1	10A NCAC 14B .01010141 are proposed to be repealed as follows:	
2		
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
28		
29	History Note: Autho	rity G.S. 131E-176(25); 131E-177(1); 131E-183(b);
30	Temp	orary Adoption Eff. January 1, 1999;
31	Temp	orary Amendment Eff. July 22, 1999;
32	Temp	orary Expired on October 12, 1999;
33	Eff. A	ugust 1, 2000. <u>2000;</u>
34	<u>Repea</u>	<u>lled Eff. April 1, 2012.</u>