LGC
Reviewed
in accordance to
G.S. 159-34(a)

APRIL 2025

93.898 **CANCER PREVENTION AND CONTROL PROGRAM FOR STATE, TERRITORIAL, AND TRIBAL ORGANIZATIONS**

State Project/Program: **NC BREAST AND CERVICAL CANCER CONTROL PROGRAM**

U. S. Department of Health and Human Services
Centers for Disease Control and Prevention

Federal Authorization: Sections 1501, 1502 & 1507 of the Public Health Service Act

State Authorization: Senate Bill 305 House DRH70086-LN-39A

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

Agency Contact Person – Program

Lisa M. Brown, Operations Manager
(919) 707-5326
Lisa.m.brown@dhhs.nc.gov

Agency Contact Person – Financial

Samantha Radel
Phone: 919-623-3312
Samantha.Radel@dhhs.nc.gov

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 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** 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).

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

North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) funds Local Health Departments and community health agencies to establish and maintain a breast and cervical cancer screening program in their locales. There are 79 of 100 counties in North Carolina that have an active screening program that provides NC BCCCP services. NC BCCCP is designed as a screening program and does not provide funds for treatment. However, patients enrolled in NC BCCCP prior to diagnosis may be eligible to receive Breast and Cervical Cancer Medicaid (BCCM) to cover acute treatment services as well as maintenance therapies for breast and cervical cancers, eligible precancerous breast and cervical lesions, and for reconstruction surgeries. Additionally, patients who are diagnosed outside of NC BCCCP with breast and/or cervical cancer and/or precancerous lesions and who meet NC BCCCP eligibility may receive patient navigation-only services by a BCCCP provider to assist with application for BCCM.

In the United States, breast cancer is the most commonly diagnosed cancer in women. It is the leading cause of cancer death in Hispanic women and the second most common cause of cancer death among white, Black, Asian/Pacific Island, and American Indian/Alaska Native women[1]. In 2021, the U.S. incidence of breast cancer was 129.4 per 100,000 women and the mortality rate was 19.3 per 100,000 women[2]. In 2024, an estimated 310,720 new cases of invasive breast cancer are expected to be diagnosed among U.S. women, as well as an estimated 56,500 cases of in situ breast cancer. In 2024, approximately 42,250 U.S. women are expected to die from breast cancer. Only lung cancer accounts for more cancer deaths[3]. In North Carolina, an estimated 12,724 new female breast cancer cases (in-situ cases included) will be diagnosed in 2024, resulting in 1,544 deaths[4].

Cervical cancer, once the leading cause of death for women in the U.S., has significantly decreased in incidence and mortality since the mid-1970s due to an increase in Pap tests being conducted. Between 2016 and 2020, the incidence of cervical cancer was 7.7 per 100,000 women[5]. While cervical cancer incidence and mortality continue to decrease, both are considerably higher among Hispanic and non-Hispanic Black women. In 2024, an estimated 13,820 new cases are expected to be diagnosed, with an estimated 4,360 women expected to die from cervical cancer[6]. In North Carolina, an estimated 418 cervical cancer cases will be diagnosed in 2024 resulting in 137 deaths[7].

The most recent available data shows 130,352 uninsured women are eligible for breast cancer screening and diagnostic follow-up and 261,417 uninsured women are eligible for cervical cancer screening and diagnostic follow-up in North Carolina[8].

[1] U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualization Tools, 2024
[2] National Cancer Institute SEER Stat Fact Sheets, Female Breast Cancer, 2024, https://seer.cancer.gov/statistics
[3] American Cancer Society Cancer Facts and Figures, 2024
[4] N.C. State Center for Health Statistics, 2024
[5] American Cancer Society Cancer Facts and Figures, 2024
[6] American Cancer Society Cancer Facts and Figures, 2024
[7] N.C. State Center for Health Statistics, 2024
[8] SAHIE 2021

NC BCCCP began in North Carolina in 1992 and continues to provide services to underserved individuals in North Carolina. Funding is received through a competitive grant from the Center for Disease Control (CDC). This program was the first chronic disease screening program funded in the United States.

The NC BCCCP program provides approximately 11,000 breast and cervical screenings annually for uninsured patients ages 21-75. And each year, approximately 300 patients diagnosed with cancer receive treatment through BCCM. If these services were not offered through contracts, then these screenings and treatment would not be available for low income and minority patients who are at the most risk for developing late-stage breast or cervical cancer.

II. PROGRAM PROCEDURES

Funding for the NC BCCCP is through the U. S. Health and Human Services, Centers for Disease Control and Prevention, Funding Opportunity Number CDC-RFA-DP22-2202, Award # TBD and State Appropriations through Senate Bill 305, House DRH70086-LN-39A. The project title is Cancer Prevention and Control Program for State, Territorial & Tribal Organizations. Recipients of funding can include Local Health Departments (LHD), community care networks, hospitals, and community health centers. The project period runs for five years, from June 30, 2022, to June 29, 2027. This grant encompasses three separate programs, the National Comprehensive Cancer Control Program, the National Breast and Cervical Cancer Early Detection Program, and the National Program of Cancer Registries. NC BCCCP has a match requirement of one dollar for every three dollars spent in federal funds. Sub recipients have no cost sharing or matching requirements under the programs. NC BCCCP is charged with implementing activities to positively impact the population of the project region by (1) providing overall and preventive cancer education; (2) identifying and sharing cancer resources and/or assistance information; (3) fortifying persons and associates to better handle a cancer diagnosis when it occurs; and (4) providing cancer screenings for low-income, uninsured, and uninsured.

The priority population for NC BCCCP mammography services is women who are low-income (below 250% of federal poverty level), who have not been screened in the past year and are between the ages of 40 and 64.

The priority population for NC BCCCP cervical cancer screening services is women who are low-income (below 250% of federal poverty level), who have never or rarely ever (greater than 10 years) been screened and are between the ages of 21 and 64.

CDC mandates special emphasis is placed on recruiting minorities due to significantly higher incidence and mortality rates from breast and cervical cancer in comparison to the White population in NC. Ultimately, this will result in decreasing cancer rates and mortality among the focus population.

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	N	Y	Y	N	Y	Y	N	Y	Y	Y

A. Activities Allowed or Unallowed

CDC funds must be used for:

- Staff salaries, wages, and fringe benefits
- Provision of direct health care services
- Educational and promotional materials
- Education of community leaders, health care professionals and decision makers
- Convening interested groups
- Participant incentives
- Program related telephone and mailing costs
- Printing
- Office supplies
- Travel in State

CDC funds cannot be used for:

- Capital expenditures
- To supplant funds from federal or State sources
- To support or engage in any effort to participate in political activities or lobbying
- Payment of non-program related debts, fines or penalties
- Contributions to a contingency fund
- Interest or other financial payments
- Any expenditure that may create a conflict of interest or a perception of impropriety

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. Basic Considerations, Indirect Costs, Direct Costs, Allowable Costs, and Unallowable Costs may be found in the 2 CFR Part 200.

E. Eligibility

Documented citizenship is not required for women to receive screening and/or diagnostic services through NC BCCCP.

Breast Services

Women 21 to 75 years of age with gross incomes that are below 250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to limitations and exceptions listed below.

a. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for program-funded services.

b. Women receiving Family Planning (Title X) services are not eligible for NC BCCCP-funded services that are available through Title X funding.

Women ages 21-39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP funded diagnostic services if no other source of healthcare reimbursement is available.

a. Symptomatic women under the age of 40: NC BCCCP funds can be used to reimburse for diagnostic services for symptomatic women under the age of 50. For abnormal findings (including a discrete palpable mass, nipple discharge, and skin or nipple changes), a woman can be provided a diagnostic work-up including a referral for a surgical consultation.

b. Asymptomatic women ages 40-64 NC BCCCP funds may be used to reimburse for screening mammograms for women ages 40 to 64.

c. Asymptomatic women under the age of 40 NC BCCCP funds can be used to screen asymptomatic women under the age of 40, if they are at high risk for developing breast cancer.

d. Asymptomatic or symptomatic women ages 65-75: NC BCCCP funds may be used to reimburse for mammograms for women ages 65 to 75 if no other source of funding is available.

e. All patients should undergo a risk assessment to determine if they are at high risk for developing breast cancer. NC BCCCP funds can be used for annual screening among patients who are considered high risk for breast cancer. “Patients at high risk” include those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives (mother, sister, daughter) with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin’s lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history. Some experts recommend that patients who are identified as high-risk be screened with both an annual mammogram and an annual breast magnetic resonance imaging (MRI). NC BCCCP providers should counsel patients about these recommendations and options available through NC BCCCP such as an annual mammogram.

f. Women may receive PN-only services (to apply for BCCM) by a BCCCP provider if **all** the following conditions are met:

1. Have been diagnosed outside of NC BCCCP with **one or more** of the following:
    a. Breast cancer
    b. Cervical cancer
    c. Breast precancerous lesions
    d. Cervical precancerous lesions
2. That diagnosis was made less than three months before the BCCM application’s date with the local Department of Social Services (DSS)
3. Meets the NC BCCCP eligibility criteria.

Cervical Services

At least 35% of all enrolled women ages 30 and above who are screened for cervical cancer have never been screened or not screened within the last 10 years. The priority ages for cervical cancer screening are women between the ages of 21 and 64.

a. For patients under age 30 with no abnormal findings, the screening interval for cervical cytology is every three years. Patients ages 30 to 65 may be screened with cervical cytology alone every three years, co-testing with cervical cytology and hrHPV test every five years, or primary hrHPV test alone every five years.

b. All patients should undergo a risk assessment to determine if they are at high risk for cervical cancer. Patients who are at high risk for cervical cancer need to be screened more frequently than average risk patients. NC BCCCP funds can be used for annual screening among patients who are considered high risk for cervical cancer. This includes patients with Human Immunodeficiency Virus (HIV) infection, patients who have had an organ transplantation, patients who may be immunocompromised from another health condition, or patients who had diethylstilbestrol (DES) exposure in utero.

c. NC BCCCP funds <u>cannot</u> be used for cervical cancer screening in patients with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. A one-time pelvic exam is permitted to determine if a patient has a cervix. A pelvic exam using NC BCCCP funds should not be provided in the absence of cervical cancer screening.

d. Patients who have had a total hysterectomy for Cervical Intraepithelial Neoplasia (CIN) disease should undergo cervical cancer screening for 20 years post hysterectomy, even if that screening continues beyond the age of 65.

e. Patients who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health, which is determined by the presiding physician or at the discretion of the provider based on current recommendations and practices.

f. Patients who have had a supracervical hysterectomy remain eligible for cervical cytology.

F. Equipment and Real Property Management

Prior approval is required from the program for any equipment, computer purchases, and disposition of the equipment in accordance with state laws and procedures.

H. Period of Performance

Funds are available from June 30, 2022 through June 29, 2027

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

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 procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency North Carolina Procurement Manual accessible on the Internet at: http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf.

Non-federal entities are prohibited from contracting with or making sub awards under covered transactions to parties that are suspended of debarred or whose principals are suspended or debarred.

L. Reporting

LHDs request monthly reimbursements through NC's Aid-to-County Database system. Contractors must submit monthly Contract Expenditure Reports (CER) for reimbursement. Both LHDs and Contractors must adhere to stipulations specified within their contractual agreements. Federal mandates must be followed along with performance measures and scope of work agreed upon by both the entity and State of NC.

M. Subrecipient Monitoring

Sub recipient monitoring is conducted throughout the year to assess programmatic risk for LHDs and Contractors receiving federal BCCCP funding. The Office of Local Health Services is responsible for assessing fiscal risk status for LHDs. Monitoring reports are sent to the LHDs and kept on file by the program. This is a requirement in 2 CFR Part 200. Providers who choose to contract services are obligated to ensure these entities adhere to the guidance and mandates specified in their contractual agreements.

N. Special Tests and Provisions

CONFLICT OF INTEREST AND CERTIFICATION REGARDING NO OVERDUE TAXES

Compliance Requirement – 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 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 sub grantee accountable for the legal and appropriate expenditure of those State grant funds.

Audit Objective – Determine whether the grantee has adopted and has on file, a conflict-of-interest policy, before receiving and disbursing State funds.

Suggested Audit Procedures:

1. Ascertain that the grantee has a conflict-of-interest policy.

2. Check the policy and verify through board minutes that the policy was adopted before the grantee received and disbursed State funds.