



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

DEBRA FARRINGTON • Deputy Secretary for Health

KELLY KIMPLE • Acting Director, Division of Public Health

Commission for Public Health

MEMORANDUM

DATE: June 2, 2025

TO: Interested Persons

FROM: Virginia Niehaus, Rulemaking Coordinator, Commission for Public Health
Director of Regulatory and Legal Affairs, Division of Public Health

RE: Notification of Proposed Rule Actions: 10A NCAC 48A, 48B, 48C, 48D

Pursuant to G.S. 150B-21.2, this memorandum serves as the required notice to interested persons that the North Carolina Commission for Public Health (CPH), following consultation with the Local Health Department Accreditation Board, is proposing to repeal and replace the local health department accreditation rules in 10A NCAC Chapter 48. These rule actions are intended to update the measures used to assess local health department capacity and capability to provide public health services and more closely align those measures with current best practices. The following rules are proposed for repeal: 10A NCAC 48A .0101, .0102, .0201-.0205; 48B .0101-.0103, .0201-.0203, .0301-.0305, .0401, .0402, .0501-.0503, .0601, .0602, .0701-.0703, .0801-.0804, .0901-.0904, .1001, .1101, .1102, .1201-.1204, and .1301-.1308. The following new rules are proposed for adoption: 10A NCAC 48C .0101, .0102, .0201-.0205; 48D .0101, and .0201-.0211. CPH has submitted notice of its intent to make these rule changes to the NC Office of Administrative Hearings (OAH).

In accordance with G.S. 150B-21.4, a fiscal note was prepared for the proposed rules and approved by CPH. The proposed rules are expected to have an impact on state and local funds, but are not expected to have a substantial economic impact. The fiscal note was approved by the NC Office of State Budget and Management (OSBM) on April 29, 2025.

The notice of text that was published in today's edition of the NC Register is attached to this memorandum and may be found on OAH's website at <https://www.oah.nc.gov/rules-division/north-carolina-register>. The text of the proposed rules and the fiscal note may be found on the CPH's website at <https://cph.dph.ncdhhs.gov/>.

A public hearing on these rules is scheduled for Wednesday, June 25, 2025 at 2:00 pm. The public hearing will be held by teleconference. You may participate in the public hearing by dialing 919-715-0769. No access code is required.

CPH is accepting public comments on the proposed rules and fiscal note from June 2, 2025 through August 1, 2025. You may submit comments by email to cphcomment@ml.nc.gov or by mail to Virginia Niehaus, CPH Rulemaking Coordinator, 1931 Mail Service Center, Raleigh, NC 27699-1931. Comments will also be accepted at the public hearing. The proposed effective date of these rules is June 1, 2026.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Should you have questions related to this memorandum, the proposed rules, or the fiscal note, please contact Margaret Nemitz, Accreditation Administrator, North Carolina Institute for Public Health at Margaret.Nemitz@unc.edu.

Attachment

cc: Dr. Ronald May, Chair, Commission for Public Health
Dr. Kelly Kimple, Acting Director, Division of Public Health
Ms. Margaret Nemitz, Accreditation Administrator, North Carolina Institute for Public Health
Mr. David Stone, Accreditation Phase 3 Coordinator, North Carolina Institute for Public Health
Ms. Devon Collins, Deputy Director Regulatory and Legal Affairs, Division of Public Health

TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice is hereby given in accordance with G.S. 150B-21.2 that the Commission for Public Health intends to adopt the rules cited as 10A NCAC 48C .0101, .0102, .0201-.0205; 48D .0101, .0201-.0211, and repeal the rules cited as 10A NCAC 48A .0101, .0102, .0201-.0205; 48B .0101-.0103, .0201-.0203, .0301-.0305, .0401, .0402, .0501-.0503, .0601, .0602, .0701-.0703, .0801-.0804, .0901-.0904, .1001, .1101, .1102, .1201-.1204, and .1301-.1308.

Pursuant to G.S. 150B-21.17, the Codifier has determined it impractical to publish the text of rules proposed for repeal unless the agency requests otherwise. The text of the rule(s) are available on the OAH website at <http://reports.oah.state.nc.us/ncac.asp>.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://cph.dph.ncdhhs.gov/>

Proposed Effective Date: June 1, 2026

Public Hearing:

Date: June 25, 2025

Time: 2:00 p.m

Location: This public hearing will be held by teleconference at (919) 715-0769 (no access code required).

Reason for Proposed Action: Following consultation with the Local Health Department Accreditation Board, the Commission for Public Health proposes to repeal current local health department accreditation rules at 10A NCAC 48A and 48B and replace them with new rules at 10A NCAC 48C and 48D. These rule actions are intended to update the measures used to assess local health department capacity and capability to provide public health services and more closely align those measures with current best practices. When these rules were first adopted, many of the activities were structured to build capacity to perform public health services and programs. Now that all local health departments have been accredited and reaccredited, the initial capacity has been well established and reviewed, providing an opportunity to update accreditation activities to focus on performance improvement.

Comments may be submitted to: Virginia Niehaus, CPH Rulemaking Coordinator, 1931 Mail Service Center, Raleigh, NC 27699-1931; email cphcomment@ml.nc.gov

Comment period ends: August 1, 2025

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☒ State funds affected
- ☒ Local funds affected
- ☐ Substantial economic impact (\geq \$1,000,000)
- ☒ Approved by OSBM
- ☐ No fiscal note required

CHAPTER 48 - LOCAL HEALTH DEPARTMENT ACCREDITATION

SUBCHAPTER 48A - LOCAL HEALTH DEPARTMENT ACCREDITATION –ADMINISTRATION

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48A .0101 PURPOSE

10A NCAC 48A .0102 DEFINITIONS

History Note: Authority G.S. 130A-34.1;

Temporary Adoption Eff. January 1, 2006;

Eff. October 1, 2006;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;

SECTION .0200 - ACCREDITATION PROCESS

10A NCAC 48A .0201	SELF-ASSESSMENT
10A NCAC 48A .0202	SITE VISIT
10A NCAC 48A .0203	BOARD ACTION
10A NCAC 48A .0204	INFORMAL REVIEW PROCEDURES
10A NCAC 48A .0205	RE-ACCREDITATION

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SUBCHAPTER 48B - LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48B .0101	PURPOSE
10A NCAC 48B .0102	DEFINITIONS

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

10A NCAC 48B .0103 ACCREDITATION REQUIREMENTS

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Amended Eff. April 1, 2015; February 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0200 - MONITOR HEALTH STATUS

10A NCAC 48B .0201	BENCHMARK 1
10A NCAC 48B .0202	BENCHMARK 2
10A NCAC 48B .0203	BENCHMARK 3

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0300 - DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY

10A NCAC 48B .0301	BENCHMARK 4
10A NCAC 48B .0302	BENCHMARK 5
10A NCAC 48B .0303	BENCHMARK 6
10A NCAC 48B .0304	BENCHMARK 7
10A NCAC 48B .0305	BENCHMARK 8

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;

Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0400 - INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

10A NCAC 48B .0401 BENCHMARK 9
10A NCAC 48B .0402 BENCHMARK 10

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0500 - MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

10A NCAC 48B .0501 BENCHMARK 11
10A NCAC 48B .0502 BENCHMARK 12
10A NCAC 48B .0503 BENCHMARK 13

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0600 - DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

10A NCAC 48B .0601 BENCHMARK 14
10A NCAC 48B .0602 BENCHMARK 15

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0700 - ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

10A NCAC 48B .0701 BENCHMARK 16
10A NCAC 48B .0702 BENCHMARK 17
10A NCAC 48B .0703 BENCHMARK 18

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.

SECTION .0800 - LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES TO ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

10A NCAC 48B .0801 BENCHMARK 19
10A NCAC 48B .0802 BENCHMARK 20
10A NCAC 48B .0803 BENCHMARK 21
10A NCAC 48B .0804 BENCHMARK 22

History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

SECTION .0900 - ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE AND PERSONAL HEALTH WORKFORCE

10A NCAC 48B .0901 BENCHMARK 23
10A NCAC 48B .0902 BENCHMARK 24
10A NCAC 48B .0903 BENCHMARK 25
10A NCAC 48B .0904 BENCHMARK 26

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

SECTION .1000 - EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

10A NCAC 48B .1001 BENCHMARK 27

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

SECTION .1100 - RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

10A NCAC 48B .1101 BENCHMARK 28
10A NCAC 48B .1102 BENCHMARK 29

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

SECTION .1200 - PROVIDE FACILITIES AND ADMINISTRATIVE SERVICES

10A NCAC 48B .1201 BENCHMARK 30
10A NCAC 48B .1202 BENCHMARK 31
10A NCAC 48B .1203 BENCHMARK 32
10A NCAC 48B .1204 BENCHMARK 33

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

SECTION .1300 – GOVERNANCE

10A NCAC 48B .1301 BENCHMARK 34

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Amended Eff. April 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, ~~2016~~ 2016;
Repealed Eff. June 1, 2026.*

10A NCAC 48B .1302 BENCHMARK 35
10A NCAC 48B .1303 BENCHMARK 36

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016; 2016;
Repealed Eff. June 1, 2026.*

10A NCAC 48B .1304 BENCHMARK 37
10A NCAC 48B .1305 BENCHMARK 38
10A NCAC 48B .1306 BENCHMARK 39
10A NCAC 48B .1307 BENCHMARK 40
10A NCAC 48B .1308 BENCHMARK 41

*History Note: Authority G.S. 130A-34.1;
Temporary Adoption Eff. January 1, 2006;
Eff. October 1, 2006;
Amended Eff. April 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016; 2016;
Repealed Eff. June 1, 2026.*

SUBCHAPTER 48C - LOCAL HEALTH DEPARTMENT ACCREDITATION - ADMINISTRATION

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48C .0101 PURPOSE

The rules of this Subchapter establish the process for local health departments to become accredited pursuant to G.S. 130A-34.1.

*History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.*

10A NCAC 48C .0102 DEFINITIONS

The following definitions shall apply throughout this Chapter:

- (1) "Accreditation" means an evaluation of an LHD's infrastructure, competence, and capacity to provide public health services through the satisfaction of the standards set out in 10A NCAC 48D Section .0200.
- (2) "Accreditation status" means the status assigned to an LHD by the Board in accordance with G.S. 130A-34.1 and the rules of this Subchapter. The types of accreditation status are accredited, conditionally accredited, or unaccredited.
- (3) "Activity" means a task demonstrating achievement of a portion of a standard.
- (4) "Board" means "Accreditation Board" as defined in G.S. 130A-2(1).
- (5) "Board of Health" or "BOH" means a "local board of health" as defined in G.S. 130A-2(4), a board of county commissioners that has assumed control of a local board of health in accordance with G.S. 153A-77(a), a consolidated human services board with the authority to carry out the functions of a local board of health in accordance with G.S. 153A-77(b)(2), or hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.
- (6) "Community" means a subdivision of the population that shares one or more characteristics.
- (7) "Community Health Assessment" means a process to identify through the collection and analysis of data and to document in a written report the public health needs within an LHD's jurisdiction.
- (8) Community Health Improvement Plan" means a written document setting out the steps to address the public health needs identified in the Community Health Assessment.
- (9) "Community Partner" means individuals, groups, or organizations that are not affiliated with federal, state, local, or tribal government, but work with the LHD to identify and address public health needs.
- (10) "Dashboard" means the web-based portal developed and maintained by the Institute to receive self-assessments submitted by LHDs. The Dashboard is located at <https://nclhdaccreditation.unc.edu/nclhda-dashboard/>.
- (11) "Evidence-informed practice" means a way of doing something that is based on research findings, public health data, professional public health expertise, or customer feedback.
- (12) "Institute" means the North Carolina Institute for Public Health.
- (13) "Jurisdiction" means the county or counties that an LHD serves.
- (14) "Local health department" or "LHD" means a local health department as defined in G.S. 130A-2(5), a consolidated human services agency that includes the local health department pursuant to G.S. 153A-77(b)(3), or an agency acting under the direction of a hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.

- (15) "Local health director" means a local health director as defined in G.S. 130A-2(6) or appointed pursuant to G.S. 153A-77(e).
- (16) "Population" means the people residing within an LHD's jurisdiction.
- (17) "Self-assessment" means a written review that reflects the degree of an LHD's satisfaction of each standard and activity set out in 10A NCAC 48D Section .0200 that is completed and submitted by the LHD in accordance with 10A NCAC 48D .0201. The self-assessment shall include documentation supporting the completion of each activity.
- (18) "Social or Structural Determinants of Health" or "SDOH" means the non-medical factors that impact health, well-being, and quality of life including social, economic, and political factors that generate and maintain individual health outcomes.
- (19) "Standard" means a criterion to be assessed in determining an LHD's accreditation. A standard is comprised of activities.
- (20) "Source of data" means quantitative or qualitative data collected by an LHD or another entity.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

SECTION .0200 - ACCREDITATION PROCESS

10A NCAC 48C .0201 SELF-ASSESSMENT

- (a) Each LHD applying for accreditation in accordance with Rule .0205 of this Section shall complete a self-assessment in the Dashboard.
- (b) The self-assessment shall include the following components:
 - (1) contact information for the LHD;
 - (2) the LHD's organizational chart;
 - (3) a narrative describing the LHD's population;
 - (4) a budget for the LHD for the current state fiscal year;
 - (5) the roster for the LHD's governing board;
 - (6) a personnel list for the LHD;
 - (7) the level of completion of each activity in 10A NCAC 48D Section .0200, scored in accordance with 10A NCAC 48D .0101(a); and
 - (8) documentation supporting the level of completion for each activity in Subparagraph (7) of this Paragraph.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0202 SITE VISIT

- (a) The Institute shall select a site visit team composed of not fewer than three individuals. Each site visit team member shall have experience in an LHD. Together the individuals on a site visit team shall have experience in all of the following areas: health administration, environmental health, public health nursing, health education, and governance of an LHD. An individual shall not be part of a site visit team for an LHD where the individual is currently employed.
- (b) The site visit team shall conduct the site visit of the LHD by:
 - (1) reviewing the LHD's self-assessment; and
 - (2) speaking with LHD staff and members of the LHD's BOH.
- (c) The site visit team shall assess whether the LHD has completed each activity in 10A NCAC 48D Section .0200 and prepare a written report to be shared with the Board summarizing the site visit and recommending an accreditation status based on rule 10A NCAC 48D .0101. The site visit team shall provide a copy of the report to the Institute and to the LHD within 10 business days of the conclusion of the site visit.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0203 BOARD ACTION

- (a) The site visit team shall present the report required by Rule .0202(c) of this Subchapter to the Board at the Board's next regularly scheduled meeting. The LHD shall have an opportunity to respond to the presentation.
- (b) For each LHD site visit team report that is presented, the Board shall:
 - (1) assign the LHD an accreditation status in accordance with 10A NCAC 48D .0101; or
 - (2) defer assignment of an accreditation status in order to request additional information from the LHD.
- (c) The Board may defer the assignment of accreditation status under Paragraph (b)(2) of this Rule by no more than six months.
- (d) The Board's assignment of an accreditation status is effective the first day of the month following the date of Board action.
- (e) An accreditation status of accredited shall expire four years from the last day of the month in which the Board assigned the accreditation status. Notwithstanding the foregoing, if an LHD's last accreditation status was accredited and the Board defers assigning

a new accreditation status under Paragraph (b)(2) of this Rule, the LHD's accreditation status shall remain accredited until the Board assigns a new accreditation status.

(f) If a state of emergency declaration has been issued under G.S. 166A-19.3(19), a disaster declaration has been issued under G.S. 166A-19.3(3), or a disaster declaration has been made by the President of the United States under 44 C.F.R. Part 206, Subpart B naming all or part of an LHD's jurisdiction and the jurisdiction has an accreditation of status of "accredited," the Board may extend the LHD's accreditation status by up to 90 days following the end of the declaration.

(g) An accreditation status of conditionally accredited shall expire as set out in G.S. 130A-34.1(g)(2).

(h) The Board shall provide written notice to the LHD of any action taken under this Rule within 5 business days of the action.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0204 INFORMAL REVIEW PROCEDURES

(a) If the Board assigns an LHD the status of conditionally accredited or unaccredited, the LHD may submit a written request to the Board within 10 business days of receipt of written notice under Paragraph (g) of Rule .0203 of this Section for reconsideration of the Board's decision. The written request shall describe the LHD's reasoning for how it met the requirements for accreditation as set out in 10A NCAC 48D .0101. The request shall be submitted to NCLHDaccreditation@unc.edu.

(b) The Board shall review the LHD's request at the Board's next regularly scheduled meeting. The Board shall either affirm the LHD's assigned accreditation status or assign a new accreditation status based on the information provided. The Board shall provide written notice to the LHD of the Board's decision within 10 business days of the Board meeting where the request is reviewed.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48C .0205 APPLYING FOR ACCREDITATION

(a) Each LHD shall apply for accreditation by completing a self-assessment in the Dashboard in accordance with Rule .0201 of this Section.

(b) If an LHD has an accreditation status of accredited or conditionally accredited, the LHD shall complete the self-assessment no later than five months before the expiration date of its accreditation status.

(c) If a county health department joins a district health department pursuant to G.S. 130A-36, the accreditation status of the district health department shall apply. If the district health department does not have an accreditation status, the district health department shall complete the self-assessment no later than five months after forming and shall assume the accreditation status that applies to fifty percent or more of the counties in the district or a status of conditionally accredited. The accreditation status assumed under this Paragraph shall apply until the earlier of the Board taking action in accordance with Rule .0203 of this Section or twelve months have elapsed since formation of the district. If twelve months have elapsed since formation of the district without Board action, the district health department shall be unaccredited.

(d) If a county health department withdraws from a district health department pursuant to G.S. 130A-38, the county health department shall complete the self-assessment no later than five months after withdrawing from the district health department. The county health department shall retain the accreditation status of the district health department until the earlier of the Board taking action in accordance with Rule .0203 or twelve months elapsing since withdrawal from the district. If twelve months have elapsed since withdrawal from the district without Board action, the district health department shall be unaccredited.

(e) If an LHD timely completes the self-assessment as set out in Paragraphs (b)-(d) of this Rule, the Board shall initiate a site visit in accordance with Rule .0202 of this Section and take action in accordance with Rule .0203 of this Section before the LHD's accreditation status expires. In all other circumstances, the Board shall initiate a site visit in accordance with Rule .0202 of this Section within eight months of completion of the self-assessment and shall take action in accordance with Rule .0203 of this Section at its next regularly scheduled meeting following the site visit.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

SUBCHAPTER 48D - LOCAL HEALTH DEPARTMENT ACCREDITATION - STANDARDS

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48D .0101 ACCREDITATION REQUIREMENTS

(a) The completion of each activity in Section .0200 of this subchapter shall be scored based on the self-assessment and site visit as follows:

- (1) two points shall be awarded when all of an activity is completed;
- (2) one point shall be awarded when part of an activity is completed; and
- (3) zero points shall be awarded when no part of an activity is completed.

(b) The Board shall assign an LHD an accreditation status of accredited if the LHD earns at least four points in each standard set out in rules .0201 through .0211 of this Subchapter and at least 81 points overall.

(c) If an LHD does not meet the criteria set out in Paragraph (b) of this Rule, the Board shall assign an accreditation status of conditionally accredited or unaccredited in accordance with G.S. 130A-34.1.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

SECTION .0200 – STANDARDS AND ACTIVITIES

10A NCAC 48D .0201 STANDARD A: ASSESSMENT AND SURVEILLANCE

For the assessment and surveillance accreditation standard, a local health department shall complete the following activities:

- (1) a community health assessment;
- (2) collect and use a minimum of two sources of data to document the health of the population and identify communities with barriers accessing health care;
- (3) collect and use a minimum of two sources of data to guide LHD programs and services;
- (4) provide, contract for the provision of, or assure the availability of laboratory services for disease detection in the jurisdiction; and
- (5) monitor emerging health issues and threats and report communicable diseases in accordance with 10A NCAC 41A .0103.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0202 STANDARD B: COMMUNITY PARTNERSHIP DEVELOPMENT

For the community partnership and development standard, a local health department shall complete the following activities:

- (1) consult with representatives of communities with barriers accessing health care in developing and implementing LHD programs and services;
- (2) develop and maintain relationships with community partners and government entities to improve LHD programs and services; and
- (3) consult community partners in the development of the community health improvement plan.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0203 STANDARD C: COMMUNICATIONS

To satisfy the communications standard, a local health department shall complete the following activities:

- (1) develop a plan for communicating public health information to the population and demonstrate using the plan;
- (2) tailor communications to reach communities and distribute the communications to those communities;
- (3) share data about the health of the population with the public and community partners;
- (4) develop partnerships with the media and promote public health messages through those partnerships; and
- (5) develop and implement a plan to educate the population on public health topics.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0204 STANDARD D: EMERGENCY PREPAREDNESS AND RESPONSE

To satisfy the emergency preparedness and response standard, a local health department shall complete the following activities:

- (1) maintain emergency preparedness and response plans and train LHD staff on those plans;
- (2) provide LHD personnel and communications systems to implement preparedness and response plans, in the event of a state of emergency declaration under G.S. 166A-19.3(19), a disaster declaration under G.S. 166A-19.3(3), or a disaster declaration under 44 C.F.R. Part 206, Subpart B in coordination with government entities and community partners;
- (3) maintain LHD continuity of operations in the event of a declared emergency or disaster, as set out in Paragraph (2) of this Rule;
- (4) exercise the powers and duties of the local health director pursuant to G.S. 130A-41; and
- (5) maintain a written plan that describes how to reach the LHD by phone, email, or other form of communication 24 hours per day, seven days per week.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0205 STANDARD E: STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

To satisfy the structural and social determinants of health standard, a local health department shall complete the following activities:

- (1) develop a plan that addresses structural or social determinants of health in the population;
- (2) provide training to the LHD's workforce on structural or social determinants of health; and
- (3) implement the plan to address structural or social determinants of health in the LHD's programs and services.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0206 STANDARD F: ORGANIZATIONAL WORKFORCE DEVELOPMENT

To satisfy the organizational workforce development standard, a local health department shall complete the following activities:

- (1) comply with applicable state and local human resource laws and policies related to local health department employee grievances, performance reviews, and job qualifications;
- (2) develop and implement a workforce development plan to recruit and retain employees who meet LHD job qualifications;
- (3) review the workforce development plan to identify and implement improvements to the plan; and
- (4) provide professional development to members of the LHD's workforce, including opportunities for on-the-job training and continuing education.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0207 STANDARD G: ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND LEGAL SERVICES

To satisfy the organizational leadership, governance, and legal services standard, a local health department shall complete the following activities:

- (1) share public health updates with elected officials and community partners;
- (2) develop and maintain a strategic plan that sets out the LHD's priorities for the LHD's services, programs, and initiatives;
- (3) educate members of the LHD's Board of Health on their roles, responsibilities, and legal authority;
- (4) access and use legal services; and
- (5) develop and implement a plan to include community partners on public health boards, councils, or groups.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0208 STANDARD H: ORGANIZATIONAL FACILITIES

To satisfy the organizational facilities standard, a local health department shall complete the following activities:

- (1) maintain facilities used for LHD programs and services;
- (2) develop and maintain written protocols for the security of LHD facilities;
- (3) develop and maintain clinical and environmental health equipment in accordance with manufacturers' requirements;
- (4) and
- (4) implement tobacco-free policies in LHD facilities.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0209 STANDARD I: ORGANIZATIONAL FINANCE AND INFORMATION TECHNOLOGY

To satisfy the organizational finance and information technology standard, a local health department shall complete the following activities:

- (1) develop and maintain a budgeting, auditing, billing, and financial policy;
- (2) evaluate the LHD's finances and identify opportunities to secure additional funding to support LHD programs and services; and
- (3) maintain policies and procedures that comply with the privacy and security standards required by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and its implementing regulations, as applicable.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0210 STANDARD J: ACCOUNTABILITY AND PERFORMANCE MANAGEMENT

To satisfy the accountability and performance management standard, a local health department shall complete the following activities:

- (1) develop and maintain written policies and procedures for the administration of the LHD;
- (2) comply with state and local laws and rules relating to programs and services offered by the LHD;
- (3) maintain a procedure for monitoring and improving the performance of LHD programs and services;

- (4) identify and use evidence-informed practices to improve LHD programs and services; and
- (5) use quality improvement practices to improve LHD services and programs.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0211 STANDARD K: POLICY DEVELOPMENT AND SUPPORT

To satisfy the policy development and support standard, a local health department shall complete the following activities:

- (1) enforce public health laws and rules in accordance with G.S. Chapter 130A-4;
- (2) make recommendations to the LHD's Board of Health on local rules or policies to improve the health of the population;
and
- (3) make recommendations to legislators or regulators regarding state laws or rules impacting public health.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.