

93.435

**INNOVATIVE STATE PUBLIC HEALTH STRATEGIES TO
PREVENT AND MANAGE DIABETES AND HEART DISEASE
AND STROKE**

**State Project/Program: NC COMMUNITY AND CLINICAL CONNECTIONS FOR
PREVENTION AND HEALTH**

**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**

Agency Contact Person – Program

Cathy Thomas, Branch Manager
Community and Clinical Connections
for Prevention and Health (CCCPH)
(919) 707-5216
Cathy.Thomas@dhhs.nc.gov

Agency Contact Person – Financial

Patricia Ward, Chief Budget Officer
Division of Public Health
(919) 707-5075
pat.ward@dhhs.nc.gov

N. C. DHHS Confirmation Reports:

SFY 2020 audit confirmation reports for payments made to
Counties, Local Management Entities (LMEs), Managed Care
Organizations (MCOs), Boards of Education, Councils of
Government, District Health Departments and DHSR Grant
Subrecipients will be available by mid-October at the
following web address:

[https://www.ncdhhs.gov/about/administrative-offices/office-
controller/audit-confirmation-reports.htm](https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports.htm)

At this site, click on the link entitled "Audit Confirmation
Reports (State Fiscal Year 2019-2020)". 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 \(State Fiscal Years 2018-2020\)](#)".

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.

This compliance supplement should be used in conjunction with the OMB 2019 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 93.435: The purpose of this program is to design, test, and evaluate novel approaches to addressing a set of evidence-based strategies aimed at managing diabetes and heart disease and stroke.

II. PROGRAM PROCEDURES

The Community and Clinical Connections for Prevention and Health (CCCPH) Branch, through a contract with North Carolina Community Health Center Association to create or support existing Diabetes Care Teams and workflows at eight Community Health Centers in order to increase participation and retention in Diabetes Prevention Programs and Diabetes Self-Management Education and Support services to improve the health outcomes of people at risk for or with diabetes.

1. This contract will support 1 FTE Project Manager, and 1 half time Social Determinants of Health Coordinator. These positions will Work with four Community Health Centers (Roanoke Chowan Community Health Center, Inc.; Cabarrus Rowan Community Health Centers, Inc.; Triad Adult and Pediatric Medicine, Inc.; and Craven County Health Department) to:
 - a. Create a Diabetes Care Team at each Community Health Center comprised of at least two of the following staff: a physician or mid-level provider, nurse, medical assistant, registered dietitian, certified diabetes educator, pharmacist, and behavioral health consultant with the patient being at the center of this team. The Diabetes Care Team shall:
 - i. Use the electronic medical record (EMR) to screen eligible patients for diabetes
 - ii. Refer patients with prediabetes to Centers for Disease Control and Prevention (CDC) recognized Diabetes Prevention Programs (DPP)
 - iii. Identify and refer patients with newly diagnosed diabetes or those with uncontrolled diabetes (A1C >9) to recognized or accredited Diabetes Self-Management Education and Support (DSMES)
 - iv. Track referrals to DPP and DSMES to ensure patients have registered and are participating in the programs
 - b. Use the Medicaid social determinant of health screening tool to identify patients’ unmet social needs at each Community Health Center. This tool can be administered to all eligible patients but specifically to those with a diagnosis of prediabetes and diabetes. The Diabetes Care Team shall:
 - i. Establish a workflow to incorporate the Medicaid social determinant of health screening tool
 - ii. Enter information in the EMR

NC COMMUNITY AND CLINICAL CONNECTIONS FOR PREVENTION AND HEALTH –

- iii. Link patients to community resources using the NC Resource Platform (NCCARE360) addressing patients' identified areas of need based on screenings
 - c. Establish a workflow for screening and referral for diabetes retinopathy to promote early detection at each Community Health Center.
 - d. Establish a workflow to calculate the atherosclerotic cardiovascular disease (ASCVD) risk score for patients with diabetes at each Community Health Center. Once the workflow is established, share the results with the patient and provide appropriate clinical management.
2. Work with the Diabetes Care Team at four Community Health Centers (C W Williams Community Health Center, Inc.; Medical Resource Center for Randolph County, Inc; Gateway Community Health Centers, Inc.; and High Country Community Health Center) recruited in the prior year contract to:
 - a. Use the EMR to screen eligible patients for diabetes.
 - b. Refer patients with prediabetes to CDC recognized DPPs.
 - c. Identify and refer patients with newly diagnosed diabetes or those with uncontrolled diabetes (A1C >9) to recognized or accredited DSMES.
 - d. Track referrals to DPP and DSMES to ensure patients have registered and are participating in the programs.
 - e. Use the Medicaid social determinant of health screening tool to identify patients' unmet social needs at each Community Health Center and then link patients to community resources using NCCARE360 addressing patients' identified areas of need based on screenings.
 - f. Screen and refer patients for diabetes retinopathy to promote early detection at each Community Health Center.
 - g. Calculate the ASCVD risk score for patients with diabetes at each Community Health Center and share the results with the patient and provide appropriate clinical management.
 - h. Calculate chronic kidney disease staging for patients with diabetes at each Community Health Center and share the results with the patient and provide appropriate clinical management.
3. Provide tele-health screening and monitoring of patients with diabetes and hypertension through a service provider.
4. Continue to support the Community Health Centers that offer DSMES through telehealth technology.
5. Assist the CCCPH Branch with implementing an evaluation plan that addresses project evaluation and performance measurement.

Monitoring: Deliverables will be monitored through the required meetings and site visits. The Contractor agrees to participate in periodic site visits as determined by CCCPH. If the Contractor is deemed out of compliance, CCCPH 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.

III. COMPLIANCE REQUIREMENTS

This compliance supplement should be used in conjunction with the OMB 2020 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.

ACTIVITIES ALLOWED OR UNALLOWED

In developing the audit procedures to test compliance with the requirements for a federal funded program, the auditor should look first at OMB Uniform Guidance, Part 2, Matrix of Compliance Requirements, to identify which of the 14 types of compliance requirements described in Part 3 are applicable and then look to Part 3 for the details of the requirements.

Funds may be used for:

1. Identified staff salary and fringe benefits
2. Materials and supplies needed to implement the proposed interventions.
3. Travel and staff development
4. Patient education materials
5. Up to 10% of funds may be used for administrative overhead costs

Funds may not be used for:

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

Suggested Audit Procedure

Review the executed North Carolina Department of Health and Human Services/Division of Public Health contract, # 39483contract 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

Contractor is the only recipient of these funds and was selected based on their expertise and ability to address the requirements for the project.

Suggested Audit Procedure

None

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 September 30, 2019 and run through September 29, 2020.

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.

L. REPORTING

Financial Reporting

Contractor shall submit monthly expenditure reports, even if no expenses are incurred in any given month. All expenditure reports must be consistent with the executed

contract budget. Expenses outside of the approved budget must be pre-approved by a written budget realignment request.

Performance Reporting

Deliverables will be monitored through the required meeting and site visits.

M. SUBRECIPIENT MONITORING

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

N. SPECIAL TESTS AND PROVISIONS

N/A

Conflict of Interest and Certification Regarding No Overdue Tax Debts

All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 for fiscal years beginning on or after July 1, 2007. These requirements include the submission of a 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 subgrantee accountable for the legal and appropriate expenditure of those State grant funds.

Suggested Audit Procedures:

The auditor should review the fourteen items of this Section describe much of the detailed information the auditor may be seeking during a review of these programs.