

Table 16C: 2014 Child/Adolescent Substance Abuse (Chemical Dependency) Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2012)

It is determined that the counties listed in the table below need additional child/adolescent chemical dependency treatment beds as specified.

Mental Health Planning Region	HSA	Child/Adolescent Chemical Dependency Treatment Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Eastern Region	V, VI	2	To be determined	To be determined
South Central Region	II, IV, V	7	To be determined	To be determined
Western Region	I, II, III	11	To be determined	To be determined
It is determined that there is no need for additional child/adolescent chemical dependency treatment beds (inpatient or residential) anywhere else in the state.				
Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.				

* 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).