

93.435

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

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

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**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**

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**Agency Contact Person – Program**

Tish Singletary (919) 707-  
5216

[tish.singletary@dhhs.nc.gov](mailto:tish.singletary@dhhs.nc.gov)

**Agency Contact Person – Financial**

Samantha Radel

(919) 623-3312 (cell)

[samantha.radel@dhhs.nc.gov](mailto:samantha.radel@dhhs.nc.gov)

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**Address Confirmation Letters To:**

SFY 2025 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](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 2024–  
2025)". 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 Oct'  
2023-2025).

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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 State compliance supplement must be used in conjunction with the OMB 2025 Compliance Supplement which is scheduled to be issued in May 2025. The OMB supplement will include “Part 3 - Compliance Requirements,” for the types that apply, and “Part 6 - Internal Control.” If a federal Agency issued guidance for a specific program, this will be included in “Part 4 - Agency Program”. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

**I. PROGRAM OBJECTIVES**

Assistance Listing No. 93.435: The purpose of this program decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes.

**II. PROGRAM PROCEDURES**

The Community and Clinical Connections for Prevention and Health (CCCPH) Branch, through a contract with the 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 (subgrantee), 1 FTE Population Health Coordinator, and 1 FTE Data Analyst. These positions will work with four Community Health Centers in Halifax, Lenoir, Madison, and Mecklenburg counties. The contractor shall:

Work with the Diabetes Care Teams at four (4) Community Health Centers (Rural Health Group, Amity Medical Group, Kinston Community Health Center, and Hot Springs Health Program) to:

1. Implement diabetic retinopathy interventions to include the following.
  - a. Establish workflows for screening and referral to diabetic retinopathy services.
  - b. Engage Prevent Blindness NC to provide diabetic retinopathy screenings at no cost.
  - c. Refer patients with diabetes electronically to ophthalmology services as needed.
  - d. Identify and remove barriers that prevent patients with diabetes from participating in diabetic retinopathy screenings.
2. Establish workflows for screening for social determinants of health and utilize the NCCARE360 platform to identify resources available to help meet identified needs.
3. Identify care gaps for patients with diabetes using an existing registry or establishing a new registry to increase patient outreach through the Electronic Health Record (EHR) patient portal.
4. Implement chronic kidney disease interventions to include the following:
  - a. Establish workflows to identify patients with diabetes with undiagnosed, untreated, or poorly managed chronic kidney disease and refer to a nephrologist.
  - b. Develop or expand EHR tool utilization to identify patients with diabetes who may need chronic kidney disease screenings and treatment.
  - c. Work with the National Kidney Foundation to identify and share chronic kidney disease educational resources with patients with diabetes.
5. Develop workflows to screen and refer patients to a Healthy Family Weight Program.

**PROGRAM GUIDANCE**

The Grantee 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 5<sup>th</sup> 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 14<sup>th</sup> of the month for data collected the prior six (6) months. Semi-annual periods include the following:
  - a. October 2023 – March 2024
  - b. April 2024 – September 2024
8. Submit a final summary report by September 29, 2024, via email to CCCPH to include a summary of progress made on each Performance Requirement.

**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.

### III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements (Types) that are applicable to the federal program. These Types are either determined by the federal agency or the State Agency may have added the Type. 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 discussed in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, this is indicated by “N.”

If the Type is applicable, the auditor must determine if the Type has a direct and material effect on the federal program for the auditee. The auditor must use the OMB 2025 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

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 # 46706 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**

Grantee 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 July 1, 2024 and run through June 29, 2025.

**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](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 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 on a monthly basis.