

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

State Project/Program: NC WISEWOMAN PROJECT

**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
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Address Confirmation Letters To:

SFY 2026 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 2025-2026). 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’ 2023-2026).

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 2026 Compliance Supplement which is scheduled to be issued in May 2026. 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

Cardiovascular disease (CVD), diseases of the heart and blood vessels, is a preventable disease that kills one person every 34 seconds in the United States.¹ Approximately 919,000 individuals die in the United States annually from heart disease, which is 1 in every 3 deaths. Heart disease has surpassed cancer as the leading cause of death in North Carolina, while stroke is the fourth-leading cause of death.²

From 2021-2023, heart disease killed 321 people per 100,000 North Carolinians and strokes accounted for 92 deaths per 100,000 North Carolinians across all races, ethnicities, and genders, ages 35 and up.³ Heart disease overwhelmingly impacts all racial and ethnic groups, but mortality rates vary depending on race and ethnicity, particularly among women: in the United States, heart disease is the leading cause of death among Black and white women and is the third leading cause of death among Hispanic and American Indian women.⁴

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, heart disease and stroke cost \$233.3 billion per year, and cause \$184.6 billion in lost job productivity.⁵ According to the American Heart Association, this astronomical cost is projected to increase to nearly \$2 trillion by the year 2050. About 1 in every 8 healthcare dollars is spent on cardiovascular disease.⁶

The development of chronic conditions such as heart disease are impacted by social and economic disparities across the state of North Carolina. According to the County Health Rankings (2025), 18% of North Carolinians reported having poor or fair health, with poor physical health in 4.1 out of 30 days, as well as poor mental health in 4.9 out of 30 days.⁷ On the food index rating, which measures access to healthy foods and food security on a scale of 1 to 10, North Carolina was rated at 6.8, which was below the national average rating of 7.4. In North Carolina, 11% of adults were uninsured and, while North Carolina launched Medicaid Expansion in December 2023, there will still be women between 138% and 250% of the federal poverty level who will remain uninsured and will need program services. CVD is a preventable disease. The NC WISEWOMAN program provides preventative health services that address modifiable risk factors to reduce the overall burden of disease and its related costs.

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- DP23-0003, Grant # NU58DP007662. 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 Program. 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, 2023, to September 29, 2028.

¹ Centers for Disease Control and Prevention. (2024). Heart disease facts. <https://www.cdc.gov/heartdisease/facts.htm>

² Centers for Disease Control and Prevention. (2024). North Carolina: Key health indicators. <https://www.cdc.gov/nchs/pressroom/states/northcarolina/nc.htm>

³ Centers for Disease Control and Prevention. (2024). Heart Disease and Stroke Map. <https://www.cdc.gov/heart-disease-and-stroke-data/widget/index.html>

⁴ Centers for Disease Control and Prevention. (2024). Leading Causes of Death in Females. <https://www.cdc.gov/womens-health/lcod/females.html>

⁵ Centers for Disease Control and Prevention. (2024). Health and economic costs of chronic disease. <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

⁶ Centers for Disease Control and Prevention (2025). Health and Economic Benefits of High Blood Pressure Interventions. <https://www.cdc.gov/nccdp/priorities/high-blood-pressure.html>

⁷ County Health Rankings (2025) North Carolina. <https://www.countyhealthrankings.org/health-data/north-carolina?year=2025&mapView=nation>

NC WISEWOMAN Program 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 Program 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 35 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

Noted below in the following matrix are the types of compliance requirements (Types) for this federal program identified by either the federal or State agency with a “Y” that are subject to the audit. The auditor must determine if the Type noted by “Y” has a direct and material effect on the federal program for the auditee. If the Type is determined to be subject to audit, the auditor must use the OMB 2026 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

If the State determines that the federal requirement does not require testing at the local level or if the State modifies the federal requirements, this is discussed in the supplement under the type of compliance requirement. Auditors are not expected to test requirements that have been noted with an “N.”

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	N	Y	Y	N	N	Y	N	Y	Y	Y	N

A. Activities Allowed or Unallowed:

Suggest Audit: Ascertain that the grantee’s costs align with allowable grant costs

CDC Allowable Funds Use:	CDC Unallowed Funds Use:
<ul style="list-style-type: none"> • 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 and out of state 	<ul style="list-style-type: none"> • 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

C. Eligibility

Suggested Audit: Verify programs eligibility policy as allowed by federal grant award.

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.

[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.

E. 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. The program is not approved to purchase equipment under the grant.

H. Period of Performance

Suggested Audit: Ascertain that funds are spent within the period of performance according to the Notice of Award.

Funds are available from September 30, 2025, through September 29, 2026

J. Program Income

Suggested Audit: Ascertain whether current costs are allowable under the federal notice of award.

Program income must be used for activities described in “A.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

Suggested Audit: Review Contract Expenditure Reports and Monthly Expenditure Reports submitted by program subgrantees

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

Suggested Audit: Review program monitoring reports from compliance assessments.

Sub recipient 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 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.

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’s costs align with allowable grant costs
2. Review of Contract Expenditure Reports and Monthly Expenditure Reports
3. Ascertain that funds are spent within the period of performance according to the Notice of Award.
4. Ascertain whether current costs are allowable under the federal notice of award
5. Review program monitoring reports from compliance assessments.
6. Verify programs eligibility policy as allowed by federal grant award.