



NC Department of Health and Human Services

NC Breast & Cervical Cancer Control Program
(NC BCCCP)

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LHD AND CONTRACTOR FUNDING

Dual Funding: Combination of federal funds from Centers for Disease Control and Prevention (CDC) and state funds from state appropriations and donations from check box on NC income tax.

Contractor Fiscal Year

1st year of 3-year RFA cycle – two contracts

- June 1, 2022 – December 31, 2022
- January 1, 2023 – May 31, 2023

LHD Fiscal Year

Fiscal Year: June 1, 2022 – May 31, 2023

- State Funds only for the month of June
- Dual funding with state and federal funds available for 11 months in the year beginning in July and ending in May.
- State funds runs concurrently with the LHD Fiscal Year

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LHD AND CONTRACTOR REIMBURSEMENT RATES

NC BCCCP use a capitated rate for drawing down funds. Reimbursement is “dual-funded” at a capitated rate of **\$325 per woman served**
(\$190 Federal funds + \$135 State funds)

LHD and contractors shall be reimbursed at a capitated rate of \$325 per woman who receives at least one NC BCCCP-funded service (mammogram, clinical breast exam, Pap test, Pap test with HPV co-test, or diagnostic service) for up to the total number of women specified in Section III. A of the Agreement Addendum.

Cancer Prevention and Control Branch staff will monitor each LHD and contractor to ensure this policy is being routinely practiced.

Funding for the next FY could be affected if you fail to comply with the above-mentioned policy.



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HOW MANY SCREENING ALLOCATIONS DO I HAVE ?

1. **Provided Services.** The Local Health Department (LHD) shall provide breast and cervical cancer screening services and/or diagnostic services and/or patient navigation only services to NC BCCCP-enrolled women according to the following table:

NC BCCCP-Enrolled Women — Breast and Cervical Cancer Screening Services and/or Diagnostic Services	
0	June 1, 2022 – May 31, 2023
Patient Navigation Services Only — Breast and Cervical Cancer Medicaid Application Completion	
0	June 1, 2022 – May 31, 2023

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PURPOSE

The purpose of this contract is to provide breast and cervical cancer services to eligible women. In addition, this contract provides navigation support for eligible women with a breast and cervical cancer diagnosis in applying for Medicaid.

PERFORMANCE REQUIREMENTS

- A. The Contractor, based on capacity, shall provide 290 unduplicated women with breast and cervical cancer screening and/or diagnostic services at a capitated rate of \$325 per woman. In addition, the Contractor shall assist up to 13 eligible women with a breast and cervical cancer diagnosis that is less than 90 days old with applying for Medicaid.

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LHD MONTHLY FINANCIAL REPORTING

- ▶ LHDs are allocated and reimbursed via a funds tracking system called Aid-to-County (ATC) Database
- ▶ LHDs must adhere to the monthly deadline in which to submit Financial Reports to the State's Controller's Office.
- ▶ A schedule is sent to each LHD by the State's Controllers Office identifying the deadline for each month of the FY.

Aid-to-Counties Expenditure Control Schedule for Calendar Year 2021

Payment Month	LHD Expenditure Reporting Period		Payment Date	DPH Staff Access	
	Begins	Last Day for Pymt in Month		Begins	Ends
January	Mon 1/11	Fri 1/15	Thu 1/21	Mon 1/25	Fri 2/5
February	Mon 2/8	Mon 2/15	Thu 2/18	Mon 2/22	Fri 3/5
March	Mon 3/8	Mon 3/15	Thu 3/18	Mon 3/22	Thu 4/8
April	Fri 4/9	Thu 4/15	Tue 4/20	Thu 4/22	Fri 5/7
May	Mon 5/10	Mon 5/17	Thu 5/20	Mon 5/24	Mon 6/7
June	Tue 6/8	Tue 6/15	Fri 6/18	Tue 6/22	Thu 7/8
July	Fri 7/9	Thu 7/15	Tue 7/20	Thu 7/22	Fri 8/6
August	Mon 8/9	Mon 8/16	Thu 8/19	Mon 8/23	Wed 9/8
September	Thu 9/9	Wed 9/15	Mon 9/20	Wed 9/22	Thu 10/7
October	Fri 10/8	Fri 10/15	Wed 10/20	Fri 10/22	Fri 11/5
November	Mon 11/8	Mon 11/15	Thu 11/18	Mon 11/22	Tue 12/7
December	Wed 12/8	Wed 12/15	Mon 12/20	Wed 12/22	Fri 1/7/22

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BUDGETARY ESTIMATE

How much funding did I receive?
 Why are there different columns?
 When does my funding begin?

12/22/22, 1:35 PM
 DPH Aid-to-Counties For Fiscal Year: 2023 Budgetary Estimate Number: 4
 WicGridPrint

Activity 452	AA	1320	1320	1320	1320	1320	1320	1320	1320	Proposed	New
Service Period		07/01-05/31	05/02-05/31	02/01-05/31	07/01-05/31	06/01-05/31	06/01-05/31	06/01-05/31	07/01-05/31		
01 Alamance		0	0	0	0	0	0	0	0	0	0
02 Alexander		0	0	0	0	0	0	0	0	0	0
04 Anson		0	0	0	0	0	0	0	0	0	0
02 Appalachian		0	0	0	0	0	0	0	0	0	0
07 Beaufort		0	0	0	0	0	0	0	0	0	0
09 Bladen		0	0	0	0	0	0	0	0	0	0
10 Brunswick		0	0	0	0	0	0	0	0	0	0
11 Buncombe		0	0	0	0	0	0	0	0	0	0
12 Burke		0	0	0	0	0	0	0	0	0	0
13 Cabarrus	3	0	0	0	0	0	0	0	0	0	0
14 Caldwell	3	0	0	0	0	0	0	0	0	0	0
16 Carteret	3	0	0	0	0	0	0	0	0	0	0
17 Caswell		0	0	0	0	0	0	0	0	0	0
18 Catawba	3	0	0	0	0	0	0	0	0	0	0
19 Chatham		0	0	0	0	0	0	0	0	0	0
20 Cherokee		0	0	0	0	0	0	0	0	0	0
22 Clay		0	0	0	0	0	0	0	0	0	0
23 Cleveland	3	0	0	0	0	0	0	0	0	0	0
24 Columbus		0	0	0	0	0	0	0	0	0	0
25 Craven		0	0	0	0	0	0	0	0	0	0
24 Cumberland	3	0	0	0	0	0	0	0	0	0	0
28 Dare		0	0	0	0	0	0	0	0	0	0
29 Davidson		0	0	0	0	0	0	0	0	0	0
30 DeWitt	3	0	0	0	0	0	0	0	0	0	0
31 Duplin	2	0	0	0	0	0	0	0	0	0	0
32 Durham		0	0	0	0	0	0	0	0	0	0

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LHD MONTHLY FINANCIAL REPORTING

The LHD Monthly expenditure report should be submitted via Smartsheet before funds are drawn down in ATC; reports should agree with the funding being requested through ATC.

This form is to be submitted each month via Smartsheet: <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>

N.C. Department of Health and Human Services
 Division of Public Health
 Chronic Disease & Injury/Cancer Prevention: BCCCP

Local Health Department Monthly Expenditure Report

Month and Year of Expenditure _____
 LHD Legal Name _____

NC BCCCP Navigator _____ Total Expenditure **\$0.00**
 Breast and cervical cancer screening, diagnostic, follow-up, and patient navigation-only (PN-only) services for BCCCP-eligible women.
 Purpose _____

Item Description	# of Women Served	Rate	Totals
Client Services			
Breast and Cervical Cancer Screening and Diagnostics Services (June Only State Funds)		\$325.00	\$0.00
Breast and Cervical Screening and Diagnostic Services (Dual Funding)		\$325.00	\$0.00
Breast and Cervical - PN Only to Assist with BCCM Application (state funds)		\$50.00	\$0.00
Subtotal			\$0.00
	Federal (07-3100)	\$ -	
	State (5599)	\$ -	
	PN-Only (2nd 5599)	\$ -	

I hereby certify that the funds requested on the above expenditure report were to the best of my knowledge for women served according to the provisions in the current fiscal year Agreement Addendum. It is also my understanding that this form be completed and uploaded to Smartsheet before funding is requested in Aid to County. Data to support services provided and reimbursement requested will be entered and transmitted to NC BCCCP via the state-appointed data collection system.

Printed Name & Title NC BCCCP Navigator _____ Signature _____ Date _____
 Printed Name & Title Authorized Finance Officer/ ATC Administrator _____ Signature _____ Date _____

Upload to Smartsheet prior to Aid-to-County drawdown.

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CONTRACTOR MONTHLY REPORTING AND INVOICING (CER)

- Contractors are reimbursed for services rendered by submitting a Contract Expenditure Report (CER).
- A CER is for services rendered the previous month and should be received no later than the 10th of each month.
- JUNE CER must be received on the due date. Delayed invoices may be denied.**

N.C. Department of Health and Human Services
 Division of Public Health
 Chronic Disease & Injury/Cancer Prevention: BCCCP

Contract Expenditure Report

Month of expenditure _____ Contract ID #: _____
 Contractor _____ NCAS #: **\$0.00**
 Project Director _____ Total Expenditure **\$0.00**
 Screening, diagnostic, and follow up services for breast and cervical cancer on the behalf of BCCCP eligible women.
 Purpose _____

Contractor match is REQUIRED by this contract: YES NO
 (Place an "X" in the appropriate box)

Item Description	Number of Women served	Rate	DHHS Amount
Client Services			
Breast and cervical screening and diagnostic services		\$325.00	\$0.00
Patient navigation only demonstration Application		\$50.00	\$0.00
Subtotal:			\$0.00
THIS SECTION FOR DPH USE ONLY:	BCCCP Federal \$	\$ -	
Company 2B01	BCCCP State \$	\$ -	
	PN funding	\$ -	
Account	Center		
536002	1320-3100-07		
536002	1320-5599-00		
536002	1320-5599-04		

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement were incurred and delivered according to the provisions of the assistance agreement, and that to the best of my knowledge and belief, any required matching expenditures have been incurred, and that to the best of my knowledge and belief, we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

Authorized Contractor Printed Name & Title _____ Signature _____ Date _____
 Mail to: Appropriate Division Contract Administrator

DHHS-DPH Contract Administrator Signature & Date _____ DHHS-DPH Branch Head Signature & Date _____
 DHHS-DPH Contract Administrator Printed Name _____ DHHS-DPH Branch Head Printed Name _____

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Contractor Monthly Reporting and Invoicing (CER)

CONTRACTOR TRACKING LOG/SPREADSHEET

Contract Period: 6/1/2022 - 12/31/2022														Year-To-Date			
1 Effective														Totals	Balance		
Contract #:	Description	Budget	June	July	August	September	October	November	December								
Client Services (Direct Services)																	
6 Total Contract Amount:																	
7 Breast and Cervical Services																\$0	\$0
8 Patient Navigation (No Services) for BCCM App. Only																\$0	\$0
9																\$0	\$0
10																\$0	\$0
11 Total Budgeted Services																\$0	\$0

The tracking spreadsheet must be submitted along with the CER each month.

•Submit your monthly CER and tracking spreadsheet as a single pdf document to: tammie.hobby@dhhs.nc.gov – please include contract number in file name.

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ADDITIONAL FUNDING

Additional funding may become available through a revised agreement addendum or a contract amendment.

LHD and Contract providers may request additional funds when it becomes evident that they will use all funds allocated with initial original AAs/contracts.

This request can be made by emailing your Nurse Consultant. We begin accepting these request in October/November and they are awarded based on performance (data reporting and reimbursement requests) and the availability of funding.

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CONTACT INFORMATION:

QUESTIONS:

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