

① March, 22 2013

GCNPHHS

Cabinet Meeting

Agenda - 2 pgs.

② OPM POS Project
Efficiency Office
Feb 2013 - 8 pgs.



STATE OF CONNECTICUT

GOVERNOR DANIEL P. MALLOY

Governor's Cabinet on Nonprofit Health and Human Services

Governor's Cabinet on Nonprofit Health and Human Services

March 22, 2013

10:00 – 11:30

State Capitol Room 310

AGENDA (revised)

1. Welcome (DeBiasi/ Edelstein)
2. Approval of minutes of 1/25/13 Cabinet Meeting – ACTION ITEM
3. Approval of minutes of 9/24/12 Cabinet Meeting – ACTION ITEM
4. Presentations: Cabinet Partner State Agencies
 - DPH – Commissioner Jewel Mullen, MD, MPH, MPA (confirmed)
5. Presentations: Legislative Partners
 - Representative Catherine Abercrombie, Co-chair, Human Services Committee
6. Presentations: Purchase of Service
OPM Efficiency Project: Health and Human Service Contracting: Process Review and Recommendations for the Secretary of OPM
 - Suzanne Cooney, M.P.H., Director of Business Administration, DMHAS
 - Robert S. Dakers, Executive Financial Officer, OPM

Governor's Nonprofit Bond Pool

 - Terry Edelstein, Nonprofit Liaison to Governor Malloy
7. Work Group Reports

Work Group on Population Results

 - Ajit Gopalakrishnan, Chief, Bureau of Data Collection, Research and Evaluation, SDE
 - Yvette Bello, Executive Director, Latino Community Services

Work Group on Jobs

- Terry Macy, Ph.D., Commissioner, DDS
- Maureen Price-Boreland, Executive Director, Community Partners in Action

Work Group on Contract Administration and Procurement

- Alyssa Goduti, Vice President of Business Development & Communication, Community Health Resources
- Kathleen M. Brennan, Deputy Commissioner, DSS

8. Meeting schedule & task review (Edelstein)

9. Other business

10. Adjournment (DeBiasi)

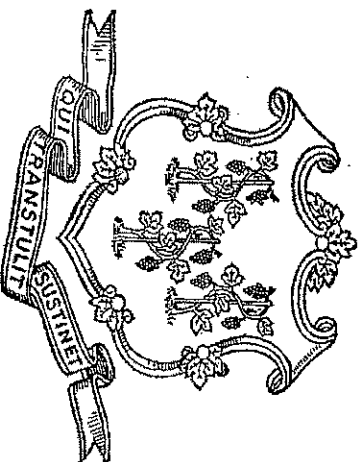
Future Meetings:

<i>2013 Cabinet Calendar</i>	
Cabinet Meeting NEWLY ADDED MEETING – NOTE TIME CHANGE	Tuesday, April 16, 2013 – 9:00 – 11:00 State Capitol room 310
Cabinet Meeting	Friday, May 24, 2013 - 10:00 – 11:30
Cabinet Meeting	Friday, June 7, 2013 - 10:00 – 11:30
Cabinet Meeting	Friday, June 21, 2013 - 10:00 – 12:00

For more information about the Governor’s Cabinet on Nonprofit Health and Human Services see the website at: <http://www.ct.gov/opm/cwp/view.asp?a=2998&Q=490946>

**Contact Meg Riding to receive emails about the Cabinet and specific Work Groups:
meg.riding@ct.gov**

Health and Human Service Contracting



OPM POS Project Efficiency Office
February 2013

Establishment of Health and Human Service Purchase of Service
(POS) Project Efficiency Office (PEO)

- 2012, Secretary Benjamin Barnes of the Office of Policy and Management established the health and Human Services Purchase of Service (POS) Project Efficiency Office (PEO).
- PEO created in response to POS health and human services contracting issues and opportunities raised and identified by non-profit providers, the Nonprofit Liaison to the Governor and State agencies.
- PEO established to identify, recommend and initiate business process and organizational changes related to POS contracting to streamline, standardize, automate and reduce costs and paperwork for both state agencies and providers.
- To result in improved timelines of contract executions and payment, administrative efficiency and savings and a stronger focus on service and client outcomes and less on contract processes.

Establishment of Health and Human Service Purchase of Service
(POS) Project Efficiency Office (PEO)

- State agency contracting staff were assigned three fifths time to the OPM PEO from Departments of Children and Families, Correction, Mental Health and Addiction Services, Public Health and Social Services
- PEO received assistance from staff at the Department of Development Services and direction from the OPM Office of Finance.

PEO Process

- Reviewed agency procedures, organizational structures, reporting requirements, forms and other information.
- Conducted an extensive site visit at each agency
- Compiled complex agency-specific data, aggregated data regarding the POS contracting process and compiled comprehensive agency-specific reports.
- Participated in vendor demonstrations of automated contract/grants management systems
- Researched best practices in the area of health and human service contracting.

SFY 2012 Agency POS Contract Statistics

	DCF	DOC	DDS	DPH	DMHAS	DSS	Total
# of POS Contracts	147	33	192	281	205	1101	1959
# of POS Program Types	97	13	42	31	70	68	321
# of POS Programs	515	80	594	309	850	797	3145
# of Providers	146	30	186	147	159	143	811
Total Contract Funding	\$203,000,000	\$43,656,786	\$625,318,798	\$47,997,022	\$250,347,783	\$718,000,000	\$1,888,320,389
State Funding	\$190,000,000	\$43,161,786	\$614,841,838	\$24,062,651	\$223,486,215	\$421,000,000	\$1,516,552,490
Federal Funding	\$13,000,000	\$495,000	\$10,476,960	\$23,934,371	\$26,860,940	\$297,000,000	\$371,767,271

Note: DSS: Contracting activity changed significantly FY2012 due to the absence of funded programs such as ARRA and Child Care from DSS. FY2013 POS contract number reduced to 580 and the total contracted POS funding reduced to \$334,795,605

Results

- Completed a Business Process Review (BPR) for each POS agency.
- Identified and analyzed staffing levels, organizational structures and business practices.
- BPR report outlined the strengths, weaknesses and recommendations to improve current business practices for each agency.
- Agency specific recommendations developed as actions that individual agencies can implement immediately and/or in the short-term.
- Developed overarching recommendations regarding best-practices or model standards or systems to be applied across-agencies.

Overarching or Cross-Agency Recommendations

- Agency POS Contracting Hub
- Standardized Budgets and Financial Reporting
- Contract Management System
- Timely Contract Executions
- Training
- Contract Consolidation
- Longer Term Contracts
- Increase Use of "Part I" Templates
- Streamline Payment Processes
- Data Collection and Programmatic Outcomes

Next Steps/Implementation Plan

- Meetings with State POS Agencies to review findings.

- OPM will develop in consultation with members of the PEO, POS agencies and providers an implementation plan to:
 1. Prioritize the recommendations
 2. Outline actions steps and timelines
 3. Assign responsibility for action steps
 4. Identify any resources needed for implementation
 5. Outline a method of measuring agency and state-wide progress with implementing the recommendations



Home Care Association of America

Connecticut Chapter

500 Howe Ave., Shelton, CT 06484
203-924-4949

February 21, 2012
Committee on General Law
Testimony Regarding Proposed Bill 5345
"An Act Concerning Homemaker Companion Agencies and Consumer Protection"

Dear Members of the Committee:

My name is Kenneth Gurin. I am President of Connecticut Chapter of The Home Care Association of America—HCAOA (formerly known as the National Private Duty Association). The Home Care Association of America is the leading national non-profit trade association of employer based home care agencies. Its mission is to enhance the strength and professionalism of private duty home care providers through education and best practices and is comprised of over 1,000 agencies nationwide.

Besides being President of the HCAOA for the past 3 years, I have been in the Home Care Industry for over 10 years as owner of an employment based agency registered with the Department of Consumer Protection. I, along with my HCAOA CT Chapter colleagues, are all highly committed to protect the elderly clients we proudly service. In 2006, we worked together to pass the statute regulating the Homemaker and Companion Industry. Moreover, in 2011, we advocated for greater protections for the elderly in promoting passage of Chapter 400o of the Connecticut General Statutes further regulating Homemaker-Companion Agencies.

Thank you for the opportunity to submit comment regarding Proposed Bill 5345.

While HCAOA places our client's safety and welfare first and foremost, we do not believe that this Bill adds any real additional protection. All of our member agencies have been conducting thorough background checks of our caregivers as part of our normal hiring practice and do not place a caregiver into the home until this background check has been completed and deemed suitable. To require agencies to inform potential clients the results of the background checks poses two major issues. First, it violates the employee's legal right to Privacy and violates the Connecticut personnel file statute (See CT Gen. Statute § 31 – 128a, ets eq.). Additionally, the non-medical home care model is custodial by definition and dynamic by its very nature. Having to provide this background check information would likely cause undue delay and detriment in the placement of a caregiver in the client's home, who often needs this care on an immediate basis.