93.898 **COOPERATIVE AGREEMENTS FOR STATE-BASED COMPREHENSIVE BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAMS**

State Project/Program: **NC BREAST AND CERVICAL CANCER CONTROL PROGRAM**

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

Federal Authorization: Sections 1501, 1502 & 1507 of the Public Health Service Act

State Authorization: Senate Bill 305 House DRH70086-LN-39A

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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)".

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

In the U.S. breast cancer is the most common form of cancer in women aside from non-melanoma skin cancer. It is the number one cause of cancer death in Hispanic women and the second most common cause of cancer death in white, black, and Asian/Pacific Islander and American Indian/Alaska Native women. In 2012, the U.S. incidence rate of breast cancer was 122.2 per 100,000 women and, in 2012, the mortality rate was 21.3 per 100,000 women. As a result, approximately 224,147 women were diagnosed, and 41,150 women died in 2012, making breast cancer the sixth leading cause of death in women in the United States. In 2016, 10,052 women in North Carolina (NC) were expected to be diagnosed with breast cancer and 1,416 were expected

to die from breast cancer. This occurrence is an estimated 14.09% mortality rate. Cervical cancer had been the leading cause of cancer death for women in the U.S; however, since 1948, the incidence and mortality rates have fallen significantly in the U.S. This decline is attributed to the use of Pap smears, or Pap tests, which are screening procedures for cervical cancer. The 2012 incidence rate for cervical cancer was 7.4 per 100,000 women and the mortality rate was 2.3 per 100,000 women in the U.S. Although cervical cancer incidence and mortality continue to decrease significantly overall, the rates are considerably higher among Hispanic and African-American women. In 2016, 385 women in NC were projected to receive a cervical cancer diagnosis and 127 deaths were estimated to result. As of 2012 the mortality rate for NC was 2.0 per 100,000, and the incidence rate in NC was 7.4 per 100,000. The most recent available data (2013) shows 186,023 women are eligible for breast cancer screening and diagnostic follow-up, and 437,319 women were eligible for cervical cancer screening and diagnostic follow-up in North Carolina.

In 1992 the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) began providing free or low-cost breast and cervical cancer screenings 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 the first federally funded chronic disease screening program in the United States. From the beginning, NC BCCCP has been a star performer.

This program will promote effective screening strategies for breast and cervical cancer to reduce incidence and mortality rates in NC. The program will place special emphasis on reaching low income, uninsured, underinsured and minority women. NC BCCCP seeks to (1) increase breast and cervical cancer screening and follow-up; (2) improve knowledge, attitudes, and practices of breast and cervical cancer; (3) improve breast and cervical cancer clinical detection practices and procedures; and (4) monitor the determinants of breast and cervical cancer incidence and mortality.

II. PROGRAM PROCEDURES

Funding for the NC BCCCP is through the U. S. Health and Human Services, Centers for Disease Control and Prevention, Funding Opportunity Number CDC-RFA-DP17-1701, Award# NU58DP006281 and State Appropriations through Senate Bill 305, House DRH70086-LN-39A. The project title is Cancer Prevention and Control Program for State, Territorial & Tribal Organizations. Recipients of funding can include Local Health Departments (LHD), community care networks, hospitals, and community health centers. The project period runs for five years, from June 30, 2017, to June 29, 2022. This grant encompasses three separate programs, the National Comprehensive Cancer Control Program, the National Breast and Cervical Cancer Early Detection Program, and the National Program of Cancer Registries. NC BCCCP has a match requirement of one dollar for every three dollars spent in federal funds. Subrecipients have no cost sharing or matching requirements under the programs. NC BCCCP is charged with implementing activities to positively impact the population of the project region by (1) providing overall and preventive cancer education; (2) identifying and sharing cancer resources and/or assistance information; (3) fortifying persons and associates to better handle a cancer diagnosis when it occurs; and (4) providing cancer screenings for low-income, uninsured, and uninsured.

The priority population for federally-funded NC BCCCP mammography services is women between the ages of 50 and 64 who are low-income (below 250% of federal poverty level) and who have not been screened in the past year**.** The priority population for State-funded NC BCCCP mammography services is women between the ages of 40 and 64 who are low-income (below 250% of federal poverty level) and who have not been screened in the past year.

The priority population for federally-funded NC BCCCP cervical cancer screening services is women between the ages of 40 and 64 who are low-income (below 250% of federal poverty level) and who have never been screened or not been screened in the past five years. The priority population for state-funded NC BCCCP cervical cancer screening services is women between the ages of 21 and 64 who are low-income (below 250% of federal poverty level) and who have never been screened or not been screened in the past five years. Another priority population is women of ethnic minorities and women who are uninsured or underinsured.

CDC mandates special emphasis on recruiting minorities due to significantly higher incidence and mortality rates from breast and cervical cancer in comparison to the Caucasian population in NC. Ultimately, this focus should result in decreasing cancer rates and mortality among the focus population.

III. COMPLIANCE REQUIREMENTS

A. ACTIVITIES ALLOWED OR UNALLOWED

CDC funds must be used for:

- Staff salaries, wages and fringe benefits
- Provision of direct health care services
- 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

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 greater than the health department or current North Carolina State approved rates
- Any expenditure that may create a conflict of interest or a perception of impropriety

B. ALLOWABLE COSTS/COST PRINCIPLES

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M .0201. Basic Considerations, Indirect Costs, Direct Costs, Allowable Costs, and Unallowable Costs may be found in the 2 CFR Part 200.

C. CASH MANAGEMENT

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

E. ELIGIBILITY

Women 21-75 years of age with gross incomes that are ≤250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below.

a. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for program-funded services.

b. Women receiving Family Planning (Title X) services are not eligible for NC BCCCP-funded services that are available through Title X funding.

Eligible women ages 21-39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP funded diagnostic services if no other source of healthcare reimbursement is available.

Breast Services: At least 75% of all initial mammograms provided through BCCCP using federal funds must be for women ages 50-64; no more than 25% may be provided for symptomatic women under the age of 50.

a. Symptomatic women under the age of 50: NC BCCCP funds can be used to reimburse for Clinical Breast Exams (CBE) for symptomatic women under the age of 50. If the findings of the CBE are abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram or referred to a surgical consult.

b. Screening women ages 40 to 49: NC BCCCP funds may be used to provide a CBE. If the CBE result is abnormal, follow-up may be provided but certain restrictions apply. If the CBE result is normal, the woman is not eligible for a screening mammogram through NC BCCCP using federal funds until she is age 50. Programs receiving NC BCCCP State funds may use those funds to provide screening mammograms for women age 40-49 and 65-75.

c. Asymptomatic women under the age of 40: NC BCCCP funds can be used to screen asymptomatic women under the age of 40, if they are considered high risk for breast cancer (e.g., women who have a personal history of breast cancer or first degree relative with pre-menopausal breast cancer).

Cervical Services: At least 20% of all enrolled women screened for cervical cancer will meet the definition of never screened (greater than 10 years).

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

Funds are available through June 29, 2019.

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.

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.

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

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 State of NC.

M. SUBRECIPIENT MONITORING

Subrecipient monitoring is conducted throughout the year to assess programmatic risk for LHDs and Contractors receiving federal BCCCP 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. These reports are required as part of 2 CFR Part 200. 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 Notarized 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 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.