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

Local Management Entity- Managed Care Organization (LME-MCO) and Counties	Child/ Adolescent Psychiatric Bed Need Determination*	Certificate of Need Application Due Date**	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.			

* 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 (see Chapter 3).