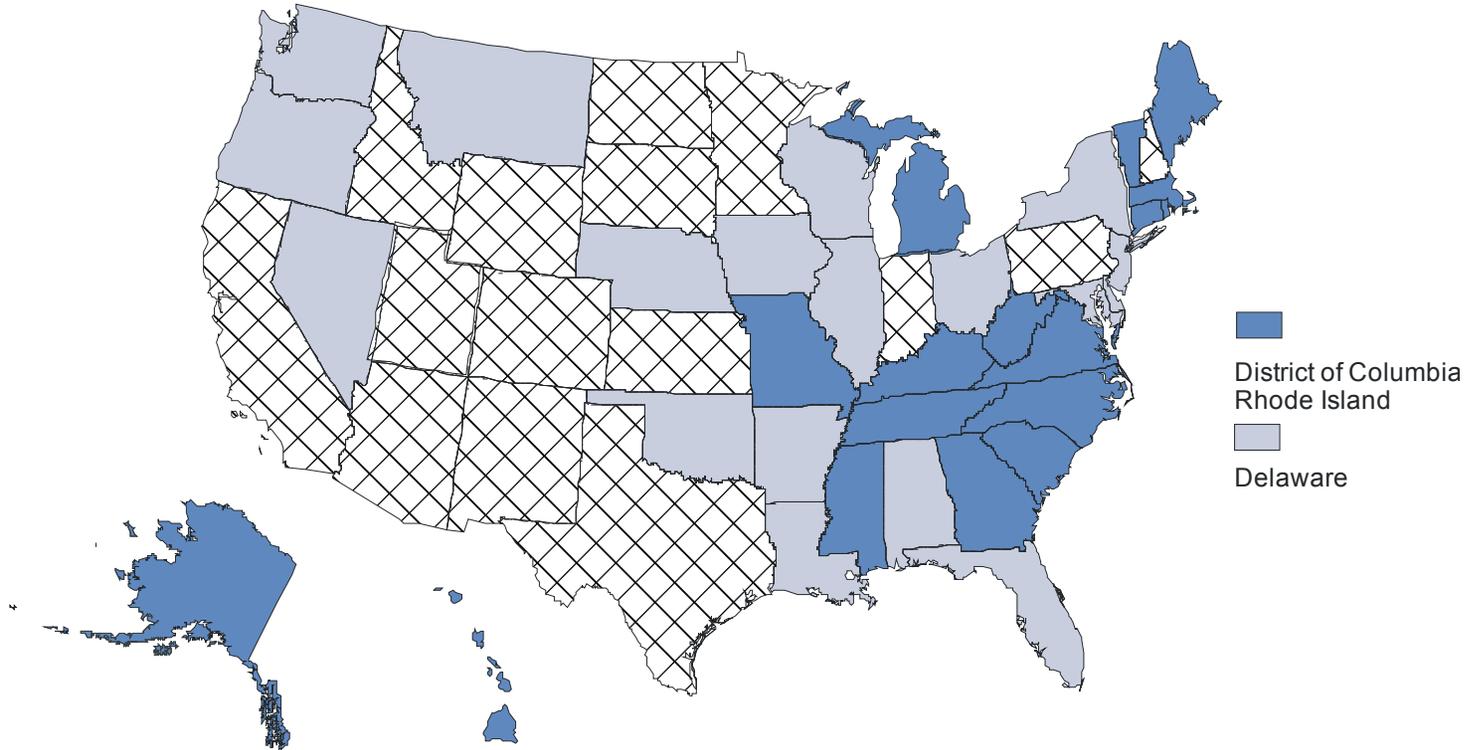
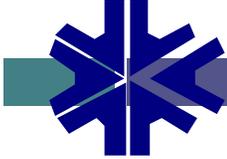
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

PET Services/Scanners, 2016

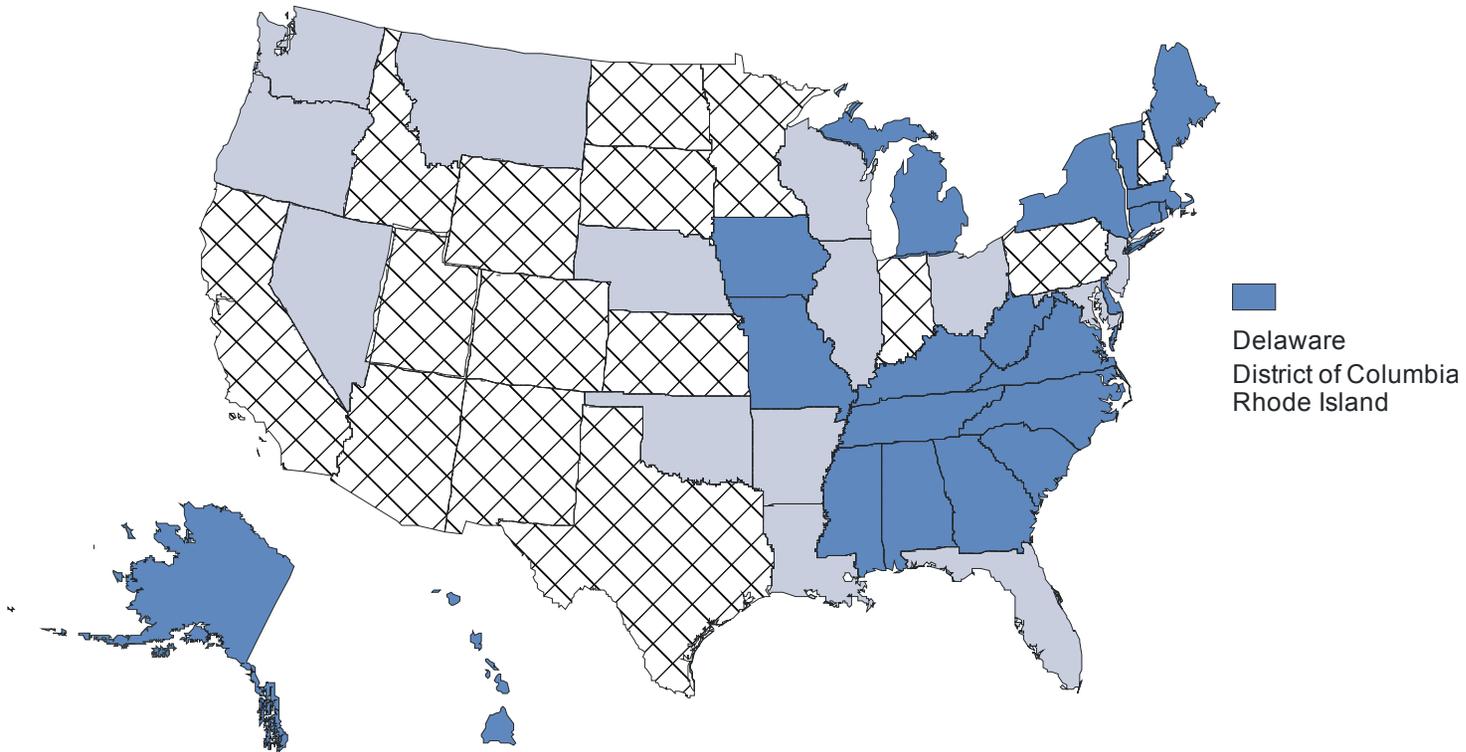
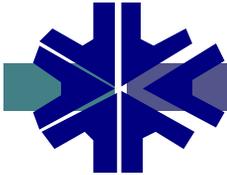


CON Required No CON Required No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Radiation Therapy/Linear Accelerators, 2016

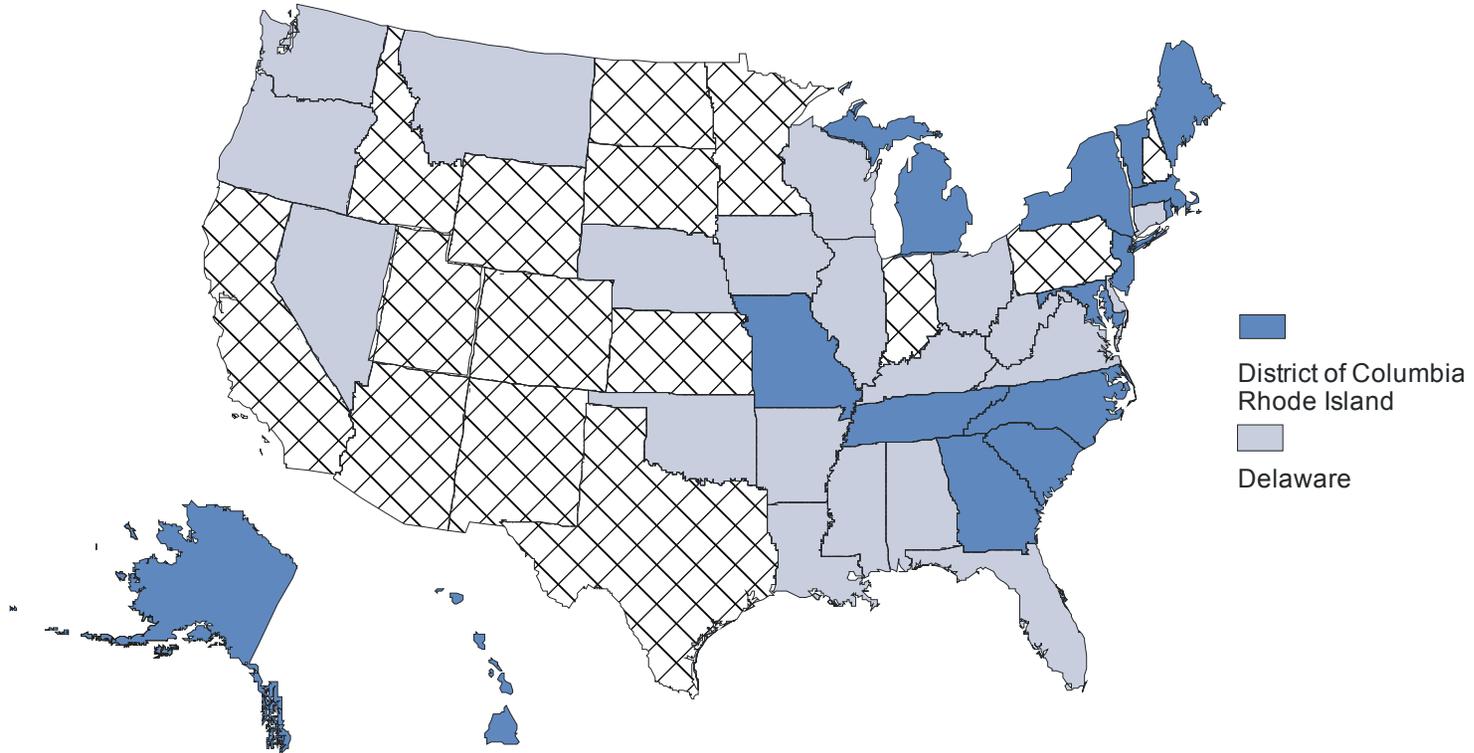


CON Required No CON Required No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Lithotripsy, 2016



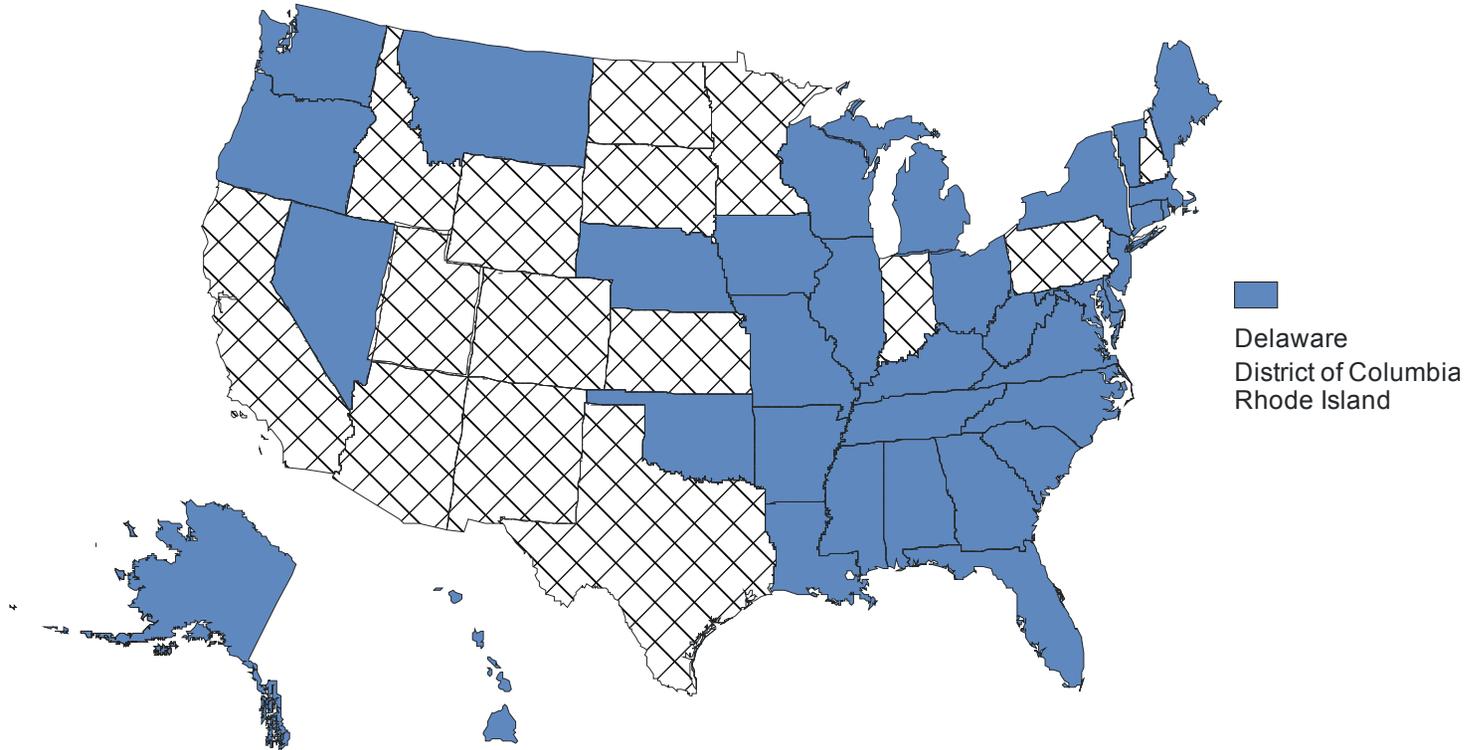
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Nursing Homes/Beds, 2016

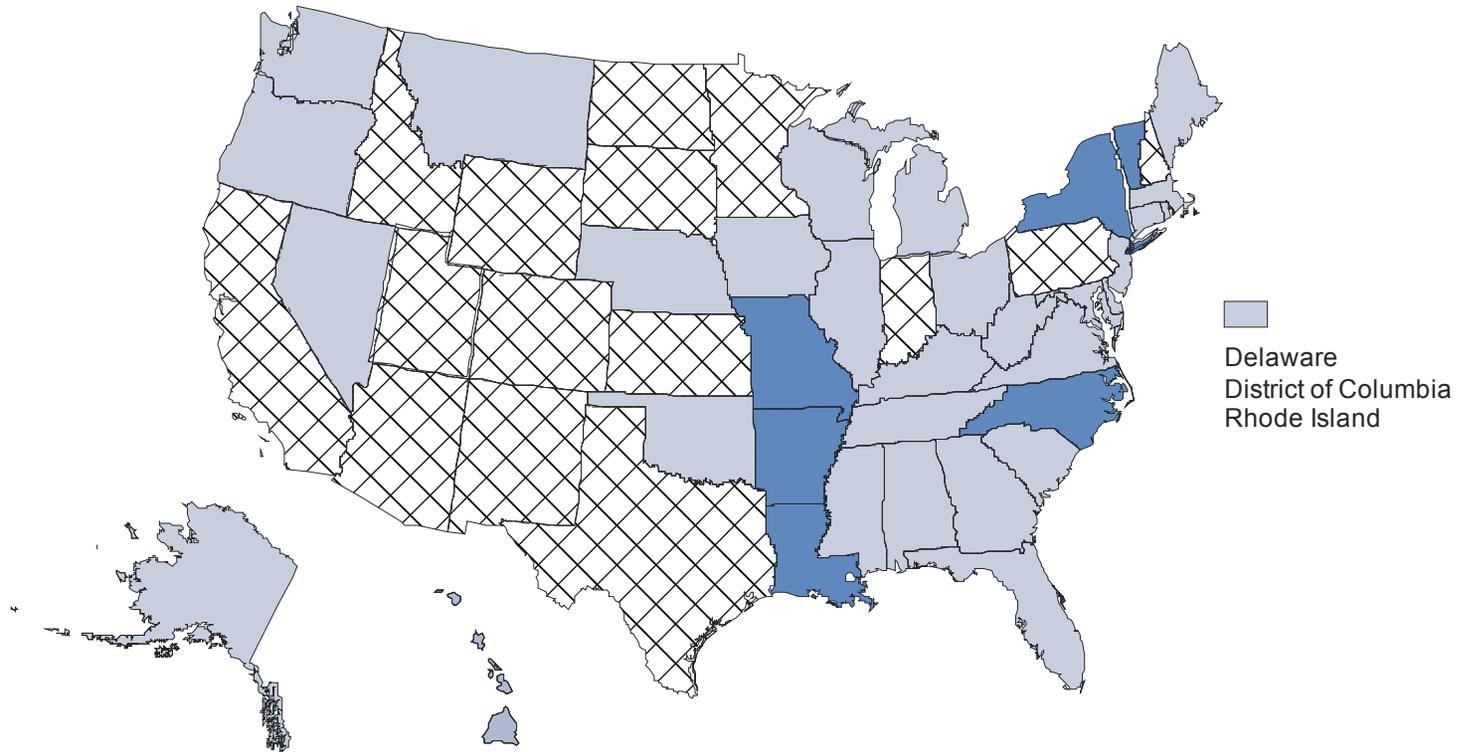


CON Required No CON Required No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Residential Care/Assisted Living/Adult Care, 2016



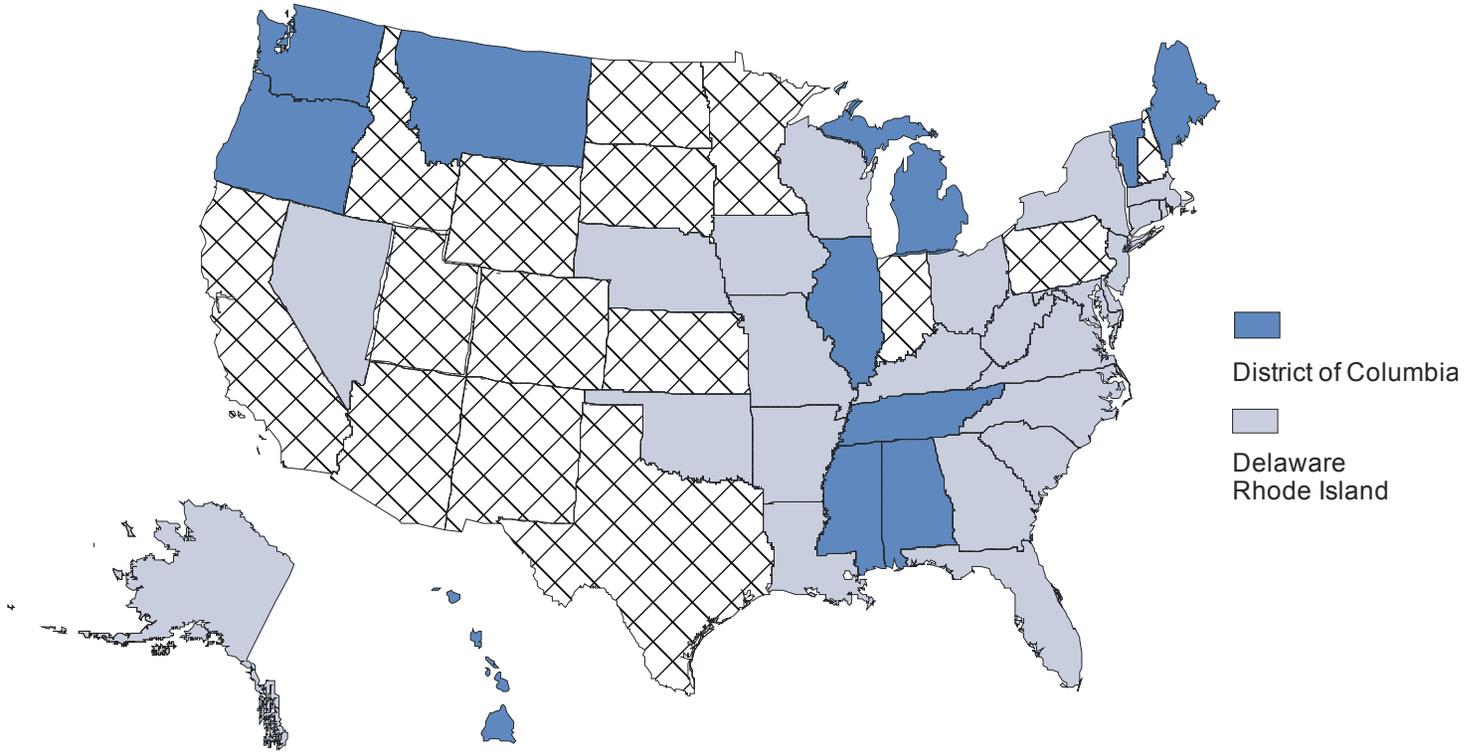
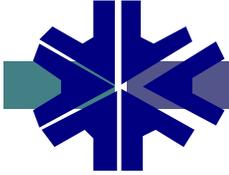
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Swing Beds, 2016



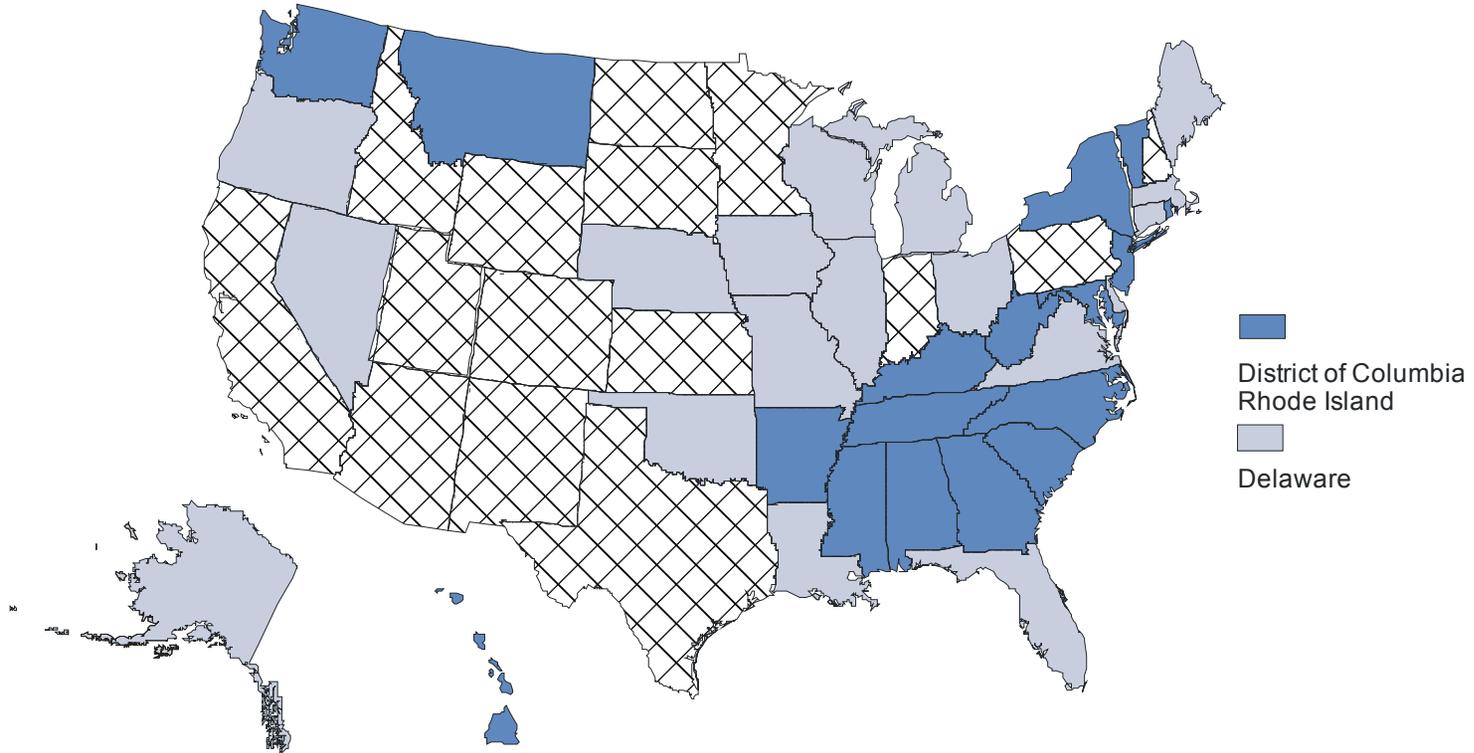
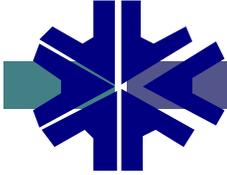
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Home Health Care, 2016



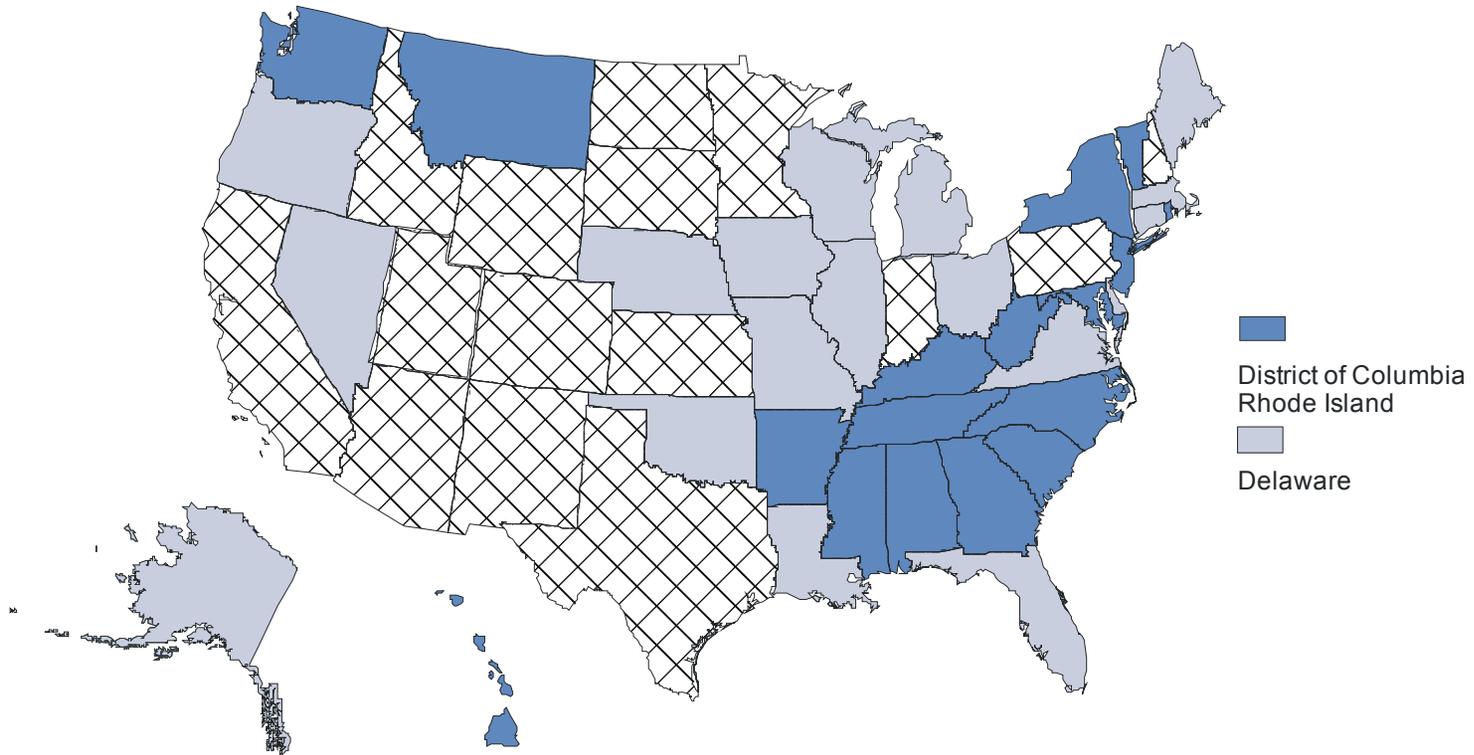
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CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Hospice Care, 2016



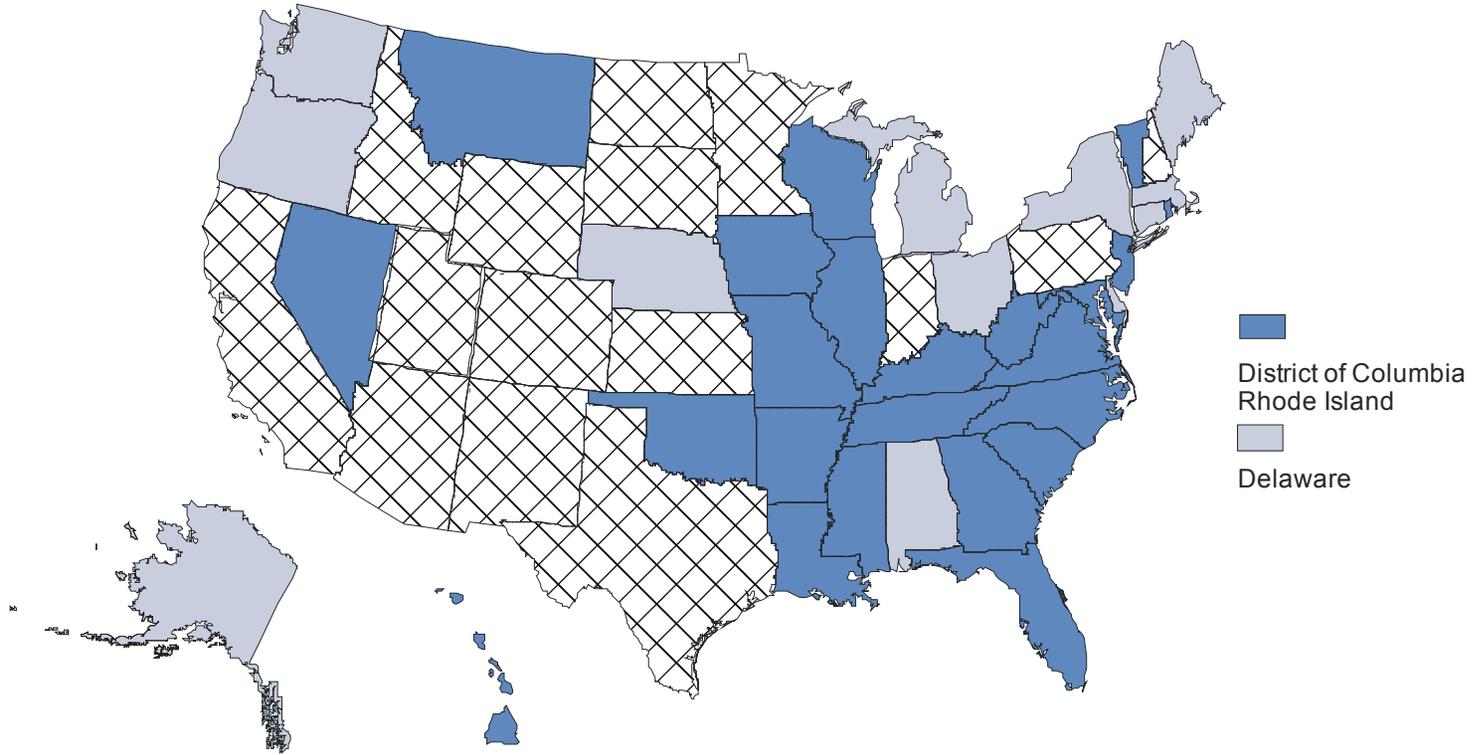
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CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

ICF/MR/ID Beds, 2016



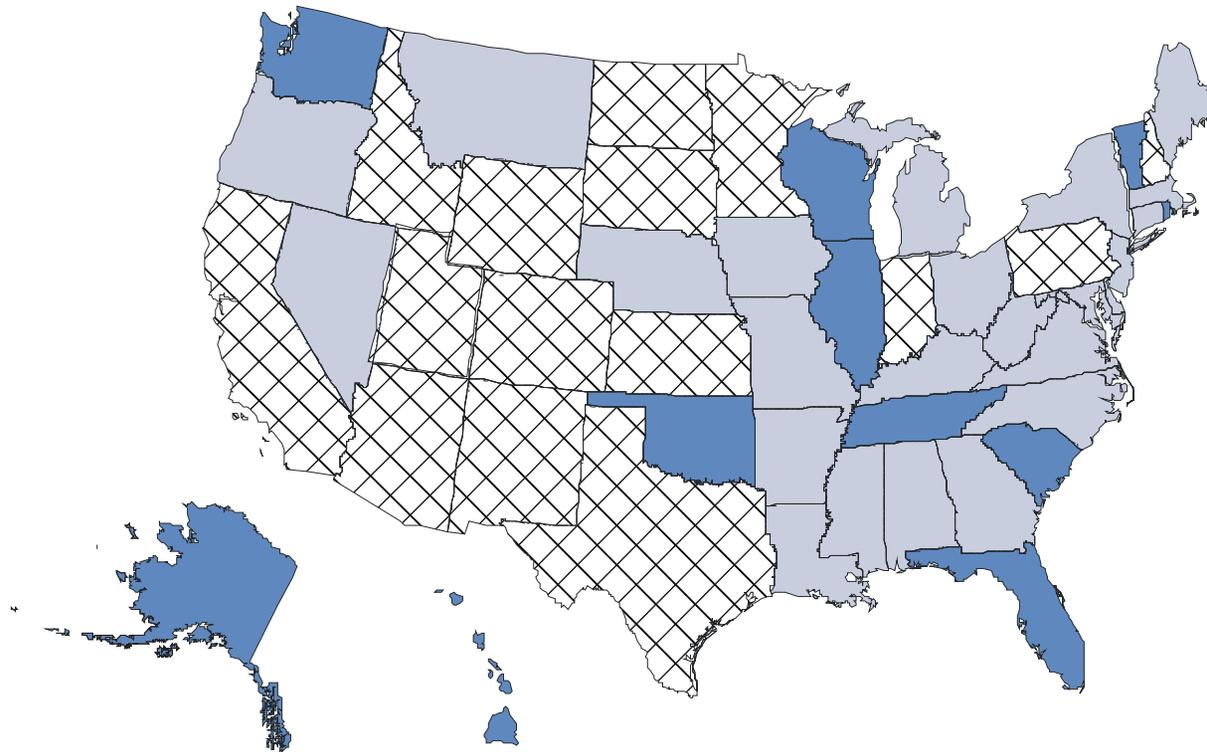
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CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Sub Acute Care, 2016

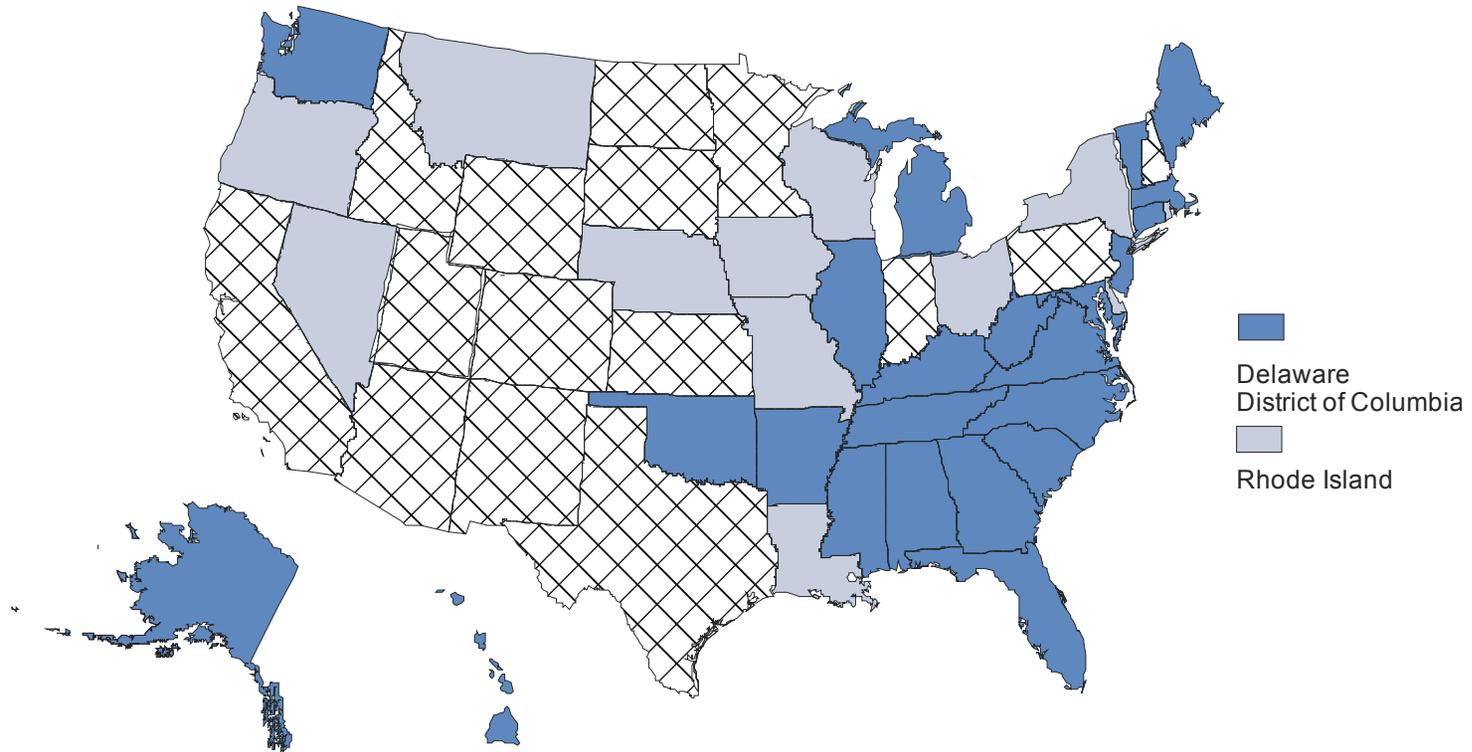
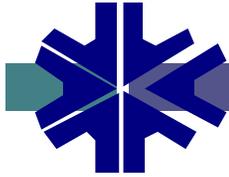


■ CON Required ■ No CON Required ▣ No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Psychiatric Beds, 2016

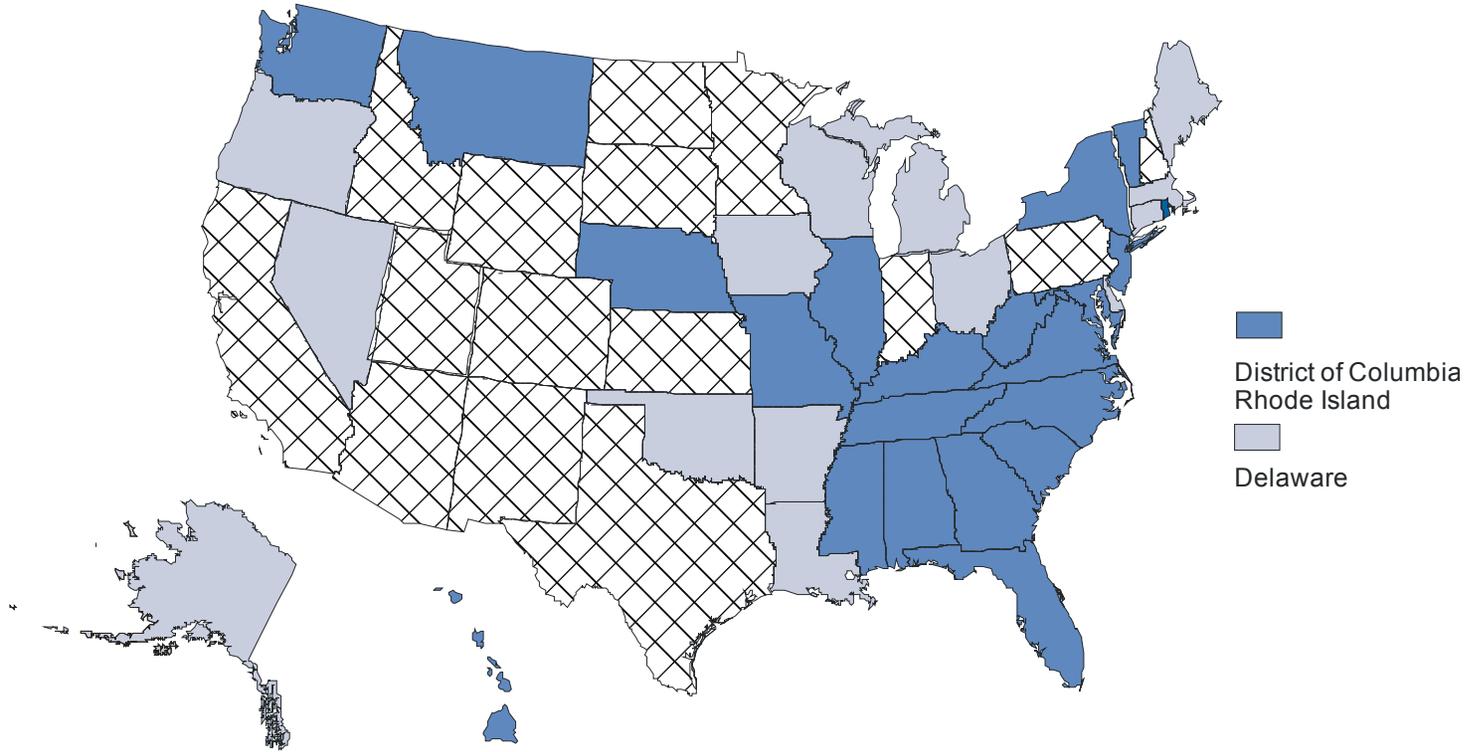


CON Required No CON Required No CON Program (14)

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Substance Abuse Services, 2016



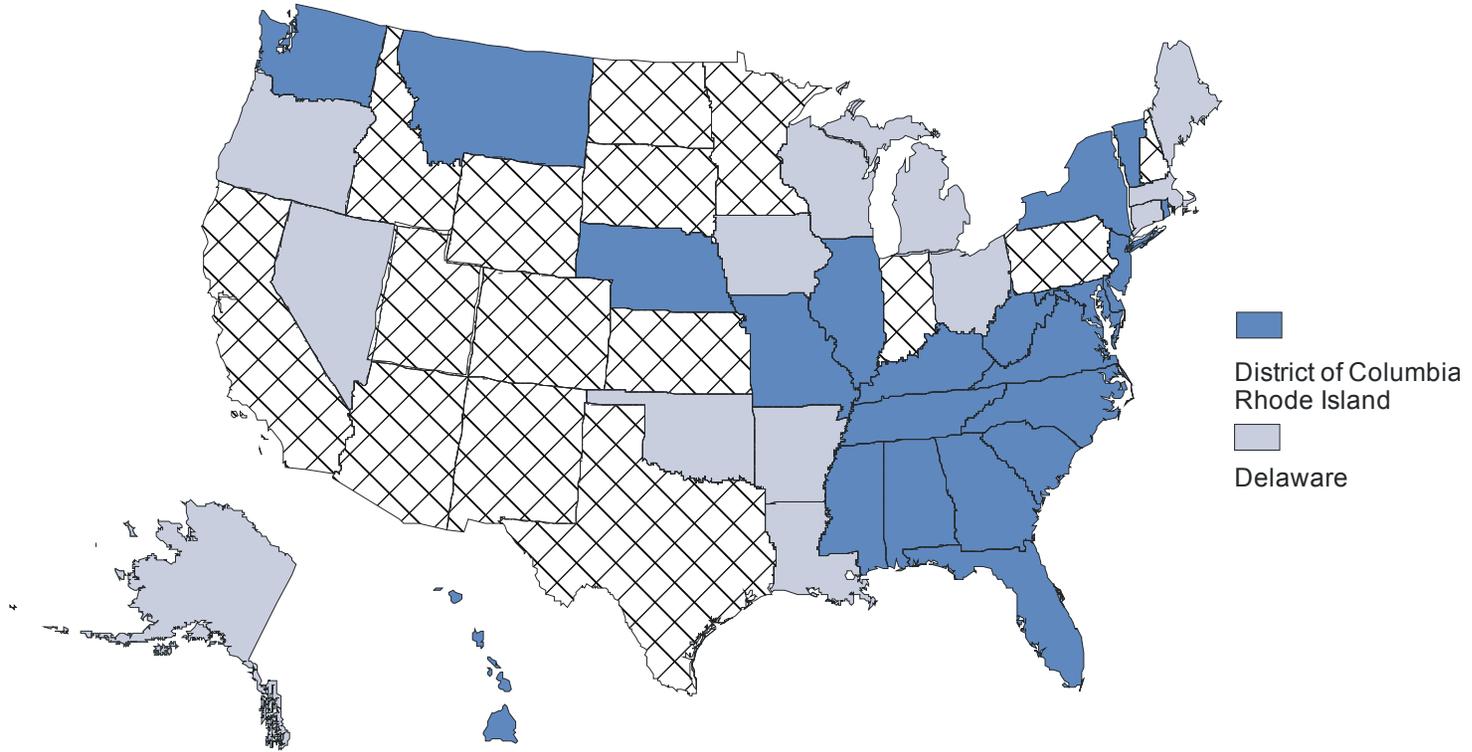
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Rehabilitation Services/Beds, 2016



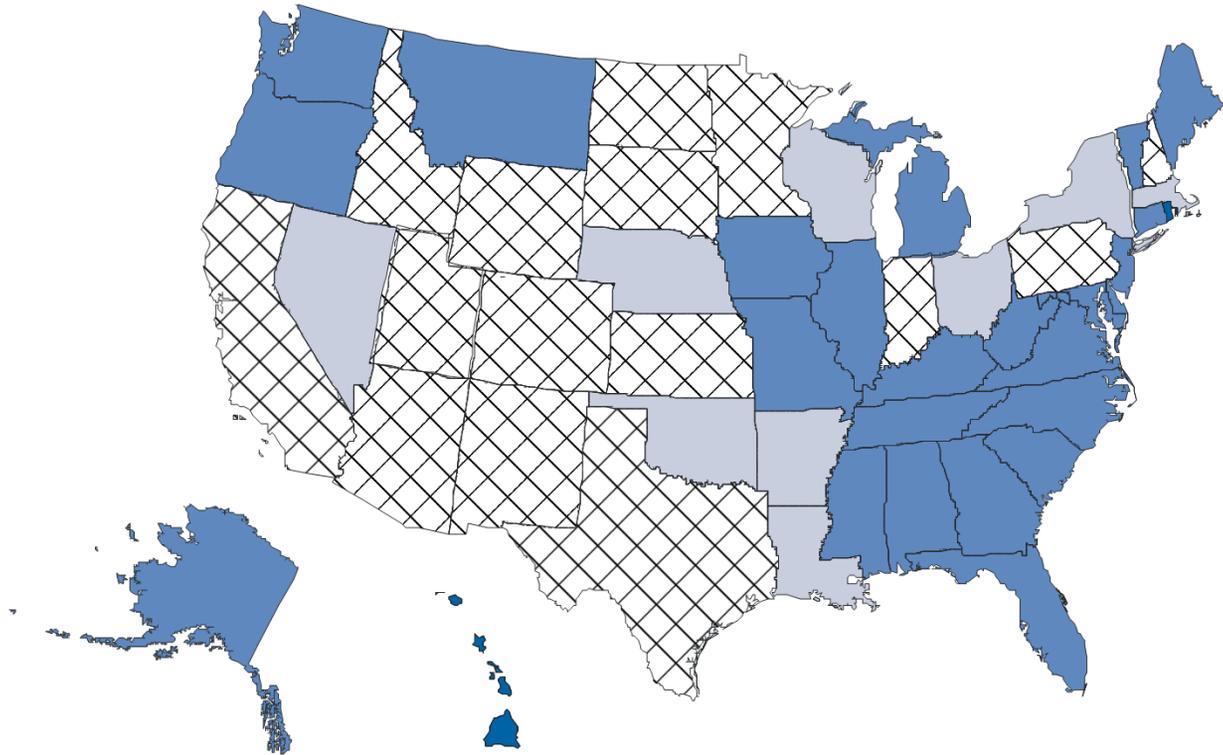
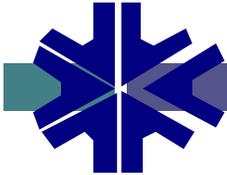
(14)

CON Required No CON Required No CON Program

Source: American Health Planning Association, October 2016.

Certificate of Need: Services Covered

Long Term Acute Care Hospitals/Beds, 2016?



(14)

■ CON Required ■ No CON Required ☒ No CON Program

Source: American Health Planning Association, October 2016.



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American Health Planning Association, 2016

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