

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

*(Scheduled for Certificate of Need Review Commencing in 2020)*

<b>Mental Health Planning Region</b>	<b>Child/Adolescent Chemical Dependency Treatment Bed Need Determination**</b>	<b>Certificate of Need Application Due Date***</b>	<b>Certificate of Need Beginning Review Date</b>
<b>Central Region</b>	20	To be determined	To be determined
<b>Western Region</b>	3	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.

\*\* 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).