

1 10A NCAC 14G .0101 is repealed through readoption as published in 34:01 NCR 8-9 as follows:

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3 **10A NCAC 14G .0101 DEFINITIONS**

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5 *History Note: Authority G.S. 90-408;*

6 *Eff. April 1, ~~1995~~ 1995;*

7 *Repealed Eff. November 1, 2019.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: DHHS/ DHSR

RULE CITATION: 10A NCAC 14G .0102

DEADLINE FOR RECEIPT: Tuesday, October 8, 2019

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (c)(2), so that I'm clear – the applicant will be providing the services already without the exemption being granted in advance?

In (c)(6), line 20, and (c)(7), line 24, what is this "evidence"?

I take it (c)(7) is to implement G.S. 90-408(a)(2)?

In (d), line 32, "be:" is new to the Rule and should be underlined.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: September 24, 2019

1 10A NCAC 14G .0102 is readopted 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)~~ (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)~~ (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. bc:

33 ~~(1)~~ (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)~~ (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.*

1 10A NCAC 14G .0103 - .0104 are repealed through readoption as published in 34:01 NCR 8-9 as follows:

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3 **10A NCAC 14G .0103 CRITERIA FOR AN UNDERSERVED AREA EXEMPTION - NEW ENTITY**

4 **10A NCAC 14G .0104 CRITERIA FOR AN UNDERSERVED AREA EXEMPTION - EXISTING ENTITY**

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6 *History Note: Authority G.S. 90-408;*

7 *Eff. April 1, ~~1995~~, 1995;*

8 *Repealed Eff. November 1, 2019.*