Table 16C: Adult Chemical Dependency (Substance Abuse) Residential Treatment Bed Need Determinations
DRAFT 5/9/13
(Proposed for Certificate of Need Review Commencing in 2014)

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

<table>
<thead>
<tr>
<th>Mental Health Planning Region</th>
<th>HSA</th>
<th>Adult Chemical Dependency Treatment Bed Need Determination*</th>
<th>Certificate of Need Application Due Date**</th>
<th>Certificate of Need Beginning Review Date</th>
</tr>
</thead>
</table>

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).