## Table 16C: 2015 Child/Adolescent Chemical Dependency (Substance Abuse) Bed Need Determinations- DRAFT 5/9/12

(Scheduled for Certificate of Need Review Commencing in 2013

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

		Child/Adolescent		
Mental Health Planning Region	HSA	Chemical	Certificate of	Certificate of
		Dependency	Need	Need
		<b>Treatment Bed</b>	Application	Beginning
		Need	<b>Due Date**</b>	<b>Review Date</b>
		<b>Determination*</b>		

It is determined that there is no need for additional child/adolescent chemical dependency treatment beds (inpatient or residential) anywhere else in the state and no other 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).