

APRIL 2022

93.426

**IMPROVING THE HEALTH OF AMERICANS THROUGH
PREVENTION AND MANAGEMENT OF DIABETES AND HEART
DISEASE AND STROKE**

State Project/Program: NC COMMUNITY AND CLINICAL CONNECTIONS FOR
PREVENTION AND HEALTH: OBESITY, DIABETES, HEART
DISEASE AND STROKE PREVENTION

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

Federal Authorization: Public Health Service Act, Title 42, Section 301(a) and 317.
Section 301(a) and 317(k) Public Health Service Act, 42 U.S. Code
241(a) and 247b (k) and Title IV Section 4002 Prevention and Public
Health Fund. Public Health Service Act.

State Authorization: N/A

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

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Address Confirmation Letters To:

SFY 2022 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHHS Grant Subrecipients will be available by mid-October at the following web address: <https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports> At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2021-2022)". Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "[Non-Governmental Audit Confirmation Reports \(State Fiscal Years 2020-2022\)](#)".

The auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the auditor should be prepared to justify departures from the suggested procedures. The auditor can consider the supplement a "safe harbor" for identification of compliance requirements to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.

The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

Auditors may request documentation of monitoring visits by the State Agencies.

This compliance supplement must be used in conjunction with the OMB 2022 Compliance Supplement which will be issued in the summer. This includes "Part 3 - Compliance Requirements," for the types that apply, "Part 6 - Internal Control," and "Part 4 - Agency Program" requirements if the Agency issued guidance for a specific program. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

I. PROGRAM OBJECTIVES

CFDA 93.426: The purpose of this program is to improve the health of Americans through prevention and management of diabetes and heart disease and stroke.

II. PROGRAM PROCEDURES

The Community and Clinical Connections for Prevention and Health (CCCCPH) Branch, through a contract with the University of North Carolina, will implement workflow changes to increase referrals to diabetes prevention and management programs and services.

The North Carolina Department of Health and Human Services/Division of Public Health contract, #42401, will support one .25 FTE Principal Investigator, one .05 FTE Project Director, one .05 FTE Health Information Program Manager, one .15 Program Assistant, plus subcontractor personnel. Subcontractor will support one .53 FTE Project Coordinator, one .56 FTE Project Assistant, four .10 FTE Practice Coaches, one .10 FTE Program Support, and 10 .019 FTE Practice Staff. These positions will implement strategies and interventions for each aspect of the following.

The Contractor shall:

- A. Complete the following activities for 20 healthcare practices recruited in Cohorts 1 and 2 from April 2019 to June 2020:
 1. Provide technical assistance to each healthcare practice that has chosen to work on diabetes prevention to increase referrals to diabetes prevention programs as needed.
 2. Provide technical assistance to each healthcare practice that has chosen to work on diabetes management to increase referrals to diabetes prevention programs as needed.
 3. Provide technical assistance to each healthcare practice that has chosen to work on cardiovascular disease on four evidence-based strategies for management of high blood pressure and high cholesterol as needed to include:
 - a. Using the electronic health record and health information technology to improve outcomes related to undiagnosed hypertension and uncontrolled hypertension if within the capabilities of the electronic health record (EHR).
 - b. Using electronic health data to monitor health disparities in hypertension and cholesterol management if within the capabilities of the EHR.
 - c. Engaging non-physician team members in hypertension and cholesterol management.
 - d. Facilitating use of self-measured blood pressure monitoring with clinical support

4. Collect aggregated and qualitative data for each of the 10 practices in Cohorts 1-2 for the period June 30, 2021 through June 29, 2022.
 - a. Aggregated data shall include:
 - i. Number of adults served by the practice (aged 18-85)
 - ii. Number of adults (aged 18-85) with a diagnosis of high blood pressure
 - iii. Number of adults (aged 18-85) with diagnosis of high blood pressure who have achieved blood pressure control
 - iv. Number of adults (≥ 21 years old) at the beginning of the measurement period with clinical Atherosclerotic Cardiovascular Disease diagnosis served
 - v. Number of adults (≥ 21 years old) who receive at least one order (prescription) for statin therapy
 - b. Qualitative data shall include:
 - i. Workflows changes
 - ii. Lessons learned
 - iii. Facilitators and barriers
 - iv. Policy adoptions
- B. Complete the following activities for 10 healthcare practices in Cohort 3 (recruited in Year 3-July 2020 to June 2021 and implementing in Year 4 – July 2021 to June 2022):
 1. Implement workflow changes in each healthcare practice that has chosen to work on diabetes prevention to increase referrals to diabetes prevention programs.
 2. Implement workflow changes in each healthcare practice that has chosen to work on diabetes management to increase referrals to diabetes management.
 3. Implement workflow changes for each healthcare practice that has chosen to work on cardiovascular disease on four evidence-based strategies for management of high blood pressure and high cholesterol to include:
 - a. Using the electronic health record (EHR) and health information technology to verify hypertension among patients and improve outcomes related to undiagnosed hypertension and uncontrolled hypertension if within the capabilities of the EHR.
 - b. Using electronic health data to identify and monitor health disparities if within the capabilities of the EHR. Develop and implement a plan to address the health disparity in hypertension and cholesterol management.
 - c. Developing and implementing a policy to engage non-physician team members in hypertension and cholesterol management.
 - d. Developing and implementing a policy for self-measured blood pressure monitoring with clinical support
4. Collect aggregated and qualitative data for each of the 10 practices in Cohort 3 for the periods June 30, 2020 through June 29, 2021 (baseline) and June 30, 2021 through June 29, 2022
 - a. Aggregated data shall include:
 - i. Number of adults served by the practice (aged 18-85)
 - ii. Number of adults (aged 18-85) with a diagnosis of high blood pressure
 - iii. Number of adults (aged 18-85) with diagnosis of high blood pressure who have achieved blood pressure control
 - iv. Number of adults (≥ 21 years old) at the beginning of the measurement period with clinical Atherosclerotic Cardiovascular Disease diagnosis served
 - v. Number of adults (≥ 21 years old) who receive at least one order (prescription) for statin therapy

- b. Qualitative data shall include:
 - i. Workflows changes
 - ii. Lessons learned
 - iii. Facilitators and barriers
 - iv. Policy adoptions

Program Guidance:

The Contractor shall:

1. Ensure recruitment prioritizes practices that serve a high volume of African American and low socioeconomic status populations.
2. Ensure that at least two of the 10 recruited healthcare practices recruited for Cohort 3 has chosen to work on diabetes prevention.
3. Ensure that at least two of the 10 recruited healthcare practices recruited for Cohort 3 has chosen to work on diabetes management.
4. Ensure that at least two of the 10 recruited healthcare practices recruited for Cohort 3 has chosen to work on each of the four cardiovascular disease strategies.
5. Ensure staff have at least two years' experience with clinical quality improvement.
6. Submit monthly reports by the 10th of the month for work completed the prior month.
7. Submit quarterly reports within 10 days after the end of each quarter.
8. Submit a final report by June 29, 2022 via email to the CCCPH Branch.

Monitoring:

This contract will be monitored according to the following plan:

Deliverables will be monitored through a site visit and the required meetings and report. If the Contractor is deemed out of compliance, the CCCPH Branch Manager will provide technical assistance. Funds may be withheld until the Contractor is in compliance with deliverables. If technical assistance does not prove beneficial, the contract may then be terminated.

If performance is not satisfactory, the CCCPH Branch Manager will bring the issue(s) to the attention of the Contractor, through written correspondence, and a plan for improvement will be jointly determined. If performance does not follow according to this improvement plan, reimbursement for Contract Expenditure Reports can be halted until such time as performance improves to a satisfactory level

III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements that are applicable to the federal program. These Types are determined by the federal agency, noted as “Y,” on the “Matrix of Compliance Requirements” located in Part 2 of the OMB 2022 Compliance Supplement; however, the State Agency may have added the Type and this is noted by “Y.” If the State determines that the federal requirement does not apply at the local level or if the State modifies the federal requirements, this is noted in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, it is noted by “N.”

If the Matrix indicates “Y,” the auditor must determine if a particular type of compliance requirement has a direct and material effect on the federal program for the auditee. For each such compliance requirement subject to the audit, the auditor must use the OMB 2022 Compliance Supplement, Part 3 (which includes generic details about each compliance requirement other than Special Tests and Provisions) and Part 4 (which includes any program-specific requirements) to perform the audit.

If there is no program listed on the “Matrix” in Part 2 or Part 4, the State has determined the Type that is applicable. If a Type is determined direct and material, the auditor should refer to the requirements found in Part 3 and listed in this supplement.

State Agency: Please note the Type of Compliance Requirements that apply to be program below. If the Type does not apply, change “Y” to a “N”. If a program is subject to the requirements found in a Crosscutting Supplement, please use the template “FederalTemplate-CC programs.docx.”

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/ Cost Principles	Cash Management	Eligibility	Equipment/ Real Property Management	Matching, Level of Effort, Earmarking	Period Of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	N

A. Activities Allowed or Unallowed

Funds may be used for:

1. Identified staff salary and fringe benefits
2. Materials and supplies needed to implement the proposed interventions.
3. Staff travel for practice recruitment, partner meetings and to connect with eligible diabetes self-management program.

Funds may not be used for:

1. Supplanting funds supporting current positions and initiatives
2. Food
3. Construction
4. Lobbying activities
5. Cash incentives
6. Equipment

Suggested Audit Procedure

Review the executed North Carolina Department of Health and Human Services/Division of Public Health contract, # 40391, to determine approved budget items and review expenditure documentation to determine the appropriateness of specific activities paid by these funds.

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.

Suggested Audit Procedure:

Review selected expenditures for consistency with applicable cost principles.

C. Cash Management

Funds are granted on a reimbursement basis.

E. Eligibility

Contract agencies should state the objectives of the project, outline the method of operation, describe the evaluation procedures, and provide a budget with justification of funds.

Suggested Audit Procedure

Review the executed Contract to determine if eligibility criteria are met.

F. Equipment and Real Property Management

Purchase of equipment is not allowable unless identified in the budget and approved by CDC.

Suggested Audit Procedure

Review approved budget and any expenditure for equipment purchases.

H. Period of Performance

Funds for these activities begin July 1, 2021 and run through June 29, 2022.

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 at https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

Suggested Audit Procedure

Select a sample of funded procurement, if any, for activities subject to federal agency codifications of the grants management common rule. Suspension and Debarment do not apply.

L. Reporting

Financial Reporting

Contractor is to submit monthly expenditures by budget category to the CCCPH Fiscal Manager. The CCCPH Fiscal Manager will provide a template for the recording of these expenditures.

Performance Reporting

The contractor will be monitored according to the following plan:

Deliverables will be monitored through a site visit and the required meetings and report. If the Contractor is deemed out of compliance, the CCCPH Branch Manager will provide technical assistance. Funds may be withheld until the Contractor is in compliance with deliverables. If technical assistance does not prove beneficial, the contract may then be terminated.

M. Subrecipient Monitoring

On a quarterly basis, the CCCPH staff assesses programmatic risk through a monthly review call. Progress is measured against an Action Plan/Report. The CCCPH Branch will also monitor expenditures by budget category on a monthly basis.