

1 10A NCAC 14B .0101 - .0141 are repealed as follows:

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3 **10A NCAC 14B .0101 APPLICABILITY OF RULES RELATED TO THE 1999 STATE MEDICAL**
4 **FACILITIES PLAN**

5 **10A NCAC 14B .0102 CERTIFICATE OF NEED REVIEW CATEGORIES**

6 **10A NCAC 14B .0103 CERTIFICATE OF NEED REVIEW SCHEDULE**

7 **10A NCAC 14B .0104 MULTI-COUNTY GROUPINGS**

8 **10A NCAC 14B .0105 SERVICE AREAS AND PLANNING AREAS**

9 **10A NCAC 14B .0106 REALLOCATIONS AND ADJUSTMENTS**

10 **10A NCAC 14B .0107 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**

11 **10A NCAC 14B .0108 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)**

12 **10A NCAC 14B .0109 AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW**
13 **CATEGORY E)**

14 **10A NCAC 14B .0110 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW**
15 **CATEGORY H)**

16 **10A NCAC 14B .0111 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW**
17 **CATEGORY H)**

18 **10A NCAC 14B .0112 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC**
19 **ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW**
20 **CATEGORY J)**

21 **10A NCAC 14B .0113 MOBILE CARDIAC CATHETERIZATION EQUIPMENT AND MOBILE**
22 **CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW**
23 **CATEGORY J)**

24 **10A NCAC 14B .0114 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW**
25 **CATEGORY H)**

26 **10A NCAC 14B .0115 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION**
27 **(REVIEW CATEGORY H)**

28 **10A NCAC 14B .0116 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION**
29 **(REVIEW CATEGORY H)**

30 **10A NCAC 14B .0117 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION**
31 **(REVIEW CATEGORY H)**

32 **10A NCAC 14B .0118 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)**

33 **10A NCAC 14B .0119 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)**

34 **10A NCAC 14B .0120 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION**
35 **(REVIEW CATEGORY H)**

36 **10A NCAC 14B .0121 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION**
37 **(REVIEW CATEGORY H)**

- 1 **10A NCAC 14B .0122 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)**
- 2 **10A NCAC 14B .0123 HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW**
- 3 **CATEGORY F)**
- 4 **10A NCAC 14B .0124 DIALYSIS STATION NEED DETERMINATION**
- 5 **10A NCAC 14B .0125 HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)**
- 6 **10A NCAC 14B .0126 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW**
- 7 **CATEGORY F)**
- 8 **10A NCAC 14B .0127 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)**
- 9 **10A NCAC 14B .0128 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED**
- 10 **DETERMINATION (REVIEW CATEGORY C)**
- 11 **10A NCAC 14B .0129 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED**
- 12 **DETERMINATION (REVIEW CATEGORY C)**
- 13 **10A NCAC 14B .0130 POLICIES FOR GENERAL ACUTE CARE HOSPITALS**
- 14 **10A NCAC 14B .0131 POLICIES FOR INPATIENT REHABILITATION SERVICES**
- 15 **10A NCAC 14B .0132 POLICY FOR AMBULATORY SURGICAL FACILITIES**
- 16 **10A NCAC 14B .0133 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING**
- 17 **CARE**
- 18 **10A NCAC 14B .0134 POLICY FOR NURSING CARE BEDS IN CONTINUING CARE FACILITIES**
- 19 **10A NCAC 14B .0135 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING**
- 20 **BEDS IN SINGLE PROVIDER COUNTIES**
- 21 **10A NCAC 14B .0136 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS**
- 22 **10A NCAC 14B .0137 POLICY FOR HOME HEALTH SERVICES**
- 23 **10A NCAC 14B .0138 POLICY FOR END-STAGE RENAL DISEASE DIALYSIS SERVICES**
- 24 **10A NCAC 14B .0139 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES**
- 25 **10A NCAC 14B .0140 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES**
- 26 **10A NCAC 14B .0141 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY**
- 27 **RETARDED**

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29 *History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);*
30 *Temporary Adoption Eff. January 1, 1999;*
31 *Temporary Amendment Eff. July 22, 1999;*
32 *Temporary Expired on October 12, 1999;*
33 *Eff. August 1, ~~2000~~, 2000;*
34 *Repealed Eff. April 1, 2012.*