

93.301

SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

State Project/Program: RURAL HOSPITAL ASSISTANCE PROGRAM / SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Authorization: Social Security Act, Section 1820(g)(3)
Section 1820(g)(3) of the Social Security Act, 42 U.S.C. 1395i-4
42 U.S.C. §1395i-4

**Department of Health and Human Services
Central Administration/ Office of Rural Health**

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Address Confirmation Letters To:

SFY 2026 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 2025-2026). 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 Oct’ 2023-2026).”

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 State compliance supplement must be used in conjunction with the OMB 2026 Compliance Supplement which is scheduled to be issued in May 2026. The OMB supplement will include “Part 3 - Compliance Requirements,” for the types that apply, and “Part 6 - Internal Control.” If a federal Agency issued guidance for a specific program, this will be included in “Part 4 - Agency Program”. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

I. PROGRAM OBJECTIVES

The purpose of this program is to help small rural hospitals of fewer than 50 beds implement quality and operational improvement efforts.

II. PROGRAM PROCEDURES

The Small Rural Hospital Improvement Grant Program is administered by the NC Department of Health and Human Services, Office of Rural Health (ORH), 2009 Mail Service Center, Raleigh, NC 27699-2009, (919) 527-6440. Funds are received from the U. S. Department of Health and Human Services.

The purpose of the Small Rural Hospital Improvement Grant Program (SHIP) is to help small rural hospitals of 49 beds or less, and do any or all of the following:

- activities that support data collection to facilitate quality reporting and improvement for Value-Based Purchasing Investments
- activities that support development or tenants of Accountable Care Organizations (ACOs) or Shared Savings Programs
- activities that improve hospital financial processes through Payment Bundling or Prospective Payment programs

The ORH generates contracts based upon requests submitted by hospitals and other entities involved in the provision of care to rural areas. Field staff from the ORH work closely with eligible hospitals and others to determine needs. Needs are presented to the Director of the ORH, who makes the final funding decisions.

Once an applicant is selected, a formal contract is prepared by the ORH. The contract details contractor obligations, the funding schedule, reporting requirements and audit requirements. The formal contract serves as the notice of grant award.

During the contract year, ORH staff provide on-going technical assistance to the contractors. Technical assistance includes on-site visitation and other contacts with the contractors during which program goals are reviewed and evaluated. The primary purpose of the Small Rural Hospital Improvement Grant Program is to provide eligible entities with funds to improve access to care in these communities.

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III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements (Types) for this federal program identified by either the federal or State agency with a “Y” that are subject to the audit. The auditor must determine if the Type noted by “Y” has a direct and material effect on the federal program for the auditee. If the Type is determined to be subject to audit, the auditor must use the OMB 2026 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

If the State determines that the federal requirement does not require testing at the local level or if the State modifies the federal requirements, this is discussed in the supplement under the type of compliance requirement. Auditors are not expected to test requirements that have been noted with an “N.”

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	Y	N	N	Y	Y	N	Y	Y	Y

A. Activities Allowed or Unallowed

Small Rural Hospital Improvement Grant Program funds may be used to:

- activities that support data collection to facilitate quality reporting and improvement for **Value-Based Purchasing Investments**,
- activities that support development or tenants of **Accountable Care Organizations (ACOs) or Shared Savings Programs**, and
- activities that improve hospital financial processes through **Payment Bundling or Prospective Payment programs**.
- Unallowable investments include, but are not limited to, travel costs, hospital services, hospital staff salaries, or general supplies. Hospitals should contact their State Office of Rural Health (SORH) with questions regarding the appropriateness or fit of a certain activity or hardware/software purchase.

B. Allowable Costs/Cost Principles

Services provided by and costs allowable are limited to those activities budgeted by the contractor and approved by ORH.

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Compliance Requirement – Funds may be expended only for those items specified in the budget that are generally attached to the contract or may be included in a letter of request attached to the budget. No line-item may be increased by more than fifteen (15) percent without the written approval of the ORH. This requirement relates to the contractor's expenditures as of the date of the balance sheet compared to the budget approved by the ORH.

Suggested Audit Procedure – Review the contractor's budget as approved by the ORH, including any subsequent amendments. Determine that any revisions exceeding fifteen (15) percent of the budget line-item have been approved in writing.

C. Cash Management

Funds are paid on a contractual basis. Generally, funds are reimbursed monthly for approved expenses incurred during the previous month. Funds may only be paid in advance upon completion and signature of a Certification of Cash Needs.

E. Eligibility

The Small Rural Hospitals in North Carolina with 49 beds or fewer, which participate in improvements in value and quality to health care.

H. Period of Performance

All funds must be expended within the contract period specified in the formal notice of the grant award.

I. Procurement and Suspension and Debarment

Contractor cannot be suspended or debarred, nor can it make subawards under covered transactions to parties that are suspended or debarred. This rule applies any time the non-Federal entity procures goods or services with funds that have been approved in the budget. Suspension and debarment apply to both procurements and subawards.

L. Reporting

Reports of expenditures or audit reports (depending upon the size of the contract) are required in accordance with Uniform Guidance Appendix XI to Part 200 and are submitted to program. Additional reports may be required by the individual contracts to confirm that the funds were spent in accordance with the budgeted expenditures.

M. Subrecipient Monitoring

Grantees that pass funding through to other entities must perform monitoring activities on each subrecipient to include reviewing reports submitted by the subrecipient, performing site visits to the subrecipient to review financial and programmatic records and observe operations, reviewing eligibility determinations for enrollees, and reviewing each subrecipient's single audit or program-specific audit results to ensure the subrecipient is in compliance.

Suggested Audit Procedure - Obtain a list of all subrecipients with which the grantee has agreements. Select a sample and verify that all monitoring activities are documented.

N. Special Tests and Provisions

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

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Services) are subject to the financial reporting requirements of Uniform Guidance Appendix XI to Part 200. These requirements include the submission of a Conflict of Interest Policy and a written statement (if applicable) that the entity does not have any overdue tax debts as defined at the federal, State or local level. 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 sub-grantee accountable for the legal and appropriate expenditure of those State grant funds.

Audit Objective – Before receiving and disbursing State funds, determine whether the grantee (1) has adopted a conflict-of-interest policy and has it on file and (2) whether the grantee has any overdue tax debts at the federal, State or local level.

Suggested Audit Procedures -

1. Ascertain that the grantee has a conflict-of-interest policy as described above
2. Check the policy and verify through board minutes that the policy was adopted before the grantee received and disbursed State funds
3. Verify as to whether the grantee has any overdue tax debts at the federal, State or local level by reviewing tax reports filed with the appropriate government agencies and confirming via an inspection of the accounting records that all taxes were paid timely.