

Federal Program Template

The following information is to be entered in the template for the federal programs' compliance supplements found in Section B of the State's Compliance Supplement. Be sure you write over or erase the corresponding letters.

- A. Enter Assistance Listing (formerly CFDA) # of the federal program, i.e., 10.216. If the program does not have a ALN then put NOALN. (The instance of no ALN # should not occur often.)
- B. Enter the name of the federal program (grant/award) as it is shown at Beta.Sam.gov (<https://sam.gov>) website.
- C. Enter the name/pseudonym the State Agency has assigned to the federal grant/award. (If State Agency uses the same name as the federal program then repeat that name.)
- D. Enter the name of the federal awarding agency, i.e., U. S. Department of Health and Human Services.
- E. List the federal laws and regulations that authorize the program and its requirements.
- F. List the State statute that authorizes the program and its requirements.
- G. Enter the name of the State Agency subgranting the federal award/grant.
- H. Enter the Division of the State Agency subgranting the federal award/grant, if applicable.
- I. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)
- J. Enter information on how confirmation for the amount provided to a subrecipient may be obtain (where to send confirmation letters). Please provide the following information, if to be mailed:
 - Name
 - State Agency
 - Mailing Address
- K. Enter AL # of the federal program, i.e., 10.216. If the program does not have a AL # then put NO ALN. (The instance of no AL # should not occur often.). See example for positioning. The instructions for “[C] & [K].” apply to the first page of the supplement and all subsequent pages.

Subsequent Pages:

See [C] and [K] above.

III. Compliance Requirements matrix: Indicate by a “Y” or “N” for the Type of Compliance Requirements that apply to the program on the matrix provided. If the program is included in Part 2 of the OMB Compliance Supplement, then the federal agency has determined what Type of Compliance Requirements apply. A State Agency can add a Type of Compliance Requirement to the program, if applicable, but cannot change the requirement, if it is not applicable at the local level.

If there is no program listed in Part 2, then the State Agency must determine the Type of Compliance Requirements that apply at the local level.

For State Agencies that have issued a Crosscutting supplement, if the program is applicable to the requirements in the Crosscutting supplement, place a “Y” on the matrix. (A Crosscutting Supplement is currently issued only by DHHS-DSS, DHHS-DMHDDSAS, and DPI. The FederalTemplate-CC programs.docx should be used).

Compliance Requirements A – N: Under each Type of Compliance Requirement listed, prepare for the local auditor, the requirements that are applicable. If the federal agency has indicated a “Y” in Part 2, but the requirements are not passed to the local level, then note “not applicable at local level” under the Type. If the Type has an “N” on the matrix, the type can either be removed or noted as “not applicable.”

LONG FORM
FEDERAL

APRIL 2024

93.667

SOCIAL SERVICES BLOCK GRANT

State Project/Program: SPECIAL CHILDREN ADOPTION INCENTIVE FUND

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES**

Federal Authorization: Social Security Act, Title XX, as amended; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Jobs Training Bill, Public Law 98-8; Public Law 98-473; Medicaid and Medicare Patient and Program Act of 1987; Omnibus Budget Reconciliation Act of 1987, Public Law 100-203; Family Support Act of 1988, Public Law 100-485; Omnibus Budget Reconciliation Act of 1993, Public Law 103-66; 42 U.S.C. 1397 et seq.

Social Security Act, Sections 420-425 and 427-428, as amended; Adoption Assistance and Child Welfare Act of 1980, Title I, Section 103, Public Law 96-272; Omnibus Budget Reconciliation Act of 1987, Public Law 100-203; 42 U.S.C. 620-625 and 627-628; Omnibus Budget Reconciliation Act of 1993, Public Law 103-66; Social Security Act Amendments of 1994, Public Law 103-432; Adoption and Safe Families Act of 1997, Public Law 105-89.

State Authorization: N/A

**N. C. Department of Health and Human Services
Division of Social Service**

Agency Contact Person – Program

[REDACTED]
[REDACTED]
[REDACTED]

Agency Contact Person – Financial

[REDACTED]
[REDACTED]
[REDACTED]

Address Confirmation Letters To:

SFY 2024 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 2023-2024)". 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".

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.

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

This compliance supplement must be used in conjunction with the OMB 2024 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

To find permanent homes for children with special needs who would otherwise remain in the foster care system because of a prospective adoptive family's lack of financial resources to meet the child's special needs.

II. PROGRAM PROCEDURES

Special Children Adoption Incentive payments to families are determined on an individual basis. These supplemental payments are made in separate payments to the adoptive parent(s). Monthly requests from counties are not required for the continuation of these payments to the adoptive parents. After approval is given by the Division for a child to receive payments from the Special Children Incentive Fund and the Decree of Adoption has been entered, the Division will submit the payment requests to the Controller's Office. Monthly payments will continue until the county advises the Division to terminate the payments or upon child's eighteenth birthday. The entire amount of the supplement is paid to the adoptive parents by the State and the State charges the County for its share of the cost.

Participating counties must agree to assume responsibility for 50% of the additional monthly assistance (i.e., in excess of the standard adoption assistance rates) that is paid to the families to eliminate financial disincentive. Foster parents in the participating counties must sign a supplemental adoption assistance agreement.

This fund is based on the principle of "first come, first served". The number of children served will depend on the financial limitation of the fund. The Division prepares the annual CFS-101 report to estimate need; however, states are awarded funds based on availability.

Eligibility for program participation is determined by the Program Coordinator. Funds may be used for expenses related to the child's special needs.

Eligibility for participation in the program is monitored by the Program Coordinator.

Audits are conducted in accordance with the requirements in 2 CFR, Part 200.

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 2024 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."

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

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 2024 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.

If there is no program listed on the “Matrix” in Part 2 or Part 4, the State has determined the Type that is applicable. If a Type is determined to be direct and material, the auditor should refer to the requirements found in Part 3 and listed in this supplement.

CC	A	B	C	E	F	G	H	I	J	L	M	N
Cross cutting	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	Y	Y	N	Y	Y	Y	N	Y	Y	N

Crosscutting Requirements

The compliance requirements in the Division of Social Services “Crosscutting Requirements” in Section D (Supplement #DSS-0) are applicable to this grant.

A. Activities Allowed or Unallowed

Individuals receiving aid must meet the eligibility requirements defined in the approved state plan and specified in the Child Welfare Funding Manual, Section 1600. A copy of this reference material should be available at the agency, or at the following web site: [CHAPTER XIII: CHILD WELFARE FUNDING MANUAL \(ncdhhs.gov\)](#)

There are no income eligibility requirements. In general, these children must have been determined to be eligible to receive a higher board rate as a foster child due to their special needs. The agency must demonstrate that a reasonable, but unsuccessful effort was made to place the child with suitable adoptive parents without providing adoption or medical assistance, unless such efforts would not be in the best interest of the child. Documentation on the eligibility determination process and results should be available on a per-case basis within the agency.

Compliance Requirement – Documentation sufficient to establish eligibility can be in the form of statements of diagnosis and/or prognosis from physicians, psychiatrists, speech, and other therapists, etc. Documentation about high-risk potential should be supported by information about the child's and birth parents' background. This documentation shall be included in the record. Adoptive parents have the responsibility to keep the agency informed of circumstances which would make them ineligible for payments. Agencies must send a yearly notice to adoptive parents to remind them of the

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

responsibility to notify the agency of any changes that could affect benefits, as well as school attendance requirements.

The agency should not require adoptive families to provide written verification of ongoing eligibility, and benefits cannot be terminated even though school attendance requirements are not being met.

Audit Objectives

Determine the required eligibility criteria has been met.

Suggested Audit Procedures

Review the case file to verify the agency utilized the Adoption Assistance Eligibility Checklist and has sufficient documentation to establish eligibility. Documentation can be in the form of statements of diagnosis and/or prognosis from physicians, psychiatrists, speech, and other therapists. Documentation about high-risk potential should be supported by information about the child's and birth parents' background.

B. Allowable Costs/Cost Principles

Children receiving benefits must meet the eligibility requirements defined in the approved state plan and specified in Family Services Manual, Volume I, Chapter XIII, Section 1600. A copy of this reference material should be available at the agency, or at the following web site: [CHAPTER XIII: CHILD WELFARE FUNDING MANUAL \(ncdhhs.gov\)](#). There are no income eligibility requirements. In general, these children must have been determined to be eligible to receive a monthly supplemental cash payment above standard adoption assistance rates. The agency must demonstrate that a reasonable, but unsuccessful effort was made to place the child with suitable adoptive parents without providing adoption or medical assistance, unless such efforts would not be in the best interest of the child. Documentation on the eligibility determination process and results should be available on a per-case basis within the agency.

Funds may be used for expenses related to the care, maintenance, and wellbeing of the adoptive child.

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

County departments of social services are reimbursed after expenditure; therefore, Cash management does not apply at the local level.

E. Eligibility

Individuals receiving aid must meet the eligibility requirements defined in the approved state plan and specified in the Child Welfare Manual, appendix 3.5, 3.6, and 3.7, which can be viewed at: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals> on the specific section referenced above. Individual case records must contain documentation of the eligibility determination process.

G. Matching, Level of Effort, Earmarking

Matching: 50% County match as described below

Level of Effort: Not applicable

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

Earmarking: Not applicable

This program is funded at the rate of 50% State funds and 50% county funds. A county must budget local funds in order to secure the required local matching share when federal/State participation is less than one hundred percent to the county department of social services.

H. Period of Performance

Federal funds are available for expenditure by counties during the State fiscal year (July 1 to June 30) for which they are disbursed to counties.

I. Procurement and Suspension and Debarment

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: <http://www.whitehouse.gov/omb/>.

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 Agency Purchasing Manual accessible on the internet at:

[http://www.pandc.nc.gov/documents/Procurement Manual 5 8 2013 interactive.pdf](http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf)

Nongovernmental subrecipients shall maintain written procurement policies that are followed in procuring the goods and services required to administer the program.

The list of debarred parties may be viewed at the following internet web site: SAM.gov | [Duns - Sam UEL](http://Duns-Sam.UEL). The procurement requirement has not been passed to the local level; therefore, no testing is required by the local auditor.

L. Reporting

This requirement has not been passed to subrecipients; therefore, additional testing is not required.

M. Subrecipient Monitoring

County Social Service Agencies are monitored in accordance with the NC Division of Social Services Local Social Service Agencies Monitoring Plan, found at: [DSS Monitoring Manual](#). There are no requirements for local auditors to review.

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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 2024 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.

If there is no program listed on the "Matrix" in Part 2 or Part 4, the State has determined the Type that is applicable. If a Type is determined to be direct and material, the auditor should refer to the requirements found in Part 3 and listed in this supplement.

State
Agency
Added Requirements
Eligibility
Matching
Procurement
(need to provide audit guidance)

CC	A	B	C	E	F	G	H	I	J	L	M	N
Cross cutting	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	Y	Y	N	Y	Y	Y	N	Y	Y	N

Crosscutting Requirements

Requirement	A	B	C	E	F	G	H	I	J	L	M	N
OMB Compliance Supplement Part 2	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
Program Number												
93.658	Y	Y	N	Y	N	N	N	N	N	Y	Y	Y
93.659	Y	Y	Y	Y	N	Y	N	N	N	Y	N	N
93.667	Y	Y	Y	N	N	N	Y	N	N	Y	Y	N

State Program Template

The following information is to be entered in the template for the State programs' compliance supplements found in Section C of the State's Compliance Supplement. Be sure you write over or erase the corresponding letters.

- A. Enter the name of the State grant/award.
- B. List the State statute [or legislation](#) that authorizes the program and its requirements.
- C. Enter the name of the State Agency granting the State award/grant.
- D. Enter the Division of the State Agency granting the State award/grant, if applicable.
- E. Enter the name, phone number, and e-mail address of the State Agency contact person for the program and financial. (Include the area code)
- F. Enter information on how confirmation for the amount provided to a subrecipient may be obtained (where to send confirmation letters). Please provide the following information, if to be mailed:
 - Name
 - State Agency
 - Mailing Address
- G. Footer should contain the Department abbreviation as noted below along with numerical sequencing. In all cases possible, agencies should use the numbering that was used in the prior year. Example: Program #1 from Commerce would be COM-1
Program #2 from Commerce would be COM-2, etc.

Program Abbreviations:

AGRI	Department of Agriculture and Consumer Services
COM	Department of Commerce
DOA	Department of Administration
DCNR	Department of Cultural Resources
DEQ	Department of Environment and Natural Resources
DHHS	Department of Health and Human Resources (all Divisions)
DPI	Department of Public Instruction
DPS	Department of Public Safety
DOT	Department of Transportation
DST	Department of State Treasurer
GOV	Office of the Governor
NCHFA	N. C. Housing Finance Agency
SBOE	State Board of Elections

Subsequent Pages:

See **[A]** and **[G]** above

III. Compliance Requirements matrix: Indicate by a "Y" or "N" for the Type of Compliance Requirements that apply to the program at the local level on the matrix provided.

For State Agencies that have issued a Crosscutting supplement, if the program is applicable to the requirements in the Crosscutting supplement, place a "Y" on the matrix. (A Crosscutting Supplement is currently issued only by DHHS-DSS, DHHS-DMHDDSAS, and DPI. The StateTemplate-CC programs.docx should be used).

Compliance Requirements 1 – 14: Under each Type of Compliance Requirement listed, prepare for the local auditor, the requirements that are to be tested. If the Type has an "N" on the matrix, the Type can be either be removed or noted as "not applicable."

STATE MATERNITY HOME FUND

✓ **State Authorization:** N.C.G.S. 143B-10 and 143B-153 | 10A NCAC 71L

✓ **N. C. Department of Health and Human Services
Division of Social Services**

Agency Contact Person – Program

✓ [Redacted]
[Redacted]
[Redacted]

Agency Contact Person – Financial

✓ [Redacted]
[Redacted]
[Redacted]
✓ [Redacted]
[Redacted]
[Redacted]

Address Confirmation Letters To:

SFY 2024 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 2023-2024)”. 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”.

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.

I. PROGRAM OBJECTIVES

The State Maternity Home Fund provides payment for up to 183 days of residential care services. The care and related services are for adolescents and women who are NC residents and who are experiencing an unplanned pregnancy, regardless of age or marital status, and who are unable to remain in their own home during pre-natal periods, and whose financial resources have been determined by a social worker to be inadequate to meet the residential costs or costs of an approved living arrangement.

II. PROGRAM PROCEDURES

A State Maternity Home Fund application, form DSS-6187, for an individual needing out-of-home care during pregnancy must be submitted by a Local Department of Social Services or a licensed private Adoption Agency to the Division of Social Services for review and approval. The program manual detailing the application process, eligibility, and required forms is available on line at: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals> Appendix 4.

When an application is approved, the Division notifies the submitting agency and the licensed maternity home that payment for care is authorized. The Division of Social Services pays a per diem amount to licensed maternity homes based on bed capacity and the allowable audited expenditures as determined by the DHHS Office of the Controller. Payment for care in a family home setting or an approved boarding arrangement is processed at the standard board rate established for youth in foster care. Payments for authorized services are submitted for reimbursement monthly. This program is monitored based on the DSS Monitoring Plan located at: <https://www.ncdhhs.gov/divisions/social-services/county-staff-information/monitoring>. The Division of Social Services processes applications for State Maternity Home Funds based on the date application is received. Funds are allocated on behalf of eligible individuals until funds are exhausted each fiscal year.

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 State agency noted by "Y."

If the Matrix indicates "Y," the auditor must determine if a particular type of compliance requirement has a direct and material effect on the State program for the auditee.

1	2	3	4	5	6	7	8	9	10	12	13	14
Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Conflict of Interest	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	N	N	Y	N	Y	N	N	N	Y	N	N

1. Activities Allowed or Unallowed

The State Maternity Home Fund cannot be used for hospitalization and delivery services or other medical services received outside the auspices of a licensed maternity home or approved alternative living arrangement. All funding is

distributed by the state directly to provider for client services. The State Maternity Home Fund does not allow the purchase of equipment or real property.

Living arrangements for which State Maternity Home Funds may be used include: (a) a maternity home licensed in North Carolina; (b) a foster family home for children, licensed in North Carolina; (c) the home of a non-legally responsible relative in North Carolina; or (d) for individuals age 18 and over, a boarding arrangement in North Carolina.

Local Agencies are required to complete the service plan, verify client eligibility, confirm any available resources and complete the DSS-6187 State Maternity application. In addition, case workers are required to conduct status checks during the client's approved stay in the requested living arrangement.

Compliance Requirement

Determine if agency has verified information provided by client, including but not limited to, US citizenship, North Carolina residency, expected delivery date, documentation of all client income, etc. In addition, confirm case worker visitation (typically once per month) with client during approved period for State Maternity funding.

Audit Objective

To assure proper documentation is maintained for data submitted to the state request approval of funding (via the DSS-6187 Application for State Maternity Funds).

To assure proper document is maintained for an alternative living arrangement, if requested.

Suggested Audit Procedure

Review documentation in client file and confirm documents support information reported on the submitted application.

2. Allowable Costs/Cost Principles

Maternity Home fund payment is to supplement any other funds available from County Departments of Social Services, other governmental agencies, families or private agencies.

Maternity Home Fund reimbursement for residential costs for clients approved by the Division of Social Services is based on the type of facility or living arrangement in which the placement is made.

1. Payment to licensed maternity homes is based on the actual per diem cost of care; as established by the DHHS Controller's Office. Annual rate of pay letters are distributed to the qualifying provider by the DHHS Controller's Office, Rate Setting Branch.
2. Payment for care in a family foster home will be processed at the standard board rate established for youth in foster care.

3. Payment of care costs in the home of a non-legally responsible relative or in a boarding arrangement will be processed at the standard board rate established for youth in foster care. Boarding home arrangements must be jointly approved by the agency requesting funds and the Division of Social Services.

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.

It should be noted that funding is contingent upon State Budget approval and the source can change between budget years.

Compliance Requirement

Determine if agency has verified information provided by client, including expected delivery date, identification of alternative support or family members. Confirm ongoing support of client during approved period for State Maternity funding.

Audit Objective

To assure clients requesting assistance are eligible for services and proper document is maintained.

Suggested Audit Procedure

Review documentation in client file and confirm documents support information reported on the submitted application and ongoing services to the client, when approved.

5. Eligibility

The State Maternity Home Fund is a resource for any North Carolina resident experiencing an unplanned pregnancy, regardless of age or marital status, who is unable to remain in her own home during the pre-natal period and whose financial resources have been determined to be inadequate to meet residential costs in an approved living arrangement. Program requirements indicate the client must be a citizen of the United States to receive funding.

Compliance Requirement

Determine if agency has verified all information for citizenship, North Carolina residency, and income.

Audit Objective

To assure information submitted to the state is accurate and complete.

Suggested Audit Procedure

Review documentation in client file and confirm documents support information reported on the submitted application.

7. Matching, Level of Effort, Earmarking

Matching

If employed, at least 1/4 of the applicant's income is expected to go toward the placement. If she receives SSI, child support, or parental death benefits, it is expected that most of the support income will go toward the placement, with a small portion allowed for personal incidentals. This is either an amount established by Social Security or approximately 5% of the benefit. All client payments are made directly to the home or facility providing services.

Level of Effort and Earmarking does not apply.

Compliance Requirement

Determine if agency has verified all applicable income or support the client receives.

Audit Objective

To assure available resources are applied before State Maternity Funding is issued.

Suggested Audit Procedure

Review documentation in client file and confirm documents support information reported on the submitted application.

12. Reporting

The State Maternity Fund Coordinator issues a preliminary monthly statement to Service Providers, detailing approved placement information for clients receiving services. The Provider reviews the preliminary statement, determines the need for any changes or input of client discharge data and updates the statement to reflect correct enrollment information. After the review and any applicable changes, the Provider certifies services provided by signing and dating the statement. The completed statement is forwarded to the State Maternity Fund Coordinator for final approval. After review, the Coordinator signs and approves the payment and forwards the statement to the DHHS Controller's office for processing of payment directly to the service provider.

Case workers are required to maintain contact with the client and notify the SMF Coordinator if there are any changes or the client discharges from the program. Case workers are provided an Approval / Action Notice (DSS-6189) that includes a survey for reporting discharges. This document should be completed timely when the client discharges and submitted to the SMF Coordinator.

Compliance Requirement

Determine if agency provided timely notification of changes or discharges.

Audit Objective

To assure accurate information is provided to the state office.

Suggested Audit Procedure

Review documentation in client file and confirm information is reported appropriately for client's status and discharge.

SHORT FORM

APRIL 2024

STATE ADOPTION FUND PROGRAM

✓ State Authorization: N.C.G.S. 108A-49 and 108A-50

N.C. Department of Health and Human Services Division
Social Services

Agency Contact Person - Program

Agency Contact Person - Financial

✓ Name: Carla McNeill
Title: Section Chief, Permanency Planning
Division of Social Services, Child Welfare
Phone Number: (919) 527-6391

Name: Kim [redacted]
Title: [redacted] Budget Manager
Phone Number: (52) [redacted]

Brief Description of Program:

This program provides adoption assistance to certain children with special needs following entry of a Decree of Adoption. To qualify, these children must be in the placement responsibility of a North Carolina licensed private adoption agency or had been in the placement responsibility of a North Carolina licensed private adoption agency and meet all other adoption assistance eligibility requirements. Payments must be no greater than the foster care board rate. In addition, vendor payments for medical and non-medical specialized services may be provided up to \$2,400 per year.

Effective October 1, 2011 10A NCAC 70M .0403 was amended to include: "No monthly cash assistance payments from the State Fund for Adoptive Children with Special Needs shall be made for any adoption in which the Decree of Adoption is issued on or after October 1, 2011." All adoption assistance agreements signed prior to October 1, 2011 remain in effect.

Organizations Funded: ☐ Private ☐ Local Government ☒ Both

Source of Funds: State 100% Federal _____

Templates, Instructions, and Certifications

These forms can be found on NC Dept. of State Treasurers website

(at www.nctreasurer.com, select “State and Local Government Finance Division,” scroll to “I Want To...” and select Access “Compliance Supplements and Related Resources,” select “Compliance Supplement Preparation Resources,” select “Templates.”

Certification Long Form	Certifications for 2025 Federal or State Compliance Supplements
Certification Federal Short Form	Certifications for 2025 Federal Short Form Compliance Supplements
Certification State Short Form	Certifications for 2025 State Short Form Compliance Supplements
Long Form Federal Template	Template for Federal Program Compliance Supplements 2025 (Crosscutting supplements are not used)
Long Form Federal Template – CC Programs	Template for Federal Program Compliance Supplements 2025 that uses Crosscutting Supplements
Long Form Federal Template Instructions	Instructions for Federal Long Form Template
Long Form State Template	Template for State Short-Form Compliance Supplement 2025 (Crosscutting supplements are not used)
Long Form State Template – CC Programs	Template for State Program Compliance Supplements 2025 that uses Crosscutting Supplements
Long Form State Template Instructions	Instructions for State Long Form Template
Short Form Federal Template	Template for Federal Short-Form Compliance Supplement 2025
Short Form State Template	Template for State Short-Form Compliance Supplement 2025
Short Form Template Instructions	Instructions for Federal or State Short Form Template