

**Table 16C: Year 2013
Need Determination For Adult
Chemical Dependency Treatment Beds*
(Scheduled for Certificate of Need Review During 2011)**

H S A	Mental Health Planning Region	Adult Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
N/A	N/A	None	N/A	N/A
It is determined that there is no need for additional adult chemical dependency treatment beds (inpatient or residential) anywhere else in the state.				

* Need determinations as 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 16D: Year 2013
Need Determination For Adolescent
Chemical Dependency Treatment Beds*
(Scheduled for Certificate of Need Review During 2011)**

H S A	Mental Health Planning Region	Adolescent Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
I, III	Western Region	11 Residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.	To Be Determined	To Be Determined
It is determined that there is no need for additional adolescent chemical dependency treatment beds (inpatient or residential) anywhere else in the state.				

* Need determinations as 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).