

**Table 15D: Adult Chemical Dependency (Substance Use Disorder)  
Treatment Bed Need Determination**

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

| <b>Mental Health<br/>Planning Region</b>  | <b>Adult Chemical<br/>Dependency<br/>Treatment Bed<br/>Need<br/>Determination*</b> | <b>Certificate of Need<br/>Application<br/>Due Date**</b> | <b>Certificate of Need<br/>Beginning<br/>Review Date</b> |
|---|--|---|--|
| <b>Eastern 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. |  |   |  |

\* 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).