STATE MATERNITY HOME FUND

State Authorization: G.S. 143B-10, G.S. 143B-153 | 10A NCAC 71L

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

Agency Contact Person - Program
Kevin Kelley
DSS | Child Welfare Section Chief
(919) 527-6401
Kevin.Kelley@dhhs.nc.gov

Agency Contact Person – Financial
Kathy Sommese
Budget Officer
(919) 527-6415
Kathy.Sommese@dhhs.nc.gov

N. C. DHHS Confirmation Reports:
SFY 2014 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by early September at the following web address: http://www.ncdhhs.gov/control/auditconfirms.htm. At this site, click on the link entitled “Audit Confirmation Reports (State Fiscal Year 2013-2014)”. Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from the DHHS are found at the same website except select “Non-Governmental Audit Confirmation Reports (State Fiscal Years 2012-2014)”.

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, DSS-6187, for an individual needing out-of-home care during pregnancy must be submitted by a county 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 http://info.dhhs.state.nc.us/olm/manuals/dss/csm-75/man/CScXII.pdf.

When an application is approved, the Division notifies the local agency submitting the application 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 foster home is the standard board rate paid for children in foster care. Payment of residential costs in an approved boarding arrangement will not exceed the standard board rate paid for children in foster care. Payments for authorized services are submitted for reimbursement monthly. This program is monitored based on the DSS Monitoring Plan located at:


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

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. 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.

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.
   2. Payment for care in a family foster home will be the standard board rate paid for children in foster care.
   3. Payment of residential costs in the home of a non-legally responsible relative or in a boarding arrangement will not exceed the standard board rate paid for children 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.

4. CONFLICT OF INTEREST AND CERTIFICATION OF NO OVERDUE TAX DEBT
   G.S. 14-234 - Public officers or employees benefiting from public contracts.

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.

7. MATCHING, LEVEL OF EFFORT, EARMARKING

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 all will go toward the placement.

8. PERIOD OF AVAILABILITY OF FEDERAL FUNDS

State funds are available for expenditure by grantees during the State fiscal year (July 1 to June 30).

9. 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 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.doa.state.nc.us/PandC/agpurman.htm#P6_65.

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

Suspension and Debarment

The listing of most debarred and suspended parties can be viewed at the following web site: https://www.epls.gov/.

Additional Federal Certifications are included in the contract between the contracting agency and the State Division of Social Services. These requirements vary by agency but usually include Conflict of Interest; Lobbying; Environmental Tobacco Smoke; Debarment, Suspension, Ineligibility, and Voluntary Exclusion; and Drug-Free Workplace Requirements.

12. REPORTING

The DHHS Controller’s office 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 approves the payment and returns the statement to the DHHS Controller’s office for processing of payment directly to the service provider.

13. SUBRECIPIENT MONITORING

Monitoring is performed as specified in the Division of Social Services Monitoring Plan that can be found at http://www.ncdhhs.gov/dss/Monitoring/index.htm.