

1 10A NCAC 14G .0102 is readopted with changes as published in 34:01 NCR 8-9 as follows:

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3 **10A NCAC 14G .0102 APPLICATION**

4 (a) The terms defined in G.S. 90-405 shall have the same meaning in this Rule.

5 (b) “Applicant” means a health care provider that submits an application to the Director of the Division of Health
6 Service Regulation requesting an exemption from G.S. 90-406.

7 ~~(a) An application must be submitted to the Department by any health care provider wishing to be exempt from G.S.~~
8 ~~90-406.~~

9 ~~(b)~~(c) The application shall include the following information:

10 (1) the name, mailing address, email address, and telephone number of the ~~health care provider~~
11 ~~applicant;~~

12 ~~(2) a list of the designated health care services provided or to be provided by the applicant;~~

13 ~~(2)~~ (3) the name, mailing address, email address, and telephone number of the manager of the entity to
14 ~~which the health care provider wishes to be able~~ applicant wants to make referrals;

15 ~~(3)~~ (4) ~~an explanation a list of the ownership owners of the entity to which the applicant wants to make~~
16 ~~referrals would be made including the names and ownership interests of all individuals or entities~~
17 ~~having an investment interest in the entity; referrals;~~

18 ~~(4)~~ (5) a ~~description list~~ of the types of designated health care services provided or to be provided by the
19 ~~entity; entity to which the applicant wants to make referrals;~~

20 ~~(5)~~ (6) ~~an analysis of the need for the health care service in the area sufficient to allow the Department to~~
21 ~~determine that the area is an underserved area for the particular service to be provided; and evidence~~
22 ~~that there is a need for the proposed designated health care services in the county where the entity~~
23 ~~is or will be located;~~

24 ~~(6)~~ (7) ~~documentation of attempts made to obtain evidence that alternative financing is not available from~~
25 ~~other sources to develop the entity in which the health care provider has an interest and an~~
26 ~~explanation as to why any proposed alternative was not reasonable. to which the applicant wants to~~
27 ~~make referrals; and~~

28 (8) ~~a statement affirming that all health care providers located in the county where the entity is or will~~
29 ~~be located shall be offered access to the entity.~~

30 ~~(e)~~(d) Applications shall be sent to the Director's Office, Division of Health Service Regulation, North Carolina
31 Department of Human Resources, 701 Barbour Drive, P.O. Box 29530, Raleigh, N.C. 27626-0530, and shall indicate
32 the purpose of the application. **be: bc:**

33 (1) ~~mailed to the Office of the Director, Division of Health Service Regulation, Department of Health~~
34 ~~and Human Services, 2701 Mail Service Center, Raleigh, NC 27699-2701; or~~

35 (2) ~~delivered in person to the Office of the Director, Division of Health Service Regulation, Department~~
36 ~~of Health and Human Services, 809 Ruggles Drive, Raleigh, NC 27603.~~

- 1 *History Note: Authority G.S. 90-408;*
- 2 *Eff. April 1, ~~1995~~ 1995;*
- 3 *Readopted Eff. November 1, 2019.*