

APRIL 2022

93.994

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

State Project/Program: NURSE FAMILY PARTNERSHIP

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Authorization: 42 United States Code Section 701-709

State Authorization: N/A

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

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SFY 2022 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 DHHS 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 2021-2022)”. Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except “[Non-Governmental Audit Confirmation Reports \(State Fiscal Years 2020-2022\)](#)”.

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.

Auditors may request documentation of monitoring visits by the State Agencies.

This compliance supplement must be used in conjunction with the OMB 2022 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 agreement addendum is to provide funding for implementation of the Nurse-Family Partnership program. In its 30-year history, NFP has shown substantial and consistent results related to improved child and maternal health, child abuse and neglect reduction, crime reduction and school readiness. The NFP project will work with their clients to achieve:

- Improved pregnancy outcomes by helping women engage in preventive health practices including obtaining prenatal care, improving diet and nutrition, and reducing the use of tobacco, alcohol and other substances;
- Improved child health and development by helping parents provide responsible, competent and nurturing care; and
- Improved economic self-sufficiency of the family by helping the parents develop a vision of their own future including planning future pregnancies, continued education and employment.

II. PROGRAM PROCEDURES

The Nurse Family Partnership is administered by the North Carolina Department of Health and Human Services—Division of Public Health, Women's and Children's Health Section, Children and Youth Branch.

The Division of Public Health collaborated with the Alliance of Evidence-Based Programs in North Carolina to provide braided funding for the support of Nurse Family Partnership Projects. Contracts were awarded to local health departments through an application process which was designed and implemented through the Alliance.

The Contractor shall:

- A. Implement and administer the NFP Program for first-time, low-income mothers along with their children within the service area with model fidelity.
 1. Maintain a contract for program implementation with the National Service Office of the Nurse-Family Partnership (NSO-NFP).
 2. Maintain resource and referral systems, including primary health care, mental health services, employment assistance, childcare, alcohol or other drug treatment, and both formal and informal support services, that are kept current and made accessible to the team of nurse home visitors.
 3. Conduct a minimum of one outreach activity each quarter to educate community partners (health and human service and child-serving and maternal-serving agencies and providers) about the NFP program.
 4. Continue to maintain an active community advisory board (CAB) that is diverse (representative of health and human service and child-serving and maternal-

- serving agencies and providers) and not limited to health and human services professionals, including parents who have participated in the NFP Program.
5. Establish a Local Continuous Quality Improvement Implementation Team (or re-purpose an existing team) to include, as appropriate but not be limited to, the Local Health Department director, home visiting program manager, supervisor, data manager and home visitors.
 6. Using data-driven decision-making to identify program needs, participate in Continuous Quality Improvement (CQI) efforts by developing, maintaining, and implementing a local CQI structure, and completing at least one CQI project designed to meet local program needs.
- B. Maintain a staff as required by the NFP Home Visiting model solely devoted to the NFP Program.
1. The number of staff members shall be commensurate with the number of first-time, low-income mothers as described in Paragraph C below.
 2. Nurse home visitors and the nurse supervisor hired for the implementation of the NFP Program shall meet the minimum education, background, and experience required by the Office of State Human Resources and NSO-NFP. Any exceptions to the required education, background or experience for the Local Health Department's NFP Program staff will require prior approval from the NSO-NFP in collaboration with DPH. Minimum requirements in North Carolina for all nurse home visitors includes a Bachelor's degree in Nursing and current North Carolina Registered Nurse license. In addition, the nurse supervisor must hold a Master's degree in Nursing (or related human services degree).
 3. All newly hired NFP Program staff members must complete the program model orientation within 60 days of their hiring date.
 4. All program staff hired within the term of this Agreement Addendum must complete the required NFP education sessions with the NSO-NFP within three months of their hiring date. Education sessions include introduction to the theory base of the program model and model fidelity, research findings, client centered principles and therapeutic relationships.
 5. All NFP Program staff shall participate in ongoing education (e.g., NFP Symposiums, annual all-state NFP Community of Practice meeting, and quarterly Supervisor Community of Practice meetings), consultation and shall receive coaching from the NSO-NFP to continue to increase competency and to support fidelity. This education, consultation, and coaching continues as long as the Local Health Department is operating the NFP Program.
 6. All NFP Program staff shall participate in regular, ongoing technical assistance with the NSO-NFP through a combination of communications and materials that are in-person, by telephone, online, and in written form.
- C. Enroll and maintain first-time, low-income mothers in the NFP Program. Nurse home visitors shall carry a caseload of at least 25 active mothers at any given time. Ideally, participants are enrolled early in the second trimester (14-16 weeks' gestation); however, participants must be enrolled by the end of 28 weeks' gestation.
1. Provide home visits to enrolled participants per NFP guidelines and with the prescribed frequency and duration as required by the NFP-NSP model elements.

2. Utilize telehealth visits and alternate visit schedules as engagement strategies as needed to retain clients in the program.
- D. Participate in ongoing activities sponsored and sanctioned by DPH, including:
1. Participating in ongoing training and technical assistance determined by the DPH Home Visiting Program to be necessary for service provision. Training and technical assistance may include training in model elements, data collection, early childhood cross model competencies, implementation science and quality improvement, and will be provided in-person, by telephone, online webinars and/or written communication.
 2. Participating in at least two quarterly DPH-sponsored training sessions and/or conferences.
 3. Participating in data collection by collecting, reviewing, and submitting data using software approved by the North Carolina NFP Funder's Group. Data collection will be overseen by the DPH Home Visiting Program, who will support the Local Health Department in ensuring data quality.
 - a. Data specified by the state and model developer must be collected for eligible families who receive services funded through this Agreement Addendum.
 - b. Benchmark data, same as required for Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) funded sites, are required to be reported. Funded sites must collect data for all constructs under each benchmark area.
 - c. In addition, applicants must collect individual-level demographic and service-utilization data on the participants in their program as necessary to analyze and understand the progress children and families are making.
 - d. A plan for data safety and monitoring, including privacy of data, administration procedures that do not place individuals at risk of harm, and compliance with appropriate regulations related to IRB/human subject protections, HIPAA and FERPA, will be maintained by the Local Health Department. The Local Health Department must provide training for all relevant home visiting staff on these topics.

The program is managed through the central office staff by the North Carolina Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. The MIECHV Program employs a State Nurse Consultant to provide technical assistance, training and monitoring for all NFP sites. The National Service Office of the Nurse-Family Partnership monitors program quality through the collection and distribution of program implementation and outcome information on the mothers and their children enrolled in the program. In collaboration with the NSO-NFP, DPH and the projects will review data collected for determining ongoing quality improvement and to ensure program fidelity.

III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements that are applicable to the federal program. These Types are determined by the federal agency, noted as “Y,” on the “Matrix of Compliance Requirements” located in Part 2 of the OMB 2022 Compliance Supplement; however, the State Agency may have added the Type and this is noted by “Y.” If the State determines that the federal requirement does not apply at the local level or if the State modifies the federal requirements, this is noted in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, it is noted by “N.”

If the Matrix indicates “Y,” the auditor must determine if a particular type of compliance requirement has a direct and material effect on the federal program for the auditee. For each such compliance requirement subject to the audit, the auditor must use the OMB 2022 Compliance Supplement, Part 3 (which includes generic details about each compliance requirement other than Special Tests and Provisions) and Part 4 (which includes any program-specific requirements) to perform the audit.

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/ Cost Principles	Cash Management	Eligibility	Equipment/ Real Property Management	Matching, Level of Effort, Earmarking	Period Of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y

A. Activities Allowed or Unallowed

Nurse Family Partnership funds may be used to provide direct client services.

Allowed

- Salaries and operating to support the project according to model fidelity per the Nurse Family Partnership National Service Office.

Unallowed

Funds may NOT be used:

- To supplant existing services supported by federal, State or local funds;

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 at 09 NCAC 03M .0201.

C. Cash Management

Compliance Requirements – When entities are funded on a reimbursement basis, program costs must be paid for by entity funds before reimbursement is requested from a State agency. When funds are advanced, recipients may be required to follow specific procedures.

Local Governments and Public Authorities

All local governments and public authorities are required to follow cash procedures for State funds outlined in the State's Budget and Fiscal Control Act (General Statute 159-34) and rules, policies, and procedures established by the Local Government Commission. Additionally, the State-awarding agency may specify their own requirements for the management of State funds and these requirements can be found in Part 10 of this Compliance Section.

Nonprofit Organizations

The specific requirements for the cash management of State funds will be specified by the State-awarding agency. The auditor will find the requirements in the contract and grant agreements, administrative manuals published by the awarding State agency and also cash management requirements can be found in the program specific requirements in Part 10 of this Section.

For any program for which an awarding State agency has established rules, policies and procedures for cash management, recipients should also establish similar procedures for subrecipients.

Audit Objectives – Determine whether:

1. The recipient/subrecipient followed procedures established by the applicable laws, regulations, statutes, and agency requirements.
2. The pass-through entity implemented procedures to assure that subrecipients conformed substantially to the same requirements that applied to the pass-through entity.

Suggested Audit Procedures

1. Select a sample of advances of State funds and compare to the dates the funds were disbursed and/or when the checks were presented to the banks for payment. Using these data, verify that:
 - a. The timing of disbursements was in compliance with any requirements of the awarding agency or any applicable laws, regulations, or statutes.
 - b. If applicable, procedures were established to minimize the time elapsing between drawdown and disbursement of State funds.
2. Where applicable, select a sample of reimbursement requests and trace to supporting documentation showing that the costs for which reimbursement was requested were paid prior to the date of the reimbursement request.
3. Where applicable, review records to determine if interest was earned on advances. If so, review evidence to ascertain whether it was treated in accordance with the applicable laws, regulations, policies, and procedures and agency requirements.

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 on page 5 of 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 in the contract document.

Audit Objectives – Determine whether:

1. The grantee maintains proper records for equipment and adequately safeguards and maintains equipment.
2. Disposition or encumbrance of any equipment or real property acquired with State awards is in accordance with the requirements of the awarding agency.

Suggested Audit Procedures

1. Obtain entity's policies and procedures for equipment management and ascertain if they comply with the awarding agency's policies and procedures.
2. Select a sample of equipment transactions and test for compliance with the awarding agency's policies and procedures for management and disposition of equipment.

H. Period of Performance

Compliance Requirements – State awards may specify a time period during which the grantee may use the State funds. Where a funding period is specified, a grantee may charge to the award only costs resulting from obligations incurred during the funding period and any pre-award costs authorized by the State awarding agency. Also, if authorized by the State program, unobligated balances may be carried over and charged for obligations of the subsequent funding period. Obligations mean the amounts of orders placed, contracts and subgrants awarded, goods and services received, and similar transactions during a given period that will require payment by the grantee during the same or a future period.

Audit Objective – Determine whether State funds were obligated within the period of availability and obligations were liquidated within the required time period.

Suggested Audit Procedures

1. Review the award documents and regulations pertaining to the program and determine any award-specific requirements related to the period of availability and document the availability period.
2. Test a sample of transactions charged to the State award after the end of the period of availability and verify that the underlying obligations occurred within the period of availability and that the liquidation (payment) was made within the allowed time period.
3. Test a sample of transactions that were recorded during the period of availability and verify that the underlying obligations occurred within the period of availability.
4. Select a sample of adjustments to the State funds and verify that these adjustments were for transactions that occurred during the period of availability.

I. Procurement and Suspension and Debarment

Procurement

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to

conform with federal agency codifications of the grants management common rule accessible on the Internet at <https://www.whitehouse.gov/omb/information-for-agencies/circulars/>.

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 procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Procurement Manual accessible on the Internet at http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf.

Audit Objectives – Determine whether procurements were made in compliance with the provisions of the program requirements and any applicable laws, regulations, statutes or other provisions of the awarding State agency.

Suggested Audit Procedure

Test a sample of procurements to ascertain if the applicable laws and the awarding agency procedures were followed.

L. Reporting

Financial Reporting

Contractors are required to submit monthly expenditure and financial reports within 30 days after the end of the month that the services were provided.

Performance Reporting

- Collect and enter data in the NFP data on program implementation and outcomes for participants (mothers and babies enrolled the program) as required by NFP. Information collected include characteristics of clients (including when they enroll in the program during their pregnancies) to ensure the target population is being reached; frequency, content and duration of client visit information to ensure appropriate service provision; and maternal and child outcomes such as substance use during pregnancy, birth outcomes, breastfeeding, immunizations, subsequent pregnancies, child development indicators and maternal workforce and school involvement.
- Provide an annual accounting of actual program fiscal expenditures, program revenues (if applicable), and other sources of funding for the program including in-kind contributions.

Audit Objective – Determine whether required reports include all activity of the reporting period, are supported by applicable accounting or performance records, and are fairly presented in accordance with program requirements.

Suggested Audit Procedures

1. Perform monthly review of submitted reports to ascertain whether they are properly formatted and completed.
2. Review amounts requested and compare with previous months for outliers or unreasonable expenditures.
3. Compare submitted workload with established objectives for the current fiscal year to track compliance with yearly objectives.
- 4.

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

Consolidated Agreement System

The DHHS Division of Public Health is made up of six major sections, Chronic Disease & Injury, Environmental Health, Epidemiology, Women's and Children's Health, Oral Health, and Administrative, Local, and Community Support. The Division utilizes a single written agreement to manage all funds, that is, State, Federal, or private grant funds, that the Division allocates to local health departments across the State. This document, as amended, is called The Consolidated Agreement.

The Agreements sets forth the more general requirements of the funding relationship between the state and local public health agencies. The respective requirements are detailed under the headings: Responsibilities of the Department (Local Public Health Unit); Funding Stipulations; Fiscal Control; Responsibilities of the State; and Compliance. More specific information related to program activity is set out in a document called the Agreement Addenda which detail outcome objectives (which may or may not be negotiable at the beginning of each fiscal year) that each health department must achieve in exchange for the funding. A third part of the system is the Budgetary Estimate which is sent annually from each of the Sections or Branches of the Division to all health departments being allocated funds from specific sources, i.e., State appropriations or other federal grant funds for specific activities. This Estimate indicates the amount of the allocated funds and their respective sources. Each health department should be able to provide an auditor with a copy of the Consolidated Agreement for the particular year being audited, as well as copies of the Budgetary Authorization and any revisions, Agreement Addenda, expenditure reports and any activity reports for each source of money received. If the health department cannot provide these documents, they may contact the State Division of Public Health Budget Office for assistance.

Suggested Audit Procedures – The auditor should review Section B. FUNDING STIPULATIONS of the Consolidated Agreement before beginning an audit. The fourteen items of this Section describe much of the detailed information the auditor may be seeking during a review of these programs.

Conflicts of Interest and Certification Regarding No 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.