

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)**
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- 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)**
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*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
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