

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)
10A NCAC 14B .0128	CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0129	INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0130	POLICIES FOR GENERAL ACUTE CARE HOSPITALS
10A NCAC 14B .0131	POLICIES FOR INPATIENT REHABILITATION SERVICES
10A NCAC 14B .0132	POLICY FOR AMBULATORY SURGICAL FACILITIES
10A NCAC 14B .0133	POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE
10A NCAC 14B .0134	POLICY FOR NURSING CARE BEDS IN CONTINUING CARE FACILITIES
10A NCAC 14B .0135	POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES
10A NCAC 14B .0136	POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
10A NCAC 14B .0137	POLICY FOR HOME HEALTH SERVICES
10A NCAC 14B .0138	POLICY FOR END-STAGE RENAL DISEASE DIALYSIS SERVICES

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);
Temporary Adoption Eff. January 1, 1999;
Temporary Amendment Eff. July 22, 1999;
Temporary Expired on October 12, 1999;
Eff. August 1, 2000;
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0142 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0143 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0144 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0145 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0146 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0147 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0148 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0149 RESERVED FOR FUTURE CODIFICATION

**10A NCAC 14B .0150 APPLICABILITY OF RULES RELATED TO THE 2000 STATE MEDICAL FACILITIES
PLAN**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0151 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0152 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0153 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0154 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0155 REALLOCATIONS AND ADJUSTMENTS

10A NCAC 14B .0156 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)

10A NCAC 14B .0157 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)

**10A NCAC 14B .0158 AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY
E)**

10A NCAC 14B .0159 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0160 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)

**10A NCAC 14B .0161 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC
ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-177(1); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0162	RESERVED FOR FUTURE CODIFICATION
10A NCAC 14B .0163	BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0164	POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0165	BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0166	SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0167	GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0168	LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0169	RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0170	MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0171	MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR PLANNING RADIATION ONCOLOGY TREATMENTS (REVIEW CATEGORY H)
10A NCAC 14B .0172	NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)
10A NCAC 14B .0173	DEMONSTRATION PROJECT FOR CONTINUING CARE OF ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR AGING CAREGIVERS (REVIEW CATEGORY J)
10A NCAC 14B .0174	HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0175	DIALYSIS STATION NEED DETERMINATION METHODOLOGY
10A NCAC 14B .0176	DIALYSIS STATION ADJUSTED NEED DETERMINATION (REVIEW CATEGORY G)
10A NCAC 14B .0177	HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0178	HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0179	PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0180	CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0181	INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0182	POLICIES FOR GENERAL ACUTE CARE HOSPITALS
10A NCAC 14B .0183	POLICIES FOR INPATIENT REHABILITATION SERVICES
10A NCAC 14B .0184	POLICY FOR AMBULATORY SURGICAL FACILITIES
10A NCAC 14B .0185	POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE
10A NCAC 14B .0186	POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES
10A NCAC 14B .0187	POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES
10A NCAC 14B .0188	POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
10A NCAC 14B .0189	POLICIES FOR HOME HEALTH SERVICES
10A NCAC 14B .0190	POLICY FOR RELOCATION OF DIALYSIS STATIONS
10A NCAC 14B .0191	POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
10A NCAC 14B .0192	POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES
10A NCAC 14B .0193	POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0194 **EQUIPMENT NEED DETERMINATIONS FOR 1996 SMFP (REVIEW CATEGORY H)**

**10A NCAC 14B .0195 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS FOR 1996 SMFP
(REVIEW CATEGORY H)**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Eff. August 1, 1998;
Repealed Eff. April 1, 2012.*

SECTION .0200 - PLANNING POLICIES AND NEED DETERMINATION FOR 2001 AND 2002

**10A NCAC 14B .0201 APPLICABILITY OF RULES RELATED TO THE 2001 STATE MEDICAL FACILITIES
PLAN**

10A NCAC 14B .0202 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0203 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0204 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0205 REALLOCATIONS AND ADJUSTMENTS

10A NCAC 14B .0206 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)

10A NCAC 14B .0207 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2001;
Temporary Amendment Eff. May 1, 2001;
Eff. August 1, 2002;
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0208 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0209 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0210 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)

**10A NCAC 14B .0211 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC
ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)**

**10A NCAC 14B .0212 SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED DETERMINATION
(REVIEW CATEGORY H)**

10A NCAC 14B .0213 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

**10A NCAC 14B .0214 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW
CATEGORY H)**

**10A NCAC 14B .0215 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW
CATEGORY H)**

**10A NCAC 14B .0216 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW
CATEGORY H)**

10A NCAC 14B .0217 GAMMA KNIFE UNIT NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0218 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)

**10A NCAC 14B .0219 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW
CATEGORY H)**

**10A NCAC 14B .0220 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON
FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**

**10A NCAC 14B .0221 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON
MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**

10A NCAC 14B .0222 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)

**10A NCAC 14B .0223 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION
(REVIEW CATEGORY F)**

**10A NCAC 14B .0224 DIALYSIS NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING
JANUARY 1, 2001**

**10A NCAC 14B .0225 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS
BEGINNING SEPTEMBER 1, 2001**

10A NCAC 14B .0226 HOSPICE CARE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0227 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0228 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0229 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0230 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0231 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0232 POLICIES FOR GENERAL ACUTE CARE HOSPITALS
10A NCAC 14B .0233 POLICIES FOR CARDIAC CATHETERIZATION EQUIPMENT AND SERVICES
10A NCAC 14B .0234 POLICIES FOR TRANSPLANTATION SERVICES
10A NCAC 14B .0235 POLICY FOR MRI SCANNERS
10A NCAC 14B .0236 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM CARE NURSING CARE
10A NCAC 14B .0237 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES
10A NCAC 14B .0238 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES
10A NCAC 14B .0239 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
10A NCAC 14B .0240 POLICY FOR TRANSFER OF BEDS FROM STATE PSYCHIATRIC HOSPITAL NURSING FACILITIES TO COMMUNITY FACILITIES
10A NCAC 14B .0241 POLICIES FOR RELOCATION OF NURSING FACILITY BEDS
10A NCAC 14B .0242 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES
10A NCAC 14B .0243 POLICY FOR RELOCATION OF DIALYSIS STATIONS
10A NCAC 14B .0244 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
10A NCAC 14B .0245 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES
10A NCAC 14B .0246 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
 Temporary Adoption Eff. January 1, 2001;
 Eff. August 1, 2002;
 Repealed Eff. April 1, 2012.*

10A NCAC 14B .0247 RESERVED FOR FUTURE CODIFICATION
10A NCAC 14B .0248 RESERVED FOR FUTURE CODIFICATION
10A NCAC 14B .0249 RESERVED FOR FUTURE CODIFICATION
10A NCAC 14B .0250 RESERVED FOR FUTURE CODIFICATION
10A NCAC 14B .0251 APPLICABILITY OF RULES RELATED TO THE 2002 STATE MEDICAL FACILITIES PLAN
10A NCAC 14B .0252 CERTIFICATE OF NEED REVIEW SCHEDULE
10A NCAC 14B .0253 MULTI-COUNTY GROUPINGS
10A NCAC 14B .0254 SERVICE AREAS AND PLANNING AREAS
10A NCAC 14B .0255 REALLOCATIONS AND ADJUSTMENTS
10A NCAC 14B .0256 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)
10A NCAC 14B .0257 INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0258 OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)
10A NCAC 14B .0259 OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0260 HEART-LUNG BYPASS MACHINES NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0261 FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0262 SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0263 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0264 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0265 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0266 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0267 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0268 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0269 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0270 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)

10A NCAC 14B .0271 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR A DEDICATED FIXED BREAST MRI SCANNER (REVIEW CATEGORY H)

10A NCAC 14B .0272 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)

10A NCAC 14B .0273 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)

10A NCAC 14B .0274 ADULT CARE HOME BED NEED DETERMINATION (REVIEW CATEGORY B)

10A NCAC 14B .0275 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0276 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2002

10A NCAC 14B .0277 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2002

10A NCAC 14B .0278 HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0279 SINGLE COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0280 CONTIGUOUS COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0281 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0282 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0283 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0284 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0285 POLICIES FOR GENERAL ACUTE CARE HOSPITALS

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);
 Temporary Adoption Eff. January 1, 2002;
 Temporary Amendment Eff. April 8, 2002; March 15, 2002;
 Eff. April 1, 2003;
 Repealed Eff. April 1, 2012.

10A NCAC 14B .0286 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0287 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0288 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0289 POLICIES FOR NURSING CARE FACILITIES

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0290 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES ADULT CARE HOME BEDS

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Temporary Adoption Expired on October 12, 2002.

- 10A NCAC 14B .0291 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES**
- 10A NCAC 14B .0292 POLICY FOR RELOCATION OF DIALYSIS STATIONS**
- 10A NCAC 14B .0293 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES**
- 10A NCAC 14B .0294 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES**
- 10A NCAC 14B .0295 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED**

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. April 1, 2012.

SECTION .0300 – PLANNING POLICIES AND NEED DETERMINATIONS FOR 2003

- 10A NCAC 14B .0301 APPLICABILITY OF RULES RELATED TO THE 2003 STATE MEDICAL FACILITIES PLAN**
- 10A NCAC 14B .0302 CERTIFICATE OF NEED REVIEW SCHEDULE**
- 10A NCAC 14B .0303 MULTI-COUNTY GROUPINGS**
- 10A NCAC 14B .0304 SERVICE AREAS AND PLANNING AREAS**
- 10A NCAC 14B .0305 REALLOCATIONS AND ADJUSTMENTS**
- 10A NCAC 14B .0306 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**
- 10A NCAC 14B .0307 INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)**
- 10A NCAC 14B .0308 OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)**
- 10A NCAC 14B .0309 OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0310 HEART-LUNG BYPASS MACHINE NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0311 FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)**
- 10A NCAC 14B .0312 SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0313 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0314 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0315 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0316 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0317 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0318 RADIATION ONCOLOGY TREATMENT CENTER/LINEAR ACCELERATOR NEED DETERMINATIONS (REVIEW CATEGORY H)**
- 10A NCAC 14B .0319 FIXED DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)**
- 10A NCAC 14B .0320 MOBILE DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNER NEED DETERMINATION (REVIEW CATEGORY H)**

**10A NCAC 14B .0321 FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION
BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**
**10A NCAC 14B .0322 FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION
BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**
**10A NCAC 14B .0323 MOBILE MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION
(REVIEW CATEGORY H)**
10A NCAC 14B .0324 NURSING CARE BED NEED DETERMINATIONS (REVIEW CATEGORY B)
10A NCAC 14B .0325 ADULT CARE HOME BED NEED DETERMINATIONS (REVIEW CATEGORY B)
**10A NCAC 14B .0326 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION
(REVIEW CATEGORY F)**
10A NCAC 14B .0327 HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0328 HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)
**10A NCAC 14B .0329 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS
BEGINNING APRIL 1, 2003**
**10A NCAC 14B .0330 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS
BEGINNING OCTOBER 1, 2003**
10A NCAC 14B .0331 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
**10A NCAC 14B .0332 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED
DETERMINATION (REVIEW CATEGORY C)**
**10A NCAC 14B .0333 INTERMEDIATE CARE FACILITY BEDS FOR THE MENTALLY RETARDED (ICF/MR)
NEED DETERMINATION (REVIEW CATEGORY C)**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2003;
Rule removed from the Code pursuant to G.S. 150B-2(8a)k.*

10A NCAC 14B .0334 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0335 RESERVED FOR FUTURE CODIFICATION

**10A NCAC 14B .0336 EXEMPTION FROM PLAN PROVISIONS FOR CERTAIN ACADEMIC MEDICAL CENTER
TEACHING HOSPITAL PROJECTS**
10A NCAC 14B .0337 POLICIES FOR GENERAL ACUTE CARE HOSPITALS
10A NCAC 14B .0338 POLICIES FOR NURSING CARE FACILITIES
**10A NCAC 14B .0339 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT
COMMUNITIES - ADULT CARE HOME BEDS**
10A NCAC 14B .0340 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES
10A NCAC 14B .0341 POLICY FOR RELOCATION OF DIALYSIS STATIONS
10A NCAC 14B .0342 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
10A NCAC 14B .0343 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES
10A NCAC 14B .0344 POLICY FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2003;
Rule removed from the Code pursuant to G.S. 150B-2(8a)k.*