
MDPP ADMINISTRATIVE AGREEMENT – GUILFORD COUNTY

1. PURPOSE

The Division of Public Health allocated Minority Diabetes Prevention Program (MDPP) funding to Region 5 for the purpose of establishing an evidenced-based diabetes prevention program targeting minority populations within the nine (9) county region.

The goals of the MDPP funding are to: 1) implement a prediabetes and diabetes prevention awareness and marketing campaign in minority communities, 2) provide community screening for prediabetes and referrals to diabetes prevention lifestyle classes and diabetes self-management programs, and 3) offer CDC Lifestyle classes “Prevent T2” and its Spanish-language equivalent to minority communities.

The purpose of this Agreement is for the parties to develop and maintain a relationship which will allow each party to engage in the Minority Diabetes Prevention Program (MDPP) funding. The parties hereby agree to jointly enter into this Agreement for the administrative coordination and financial support for the implementation of MDPP. Alamance County, through its Health Department, will act as an Administrator and will serve as a MDPP participant and fiscal agent, respectively, for Region 5 County Health Departments in regards to MDPP.

2. **SERVICES** - The services to be provided begin June 1, 2024 and continue until May 31, 2025. All services must be provided in a professional, competent and workmanlike manner.

Alamance County is responsible for the following:

- a. Serve as the fiduciary agent for MDPP Region 5 funding including budgeting funds and working with local health directors to establish allocations to local health departments and/or community organizations.
- b. Submit plans, reports, and budget to the NC Department of Health and Human Services contact.
- c. Identify an internal lead to oversee the MDPP program and the requirements in Exhibit A, Contract between NCDHHS, Office of Health Equity and County of Alamance, and Alamance County Health Department, Contract Number 00047311, attached and incorporated herein.
- a. Contract for a Regional Coordinator to implement the deliverables as detailed in Exhibit A.
- b. Lead the regional collaborative via the Regional Coordinator and internal lead.
- c. Execute all other major duties as defined by the lead agency in Exhibit A.

Guilford County, through its Health Department, is responsible for the following:

- a. Designate a contact to serve as liaison for the MDPP program.
- b. Administer the MDPP program in coordination with the Alamance County Minority Diabetes Prevention Program Regional Coordinator and in accordance with Exhibit A.
- c. Identify staff and/or community partner(s) to be trained as coach(es).
 - i. Newly trained staff must submit a copy of documentation training to the Regional Coordinator.
 - ii. Newly identified coaches must participate in weekly coaching calls with the Regional Coordinator.
- d. Participate in a minimum of 50% of the regional collaborative meetings.
- e. Work with the Regional Coordinator to coordinate at least one community screening event.
- f. Implement and provide lifestyle coaching classes for referred individuals.

- i. Coaches must fulfill the requirements as outlined in Exhibit A.
 - ii. Classes must be implemented with the accurate monitoring of participants.
 - iii. Participating counties will be placed on a Plan for Improvement if identified as not complying with the model as determined by the Regional Coordinator, Lead Health Director and/or Division of Public Health Program Coordinator. The plan must include strategies for success and expected outcomes for improvement period. Failure to comply may result in the loss of funds.
3. **BUDGET** - Region 5 will receive \$195,105 through the MDPP funding beginning June 1, 2024 and ending May 31, 2025. Funds will be distributed within Region 5 according to Exhibit A. Guilford County will initially receive \$11,643 to implement the MDPP program in the community.

Guilford County must prepare an allocation expenditure budget by December 31, 2024 for the next fiscal year, in the event the state awards additional funding. Acceptable expenditures for the allocation to Guilford County must meet the requirements set out in Exhibit A.

Guilford County is responsible for purchase of all items included in the submitted budget. Guilford County must follow and abide by state and local laws, and fiscal accounting policies and maintain records of expenditures in the event of an audit. Any changes to the budget require advanced, written approval from the Alamance County Health Department's Minority Diabetes Prevention Program Regional Coordinator.

4. **SPACE/LOCATION** – Alamance County Health Department will provide space for the lead agency liaison and appropriate space for regional coordinator, as needed. Each local agency is responsible for providing or coordinating space, as needed, to identified life style coaches in their counties.
5. **ASSURANCE** – All parties agree to follow all federal, state and local employment laws to assure the appropriate treatment of staff hired with approved funds provided for under this Agreement.
6. **TERM AND TERMINATION** – The term of the Agreement is from June 01, 2024 to May 31 2025. Either party may terminate their participation in this Agreement for any reason and without penalty upon thirty (30) days written notice to the other party.
7. **AMENDMENT** - The terms of this Agreement may only be modified or amended with a written amendment executed by the parties.
8. **NOTICES** – Written notices must be sent, certified mail, return receipt requested, postage prepaid as follows:

GUILFORD COUNTY HEALTH DEPARTMENT

Attention (name and title): Victor Iser, Assistant Guilford County Manager
Street Address: P.O. Box 3427 (zip code 27402), 301 West Market Street
City, State, Zip Code: Greensboro, NC 27401

ALAMANCE COUNTY HEALTH DEPARTMENT

Attention: Janna Elliott, Assistant Director of Operations
319 N Graham Hopedale Rd., Suite B
Burlington, NC 27217

9. **INDEPENDENT CONTRACTOR** – The parties shall operate as independent contractors for all purposes. Without waiving sovereign immunity, the parties agree to each be solely responsible for their own acts or omissions in the performance of each of their individual duties hereunder, and shall be financially and legally responsible for all damages proximately cause by their individual acts or omissions.

- 10. **WAIVER** - No party's failure to insist on enforcement of any rights under this Agreement at any time or for any period of time shall be deemed waiver of those rights. The waiver by any party of a breach of any provision hereof shall not operate or be construed as a waiver of any subsequent breach.
- 11. **HEADINGS** - The headings set forth are for convenience only and shall not in any way affect the substance of any provisions contained in this Agreement.
- 12. **SEVERABILITY** - The provisions are independent of and separable from each other, and no provision shall be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other provision or other provisions may be invalid or unenforceable in whole or in part.
- 13. **GOVERNING LAW AND VENUE** – This Agreement shall be governed by the laws of the State of North Carolina.
- 14. **ENTIRE CONTRACT** - This Agreement, including Exhibit A, sets forth the entire Agreement between the parties with respect to the subject matter hereof. All prior conversations or agreements, whether written or oral among the parties hereto or their representatives are merged within and extinguished. Except as provided herein, no modification hereof shall be binding upon the parties unless the same is in writing and signed by all.

IN WITNESS WHEREOF, the parties have set their hands and seals as of the day and year written above.

**GUILFORD COUNTY ON BEHALF OF THE
GUILFORD COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES -
DIVISION OF PUBLIC HEALTH**

ALAMANCE COUNTY HEALTH DEPT

Signature
Victor Isler, Assistant Guilford County Manger
Printed Name and Title

Tony LoGiudice
Health Director

Date

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Susan Evans, Finance Officer
Alamance County

Signature
Robin Keller, Clerk to the Guilford County Board
Printed Name and Title

Approved as to form.

Debra Bechtel, Special Counsel
Alamance County

Date

Signature
Anita Ramachandran, Guilford County Department Director
Printed Name and Title

Date

EXHIBIT A

GENERAL CONTRACT COVER

This contract is hereby entered into by and between the North Carolina Department of Health and Human Services, Central Management and Support - Office of Health Equity (the "Division") and County of Alamance, Alamance County Health Department (the "Contractor") (referred to collectively as the "Parties").

1. Contract Documents:

This contract consists of the following documents, which are incorporated herein by reference:

- (a) This contract cover
- (b) The General Terms and Conditions
- (c) Scope of Work
- (d) Performance Measures Chart
- (e) The Line Item Budget
- (f) State Certification

Incorporated By Reference

The following documents are reference materials and are available by going to the following website, [Open Window](https://openwindow.ncdhhs.gov/index.aspx?pid=doc_ReferenceDocuments) (https://openwindow.ncdhhs.gov/index.aspx?pid=doc_ReferenceDocuments).

- (a) Travel: Policies Governing Travel Related Expenses for Contractors
- (b) General Statutes G.S.143C6 NonState Entities Receiving State Funds
- (c) Subchapter 03M Uniform Administration of State Grants

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

2. Precedence Among Contract Documents:

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in the contract document section, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple contract amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

3. Effective Period:

This contract shall be effective on 6/1/2024 and shall terminate on 5/31/2025, with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions.

4. Contractor's Duties:

The Contractor shall provide the services as described in the scope of work and in accordance with the approved budget.

5. Division's Duties:

The Division shall pay the Contractor in the manner and in the amounts specified in the contract documents. The total amount paid by the Division to the Contractor under this contract shall not exceed \$195,105. This amount consists of \$195,105 in State funds, \$0 in Local funds, \$0 in Other funds and \$0 in Federal funds.

The total contract amount is \$195,105.

6. Conflict of Interest Policy:

The division has determined that this contract is not subject to N.C.G.S. 143C-6-22 & 23.

7. Reversion of Unexpended Funds:

Any unexpended grant funds shall revert to the Division upon termination of this contract.

8. Grants:

The Contractor/Grantee has the responsibility to ensure that all sub-grantees, if any, provide all information necessary to permit the Contractor/Grantee to comply with the standards set forth in this contract.

9. Reporting Requirements:

The Division has determined that this is a contract for financial assistance with a Public Entity. Local governmental agencies subject to N.C.G.S. § 159-34, annual independent audit; rules and regulations, OMB Uniform Guidance 2 CFR Part 200, and N.C.G.S. § 143C-6-22, use of state funds by non state entities. If subgranting is allowable, a nongovernmental subgrantee is subject to the reporting requirements described in Uniform Administration of State Awards of Financial Assistance at 09 NCAC 03M.0205.

10. Payment Provisions:

Payment shall be made in accordance with the contract documents as described in the scope of work.

11. Contract Administrators:

All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party's contract administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial contract administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its contract administrator by giving timely written notice to the other Party.

For the Division:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Tatiana Moore, Program Manager Central Management and Support - Office of Health Equity 5605 Six Forks Road Raleigh, NC 27609 Telephone : ()-- Fax: ()-- Email: tatiana.moore@dhhs.nc.gov	Tatiana Moore, Program Manager Central Management and Support - Office of Health Equity 5605 Six Forks Road Raleigh, NC 27609

For the Contractor:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Emanuel Barrera, Minority Diabetes Prevention Program Regional Coordinator Alamance County Health Department 319 N Graham Hopedale Rd B Burlington, NC 27217 Telephone: (336)-639-4284 Fax: ()-- Email: emanuel.barrera@alamancecountync.gov	Emanuel Barrera, Minority Diabetes Prevention Program Regional Coordinator Alamance County Health Department 319 N Graham Hopedale Rd B Burlington, NC 27217

12. Supplementation of Expenditure of Public Funds:

The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

13. Disbursements:

As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

- (a) Implement adequate internal controls over disbursements;
- (b) Pre-audit all vouchers presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- (c) Assure adequate control of signature stamps/plates;
- (d) Assure adequate control of negotiable instruments; and
- (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

14. Outsourcing to Other Countries:

The Contractor certifies that it has identified to the Division all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the Division.

15. Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

Signatures follow on next page

In Witness Whereof, the Contractor and the Division have executed this contract in duplicate originals, with one original being retained by each party.

County of Alamance, Alamance County Health Department

Tony LoGuidice

Signature

Tony LoGuidice

Printed Name

12-Aug-2024

Date

Public Health Director

Title

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Susan R. Evans

Susan R. Evans (Aug 12, 2024 09:45 EDT)

Susan Evans, Finance Director
Alamance County

Approved as to form.

Debra Bechtel

Debra Bechtel (Aug 11, 2024 7:35 EDT)

Debra Bechtel, Special Counsel
Alamance County

Central Management and Support - Office of Health Equity, North Carolina Department of Health and Human Services

Signed by:

Tatiana Moore

55BB0DECAD3A457...

Authorized Signature

Tatiana Moore

Printed Name

8/12/2024

Date

NC MDPP Program Manager

Title

GENERAL TERMS AND CONDITIONS

Relationships of the Parties

Independent Contractor: The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Division.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the Division. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The Division shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

Assignment: No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may: (a) Forward the Contractor's payment check directly to any person or entity designated by the Contractor, or (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check. In no event shall such approval and action obligate the State to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Division and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Division and Contractor that any such person or entity, other than the Division or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Default and Termination

Termination Without Cause: The Division may terminate this contract without cause by giving 30 days written notice to the Contractor.

Termination for Cause: If, through any cause, the Contractor shall fail to fulfill its obligations under this contract in a timely and proper manner, the Division shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the Division, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the Division for damages sustained by the Division by virtue of the Contractor's breach of this agreement, and the Division may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the Division from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the Division may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

Waiver of Default: Waiver by the Division of any default or breach in compliance with the terms of this contract by the Contractor shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the Department and the Contractor and attached to the contract.

Availability of Funds: The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Division.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations,

guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this contract are the exclusive property of the Division. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

Health Insurance Portability and Accountability Act (HIPAA): The Contractor agrees that, if the Division determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the Division may require to ensure compliance.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Division. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

Data Security: The Contractor shall adopt and apply data security standards and procedures that comply with all applicable federal, state, and local laws, regulations, and rules.

Duty to Report: The Contractor shall report a suspected or confirmed security breach to the Division's Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered.

During the performance of this contract, the contractor is to notify the Division contract administrator of any contact by the federal Office for Civil Rights (OCR) received by the contractor.

Cost Borne by Contractor: If any applicable federal, state, or local law, regulation, or rule requires the Division or the Contractor to give affected persons written notice of a security breach arising out of the Contractor's performance under this contract, the Contractor shall bear the cost of the notice.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to Federal policy and regulations, record retention may be longer than five years. Records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later. The record retention period for Temporary Assistance for Needy Families (TANF) and MEDICAID and Medical Assistance grants and programs must be retained for a minimum of ten years.

Miscellaneous

Choice of Law: The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, are governed by the laws of North Carolina. The Contractor, by signing this contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Division and the Contractor. The Purchase and Contract Divisions of the NC Department of Administration and the NC Department of Health and Human Services shall give prior approval to any amendment to a contract awarded through those offices.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this contract shall remain in full force and effect.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Gender and Number: Masculine pronouns shall be read to include feminine pronouns and the singular of any word

or phrase shall be read to include the plural and vice versa.

Time of the Essence: Time is of the essence in the performance of this contract

Care of Property: The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this contract and will reimburse the Division for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the Division for instructions as to the disposition of such property and shall comply with these instructions.

Travel Expenses: Reimbursement to the Contractor for travel mileage, meals, lodging and other travel expenses incurred in the performance of this contract shall not exceed the rates published in the applicable State rules or approved local government travel policy. International travel shall not be reimbursed under this contract.

Sales/Use Tax Refunds: If eligible, the Contractor and all subcontractors shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Contractor shall not use the award of this contract as a part of any news release or commercial advertising.

SCOPE OF WORK

BACKGROUND

Prediabetes is a medical condition where people have higher than normal blood glucose levels (mg/dl), but their mg/dl is not yet high enough to be diagnosed as diabetes. Nationally an estimated 96 million American adults have prediabetes, but only 19% have been notified by their healthcare provider (CDC, National Diabetes Statistics Report, 2022). African Americans, American Indians, Alaska Natives, Asians, Hispanics, Native Hawaiians, and other Pacific Islanders are at higher risk than non-Hispanic whites for developing type 2 diabetes (CDC, Diabetes Report Card 2021).

As of 2023, 2.7 million North Carolinians have prediabetes. In 2022, 12.1% of respondents to a Behavioral Risk Factor Surveillance system indicated that they had been told by a doctor or other health professional that they had prediabetes or borderline diabetes. Of these respondents, 30.3% were racial and ethnic minorities (North Carolina State Center for Health Statistics, BRFSS 2022).

This year alone, 68.9 thousand North Carolina residents have developed diabetes. The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025 (North Carolina Diabetes Advisory Council Report 2020). Without lifestyle changes to improve their health, many people living with prediabetes are more likely to develop type 2 diabetes within five years (CDC, Prediabetes Fact Sheet 2020). Implementing The North Carolina Minority Diabetes Prevention Program (NC MDPP) will improve the early detection and help slow the projected increase in type 2 diabetes prevalence and expenditure in North Carolina.

PURPOSE

To enable the local health department to engage, screen, and deliver the North Carolina Minority Diabetes Prevention Program, including the CDC curricula "Prevent T2" and "Prevenga el T2" to cohorts of minority communities within its region.

PERFORMANCE REQUIREMENTS

The Local Health Department (LHD), in conjunction with its Regional NC MDPP Collaborative, shall:

1. **Prepare a project plan** that demonstrates partnership with the existing health access infrastructure (e.g., Community Based Organizations (CBOs), Faith Based Organization (FBOs), Community Care North Carolina (CCNC) networks, hospitals, Federally Qualified Health Centers (FCHC), Rural Health Centers, Farmworker programs, and Indian Health Services). The project plan shall identify community partners who will assist the lead agency with the continuation of the North Carolina Office of Health Equity (NC OHE) to plan and provide early detection, outreach, screening, follow-up and referral services for Regional NC MDPP eligible minority populations. The NC MDPP project plan template will be available in the Smartsheet dashboard by June 3, 2024. The LHD shall upload its project plan in Smartsheet by July 12, 2024.

2. **Enter into Memoranda of Agreement (MOAs)** to partner with CBOs, FBOs, hospitals, CCNC networks (including Health Net providers), or other health care provider organizations that offer primary care services (e.g., FQHC, rural health centers, Indian health centers, Health Net providers, free clinics, private providers). These partnership agreements shall include roles delineation, scopes of work, and allotted resources, so that each partnership will deliver a Diabetes Prevention Program (DPP) curriculum: Prevent T2 or Prevenga el T2. Submit the executed MOAs via the Smartsheet dashboard by October 16, 2024.

3. **Apply for CDC recognition or maintain the existing CDC recognition for the Diabetes Prevention Program.** A copy of the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures can be found at <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

4. **Provide the following staff for the Regional NC MDPP:**

- a. Provide **one Regional NC MDPP Coordinator** to serve the entire collaborative area.
- b. Provide a **minimum of two NC MDPP Lifestyle Coaches** to serve the entire collaborative area and conduct all the NC MDPP 12-month Lifestyle Class series that begin during this Contract's Service Period.
- c. All Regional NC MDPP staff hired by July 31, 2024, must complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training, and submit a certificate of completion to the OHE Program Manager by August 16, 2024. Those hired after July 31, 2024, must complete the HIPAA training, and submit a certificate of completion to the OHE Program Manager within 30 days of hire date.
- d. New Regional NC MDPP staff hires must complete the two-day Diabetes Prevention Program (DPP) Lifestyle Coach Training by August 16, 2024. Those hired after August 16, 2024, must complete an in-person training provided by a CDC-approved vendor within 30 days of hire date. This training can be obtained from a local certified DPP Master Trainer or a Master Trainer from one of the following Lifestyle Coach and Master Training organizations:
 1. American Association of Diabetes Educators, Diabetes Prevention Program
 2. Black Women's Health Imperative
 3. Center for Excellence in Aging & Community Wellness/Quality and Technical Assistance Center (QTAC)
 4. Diabetes Training and Technical Assistance Center, The Emory Centers for Training and Technical Assistance at Emory University
 5. Magnolia Medical Foundation
 6. Solera Health Inc
 7. University of Pittsburgh Diabetes Prevention Support Center, Department

of Epidemiology at the Graduate School of Public Health

8. Virginia Center for Diabetes Prevention & Education

9. Any CDC-approved vendor in-person training.

e. Documentation of new lifestyle coaches having completed the two-day DPP Lifestyle Coach Training must be submitted to the OHE Program Manager by August 30, 2024. For those hired after August 16, 2024, documentation must be submitted within 45 days of hire date.

f. The **Regional NC MDPP Coordinator** shall:

1. Ensure that all Regional NC MDPP staff have been trained to provide the National DPP curricula (Prevent T2 or Prevenga el T2) and submit documentation to the OHE Program Manager by August 16, 2024.

2. Implement the lifestyle program, supervise daily operations related to the lifestyle program, provide support and guidance to lifestyle coaches, and ensure that the program achieves quality performance outcomes. The lifestyle program must include:

- a. The use of a CDC-approved curriculum (i.e., Prevent T2 or Prevenga el T2) with lessons, handouts, and other resources.
- b. A lifestyle coach, specially trained to lead the program and facilitate discussions and help make the program fun and engaging.
- c. A support group for Regional NC MDPP participants where they can share ideas, celebrate successes, and work to overcome obstacles.
- d. Provide or refer Regional NC MDPP participants to physical activity opportunities.
- e. Refer to the CDC website for more information about the lifestyle program at <http://www.cdc.gov/diabetes/prevention/lifestyle-program/experience/index.html>.

3. Serve alongside the Regional NC MDPP Lifestyle Coaches as a third Lifestyle Coach.

4. Participate in the NC MDPP Monthly Call on the second Thursday of each month.

5. Ensure that:

- a. Participant and program data is entered into the Regional NC MDPP database on a weekly basis.
- b. The Regional NC MDPP Quarterly Performance Reports are submitted to the DPH Program Contact by the dates listed in Section IV, Paragraph 2.b below, and
- c. The Regional NC MDPP Monthly Financial Reports are signed and dated in blue ink, and sent electronically as described in Section IV, Paragraph 2.a below.

6. Participate in all mandatory NC OHE training classes.

g. Each of the **Regional NC MDPP Lifestyle Coaches** shall:

1. If newly hired, complete the NC MDPP Lifestyle Coach Demographic Questionnaire provided by NC OHE Coordinator.
2. Administer the NC MDDP Pre-Knowledge, Post-Knowledge, and Behavioral Health Questionnaires provided by NC OHE Consultant to all Regional NC MDPP participants at baseline, during the last Phase 1 Lifestyle Class, and during the final Phase 2 Lifestyle Class. Enter the questionnaire data, Regional NC MDPP participant data, and program data into the NC MDPP database on a weekly basis.
3. Encourage and provide opportunities for NC MDPP Lifestyle Class participants to complete hemoglobin A1c testing at baseline, during the Phase 1 Lifestyle Class, and during the final Phase 2 Lifestyle Class.
4. Deliver the NC MDPP program in a way that increases the capacity of Regional NC MDPP participants to make and sustain positive lifestyle changes. This includes understanding and being sensitive to issues and challenges for individuals trying to make and sustain significant lifestyle changes.
5. Encourage NC MDPP Lifestyle Class participants to talk to their physician before starting a physical activity regimen. Promote increased physical activity by encouraging NC MDPP Lifestyle Class participants to achieve a minimum of 150 minutes of physical activity per week or physical activity goals as recommended by their physician throughout the 12-month Regional NC MDPP Lifestyle Class Series.
6. Provide support and guidance to Regional NC-MDPP participants in the lifestyle program and implement standard curriculum designed for the lifestyle program by the CDC.
7. Make and document a minimum of four good faith attempts to follow-up with Regional NC MDPP participants who miss a weekly session during the first six months of the program or who miss a monthly session during the last six months of the program. Each participant follow-up should include two telephone calls and a written letter or email and may include a home visit.
8. Maintain an outreach log to track correspondence with Regional NC MDPP participants.
9. Participate in all mandatory NC OHE training sessions and monthly NC MDPP lifestyle coach calls organized by the NC OHE.

5. Distribute supplies to Regional NC MDPP staff including, but not limited to food models, blood pressure cuffs, blood pressure monitors, hemoglobin A1c testing instruments, digital scales, and computers (i.e., laptops, desktops, and tablets). Any additional supplies must be approved by NC OHE prior to distribution. All Regional NC MDPP supplies (valued at more than \$10) must be logged within 24 hours of purchase and maintained in a secured storage area. Each NC MDPP Staff member must sign and date the Regional NC MDPP supply log when receiving an item valued at more than \$10. The log must include the serial number for all items, when applicable. This shall be evidenced by the Regional NC MDPP supply log and available for review during every site visit. Receipts are to be maintained by the month of purchase and available for review during every site visit.

6. **Conduct a targeted marketing and awareness campaign** utilizing existing NC OHE, DPP, and CDC materials in minority communities using 5–10% of the budget. Marketing is to include one or more of the following:

- a. Billboards and bulletins in minority neighborhoods.
- b. Running advertisements in English and Spanish on English and Spanish language radio stations that rank highly in the target minority communities.
- c. Direct mail, social media, Public Service Announcements (PSAs), TV ads and other approval media outlets
- d. Recruitment at community events
- e. Recruitment at clinical offices (such as flyers and posters)
- f. Healthcare provider information about prediabetes
- g. Worksite education and outreach
- h. Region specific marketing campaign.

Marketing materials should include the logos of the North Carolina Department of Health and Human Services and the North Carolina Office of Health Equity where appropriate. All approved logos will be sent via email by the OHE Program Manager to ensure updated logos are being used for marketing materials.

7. **Screen for prediabetes a minimum of 145 people**, ages 18 years and older. The Local Health Department may screen more than the minimum number for prediabetes if screening is being used as one of several strategies to identify, refer and enroll people in the 12-month NC MDPP Lifestyle Classes series. **One** of these screening methods is to be used:

- a. A CDC prediabetes paper screening which requires a score of nine and above to indicate the presence of prediabetes. The CDC prediabetes paper screening can be found at <https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>
- b. A prediabetes paper screening from the American Diabetes Association (ADA) which requires a score of four and above to indicate the presence of prediabetes. The ADA prediabetes paper screening can be found at <http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf>
- c. Plasma glucose measured 2 hours after a 75-gm glucose load, with a result of 140 to 199 mg/dl
- d. A fasting blood glucose score of 100 to 125mg/dl,
- e. A hemoglobin A1c test resulting in a level of 5.7-6.4 percent, or
- f. Clinically diagnosed gestational diabetes mellitus during a previous pregnancy (may be self-reported).

From the population screened for prediabetes, refer 100% of eligible people to the NC MDPP and refer 100% of persons whose screening numbers indicate diabetes into diabetes self-management education programs. Document all referrals and

include the number of referrals made in the performance reports.

8. For the 12-month NC MDPP Lifestyle Class series:

a. **Enroll a minimum total of 40 people** into those class series which begin during this Contract's Service Period. Ensure that no less than 75% of the NC MDPP participants per region are members of racial/ethnic minority groups.

1. All program's participants must have a body mass index (BMI) of ≥ 25 kg/m² (≥ 23 kg/m², if Asian American).

2. The CDC requires that all Lifestyle Class participants be 18 years of age or older and not pregnant at time of enrollment. These programs are intended for adults at high risk for developing type 2 diabetes.

3. All program participants must be considered eligible based on **either**:

a. A recent (within the past month) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:

1) Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)

2) Plasma glucose measured 2 hours after a 75-gm glucose load of 140 to 199 mg/dl.

3) Hemoglobin A1c of 5.7 to 6.4

4) Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy (may be self-reported; allowed for CDC, but not for Medicare beneficiaries.); or

b. A positive screening for prediabetes based on the CDC Prediabetes Screening Test (available in the Guidance section of this document or accessible online at <https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>) or a screening result indicating high risk for type 2 diabetes on the paper or electronic version of the American Diabetes Association Type 2 Diabetes Risk Test (<http://www.diabetes.org/areyou-at-risk/diabetes-risk-test/>). Note: These are not options for eligibility for Medicare beneficiaries.

4. Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.

5. A health care professional may refer potential participants to the program, but a referral is not required for participation in CDC-recognized programs.

6. Recognized organizations can retain participants if the following occurs:

a. Participants who develop type 2 diabetes while in the program should be referred to their primary care provider for referrals to ADA-recognized or AADE-accredited diabetes self-management education and support (DSMES) programs and other resources such as Medical Nutrition Therapy (MNT) as appropriate.

b. Lifestyle change programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are

currently pregnant. Participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.

7. A minimum of 35% of all participants in a yearlong cohort must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM. The remainder (a maximum of 60% of participants) must be eligible based on the CDC Prediabetes Screening Test or the American Diabetes Association (ADA) Type 2 Diabetes Risk Test. If a participant comes into a program based on a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation. If a recognized organization is also a Medicare DPP supplier, all Medicare participants must be eligible based solely on a blood test indicating prediabetes. Refer to the Participant Eligibility section for more information. Note: While CDC is setting an organizational requirement for eligibility, individual payers, including Medicare, may impose higher or lower participant level eligibility requirements for blood testing for reimbursement purposes.

b. Conduct a minimum of three 12-month NC MDPP Lifestyle Classes series across a minimum of three counties within the Local Health Department's region. The Local Health Department and its collaborative partners may deliver additional classes (i.e., more than the minimum requirement of one session each month) for participants needing additional support.

All new 12-month NC MDPP Lifestyle Class series shall start between June 1 and September 8, 2024, and shall be conducted in accordance with the CDC recommendations, guidelines, standards, and operating procedures, as described in the "CDC Diabetes Prevention Recognition Program Standards and Operating Procedures" document, which can be found at <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

1. The first six months of each series must include 16 weekly NC MDPP Lifestyle Classes.
2. The last six months of each series must include a minimum of 6 follow-up NC MDPP Lifestyle Classes.
3. If circumstances warrant limiting person-to-person contact, the Local Health Department may offer **Virtual NC MDPP classes**. **All virtual classes must receive prior approval from the DPH Program Contact**. If approved, the Local Health Department shall:
 - a. Offer "Virtual" NC MDPP Classes via video chat (on platforms such as Zoom, Google Chat, FaceTime etc.) or via conference calls:
 - 1) As a replacement for some or all in-person NC MDPP classes

2) As a method of communicating with participants to keep them motivated and engaged

3) To facilitate the CDC "Prevent T2/Prevention of T2" curriculum.

b. Track "Virtual" NC MDPP Participant Attendance:

1) Time Requirement – All participants who choose to participate in the video chat platform/conference call options must be present and active for a minimum of 40 minutes to receive full credit and meet attendance requirement.

2) Make-Up Class – For those participants who are unable to attend the video chat platform or conference call options, follow the CDC guidelines for make-up classes.

c. Document NC MDPP Participant Incentives:

1) **Requirements** – For participants to receive incentives for the corresponding NC MDPP class, participants must meet the following guidelines:

a) Attend class – Be present for a minimum of 40 minutes or more

b) Send weight via self-report.

c) Send physical activity log via self-report. The self-report must include a detailed description and proof of physical activity.

2) **Distribution** – Incentive distribution options include but are not limited to:

a) United States Postal Service delivery

b) Participant pick up and/or "drive through" locations.

c) Postpone distribution until in-person NC MDPP classes resume.

3) **Incentive Logs** – Incentive logs must remain up to date, accurate, and include the incentive distribution delivery method selected.

c. Maintain the following retention rates:

1. During the first six months (weekly classes) of the series:

a. 50% of NC MDPP participants complete 4 NC MDPP Lifestyle Classes

b. 33% of NC MDPP participants complete 8 NC MDPP Lifestyle Classes

c. 25% of NC MDPP participants complete 9 or more NC MDPP Lifestyle Classes

2. During the last six months (monthly classes) of the series:

a. 50% of NC MDPP participants complete 3 of the NC MDPP Lifestyle Classes

b. 33% of NC MDPP participants complete 6 of the NC MDPP Lifestyle Classes

9. **Enroll a minimum total of 10 people** into the **NC MDPP Chatbot** which are to begin during this Contract's Service Period and ensure that no less than 50% of the NC MDPP

participants per region are members of racial/ethnic minority groups.

10. **Maintain subscriptions** for the entire fiscal year to:

a. A subscription database approved by NC MDPP. (The Wake Forest School of Medicine's NC Minority Diabetes Prevention Program data subscription service is already approved but the Local Health Department may select an alternative service. Any new service must be reviewed and receive prior approval by NC OHE staff.)

b. The Wholistics Health NC Minority Diabetes Prevention Program Chatbot subscription service ("NC MDPP Chatbot")

11. **Track participant and program data**, including program outcomes, in the NC MDPP Database.

12. **Collect aggregate data** from all Regional Collaborative partners on the outcomes and effectiveness of the 12-month Regional NC MDPP Lifestyle Class Series and report this data to NC OHE MDPP staff.

13. **Adhere to all document, reporting, and evaluation requirements and timelines** as designated by NC OHE, the approved data reporting system, and CDC, which can be found at: <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

14. **Provide culturally appropriate items and services to NC MDPP participants** that address barriers to participating in the NC MDPP.

15. **Adhere to HIPAA regulations** regarding sharing data with DHHS as required in the Consolidated Agreement. All materials, supplies, and equipment that contain personal information from NC MDPP participants must be secured in locked storage to adhere to HIPAA requirements and regulations. NC OHE MDPP Staff must be notified of all HIPAA breaches or the threat of a potential HIPAA breach within one business day.

16. **Administer an incentive program** for Regional NC MDPP participants to promote successful completion of the 12-month Lifestyle class series. All incentive programs must be approved by NC OHE prior to administration. ("Community Conversation") with NC OHE MDPP staff. During these Community Conversations, representatives from the Regional Collaborative and NC OHE will meet with community members for a discussion on prediabetes, its impact on the community's health and how we can all work together improve health outcomes and reduce the disparities.

17. **Organize and co-host at least one community forum** ("Community Conversation") with NC OHE MDPP staff. During these Community Conversations, representatives from the Regional Collaborative and NC OHE will meet with community members for a discussion on prediabetes, its impact on the community's health and how we can all work together improve

health outcomes and reduce the disparities.

18. Organize and co-host at least two wellness events ("Living Well Event") with NC OHE MDPP staff. During these Living Well Events, representatives from the Regional Collaborative will meet with at least 15 community members for a discussion and an activity on health equity and chronic disease, nutrition, or physical activity. Activities can include fitness classes, cooking demonstration, workshops, etc. These Living Well Events are to discuss the impact these topics are having on their own and in the community's health and how those attending Living Well Events can begin to improve their own health status.

PERFORMANCE STANDARDS

Screening and Referrals Measures

1. Minimum Standard ≥ 100
Total number of people screened for prediabetes via community and clinical methods in FY 24-25.
2. Minimum Standard: 100%
Percent of eligible people referred to Regional NC MDPP 12-month Lifestyle Class series.
3. Minimum Standard: 100%
Percent of eligible people referred to DSME program.
4. Minimum Standard: $\geq 75\%$
Percent of minority Regional NC MDPP participants in community and clinical screening events

NC MDPP Program Measures

1. Minimum Standard: ≥ 2
Number of 12-month NC MDPP Lifestyle Class series offered across region.
2. Minimum Standard: 30
Number of people enrolled in 12-month NC MDPP Lifestyle Class series.
3. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who attend ≥ 4 NC MDPP Lifestyle Classes in the first 6 months of the 12-month NC MDPP Lifestyle Class series.
4. Minimum Standard: $\geq 33\%$
Percentage of Regional NC MDPP participants who attend ≥ 8 NC MDPP Lifestyle Classes in the first 6 months of the 12-month NC MDPP Lifestyle Class series.
5. Minimum Standard: $\geq 25\%$
Percentage of Regional NC MDPP participants who attend ≥ 9 NC MDPP Lifestyle Classes in the first 6 months of the 12-month NC MDPP Lifestyle Class series.
6. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who attend 16 NC MDPP Lifestyle Classes in the first 6 months of the 12-month NC MDPP Lifestyle Class series.
7. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who attend ≥ 4 NC MDPP Lifestyle Classes in the last 6 months of the 12-month NC MDPP Lifestyle Class series.

8. Minimum Standard: 33%
Percentage of Regional NC MDPP participants who attend 3 to 4 NC MDPP Lifestyle Classes in the last 6 months of the 12-month Lifestyle Class series.
9. Minimum Standard: $\geq 60\%$
Percentage of minority participants in NC MDPP Lifestyle Classes.
10. Minimum Standard: ≥ 5
Number of incentives distributed per participant.
11. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who attend a minimum of four NC MDPP Lifestyle Classes and lose $\geq 5\%$ of their baseline body weight.
12. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who report a change in knowledge.
13. Minimum Standard: $\geq 50\%$
Percentage of Regional NC MDPP participants who report a change in behavior.
14. Minimum Standard: ≥ 1
Number of 6-month NC MDPP Community Conversation events offered across the region.
15. Minimum Standard: ≥ 2
Number of Living Well Events offered across region.
16. Minimum Standard: ≥ 15
Number of community members attending each Living Well Event

Outreach Measures

1. Minimum Standard: 100
Number of people who attend community screening events.
2. Minimum Standard: 100
Number of people who submitted clinical screening results.
3. Minimum Standard: ≥ 2
Number of follow-up emails to non-compliant Regional NC MDPP enrollees.
4. Minimum Standard: ≥ 1
Number of follow-up emails to non-complaint Regional NC MDPP enrollees.

Media and Training Measures

1. Minimum Standard: 100%
Attendance and participation in mandatory monthly meetings
2. Minimum Standard: 100%
Attendance and participation in NC OHE trainings.

Targeted Marketing & Awareness Campaign Measures

1. Minimum Standard: ≥ 1
Number of billboards or bulletins flights in minority communities (English and

Spanish)

2. Minimum Standard: ≥ 10
Number of Regional NC MDPP-focused radio ads and PSAs ran during FY 24-25
3. Minimum Standard: ≥ 1
Number of Regional NC MDPP-focused newspaper ads and impressions (English and Spanish)
4. Minimum Standard: ≥ 5000
Estimated number of people reached through the targeted marketing and awareness campaign.

PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN

The OHE uses the following monitoring activities.

Monitoring High-Risk Recipients:

- **Frequent Reporting:** High-risk recipients will be required to submit reports more frequently, twice a month opposed to monthly.
- **In-depth Review:** Conduct detailed reviews of their reports and possibly even their work processes, such as a review of standard operating procedures, training documents, and activity report data.
- **On-site Visits:** Physical visits can be more frequent to ensure compliance and proper fund utilization. The onsite visits would increase **from one per year to three as needed** and based on performance and corrective action progress. Using the results from the onsite reviews and desk reviews, if compliance is determined the recipient will be transitioned off the high-risk level.

Monitoring Medium-Risk Recipients:

- **Regular Reporting:** These recipients will have standard reporting intervals.
- **Periodic Reviews:** While every report is reviewed, the in-depth analysis might be periodic rather than consistent.
- **Occasional On-site Visits:** On-site checks might be less frequent than high-risk entities but more frequent than low-risk ones. At least one visit annually.

Monitoring Low-Risk Recipients:

- **Standard Reporting:** Stick to the most extended reporting intervals allowed.
- **Selective Review:** Not all reports need a detailed review. Some can be randomly chosen for in-depth analysis.
- **Rare On-site Visits:** Physical checks can be infrequent unless there is a significant change in the recipient's circumstances.

Adjusting Risk Levels:

- Risks are not static. Periodically reassess and adjust the risk levels of recipients. A previously low-risk recipient might become high-risk due to organizational or external factors changes.

Feedback Mechanism:

- The OHE monitors provide feedback after monitoring, especially for high-risk recipients. This helps them understand areas of improvement and lower their risk status in future assessments. This feedback may include an onsite debriefing or a formal letter from the Director of the OHE.

Quarterly and Monthly Monitoring Activities

The MDPP Manager presently conducts monthly financial desk reviews to monitor adherence to the approved budget, timely spending, and reconciliation of negative balances across all regions. The checklist for financial review comprises the following questions:

Monthly:

1. Have costs been submitted in a timely manner?
2. Are there negative balances in the Current Balance column?
3. Is a budget realignment needed?
4. Are expenditures in accordance with the approved budget?
5. Are receipts kept for auditing purposes?
6. Is budget spend down appropriate?
7. If applicable, did NC OHE staff review, provide feedback and technical assistance for budget concerns?

On a quarterly basis, the NC MDPP Program Manager conducts a comprehensive review of the program implementation to ensure its success. The reports are downloaded from Smartsheet and used to answer detailed questions regarding components of the program.

For supplies and incentives, the checklist asks the following questions:

1. Did we receive an updated copy of the NC MDPP Supplies & Incentives Report for the past quarter?
2. Was a list of purchased NC MDPP incentives provided?
3. Was a list of purchased NC MDPP supplies, and equipment provided?
4. Were any new equipment items (including but not limited to, computer, A1c machine, blood pressure monitor, etc.) purchased?
5. Were equipment, supply, and incentive purchases appropriate, in accordance with NC MDPP guidelines?

The checklist for staff and partnerships comprises the following questions:

1. Were there any staffing or partnership changes in the past quarter?
2. If applicable, have newly hired staff completed Prevent Type 2 and HIPPA training?
3. If applicable, did terminated staff return all NC MDPP class supplies, equipment, and unused incentives?
4. Was a list of NC MDPP Lifestyle Coach staff positions with FTEs provided?
5. Is the number of staff appropriate to achieve annual programmatic goals?
6. If applicable, did NC OHE staff review, provide feedback and technical assistance for staffing concerns?

The checklist for the 12-month lifestyle class series comprises the following questions:

1. Were new NC MDPP 12- month Lifestyle Class Series started this past quarter?
2. Were Supplemental Sessions facilitated or did the class sessions include guest speakers this past quarter?
3. Did NC MDPP Staff engage community members when planning the new NC MDPP 12- month Lifestyle Class Series?
4. Were there any barriers to planning and facilitating the NC MDPP 12-month Lifestyle Class Series this past quarter?
5. Were participation satisfaction surveys for the NC MDPP 12-month Lifestyle Series administered this past quarter?
6. Have they participated in NC MDPP Alumni Class series during the past quarter?
7. Were any success stories reported?
8. If applicable, did NC OHE staff review, provide feedback and technical assistance for programmatic barriers/concerns?

The checklist for data management comprises the following questions:

1. Is the number of individuals enrolled in NC MDPP Lifestyle Classes appropriate at this time?
2. Has the NC MDPP database been updated to reflect current participation?
3. Are NC MDPP Staff adhering to HIPAA Privacy Rule Regulations?
4. If not, was a corrective action plan provided and sufficient?
5. Are NC MDPP staff computers encrypted?
6. If not, was a PHI protection plan provided sufficient?
7. Is data management appropriate at this time?
8. Was a list of all CDC-recognized sites provided?

If applicable, did NC OHE staff review, provide feedback and technical assistance for data management concerns?

The checklist for community screening events comprises the following questions:

1. Were community screenings facilitated this past quarter?
2. If applicable, were NC MDPP approved prediabetes screening tools used?
3. If applicable, were ineligible individuals with increased diabetes risk referred to DSME programs?
4. Is the number of individuals screened for prediabetes appropriate at this time?
5. Is the number of individuals enrolled in NC MDPP Lifestyle Classes appropriate at this time?
6. Were any success stories reported?
7. If applicable, did NC OHE staff review, provide feedback and technical assistance for programmatic barriers?

The checklist for community conversation events comprises the following questions:

1. Were Community Conversation events facilitated in the past quarter?
2. Did the event include a prediabetes screening?
3. If so, were NC MDPP approved prediabetes screening tools used?
4. If applicable, were ineligible individuals with increased diabetes risk referred to

DSME programs?

5. Were any success stories reported?
6. If applicable, did NC OHE staff review, provide feedback and technical assistance for programmatic barriers?

Annually, a site visit is scheduled through Zoom between the NC MDPP Program Manager and the Regional Coordinator on a mutually agreed-upon date. Following the meeting, a thorough review of contracts, incentive logs, and invoices/receipts pertaining to a specific month is conducted.

Monthly Monitoring Activities documented in Smart Sheets. Desk review questions posed to the recipients.

- HIPAA training certificates -number of staff that completed the required training.
- Lifestyle coach training certificates -number of staff that completed the training certificates.

If there are discrepancies or concerns with data reported, the recipient representatives will be asked to follow up. Monitors will use clarifying questions and request documentation to ensure data accuracy. Discrepancies in data could lead to a desk review with adequate follow-up required from the recipient within 10 days of the error identification. Reports will be monitored for timeliness.

OHE will maintain all monitoring records and keep them for the designated period required in the State's record retention policy.

All results will be communicated in a letter. The letter will include a detailed analysis of the monitoring steps conducted and the findings if applicable along with the next steps regarding corrective action. Risks will also be communicated in a letter, including the justification of the risk category and actions steps that will be taken by the OHE as well as expectations for the recipient. For transparency purposes, the risk categories will be shared with the recipient.

REIMBURSEMENTS

Upon execution of this contract, the Contractor shall submit to the Division Contract Administrator, a monthly reimbursement request for services rendered the previous month by the 15th of each month and, upon approval by the Division, receive payment within 30 days. Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Contractor.

If NC OHE determines that deliverables are not being met, the NC OHE will request a written response from the Local Health Department that documents the barriers that are preventing the Local Health Department from meeting the deliverables. NC OHE staff shall provide technical assistance

and funds may be withheld until the Local Health Department is back in compliance with deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated. Funds will be re-allocated if project tasks and deliverables included in the project plan are not achieved in a reasonable timeframe.

If this contract is terminated, the Contractor shall complete a final accounting report and return any unearned funds to the Division within 30 days of the contract termination date. The Division shall have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

PERFORMANCE MEASURES CHART

The Department of Health and Human Services uses performance measures rubrics as a tool to determine the success of a project and how well services and products are being delivered. Together they enable the Department to gauge efficiency, determine progress toward desired results and assess whether the Department is on track with meeting its goals. The contractor shall adhere to all of the performance requirements/standards in the scope of work, including performance measures in the performance measures chart below.

Measure Type	Output	Reporting Frequency	Quarterly
Measure	Host at least 15 participants during a Living Well event.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	15		
Data Source	Participant enrollment		
Collection Process and Calculation	The contractor will gather participant data during event sign up/ enrollment		
Collection Frequency	As participants are enrolled		

Measure Type	Output	Reporting Frequency	Annual
Measure	At least 75% of Regional NC MDPP participants are of an ethnic or racial minority.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	75%		
Data Source	NC MDPP Data Platform		
Collection Process and Calculation	The contractor will gather patient demographics at enrollment		

Collection Frequency	As participants are enrolled
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Measure Type	Output	Reporting Frequency	Quarterly
Measure	Enroll at least 30 participants into the 12-month lifestyle class series.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	30		
Data Source	NC MDPP Data Platform		
Collection Process and Calculation	The contractor will gather enrollment numbers at participant enrollment		
Collection Frequency	As participants are enrolled		

Measure Type	Output	Reporting Frequency	Quarterly
Measure	Screen a minimum of 100 people for prediabetes via community and clinical methods in FY 24-25.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	100		
Data Source	CDC Paper Screeners or A1c Tests		
Collection Process and Calculation	The contractor will gather screening data upon collection of screening tests/A1c results.		
Collection Frequency	As participants are serviced.		

Measure Type	Output	Reporting Frequency	Quarterly
Measure	Offer at least two 12-month lifestyle class series across the region.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	2		
Data Source	NC MDPP Data Platform		
Collection Process and Calculation	The contractor will gather class data at enrollment		
Collection Frequency	As participants are enrolled		

Measure Type	Outcome	Reporting Frequency	Annual
Measure	At least 50% of Regional NC MDPP Participants report a change in behavior.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	50%		
Data Source	NC MDPP end of program survey		
Collection Process and Calculation	The contractor will administer the end of program survey at the end of the lifestyle class series		
Collection Frequency	At program end		

Measure Type	Outcome	Reporting Frequency	Annual
Measure	At least 50% of Regional NC MDPP participants attend a minimum of four lifestyle classes and lose more than 5% of their baseline body weight.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	50%		
Data Source	NC MDPP Data Platform		
Collection Process and Calculation	The contractor will gather participant outcomes at the end of the class series.		
Collection Frequency	Participant data is collected weekly		

Measure Type	Outcome	Reporting Frequency	Annual
Measure	At least 50% of Regional NC MDPP Participants report a change in knowledge.		

Fiscal Year	2025	Trend	Increase
Baseline Value	0		
Target Value	50%		
Data Source	NC MDPP end of program survey		
Collection Process and Calculation	The contractor will administer the end of program survey at the end of the lifestyle class series		
Collection Frequency	At program end		

LINE ITEM BUDGET

This begins the line item budget for year 2025

Budget Detail - Year 2025			
Category	Item	Narrative	Amount
Salary/Wages		The Human Services Planner/Evaluator I serves as MDPP Coordinator. Annual salary on 01/10/2024 is 53,208.27. 5% has been added to this to accommodate potential merit, COLA and/or market rate adjustments allocated during FY25.	\$55,869.00
Fringe Benefits		Fringe benefits for MDPP Coordinator were calculated based on increased salary calculation. FICA is calculated at 7.65% of salary. Retirement and 401(k) are calculated at 12.89% and 2.0% of salary respectively. Worker's Comp insurance is calculated at 3% of salary. Life insurance is 0.2% of salary and dependent life is \$9.80 annually.	\$24,009.00
Other			\$0.00
Equipment	Medical	A1c cassettes for forum and screenings (\$90 per box of 10 x 5 boxes = \$450), Controls for machine-\$115	\$565.00
Utilities	Telephone	\$55/mo for Regional Coordinator cell phone = \$660	\$660.00
Repair and Maintenance			\$0.00
Staff Development		Registration for Regional Coordinator and Lead Agency Coordinator to attend a training or conference (\$2000) Such as SOPHE, Minority Health Conference, \$120 for supplies and materials for coach development activities during regional	\$2,120.00

Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		collaborative meetings.	
Media/Communication	Websites and web materials	Maintenance and updates of regional website: 16+ hours of graphic creation/editing, user experience recording, analysis and reporting, consultation, content creation and research, search engine optimization	\$2,000.00
Dues and Subscriptions		Chatbot	\$2,700.00
Operational Other	Incentives and Participants	Alamance County incentives for 10 participants (includes portion plates (\$5), calorie king books(\$12), fitness trackers (\$30) t-shirts (\$14.5), digital food scales(\$12), gym membership(\$35 x 8mo = \$280), bathroom scales(\$20), \$25 grocery gift card, George Foreman Grill (\$50) = (\$448.5 per participant for all the above incentives x 10 =\$4485).	\$4,485.00
Operational Other	Not Otherwise Classified	Living Well-\$800- Will be purchasing ingredients for Food demonstrations. Will be working with Cooperative Extension.	\$800.00
Subcontracts and Grants			\$99,550.00
Match			\$0.00
Cost Per Service			\$0.00
Sub Total			\$192,758.00
Indirect Cost		Indirect cost for Lead county coordinator time spent on MDPP	\$2,347.00

Line Item Budget Detail (08/11)

Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		grant activities (\$44.28/hour x 53 hours)	
Total Budget			\$195,105.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
Salary/Wages		Person: \$11,000-Time for 1 Lifestyle Coach, Caswell: \$5,293-Time for 1 Coach, Randolph: \$3,708- '2 PH Educators I spending approximately 3.75% (approximately 78 hrs each) of their time toward implementing Lifestyle class series and making sure that all performance measures/reporting requirements are met per Agreement Addendum for the Minority Diabetes Prevention Program., Orange: \$10,078- 10% of Office Assistant Salary & 8.5% of RD Salary -Lifestyle Coach for MDPP, Rockingham: \$6,983.00 - Projected salaries for 1 Health Education Manager and 2 Public Health Education Specialists., Guilford: \$3,640- 2 coaches (\$70/class x 26 classes) = \$1820/each (One coach receiving part of wages from current FY monies.	\$40,702.00
Fringe Benefits		Caswell: \$2,108- Fringe for Coach, Randolph: \$1,673- Fringe Benefits, Orange: \$3,940- 10% of Office Assistant Benefits & 8.5% of RD Benefits-Lifestyle Coach for MDPP, Rockingham: \$3,341.00 - Projected fringe benefits for 1 Health Education Manager and 2 Public Health Education Specialists.	\$11,062.00
Other		Alamance Contracted Services: \$5,627, Will support 3 community Coaches.	\$5,627.00
Repair and Maintenance			\$0.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
Staff Development		<p>Person: \$400- Training for 2 Lifestyle Coaches, Chatham: \$150- Conferences and Trainings,</p> <p>Orange: \$200- Training cost for training related to Diabetes Prevention and/or Racial Equity Training; cost for training to include lunch for staff.,</p> <p>Rockingham: \$360.00 - UNC Minority Health Conference Registration (3) x \$80 = \$240.00; Advanced Lifestyle Coach Training (3) x \$40 = \$120.00,</p> <p>Guilford: \$800- DTTAC webinars (3 coaches- 2 webinars/ea (6 x \$62.5=\$375); APHA conference registration (1 person x \$425= \$425)</p>	\$1,910.00
Dues and Subscriptions		Durham:\$750- Wake Forest Database Subscription	\$750.00
Subcontracts and Grants			\$0.00
Indirect Cost			\$0.00
Cost Per Service			\$0.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
Supplies and Materials	Other	Person: \$248 - Binders (12) x \$40/12 pack = \$40; 16 Tab Section Dividers (24) x \$8 = \$192; Legal Pads (12) x \$16/12 pack = \$16, RANDOLPH-\$496- Lancets (2 boxes x15= \$30), class supplies, printing/copying of materials, flyers, food and snacks, etc. (\$406.00), and A1C carry bag (1x \$60= \$60), Rockingham: \$250.00 - Notebooks (30) x \$8.35 = \$250.00, Guilford:\$370- 3 ring binders (\$24.19/ea x 8 (6/pk) = \$193.52; Notepads (\$25/ea x 6 (12pk)= \$150); Highlighters (\$25/ea x 1 (100/pk)= \$25)	\$1,364.00
Equipment	Office	Caswell: \$200- Laptop case (1) x \$17.99 = \$17.99, Toner (1) x \$182= \$182, Guilford: \$250- Collapsible utility cart \$75; Collapsible wagon \$175	\$450.00
Equipment	Assistive Technology	Guilford: \$153- Speaker w/ microphone \$153	\$153.00
Equipment	Medical	Person: \$180- 12 A1C screenings x ~\$15 = \$180 (DPP participants at the end of the program for evaluation purposes), Caswell: \$300- A1C+Now (29) x \$9.72 = \$281.88, Lancets (100) x	\$2,758.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		<p>0.18 = \$18.00 (etc: bandaids, gauze, gloves as needed),</p> <p>Chatham: \$1,000- A1c testing supplies (A1c kits (4 x \$170=\$680, QC (2 x \$100=\$200), lancets (1 box x \$10=\$10), biohazard bags (1 box x \$60=\$60), sharps container (1 x \$20=\$20), gauze (2 x \$10= \$20), bandaids (1 x \$5=\$5), alcohol swabs (1 x \$5=\$5),</p> <p>Rockingham: \$278.00 - Siemens Diagnostic DCA Reagent Kit for HBA1C 10 per box (4) x 69.50 = \$278.00,</p> <p>Guilford: \$1,000- A1c kits (\$124.52/ea x 7 (10/ct)= \$871.64); Lancets (\$21.40/ea x 6 (100/ct)=\$128.40)</p>	
Travel	Contractor Staff	<p>RANDOLPH-\$523- Travel for lifestyle coaches: 780 miles X .67 cents per mile = \$522.60 to implement MDPP program.,</p> <p>Orange: \$134-Local travel to promote services, deliver incentives and travel to monthly collaborative meetings and outreach events (\$0.67/mile) x 200miles</p>	\$657.00
Media/Communication	Advertising	<p>Person: \$1,700 Advertising to promote and recruit partipants for Session 0 and/or next DPP class (newspaper and radio advertisements). Newspaper ads (5) x \$300 = \$1500; Radio ads (20) x \$10 = \$200,</p> <p>Chatham: \$800- Advertising materials- print materials (400),</p>	\$2,700.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		newspaper ads (400), Rockingham: \$200- Imprinted promotional water bottles (50) x \$4.00 = \$200.00.	
Media/Communication	Promotional Items	Caswell: \$350- Water Bottles (50) x \$3.48 = \$174.00, Tote Bags (50) x \$3.55 = \$177.50, Chatham: \$500- Chatham: Positive Promotions (measuring cups, bags, magnets, pens), Guilford: \$930- Eat Right Handouts (3/ct (5 different handouts) x \$80= \$240); Shirts (43ct x \$16.04/ea = \$689.72)	\$1,780.00
Media/Communication	Reprints	Person: \$852- Charges to outsource printing of participant manuals as well as minimal in-house copy charges., Guilford: \$2,000- Lifestyle guide (1 x \$127.40= \$127.40); Participant Guide (23/ct x \$73.55= \$1,691.65); Action Plan Journal (203/ct x 0.89= \$180.67)	\$2,852.00
Operational Other	Service Payments	Chatham: \$750- Wake Forest Database Service Fee	\$750.00
Operational Other	Incentives and Participants	Person: \$1493 - Incentives - Calorie King Books (12) x \$15 = \$180; Portion Plates/set of 6 (2) x \$19 = \$38; Yellow TheraBands (1) x \$45 = \$45; Red TheraBands (1) x \$50 = \$50; Green TheraBands (1) x \$65 = \$65; Hand Weight Sets (12) x \$15 = \$180;	\$24,476.00

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		<p>Grills (12)x \$40 = \$480; Bathroom Scales (12) x \$20 = \$240; Air Fryer (1) x \$120 = \$120; Magic Bullet (1) x \$40 = \$40; Magic Bullet Recipe Book (1) x \$15 = \$15; Food Chopper(1)x \$40 = \$40</p> <p>Caswell: \$600- Portion Plates (16) x \$9.93 = \$158.88, Gym Bags (12) x \$19.99 = \$239.88, Food and Snacks \$201.24</p> <p>Chatham: \$6607 - Incentives: \$1753 (ex: yoga mats- \$10, portion plates- \$5, cookbooks- \$10, resistance bands- \$10, salad spinners- \$10 , portion bowls- \$15, resistance loops- \$10, water bottles- \$15, exercise balls- \$15, pedometers- \$10, dumbbells- \$15.30, YMCA membership- \$50) - \$175.3 per participant- 10 participants,) ; Food and snacks: \$2,400 (Participant snacks and lunches and Community Conversation food- \$10 per snack, 10 participants, 24 classes); Living Well- \$2,454 (materials, handouts, snacks (\$245.40 per class, 10 classes per year)</p> <p>Durham: \$9,973- \$6,250 Incentives: Food Lion gift cards – 25 cards @ \$25 ea. = \$625; Other incentives; \$225 per participant x 25 participants = \$5,625, Durham: \$3,273 Food and Snacks: \$15/meal x 25 participants = \$375/meals per class; meals to be offered at 6 classes = \$375 x 6 = \$2,250; \$1,023 for bottled water and snacks at classes Durham: \$450.00 Living Well Events/Lunch and Learns: 2 lunch and learns with 15 participants each = 30 x \$15 per meal = \$450.00,</p> <p>Orange: \$3,186- Participants incentives for 10 people (\$2,874.85 see attached detail), and supplies for MDPP class for 10</p>	

Line Item Budget Detail (08/11)

Subcontracting and Grants Budget Detail - Year 2025			
Category	Item	Narrative	Amount
		participants (\$200.00), Panera Lunch (110.50), Rockingham: \$117.00 - Measuring cups & spoons set (20) x \$5.85 = \$117.00, Guilford: \$2500- Airfryer (13 x \$50= \$650); Resistance bands (25 x \$8= \$200); Nutribullet (12 x \$58= \$696); Gym bag (12 x \$17= \$204); Calorie king (25 x \$12.79= \$319.75); Weight scales (24 x \$19.88= 238.56); Food scale (24 x \$7.99= \$191.76)	
Operational Other	Not Otherwise Classified	Caswell: \$209- Living Well, Randolph: \$250- Living Well, Orange: \$1,100- Postage for mailing incentives and literature (\$100). Living Well (\$1,000)	\$1,559.00
Sub Total:			\$99,550.00

Salaries - Year 2025								
Persons	Position or Title	Annual Salary	Hourly Rate	Months	Work %	Fringe Amount Total	Fringe Percent Total	Total
1	Regional Coordinator	\$55,869.00	0.0000	12	100.00 %	\$24,009.00	\$0.00	\$79,878.00



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Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)

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



Alamance County_Contract_MDPP

Final Audit Report

2024-08-12

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