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

(Proposed for Certificate of Need Review Commencing in 2019)

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
Eastern Region***	V, VI	2	To be determined	To be determined
Central Region***	II, III, IV, V, VI	19	To be determined	To be determined
Western Region	I, II, III	3	To be determined	To be determined

^{*} 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).

^{***} Corrections to days of care data from one facility is in progress. The revised data may impact the need determination for the Central and Eastern Regions.