

Table 15C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination*

Service Area	Child/ Adolescent Psychiatric Bed Need Determination**	Certificate of Need Application Deadline***	Certificate of Need Beginning Review Date
Central Region	20	To be determined	To be determined
Western Region	2	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-1 (see Chapter 4).

*** Application deadlines are absolute. The filing deadline is 5:30 p.m. on the application deadline date (see Chapter 3).