

**Table 16C: Adult Chemical Dependency (Substance Abuse)  
Treatment Bed Need Determination - Draft 5/1/2015**  
*(Scheduled for Certificate of Need Review Commencing in 2016)*

It is determined that the mental health planning regions listed in the table below need additional adult chemical dependency treatment beds as specified.

| <b>Mental Health Planning Region</b>  | <b>HSA</b>     | <b>Adult 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>   | II, III, IV, V | 1  | To be determined                                  | To be determined                                 |
| It is determined that there is no need for additional adult chemical dependency beds anywhere else in the state and no reviews are scheduled.             |                |  |   |  |
| 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).