

1 10A NCAC 41A .0101 is amended as published in 32:04 NCR 153-155 as follows:

2 **10A NCAC 41A .0101 REPORTABLE DISEASES AND CONDITIONS**

3 (a) The following named diseases and conditions are declared to be dangerous to the public health and are  
4 hereby made reportable within the time period specified after the disease or condition is reasonably suspected to  
5 exist:

- 6 (1) acquired immune deficiency syndrome (AIDS) - 24 hours;
- 7 (2) anthrax - immediately;
- 8 (3) botulism - immediately;
- 9 (4) brucellosis - 7 days;
- 10 (5) campylobacter infection - 24 hours;
- 11 (6) chancroid - 24 hours;
- 12 (7) chikungunya virus infection - 24 hours;
- 13 (8) chlamydial infection (laboratory confirmed) - 7 days;
- 14 (9) cholera - 24 hours;
- 15 (10) Creutzfeldt-Jakob disease – 7 days;
- 16 (11) cryptosporidiosis – 24 hours;
- 17 (12) cyclosporiasis – 24 hours;
- 18 (13) dengue - 7 days;
- 19 (14) diphtheria - 24 hours;
- 20 (15) Escherichia coli, shiga toxin-producing - 24 hours;
- 21 (16) ehrlichiosis – 7 days;
- 22 (17) encephalitis, arboviral - 7 days;
- 23 (18) foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other  
24 and unknown causes - 24 hours;
- 25 (19) gonorrhea - 24 hours;
- 26 (20) granuloma inguinale - 24 hours;
- 27 (21) Haemophilus influenzae, invasive disease - 24 hours;
- 28 (22) Hantavirus infection – 7 days;
- 29 (23) Hemolytic-uremic syndrome – 24 hours;
- 30 (24) Hemorrhagic fever virus infection – immediately;
- 31 (25) hepatitis A - 24 hours;
- 32 (26) hepatitis B - 24 hours;
- 33 (27) hepatitis B carriage - 7 days;
- 34 (28) hepatitis C, acute – 7 days;
- 35 (29) human immunodeficiency virus (HIV) infection confirmed - 24 hours;

- 1 (30) influenza virus infection causing death – 24 hours;
- 2 (31) legionellosis - 7 days;
- 3 (32) leprosy – 7 days;
- 4 (33) leptospirosis - 7 days;
- 5 (34) listeriosis – 24 hours;
- 6 (35) Lyme disease - 7 days;
- 7 (36) Lymphogranuloma venereum - 7 days;
- 8 (37) malaria - 7 days;
- 9 (38) measles (rubeola) - 24 hours;
- 10 (39) meningitis, pneumococcal - 7 days;
- 11 (40) meningococcal disease - 24 hours;
- 12 (41) Middle East respiratory syndrome (MERS) - 24 hours;
- 13 (42) monkeypox – 24 hours;
- 14 (43) mumps - 7 days;
- 15 (44) nongonococcal urethritis - 7 days;
- 16 (45) novel influenza virus infection – immediately;
- 17 (46) plague - immediately;
- 18 (47) paralytic poliomyelitis - 24 hours;
- 19 (48) pelvic inflammatory disease – 7 days;
- 20 (49) psittacosis - 7 days;
- 21 (50) Q fever - 7 days;
- 22 (51) rabies, human - 24 hours;
- 23 (52) Rocky Mountain spotted fever - 7 days;
- 24 (53) rubella - 24 hours;
- 25 (54) rubella congenital syndrome - 7 days;
- 26 (55) salmonellosis - 24 hours;
- 27 (56) severe acute respiratory syndrome (SARS) – 24 hours;
- 28 (57) shigellosis - 24 hours;
- 29 (58) smallpox - immediately;
- 30 (59) Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours;
- 31 (60) streptococcal infection, Group A, invasive disease - 7 days;
- 32 (61) syphilis - 24 hours;
- 33 (62) tetanus - 7 days;
- 34 (63) toxic shock syndrome - 7 days;

- 1 (64) trichinosis - 7 days;
- 2 (65) tuberculosis - 24 hours;
- 3 (66) tularemia – immediately;
- 4 (66) typhoid - 24 hours;
- 5 (67) typhoid carriage (*Salmonella typhi*) - 7 days;
- 6 (68) typhus, epidemic (louse-borne) - 7 days;
- 7 (69) vaccinia – 24 hours;
- 8 (70) vibrio infection (other than cholera) – 24 hours;
- 9 (71) whooping cough – 24 hours; and
- 10 (72) yellow fever - 7 days.

11 (b) For purposes of reporting, "confirmed human immunodeficiency virus (HIV) infection" is defined as a  
12 positive virus culture, repeatedly reactive EIA antibody test confirmed by western blot or indirect  
13 immunofluorescent antibody test, positive nucleic acid detection (NAT) test, or other confirmed testing method  
14 approved by the Director of the State Public Health Laboratory conducted on or after February 1, 1990. In selecting  
15 additional tests for approval, the Director of the State Public Health Laboratory shall consider whether such tests  
16 have been approved by the federal Food and Drug Administration, recommended by the federal Centers for Disease  
17 Control and Prevention, and endorsed by the Association of Public Health Laboratories.

18 (c) In addition to the laboratory reports for *Mycobacterium tuberculosis*, *Neisseria gonorrhoeae*, and syphilis  
19 specified in G.S. 130A-139, laboratories shall report:

- 20 (1) Isolation or other specific identification of the following organisms or their products from human  
21 clinical specimens:
  - 22 (A) Any hantavirus or hemorrhagic fever virus.
  - 23 (B) Arthropod-borne virus (any type).
  - 24 (C) *Bacillus anthracis*, the cause of anthrax.
  - 25 (D) *Bordetella pertussis*, the cause of whooping cough (pertussis).
  - 26 (E) *Borrelia burgdorferi*, the cause of Lyme disease (confirmed tests).
  - 27 (F) *Brucella* spp., the causes of brucellosis.
  - 28 (G) *Campylobacter* spp., the causes of campylobacteriosis.
  - 29 (H) *Chlamydia trachomatis*, the cause of genital chlamydial infection, conjunctivitis (adult  
30 and newborn) and pneumonia of newborns.
  - 31 (I) *Clostridium botulinum*, a cause of botulism.
  - 32 (J) *Clostridium tetani*, the cause of tetanus.
  - 33 (K) *Corynebacterium diphtheriae*, the cause of diphtheria.
  - 34 (L) *Coxiella burnetii*, the cause of Q fever.
  - 35 (M) *Cryptosporidium parvum*, the cause of human cryptosporidiosis.
  - 36 (N) *Cyclospora cayentanesis*, the cause of cyclosporiasis.
  - 37 (O) *Ehrlichia* spp., the causes of ehrlichiosis.

- 1 (P) Shiga toxin-producing *Escherichia coli*, a cause of hemorrhagic colitis, hemolytic uremic  
2 syndrome, and thrombotic thrombocytopenic purpura.
- 3 (Q) *Francisella tularensis*, the cause of tularemia.
- 4 (R) Hepatitis B virus or any component thereof, such as hepatitis B surface antigen.
- 5 (S) Human Immunodeficiency Virus, the cause of AIDS.
- 6 (T) *Legionella* spp., the causes of legionellosis.
- 7 (U) *Leptospira* spp., the causes of leptospirosis.
- 8 (V) *Listeria monocytogenes*, the cause of listeriosis.
- 9 (W) Middle East respiratory syndrome virus.
- 10 (X) Monkeypox.
- 11 (Y) *Mycobacterium leprae*, the cause of leprosy.
- 12 (Z) *Plasmodium falciparum*, *P. malariae*, *P. ovale*, and *P. vivax*, the causes of malaria in  
13 humans.
- 14 (AA) Poliovirus (any), the cause of poliomyelitis.
- 15 (BB) Rabies virus.
- 16 (CC) *Rickettsia rickettsii*, the cause of Rocky Mountain spotted fever.
- 17 (DD) Rubella virus.
- 18 (EE) *Salmonella* spp., the causes of salmonellosis.
- 19 (FF) *Shigella* spp., the causes of shigellosis.
- 20 (GG) Smallpox virus, the cause of smallpox.
- 21 (HH) *Staphylococcus aureus* with reduced susceptibility to vanomycin.
- 22 (II) *Trichinella spiralis*, the cause of trichinosis.
- 23 (JJ) Vaccinia virus.
- 24 (KK) *Vibrio* spp., the causes of cholera and other vibrioses.
- 25 (LL) Yellow fever virus.
- 26 (MM) *Yersinia pestis*, the cause of plague.
- 27 (2) Isolation or other specific identification of the following organisms from normally sterile human  
28 body sites:
- 29 (A) Group A *Streptococcus pyogenes* (group A streptococci).
- 30 (B) *Haemophilus influenzae*, serotype b.
- 31 (C) *Neisseria meningitidis*, the cause of meningococcal disease.
- 32 (3) Positive serologic test results, as specified, for the following infections:
- 33 (A) Fourfold or greater changes or equivalent changes in serum antibody titers to:
- 34 (i) Any arthropod-borne viruses associated with meningitis or encephalitis in a  
35 human.
- 36 (ii) Any hantavirus or hemorrhagic fever virus.
- 37 (iii) *Chlamydia psittaci*, the cause of psittacosis.

- 1 (iv) Coxiella burnetii, the cause of Q fever.
- 2 (v) Dengue virus.
- 3 (vi) Ehrlichia spp., the causes of ehrlichiosis.
- 4 (vii) Measles (rubeola) virus.
- 5 (viii) Mumps virus.
- 6 (ix) Rickettsia rickettsii, the cause of Rocky Mountain spotted fever.
- 7 (x) Rubella virus.
- 8 (xi) Yellow fever virus.
- 9 (B) The presence of IgM serum antibodies to:
- 10 (i) Chlamydia psittaci.
- 11 (ii) Hepatitis A virus.
- 12 (iii) Hepatitis B virus core antigen.
- 13 (iv) Rubella virus.
- 14 (v) Rubeola (measles) virus.
- 15 (vi) Yellow fever virus.
- 16 (4) Laboratory results from tests to determine the absolute and relative counts for the T-helper (CD4)
- 17 subset of lymphocytes and all results from tests to determine HIV viral load.
- 18 (d) Laboratories utilizing electronic laboratory reporting (ELR) shall ~~report-report:~~
- 19 (1) ~~All-all-All~~ positive laboratory results from tests used to diagnosis chronic hepatitis C infection,
- 20 ~~including: Hepatitis C Infection, including the following:~~
- 21 ~~(1)(A)~~ Hepatitis C virus antibody tests (including the test specific signal to cut-off (s/c) ~~ratio;~~
- 22 ~~ratio);~~
- 23 ~~(2)(B)~~ Hepatitis C nucleic acid tests;
- 24 ~~(3)(C)~~ Hepatitis C antigen(s) tests; and
- 25 ~~(4)(D)~~ Hepatitis C genotypic tests.
- 26 (2) All HIV genotypic test results, including when available:
- 27 (A) The entire nucleotide sequence; and
- 28 (B) The pol region sequence (including all ~~regions- regions:~~ protease (PR)/reverse
- 29 transcriptase (RT) and integrase ~~inhibitor (INI) genes), genes, if available-available.)~~

31 *History Note: Authority G.S. 130A-134; 130A-135; 130A-139; 130A-141:*

32 *Amended Eff. October 1, 1994; February 1, 1990;*

33 *Temporary Amendment Eff. July 1, 1997;*

34 *Amended Eff. August 1, 1998;*

35 *Temporary Amendment Eff. February 13, 2003; October 1, 2002; February 18, 2002; June 1, 2001;*

36 *Amended Eff. April 1, 2003;*

37 *Temporary Amendment Eff. November 1, 2003; May 16, 2003;*

1                    *Amended Eff. January 1, 2005; April 1, 2004;*  
2                    *Temporary Amendment Eff. June 1, 2006;*  
3                    *Amended Eff. April 1, 2008; November 1, 2007; October 1, 2006;*  
4                    *Temporary Amendment Eff. January 1, 2010;*  
5                    *Temporary Amendment Expired September 11, 2011;*  
6                    *Amended Eff. July 1, 2013;*  
7                    *Temporary Amendment Eff. December 2, 2014;*  
8                    *Amended Eff. October 1, 2015;*  
9                    *Emergency Amendment Eff. March 1, 2016;*  
10                   *Temporary Amendment Eff. July 1, 2016;*  
11                   *Amended Eff. January 1, 2018; October 1, 2016.*  
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1 NCAC 41A .0202 is amended with changes as published in 32:05 NCR 279-283 as follows:

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**10A NCAC 41A .0202 CONTROL MEASURES – HIV**

The following are the control measures for the ~~Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:~~

(1) ~~Infected persons shall:~~ Persons diagnosed with HIV infection (hereafter “person living with HIV”) shall:

- (a) refrain from sexual intercourse unless condoms are used except when:
  - (i) the person living with HIV is in HIV care, is ~~compliant~~ adherent with the treatment plan of the attending physician, and had been virally suppressed for at least 6 months (HIV levels below 200 copies per milliliter) at the time of sexual intercourse; ~~or~~
  - (ii) the sexual intercourse partner is HIV positive; ~~or~~
  - (iii) the sexual intercourse partner is taking HIV Pre-Exposure Prophylaxis (~~PrEP~~ (PrEP) – antiretroviral medication used to prevent HIV infection as directed by an attending physician; or
  - (iv) [~~condoms were not used by the person living with HIV at the time of the sexual intercourse because~~]the sexual intercourse occurred in the context of a sexual ~~assault~~ assault in which the person living with HIV was the victim;
- (b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;
- (c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast ~~milk~~; milk, except when:
  - (i) The person living with HIV is donating organs as part of a clinical research study that has been approved by an institutional review board under the criteria, standards, and regulations described in ~~subsection (a) and (b) of Section 274f-5 of Title 42 of the United States Code,~~42 USC 274f-5(a) and (b);  
or, if the United States Secretary of Health and Human Services determines under USC 274f-5(c) [~~subsection (c) of Title 42 of the United States Code~~] that participation in this clinical research is no longer warranted as a requirement for transplants, and the organ recipient is receiving the transplant under the criteria, standards, and regulations of USC 274f-5(c); [~~Subsection (c) of Title 42 of the United States Code~~]; or
  - (ii) Sperm or ova are harvested under the supervision of an attending physician to be used by the person’s spouse or partner for the purpose of achieving pregnancy.
- (d) have a ~~skin~~ test for tuberculosis; ~~and,~~

- 1 (e) notify future sexual intercourse partners of the ~~infection; infection, unless the person living~~  
2 ~~with HIV meets the criteria listed in (1)(a)(i) of this rule- Rule. If the person living with~~  
3 ~~HIV is the victim of a sexual assault, there is no requirement to notify the assailant;~~
- 4 (f) if the time of initial infection is known, notify persons who have been sexual intercourse  
5 ~~and or needle- needle-sharing~~ partners since the date of infection ~~or give the names to a~~  
6 ~~disease intervention specialist employed by the local health department or by the Division~~  
7 ~~of Public Health for contact tracing and notification; and~~
- 8 (g) if the date of initial infection is unknown, notify persons who have been sexual intercourse  
9 ~~d-needle or needle-sharing~~ partners for the previous ~~year- 12 months~~ ~~or give names to a~~  
10 ~~disease intervention specialist employed by the local health department or by the Division~~  
11 ~~of Public Health for contact tracing of all sexual and needle-sharing partners for the~~  
12 ~~preceding 12 months.~~
- 13 (2) The attending physician shall:
- 14 (a) give the control measures in Item (1) of this Rule to patients living with HIV in accordance  
15 with 10A NCAC 41A .0210;
- 16 (b) ~~advise persons living with HIV to notify all future sexual partners of infection;~~
- 17 (c)(b) If the attending physician knows the identity of the spouse of ~~an HIV infected patient~~ the  
18 person living with HIV and has not, with the consent of the ~~infected patient~~ person living  
19 with HIV, notified and counseled the spouse, the physician shall list the spouse on a form  
20 provided by the Division of Public Health and shall ~~mail send~~ the form to the ~~Division;~~  
21 Division by secure transmission, required by 45 CFR 164.312(e)(1), [or fax;] secure fax at  
22 (919) 715-4699. The Division shall undertake to counsel the ~~spouse; spouse and~~ the  
23 attending physician's responsibility to notify exposed and potentially exposed persons ~~is~~  
24 shall be satisfied by fulfilling the requirements of Sub-Items (2)(a) and (c) ~~(b)~~ of this Rule;
- 25 (d)(e) advise ~~infected~~ persons living with HIV concerning proper methods for the clean-up of  
26 blood and other body fluids;
- 27 (e)(d) advise ~~infected~~ persons living with HIV concerning the risk of perinatal transmission and  
28 transmission by breastfeeding.
- 29 (3) The attending physician of a child ~~who is infected~~ living with HIV ~~and~~ who may pose a significant  
30 risk of transmission in the school or day care setting because of open, oozing wounds or because of  
31 behavioral abnormalities ~~such as biting~~ shall notify the local health director. The local health  
32 director shall consult with the attending physician and investigate the following circumstances:
- 33 (a) If the child is in school or scheduled for admission and the local health director determines  
34 that there may be a significant risk of transmission, the local health director shall consult  
35 with an interdisciplinary committee, which shall include school personnel, a medical  
36 expert, and the child's ~~parent parents~~ or legal guardian guardians to assist in the  
37 investigation and determination of risk. The local health director shall notify the

1 superintendent or private school director of the need to appoint ~~such a this~~ interdisciplinary  
2 committee. ~~Significant Risk-risk~~ of transmission shall be determined in accordance with  
3 the HIV Risk and Prevention Estimates published by the Centers for Disease Control and  
4 Prevention, which are hereby incorporated by reference including subsequent amendments  
5 and editions. A copy of this publication ~~is on file for public viewing and may be obtained~~  
6 ~~free of charge by writing the Division of Public Health, 1915 Mail Service Center, Raleigh,~~  
7 ~~North Carolina 27699-1915, can be accessed at no cost online at~~  
8 <https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html>

9 (i) If the superintendent or private school director establishes ~~such a this~~ committee  
10 within three days of notification, the local health director shall consult with this  
11 committee.

12 (ii) If the superintendent or private school director does not establish ~~such a this~~  
13 committee within three days of notification, the local health director shall  
14 establish ~~such a this~~ committee.

15 (b) If the child is in school or scheduled for admission and the local health director determines,  
16 after consultation with the committee, that a significant risk of transmission exists, the local  
17 health director shall:

18 (i) notify the ~~parents;~~ parents or legal guardians;

19 (ii) notify the committee;

20 (iii) assist the committee in determining whether an adjustment can be made to the  
21 student's school program to eliminate significant risks of transmission;

22 (iv) determine if an alternative educational setting is necessary to protect the public  
23 health;

24 (v) instruct the superintendent or private school director concerning protective  
25 measures to be implemented in the alternative educational setting developed by  
26 school personnel; and

27 (vi) consult with the superintendent or private school director to determine which  
28 school personnel directly involved with the child need to be notified of the HIV  
29 infection in order to prevent transmission and ensure that these persons are  
30 instructed regarding the necessity for protecting confidentiality.

31 (c) If the child is in day care and the local health director determines that there is a significant  
32 risk of transmission, the local health director shall notify the parents or legal guardians that  
33 the child must be placed in an alternate child care setting that eliminates the significant risk  
34 of transmission.

35 (4) When health care workers or other persons have a needlestick or nonsexual non-intact skin or  
36 mucous membrane exposure to blood or body fluids that, if the source were ~~infected with HIV,~~ HIV  
37 positive, would pose a significant risk of HIV transmission, the following shall apply:

1 (a) When the source person is known:

2 (i) The attending physician or occupational health care provider responsible for the exposed person, if other than  
3 the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the  
4 attending physician of the source that an exposure has occurred. The attending physician of the source person shall  
5 discuss the exposure with the source and, unless the source is already known to be ~~infected, living with HIV,~~ shall test  
6 the source for HIV infection with or without consent unless it reasonably appears that the test cannot be performed  
7 without endangering the safety of the source person or the person administering the test. If the source person cannot  
8 be tested, ~~an any existing specimen specimen if one exists,~~ shall be tested. The attending physician of the ~~exposed~~  
9 ~~person source person shall be notified~~ notify the attending physician of the exposed person of the infection status of  
10 the source.

11 (ii) The attending physician of the exposed person shall inform the exposed person about the infection status of  
12 the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals ~~up to one year~~  
13 ~~to determine whether~~ until the interval since last exposure is sufficient to assure detection using current CDC HIV  
14 testing guidelines, transmission occurred, and, if the source person was HIV positive, infected, give the exposed person  
15 the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The CDC HIV testing guidelines are hereby  
16 incorporated by reference including subsequent amendments and editions. The CDC HIV testing guidelines can be  
17 accessed at no cost online at <https://www.cdc.gov/hiv/guidelines/testing.html>, with the most current updates found at  
18 <https://stacks.cdc.gov/view/cdc/23447>. The attending physician of the exposed person shall instruct the exposed  
19 person regarding the necessity for protecting confidentiality of the source person's HIV status.

20 (b) When the source person is unknown, the attending physician of the exposed persons shall  
21 inform the exposed person of the risk of transmission and offer testing for HIV infection  
22 as soon as possible after exposure and at reasonable intervals until the interval since the  
23 last exposure is sufficient to assure detection using the current CDC HIV testing guidelines.

24 (c) A health care facility may release the name of the attending physician of a source person  
25 upon request of the attending physician of an exposed person.

26 (5) The attending physician shall notify the local health director when the ~~physician, physician in good~~  
27 ~~faith,~~ has reasonable cause to suspect a patient ~~infected living~~ with HIV is not following or cannot  
28 follow control measures and is thereby causing a significant risk of transmission. Any other person  
29 may notify the local health director when the ~~person, in good faith, person~~ has reasonable cause to  
30 suspect a person ~~infected living with~~ HIV is not following control measures and is thereby causing  
31 a significant risk of transmission.

32 (6) When the local health director is notified pursuant to Item (5) of this ~~Rule, Rule~~ of a person who is  
33 mentally ill or ~~mentally retarded, intellectually impaired,~~ the local health director shall confer with  
34 the attending mental health physician or ~~mental health authority~~ Local Management Entity/Managed  
35 Care Organization and the physician, if any, who notified the local health director to develop a plan  
36 to prevent transmission.

- 1 (7) The Division of Public Health shall notify the Director of Health Services of the North Carolina  
2 Department of ~~Correction~~ of Public Safety and the prison facility administrator when any person  
3 confined in a state prison is determined to be ~~infected~~ living with HIV. If the prison facility  
4 administrator, in consultation with the Director of Health Services, determines that a confined ~~HIV~~  
5 ~~infected~~ person living with HIV is not following or cannot follow prescribed control measures,  
6 thereby presenting a significant risk of HIV transmission, the administrator and the Director shall  
7 develop and implement jointly a plan to prevent transmission, including making recommendations  
8 to the unit housing classification committee.
- 9 (8) The local health director shall ensure that the health plan for local jails include education of jail staff  
10 and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this  
11 infection.
- 12 (9) Local health departments shall provide counseling and testing for HIV infection at no charge to the  
13 patient. Third party ~~payors~~ ~~payers~~ may be billed for HIV counseling and testing when such services  
14 are provided and the patient provides written consent.
- 15 (10) HIV pre-test counseling is not required. Post-test counseling for persons ~~infected~~ living with HIV  
16 is required, must be individualized, and shall include referrals for medical and psychosocial services  
17 and control ~~measures~~. ~~measures~~ counseling. ~~counseling~~.
- 18 ~~(11) A local health department or the Department may release information regarding an infected person~~  
19 ~~pursuant to G.S. 130A-143(3) only when the local health department or the Department has provided~~  
20 ~~direct medical care to the infected person and refers the person to or consults with the health care~~  
21 ~~provider to whom the information is released.~~
- 22 ~~(11)~~(12) Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as a part  
23 of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the  
24 individual to comply with control measures. The plan shall be designed to meet the specific needs  
25 of the individual including linkage to care and may include referral to one or more of the following  
26 available and appropriate services:
- 27 (a) substance abuse counseling and treatment;
- 28 (b) harm reduction services;
- 29 ~~(b)~~(c) mental health counseling and ~~treatment~~; ~~treatment required to prevent transmission~~; ~~and~~,
- 30 ~~(d)~~(e) education and counseling sessions about HIV, HIV transmission, and behavior change  
31 required to prevent transmission; and
- 32 (e) intimate partner violence intervention services.
- 33 ~~(12)~~(13) The Division of Public Health shall conduct a partner notification program to assist in the  
34 notification and counseling of partners of ~~HIV-infected persons~~. persons living with HIV.
- 35 ~~(13)~~(14) Every pregnant woman shall be offered HIV testing by her attending physician at her first prenatal  
36 visit and in the third trimester. The attending physician shall test the pregnant woman for HIV  
37 infection, unless the pregnant woman refuses to provide informed consent pursuant to G.S. 130A-

1 148(h). If there is no record at labor and delivery of an HIV test result during the current pregnancy  
2 for the pregnant woman, the attending physician shall inform the pregnant woman that an HIV test  
3 will be performed, explain the reasons for testing, and the woman shall be tested for HIV without  
4 consent using a rapid HIV test unless it reasonably appears **to the clinician** that the test cannot be  
5 performed without endangering the safety of the pregnant woman or the person administering the  
6 test. If the pregnant woman cannot be tested, an existing specimen, if one exists that was collected  
7 within the last 24 hours, shall be tested using a rapid HIV test. The attending physician must provide  
8 the woman with the test results as soon as possible. ~~However, labor and delivery providers who do~~  
9 ~~not currently have the capacity to perform rapid HIV testing are not required to use a rapid HIV test~~  
10 ~~until January 1, 2009.~~

11 ~~(14)(15)~~ If an infant is delivered by a woman with no record of the result of an HIV test conducted during  
12 the pregnancy and if the woman was not tested for HIV during labor and delivery, the fact that the  
13 mother has not been tested creates a reasonable suspicion pursuant to G.S. 130A-148(h) that the  
14 newborn has HIV infection and the infant shall be tested for HIV. An infant born in the previous  
15 12 hours shall be tested using a rapid HIV test. ~~However, providers who do not currently have the~~  
16 ~~capacity to perform rapid HIV testing shall not be required to use a rapid HIV test until January 1,~~  
17 ~~2009.~~

18 ~~(15)(16)~~ Testing for HIV may be offered as part of routine laboratory testing panels using a general consent  
19 ~~which that~~ is obtained from the patient for treatment and routine laboratory testing, so long as the  
20 patient is notified that they are being tested for HIV and given the opportunity to refuse.

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22 *History Note: Authority G.S. 130A-135; 130A-144; 130A-145; 130A-148(h);*  
23 *Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;*  
24 *Eff. March 1, 1988;*  
25 *Amended Eff. February 1, 1990; November 1, 1989; June 1, 1989;*  
26 *Temporary Amendment Eff. January 7, 1991 for a period of 180 days to expire on July 6, 1991;*  
27 *Amended Eff. May 1, 1991;*  
28 *Recodified from 15A NCAC 19A .0201 (d) and (e) Eff. June 11, 1991;*  
29 *Amended Eff. August 1, 1995; October 1, 1994; January 4, 1994; October 1, 1992;*  
30 *Temporary Amendment Eff. February 18, 2002; June 1, 2001;*  
31 *Amended Eff. January 1, 2018; November 1, 2007; April 1, 2005; April 1, 2003.*

1 10A NCAC 43D .0710 is amended with changes without notice pursuant to G.S. 150B-21.5(a)(3) as follows:  
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3 **10A NCAC 43D .0710 VENDOR VIOLATIONS AND SANCTIONS**

4 (a) Title 7 C.F.R. 246.12(l)(1)(i) through (vi) and (xii) are incorporated by reference with all subsequent amendments  
5 and editions. In accordance with 7 C.F.R. 246.12(l)(1)(i), the ~~state~~ State agency shall not allow imposition of a civil  
6 money penalty in lieu of disqualification for a vendor permanently disqualified. A pattern, as referenced in 7 CFR  
7 246.12 (l)(1)(iii)(B) through (F) and 246.12(l)(1)(iv)(A), shall be established as follows:

- 8 (1) claiming reimbursement for the sale of an amount of a specific supplemental food item ~~which that~~  
9 exceeds the store's documented inventory of that supplemental food item for six or more days within  
10 a 60-day period. The six or more days do not have to be consecutive days within the 60-day period.  
11 Failure or inability to provide records or providing false records required under Item ~~(30)~~(32) of  
12 Rule .0708 for an inventory audit shall be deemed a violation of 7 C.F.R. 246.12(l)(1)(iii)(B) and  
13 this Subparagraph;
- 14 (2) two occurrences of vendor overcharging within a 12-month period;
- 15 (3) two occurrences of receiving, transacting or redeeming food instruments or cash-value vouchers  
16 outside of authorized channels, including the use of an unauthorized vendor or an unauthorized  
17 person within a 12-month period;
- 18 (4) two occurrences of charging for supplemental food not received by the WIC customer within a 12-  
19 month period;
- 20 (5) two occurrences of providing credit or non-food items, other than alcohol, alcoholic beverages,  
21 tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21  
22 U.S.C. 802, in exchange for food instruments or cash-value vouchers within a 12-month period; or
- 23 (6) three occurrences of providing unauthorized food items in exchange for food instruments or cash-  
24 value vouchers, including charging for supplemental food provided in excess of those listed on the  
25 food instrument within a 12-month period.

26 (b) Title 7 C.F.R. 246.12(l)(2)(i) is incorporated by reference with all subsequent amendments and editions. Except  
27 as provided in 7 C.F.R. 246.12 (l)(1)(xii), a vendor shall be disqualified from the WIC Program for the following  
28 state-established violations in accordance with the number of occurrences and sanctions set forth below:

- 29 (1) One year for two occurrences within a 12-month period of discrimination on the basis of WIC  
30 participation as referenced in Item ~~(38)~~(40) of Rule .0708. Each date this violation is detected is a  
31 separate occurrence;
- 32 (2) One year for three occurrences within a 12-month period of failure to properly transact a WIC food  
33 instrument or cash-value voucher by not completing the date and purchase price on the WIC food  
34 instrument or cash-value voucher before obtaining the WIC customer's signature, by not obtaining  
35 the WIC customer's signature in the presence of the cashier, or by accepting a WIC food instrument  
36 or cash-value voucher prior to the "Issue Date" or after the "Participant Must Use By" dates on the  
37 food instrument or cash-value voucher. Except as provided in 7 C.F.R. 246.12(l)(3)(iv), each  
38 improperly transacted food instrument or cash-value voucher is a separate occurrence;

- 1 (3) One year for three occurrences within a 12-month period of requiring a cash purchase to transact a  
2 WIC food instrument or cash-value voucher. Except as provided in 7 C.F.R. 246.12(l)(3)(iv), each  
3 transacted food instrument or cash-value voucher requiring a cash purchase is a separate occurrence;
- 4 (4) 270 days for three occurrences within a 12-month period of contacting a WIC customer in an attempt  
5 to recoup funds for a food instrument or cash-value voucher or contacting a WIC customer outside  
6 the store regarding the transaction or redemption of a WIC food instrument or cash-value voucher.  
7 Each contact with any WIC customer is a separate occurrence, whether each contact is with the same  
8 or different WIC customers;
- 9 (5) 180 days for three occurrences within a 12-month period of failure to provide program-related  
10 records referenced in Item ~~(30)~~(32) of Rule .0708 when requested by WIC staff, except as provided  
11 in Item ~~(30)~~(32) of Rule .0708 and Subparagraph (a)(1) of this Rule for failure or inability to provide  
12 records for an inventory audit. Each request for records is a separate occurrence, whether each  
13 request is for the same or different records;
- 14 (6) 180 days for three occurrences within a 12-month period of failure to provide the information  
15 referenced in Item ~~(31)~~(33) of Rule .0708 when requested by WIC staff. Each request for  
16 information is a separate occurrence, whether each request is for the same or different information;
- 17 (7) 180 days for three occurrences within a 12-month period of failure to stock the minimum inventory  
18 specified in Item ~~(24)~~(25) of Rule .0708. Each date this violation is detected is a separate  
19 occurrence;
- 20 (8) 90 days for three occurrences within a 12-month period of stocking WIC supplemental foods outside  
21 of the manufacturer's expiration date. Each date this violation is detected is a separate occurrence;
- 22 (9) 90 days for three occurrences within a 12-month period of failure to allow monitoring of a store by  
23 WIC staff. Each attempt to monitor the store is a separate occurrence;
- 24 (10) 90 days for five occurrences within a 12-month period of failure to submit a WIC Price List as  
25 required by Item ~~(32)~~(34) of Rule .0708. Each written request by the state or local WIC agency for  
26 submission of a WIC Price List is a separate occurrence, whether each request is for the same or  
27 different WIC Price Lists;
- 28 (11) 60 days for three occurrences within a 12-month period of failure to mark the current shelf prices of  
29 all WIC supplemental foods on the foods or have the prices posted on the shelf or display case. Each  
30 date this violation is detected is a separate occurrence; and
- 31 (12) 60 days for five occurrences within a 12-month period of requiring the purchase of a specific brand  
32 when more than one WIC supplemental food brand is available. Except as provided in 7 C.F.R.  
33 246.12(l)(3)(iv), each transacted food instrument or cash-value voucher requiring the purchase of a  
34 specific brand when more than one WIC supplemental food brand is available is a separate  
35 occurrence.

36 If during the course of a single investigation the state agency determines that a vendor has committed multiple state-  
37 established violations, the disqualification periods shall be cumulative, provided that the total period of

1 disqualification shall not exceed one year for state-established violations investigated as part of a single investigation,  
2 as defined in Paragraph (c) of this Rule.

3 (c) For investigations pursuant to this Section, a single investigation is:

- 4 (1) Compliance buy(s) conducted by undercover investigators within a 12-month period to detect the  
5 following violations:
  - 6 (A) buying or selling food instruments or cash-value vouchers for cash (trafficking);
  - 7 (B) selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C.  
8 802, in exchange for food instruments or cash-value vouchers;
  - 9 (C) selling alcohol or alcoholic beverages or tobacco products in exchange for food instruments  
10 or cash-value vouchers;
  - 11 (D) vendor overcharging;
  - 12 (E) receiving, transacting, or redeeming food instruments or cash-value vouchers outside of  
13 authorized channels, including the use of an unauthorized vendor or an unauthorized  
14 person;
  - 15 (F) charging for supplemental food not received by the WIC customer;
  - 16 (G) providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco  
17 products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21  
18 U.S.C. 802, in exchange for food instruments or cash-value vouchers;
  - 19 (H) providing unauthorized food items in exchange for food instruments or cash-value  
20 vouchers, including charging for supplemental food provided in excess of those listed on  
21 the food instrument;
  - 22 (I) failure to properly transact a WIC food instrument or cash-value voucher;
  - 23 (J) requiring a cash purchase to transact a WIC food instrument or cash-value voucher; or
  - 24 (K) requiring the purchase of a specific brand when more than one WIC supplemental food  
25 brand is available.
- 26 (2) Monitoring reviews of a vendor conducted by WIC staff within a 12-month period which detect the  
27 following violations:
  - 28 (A) failure to stock the minimum inventory specified in Item ~~(24)~~(25) of Rule .0708;
  - 29 (B) stocking WIC supplemental food outside of the manufacturer's expiration date;
  - 30 (C) failure to allow monitoring of a store by WIC staff;
  - 31 (D) failure to provide program-related records referenced in Item ~~(30)~~(32) of Rule .0708 when  
32 requested by WIC staff;
  - 33 (E) failure to mark the current shelf prices of all WIC supplemental foods on the foods or have  
34 the prices posted on the shelf or display case; or
  - 35 (F) unauthorized use of the "WIC" acronym or the logo.
- 36 (3) Any other method used by the state or local agency to detect the following violations by a vendor  
37 within a 12-month period:

- 1 (A) failure to attend annual vendor training;
- 2 (B) failure to submit a WIC Price List as required by Item ~~(32)~~(34) of Rule .0708;
- 3 (C) discrimination on the basis of WIC participation as referenced in Item ~~(38)~~(40) of Rule
- 4 .0708.
- 5 (D) contacting a WIC customer in an attempt to recoup funds for food instruments or cash-
- 6 value vouchers or contacting a WIC customer outside the store regarding the transaction
- 7 or redemption of WIC food instruments or cash-value vouchers;
- 8 (E) nonpayment of a claim assessed by the state agency;
- 9 (F) providing false, erroneous, or misleading information to the state or local WIC agency;
- 10 (G) claiming reimbursement for the sale of an amount of a specific supplemental food item
- 11 which exceeds the store's documented inventory of that supplemental food item for a
- 12 specific period of time, or failure or inability to provide records or providing false records
- 13 required under Item ~~(30)~~(32) of Rule .0708 for an inventory audit;
- 14 (H) failure to purchase infant formula, exempt infant formula or WIC-eligible medical foods
- 15 from the sources specified in Item (3) of Rule .0707; or
- 16 (I) providing WIC customers infant formula, exempt infant formula, or WIC eligible medical
- 17 food that was not purchased from the sources specified in Item (3) of Rule .0707.

18 (d) The SNAP disqualification provisions in 7 C.F.R. 246.12(l)(1)(vii) are incorporated by reference with all  
19 subsequent amendments and editions.

20 (e) The participant access provisions of 7 C.F.R. 246.12(l)(1)(ix) and 246.12(l)(8) are incorporated by reference with  
21 all subsequent amendments and editions. The existence of any of the factors listed in Parts (f)(3)(A), (f)(3)(B) or  
22 (f)(3)(C) of this Rule shall ~~conclusively~~ show adequate participant access provided there is no geographic barrier, such  
23 as an impassable mountain or river, to using the other authorized WIC vendors referenced in these Parts. The agency  
24 shall not consider other indicators of inadequate participant access when any of these factors exist.

25 (f) The following provisions apply to monetary and civil money penalties assessed in lieu of disqualification of a  
26 vendor:

- 27 (1) The civil money penalty formula in 7 C.F.R. 246.12(l)(1)(x) is incorporated by reference with all
- 28 subsequent amendments and editions, provided that the vendor's average monthly redemptions shall
- 29 be calculated by using the six-month period ending with the month immediately preceding the
- 30 month during which the notice of administrative action is dated.
- 31 (2) The state agency may also impose monetary penalties in accordance with G.S. 130A-22(c1) in lieu
- 32 of disqualification of a vendor for the state-established violations listed in Paragraph (b) of this Rule
- 33 when the state agency determines that disqualification of a vendor would result in participant
- 34 hardship in accordance with Subparagraph (f)(3) of this Paragraph.
- 35 (3) In determining whether to disqualify a WIC vendor for the state-established violations listed in
- 36 Paragraph (b) of this Rule, the agency shall not consider other indicators of hardship if any of the
- 37 following factors, which ~~conclusively~~ show lack of hardship, are found to exist:

- 1 (A) the noncomplying vendor is located outside of the limits of a city, as defined in G.S. 160A-  
2 2, and another WIC vendor is located within seven miles of the noncomplying vendor;
- 3 (B) the noncomplying vendor is located within the limits of a city, as defined in G.S. 160A-2,  
4 and another WIC vendor is located within three miles of the noncomplying vendor; or
- 5 (C) a WIC vendor, other than the noncomplying vendor, is located within one mile of the local  
6 agency at which WIC participants pick up their food instruments or cash-value vouchers.
- 7 (4) The provisions for failure to pay a civil money penalty in 7 C.F.R. 246.12(l)(6) are incorporated by  
8 reference with all subsequent amendments and editions. These provisions also apply to a vendor  
9 that fails to pay a monetary penalty imposed under G.S. 130A-22(c1).
- 10 (g) The provisions of 7 C.F.R. 246.12(l)(1)(viii) prohibiting voluntary withdrawal from the WIC Program or  
11 nonrenewal of the WIC Vendor Agreement as an alternative to disqualification are incorporated by reference with all  
12 subsequent amendments and editions.
- 13 (h) The provisions of 42 USC 1786 (f)(26) and 7 CFR 246.12(l)(3) regarding vendor notification of violations are  
14 incorporated by reference with all subsequent amendments and editions.
- 15 (i) The state agency may offset payments to an authorized vendor if the vendor fails to reimburse the state agency in  
16 accordance with Item ~~(33)~~(35) of Rule .0708.
- 17 (j) In accordance with 7 C.F.R. 246.12(l)(7) or 246.12(u)(5) or both, North Carolina's procedures for dealing with  
18 abuse of the WIC program by authorized WIC vendors do not exclude or replace any criminal or civil sanctions or  
19 other remedies that may be applicable under any federal or state law.
- 20 (k) Notwithstanding other provisions of this Rule and Rules .0707 and .0708, for the purpose of providing a one-time  
21 payment to a non-authorized store for WIC food instruments or cash-value vouchers accepted by the store, an  
22 agreement for a one-time payment need only be signed by the store manager and the state agency. The store may  
23 request such one-time payment directly from the state agency. The store manager shall sign an agreement indicating  
24 that the store has provided foods as prescribed on the food instrument or as allowed with the cash-value voucher,  
25 charged current shelf prices or less than current shelf prices, not charged sales tax, and verified the identity of the WIC  
26 customer. Any agreement entered into in this manner shall automatically terminate upon payment of the food  
27 instruments or cash-value vouchers. After entering into an agreement for a one-time payment, a non-authorized store  
28 shall not be allowed to enter into any further one-time payment agreements for WIC food instruments or cash-value  
29 vouchers accepted thereafter.
- 30 (l) Except as provided in 7 C.F.R. 246.18(a)(2), an authorized WIC vendor shall be given at least 15 days advance  
31 written notice of any adverse action which affects the vendor's participation in the WIC Program. The vendor appeal  
32 procedures shall be in accordance with 10A NCAC 43D .0800.

33  
34 *History Note:* Authority G.S. 130A-361; 7 C.F.R. 246; 42 U.S.C. 1786;  
35 Eff. February 1, 2013;  
36 Amended Eff. January 1, 2018.

1 10A NCAC 43G .0108 is readopted with changes as published in 31:17 NCR 1753 as follows:

2 **10A NCAC 43G .0108 ADMINISTRATION**

3 The Department of Health and Human Services shall administer the statewide early intervention program under  
4 Federal law, Part C of the Individuals with Disabilities Education Act ~~(IDEA)~~, (IDEA), located in 20 U.S.C. 1400-  
5 1444.

6  
7 *History Note: Authority G.S. 130A-126;*  
8 *Temporary Adoption Eff. July 1, 2006;*  
9 *Adoption Eff. January 1, ~~2007~~ 2007;*  
10 *Readopted Eff. January 1, 2018.*

1 10A NCAC 43G .0110 is readopted with changes as published in 31:17 NCR 1753 as follows:

2

3 **10A NCAC 43G .0110 ELIGIBILITY**

4 (a) Children from birth to age three are eligible for early intervention services under the provisions of this ~~subchapter~~  
5 Subchapter and under Part C of the Individuals with Disabilities Education Act (IDEA). The Early Intervention Branch  
6 oversees the North Carolina Infant-Toddler Program, which is implemented by the if they have been determined by  
7 the Children's Developmental Services Agency-Agencies (CDSA). The CDSAs are the local lead agencies that are  
8 responsible for evaluating and determining eligibility to meet the criteria of one of the two following categories:

9 (1) ~~developmental~~ Developmental delay; or

10 (2) ~~established~~ Established conditions.

11 (b) Developmental Delay.

12 (1) A child ~~is~~ shall be considered to have developmental delay if the child's development is delayed in  
13 one or more of the following areas:

14 (A) Cognitive Development;

15 (B) Physical Development, including fine and gross motor function;

16 (C) Communication Development;

17 (D) Social-Emotional Development; ~~or~~

18 (E) Adaptive Development.

19 (2) The specific level of delay shall be:

20 (A) ~~documented~~ Documented by scores of 2.0 standard deviations below the mean of the  
21 composite score (total test score) on standardized tests in at least one of the ~~above areas of~~  
22 ~~development;~~ areas of development in Subparagraph (b)(1); or

23 (B) ~~documented~~ Documented by a 30 percent delay on instruments ~~which that~~ determine scores  
24 in months in at least one of the ~~above areas of development;~~ areas of development in  
25 Subparagraph (b)(1); or

26 (C) ~~documented~~ Documented by scores of 1.5 standard deviations below the mean of the  
27 composite score (total test score) on standardized tests in at least two of the ~~above areas of~~  
28 ~~development;~~ areas of development in Subparagraph (b)(1); or

29 (D) ~~documented~~ Documented by a 25 percent delay on instruments ~~which that~~ determine scores  
30 in months in at least two of the above areas of development.

31 (c) Established Conditions. A child ~~is~~ shall be considered to have an established condition if the child has a diagnosed  
32 physical or mental condition ~~which that~~ has a high probability of resulting in developmental delay. Diagnosis may be  
33 made by Children's Developmental Services Agency staff or the child's physician. Specific conditions through which  
34 a child shall be deemed eligible in the established conditions category are as follows:

35 (1) Congenital Anomaly/Genetic Disorders/Inborn Errors of Metabolism. ~~These are children~~ Children  
36 diagnosed with one or more congenital abnormalities or genetic disorders with developmental

1 implications. Some examples are Down Syndrome, Fragile X Syndrome, familial retardation  
2 syndromes, and fetal alcohol syndrome.

- 3 (2) Congenital Infections. ~~These are children~~ Children diagnosed with congenital infections with  
4 developmental implications. Some examples are toxoplasmosis, rubella, cytomegalovirus, and  
5 HIV.
- 6 (3) Autism. ~~These are children~~ Children diagnosed with autism or autism spectrum disorders.
- 7 (4) Attachment ~~disorder~~ Disorder. ~~These are children~~ Children children with a diagnosed attachment  
8 disorder.
- 9 (5) Hearing Loss. ~~These are children~~ Children diagnosed with unilateral or bilateral permanent hearing  
10 loss.
- 11 (6) Visual Impairment. ~~These are children~~ Children diagnosed with a visual impairment that is not  
12 correctable with treatment, surgery, glasses, or contact lenses.
- 13 (7) Neurologic Disease/Central Nervous System Disorders. ~~These are children~~ Children diagnosed with  
14 a disease or disorder known to affect the nervous system with developmental implications, such as  
15 Cerebral Palsy, Spina Bifida, Epilepsy, and Microcephaly.
- 16 (8) Neonatal Conditions and Associated Complications. ~~These are children~~ Children diagnosed with  
17 one or more of the following neonatal diseases or disorders:
- 18 (A) Gestational age less than 27 weeks or birth weight less than 1000 grams;
- 19 (B) Neonatal encephalopathy with neurological abnormality persisting at discharge from the  
20 neonatal intensive care unit.
- 21 (C) Moderate to Severe Ventricular Enlargement at discharge from the neonatal intensive care  
22 unit or a ventriculoperitoneal shunt;
- 23 (D) Neonatal seizures, stroke, meningitis, encephalitis, porencephaly, or holoprosencephaly;
- 24 (E) Bronchopulmonary Dysplasia requiring supplemental oxygen at discharge from the  
25 neonatal intensive care unit;
- 26 (F) Intrauterine Growth Retardation;
- 27 (G) Necrotizing enterocolitis requiring surgery;
- 28 (H) Abnormal neurological exam at discharge;
- 29 (I) Intraventricular hemorrhage III or IV; or
- 30 (J) Periventricular leukomalacia.

31  
32 *History Note:* *Authority G.S. 130A-126;*  
33 *Temporary Adoption Eff. July 1, 2006;*  
34 *Adoption Eff. January 1, ~~2007, 2007;~~*  
35 *Readopted Eff. January 1, 2018.*

1 10A NCAC 43G .0111 is readopted with changes as published in 31:17 NCR 1753 as follows:

2

3 **10A NCAC 43G .0111 SERVICE PLAN – SERVICE DELIVERY**

4 ~~Once a child is determined eligible for the program, the~~ The Children's Developmental Services Agency shall  
5 develop a service plan for each eligible child based ~~on~~ upon the child's needs and the requirements of Part C of the  
6 Individuals with Disabilities Education Act (IDEA). Service provision shall be monitored by the Children's  
7 Developmental Services Agency. The services shall be provided by the following:

- 8 (1) staff of the Children's Developmental ~~Services Agency, Agency;~~ Agency; or  
9 (2) agencies or individuals within the community who have executed a provider agreement with the  
10 Children's Developmental Services Agency.

11

12 *History Note:* Authority G.S. 130A-126;  
13 Temporary Adoption Eff. July 1, 2006;  
14 Adoption Eff. January 1, 2007, 2007;  
15 Readopted Eff. January 1, 2018.  
16