

93.994

**MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
TO THE STATES**

State Project/Program: GENETIC HEALTH CARE PROGRAM

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Authorization: Title 2 Code of Federal Regulations, Chapter I, Chapter II, Part 200

State Authorization: 10A NCAC 42H .0301-.0313

**N. C. Department of Health and Human Services
Division of Public Health**

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N. C. DHHS Confirmation Reports:

SFY 2020 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: <https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports>. At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2019-2020)". Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "[Non-Governmental Audit Confirmation Reports \(State Fiscal Years 2018-2020\)](#)".

The auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the auditor should be prepared to justify departures from the suggested procedures. The auditor can consider the Supplement a "safe harbor" for identification of compliance requirements to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current. The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

This compliance supplement should be used in conjunction with the OMB 2020 Compliance Supplement which will be issued in the summer. This includes "Part 3 - Compliance Requirements," for the types that apply, "Part 6 - Internal Control," and "Part 4 - Agency Program" requirements if the Agency issued guidance for a specific program. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

I. PROGRAM OBJECTIVES

The purpose of the Genetics Program is to improve the quality of life by minimizing the impact of genetic disease, thus reducing infant mortality and morbidity. In North Carolina, about five percent of the population suffers from serious genetic disorders causing mental retardation, physical deformities and early death. In order to prevent the occurrence of

GENETIC HEALTH CARE PROGRAM

these problems and disorders, it is essential to provide genetic counseling services for at-risk families and individuals. This service is provided by a team of medical experts trained in the field of clinical medical genetics. These experts are employed by the major medical centers. Thus, the Genetic Health Care Program contracts with three major medical centers and two community hospitals for the provision of comprehensive clinical genetic services which include a medical diagnostic evaluation, counseling, treatment, follow-up services and genetic education. Without the support of State funding, these services would not be accessible to the citizens of North Carolina.

II. PROGRAM PROCEDURES

The North Carolina Genetic Health Care Program serves as a model for other states in the U. S. In 1967, the North Carolina General Assembly first appropriated monies for genetic services. These monies were contracted to UNC School of Medicine for the provision of comprehensive genetic services (diagnosis, laboratory test, counseling, treatment and education). Later on, additional state monies were appropriated for the further development of a statewide genetic service network. The selection of these contract sites was based on availability of certified medical expertise, geographic and population size. Contracts were established with East Carolina University School of Medicine, University of North Carolina School of Medicine, Wake Forest University School of Medicine, Carolinas Medical Center and Memorial Mission Hospital (Asheville). Due to the above-mentioned factors, funding for the delivery of clinical genetic services is sole source funding. Renewal of funds is based on prior year performance. Refer to 10A NCAC 42H .0300 Section .0304.

Funds for this program are from a combination of Maternal and Child Health Block Grant funds and matching State funds. The proportion is four federal dollars and three State dollars for every seven dollars awarded and expended. The subrecipient has no requirement to account separately for federal and State dollars in its budget and expenditures.

III. COMPLIANCE REQUIREMENTS

The Type of Compliance Requirements can be found in Section B in the link: [2020 Agency Matrix for Federal Programs](#). This matrix incorporates the OMB Compliance Supplement "Part 2 - Matrix of Compliance Requirement." A State Agency may have added a compliance requirement that the OMB matrix in Part 2 has a "N" (Not Applicable).

A. ACTIVITIES ALLOWED OR DISALLOWED

Genetic Health Care funds may be used solely for the purpose of providing direct patient care, which includes genetic diagnostic evaluations, laboratory tests, counseling, treatment, follow-up services and genetic education. This is a general statement therefore it is necessary to refer to each contract and its Attachment A. All of the contractor's work must be performed in compliance with 15A NCAC 21H .0306.

Funds shall not be used for the following (15A NCAC 21H .0306):

- Purchase or improvement of land;

GENETIC HEALTH CARE PROGRAM

- Purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility;
- Purchase of materials and equipment unless used primarily in the delivery of genetic services; or
- Provision of basic clinical research.

B. ALLOWABLE COSTS/COST PRINCIPLES

All grantees that expend State funds (including federal funds passed through the N.C. Department of Health and Human Services) are required to comply with the cost principles described in the N.C. Administrative Code 09 NCAC 03M.0201.

E. ELIGIBILITY

Any North Carolina resident suspected of having a genetic disorder can be referred for genetic services. No family is denied service because of inability to pay. Refer to 15A North Carolina Administrative Code 21H .0305 and specific contract shell Attachment A that is located in the grantee's contract.

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

The grantee has agreed to reimburse the State for any loss or damage to equipment furnished the grantee for use in connection with the performance of his contract as specified in the contract document.

The grantee has also agreed to put into place equipment controls and safeguards for equipment costing in excess of \$500 as specified the contract document.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

Not applicable at local level

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Non-federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred.

Suggested Audit Procedures

- a. Test a sample of contracts and ascertain if the required suspension and debarment certifications were received for subawards and covered contracts.
- b. Test a sample of contracts to the List of Parties Excluded from Federal Procurement or Nonprocurement Programs, issued by the General Services Administration and ascertain if contracts were awarded to suspended or debarred parties.

J. PROGRAM INCOME

Any fees collected must be utilized only for the continuation and expansion of direct patient services. All fees must be budgeted during the fiscal year earned or within the subsequent fiscal year. All fees brought forward from the prior fiscal year shall be expended prior to expenditure of state appropriations (10A NCAC 42H .0309).

L. REPORTING

1. Financial Reporting

GENETIC HEALTH CARE PROGRAM

Contractor must adhere to the financial reporting requirements as detailed in the contract. All income spent during each month must be reported on the monthly expenditure report (10ANCAC42H.0309).

2. Performance Report

The contractor must provide monthly expenditure and formative evaluation reports, prepare for and participate in monthly site visits and prepare and submit an annual program and expenditure report.

M. SUBRECIPIENT MONITORING

The contractor shall not subcontract any of the work contemplated under this contract without obtaining prior written approval from the Division. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contractor's application are to be considered approved upon award of the contract. The contractor shall be responsible for the performance of any subcontractor.

N. SPECIAL TESTS AND PROVISIONS

Conflict of Interest and Certification Regarding Overdue Tax Debts

All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 for fiscal years beginning on or after July 1, 2007. These requirements include the submission of a Notarized Conflict of Interest Policy (see G. S. 143C-6-23(b)) and a written statement (if applicable) completed by the grantee's board of directors or other governing body that the entity does not have any overdue tax debts as defined by G. S. 105-243.1 at the federal, State or local level (see G. S. 143C-6-23(c)). All non-State entities that provide State funding to a non-State entity (except any non-State entity subject to the audit and other reporting requirements of the Local Government Commission) must hold the subgrantee accountable for the legal and appropriate expenditure of those State grant funds.

Audit Objective – Determine whether the grantee has adopted and has on file, a conflict of interest policy, before receiving and disbursing State funds.

Suggested Audit Procedures

1. Ascertain that the grantee has a conflict of interest policy.
2. Check the policy and verify through board minutes that the policy was adopted before the grantee received and disbursed State funds.