

A. Status of System-wide Recommendations Being Implemented by OPM

<u>Agency Specific Recommendations</u>	<u>Status</u>
<p><b>Uniform Chart of Accounts/Standardized Budget Reports:</b> OPM shall coordinate and oversee development of a standardized and more streamlined chart of accounts and budget/reporting templates for mandatory use by all human service agencies. Such process should include OPM staff and contract experts from the human service agencies, as well as consultation with private provider representatives.</p>	<p>Contract and fiscal staff from agencies and OPM Office of Finance developing draft UCOA, budget and reporting format for review and discussion with agencies and private provider representatives, with a targeted final product completion date by the end of the calendar year and an implementation date for contracts commencing 7/1/14.</p>
<p><b>Enterprise Contract Management System:</b> OPM shall evaluate, purchase/design, and implement a web-based contract management system for use by all human service agencies. Such system should support contract assembly, provider interaction, electronic interfacing, and web-based budgeting, data and report submission, budget revisions, and year-end processing.</p>	<p>OPM working with DCF to develop and implement pilot POS enterprise contract management system for future use by all POS agencies. System being pursued already under contract with OPM's Criminal Justice Division. Next step is request funding from IT Infrastructure Bond program to develop project plan and common business requirements.</p>
<p><b>Timeframes Regarding Contract Approvals and Execution:</b> OPM shall require agency accountability regarding timeframes for approving commencement and completion of annual contract development and execution processes. 95% of contracts shall be executed at least fifteen days prior to contract commencement. The process improvements recommended for individual agencies in this report and Lean process improvement techniques, as appropriate, should be implemented to ensure timeliness.</p>	<p>For agencies with low percentages (well below 95%), OPM will monitor business process improvements and encourage use of Lean process where appropriate. OPM will also establish standards regarding the timeframes to be followed by agencies when entering new or extended contracts. Targeted date for standards is summer 2013.</p>

**NOTE:** OPM responsible for implementation of some other system-wide recommendations, including job/duties classification matters, statewide training issues, review of OPM approval process and working with Attorney General's Office on certain issues. Progress on these items will be included in future communications.

*For Sections B, C and D below, certain recommendations have been bolded by OPM to highlight OPM's views about which recommendations that should receive the highest initial focus or priority.*

**B. Request for Agency Plans to address Agency Specific Recommendations Please fill-in boxes under "Agency Plan, Priority and Timeframe"**

<u>Department of Public Health</u>
<u>Agency Weaknesses/Issues &amp; Related Recommendations (Strengths listed in POS report and many noted below)</u>
<u>Weaknesses/Issues to Address</u>
<ol style="list-style-type: none"> <li>1. Contract roles are not efficiently defined between agency units, resulting in duplicative processes and confusion as to final authority/decision making thus causing delays in contract execution and payment. <i>(Recommendations 1, 2 and 6, System-wide Recommendation 3)</i></li> <li>2. Contracts staff do not receive formal training on contract development, administration and oversight, legal sufficiency of contracts, or oversight of non-profit entity budgets. <i>(Recommendation 3, System-wide Recommendation 8)</i></li> <li>3. Program staff with no financial background or training are heavily involved in financial aspects of the contract including budget development and review, budget revision review, and financial report review. <i>(System-wide Recommendation 3)</i></li> <li>4. CGMS staff lack full understanding of program requirements. <i>(Recommendation 2)</i></li> <li>5. CGMS has not maximized consolidation of contract programs. <i>(System-wide Recommendation 5)</i></li> <li>6. CGMS requires review of a completed contract package by the staff member who assembled it, a peer staff member, and the Director of CGMS prior to agency execution. <i>(System-side Recommendation 1, Recommendation 8-Lean)</i></li> <li>7. A significant number of contracts are not executed prior to their start dates. <i>(System-wide Recommendation 1, Recommendation 8-Lean)</i></li> <li>8. Completion of OPM requests requires data entry by both Programs and CGMS. <i>(System-side Recommendations 1 and 3, Recommendation 8)</i></li> <li>9. OPM requires submission of both contract spending plans and contract requests (online system). This is duplicative and time-consuming. <i>(System-wide Recommendation 1, Recommendation 8)</i></li> <li>10. Each contract SID within each Program requires a separate budget and corresponding financial report resulting in multiple budgets and multiple expenditure reports for each Program within the contract. <i>(Recommendation 5 and System-wide Recommendation 9)</i></li> <li>11. Hard-copy, original financial reports signed by the contractor are required. <i>(Recommendation 4, System-wide Recommendation 7)</i></li> <li>12. Identified subcontractors are required to complete separate financial reports that DPH must review and approve prior to authorization of payments in some cases <i>(Recs. 5, 6 &amp; 8; System-wide Recommendation 2)</i></li> <li>13. Financial reports must be reviewed for acceptance by 3 separate units, although the Department has indicated the CGMS Director has the authority to approve all financial reports. <i>(Recommendation and 8., System-wide 1 &amp; 3)</i></li> <li>14. Payment requirements and processes duplicate already completed activities, are entirely paper based using manually generated ledgers, and is redundant. <i>(Recommendation 6 &amp; 8; System-wide Recommendation 2)</i></li> <li>15. Several contractual payments are tied to receipt and review of providers' financial reports. Requirements related to the Federal Cash Management Act need to be considered. <i>(Recommendation 7; System-wide Recommendation 2)</i></li> <li>16. Contract purchase orders are not generally created for the life of the contract. <i>(System-wide Recommendation 2)</i></li> <li>17. CGMS staff lack final authority to authorize payments. <i>(Recommendation 6; System-wide Recommendation 2 &amp; 3)</i></li> </ol>

18. Multiple hardcopy contract files are maintained by multiple units and within CGMS ( <i>System-wide Recommendation 7</i> )	
<u>Agency Specific Recommendations</u>	<u>Agency Plan, Priority and Timeframe</u>
1. Restructure contracting functions to give CGMS staff the responsibility of financial development/monitoring and Program staff responsibility for Scope of Service development and program monitoring. Eliminate Fiscal Office review of any contract-related financial report.	<p>OPM note: Organizational structure and business process changes needed; should consider use of Lean process</p> <p><b>DPH RESPONSE:</b> The Department of Public Health prepared a 12 Point Efficiency Plan for reorganizing the contract management process. The Plan provides that the CGMS staff have financial and Program monitoring responsibilities over the contracting process. The Fiscal Office review of contract related financial reports has been eliminated. The Efficiency Plan will be implemented effective August 31, 2013. Also, the Lean Process was completed to reduce redundancy and streamline the flow of work processes.</p>
2. Modify Fiscal's role in Funding Determination. Fiscal should share Spending Plan information with Programs and CGMS. Programs should make the determination as to how to allocate those dollars (spending plan development), submit to CGMS, and CGMS should ensure that the dollars are utilized in accordance with the figures provided by Fiscal.	<p>OPM note: Organizational structure and business process change needed; should consider use of Lean process</p> <p><b>DPH RESPONSE:</b> See 12 Point Efficiency Proposal attached, Point #1. The new process includes Program determining the allocation of dollars. Program then discusses and submits the Plan to the Fiscal Office for fiscal review. The Fiscal Office submits the final Spending Plan to CGMS and the Program contact. The Contracts Staff uses the Spending Plan document to verify contract allocations.</p>
3. Implement required training for Contracts staff in collaboration with the Office of State Ethics, the Freedom of Information Commission, the State Elections Enforcement Commission, the Commission on Human Rights and Opportunities, the Office of the Attorney General, the Department of Administrative Services and any other state agency involved with Contracting functions. Such training curriculums should be developed in accordance with OPM Procurement Standard requirements (Section I H.3) and Connecticut General Statutes (Chapter 62, 4e-5). Modify Contract request document to include all information required to complete OPM requests.	<p><b>DPH Response:</b> Training is a key component of the 12 Point Efficiency Plan. DPH training curricula and needs will be assessed and implemented by August 31, 2013. DPH looks forward to collaborating with OPM on the development of a State of Connecticut structured and standardized contract training curriculum.</p>
4. Eliminate hard-copy, signed submission of all reports. Electronic submission is auditor tested and accepted at other agencies.	<p><b>DPH Response:</b> The requirement for signed original hard copy reports will be eliminated when the 12 Point Efficiency Proposal is implemented by 8/31/2013. A successful pilot program was implemented on 4/2013 for</p>

	<p>the HIV contracts where electronic submission of reports were required and signatures were eliminated. Two other groups of contracts are scheduled one in October (WIC) and the other in January (Immunizations). All other DPH contract awards will be incorporated into the new system by the end of FY14.</p>
<p>5. Eliminate submission of financial reports by SID and financial reports from subcontractors. Financial reports should be submitted by program. This is auditor tested and accepted at other agencies. In making changes, expenditures of federal awards must remain in compliance with OMB Circular A-133.</p>	<p><b>DPH Response:</b> DPH is reviewing this recommendation to assess its feasibility given Federal requirements of grants. It will be helpful to review similar processes at other Human Service Agencies to gain more technical knowledge of how best to implement this process at DPH.</p>
<p>6. Completely restructure payment process eliminating Fiscal Office review and approval.</p>	<p>OPM note: Organizational structure and business process change needed; should consider use of Lean process</p> <p><b>DPH Response:</b> The Lean process was implemented in 6/2013. The payment process eliminated the Fiscal Office approval of payment authorizations. Also with implementation of the 12 Point Efficiency Proposal the Fiscal Office will no longer be responsible for review of any Expenditure Reports prior to payment. The CGMS will be fully responsible for review and approval of reports with input from Programs as needed.</p>
<p>7. Eliminate contractual language that ties payments to report submission to the extent allowed. Part II language in the POS contract already allows for payment withholding if reports are late. DPH should explore quarterly/prospective payments wherever possible.</p>	<p>OPM note: Organizational structure and business process change needed; should consider use of Lean process</p> <p><b>DPH Response:</b> DPH has decoupled many payments from acceptance of reports and will continue to do so as revised procedures result from implementation of the 12 Point Efficiency Plan and the Lean Process. Instances remain, and will continue to remain, where the association must remain in place due to federal funding requirements that dictate the allowable payment conditions.</p>
<p>8. Apply Lean process improvement techniques, as appropriate, with respect to above recommendations.</p>	<p>OPM note: OPM could work with DPH re: participation in statewide Lean initiative re these contracting processes</p> <p><b>DPH Response:</b> The Lean process was completed for the contracting process in June 2013.</p>

**C. Request for Agency Plans to address System-side Recommendations *Please fill-in boxes under "Agency Plan, Priority and Timeframe"***

<u><i>System-wide Recommendations</i></u>	<u><b>Agency Plan, Priority and Timeframe</b></u>
<p>1. Improve timeliness of contract executions-Goal is 95% executed no later than 15 days prior to contract start date A major issue, for some agencies, is that funding approval required to start the contracting process are provided so late that timely contracts are not possible</p>	<p>OPM note: % executed no later than 15 days prior to contract start date: <b>5% in FY2011 and 50% in FY2012</b>; Organizational structure and business process change needed; should consider use of Lean process</p> <p><b><u>DPH RESPONSE:</u></b> As illustrated in the OPM note, there are ongoing efforts to address this recommendation dating back to early 2011 as evidenced by the significant increase in timeliness in FY12. DPH has recently redesigned its contracting process by convening internal work groups since February 2013 and by using the Lean Initiative in June 2013. Many redundant steps and forms were eliminated. The new contracting process will be rolled out by 8/31/2013, starting with finalizing an electronic system of receiving internal contract information and expenditure reports from providers, introducing the plan to the involved staff, moving staff to the contracting unit from the fiscal unit, and positioning the staff into work teams with specific written job duties. Lean committee meetings continue to be scheduled with the goal of reviewing the new process to ensure that all the revised procedures are in place when the system commences in August 2013. Providing training to the teams prior to the implementation of the process is a key component of the plan.</p>
<p>2. Payments:</p> <ul style="list-style-type: none"> <li>• Streamline Business processes related to payments</li> <li>• Basis for payment: decouple from reports</li> <li>• Authorizing Payments: Payment authorization shall be the responsibility of the contract unit, in consultation with program staff; eliminate Program/Fiscal review and/or approval of payment requests.</li> <li>• A single CORE Purchase Order shall be created and tied to the CORE Contract, for the life of the contract.</li> </ul>	<p>OPM note: Organizational structure and business process change needed; should consider use of Lean process</p> <p><b><u>DPH RESPONSE:</u></b> The DPH payment process has been streamlined as a result of an internal review and with the implementation of the Lean Initiative. Purchase orders are created only once in the system for the entire contract amount, when the contract is initiated, and not each time a payment is made. This change reduced the time it takes in issuing payments by 50%. Also, the Contract Section is the only</p>

	authorizer of contract payments. Fiscal no longer reviews and approves the payment.
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<p>3. Best organizational structure and practice found among State POS agencies involves having a <u>central contracts unit</u> that is provides an accountable focal point for managing, in a <u>collaborative, timely and efficient manner</u>, the administrative, financial and contracting functions related to private provider health and human services contracts . <u>These best practice contracts units view program units as their customers and, most importantly, enable program staff to focus their time more productively on program and client outcomes.</u></p> <ul style="list-style-type: none"> <li>• Contracts and Program staff will collaboratively oversee development of contract/provider budgets.</li> <li>• Contact unit staff, in consultation with Program staff, shall be responsible for approval of financial reports and budget revisions.</li> <li>• Payment authorization shall be the responsibility of the contract unit, in consultation with program staff. Human service agencies shall eliminate Program/Fiscal review and/or approval of payment requests.</li> <li>• Contract unit staff shall, upon receipt of quarterly OPM allotment and availability of funding in each Account/SID, provide pertinent payment information (either electronically or hardcopy) to fiscal Accounts Payable unit.</li> <li>• Responsibility for Year-End Reconciliation: Contract unit staff shall be responsible for oversight of Fiscal Year-End reconciliation and State Single Audit review, in consultation, as needed, with Fiscal.</li> </ul>	<p>OPM note: Central Contracts Unit in place, but redundancies exist with other units</p> <p><b><u>DPH RESPONSE:</u></b> The Contracts Unit has been reconfigured into four work teams. The teams are:</p> <ol style="list-style-type: none"> <li>1. <b>Budget and Contract Writing Team</b> whose main goal is to develop and finalize the contract language and budget whenever a contract is initiated with the Program contact person.</li> <li>2. <b>Expenditure and Budget Revision Review Team.</b> The main purpose of this team is to review all expenditure reports and budget revision reports from providers and work with the providers to make corrections if necessary.</li> <li>3. <b>Contract Monitoring and Review Team.</b> The main function of this team is to review required State single audit and Federal Audit Reports submitted by the Providers.</li> <li>4. <b>Contract Processing Team.</b> The main task of this team is to ensure that final contract documents are signed and filed. The team also enters and maintains contract information on the contract tracking system</li> </ol>
<p>4. Increase and maximize use of Part I templates</p>	<p>OPM note: 36% pre-approved</p> <p><b><u>DPH RESPONSE:</u></b> Lean Initiative Committee is reviewing and developing templates for AG pre-approval. Final templates are due to the AG by September 30, 2013</p>
<p>5. Increase and maximize use of consolidated contracts</p>	<p>OPM note: Average contracts per provider: 1.9</p> <p><b><u>DPH RESPONSE:</u></b> DPH has been addressing this item since 2011. The original Corrective Action Plan (CAP) submitted to OPM in June of 2011 indicated an average of 2 contracts/provider. The updated CAP submitted in January of 2012 indicated an average of 1.8 contracts/provider. The most recent data review reflect an</p>

<p>6. Contract Period of Performance</p>	<p>improved rate of 1.5 contracts/provider. OPM note: 84% 3 years or more</p> <p><b>DPH RESPONSE:</b> It has been longstanding practice for DPH to issue multi-year contracts as evidenced by the high percentage noted by OPM. Since 2011 specific checks have been put in place to ensure that only when specifically required will contracts be issued for a period of one year or less.</p>
<p>7. Electronic processes:</p> <p>Electronic Contract Assembly: Agencies shall implement electronic contract assembly software</p> <p>Electronic Contract Submittals: Agencies shall implement electronic processes for contract transmittal to and receipt from providers during signature/execution process (i.e., PDF contracts emailed to providers with instructions for return).</p> <p>Reduced Number of Hard Copy Contracts: Agencies shall eliminate hard-copy storage of contracts in multiple locations/units.</p> <p>Electronic Contracts Library: Agencies shall implement an electronic contracts library that all agency staff can access to view active, executed contracts.</p> <p>Electronic Reports, Absent Signature: Contract periodic reports will be accepted electronically, absent signature, eliminating requirements for submission of hard-copy, original, signed financial reports/budget revisions.</p> <p>Electronic Routing and Approvals: Intra-unit agency approval process shall rely on electronic routing and approvals eliminating manual, paper-based processes.</p>	<p>OPM notes: CGMS has contracts management system which includes contract management statistical data reporting capabilities; automated document creation software to assist with contract preparation; Contracts sent electronically to providers; electronic library of contracts</p> <p><b>DPH RESPONSE:</b> DPH developed a 12 Point Efficiency Proposal to establish a more efficient and streamlined contracts process, in addition to DPH's existing electronic processes, including an electronic contract management system, electronic document assembly, and electronic contract transmission as identified in the OPM note above. In Point #5, DPH established an electronic internal form (e-DAR) to request establishment of a contract. An electronic expenditure report form for Providers was also established. Note: The OPM Committee requested that the electronic expenditure report form be utilized by all Human Services Agencies. Presently, the DPH Contracts Manager is working with OPM to establish a standardized electronic reporting format utilizing functionality employed at DPH.</p> <p>Storage of a hard copy of the contract will be located in one location, the DPH Contracts Section. It is not necessary for hard copies to be stored in any other DPH location other than the Contracts Section. DPH staff will utilize the electronic version of the contract and electronic tracking system for required contract work and information look up.</p>

<p>8. Training:</p> <p>Contract Unit Staff Professional Development: Agencies shall provide professional development opportunities to enhance Contracts staff skill-sets (i.e., basic writing skills, English composition skills, contract writing).</p> <p>Inter-Agency Cross Training: Agencies shall develop inter-unit cross-training opportunities to increase staff knowledge pertaining to contract development/oversight and programs.</p> <p>Provider Training: Agencies shall develop collaborative training opportunities for provider staff to cover topics such as competitive procurement, contract development, and financial and programmatic report submission, etc.</p>	<p><b>DPH RESPONSE:</b> Training is identified in Point #8 of the DPH 12 Point Efficiency Proposal. A formal training program is being designed for new Contract work teams. Employees working on these teams will also be crossed trained. Professional development in basic writing skills and contracting writing will be addressed through the DAS Training and Development workshop sessions.</p>
<p>9. One Budget per Program: Provider contract budgets will be consolidated to ensure that each funded program contains only one budget per funding period</p>	<p><b>DPH Response:</b> DPH is reviewing and considering this recommendation for implementation with the understanding that, if implemented, it cannot apply universally because DPH has some restricted funding that cannot be co-mingled with other funds.</p>

**D. Request for Feedback/Plans on Recommendations re: Strengthening Outcome Measures and Performance-Based Contracting** *Please provide feedback on the following recommendations*

<u>System wide recommendations for comments</u>	<u>Agency Comments</u>
<p>Financial and Programmatic Reporting and Data Analysis: Agencies shall develop coordinated administrative and programmatic oversight component that includes administrative oversight, fiscal/programmatic reporting, and data analysis performed collaboratively by Program and Contracts staff.</p>	<p><b>DPH Response:</b> With the implementation of the DPH 12 Point Efficiency Plan and the Lean Process, DPH has consolidated most administrative and fiscal responsibilities within CGMS. The consolidation allows Programs to focus more effectively on Program monitoring and performance outcomes as mentioned elsewhere in this report. It also fosters a closer working relationship between the Program Sections and CGMS. More attention to this requirement is necessary, however, as DPH moves forward with the process changes to develop universal standards and/or procedures for Programmatic monitoring.</p>
<p>Management of Service Level Data: Agencies shall develop and implement protocols for the compilation, aggregation and electronic storage of financial, statistical and programmatic data to measure the provider's ability to meet contractual performance obligations.</p>	<p><b>DPH Response:</b> Presently many Program Units collect service level data and most of those do so in electronic systems that consolidate and manage the data. Many of these systems are dictated by the funding authorities and either</p>

	<p>provide direct access by the funder or support standardized reports that must be submitted periodically. Some Units also electronically consolidate, manage and report on performance outcomes. Performance reports are then forwarded to providers to assist with quality improvement initiatives. Expenditure data is also electronically collected in the CGMS data system. Future initiatives could include efforts to integrate data from these multiple sources to support standardized reporting capabilities.</p>
<p>Programmatic Outcomes: Commissioners shall review and approve outcome measures to be included in POS contracts and submit these measures to OPM. Agencies shall take into account how these measures within and across programs contribute to the applicable cross-agency results and indicators developed by the Governor's Cabinet for Non-Profit Health and Human Services. (perhaps some common measures across State agencies could be identified through this process)</p>	<p>OPM note: DPH emphasizes comprehensive program oversight and performance review as a means to ensure the efficacy of its programs.</p> <p><b>DPH Response:</b> A DPH Deputy Commissioner oversees the Public Health Initiative Programs and is very involved in the establishment of Program outcome measures and other performance statistics. Most program performance information is extensively reviewed by Program staff and managers to determine program efficacy and performance issues are routinely addressed with Commissioner's Office involvement. Future efforts can include review of such measures against the results and indicators developed by the Governor's Cabinet for Non-Profit Health and Human Services with the caveat that many program outcome measures are dictated by federal funding authorities for specific public health programs.</p>
<p>Reporting on Outcomes: In a format and timeframe identified by OPM, State agencies shall submit a report to OPM listing performance outcome results for each program category involving \$1.0 million or more in annualized expenditures and for each contract within that category. These reports shall be posted on OPM's and the agency's web-site.</p>	<p><b>DPH Response:</b> See note in first box of this section. Once a standardized format is agreed upon, DPH will make efforts to organize data into such a format for reporting to OPM.</p>
<p>Other Suggestions in regarding to Outcome Measures/Performance Based Contracting and Related Data systems</p>	<p><b>DPH SUGGESTION:</b> It is important that a model policy and procedures manual be developed and maintained by the OPM Committee. If a better process for any contract area is determined by any one of the Human Services agencies, the information should be sent to the central OPM group for updating purposes. The manual and updates should be shared among all the Human Service agencies.</p>

**Connecticut Department of Public Health  
Twelve Point Efficiency Proposal  
Contracts and Grants Management Section/Fiscal Office Section  
Updated, July 30, 2013**

**Introduction**

**The Department of Public Health (DPH) is one of six Connecticut State human service agencies that participated in the State Office of Policy and Management's (OPM) contract administration review project that began in January 2012. The goal of the review was to streamline contracting processes within and among human services state agencies so that policies and procedures were efficient and similar for many of the same state providers of service.**

**As part of the OPM process, recommendations for revisions to the contract and grants management process at DPH were made. The recommendations were composed of "best practices" as a result of OPM's evaluation and review of different state agencies systems that participated in the review.**

**The following proposal addresses OPM's recommendations and also DPH's own internal review of its contracts process. The goal of the plan is to implement policies and procedures that meet the "best practices" solution to establishing an efficient contract administration system at DPH.**

Department of Public Health  
 12 POINT Efficiency Proposal  
 July 30, 2013

<b>POINT</b>	<b>OBJECTIVE</b>
1	<p><b>Prepare Final Spending Plans</b></p> <p><b>DPH Present Procedure:</b>            The Program contact for a grant award typically calculates and prepares the initial spending plan and also calculates rescissions and/or COLAs to the award, if necessary.</p> <p><b>New DPH Proposed Procedure:</b>            The DPH Fiscal Office works with the Program contact to develop a spending plan for a grant award. The Fiscal Office is responsible for calculating the final initial spending plan and spending plans for rescissions and COLA's when necessary. The final spending plan is provided to the Program Section by the Fiscal Office. The Fiscal Office will maintain all spending plans in a file.</p>
2	<p><b>Send Notification Letters to Providers</b></p> <p><b>DPH Present Procedure:</b>            Most recently, CGMS was responsible for sending notification letters to providers regarding their contract award.</p> <p><b>New DPH Proposed Procedure:</b>            The proposed procedure is to continue having the CGMS issue contract award letters to providers whenever there is a change to a grant award. Copies of the letters will be sent to the Program staff and Fiscal Office.</p>
3	<p><b>Review internal Forms and Processes</b></p> <p><b>DPH Present Procedure:</b>            There are many steps involved and many internal forms used to process a final contract award at DPH.</p> <p><b>New DPH Proposed Procedure:</b>            Review the steps and all internal forms used by Fiscal, Contracts and Program for contract processing purposes with the intent of streamlining the process, reducing paper, and eliminating duplication. Use the "lean" evaluation method for the review.</p>
4	<p><b>Reconfigure the Contracts &amp; Grant Management Section</b></p> <p><b>DPH Present Structure:</b>            DPH employees working in the CGMS Section perform all aspects of grant and contract processing tasks which include the preparation, development and final processing of the DPH contract package. The contract monitoring function is performed by a three person, audit section located within the Fiscal Office.</p>

	<p><b>New DPH Proposed Structure:</b>  Re-assign the employees in the Contract Audit and Monitoring Unit to the CGMS Section. Restructure CGMS employees into functional teams to perform specific duties. The employees will be assigned to one of four teams: 1.) Budget Preparation and Contract Writing Team, 2.) Contract Processing Team, 3.) Contract and Program Monitoring Team, or 4.) Expenditure Report/Budget Revision Review Team.</p>
5	<p><b>Redefine the Duties of the CGMS Employees</b></p> <p><b>Budget Preparation and Contract Writing Team: This section will perform the following tasks:</b></p> <ol style="list-style-type: none"> <li>1. Receives the E-DAR from DPH Fiscal.</li> <li>2. Receives contract language, Provider budget and Provider Allocation Plan from the Program contact person to prepare a draft contract document.</li> <li>3. Prepares a draft of the contract language and budget.</li> <li>4. Contacts the Program to review and finalize the contract documents.</li> <li>5. Sends the final contract to the Program and the Contract &amp; Grants processing team.</li> <li>6. Enters the contract information into the contract management database and into Core-CT.</li> <li>7. Acts as the liaison between the DPH Program, contractor and Fiscal Office to rectify contract issues.</li> <li>8. Prepares the non-expenditure report related invoices for processing.</li> <li>9. Communicates with the Attorney General's Office, as necessary.</li> <li>10. Monitors contract renewal dates and advises Program contact person to initiate an e-DAR at least 60 days prior to contract start date.</li> <li>11. Performs other related duties as required.</li> </ol> <p><b>Expenditure and Budget Revision Report Review Team: This section will perform the following tasks:</b></p> <ol style="list-style-type: none"> <li>1. Checks emails daily for new Expenditure and Budget Revision reports from Providers.</li> <li>2. Emails Expenditure and Budget Revision reports to appropriate Program contact.</li> <li>3. Reviews Expenditure reports and Budget Revision submitted by Providers for accuracy. <ul style="list-style-type: none"> <li>• Utilizes the DPH checklist, E-DAR, and Provider Allocation Plan to review documents.</li> </ul> </li> <li>4. Contacts the Provider of Service to correct errors.</li> <li>5. Contacts the Program contact person to discuss concerns about an expenditure and/or budget revision report item.</li> <li>6. Approves payment.</li> <li>7. Sends approved payment to Fiscal (Accounts Payable) for processing payment.</li> <li>8. Sends a copy of the report to the Processing team for filing.</li> <li>9. Performs other related duties as required.</li> </ol>

	<p><b>Contract Processing Team: This section will perform the following tasks:</b></p> <ol style="list-style-type: none"> <li>1. Receives the final contract documents from the Budget Preparation and Contract Writing Team.</li> <li>2. Assembles all contract documents, sends to the Attorney General's Office, if necessary, for approval. Follows up with the contractor for signature and sends the final contract to the DPH Commissioner's Office for signature.</li> <li>3. Prepares correspondence related to the processing of the contract document.</li> <li>4. Maintains records and logs information on the tracking system related to contract processing.</li> <li>5. Maintains a central filing system for contract documentation.</li> <li>6. Develops and maintains forms for use in processing contracts.</li> <li>7. Acts as liaison between Contract Preparation and Writing Team and fiscal staff to provide contract information.</li> <li>8. Assist in preparing mailings and training sessions with providers.</li> <li>9. Provides copies of Budget revisions to the Contract Specialists.</li> <li>10. Perform other related duties as required.</li> </ol> <p><b>Contract Monitoring and Review Team: This section will perform the following tasks:</b></p> <ol style="list-style-type: none"> <li>1. Examines the required financial State single audit and Federal Audit reports.</li> <li>2. Contacts the contractor to rectify issues and problems with the reports.</li> <li>3. Provide technical assistance to the contractor regarding accounting procedures or questions concerning the required financial documents.</li> <li>4. Communicates with the Contracts Supervisor, the Program and/or Fiscal staff whenever there are serious contract issues that cannot be resolved.</li> <li>5. Assist Fiscal Office for accuracy of COLAs, rescission amounts, or other funding increases or decreases.</li> <li>6. Conduct site visits as necessary.</li> <li>7. Liaison with Program, Fiscal and Legal, when necessary when communicating issues regarding concerns with reports.</li> <li>8. Perform other related duties as required.</li> </ol>
6	<p><b>Define Roles and Responsibilities of Fiscal Office Staff</b></p>
	<p>The roles and responsibilities of the Fiscal Office require evaluation based on the new contracting process. Fiscal duties are to be streamlined and updated accordingly.</p> <p><b>Changes that have been implemented as of April 1, 2013:</b></p> <ul style="list-style-type: none"> <li>• Grant Budget spending plans are now completed using Excel versus Word.</li> <li>• Fully funding POs for provider payments versus PO adjustments for each payment.</li> <li>• Utilize Core-CT queries for payment information, eliminated excel spreadsheets used for tracking.</li> <li>• Invoice payments are now processed in approximately 4 days instead of 10 days.</li> </ul>

	<ul style="list-style-type: none"> <li>• Eliminated other ancillary practices in the payment process that were not value added.</li> </ul> <p><b>Changes to be implemented:</b></p> <ul style="list-style-type: none"> <li>• Accountants will be receiving the DPH agreement request form, DAR, electronically versus by paper for approval.</li> <li>• Eliminated the need for the Chief Fiscal Officer to approve the DAR.</li> </ul>
7	<p><b>Define Roles and Responsibilities of Program Staff</b></p> <p>The roles and responsibilities of Program Staff require evaluation based on the implementation of the new contract efficiency plan. Program staff will perform budget calculations on Excel spreadsheets, eliminating the need for manual calculations. Revised roles and responsibilities will be determined.</p>
8.	<p><b>Train Staff</b></p> <p><b>Present DPH process:</b> DPH employees in the CGMS Section training on an as needed basis.</p> <p><b>New Proposed DPH process:</b> Design a formal training program for the CGMS Functional Teams, Program, and Fiscal staff, as appropriate. Assess training needs, provide professional development in basic writing skills and contract writing through the DAS training workshops.</p>
9	<p><b>Review Contracts for Consolidation</b></p> <p><b>DPH Present Procedure:</b> Contracts are reviewed on an “as processed” basis.</p> <p><b>New DPH Proposed Procedure:</b> Review all DPH contracts for consolidation wherever possible to reduce the number of contracts. Assign Lean committee to review contracts.</p>
10	<p><b>Ensure Contract Language changes are made to comply with Federal Cash Management Requirements</b></p> <p><b>DPH Present Procedure:</b> Most DPH “Federal Cash Management” contracts are written where payment is processed by a designated date, usually on a quarterly basis. These scheduled payment dates are not consistent with Federal requirements.</p> <p><b>New DPH Proposed Procedure:</b> Revise the contract payment language in Federally Funded cash management contracts from scheduled payments to monthly payments based on actual expenses as required by Federal audit. Create a new expenditure report for providers to submit to DPH electronically. Conduct mandatory training sessions for providers on how to complete the new expenditure report.</p>
11	<p><b>Implement the "no signature" directive on provider reports</b></p> <p><b>DPH Present Procedure:</b> Provider Expenditure Reports are required to be signed by the CEO and Financial Director. Obtaining signatures causes delays in issuing payments and are not required as per the OPM/POS committee.</p>

	<b>New DPH Proposed Procedure:</b> Provider Directors and CEO's will no longer be required to sign the Expenditure Reports. They will send reports electronically via email to DPH. The email dispatch will be the record of receipt from the Provider.
12	<b>Evaluate the CGMS Revision Process</b>
	The new contract management process will be evaluated and monitored quarterly. The evaluation will consist of determining a base line status. The measurement and monitoring process of the new system will be compared to the base line. A monitoring tool will be prepared to assess efficiency.