

***State of Connecticut***



**Governor's Cabinet**

on

**Nonprofit Health and Human Services**

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**Report to**

**Governor Dannel P. Malloy**

**December 1, 2013**

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## **EXECUTIVE SUMMARY**

The Governor's Cabinet on Nonprofit Health and Human Services was charged by Governor Malloy to focus on Jobs, Population Results and Contract Procurement & Administration.

The Cabinet made numerous, complex recommendations relating to the Purchase of Service of health and human services by the State of Connecticut. Some recommendations can be addressed administratively. Others will require legislative action.

In addition, the Cabinet made recommendations for focus areas in 2014.

## INTRODUCTION

We are pleased to present the second annual report of the Governor's Cabinet on Nonprofit Health and Human Services to Governor Malloy.

The Governor established the Cabinet in September of 2011 and charged the group with analyzing existing public-private partnerships with respect to the state's health and human services delivery systems and with making recommendations to enhance the effectiveness of those systems in regard to client outcomes, cost-effectiveness, accountability and sustainability.

The recommendations in this report were developed following Governor Malloy's subsequent charge to the Cabinet in December 2012. The three newly constituted Work Groups developed their recommendations with the assistance of over fifty volunteers from the nonprofit sector and the state agencies.

We wish to thank the twenty-two members of the Cabinet for their active participation. We would also like to thank those designees of our state agency Commissioners who gave many hours in representing their agencies at the Cabinet meetings and in the Work Groups.

The Co-Chairs of the Work Group deserve specific recognition:

**Work Group on Jobs:**

Terry Macy, Commissioner, Department of Developmental Services  
Maureen Price-Boreland, Executive Director, Community Partners in Action

**Work Group on Population Results:**

Ajit Gopalakrishnan, Chief, Bureau of Data Collection, Research and Evaluation,  
State Department of Education  
Yvette H. Bello, Executive Director, Latino Community Services

**Work Group on Contract Procurement & Administration:**

Kathleen Brennan, Deputy Commissioner, Department of Social Services  
Alyssa Goduti, Vice President Business Development & Communications, CHR

In addition we would like to thank Robert Dakers, Executive Finance Officer at the Office of Policy and Management for his active participation and willingness to assist each of the Work Groups.

We look forward to discussing the Cabinet recommendations with Governor Malloy.

- *Terry Edelstein*, Nonprofit Liaison to the Governor, Cabinet Co-Chair

- *Peter S. DeBiasi*, President/CEO, Access Community Action Agency, Cabinet Co-Chair

**GOVERNOR'S CABINET ON NONPROFIT HEALTH AND HUMAN SERVICES  
MEMBERSHIP**

***Governor Malloy appointed the following individuals to serve on the Cabinet***

Terry Edelstein, Nonprofit Liaison to the Governor, Cabinet Co-Chair

Peter S. DeBiasi - President/CEO, Access Community Action Agency, Cabinet Co-Chair

Yvette H. Bello, Executive Director Latino Community Services

Roderick Bremby, Commissioner, Department of Social Services

William Carbone, Executive Director, Court Support Services Division of the Judicial Branch

Deborah Chernoff, Communications Director, SEIU 1199NE

Michelle Cook, CT State Representative

Roberta Cook, President/CEO, BHcare, Inc.

Marcie Dimenstein, Senior Director-Behavioral Health, The Connection, Inc

Robert Dakers, Office of Policy and Management

James Dzurenda, Interim Commissioner, Department of Corrections

Patrick J. Johnson, Jr., President, Oak Hill

Joette Katz, Commissioner, Department of Children and Families

Terry Macy, Commissioner, Department of Developmental Services

Jewel Mullen, Commissioner, Department of Public Health

Daniel J. O'Connell, President/CEO, Connecticut Council of Family Service Agencies

Amy Porter, Commissioner, Department of Rehabilitation Services

Maureen Price-Boreland, Executive Director, Community Partners in Action

Stefan Pryor, Commissioner, Department of Education

Patricia Rehmer, Commissioner, Department of Mental Health and Addiction Services

Nancy Roberts, President and CEO, Connecticut Council for Philanthropy

Anne L. Ruwet, CEO, CCARC, Inc.

## **RECOMMENDATIONS**

These recommendations that appear in this report have been approved by the full Cabinet.

They were developed by the three Cabinet Work Groups and presented to the full Cabinet for review, discussion and finally action to adopt them. Some of the recommendations break new ground; others build on recommendations previously made by the Cabinet, and still others are related to supporting and enhancing ongoing work within the Executive Branch.

These recommendations make reference to Purchase of Service (POS) contracts. A POS contract is a contract between a state agency and a private provider organization or municipality for the purpose of obtaining direct health and human services for agency clients. The contract generally is not used for the sole purpose of purchasing administrative or clerical services, material goods, training and consulting services. POS contracts cannot be used to contract with individuals.

All of the recommendations are based on the “Guiding Principles,” which appear below. They were endorsed by the predecessor Commission on Nonprofit Health and Human Services in 2011 and revised by the Cabinet in 2012.

### **GUIDING PRINCIPLES TO GUIDE THE STATE-PRIVATE NONPROFIT PROVIDER PARTNERSHIP**

These Partnership Principles are intended to promote a fair, effective, responsive, transparent and accountable partnership between nonprofit providers and their state government funders. The key elements of the Principles are that:

- All contracted services are based on dynamic, data-driven systems;
- Selection processes for contracted providers are transparent and competency-based;
- Contract terms and renewals are based on the community’s best interest and performance;
- Contract amounts and timely payments are critical to maintaining a viable system;
- Reporting and monitoring promote efficiency and accountability and
- There is open communication and mutual accountability which are critical for government and nonprofit providers to fulfill their shared commitment to the public good.

## **A. JOBS**

### **GOVERNOR MALLOY'S CHARGE TO THE WORK GROUP ON JOBS – 12/10/12**

Goal: To ensure ongoing provision of high quality, cost effective health and human services by nonprofit community-based providers by promoting a well trained, well educated workforce

1. Look at best practices within the state and across the country
2. Project the workforce needs of the future
3. Project the workforce skill requirements of the future considering the impact of the Affordable Care Act
4. Building on ongoing initiatives
  - a. Recommend a plan to work with SDE and the elementary and secondary education systems to train the future workforce
  - b. Recommend a plan to work with Higher Ed systems to train the future workforce
  - c. Work with DOL to assemble data on nonprofit employment and wages
  - d. Work with the Department of Veteran's Affairs to match health and human services workforce needs and potential workers
5. Work with Department of Economic and Community Development to develop incentives for nonprofit businesses

The Work Group's full report appears in the appendix to this report.

#### **It is recommended that:**

1. A future Jobs Work Group:
  - a. Work with DOL, OPM and relevant state agencies to collect data on the POS and the Judicial Branch CSSD's contracted workforce in the nonprofit sector. The data should include:
    - Categories of standard positions
    - Average numbers of those employed
    - Weekly average wages
    - Current average wages based on job categories
    - Hourly wages, trends and benefits
    - Skill level gap
    - Rate and reason for turnover of staff
  - b. Assess and report on a process to develop and implement a statewide data system that captures nonprofit sector workforce needs and trends.

- c. Ensure the following data are collected and analyzed, and that resulting recommendations are brought to the Cabinet:
    - o Baseline information on the current resources and gaps in resources for meeting training needs
    - o Resources within Connecticut educational institutions, including online options, designed to meet the needs of the nonprofit workforce
    - o Data on the training resources provided by the various state agencies that contract with nonprofit providers
  - d. Recommend to the Cabinet a formalized statewide system for identifying and recruiting interns, a key resource for nonprofit community based providers.
2. The Cabinet supports the recommendations made by the Commission on Nonprofit Health and Human Services in its final report dated March 31, 2011 in the following areas and urges the state to comply with the recommendations:

#### Cost Comparisons Workgroup - Private and State Services Workgroup

##### *Wages:*

*37. ... the state should commit to funding Private Non-Profit providers at a level that would allow the Private Non-Profit sector to raise the wages of its lowest paid workers and to implement a salary structure that would allow the Private Non-Profit sector to recruit and retain a qualified workforce.*

##### *Health Insurance*

*38. To attract and retain a qualified workforce and to ensure the health of its employees, the Private Non-Profit sector needs to provide comprehensive employee health benefits. The state's contracts, rate, and fee structure need to support this goal.*

##### *Retirement Benefits*

*39. Through its contracting procedures, the state should provide financial incentives to Non-Profit Providers to establish or enhance retirement benefit programs. Carefully structured retirement benefits could provide an incentive for employee longevity, reducing the costs and service discontinuity associated with staff turnover*

3. The Governor's Nonprofit Liaison or a designee should participate as a voice at the table of the Connecticut Employment and Training Commission (CETC). The CETC is Connecticut's State Workforce Investment Board, authorized under the federal Workforce Investment Act and state statute. The CETC provides workforce-related policy and planning guidance to the Governor and General Assembly and promotes coordination of the state's workforce-related investments, strategies, and programs.

4. In order to support the workforce of the future, encourage nonprofit health and human service agencies to reflect the inclusion and diversity of the population served:
  - a. Nonprofit health and human service providers may demonstrate their sensitivity and competence in serving under-represented populations by actively and affirmatively committing to hiring management and line staff that reflect the under-represented populations to whom they provide services (e.g. veterans, persons with disabilities, people in recovery and the formerly incarcerated).
  - b. State agencies that contract with nonprofit human service agencies and nonprofit human service agencies should consider policies and procedures that explicitly support the recommendation above. It is also recommended that these policies and procedures be consistent to the extent possible.

## **B. POPULATION RESULTS**

### **GOVERNOR MALLOY'S CHARGE TO THE WORK GROUP ON POPULATION RESULTS – 12/10/12**

Goal: To ensure that program outcomes are linked to broader population measures

1. Develop a plan for implementing “cross-agency population results” including,
  - a. Linking “cross-agency population results” to Purchase of Service (POS) outcome measures
  - b. Recommending a structure for a “Populations Results Organizing Body”
2. Look at best practices within the state and across the country

The recommendations below build on those in the Cabinet’s October 2012 Annual Report to Governor Malloy.

The Work Group’s full report is included in the appendix to this report.

#### **It is recommended that:**

1. The Executive Branch, in consultation with the Legislative and Judicial Branches
  - a. Establish a policy-level “coordinating entity” to:
    - i. Lead the effort to ensure the development of program-relevant performance measures that demonstrate program-specific contributions to the population indicators and results as developed by this Cabinet.
    - ii. Ensure these measures are consistently applied to POS contracts across all state agencies and branches of state government.
    - iii. Arrange for the intra-agency teams referenced below, to have adequate support from experts in the development and use of performance measures. This will allow for state agencies, funders and providers to receive the necessary support to develop, implement and use appropriate performance measures as recommended.
    - iv. Utilize the document created by the Population Results Work Group entitled Lessons Learned: A Guide for Connecting Population Results and Performance Measures in Purchase of Service Contracts (Appendix A of Work Group Report) to guide this work.

2. State agencies that award health and human services POS contracts establish an intra-agency team (that includes staff from data, operations, and contracts divisions) to support the inclusion of appropriate performance measures into POS contracts.
3. That the work group referenced in recommendation 5 below refine the preliminary population indicators selected by the 2011-12 work group (see Appendix B of Work Group Report) using actual data, and ensure this process is ongoing.
4. Designate CTdata.org, managed by the CT Data Collaborative, as the structure to acquire, maintain and make accessible the population indicators data.
5. A work group similar in composition to the current Population Results Work Group of the Cabinet and broadly representative of all stakeholders including all branches of government, funders and providers, be created to advise the “coordinating entity” on the work encompassed in above recommendations.

## **C. CONTRACT PROCUREMENT & ADMINISTRATION**

### **GOVERNOR MALLOY'S CHARGE TO THE WORK GROUP ON CONTRACT PROCUREMENT AND ADMINISTRATION – 12/10/12**

Goal: To ensure efficiency and cost effectiveness in the state's procurement process while supporting the nonprofit provider infrastructure

1. Look at best practices within the state and across the country
2. Recommend revisions to the OPM Cost Standards for certain allowable depreciable expenses
3. Recommend revisions to the OPM Cost Standards and to POS contracts to allow nonprofit providers to establish capital reserve accounts
4. Consider a surplus retention policy across POS contracts, analyzing the pros and cons of establishing this policy including the cost to the state and the process for ensuring the provision of contracted services
5. Develop recommendations to enhance bonding alternatives for nonprofit health and human services providers
  - a. Assess utilization and limitations of existing bond pools (DDS, DMHAS, DSS, DCF)
  - b. Assess utilization and limitations of OPM Nonprofit Incentive Grant bond pool
  - c. Recommend additional bonding options to support the nonprofit provider infrastructure in such areas as Electronic Health Records, IT systems and infrastructure support
6. Monitor status of procurement and action steps recommendations including:
  - a. Posting "Principles to Guide the State/Private Nonprofit Provider Partnership"
  - b. Training on the principles
  - c. Revising procurement standards
  - d. Streamlining data reporting requirements
  - e. Aggregating audit and other data
  - f. Assessing financial health of nonprofit providers
  - g. Developing training protocols relating to contract and fee for service reimbursement

The Cabinet adopted recommendations in three areas:

- Retention of Unexpended Funds
- RPF and Procurement Process
- Cost Standards

The Work Group's full report is included as an appendix to this report.

## 1. Retention of Unexpended Funds

### It is recommended that:

- a. State agencies and providers will continue to collaboratively develop outcome, performance and performance monitoring systems that will enable a greater level of budgetary flexibility including retaining a portion of unexpended funds.
- b. In the interim:
  - i. State agencies may work with providers to allow state funds to be spent first, provided there are no federal or other matching requirements.
  - ii. Providers will continue to submit fiscal and programmatic reports in accordance with current contractual requirements. Providers and state agencies will continue to discuss these reports and other matters and adjustments will be made as needed.
  - iii. Providers will submit the 8 month report as currently, in regard to which:
    - a. State agencies, in consultation with the provider, may direct spending changes based on fiscal and other reports.
    - b. State agencies and providers may continue to seek, through the budget revision process, to repurpose projected unexpended funds for one time purposes important to the program and provider.
- c. Year-end reconciliation
  - i. Cost reconciliation will continue to occur at the same level that cost reconciliation currently occurs (i.e. program, SID, etc) for each contract.
  - ii. If there are unexpended funds and if State agency determines that the provider has complied with contractual and other service delivery requirements, then:
    - o The provider may retain 50% of the unexpended funds
    - o The retention amount shall be capped at 10% of the funds received by the provider (at the program, SID or other level to be reconciled).

*Note: Unexpended amounts resulting from a failure to make certain expenditures or fill positions as directed by a state agency may not be included in the calculation of the provider retention amount.*

- iii. Federal funds will follow federal rules
- iv. Unexpended funds retention would not apply in the first year of a new program.
- d. In cases of budget deficits, unexpended funds retention may be suspended for a particular fiscal year by the Secretary of OPM or as part of an agency deficit mitigation plan.

## 2. RFP and Procurement Process

The recommendations below are a follow up to the recommendations made by the Cabinet in 2012 for changes in the State Procurement Standards for POS contracts.

The specific revisions to the Procurement Standards needed to implement the recommendations summarized below are presented in the Contract Procurement & Administration Work Group's final report (see Appendix).

### **It is recommended that:**

The State Procurement Standards for POS contracts be revised to support the following:

- a. Section I.F - Applicability: In addition to the Executive Branch that is required to utilize the Standards, the Judicial Branch is encouraged to use them.
- b. Section I.H.3 - Procurement Training: All agencies utilize standard training for all staff with procurement responsibilities and consider using web-based training to reduce costs and improve efficiencies. Agencies may provide additional materials to address agency-specific policies and procedures.
- c. Section II.B.1 - Sole Source Contracts: Increase the dollar limit (<\$20,000) and length of contract (<one year) to allow for sole source contracting to save time and resources for both the state and providers. This would require statutory change.
- d. Section II.B.3 - Waivers from Re-Procurement: Contrary to the 2012 Cabinet's recommendations, do not change the current factors identified as considerations for a waiver to include items such as evidence-based models which require significant investment at the provider level.

- e. Section II.C.2 -Procurement Schedule: In lieu of requiring a state agency to re-procure the entire system in cases where the agency has concerns regarding the performance of a particular provider(s) within a service type category, allow state agencies to limit the competitive procurement to a particular provider contract.
- f. Section IV. A. - Evaluating the Need: Revise this section to more concisely and clearly describe when a state agency should engage a contractor. Primarily related to Personal Service Agreements (PSAs) the revised language requires agencies to consider the ability of another state agency to provide the service, or the ability to purchase the service on a collaborative basis with other state agencies; requires when feasible, the conduct of a cost-benefit analysis and/or the development of a business case to establish the merits and desirability of contracting out. The revised language sets forth additional considerations for state agencies when contemplating the engagement of a contractor for the needed service.
- g. Section IV. F - Writing the RFP: Encourage agencies to adopt a strategic planning focus, rather than a purely operational one, when developing a procurement plan; encourage the use of competitive procurements to identify and adopt new or innovative service models; and in support of those efforts allow an agency, as appropriate, to seek input from stakeholders, including service recipients and clients, service providers, and other experts, prior to the promulgation of the RFP.
- h. Section IV. F. 4 - Evaluation Criteria: Disclose weights for each section of the RFP unless there are specific and compelling reasons not to disclose weights for a particular program.
- i. Section IV.K.3 - Contractor Selection: Related to sending the three top ranking proposals to the agency head, specify that no agency personnel, other than the Screening Committee, shall have any part in evaluating or rating proposals or in determining the names of the three top ranking proposers; but allow the agency head to consult with the Screening Committee or other agency personnel in making a decision about which of the three names to select.
- j. Section IV.K.3 - Contractor Selection and Timeline: Require that the agency make a good faith effort to complete the negotiation process with the selected contractor within forty-five (45) days of notification of the award, and execute the resultant contract(s) not later than 30 days prior to the contract start date.

- k. Section V.B - Debriefing and Appeal Process: Require the agency to disclose to a provider who requests a debriefing the number of proposals received, the ranking of their particular proposal and the scores of their proposal and the successful proposal(s); and to schedule and hold the debriefing meeting within fifteen (15) days of the request.
- l. Section V.D.1 - Monitoring Contractors: Require agency staff assigned to monitor a specific contractor to conduct collaborative discussions geared toward service delivery improvement with the contractor.
- m. Submission of Proposals - Encourage state agencies to maximize the use of electronic communications as part of the RFP process and to take into consideration both costs to the state and bidders when determining the number of hard copies necessary for the review process.
- n. Technical recommendations - (1) Use the OPM standard RFP proposal format for all POS contracts; (2) Remove Screening Committee from this section; (3) Require that rating sheets be approved by the agency head (or designee) before the RFP is released; (4) Include the rating sheets in the evaluation plan (with the criteria and weights) used when evaluating the proposals.(IV.F.4); (5) Before the RFP is released, require the agency head (or designee) to approve the evaluation plan, including the weighted criteria. (IV.G)

### **3. Cost Standards**

The specific revisions to the Cost Standards needed to implement the recommendations below are presented in the Contract Procurement & Administration Work Group's final report (see Appendix).

#### **It is recommended that:**

- a. The Cost Standards for POS contracts be amended as follows:
  - i. Allow costs related to advertising and public relations focused on communicating about available services and access to care.
  - ii. Simplify the description of unallowable advertising and public relations costs with new language that includes:
    - a. Costs of meetings or other events not related to the state award.
    - b. Costs of memorabilia, models, gifts or hospitality suites.
    - c. Costs designed solely to promote the organization or solely for fundraising purposes.

- iii. Revise the definition of fundraising to remove the word “grants.” The new definition should read, “Fundraising is defined as the organization’s efforts to raise capital or obtain contributions (e.g. cash, non-cash, services, time, gifts) through financial campaigns, endowment drives or other forms of solicitation.”
  
- b. The Cabinet should address the issue of fair rental for agency owned property, including costs of ongoing property management and the need for capital improvement reserves and the language to clarify that taxes incurred under the Affordable Care Act are not reimbursable expenses under the Cost Standards.

## **ADDITIONAL RECOMMENDATIONS FOR FUTURE FOCUS OF CABINET WORK**

In addition to addressing the recommendations for future action provided above, the Cabinet also recommends the following:

1. Expand the Cabinet to include the Commissioners of all ten state agencies that utilize Purchase of Service contracts as well as the Judicial Department
2. Align the work of the Cabinet with the work of other state initiatives such as:
  - State Innovation Model Grant (SIM) and its Workforce Task Force
  - Veteran's Cabinet
  - Population Results work occurring through the SIM, State Health Improvement Plan, Children's Report Card Task Force, individual POS state agencies
  - Affordable Care Act rollout and restructuring of healthcare
3. Focus on wage/ pay equity – linked to the predominantly female workforce employed by nonprofit organizations
4. Serve as a vehicle for providing critical, up-to-date information for nonprofit health and human service providers
5. Serve as a venue to promote “best practices”

## APPENDIX

### GOVERNOR'S CABINET ON NONPROFIT HEALTH AND HUMAN SERVICES

#### Report to the Governor - October 1, 2012

The Cabinet submitted its first report on October 1, 2012.

Report to the Governor:

[http://www.ct.gov/opm/lib/opm/assets/temp/governors\\_np\\_cabinet\\_annual\\_report\\_final\\_2012-10-01.pdf](http://www.ct.gov/opm/lib/opm/assets/temp/governors_np_cabinet_annual_report_final_2012-10-01.pdf)

Cover letter for October 1, 2012 report:

<http://www.ct.gov/opm/lib/opm/assets/temp/coverletter.pdf>

#### Recommendations and Next Steps – Nonprofit Liaison – December 3, 2012

December 3, 2012

To: Governor Dannel P. Malloy

From: Terry Edelstein, Nonprofit Liaison

Re: Recommendations and Next Steps – Governor's Cabinet on Nonprofit Health and Human Services

When you established the Governor's Cabinet on Nonprofit Health and Human Services in September 2011 you asked the Cabinet "to analyze existing public-private partnerships with respect to the state's health and human services delivery systems and to make recommendations to enhance the effectiveness of those systems in regard to client outcomes, cost-effectiveness, accountability and sustainability."

This memo summarizes the recommendations of the report the Cabinet submitted on October 1, 2012, suggests fourteen gubernatorial or administration action steps and outlines a future charge of the Cabinet.

#### ***ACTION STEP SUMMARY***

1. *Administrative Action:* Post Principles to Guide the State/Private Nonprofit Provider Partnership on OPM website
2. *Administrative Action:* Provide training to state agencies about the intent and scope of the Principles

3. *Gubernatorial Action:* Charge Cabinet with creating a “Work Group on Population Results” to develop a plan for implementing these recommendation including: Linking “cross-agency population results” to Purchase of Service (POS) outcome measures and recommending a structure for a “Populations Results Organizing Body”
4. *Gubernatorial Action:* Recommend legislation to increase the threshold for seeking a waiver from competitive bidding from \$20,000 for a one year contract to up to \$100,000 for a two year contract
5. *Administrative Action:* Incorporate specific recommendations of the Cabinet into the State Procurement Standards.
6. *Administrative Action:* Develop common file structures
7. *Administrative Action:* Coordinate the data posting process
8. *Administrative Action:* Report on the health of nonprofit providers by September 1, 2013 and in each subsequent year
9. *Administrative Action:* Link Cabinet recommendations with the work of OPM Secretary Barnes’ Purchase of Service Contracting Efficiency Project (initiated January 2012)
10. *Administrative Action:* Work with state agency administrators and contract managers with respect to payment rates covering the cost of service as mutually agreed to by the provider and the funding state agency in a fair and transparent manner.
11. *Administrative Action:* Recommend revisions to the OPM Cost Standards for certain allowable depreciable expenses.
12. *Administrative Action:* Recommend revisions to the OPM Cost Standards and to POS contracts to allow nonprofit providers to establish capital reserve accounts.
13. *Administrative Action:* Consider a proposal for surplus retention across POS contracts, analyzing the pros and cons of establishing this policy including the cost to the state, the benefits to nonprofit providers and the process for ensuring the provision of contracted services.
14. *Administrative Action:* Develop recommendations to enhance bonding alternatives for nonprofit health and human services providers

For the complete memo see:

[http://www.ct.gov/opm/lib/opm/recommendations\\_to\\_governor\\_from\\_np\\_liaison -  
\\_governors\\_cabinet\\_on\\_nonprofit\\_health\\_and\\_human\\_services.pdf](http://www.ct.gov/opm/lib/opm/recommendations_to_governor_from_np_liaison_-_governors_cabinet_on_nonprofit_health_and_human_services.pdf)

## COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES

The Commission on Nonprofit Health and Human Services was the predecessor to the Governor's Cabinet on Nonprofit Health and Human Services. The Governor's Cabinet has built on the work of the Commission.

The Commission on Non-Profit Health and Human Services was created by Special Act 10-5 to analyze the funding provided to non-profit providers of health and human services under purchase of service contracts. The Act calls for the analysis to include:

(1) A comparison of the costs of services provided by a state agency with the costs of services provided by a private provider, including a comparison of wages and benefits for private union employees, private nonunion employees and state employees.

(2) the cost increases associated with the provision of services by private providers under health and human services programs from 2000 to 2009, inclusive, including increases in the cost of employees' health insurance, workers' compensation insurance, property casualty insurance and utilities.

(3) the projected costs associated with the provision of services by private providers under health and human services programs through December 31, 2014.

(4) a projection of cost savings that may be achieved by serving individuals who are recipients of benefits under health and human services programs in their communities rather than in institutions.

(5) sources of revenue for health and human services programs.

FINAL REPORT: March 31, 2011:

[http://www.ct.gov/opm/lib/opm/finance/hhs\\_commission/final\\_report\\_commission\\_on\\_nonprofit\\_health\\_and\\_human\\_services.pdf](http://www.ct.gov/opm/lib/opm/finance/hhs_commission/final_report_commission_on_nonprofit_health_and_human_services.pdf)

## OPM ANNUAL REPORT ON PURCHASE OF SERVICE CONTRACTS

This document summarizes information regarding Purchase of Service (POS) contracting activity of state agencies for state fiscal year 2013. As required by Public Act 11-238, this report includes an assessment of the aggregate financial condition of nonprofit, community-based health and human services agencies that enter into POS contracts.

[POS Annual Report](#) [SFY'13] (Adobe.pdf, 1,045KB)  
November 6, 2013

## **CABINET WORK GROUP REPORTS**

Please follow the links below to read the final reports submitted by the Cabinet Work Groups. All documents are posted on the Cabinet website. You can also find a link to the Cabinet on the Office of Policy and Management home page.

<http://www.ct.gov/OPM/site/default.asp>

### **WORK GROUP ON JOBS - FINAL REPORT**

[\*\*JOBS\*\* Work Group - Final Report for Approval - 10-30-13](#)

### **WORK GROUP ON POPULATION RESULTS – FINAL REPORT**

[\*\*POPULATION RESULTS\*\* Work Group - Final Report - 10-30-13](#)

### **WORK GROUP ON CONTRACT PROCUREMENT & ADMINISTRATION – FINAL REPORT**

[\*\*CONTRACT PROCUREMENT & ADMINISTRATION\*\* Work Group Final Report 10-30-13](#)

[\*\*CONTRACT PROCUREMENT & ADMINISTRATION\*\* Cost Standards - Work Group Recommendations for 10-30-13 action](#)

**CONTRACT PROCUREMENT & ADMINISTRATION - RFP & Procurement Processes** [Work Group Recommendations approved Cabinet 8-21-13](#)