

Table 16C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination

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
Central Region	II, III, IV, V	17	To be determined	To be determined
Western Region	I	2	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.				

* 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).