## Table 16D: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2018)

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

Mental Health Planning Region	HSA	Child/Adolescent Chemical Dependency Treatment Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Central Region	II, III, IV,V	15	To be determined	To be determined

It is determined that there is no need for additional child/adolescent chemical dependency (substance abuse) treatment beds 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).