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**WELL INTEGRATED SCREENING AND EVALUATION FOR  
WOMEN ACROSS THE NATION (WISEWOMAN)**

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**State Project/Program: NC WISEWOMAN PROJECT**

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**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Federal Authorization:** Sections 1501-1509, 42USC300K, 300N -4A

**State Authorization:** N/A

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

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**Address Confirmation Letters To:**

SFY 2023 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/administrativeoffices/officecontroller/audit-confirmation-reports> At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2022-2023). 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 \(State Fiscal Years 2021-2023\)](#)".

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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 2023 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**

Cardiovascular disease (CVD) and stroke are preventable diseases that kill approximately 655,000 people each year in the United States (CDC Division for Heart Disease and Stroke Prevention). Currently, cardiovascular disease and stroke are the second and fifth leading causes of death in North Carolina respectively (CDC National Center for Health Statistics). In 2018, heart disease killed 19,222 North Carolinians while stroke accounted for 5,062 deaths. Heart disease deaths overwhelmingly impact all racial ethnicities, but mortality rates tend to vary depending on race and ethnicity. In the United States, CVD is the leading cause of death among the African American, Hispanic, and white populations. CVD is the 2nd leading cause of death among many other populations including American Indians and Asians.

Mortality, morbidity, and disability caused by heart disease and stroke have a large impact on both direct and indirect healthcare costs. Direct costs include hospital care, physician and nursing services, and medications. Nationally in 2016, costs for CVD were \$555 billion. (Of the \$555 billion, \$318 billion can be attributed to direct costs while an estimated \$237 billion can be attributed to indirect costs due to lost productivity.) This astronomical cost is projected to increase to \$1.1 trillion by the year 2035 according to the American Heart Association. In North Carolina in 2017, \$6.4 billion is attributed to direct costs related to heart disease and stroke. Indirect costs are more difficult to estimate nationally and at the state level because they relate to the loss of productivity because of heart disease and stroke.

In addition to CVD and stroke being widespread in the state of North Carolina, and healthcare costs rising, many state residents are without health insurance. As of 2017, 12.6% of the state’s 65 and under population was uninsured (SAHIE, 2017). This is slightly above the national uninsured rate of 11%.

The WISEWOMAN Project in North Carolina saw its first patient in 1996. Since then, NC WISEWOMAN Project has provided cardiovascular services to uninsured, underinsured and underserved women in NC. The program is funded through a competitive grant from the Centers for Disease Control and Prevention (CDC), and is recognized as one of the first cardiovascular screening programs funded in the United States (US). From inception, NC has been a star performer, requiring each provider to adhere to strict program and clinical guidelines.

The NC WISEWOMAN Project promotes effective screening and lifestyle intervention strategies for cardiovascular health in order to reduce the incidence of heart disease and stroke and reduce mortality in eligible underserved women of North Carolina. To be eligible for the NC WISEWOMAN Project, participants must be eligible for the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP). This Agreement Addendum enables the Local Health Department to provide cardiovascular disease screening services through the NC WISEWOMAN Project.

**II. PROGRAM PROCEDURES**

Funding for the NC WISEWOMAN Project is through the U.S. Health and Human Services, Centers for Disease Control and Prevention, Funding Opportunity Number CDC-RFA-DP18- 1816, Grant # U58DP006637. Recipients of funding can include Local Health Departments (LHD), community care networks, hospitals, and community health centers. No state appropriations are allocated to NC WISEWOMAN Project. The project title is the NC Well Integrated Screening and Evaluation for Women Across the Nation. The project period runs for five years, from September 30, 2018, to September 29, 2023. NC WISEWOMAN Project 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 program. NC WISEWOMAN Project is charged with implementing activities to positively impact the population of the project region by providing overall and preventive cardiovascular screening, education, and follow-up services for the low income, uninsured, and underinsured women in NC.

The priority population is women between the ages of 40 and 64, ethnic minorities, uninsured or underinsured women, or women without a usual source of health care whose income is equal to or less than 250% of the federal poverty level.

**III. COMPLIANCE REQUIREMENTS**

Below on the matrix are the types of compliance requirements are applicable to the federal program, noted as “Y,” as determined by the federal granting agency if the federal program is listed in Part 2 of the OMB 2023 Compliance Supplement. A State agency may have added a Type. If the program is not listed in Part 2, the State Agency has determined the applicable Types. If a Type, applicable by OMB, does not apply at the local level or if the State has modified the federal requirements at the local level, this should be explained in the supplement under the Type. A Type that is not applicable at the local level is noted by “N.”

If a particular Type is noted as “Y,” the auditor must determine if the Type has a direct and material effect on the federal program for the auditee. For each Type of compliance requirement, the auditor must use the OMB 2023 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.

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/ Cost	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	Y	Y	Y	Y

A. Activities Allowed or Unallowed

CDC funds must be used for:

- Staff salaries, wages and fringe benefits;
- 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
- Provision of direct health care services.

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;
- Membership fees;
- Interest or other financial payments;
- Travel and meals in excess of the health department or current North Carolina State rates;
- Any expenditure that may create a conflict of interest or a perception of impropriety.

B. Allowable Costs/Cost Principles

All grantees who 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 2 CFR Part 200.

C. Cash Management

Subrecipients are funded on a reimbursement basis. Program costs must be paid for by the entity before reimbursement is requested from the State.

E. Eligibility

Enrollment into NC WISEWOMAN Project is limited to federal BCCCP-eligible women between the ages of 40-64. All women provided services through NC WISEWOMAN Project must be eligible for NC BCCCP with gross incomes that are less than or equal to 250% of the federal poverty level according to schedules in effect at the beginning of the agreement term. Women aged 65 and older previously enrolled in NC WISEWOMAN Project who remain eligible for NC BCCCP may return for their one- time annual (12-18 months) NC WISEWOMAN Project visit. Women enrolled in Medicare (Part B) and/or Medicaid are not eligible for enrollment or program funded services.

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.

G. The State is required to match federal funds 3:1. For every three dollars in federal funds

spent, NC must spend one dollar.

H. Period of Performance

Funds are available from September 30, 2022, 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.

[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).

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.

[http://www.pandc.nc.gov/documents/Procurement\\_Manual\\_5\\_8\\_2013\\_interactive.pdf](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 or debarred or whose principals are suspended or debarred.

J. Program Income

Program income must be used for activities described in III.A.1, "Activities Allowed." Program income must be used for current costs unless the Federal awarding agency authorizes otherwise. Program income that the non-Federal entity did not anticipate at the time of the Federal award must be used to reduce the Federal award and non-Federal entity contributions rather than to increase the funds committed to the project.

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 the State of NC.

M. Subrecipient Monitoring

Subrecipient monitoring is conducted throughout the year to assess programmatic risk for LHDs and Contractors receiving federal WISEWOMAN 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 the OMB 2 CFR, Part 200 federal supplement. 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 taxes, 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.