The objectives of the Maternal and Child Health Services Block Grant are to provide funds to States to provide mothers and children, particularly those with low income or with limited availability to health care, access to quality maternal and child health services; (2) reduce infant mortality, the incidence of preventable diseases, handicapping conditions among children, the need for long-term care services and to increase the immunization levels of children; (3) provide rehabilitative services for blind and disabled individuals under the age of 16 who receive benefits under the Supplemental Security Income Program; and (4) provide and promote family-centered, community-based, coordinated care for children with special health needs and to facilitate the development of community-based systems of services for such children and their families. (42 U.S.C. Section 701 (a) (1))
II. PROGRAM PROCEDURES

The Secretary of the Department of Health and Human Services (federal DHHS) allocates funds to a state in accordance with a pre-defined formula, upon submission of an application by a state and approval of that application. The application must include a needs assessment that shall identify the need for preventive and primary care services for pregnant women, mothers, and infants up to age one, and children, and services for children with special health care needs. The needs assessment must be conducted and updated every 5 years. (42 U.S.C. Section 705 (a) (1))

The application must also include a State plan for meeting the needs identified by the statewide needs assessment and must include (1) a statement of the goals and objectives, which must be consistent with the objectives of the program, for meeting the needs specified in the needs assessment; (2) an identification of the areas and localities in the State where services are to be provided and coordinated; (3) an identification of the types of services to be provided and the categories or characteristics of individuals to be served; and (4) information the State will collect in order to prepare required reports. The plan must be updated annually. (42 U.S.C. Section 705 (a) (2))

The State Plan for the Maternal and Child Health Block Grant is approved by the North Carolina General Assembly, and executed by the Division of Public Health on a State fiscal year basis.

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. Federal funds are drawn by the state to meet the required match upon total expenditures reported.

In this program funds are allocated to local health departments to provide services for child health, maternal health and/or family planning. Each health department is allocated a set amount, and each health department has some flexibility to establish a plan to provide services in one, two or three of these areas, subject to approval by the relevant program within the Women’s and Children’s Health Section. Within a given year, local health departments may also realign their allocation to meet local needs between the Family Planning and Maternal Health allocations. These revisions must also be approved by the State. However, once allocations are made for Child Health services, that amount may not be moved to the other areas.

The Maternal and Child Health Block Grant is administered by the North Carolina Department of Health and Human Services, Division of Public Health, Women’s and Children’s Health Section, 1928 Mail Service Center, Raleigh, NC 27699-3811. Questions should be directed to the Women’s and Children’s Health Section at (919) 707-5513.

III. COMPLIANCE REQUIREMENTS

In addition to Federal statutory requirements, each State has the authority to issue rules consistent with Federal statutes and regulations. These rules should be reviewed before beginning the audit. A copy may be obtained from the Women’s and Children’s Health Section.

A. ACTIVITIES ALLOWED OR UNALLOWED

In addition to the information on the federal supplement, additional information for this requirement is provided in the North Carolina Administrative Code, Title 10A, Chapter 43, Subchapter B.

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

This is a requirement in the Title 2 Code of Federal Regulations, Chapter I, Chapter II, Part 200 federal supplement. However, the State retains responsibility for this requirement and thus chooses not to pass it along to any of its subrecipients.

E. ELIGIBILITY

To be eligible for maternal and child health ambulatory services provided by MCH program funds, clients must meet the eligibility criteria established by the local provider. Financial eligibility requirements may not be more restrictive than the official poverty line issued annually by the United States Department of Health and Human Services (10A NCAC 43B .0105)

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

All equipment purchased or leased with an acquisition cost exceeding $2,500.00, including equipment purchased using PHP&R Grant funds, where there is an option to purchase with State/Federal funds, must receive prior written approval from the appropriate Branch/Section. Equipment must be accounted for in accordance with the North Carolina Department of State Treasurer Policies Manual, Chapter 20, Fixed Assets Policy. (Reference Section B (14) of the Consolidated Agreement between the local health department and the Division of Public Health)

G. MATCHING, LEVEL OF EFFORT, EARMARKING

This is a requirement in the Title 2 Code of Federal Regulations, Chapter I, Chapter II, Part 200 federal supplement. However, the State retains responsibility for this requirement and thus chooses not to pass it along to any of its subrecipients.

H. PERIOD OF PERFORMANCE

This is a requirement in the Title 2 Code of Federal Regulations, Chapter I, Chapter II, Part 200 federal supplement. However, the State retains responsibility for this requirement and thus chooses not to pass it along to any of its subrecipients.

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 https://www.whitehouse.gov/omb/grants_chart.

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.

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

Client and third party fees collected by the local provider from the provision of maternal and child health services must be used to expand, maintain or enhance those services in either the year in which they were earned or a subsequent fiscal year. (10A NCAC 43B .0105)

L. REPORTING

Financial Reporting

Local agencies must submit to the North Carolina Department of Health and Human Services expenditure reports using the “Aid-to-Counties Website”. (Reference Section C of the Consolidated Agreement between the local health department and the Division of Public Health.)

Program Reporting

Local health departments are required to report services provided with funds allocated. (Reference Section A of the Consolidated Agreement between the local health department and the Division of Public Health). In addition, specific program deliverables are identified in Program Agreement Addenda to this Consolidated Agreement from the Child Health, Maternal Health and Family Planning programs.

M. SUBRECIPIENT MONITORING

County health departments frequently contract with other entities/agencies to provide allowable services. Unless services are obtained through other than fee for service contracts, the auditor does not need to audit for this requirement. (Reference Section C of the Consolidated Agreement between the local health department and the Division of Public Health.)

N. SPECIAL TESTS AND PROVISIONS

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.