

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. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.