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

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

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**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**

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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 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 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)".

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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.

## NC BREAST AND CERVICAL CANCER CONTROL PROGRAM

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

The goal of the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) is to reduce the morbidity and mortality of breast and cervical cancers in North Carolina (NC) residents by providing breast and cervical cancer screening and/or diagnostic services. 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 77 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 NC BCCCP provider to assist with application for BCCM.

In the United States (U.S.), breast cancer is the most commonly diagnosed cancer in women. It is the leading cause of cancer death in Hispanic and Black women and the second most common cause of cancer death among White and American Indian/Alaska Native women.<sup>1</sup> Female breast cancer makes up 15.5% of new cancer diagnoses. The most recent five-year U.S. breast cancer incidence was 130.8 cases per 100,000 women (2018–2022), and the mortality rate was 19.2 deaths per 100,000 women (2019–2023).<sup>2</sup> In 2025, an estimated 316,950 new cases of female breast cancer are expected to be diagnosed among U.S. women. In 2025, approximately 42,170 U.S. women are expected to die from breast cancer. Only lung cancer accounts for more cancer deaths.<sup>3</sup> In NC, an estimated 13,207 new female breast cancer cases (in-situ cases included) will be diagnosed in 2025, resulting in 1,549 deaths.<sup>4</sup>

Cervical cancer, once the leading cause of death for women in the U.S., saw major declines in incidence and mortality from the mid-1970s to mid-2000s due to expanded Pap testing. However, incidence rates have plateaued over the past decade. Between 2018 and 2022, the incidence of cervical cancer was 7.7 per 100,000 women.<sup>5</sup> Cervical cancer mortality continues to decrease, though rates are considerably higher among non-Hispanic Black women, non-Hispanic American Indian/Alaska Native, and Hispanic women, respectively. In 2025, an estimated 13,360 new cases are expected to be diagnosed, with an estimated 4,320 women expected to die from cervical cancer.<sup>6</sup> In NC, an estimated 428 cervical cancer cases will be diagnosed in 2025 resulting in 135 deaths.<sup>7</sup>

<sup>1</sup> U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualization Tools, 2025

<sup>2</sup> National Cancer Institute SEER Stat Fact Sheets, Female Breast Cancer, 2024, <https://seer.cancer.gov/statistics>

<sup>3</sup> American Cancer Society Cancer Facts and Figures, 2025

<sup>4</sup> N.C. State Center for Health Statistics, 2025

<sup>5</sup> American Cancer Society Cancer Facts and Figures, 2024

<sup>6</sup> American Cancer Society Cancer Facts and Figures, 2025

<sup>7</sup> N.C. State Center for Health Statistics, 2025

The most recent available data shows 111,115 uninsured women are eligible for breast cancer screening and diagnostic follow-up and 222,636 uninsured women are eligible for cervical cancer screening and diagnostic follow-up in NC.<sup>8</sup>

The Centers for Disease Control and Prevention (CDC) encourages its funded recipients to adopt a combination of five Evidence-Based Interventions (EBIs) identified in the Guide to Community Preventive Services [Community Guide] <https://www.thecommunityguide.org/> as effective methods in increasing breast and cervical cancer screening to reduce cancer mortality rates. The Community Guide serves as a resource to help select interventions to improve health and prevent disease in your community, community organization, or healthcare organization.

## 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.

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<sup>8</sup> SAHIE 2022

**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	Y	N	Y	Y	N	Y	Y	N	Y	Y	Y

**A. Activities Allowed or Unallowed**

<b>CDC Allowable Funds Use:</b>	<b>CDC Unallowed Funds Use:</b>
<ul style="list-style-type: none"> <li>• Staff salaries, wages, and fringe benefits</li> <li>• Provision of direct health care services</li> <li>• Educational and promotional materials</li> <li>• Education of community leaders, health care professionals and decision makers</li> <li>• Convening interested groups</li> <li>• Participant incentives</li> <li>• Program related telephone and mailing costs</li> <li>• Printing</li> <li>• Office supplies</li> <li>• Travel in and out of state</li> </ul>	<ul style="list-style-type: none"> <li>• Capital expenditures</li> <li>• To supplant funds from federal or State sources</li> <li>• To support or engage in any effort to participate in political activities or lobbying</li> <li>• Payment of non-program related debts, fines or penalties</li> <li>• Contributions to a contingency fund</li> <li>• Interest or other financial payments                             <ul style="list-style-type: none"> <li>• Any expenditure that may create a conflict of interest or a perception of impropriety</li> </ul> </li> </ul>

## 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 cannot 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](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](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.

**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.