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**CENTERS FOR DISEASE CONTROL AND PREVENTION –  
INVESTIGATIONS AND TECHNICAL ASSISTANCE**

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**State Project/Program: WISEWOMAN PROJECT**

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**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Federal Authorization:** Sections 1501-1509, 42USC300K, 300N -4A

**State Authorization:** N/A

**N. C. Department of Health and Human Services  
Division of Public Health**

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**N. C. DHHS Confirmation Reports:**

SFY 2019 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCO's), 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 2018-2019)". Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from the DHHS are found at the same website except select "Non-Governmental Audit Confirmation Reports (State Fiscal Years 2017-2019)".

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**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.**

**I. PROGRAM OBJECTIVES**

HEART DISEASE is the second leading cause of death in North Carolina (NC), while stroke is the fourth leading cause of death in the State. Nationwide, there are approximately 42.7 million women with cardiovascular disease (CVD). Historically, African American women have died at much younger ages than their Caucasian counterparts—among African American women whose deaths were related to cardiovascular disease, 17% died before reaching the age of 65, compared to only 12.6% of Caucasian women. In 2014, more than 19.2% of all deaths among women in North Carolina were caused by cardiovascular disease. In 2014, more than 34.7% of women in North Carolina have been told by a doctor that they have hypertension. Although heart disease and strokes are largely preventable, persons living through these ailments often suffer a disability or have a reduced quality of life.

The WISEWOMAN Project in North Carolina saw its first patient in 1996. Since then, NC WISEWOMAN Project has provided cardiovascular services to uninsured, underinsured and underserved women in NC. The program is funded through a competitive grant from the Centers for Disease Control and Prevention (CDC), and is recognized as one of the first cardiovascular screening programs funded in the United States (US). From inception, NC has been a star performer, requiring each provider to adhere to strict program and clinical guidelines.

The purpose of NC WISEWOMAN Project is to provide cardiovascular screening, education and follow-up services for eligible women in the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP). Women with abnormal screening results are provided nutrition and physical activity interventions, as well as counseling on smoking cessation if needed. Special emphasis is given to low income, uninsured, underinsured and minority women.

## II. PROGRAM PROCEDURES

Funding for the NC WISEWOMAN Project is through the U.S. Health and Human Services, Centers for Disease Control and Prevention, Funding Opportunity Number CDC-RFA-DP18-1816, Grant # 6 NU58DP006627. Recipients of funding can include Local Health Departments (LHD), community care networks, hospitals, and community health centers. No state appropriations are allocated to NC WISEWOMAN Project. The project title is the NC Well Integrated Screening and Evaluation for Women Across the Nation. The project period runs for five years, from September 30, 2018 to September 29, 2023. NC WISEWOMAN Project has a match requirement of one dollar for every three dollars spent in federal funds. Sub recipients have no cost sharing or matching requirements under the program. NC WISEWOMAN Project is charged with implementing activities to positively impact the population of the project region by providing overall and preventive cardiovascular screening, education, and follow-up services for the low income, uninsured, and underinsured women in NC.

The priority population is women between the ages of 40 and 64, ethnic minorities, uninsured or underinsured women, or women without a usual source of health care whose income is equal to or less than 250% of the federal poverty level.

## III. COMPLIANCE REQUIREMENTS

### A. ACTIVITIES ALLOWED OR UNALLOWED

#### **CDC funds must be used for:**

- Staff salaries, wages and fringe benefits;
- Educational and promotional materials;
- Education of community leaders, health care professionals and decision makers;
- Convening interested groups;
- Participant incentives;
- Program related telephone and mailing costs;
- Printing;
- Office supplies;
- Travel in State
- Provision of direct health care services.

#### **CDC funds cannot be used for:**

- Capital expenditures;
- To supplant funds from federal or State sources;

- To support or engage in any effort to participate in political activities or lobbying;
- Payment of non-program related debts, fines or penalties;
- Contributions to a contingency fund;
- Membership fees;
- Interest or other financial payments;
- Travel and meals in excess of the health department or current North Carolina State rates;
- Any expenditure that may create a conflict of interest or a perception of impropriety.

**B. ALLOWABLE COSTS/COST PRINCIPLES**

All grantees who 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. Basic Considerations, Indirect Costs, Direct Costs, Allowable Costs, and Unallowable Costs may be found in 2 CFR Part 200.

**C. CASH MANAGEMENT**

Funds are granted on a reimbursement basis and no testing is required at the local level.

**D. RESERVE**

N/A

**E. ELIGIBILITY**

Enrollment into NC WISEWOMAN Project is limited to federal BCCCP-eligible women between the ages of 40-64. All women provided services through NC WISEWOMAN Project must be eligible for NC BCCCP with gross incomes that are less than or equal to 250% of the federal poverty level according to schedules in effect at the beginning of the agreement term. Women age 65 and older previously enrolled in NC WISEWOMAN Project who remain eligible for NC BCCCP may return for their one-time annual (12-18 months) NC WISEWOMAN Project visit. Women enrolled in Medicare (Part B) and/or Medicaid are not eligible for enrollment or program funded services.

**F. EQUIPMENT AND REAL PROPERTY MANAGEMENT**

Prior approval is required from the program for any equipment, computer purchases and disposition of the equipment in accordance with State laws and procedures.

**G. MATCHING, LEVEL OF EFFORT, EARMARKING**

The State is required to match federal funds 3:1. For every three dollars in federal funds spent, NC must spend one dollar.

**H. PERIOD OF PERFORMANCE**

**Compliance Requirement**

LOCAL HEALTH DEPARTMENTS

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)

**Compliance Requirement**

PROJECTS NOT BASED IN LOCAL HEALTH DEPARTMENTS

Service agreements executed with non-local health department agencies establish a funding period. Refer to copy of fully executed contract and any amendments affecting contract period. Funds may be used to support costs incurred during the funding period. Settle-up should occur within sixty days following the end of the contract period. (DHHS Agreement)

**I. PROCUREMENT AND SUSPENSION AND DEBARMENT**

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform to federal agency codifications of the grants management common rule accessible on the Internet [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 Agency 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).

Non-federal entities are prohibited from contracting with or making sub awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred.

**J. PROGRAM INCOME**

N/A

**K. RESERVE**

N/A

**L. REPORTING**

LHDs request monthly reimbursements through NC's Aid-to-County Database system. Contractors must submit monthly Contract Expenditure Reports (CER) for reimbursement. Both LHDs and Contractors must adhere to stipulations specified within their contractual agreements. Federal mandates must be followed along with performance measures and scope of work agreed upon by both the entity and the State of NC.

**M. SUBRECIPIENT MONITORING**

Sub recipient monitoring is conducted throughout the year to assess programmatic risk for LHDs and Contractors receiving federal WISEWOMAN funding. The Office of Local Health Services is responsible for assessing fiscal risk status for LHDs. Monitoring reports are sent to the LHDs and kept on file by the program. This is a requirement in the OMB 2 CFR, Part 200 federal supplement. Providers who choose to contract services are obligated to ensure these entities adhere to the guidance and mandates specified in their contractual agreements.

**N. SPECIAL TESTS AND PROVISIONS**

**Conflict of Interest and Certification Regarding No Overdue Taxes**

**Compliance Requirement** – 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) 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.

**Audit Objective** – Determine whether the grantee has adopted and has on file, a conflict of interest policy, before receiving and disbursing State funds.

**Suggested Audit Procedures**

1. Ascertain that the grantee has a written conflict of interest policy.
2. Check the policy and verify through board minutes that the policy was adopted before the grantee received and disbursed State funds.