

93.426

**IMPROVING THE HEALTH OF AMERICANS THROUGH
PREVENTION AND MANAGEMENT OF DIABETES AND
HEART DISEASE AND STROKE. FINANCED IN PART BY
2018 PREVENTION AND PUBLIC HEALTH**

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**

**Agency Contact Person –
Program**

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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.

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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 93.426: 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 (CCCPH) Branch, through a contract with the University of North Carolina, will increase referrals to diabetes prevention and management programs and services and enhance clinical identification and management of hypertension and hyperlipidemia.

The North Carolina Division of Health and Human Services/Division of Public Health contract, #39483, will support 1 .7 FTE Project Coordinator, 1 .1 FTE project Assistant plus subcontractor personnel. Subcontractor will support 1 FTE Practice Coach and .25 FTE Practice Support Team Lead. These positions will implement strategies and interventions for each aspect of the following.

The Contractor shall complete the following activities by June 29, 2020:

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. Work with the recruited healthcare practices that have 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 and health information technology to improve outcomes related to undiagnosed hypertension and uncontrolled hypertension if within the capabilities of the EHR.
 - b. Using electronic health data to monitor health disparities if within the capabilities of the EHR.
 - c. Engaging non-physician team members in cardiovascular 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 recruited in Year 1 for the periods 9/30/17 – 9/29/18, 9/30/18 – 6/29/19, 6/30/19 – 6/29/20.
 - 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

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- 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. Policy adoptions
- 5. Recruit and execute signed agreements with at least 10 additional healthcare practices for the period June 30, 2020 through June 29, 2021 to:
 - a. Improve clinical processes to increase referrals to diabetes prevention programs and diabetes self-management services
 - b. Enhance clinical identification and management of hypertension and hyperlipidemia

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 one of the 10 recruited healthcare practices recruited in 2019 has chosen to work on diabetes prevention.
3. Ensure that at least one of the 10 recruited healthcare practices recruited in 2019 has chosen to work on diabetes management.
4. Ensure that at least one of the 10 recruited healthcare practices recruited in 2019 has chosen to work on each of the four cardiovascular disease strategies.
5. Work with the CCCPH Branch to determine the type of data needed and plan for collection and transmission of HIPAA compliant data from the healthcare practices.
6. Work with CCCPH staff to develop and implement evaluation of quality improvement strategies.
7. Ensure staff have at least two years' experience with clinical quality improvement.
8. Submit monthly reports by the last day of each month to include progress made that month.
9. Submit a final report by June 29, 2020 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.

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III. COMPLIANCE REQUIREMENTS

The Type of Compliance Requirements can be found in Section B in the link: [2020 Agency Matrix for Federal Programs](#). This matrix incorporates the OMB Compliance Supplement “Part 2 - Matrix of Compliance Requirement.” A State Agency may have added a compliance requirement that the OMB matrix in Part 2 has a “N” (Not Applicable).

A. 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. Staff travel for practice recruitment, partner meetings and to connect with eligible diabetes self-management program.
4. 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
6. Equipment

Suggested Audit Procedure

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

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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 October 1, 2019 and run through June 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 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:

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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

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.