

**SECTION .0200 - PLANNING POLICIES AND NEED DETERMINATION FOR 2001 AND 2002**

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| <b>10A NCAC 14B .0201</b> | <b>APPLICABILITY OF RULES RELATED TO THE 2001 STATE MEDICAL FACILITIES PLAN</b> |
| <b>10A NCAC 14B .0202</b> | <b>CERTIFICATE OF NEED REVIEW SCHEDULE</b>                                      |
| <b>10A NCAC 14B .0203</b> | <b>MULTI-COUNTY GROUPINGS</b>   |
| <b>10A NCAC 14B .0204</b> | <b>SERVICE AREAS AND PLANNING AREAS</b>   |
| <b>10A NCAC 14B .0205</b> | <b>REALLOCATIONS AND ADJUSTMENTS</b>  |
| <b>10A NCAC 14B .0206</b> | <b>ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)</b>                    |
| <b>10A NCAC 14B .0207</b> | <b>REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)</b>                |

*History Note:* Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);  
Temporary Adoption Eff. January 1, 2001;  
Temporary Amendment Eff. May 1, 2001;  
Eff. August 1, 2002;  
Repealed Eff. April 1, 2012.