

**SUBCHAPTER 14B - SMFP**

**SECTION .0100 - PLANNING POLICIES AND NEED DETERMINATIONS FOR 1999 AND 2000**

10A NCAC 14B .0101	APPLICABILITY OF RULES RELATED TO THE 1999 STATE MEDICAL FACILITIES PLAN
10A NCAC 14B .0102	CERTIFICATE OF NEED REVIEW CATEGORIES
10A NCAC 14B .0103	CERTIFICATE OF NEED REVIEW SCHEDULE
10A NCAC 14B .0104	MULTI-COUNTY GROUPINGS
10A NCAC 14B .0105	SERVICE AREAS AND PLANNING AREAS
10A NCAC 14B .0106	REALLOCATIONS AND ADJUSTMENTS
10A NCAC 14B .0107	ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)
10A NCAC 14B .0108	REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0109	AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0110	OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0111	HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0112	FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)
10A NCAC 14B .0113	MOBILE CARDIAC CATHETERIZATION EQUIPMENT AND MOBILE CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)
10A NCAC 14B .0114	BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0115	POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0116	BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0117	SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0118	GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0119	LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0120	RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0121	MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0122	NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)
10A NCAC 14B .0123	HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0124	DIALYSIS STATION NEED DETERMINATION
10A NCAC 14B .0125	HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0126	HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0127	PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
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10A NCAC 14B .0129	INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
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**10A NCAC 14B .0139    POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES**  
**10A NCAC 14B .0140    POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES**  
**10A NCAC 14B .0141    POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED**

*History Note:    Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
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