

**Table 15C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination**

| Local Management Entity-Managed Care Organization (LME-MCO) and Counties                              | Child/Adolescent Psychiatric Bed Need Determination* | Certificate of Need Application Due Date** | Certificate of Need Beginning Review Date |
|---|--|--|---|
| <b>Western Region</b>   | 1  | To be determined                           | To be determined                          |
| It is determined that there is no need anywhere else in the state and no other reviews are scheduled. |  |  |   |

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

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date (see Chapter 3).