DHHS / OSMB Review
Permanent Rules Proposed for Repeal

Agency Proposing Rule Change
N.C. Department of Health and Human Services/Division of Health Service Regulation

Contact Persons
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Impact Summary:
State government: No
Local government: No
Substantial impact: No
Federal government: No
Small businesses: No

Titles of Rules Proposed for Repeal
10A NCAC 14B .0101-.0141, .0150, .0152-.0161, .0163-.0193, .0194-.0195, .0201-.0207, .0209-.0246, .0251-.0285, .0289, .0291-.0295.

Authorizing Statute: G.S. 150B-2(8a)k.

Background and anticipated fiscal impact
The State Medical Facilities Plan required rules under Subchapter 10A NCAC 14B for the development of the annual Plan. Session Law 2003-229 amended G.S. 150B by adding language to the definition of a rule that excluded the State Medical Facilities Plan from the definition of a rule and therefore, rulemaking procedures. Subsequently, each year a public hearing is held regarding the Plan, comments are accepted, the Plan is reviewed by the Rules Review Commission for compliance and is ultimately approved by the governor according to statute.

Summary of Revisions and its Anticipated Fiscal Impact
The rules contained in Subchapter 14B of 10A NCAC are obsolete and are in need of repeal. This was identified during the review of rules with Executive Order #70. There is no fiscal impact with the repeal of these rules which have not been used by the agency since 2003.
Appendix
Proposed Rule Changes

10A NCAC 14B .0101 - .0141 are proposed to be repealed as follows:

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,
10A NCAC 14B .0150 is proposed to be repealed as follows:

**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 .0152 - .0161 are proposed to be repealed as follows:

**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(I); 131E-183(b); 131E-183(I);  
Temporary Adoption Eff. August 17, 2000; January 1, 2000;  
Eff. April 1, 2001;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0163 - .0193 are proposed to be repealed as follows:
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. August 17, 2000; January 1, 2000;
Eff. April 1, 2004-2001;

10A NCAC 14B .0194 - .0195 are proposed to be repealed as follows:

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);
10A NCAC 14B .0201 - .0207 are proposed to be repealed as follows:

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. May 1, 2001; January 1, 2001;
Eff. August 1, 2002- 2002;

10A NCAC 14B .0209 - .0246 are proposed to be repealed as follows:

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, 2002;

10A NCAC 14B .0251 - .0285 are proposed to be repealed as follows:

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. April 8, 2002; March 15, 2002; January 1, 2002;
Eff. April 1, 2003. 2003;

10A NCAC 14B .0289 is proposed to be repealed as follows:

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. 2003;
10A NCAC 14B .0291 - .0295 are proposed to be repealed as follows:

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.  2003;