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Chapter XII: Pregnancy Services

I. Philosophy

Efforts to prevent unplanned pregnancies through education, health and family planning programs are not always successful, and unplanned pregnancies do occur. When a woman is faced with an unplanned pregnancy, she, and often her partner, need(s) help in coping with the situation and in making decisions about resolution of the pregnancy. Skilled assistance is needed for an individual involved with an unplanned pregnancy from those in the helping professions. Such assistance helps not only the parents and the unborn child, but society as a whole.

II. Legal Base

The rules and regulations for administration of Pregnancy Services, established as an optional service in North Carolina's Social Services plan under the provisions of G.S. 143B-10 have been adopted by the Social Services Commission on the basis of its authority under G.S. 143B-153. This service is a part of North Carolina's Child Welfare Services Program under Title IV-B as well as North Carolina's Temporary Assistance for Needy Families (TANF) plan. Administrative Rules for the Pregnancy Services are found at 10A NCAC 71K. The rules for the State Maternity Fund are at 10A NCAC 71L. These can both be found online at http://ncrules.state.nc.us/default.htm.

III. Definition

A. Primary Service

Pregnancy Services are services to an individual who is involved with an unplanned pregnancy. Services include counseling to assist in exploring alternative solutions to the unplanned pregnancy (i.e., keeping the baby, adoption, or abortion), examining the probable consequences of each alternative, and arranging for and utilizing other needed services. Residential care, including a concentrated regimen of services as described above, room and board for up to six months, medical supervision, and medications required for health maintenance in pregnancy as prescribed by a physician may be provided when such care is provided in an approved living arrangement. Psychiatric counseling specifically related to help in coping with the pregnancy also may be included as an integral but subordinate part of the regimen of residential services.

B. Components

None

C. Resource Items

None

D. Target Population

Individuals (male or female) involved with unplanned pregnancies. The residential care component is available to females.

IV. Goals and Objectives

The purpose of Pregnancy Services is to enable the individual faced with an unplanned pregnancy to decide what s/he wants to do about the pregnancy, in terms of what is best for the expectant parents and the unborn child, and to provide the expectant mother and other involved individuals with the support necessary to carry out the decision. Pregnancy Services may be provided as a means of enabling clients to maintain or achieve the following goals and objectives:

A. Economic Self-support

1. To allow a client to choose among alternatives which can moderate the economic consequences of an unplanned pregnancy.

2. To provide for the cost-of-care and services if a residential placement is needed.

B. Personal Self-sufficiency

1. To enable a client to develop or maintain stability by providing the supportive counseling and assistance needed in a stressful situation.

2. To support the attainment or maintenance of the goal of "Economic Self-support." Attainment of partial or total economic self-support contributes to personal self-sufficiency by providing the financial resources necessary to purchase the goods and services required for independent living. Self-support also stimulates the self-esteem and positive motivation essential to the ability to care for oneself and others.

C. Preventing or Remedying Abuse, Neglect, or Exploitation, or Preserving, Rehabilitating or Reuniting Families

1. To enhance the prospects that an existing marriage will remain intact through avoidance of the stresses that lead to marital disintegration and which are, in turn, often caused by overwhelming child-caring responsibilities.

2. To provide a client with satisfactory alternative ways of resolving a difficult situation, thus deterring the potential abuse and/or neglect of an unplanned child by arranging for the child's welfare following birth.

V. Policies

A. Eligibility

Pregnancy Services are provided at county option. Need is defined by the target population, which is found in Section 6010, page 1.

B. Method of Service Provision

Pregnancy Services may be provided directly by county departments of social services or may be purchased under contract.

C. Scope of Services

Pregnancy Services include counseling to assist the expectant mother, the expectant father, involved relatives, and significant others in assessing their situations and looking at various possibilities for resolving the unplanned pregnancy (i.e., keeping the child of an existing marriage, rearing the child as a single parent, marriage adoption, or abortion). The probable consequences of each alternative are explored realistically and assistance in arranging for and utilizing other needed services is provided. Supportive counseling is provided to help the client in carrying out the chosen alternative. Personal counseling is provided to help the client deal with emotions and personal problems that are involved with and/or which led to this unplanned pregnancy. Pregnancy Services may also include residential care for up to six months when necessary for a concentrated regimen of services. In addition to room and board, residential care must include counseling and supportive services, medical supervision, and medications required for health maintenance in pregnancy as prescribed by a physician, and may include psychiatric counseling for coping with the pregnancy. Medical services received outside of the regimen of residential services; e.g., labor and delivery, are not provided for within this set of services.

A pregnancy becomes a problem when the prospect of a new child is detrimental to one's well-being and/or is unplanned for social, economic, emotional, medical or personal reasons. Initial counseling is focused on helping the client make a decision about resolution of the pregnancy by being accepting and understanding of the dilemma, through giving needed information about alternatives and resources, and by helping the client reach a decision that she can live with, both now and later. The second stage of counseling focuses on helping the client follow through with the alternative selected. An extended counseling role includes helping those involved in a problem pregnancy, when circumstances indicate the need, to establish a pattern of responsible sexual behavior. This includes counseling about or referral to family planning services.

D. Freedom of Choice

An individual who requests Pregnancy Services will have the opportunity to explore with the caseworker several alternatives for resolving problems accompanying the pregnancy.

Because of the nature of the services and the various options available to the client, it is important for the caseworker to recognize that the decision of how to resolve the problem is the choice of the client. Complete freedom of choice for the client should be protected. The caseworker must concentrate on objectively helping the client assess individual circumstances, explore feelings, realistically examine alternatives and available resources and reach a decision. Care should be taken to avoid persuasion or encouragement of one alternative over the other. Once the client has reached a decision, the caseworker should support the decision, offer assistance in locating additional services and resources and provide ongoing counseling as needed throughout the pregnancy.

E. Confidentiality

When a client requests Pregnancy Services she realizes that in order to receive the help she is seeking, she must reveal certain information about the pregnancy to the caseworker. To feel secure in sharing extremely personal information, the client needs assurance that the information will not go beyond the person engaged in helping. Confidentiality is the basic right of the client, is an ethical responsibility of the caseworker and is necessary for the effective delivery of Pregnancy Services.

All agency staff should be oriented to the confidential nature of Pregnancy Services. Access to records should be restricted to authorized staff. When resources outside the agency are to be utilized for the client and sharing of information seems appropriate, a statement of release of information should be signed by the client and placed in the record prior to release of any information.

An initial contact with the expectant father should be made only with the expectant mother's knowledge. Contacts should be initiated with the parents of the expectant mother or parents of the expectant father only with the consent of the expectant parent(s).

VI. Counseling

The caseworker must strive to maintain an objective, non-judgmental, supportive approach when counseling an individual faced with a problem pregnancy. Efforts should be focused on reducing pressures to allow for a thorough exploration of alternatives and available resources. Initially, the expectant mother has two choices--carrying the pregnancy to term or seeking to terminate the pregnancy through abortion. If the decision is made to carry the pregnancy to term, she has two further options--keeping the child or releasing him/her for adoption. The caseworker must help the client examine each alternative realistically in terms of present and future implications, and to thoughtfully reach a decision.

The caseworker must be familiar with available resources within and outside the community that can help alleviate problems related to the unplanned pregnancy. An assessment of resources related to medical care, residential care, health support, cash assistance, employment, education, family planning, housing, counseling, and other needed resources should be made. Efforts should be directed toward helping the client make use of the appropriate services.

A. With the Expectant Mother

The expectant mother's needs carry the first priority for counseling, needs assessment and problem resolution. The caseworker knows about and shares with an expectant mother the physical aspects of pregnancy as well as the emotional and psychological impact. If this is the first pregnancy, the expectant mother should be helped to understand the constant changes that are occurring within her body, and what to expect with labor and delivery or other medical procedures, necessary or chosen. Young teens may be particularly uninformed about pregnancy and have special fears that need to be allayed. The importance of early and good prenatal care should be emphasized.

If the expectant mother is not married, there are some special problems and alternatives that must be dealt with. She may be faced with deciding whether to keep the child and rear him/her as a single parent or to get married and rear the child within a marital contract. The impact of the expectant mother's decisions on the child's future should be central in considering alternatives. The best interest of the child and his/her role in the expectant mother's life must be kept in focus. The client may need to explore the attitudes of friends and relatives toward an out-of-wedlock pregnancy, as well as the special legal, economic, social and emotional problems involved in rearing a child as a single parent.

B. With the Expectant Father

While many expectant fathers are not interested in planning or counseling, many are. Sometimes it is the expectant father who first requests Pregnancy Services. He may experience fear or

feelings of guilt or inadequacy, and need professional help in coping with these feelings. If he is not wed to the birth mother, he may have feelings of guilt and self-contempt. Often, though, the emotional attachment between the expectant mother and father is strong enough that the mother's decisions are greatly influenced by the desires of the father.

The expectant father may be concerned deeply about the child's future. He may be confused, wanting to help but not knowing how, and wanting help himself but being unsure of where to get it. Often it is difficult for friends and family members to be objective enough about the pregnancy to be of significant help. An expectant father may not be sure that the caseworker is a person he can trust. A positive approach in which the options are objectively explained and explored with the expectant father can bring him into active participation in planning. Decisions made with the input of both the mother and father lead to better plans being made for the child.

Additionally, he may need encouragement to give the expectant mother moral and financial support. He can be helped to understand the benefit to his child of sharing information about himself, and by taking active responsibility with the mother in making decisions that will affect the future of the child.

Legal considerations for an unmarried expectant father include his legal rights if the expectant mother decides to release the baby for adoption, paternity support requirements and legitimating procedures. If the expectant mother is under age, the prospect of a statutory rape charge is a possibility that should be understood. An expectant father, particularly an adolescent, may need support in continuing his education, job training, employment services, or other assistance to establish or maintain financial independence. Family planning counseling is always appropriate and Health Support Services may be needed to reach employment or educational goals.

C. With Parents

An unplanned pregnancy often places stress on more persons than just the expectant mother and the expectant father, particularly if the expectant parents are adolescents. The expectant mother is almost always a part of her family. Even when she is not living with them, she is subject to and reacts to the family's influence. An unplanned pregnancy creates a family crisis, both emotionally and financially.

Most teenagers live at home and are financially dependent on their parents. Since the pregnancy of a teenage girl living at home usually cannot be concealed from her parents, they become involved with all the ramifications of this event. The expectant teenage father's parents also become involved, sometimes through legal or other confrontation with the girl's parents, or through the intervention of a social agency.

The caseworker's role in working with involved relatives is to assist them in carrying out their parental roles by understanding the situation themselves, understanding their adolescent, and lending positive support in working through the problem. The caseworker may help the parents to express and accept their own feelings of bewilderment, shock, guilt, anger, sorrow, etc.

Assisting parents to reestablish communications with their son or daughter during a crisis situation can be a positive step in helping the expectant parents to deal with the decisions to be made.

Alternatives such as marriage, adoptive placement, or rearing a child out-of-wedlock should be carefully explored with the couple's parents when appropriate, as well as with the expectant mother and father. After the expectant mother has reached a decision regarding a course of action, the caseworker should support the parents of the expectant mother and expectant father and encourage them to make their position clear relative to their willingness to provide moral or financial support. Parents should be encouraged to state clearly what they will or will not be able to do in the situation. They should indicate how much money they will spend in providing medical care and living arrangements, how much support they will give should marriage be decided upon, and whether or not they would want to take the child into their home and rear him/her or help with rearing. A clear stand by parents can help the expectant parents to reach decisions about the baby and about their own future direction.

D. With Other Involved Individuals

Other significant individuals besides parents may be deeply involved with the expectant mother or the expectant father. These individuals may be other relatives, a minister, guidance counselor, close friend, foster parents, etc. One or more of these individuals may initially inquire about services or request services for the expectant mother or expectant father. The primary concern of other involved individuals will probably be the welfare of the expectant parent(s). However, their own emotional involvement may be such that they are in need of assistance to deal with their own strong feelings about the unplanned pregnancy.

The caseworker's role will be to explain the alternatives and resources available and to encourage the involved individuals to be supportive of the expectant parents. The caseworker can help them work through their own feelings and clarify to the parents their position relative to their willingness and ability to provide assistance.

Special care needs to be taken to assure that confidentiality between the caseworker and the expectant parents is not violated.

E. With Expectant Teenagers

Adolescent pregnancy is a serious threat to the life and health of a young woman whether in or out of marriage and has serious health, socioeconomic and personal implications for young women, young men and their off spring. An important aspect of counseling an expectant teenager is the fact that (s)he is still in an adolescent stage of development which is turbulent enough without an unplanned pregnancy. A teenage client needs assistance in finding better ways of coping in the world, learning to have control over one's life and moving toward independence and finding his or her own identity. Educational information needs to be offered

on such topics as physical aspects of pregnancy, childcare, family planning and birth control. The school-age expectant parent has particular concerns related to educational goals and employability status as well as potential parental responsibilities.

The caseworker should be alert to indications that the pregnancy is the result of sexual abuse or exploitation. **If abuse is suspected, it is to be reported to the Protective Services staff.**

F. Alternative Counseling

Alternative counseling involves helping a client consider possible choices for resolving the crisis situation. The focus of alternative counseling is on decision making rather than on philosophy or treatment. The caseworker's attitude should reflect acceptance of the client in the existing situation and should provide support in utilizing all available resources to assist in the decision-making process. The caseworker's objective should be to help the client move quickly toward a realistic, acceptable decision about the unplanned pregnancy. The alternative counseling process should involve the following steps:

1. Full identification of the problem(s)

2. Explanation and understanding of the implications for the client of the present situation.

3. Assessment and understanding of the client's feelings about the situation.

4. Gathering of information about all related aspects of the situation.

5. Careful examination of the positive and negative aspects of all available alternatives for resolving the situation.

6. Selection of an alternative and initiating plans for following through with the choice.

Alternative counseling should be made available to the expectant mother, the expectant father and others involved with the unplanned pregnancy, individually or together, as appropriate.

The alternative caseworker must be flexible enough to help persons impacted by the unplanned pregnancy, other than the expectant mother, cope with their individual feelings about the situation and move toward acceptance of the ultimate decision made about the resolution of the pregnancy by the expectant mother.

The expectant mother should be helped to explore the following alternatives for resolution of the pregnancy:

1. Abortion

If the client decides to terminate the pregnancy, the caseworker should counsel with her about the different abortion procedures, the expected results, the possible physical discomforts and risks, and possible emotional reactions. Assistance should be given to ensure that the decision is made as free of pressure from the husband, boyfriend or parents, as possible. She should have a general knowledge of the various medical procedures used to perform abortions, of the laws governing abortion, of the medical facilities available for the performance of abortions, and of the financial resources available to eligible individuals -- the North Carolina State Abortion Fund and Titles XIX (Medicaid). Medicaid information can be found on the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/home.htm . For more information on abortions refer to Family Services Manual Volume VII, Chapter III, Health Support Services - Medical Services Component. Administrative Rules for the NC State Abortion Fund (10A NCAC 71G) can be found at http://ncrules.state.nc.us/default.htm.

A client, who initially panics at the thought of a child and immediately thinks of abortion, may need supportive counseling so that she may think rationally about such a decision before proceeding. She may need reassurance and acceptance that qualms about impending parenthood are not unusual.

2. Adoption

If during the course of counseling the client decides to have the baby, and is considering making a plan for adoption, the caseworker should inform her of the authorized and licensed child placing agencies in the state that she might utilize. These agencies include county departments of social services and private adoption agencies licensed by the North Carolina Department of Health and Human Services. All one hundred county departments of social services provide adoption services. In addition, there are private adoption agencies licensed in North Carolina that provide adoption services to birth parents. For a listing of these agencies, go to http://www.ncdhhs.gov/dss/licensing/docs/cpalistadoption.pdf

For additional information about adoption, and citations of specific statutes, refer to Family Services Manual Volume I, Chapter VI, Adoption. This can be found online at http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss.

3. Keeping the Child

a. In an Existing Marriage

The fact that a pregnancy conceived in wedlock is considered by the expectant parents as an unplanned pregnancy is indicative that other problems are also present that need attention. The reasons for considering this an unplanned pregnancy may be medical, emotional, economical, social and/or personal. If the decision is made to keep

the child, continued support and counseling may be needed to ensure a nurturing environment for the child and reassurance for the parents that there are resources to help them.

The following services should be available, if needed, either from the agency or through referrals to other community agencies:

(1) vocational or educational services
(2) financial assistance
(3) housing services
(4) home management services
(5) psychological or personal counseling services
(6) day care services
(7) legal services
(8) medical services
(9) temporary foster care services
(10) family planning services

b. As a Single Parent

The expectant mother may decide that she would like to keep her baby and rear the child by herself. If this is her decision, she will need a great deal of support from her parents or relatives, from social service agencies, from other community resources and from the father of the baby, if this is a continuing relationship. If she is very young, parenting will be doubly hard for her, as she must assume responsibilities that she may not yet be mature enough to handle appropriately. Resources for provision of ancillary services, such as childcare and job training, should be arranged as needed.

c. Marriage

If the recipient and the expectant father decide to marry, they will need supportive services of the same type as those needed by the couple in an existing marriage or the single parent. Instead of relying greatly on family members for support, they will be able to offer each other emotional support. However, there may be stress, conscious or unconscious, because of the circumstances under which the marriage took place. Statistics show that marriages in which pregnancies occur prior to the marriage result in separation and divorce more often than marriages in which the wife was not pregnant before marriage. With this in mind, the couple needs to have counseling services available to them. Resources for provision of ancillary services should be sought for the couple as needed.

VII. Arranging for Other Needed Services: The Individual Service Plan

When a client has reached a decision for resolution of the pregnancy, the expectant mother and the expectant father may be in need of support and additional services to carry out the decision. A structured "service plan" with stated objectives and strategies for achieving them will be developed jointly by the client and the caseworker. The need for additional services will be explored with the client and available resources necessary to accomplish the chosen alternative will be located and identified. Resources may include services provided through the county department of social services or by other agencies and facilities, such as medical care, transportation, housing, financial assistance, residential care, child care, education, legal services, employment, etc. Referrals will be made to appropriate agencies, and assistance will be given to enable the client to reach needed services. Follow-up will be carried out to determine that services were secured and that they were provided appropriately.

The cost of "arranging for" other services is included as an element of Pregnancy Services. "Arranging for" does not include the purchase or direct provision of services not included in the definition.

VIII. Financial Resources

One of the primary problems for an individual faced with an unexpected pregnancy may be the financial burden imposed. The expectant parents, both mother and father, are expected to assume financial responsibility, in accordance with their ability to do so, for living arrangements, medical care, boarding care and other expenses for the mother and the child. If the mother decides to release the child for adoption, the parents' financial responsibility for the child ends when the child is accepted for adoption planning by an authorized agency and Parental Rights are relinquished.

Neither SSBG (Title XX) nor the State Maternity Fund provides funds for hospitalization and delivery expenses, or other pre-natal medical services received outside the auspices of a maternity home. Parents of an expectant mother may find that their resources cannot handle these unexpected expenses. A woman who has been supporting herself may suddenly be unable to continue her job, or be forced to resign. The caseworker must be prepared to explore with the expectant mother and others involved with the unplanned pregnancy, all financial resources that may be available in supporting the expectant mother's decision about the pregnancy. Some of the possible resources may be:

A. Relatives

Some clients may prefer not to ask their parents for money under these circumstances. Although many parents do everything they can to assist their daughters through a difficult period, they sometimes feel that if they pay the bills, they are entitled to make the decisions. This creates more conflict if the expectant mother is trying to make her own decisions. Some parents are not financially able to help. Alternatively, there may be other relatives who may be able and willing to help. Loans are often easier to obtain from relatives than from finance companies.

B. Private Insurance Coverage

Medical insurance policies vary widely in the type of coverage and amount they will pay. Any existing health insurance policy should be explored for possible benefits. The expectant mother may be covered under her parents' medical insurance, or Tri-Care policy.

C. Employment

More employers are recognizing the right of pregnant women to remain at their jobs as long as the women and their doctors agree they are physically able to do so. Finding a job may be more difficult, particularly if the pregnancy is advanced. Those clients with office skills might be able

to find employment through a temporary employment agency. Some maternity homes try to help residents find employment outside the home if clients so desire.

D. Public Assistance

Pregnant women whose family income is no more than 185% of the federal poverty level may be eligible for assistance with medical care through the Medicaid for Pregnant Women (MPW) Program. For purposes of determining income under this program, count the income of the pregnant woman and the income of the expectant father if he is in the home, the pregnant woman states he is the father of the unborn child, and he does not deny paternity. The income limit of the pregnant woman is based on the total number of the following persons: the pregnant woman; the number of children she is expecting to deliver; other children of the pregnant woman if they live in her home; the expectant father if he is in the home; and other children of the expectant father, if he and these children live in the home. No resource test is applied and the client does not have to spend down excess income (deductible) in order to be eligible. Coverage cannot be denied to an otherwise eligible client because she is considering releasing her baby for adoption.

Services to pregnant women under this provision are limited to pre-natal care, delivery, post partum care and services for conditions that may complicate the pregnancy. Services continue throughout the pregnancy and up to sixty days post-partum. Assistance may be retroactive for up to three months so long as it does not precede the month pregnancy began. Since only pregnancy-related services are covered under this program, the client may opt for regular Medicaid (with a deductible) if she desires a wider scope of services. Application for MPW and regular Medicaid must be made with the department of social services in the client's county of residence.

Additionally, “presumptive eligibility” determinations may be made by “qualified providers.” Qualified providers are generally health departments, rural health clinics and some hospitals. Based on medical verification of pregnancy and the pregnant woman’s statement of income and family composition, the qualified provider can say that she is presumptively eligible for Medicaid. This coverage is for ambulatory pre-natal care only, so that she has coverage for pre-natal while her eligibility for full pregnant woman coverage is being determined. Presumptive eligibility does not cover labor and delivery. The pregnant woman must make application for Medicaid at the county department of social services no later than the last day of the month following the month of the presumptive determination. Contact the Medicaid staff for specific information about Medicaid eligibility, or to refer a client for purposes of making an application for Medicaid.

If the pregnant woman plans to keep her baby, she may be eligible to receive TANF after the baby is born. She must be eligible to be the Payee, and meet relevant eligibility requirements. Each woman who decides to apply should be referred to the appropriate TANF staff. If the new mother receives TANF, she will also receive Medicaid.

The Food Stamps Program is another resource for which some pregnant women may qualify. This program is a federal entitlement program designed to help safeguard the health and well being of low income families. The Food Stamp Program also helps any eligible applicant to receive benefits, so long as s/he meets the required guidelines including income, resources, citizenship, and work requirements.

Application for this program must be made with the county department of social services in the woman's county of residence. See the Food Stamp Program Manual, for further information concerning the eligibility criteria and application process for assistance with Food Stamps.

E. State Maternity Fund (SMF)

1. Nature and Scope

   a. The State Maternity Fund (SMF) is supported by State funds, Federal child welfare funds, and federal TANF funds and is administered by the NC Division of Social Services.

   b. The SMF is a resource for any North Carolina resident experiencing a 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.

   c. Only county departments of social services or licensed private adoption agencies may apply for SMF for individuals experiencing unplanned pregnancies. The Division of Social Services is responsible for reviewing and approving applications, and for monitoring the services for both the county departments of social services and the private adoption agencies.

   d. The SMF may be used to help pay for the cost of residential care in the following prescribed living arrangements:

      (1) For individuals 18 years of age or older only, a boarding arrangement jointly approved for a specific client by the Division of Social Services and the referring agency;

      (2) A foster family home for children licensed in North Carolina and used in accordance with the license issued for that home;

      (3) The home of a non-legally responsible relative in North Carolina jointly approved for a specific client by the NC Division of Social Services and the agency requesting Maternity Home Funds; and

(4) A maternity home licensed by or meeting the maternity home standards of the licensing authority in the state in which the facility is located.

e. SMF assistance may not exceed six months (183 days) including up to two weeks of post partum care for the mother only.

f. The SMF cannot be utilized for hospitalization and delivery services or other medical services received outside the auspices of a licensed maternity home. Medical supervision that is provided by a licensed maternity home is included in the per diem cost of care. All medical services for SMF clients residing in alternate living arrangements must be provided through other resources.

g. The SMF may not be used to pay for residential care for a pregnant minor who is in the protective custody of a county department of social services unless the minor's plan of service requires care in a home other than the one in which she resides. In such cases, a copy of the child's Family Services Case Plan should be submitted with the application for Maternity Home Funds.

2. Reimbursement Rates

SMF reimbursement rates are approved by the Division of Social Services based on the type of facility or living arrangement in which the placement is made.

a. Payment to a licensed maternity home is based on the per diem cost of care. The per diem rate for each maternity home is adjusted annually in relation to audited expenditures and licensed capacity. A maternity home must maintain a valid license for a one year period and submit a suitable audit statement before the per diem rate is assigned.

b. Payment for care in a licensed foster family home is distributed at the state standard board rate for children in foster care.

c. Payment in the approved home of a non-legally responsible relative or in an approved boarding arrangement will not exceed the standard foster care board rate.

3. Approval Criteria

a. The agency requesting SMF for a client must carry service responsibility as follows:

(1) The county departments of social services will be responsible for services and planning for both mothers and infants for whom they are requesting SMF. When distance precludes providing basic casework services while

the client is in an approved SMF living arrangement, inter-county services may be requested from another county department of social services. If casework services are transferred to another county, documentation needs to be placed in the case record.

(2) When a client requests services from one of North Carolina's licensed private adoption agencies, the private agency will be responsible for services and planning in conjunction with the client's receipt of SMF in an approved living arrangement.

(3) Services must include helping the client reach her own decisions concerning the future of her baby and her own future, and continuation of services to the infant and/or the mother after SMF payment ceases.

b. Since the SMF is a supplement to other resources, the agency requesting SMF must make a complete exploration of all financial resources available to the client. The agency must establish that resources from the client, her family, the expectant father, significant others, the agency, and other organizations are not adequate to meet residential costs.

4. Application Process

a. Application for the SMF must be made in writing and the original submitted to the SMF Coordinator, Family Support and Child Welfare Services Section, Division of Social Services. Applications should be made as far in advance of the anticipated date of admission to the substitute residential care arrangement as possible. This will allow time for review of the application, and for a decision to be made regarding approval. Applications should not be delayed because the actual admission date has not been confirmed. The service agency must notify the Division of Social Services when the admission date is confirmed so that review and action on the application can be completed. Applications with incomplete information will not be processed.

The Division will make every effort to process applications within five days of the receipt of all necessary information. Funds will not be approved to offset residential costs incurred prior to the Division of Social Services' receipt of the actual application with original signatures and all information necessary to make a decision regarding approval.

b. If a true emergency admission becomes necessary, the caseworker should telephone the SMF Coordinator prior to admission. With the SMF Coordinator's concurrence about the need for an emergency admission, the application may be faxed or submitted electronically. In order for approval to be effective on the date of admission, the emergency request must be made as soon as the need for an emergency admission is known. If an emergency admission becomes necessary

on a weekend or holiday, the caseworker must telephone the SMF Coordinator on the first working day thereafter. A final decision on the request cannot be made until the SMF Coordinator receives a completed written application with original signatures and all necessary information. It is expected that the completed emergency application will be sent by overnight mail to the SMF Coordinator's office on the same day that it is submitted.

c. The DSS-6187 Application for State Maternity Funds (Voucher, Social History and Service Plan) is to be used to transmit the required information to the Division of Social Service. This includes the following:

- the reason the client cannot remain in her own home (own home includes a foster care facility in which a child resides);
- information on the client's personal history and family relationships;
- the client's plan for herself and her baby;
- a description of financial resources to be considered and projected residential costs;
- appropriate TANF information including household gross monthly income(s), names and ages of other minor children in household, and statement of US citizenship or immigration status;
- a description of the recommended living arrangement and why it is appropriate;
- the proposed plan of services for the biological parents and the child;
- an explanation of why the necessary services cannot be obtained for the client in a community-based living arrangement
- a tentative agreement to accept the client by the individual responsible for maintaining the recommended living arrangement;
- the anticipated date of admission and the expected date of delivery (month, day, and year for both). It is essential that reimbursement may not exceed the amount initially approved.

The fact that plans for the client include out-of-home residential care, whether in a maternity home or some other approved living arrangement, increases the need to develop and carry out a structured plan for ancillary services. As a vital part of the application process, service plans are required to be complete to meet the client's needs. The Pregnancy Services caseworker will be notified when the plan appears to be incomplete and the application will be held for a maximum of 30 days to complete the plan. After 30 days, the application will be considered withdrawn.

5. Development of Service Plan

The service agency's plan for providing services to the client and her child is to be transmitted to the Division of Social Services as a part of the DSS-6187 Application for State Maternity Fund (Voucher, Social History, and Service Plan).

A structured individualized service plan is the framework around which Pregnancy Services are delivered regardless of whether or not SMF is being requested. A thorough needs assessment done at services intake or by the Pregnancy Services caseworker, in conjunction with alternative counseling (Section 6025 F.), will help identify the prescribed elements of an individualized service plan appropriate for each client requesting Pregnancy Services. **If during the process of assessing the needs of a pregnant minor, abuse and/or neglect is suspected, the Pregnancy Services worker should notify the agency's Child Protective Services Unit.** After the assessment is completed, the caseworker and the client should jointly finalize a specific plan for services, building in time frames for action and identifying channels for accessing resources to be provided by outside agencies. The same plan can be used to detail services to be provided during and following pregnancy.

As needed and appropriate, the plan should address the following:

- Counseling needs
- Medical Care (Health Dept./Private Physician)
- Medical Assistance (Medicaid/Medically Needy Program for Pregnant Women)
- Nutritional Needs (WIC, Food Stamps, etc.)
- Residential Care
- Housing
- School Attendance
- Employment Training
- Parenting Education
- TANF
- Child Care
- Family Planning

The fact that plans for the client include out-of-home residential care, whether in a maternity home or some other approved living arrangement, increases the need to develop and carry out a structured plan for ancillary services. While the client is in residential care, the service agency is expected to stay in contact with her and to see that she has the services needed. If she decides to keep her baby, she will likely continue to need a broad array of supportive services. (See Section 6025 F. 3.). If she releases the baby for adoption, the agency's services to the mother and the child will take a different focus. (See Section 6025 F. 2.). At a minimum, regardless of her plan for her child, the mother likely can benefit from Family Planning Services (Family Services Manual Vol. VII, Chapter III, Section 3030) and Individual and Family Adjustment Services (Chapter IV).

6. Guidelines for Assessing the Appropriateness of Alternative Types of Living Arrangements for Individual Clients

A community living arrangement alternative may be the most desirable plan for a client:

- who critically needs ongoing emotional support from members of her family, the expectant father, friends, and other support persons;
- for whom needed supportive services can be appropriately provided by community agencies and resources;
- whose educational program can be continued within the community without interruption;
- for whom strict confidentiality is not an issue;
- for whom residence in a licensed family foster home, the home of a non-legally responsible relative or a boarding arrangement would be more appropriate than in a highly structured group living arrangement;
- for whom one of these appropriate community living arrangements is available.

The Pregnancy Services caseworker is responsible for evaluating the appropriateness of any community living arrangement for which the SMF is requested, whether it is a boarding arrangement, the home of a non-legally responsible relative, or a licensed family foster home.

When residential care in a family foster home is being considered for a minor, the Pregnancy Services caseworker should request the assistance of the Foster Care Services staff in determining whether a home is available, and in assessing the appropriateness of the placement for the pregnant client and for all other persons residing in the home. A decision should be reached by the Foster Care worker and the Pregnancy Services caseworker as to who will assume case management responsibility. If a family foster home is recommended as the choice plan of care, a voluntary placement agreement must be negotiated between the agency requesting SMF and the expectant mother's parent(s) or responsible relative. In instances where the agency applying for SMF has legal custody of the expectant mother, no agreement is necessary, however the child's Family Services Agreement must be updated to reflect any change in, and appropriateness of, the minor's placement.

The following aspects of a community living arrangement should be explored in determining its appropriateness for individual placements.

a. Location and Surroundings

(1) Is the home readily accessible to resources needed by this particular client; such as medical care, schools, churches, shopping areas, recreational facilities and social services?

(2) Is the home of sufficient size to provide adequate living accommodations for the current residents and this pregnant woman?

b. Physical Environment

(1) Is the home reasonably protected from fire hazards (condition of cooking and heating equipment, wiring)? Are there easy exits on all floor levels? Does the home have a telephone?

(2) Is the house kept reasonably clean, inside and out? Is there proper ventilation? Are the toilet, bathing and laundry facilities adequate?

(3) Are sleeping arrangements appropriate? Will the client have to share a bedroom? Will she have to sleep with someone else? If so, who? Will she be expected to sleep on a sofa or a day bed? Will a place be provided for her personal belongings? Will she be allowed a reasonable degree of privacy?

(4) What is the plan for food preparation? Will the client be expected to cook her own meals, or assist in the kitchen? Will the food provided be nutritionally appropriate for a pregnant woman? If a special diet is recommended for the client by her physician, can it be furnished by the boarding care provider; through food stamps; other resources? Has a plan been developed to help assure nutritional balance for the client through her involvement in the WIC program or another appropriate resource?

c. Emotional Environment

(1) Will exposure to the life style of other residents in this living arrangement or interaction with them, create or alleviate stress for the client? Will the boarding care provider and other residents be able to tolerate any atypical behavior known to be exhibited by the client from time to time? Will individuals in the home attempt to unduly influence the client's decisions regarding plans for herself and her baby?

(2) Is the boarding care provider likely to be alert to emergencies and developing medical or emotional needs of the client, and willing to notify the caseworker and/or the attending physician in accordance with a prearranged agreement?

d. Stability of Living Arrangement

Is the situation of the person responsible for maintaining the living arrangement such that the arrangement can reasonably be expected to remain stable for the duration of the client's pregnancy? Does this individual have realistic expectations of the effect the client will have on the social interaction of other residents?

e. Emergency Transportation

If a medical emergency arises and the client needs transportation immediately, can it be provided by the boarding care provider?

Living arrangements for an expectant mother for whom the SMF is being requested should be selected on the basis of an assessment of the client's individual circumstances and service needs. When alternate placements are found to be appropriate, differences in the cost of care should be taken into consideration when making a SMF recommendation. Placement in a maternity home might be the recommended plan for a client who:

- needs to maintain distance between herself and her family in order to reach decisions without undue pressure;
- needs concentrated casework counseling in a residential care setting outside her community;
- cannot continue her educational program in her own community;
- desires strict confidentiality regarding her pregnancy;
- will likely be able to adjust to and benefit from a structured group living environment.

See Section 6040 for more information about Maternity Homes.

The preceding outline does not reflect an exhaustive series of questions to be answered in determining whether a particular living arrangement should or should not be recommended for an individual pregnant woman. It is intended to prompt the assessing caseworker to realistically consider all pertinent aspects of a proposed living arrangement in relation to identified client needs. A description of the recommended living arrangement is to be transmitted to the Division of Social Services as a part of the Application for State Maternity Fund, DSS-6187 (see Section 6050).

7. Procedure for Approval and Reimbursement

a. All SMF forms, correspondence, and monthly billing statements are to be addressed to the State Maternity Fund Coordinator. The current name, address and phone information for the SMF Coordinator can be found on the most recent change notice for the Pregnancy Services Manual and on the Application for State Maternity Funds (DSS 6187) and it’s instructions.

b. Upon receipt of a satisfactorily completed DSS-6187, the Division of Social Services will make a decision regarding SMF approval for the recommended living arrangement based on individual circumstances. Notice of action taken will be promptly communicated to the appropriate service agency by means of the DSS-6188, Notice of Action on Request for State Maternity Funds, which will also be sent to the Pregnancy Services caseworker, applicable maternity home and

the Controller's Office. The DSS-6188, Notice of Action on request, is non transferable and assigned directly to the maternity care provider.

c. If the approved living arrangement is other than a maternity home, the service agency must submit a completed copy of the DSS-6189, State Maternity Fund Residential Care Provider Agreement, negotiated with the individual responsible for maintaining the living arrangement, to the Division of Social Services before payment will be made to the residential care provider.

d. SMF reimbursement will be limited to actual days of residential care not to exceed the amount initially approved for each client, (maximum of 183 days). At the end of the fiscal year, to the extent funds are reverted due to early deliveries, adjustment in payments to providers will be made to offset losses resulting from unpaid days of care due to late deliveries.

e. At the end of each month, the DHHS Controllers Office, Program Benefits/Payments Section will generate a monthly reimbursement worksheet for each maternity home that details the record of client care including the following information: client's name, date admitted, date discharged, number of days in care that month, and contributions to costs by others, including TANF, families, and SSI. A copy of this worksheet is sent to the maternity home, by the 5th day of the month following service, for verification of data submitted. Any changes or updates made by the maternity homes are made directly to the worksheet. Once the worksheet is verified, an authorized official from the home must certify by signature, in the space provided at the bottom of the worksheet, that all information reported is correct. The worksheet is then mailed to the Division of Social Services for a signature by the SMF Coordinator for approval and submission to the Controller's office, within five (5) working days of receipt. Reimbursement to the home is then calculated, based on the information identified on the reimbursement worksheet.

f. The DHHS Controller's office will pay providers directly. The preferred method of payment is electronic transfer. A check will be written each month for each approved living arrangement, as appropriate, and will identify the names of the clients for whom SMF reimbursement is included.

F. State Abortion Fund

1. Nature and Scope

a. The State Abortion Fund is a financial resource for abortion procedures for North Carolina residents who need the procedure and who meet eligibility criteria. This

fund is limited to paying for the termination of pregnancies resulting from cases of rape or incest, or pregnancies that endanger the life of the mother.

b. Counseling is an essential element of abortion services and must be provided for all clients who are determined to be eligible for the State Abortion Fund assistance. Please refer to Section VI of this Chapter for additional information on Pregnancy counseling.

c. State Abortion Fund expenditures are limited to the appropriate level authorized by the General Assembly. The Division cannot spend funds from any source in excess of the authorized level.

d. Only abortions performed in accordance with applicable state laws are reimbursable under the State Abortion Fund.

e. Under GS 90-21.7, a physician licensed to practice medicine in North Carolina shall not perform an abortion upon an unemancipated minor unless the physician or agent thereof or another physician or agent thereof first obtains the written consent of the minor. In addition, written consent must be obtained from (1) A parent with custody of the minor; or (2) The legal guardian or legal custodian of the minor; or (3) A parent with whom the minor is living; or (4) A grandparent with whom the minor has been living for at least six months preceding the date of the minor's consent.

Although a County Director of Social Services is the legal custodian of foster children in the director's respective county, we do not recommend that a director exercise the authority set forth in GS 90-21.7. In such cases, the most prudent course of action is for a director to proceed pursuant to the provisions of GS 7B-903(2) c., which provides that for elective medical or surgical care or treatment for a juvenile in custody, the director should make reasonable efforts to obtain consent from a parent or guardian of the affected juvenile. In practice, if the juvenile's parent or guardian cannot be located or refuses to consent to an abortion that is in the child's best interests, the director should then seek approval and an order from the juvenile court.

2. Eligibility Criteria

a. The client must be eligible for Health Support Services and the client's need for the abortion must fit one of the following eligibility criteria.

(1). The client is a victim of rape or incest. The statement of the client is acceptable. Documentation in the record must contain at a minimum: 1) the date on which the incident of rape or incest occurred; 2) in a case of rape or incest involving a minor or disabled adult, the date the incident was reported to Children's Protective Services or Adult Protective

Services; 3) whether the incident was reported to another agency; 4) the plan for additional counseling or referral to other resources.

There is no requirement that the incident of rape or incest be reported to any agency or person, except that the county department of social services must assess the situation and determine whether or not the information must be reported in order to comply with other statutory requirements concerning the reporting of adult or child abuse, sexual abuse, molestation or exploitation.

(2). The pregnancy would endanger the life of the mother. There must be a written statement from a physician licensed in North Carolina that clearly addresses the life-endangering nature of the pregnancy. Other conditions, such as "health impairment" will not satisfy this eligibility requirement.

b. Eligibility for the State Abortion Fund is limited to women whose income is **below the federal poverty level**, as revised annually, and who are **not** eligible for Medicaid. Title XIX funding (Medicaid) is to be used to fund abortions when the client is eligible, rather than the State Abortion Fund. Therefore a client's eligibility for Medicaid must be explored and ruled out before authorization of an abortion funded through the State Abortion fund can be considered.

c. Eligibility for the State Abortion Fund will be determined by the county department of social services. The county DSS will provide counseling and family planning services to all clients provided resources under the State Abortion Fund.

d. Due to the limited funds available for the State Abortion Fund, prior approval for all applications must be obtained from the Family Support and Child Welfare Section of the Division of Social Services before completion of the application and authorization by the agency Director or his/her designee.

e. Payments will be made for abortions when the length of gestation as determined by the attending physician is one hundred forty days (140) or less. If there is substantial risk that continuance of the pregnancy would threaten the life or gravely impair the health of the woman, and the length of gestation is over 140 days or 20 weeks, prior approval must be obtained from the Division of Social Services by calling the Family Support and Child Welfare section.

f. Applicants must be residents of North Carolina Applications are made to county departments of social services. A county other that the client's county of residence may accept an application for State Abortion Funds for individuals who do not want to apply for services in their own counties for reasons of confidentiality.

3. Reimbursement Rates

a. Reimbursement is based on established maximum, all inclusive rates related to the length of gestation and the place of service. Medical Providers may not collect additional funds from the client.

b. Reimbursement for services related to a single abortion procedure cannot exceed the applicable maximum rate regardless of the number of primary and secondary providers involved.

c. Reimbursement will not be made for medical costs incurred by the client in obtaining a physician's statement to support State Abortion Fund eligibility.

d. Physicians who perform abortions must be licensed by the North Carolina Medical Board or by the comparable regulatory authority in the state where their practice is located.

e. Abortions must be performed in a hospital (inpatient or outpatient), an ambulatory surgical facility or an abortion clinic licensed or certified by the Department of Health and Human Services or by the comparable regulatory authority in the state where the facility is located. A list of certified clinics in North Carolina can be obtained from the Division of Facility Services.

Length of Gestation	**Place of Service**	**Maximum Rate**
1 to 12 weeks (1 to 84 days)	Any certified facility; abortion clinic; out-patient hospital; in-patient hospital; or ambulatory surgical facility.	$225.00
13 to 14 weeks (85 to 98 weeks)	Abortion clinic; ambulatory surgical facility; out-patient hospital clinic.	$336.00
15 to 20 weeks (99 to 140 days)	Abortion clinic; ambulatory surgical facility; out-patient hospital clinic.	$382.00
13 to 20 weeks (85 to 140 days)	Hospital in-patient (payment split with all medical providers).	$500.00

4. Application Process

a. The social worker shall determine whether a client is eligible for assistance based on the eligibility criteria.

b. Counseling and referrals must be provided before authorizing an abortion funded through the State Abortion fund.

c. If after the client has been provided counseling, she continues to request State Abortion Fund assistance, the social worker shall complete forms DSS-6211, DSS-6212, and DSS-6847. The social worker is to use service code 385 and program code "N" with the client's I.D. number to record on the Worker's Daily Report the time spent completing these forms.

d. Prior approval for all applications must be obtained by calling the Family Support and Child Welfare section of the Division of Social Services prior to completion of the application. You will be given a prior approval number that is to be recorded in the space provided on the DSS-6847 State Abortion Fund Authorization. The Date of the approval and the name or initials of the staff person giving approval shall be recorded in the appropriate spaces on the form.

e. Providers will not be reimbursed for procedures authorized without prior approval. County Departments are advised to keep close track of all authorizations and to contact clients or providers as necessary to insure timely billing.

f. The County Department of Social Services will send forms DSS-6211, DSS-6212 and DSS-6847 to the Division of Social Services, Family Support and Child Welfare Services for payment of authorized services. Incorrect or incomplete forms will be returned and will delay payment.

g. In order to fully utilize limited funds, it will be imperative that corrected authorizations, voided authorizations, and bills for services rendered be received by the County DSS in a timely manner. "Timely manner" means within 60 days of the date of authorization in the case of "voids" or "corrections", or within 60 days of the date of the procedure when the abortion or an exam is actually performed.

IX. Residential Services

Individual and community attitudes, laws and administrative regulations, the confidential nature of the situation, and the fact that the individual frequently seeks help away from her customary place of residence, complicates providing adequate assistance to an expectant mother. These problems are often further compounded because of stress and anxiety experienced by the client, due to her not wanting or having planned for the baby, or the pregnancy itself. In order to decrease her vulnerability, and to enable her to explore alternatives in as stress-free an environment as possible, residential services outside her own home may be recommended for the expectant mother.

In the past, maternity homes have been used solely by clients who knew they were going to release their babies for adoption, and who needed the privacy and secrecy of a maternity home. Today, most of the clients who go to a maternity home choose to keep their babies. These individuals may also benefit from the services of a maternity home. The maternity home affords them a place to think through their situation without undue pressure, criticism, and advice from parents, relatives, or friends. It can provide an opportunity for self-evaluation, goal setting and career planning that will, in turn, have a positive impact on the development of self-esteem and individual responsibility. Therefore, residential care in a maternity home is not exclusively reserved for those who have already chosen an alternative for resolution of pregnancy. In-state and out-of-state licensed maternity homes can be utilized as a component of Pregnancy Services. Most referrals of North Carolina residents however, are made to one of the licensed maternity homes within the state.

Maternity homes licensed by the state of North Carolina provide a protective living arrangement, skilled social work services to help residents think through their individual situations, and access to pre-natal and other medical care. Continuing education is encouraged for all residents, and school attendance is required for all school-aged clients while in residence. Life-skills training, adoption and parenting classes and other opportunities for personal growth through supervised group activities are provided. Some of the maternity homes provide additional services such as substance abuse treatment programs, aftercare services, community advocacy, and assistance in locating employment. For a current list of maternity homes licensed by North Carolina, go to http://www.ncdhhs.gov/dss/licensing/docs/licensedmaternityhomes.pdf on the web or contact the SMF Coordinator.

Specially selected and supervised family foster homes may be used for pregnant women who need, and can benefit from, the experience of family living. Family foster homes can serve the dependent young girl, the immature adolescent girl who needs early planning, and the emotionally disturbed individual for whom a group experience would be inappropriate. Sometimes the home of a relative is the most appropriate resource. For certain pregnant adults, an individual boarding arrangement is the desired substitute living arrangement.

Open lines of communication between the expectant mother and the service agencies involved with her can alleviate misunderstanding and confusion on the part of all concerned. Maternity

homes, county departments of social services, private child placing agencies and expectant mothers all need to make sure that each agency is kept up to date as decisions are made, or as previous decisions are altered. Cooperation ensures that the best services are made available to the expectant mother, her baby, and others involved in the unplanned pregnancy.

X. Preventing Unplanned Pregnancies

The caseworker's job is not done until every possible step is taken to ensure that the client will not be involved in another unplanned pregnancy. Helping the woman and her partner establish a pattern of responsible sexual behavior, when indicated, and educating them in the use of the most reliable forms of contraceptives that are available are two closely related tasks. Without reliable contraception, there is no pattern of responsible heterosexual behavior that is likely to be successful in avoiding pregnancy other than total abstinence. Without an educated choice and responsible use, even the most effective contraceptive could still produce failure.

A. Promoting Sexual Responsibility

In promoting greater sexual responsibility, there are several questions that the caseworker may choose to explore in an attempt to understand the client's situation and attitude.

1. Was a conscious decision for sexual involvement made? Often couples simply drift into intercourse with no conscious decision to do so. Some individuals who have sexual desires feel guilty about their thoughts. That guilt makes it impossible for them to accept personal sexual behavior. Some individuals are conditioned to feel that intercourse is wrong unless it is spontaneous. However, "being in love" is an acceptable crutch for entering into a sexual relationship. The client may need a better understanding of the meaning of both sex and love. (S)he may also need to develop self acceptance and personal responsibility for thinking about and planning for sexual relations.

2. Is there adequate knowledge of sexual psychology and physiology? Sex may need to be put in the proper perspective as one important way to express love, and not the way. Education about the facts of sexual anatomy and physiology paves the way for better use of contraception and responsible attitudes toward one's partner.

3. How much is known about contraception? Methods are important to know, but so is the fact that effective contraception is planned and consistently practiced. Is the client trying to use a method that requires more forethought than she can provide? Perhaps conditions in the home are not conducive to proper use of the chosen method (e.g., no bathroom or privacy). Difficulties in accepting contraception may result from problems in accepting the sexual relationship.

4. What is known about venereal disease? Facts about the dangers of contracting STD and HIV through sexual relations can help promote sexual responsibility. Choice of partner, failure to practice "safe sex", and delayed diagnosis are factors that can contribute to the likelihood of contracting sexually transmitted diseases.

5. Was vulnerability or exploitation an important factor in this unplanned pregnancy? Some women have a strong, or even compulsive, need to be liked and wanted. They may be

trying to prove to themselves that they are desirable and sexually attractive females despite their poor self-image. Sexual expression may be used by these individuals to prove themselves. They may believe or are exploited into believing that economic security, status, and "love" can be gained through sexual surrender. Some women have been challenged to prove their love for their partner. Others wish to dominate a member of the opposite sex.

Sexual exploitation is being de-emphasized today by wider acceptance of a single standard of sexual morality. Equality in desires for sexual satisfaction and understanding and acceptance of sexuality as an integral and desirable part of one's total existence also decreases exploitation. Recognition of the dynamics of a relationship is key to responsible sexual behavior.

6. Did the unplanned pregnancy result because of differences in values and behavior? Both parents and young people are exposed to peer pressures and practices that are in conflict with values instilled by their parents.

   Pressure to ignore values may result in emotional trauma and anxiety. A third alternative to either living with the anxiety or retreating from the discrepant behavior may be to look for ways to modify the values and to compromise on the behavior. Recognition of the reason for the anxiety that may have resulted in the unplanned pregnancy allows thoughtful changes to be initiated that are acceptable and less likely to produce stress.

7. What about achieving satisfaction from a sexual relationship? The conditions under which so many unplanned pregnancies come to be -- haste, secrecy, and pretense -- too often preclude the development of the happiness of sex in a meaningful personal relationship. The caseworker can help a client to recognize the value of meaningful personal relationship and to learn to expect and look for positive feelings from his/her spouse or partner.

B. Contraceptive Counseling

Knowledge of and access to reliable contraception is vital if unplanned pregnancies are to be prevented. There are three basic elements involved with contraceptive counseling: information and education, making referrals to resources for services, and counseling to assist the client to relate conception control to the unique circumstances of the client's life situation.

Effective contraceptive counseling begins with the caseworker. Not only must the caseworker be knowledgeable about birth control, sterilization, and common health problems, but (s)he must also be comfortable with his/her selfhood and sexuality. The caseworker must be willing to help the client learn that love is important, happiness is important, and children born to parents who want them is important. The caseworker also needs to be able to discuss sex and sexuality in the language the client understands. Translating neutral words for words a client understands may be a mutual learning process.

A multitude of barriers prevent successful contraception.

1. Contraceptive-related problems: these include a history of method-related side effects and complications, previous failures or discontinuation of use, ambivalence or fear of specific methods, opposition from sexual partner, and moral or religious objections. The caseworker may have the answers to the more commonly asked medical concerns, and may have to make referrals to a doctor or religious caseworker for other concerns.

2. Emotional and intellectual problems and needs: including low intelligence; a history of being exploited sexually; the need to have a child to gain status, feel more important, or have someone dependent on her; hostility toward parents; a history of hospitalization for mental illness; a desire to become pregnant or to impregnate a woman in hope that marriage will result; or an attitude of hopelessness or helplessness. A sensitive caseworker will help the client explore his or her motivations and problems in relation to his or her consistent and effective use of contraception.

3. Problems related to the lack of correct information: a lack of knowledge of contraceptive methods; confusion regarding the correct use of contraceptive methods; misconceptions regarding the menstrual cycle and the fertile period; and myths regarding the effects of various methods. Family Planning personnel at the county health department can supply factual information. When problems need more in-depth counseling, the client should be referred for Family Planning Services.

4. Overwhelming unresolved reality situations: economic crises; housing and employment problems; and severe interpersonal conflicts can overshadow an individual's concerns about birth control. Problems must be dealt with in order of priority to the client. Motivation to use contraceptive services often occurs only after the client realizes that the caseworker is helpful in resolving other more pressing problems.

Other barriers to effective contraceptive counseling include negative pressures from peers or relatives; accessibility of family planning services; communications problems; and the attitude of the agency or caseworker. The caseworker must assess these barriers and assist the client to work toward the goal of no more unplanned pregnancies.

As a final step in the counseling process, referral should be made to Family Planning resources for post-natal Family Planning services.

XI. Infant Born to an Incarcerated Mother Program

A. Philosophy

When a pregnant woman is admitted to the North Carolina Correctional Institution for Women (NCCIW) and is expected to deliver during the period of her incarceration, the woman **must** develop a plan for the care of her baby until her release. The Division of Social Services, County Departments of Social Services and the Social Work Staff at the NCCIW, will work closely with the mother to insure that a suitable placement is arranged.

B. Legal Basis

G.S. 148-47 (Disposition of child born of female prisoner) forms the legal basis for the Infant Born to an Incarcerated Mother Program (formerly the Prison Baby Program). This statute gives the mother several choices for placement of her child during incarceration. It further provides a procedure for resolving conflicts or confusion over responsibilities.

C. Definitions

1. Legal Father
   Legal father is the husband of the mother of the child at the time the child was born or conceived, or someone who has legitimated his child or has had paternity judicially determined.

D. Goals and Objectives

The purpose of the Infant Born to an Incarcerated Mother Program is to ensure that children who are born of mothers incarcerated in NCCIW have suitable placements during the incarceration. In addition, as much as possible, the mother will maintain her right to choose appropriate options for her child.

E. Policies and Procedures

The Department of Corrections assists the mother in making decisions regarding the choice of placement options. The available options are (1) placement with the legal father of the child, (2)

placement with a suitable relative, (3) adoption, and (4) foster care placement. It is the responsibility of the County Department of Social Services to determine the suitability of the placement resource chosen by the mother.

1. Placement with the father

Should the mother designate the **legal** father of the child as the placement resource, the NCCIW will facilitate that placement. No determination of suitability by the County DSS will be necessary.

2. Placement with a suitable relative

When the mother designates a relative for placement, the North Carolina Correctional Institute for Women (NCCIW) will communicate directly with the County Department of Social Services (DSS) in the county in which the **relative** resides to request a determination of the suitability of that relative for placement. This information will be communicated to counties by DSS-5278, Request for Placement Evaluation For Infant Born to an Incarcerated Mother. The communication contains the name of the inmate, the expected delivery date of the child, and information on the proposed relative placement. Requests will be sent to the County Director and should be routed to the appropriate person or unit within the county DSS as quickly as possible. Completion of the Kinship Care Initial Assessment is the recommended method of determining suitability. The appropriate program service code is 390, other child welfare services.

Note: In addition to completing the Kinship Care Initial Assessment, the county DSS should contact the county DSS in the county of residence of the mother (noted on the DSS-5278) if it is different from the county of placement, to determine if there is an active CPS case there and to inform the county DSS of the potential placement when the child is born.

The County DSS shall notify the NCCIW within 30 days as to whether they have determined that the proposed relative is suitable for placement. The county DSS should note the expected delivery date on the form, as this date may necessitate a quicker response. Should the County DSS determine that the relative selected by the mother is not suitable for placement, they shall notify NCCIW within three business days of such a determination so that the mother may designate an alternate placement before the birth of the child.

Should the NCCIW not receive a timely response from a county department of social services, they may contact the NC DSS Adoption and Foster Care Policy Team for assistance in securing needed information from the county DSS. The NC DSS Adoption and Foster Care Policy Team will assist NCCIW staff when requested to do so.

If the mother designates a relative for placement that resides outside of North Carolina, the NCCIW will communicate directly with the Division of Social Services Interstate Compact Office who will make the request for a courtesy home study through the Interstate Compact System.

3. Adoption

Should the mother wish to release the child for adoption, she may do so to the local County DSS or any licensed child adoption agency. The NCCIW will assist the mother in communicating her request directly to the adoption agency or County DSS

4. Foster Care Placement

Should a child be born to an inmate at NCCIW without a placement resource having been approved, NCCIW will contact the DSS in the county of residence of the mother, who shall be responsible for arranging appropriate placement and obtaining custody of the child if necessary. The NC DSS Adoption and Foster Care Policy Team will assist NCCIW with this process when requested to do so.

If the mother is not a resident of North Carolina, the county in which the child is located at birth will be responsible for ensuring the safety of the child. If foster care placement is necessary, the responsible County DSS will petition the court alleging that the child is dependent based on the mother's incarceration.

XII. Forms

A list of forms used in the SMF application process appears below. They can be accessed at: http://info.dhhs.state.nc.us/olm/forms/dss/.

DSS-6187	Application for State Maternity Funds (Agency and Applicant Information, Problem Assessment and Service Plan, Certification and Signature of Applicant and Caseworker, Instructions to Complete Application, Rev 10-06)
DSS-6188	Notice of Action on Request for State Maternity Fund (Rev. 10-06)
DSS-6189	State Maternity Fund Residential Care Provider Agreement (Rev. 05-05)
DSS-6211	State Abortion Fund Eligibility Certification (Rev. 05-06)
DSS-6212	State Abortion Fund Client Statement (Rev. 10-06)
DSS-6847	State Abortion Fund Authorization (Rev. 05-06)
DSS-5278	Request for Placement Evaluation For Infant Born to an Incarcerated Mother