

1 10A NCAC 14B .0163 - .0193 are repealed as follows:

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3 **10A NCAC 14B .0163 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW**
4 **CATEGORY H)**

5 **10A NCAC 14B .0164 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION**
6 **(REVIEW CATEGORY H)**

7 **10A NCAC 14B .0165 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION**
8 **(REVIEW CATEGORY H)**

9 **10A NCAC 14B .0166 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION**
10 **(REVIEW CATEGORY H)**

11 **10A NCAC 14B .0167 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)**

12 **10A NCAC 14B .0168 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)**

13 **10A NCAC 14B .0169 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION**
14 **(REVIEW CATEGORY H)**

15 **10A NCAC 14B .0170 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION**
16 **(REVIEW CATEGORY H)**

17 **10A NCAC 14B .0171 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION**
18 **FOR PLANNING RADIATION ONCOLOGY TREATMENTS (REVIEW**
19 **CATEGORY H)**

20 **10A NCAC 14B .0172 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)**

21 **10A NCAC 14B .0173 DEMONSTRATION PROJECT FOR CONTINUING CARE OF ADULTS WITH**
22 **DEVELOPMENTAL DISABILITIES AND THEIR AGING CAREGIVERS**
23 **(REVIEW CATEGORY J)**

24 **10A NCAC 14B .0174 HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW**
25 **CATEGORY F)**

26 **10A NCAC 14B .0175 DIALYSIS STATION NEED DETERMINATION METHODOLOGY**

27 **10A NCAC 14B .0176 DIALYSIS STATION ADJUSTED NEED DETERMINATION (REVIEW**
28 **CATEGORY G)**

29 **10A NCAC 14B .0177 HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)**

30 **10A NCAC 14B .0178 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW**
31 **CATEGORY F)**

32 **10A NCAC 14B .0179 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)**

33 **10A NCAC 14B .0180 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED**
34 **DETERMINATION (REVIEW CATEGORY C)**

35 **10A NCAC 14B .0181 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED**
36 **DETERMINATION (REVIEW CATEGORY C)**

37 **10A NCAC 14B .0182 POLICIES FOR GENERAL ACUTE CARE HOSPITALS**

- 1 **10A NCAC 14B .0183 POLICIES FOR INPATIENT REHABILITATION SERVICES**
- 2 **10A NCAC 14B .0184 POLICY FOR AMBULATORY SURGICAL FACILITIES**
- 3 **10A NCAC 14B .0185 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING**
- 4 **CARE**
- 5 **10A NCAC 14B .0186 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT**
- 6 **COMMUNITIES**
- 7 **10A NCAC 14B .0187 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING**
- 8 **BEDS IN SINGLE PROVIDER COUNTIES**
- 9 **10A NCAC 14B .0188 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS**
- 10 **10A NCAC 14B .0189 POLICIES FOR HOME HEALTH SERVICES**
- 11 **10A NCAC 14B .0190 POLICY FOR RELOCATION OF DIALYSIS STATIONS**
- 12 **10A NCAC 14B .0191 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES**
- 13 **10A NCAC 14B .0192 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES**
- 14 **10A NCAC 14B .0193 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY**
- 15 **RETARDED**

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