

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.

State Authorization: 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.

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

**Agency Contact Person –
Program**

Tish Singletary
(919) 707-5216
Tish.Singletary@dhhs.nc.gov

**Agency Contact Person –
Financial**

Samantha Radel
(919) 623-3312 (cell)
samantha.radel@dhhs.nc.gov

Address Confirmation Letters To:

SFY 2024 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 2023–2024)". 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 ."

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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.

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

This compliance supplement must be used in conjunction with the OMB 2024 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, will create or support existing Diabetes Care Teams and workflows at eight Community Health Centers 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. This contract will support 1 FTE Project Manager, 1 FTE Social Determinants of Health Coordinator, and 1 FTE Quality Nurse. These positions will work with eight Community Health Centers in Avery, Beaufort, Bertie, Buncombe, Craven, Davidson, Forsyth, Guilford, Haywood, Henderson, Hertford, Mecklenburg, New Hanover, Polk, Randolph, Rutherford, Swain, Transylvania, Wake, and Watauga counties. The contractor shall:

1. Continue to work with the Diabetes Care Teams at eight (8) Community Health Centers (Blue Ridge Community Health Services, Appalachian Mountain Community Health Services, Triad Adult and Pediatric Medicine, Agape Community Health Services, United Health Centers-Winston Salem, Neighbor Health, Charlotte Community Health Center-Charlotte, and MedNorth Community Health Center-Wilmington) to:
 - a. Use electronic medical records 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.

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- f. Screen and refer patients for diabetic retinopathy to promote early detection at each Community Health Center.
 - g. Calculate the atherosclerotic cardiovascular disease (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 to promote early detection and share the results with the patient and provide appropriate clinical management.
2. Continue to support the Community Health Centers that offer DSMES through telehealth technology.
3. Compile and submit final data reports from 12 Community Health Centers (High Country Community Health Center, Bertie County Rural Health Association, Roanoke Chowan Community Health Center-Murfreesboro, Craven County Health Department, Blue Ridge Community Health Services, Appalachian Mountain Community Health Services, Triad Adult and Pediatric Medicine, Agape Community Health Services, United Health Centers-Winston Salem, Neighbor Health, Charlotte Community Health Center-Charlotte, and MedNorth Community Health Center-Wilmington) by September 29, 2023.
4. Assist the CCCPH Branch in implementing an evaluation plan that addresses project evaluation and performance measurement.

PROGRAM GUIDANCE

The contractor shall:

1. Meet with CCCPH staff by phone, video conference, or in person monthly to discuss accomplishments, project evaluation, and concerns.
2. Ensure the Diabetes Care Teams include at least two (2) of the following staff: physician or midlevel provider, nurse, medical assistant, registered dietitian, certified diabetes educator, pharmacist, and behavioral health consultant.
3. Ensure referrals to DPPs are CDC recognized National Diabetes Prevention Programs.
4. Ensure referrals to DSMES are to accredited or recognized services by the Association of Diabetes Care and Education Specialists or American Diabetes Association.
5. Submit monthly reports by the 5th of the month for progress made on each Performance Requirement for the prior month via email to CCCPH.
6. Submit copies of subcontracts via email to CCCPH.
7. Submit semi-annual data reports by the 14th of the month for data collected the prior six (6) months. Semi-annual periods include the following:
 - a. October 2022 – March 2023
 - b. April 2023 – September 2023
8. Submit a final summary report by September 29, 2023, via email to CCCPH to include a summary of progress made on each Performance Requirement.

Monitoring:

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.

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III. COMPLIANCE REQUIREMENTS

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 2024 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.

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

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

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 # 44820 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

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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

The 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 October 1, 2022, and run through September 29, 2023.

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

The 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 meetings.

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 monthly.