

**IMPROVING COMMUNITY OUTCOMES FOR MATERNAL AND CHILD HEALTH**

---

---

**State Authorization:** Session Law 2017-57, Section 11E.3(a – d)

**North Carolina Department of Health and Human Services  
Division of Public Health**

---

**Agency Contact Person - Program**

Shelby Weeks  
(919) 707-5707  
[shelby.weeks@dhhs.nc.gov](mailto:shelby.weeks@dhhs.nc.gov)

**Agency Contact Person – Financial**

Samantha Radel  
(919) 623-3312  
[Samantha.radel@dhhs.nc.gov](mailto:Samantha.radel@dhhs.nc.gov)

**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 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 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.**

**I. PROGRAM OBJECTIVES**

The objective of the Improving Community Outcomes for Maternal and Child Health Initiative (ICO4MCH) is to provide funds to local health departments (LHD) via Session Law 2021-180, Section 9G.1 (a.- d.) to implement evidence-based strategies that are proven to lower infant mortality rates, improve birth outcomes and improve the overall health status of children ages birth to five through a competitive request for applications process (RFA) every three years. This law places the following requirements on the Division of Public Health (DPH) when selecting local health departments to be funded:

- the Division shall prioritize grant awards to local health departments that are able

**IMPROVING COMMUNITY OUTCOMES FOR MATERNAL AND CHILD HEALTH**

to leverage non-State funds in addition to the grant award;

- the grant awards to local health departments are to be dedicated to providing services on a county-wide basis;
- the local health department shall participate in evaluation, including measurable impact or outcomes; and the local health department shall ensure that grant funds will supplement and not supplant existing funds for health and wellness;
- program and initiatives.

**II. PROGRAM PROCEDURES**

The objective of the Improving Community Outcomes for Maternal and Child Health Initiative (ICO4MCH) is to provide funds to local health departments (LHD) via Session Law 2021-180, Section 9G.1. (a.- d.) to implement evidence-based strategies that are proven to lower infant mortality rates, improve birth outcomes and improve the overall health status of children ages birth to five through a competitive request for applications process (RFA) every two years. This law places the following requirements on the Division of Public Health (DPH) when selecting local health departments to be funded:

- the Division shall prioritize grant awards to local health departments that are able to leverage non-State funds in addition to the grant award;
- the grant awards to local health departments are to be dedicated to providing services on a county-wide basis;
- 
- the local health department shall participate in evaluation, including measurable impact or outcomes; and

the local health department shall ensure that grant funds will supplement and not supplant existing funds for health and wellness programs and initiatives.

<b>PROGRAM AIMS</b>	<b>EVIDENCE-BASED STRATEGIES</b>
<b>A. Improved Birth Outcomes</b>	Reproductive Life Planning (RLP)
	Improving Preconception and Interconception Health Doula Services
<b>B. Reduced Infant Mortality</b>	10 Successful Steps for Breastfeeding, with a specific focus on Step 3 and Step 10
	Tobacco Cessation and Prevention
<b>C. Improved Health Status of Children Ages 0-5</b>	Positive Parenting Program (Triple P)
	Family Connects Newborn Home Visiting

**III. COMPLIANCE REQUIREMENTS**

**IMPROVING COMMUNITY OUTCOMES FOR MATERNAL AND CHILD HEALTH**

Noted below in the following matrix are the types of compliance requirements identified by the State Agency, noted by “Y” that are that are subject to the audit for the State program. The auditor must determine if the Type noted by “Y” 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	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y

**1. Activities Allowed or Unallowed**

Allowable activities are specified in the request for applications and the Agreement Addenda.

**2. 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.

**3. Cash Management**

**LOCAL HEALTH DEPARTMENT PROJECTS**

In accordance with the provisions of the Consolidated Agreement with Local Health Departments/Districts/Public Health Authorities/Human Service Agencies (see Section N for further discussion of the Consolidated Agreement), local agencies report actual expenditures on a monthly basis. Payments are made in the following month based upon the amounts of reported expenditures to the extent that authorization remains. Payments, comprised of both federal and State funds are used to support operating expenses, primarily staff salary and fringe benefits. For a complete discussion of the Consolidated Agreement, see Section N below. (Consolidated Agreement).

**5. Eligibility**

Only local health departments/districts are eligible to apply for this RFA. Given the amount of funding available, the awarding of these funds are competitive. Single, regional, or multi-county applications are encouraged. For a multi-county application that includes different local health departments, one county must take the lead in submitting the application. DPH will accept applications from single or multi-county local health departments (LHDs) that meet certain criteria of need.

## **IMPROVING COMMUNITY OUTCOMES FOR MATERNAL AND CHILD HEALTH**

---

Local Health Departments applying for funding had to meet the following eligibility requirements: 1,000 or more births in 2021 in the county(ies); and one of the following:

(a) combined 2019-21 infant mortality rate of 10.2 or higher per 1,000 live births AND 20 or more infant deaths; (b) combined 2019-21 infant mortality disparity ratio of 2.6 or higher; (c) based on the American Community Survey(ACS 2017-21, data), percent of children <5 years of age living in poverty must be 32% or higher; OR (d) percent of children <19 years of age who are uninsured must be 8.3% or higher, 2020 Small Area Health Insurance Estimates (SAHIE).

### **6. Equipment and Real Property Management**

Equipment must be accounted for in accordance with the North Carolina Department of State Treasurer Policies Manual, Chapter 20, Fixed Assets Policy.

Title to equipment costing in excess of \$2,500.00 acquired by the Contractor with funds from this contract shall vest in the contractor, subject to the following conditions.

1. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued, the Contractor shall contact the Department of Health and Human Services, Division of Public Health, for written instructions regarding disposition of equipment.
2. When acquiring replacement equipment, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment subject to written approval of the Division of Public Health.
3. For equipment costing in excess of \$2,500.00, equipment controls and procedures shall include at a minimum the following:
  - a) Detailed equipment records shall be maintained which accurately include the:
    - i. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate;
    - ii. Source/percentage of funding for purchase and restrictions as to use or disposition; and
    - iii. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.
  - b) Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number.
  - c) Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.
  - d) A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft.
  - e) Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition.
  - f) Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall

be conducted on a periodic basis, preferably at least annually.

4. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section.

Prior written approval from Department must be obtained before purchasing equipment valued over \$2,500.00. Institutions of higher education, hospitals, and other non-profit organizations shall use procurement procedures that conform to applicable federal law and regulations and standards identified in Title 2 Code of Federal Regulations, Chapter 1, Chapter II, Part 200. All non-federal entities shall follow federal laws and implementing regulations applicable to procurements, as noted in federal agency implementation of Title 2 Code of Federal Regulations, Chapter 1, Chapter II, Part 200.

#### **7. 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. Therefore, Level of Effort or Earmarking does not apply to the subrecipients of this supplement.

#### **8. Period of Performance**

Contract funds may be used to support costs incurred during the funding period. In the case of local health departments, this period is the same as the State fiscal year and the period covered by the Consolidated Agreement, July 1 through June

30. Unobligated, unexpended funds may not be carried forward. Settle-up and final expenditure submission should occur within forty-five days of the end of the contract period, i.e., June 30. (Consolidated Agreement)

#### **9. 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.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

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](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. This applies to the subrecipients of this supplement.*

Entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred.

#### **12. Reporting**

Financial Reporting: Local health departments are required to submit a Local

Expenditure Report. (See Consolidated Agreement). All payments are contingent upon fund availability.

Performance Reporting: Quarterly reports are required to be submitted within 30 days at the end of the reporting quarter.

**13. Subrecipient Monitoring**

Local health departments and other entities frequently contract with other agencies to provide allowable services. Unless services are obtained on other than fee for service contracts, the Auditor does not need to audit for this requirement. (Reference Section C (1) (c and d) of the Consolidated Agreement between the local health department and the Division of Public Health).

**14. Special Tests and Provisions**

**Conflict 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 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 sub grantee accountable for the legal and appropriate expenditure of those State grant funds.

**Suggested Audit Procedures**

1. Check the policy and verify through board minutes that the policy was adopted before the grantee received and the grantee received and disbursed State funds.