

**THE DEPARTMENT OF HEALTH AND HUMAN SERVICES'
CONTRACT EXECUTION AND MONITORING PROCESS**

APPENDIX

OFFICE OF LEGISLATIVE OVERSIGHT
REPORT NUMBER 2009-1

SEPTEMBER 23, 2008

Sue Richards
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LIST OF APPENDICES

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PAYMENT METHOD FOR SELECTED PROCUREMENTS

Revised 05/27/08

Description of Purchases	Authority	Authorized Departments	Code (old)	Code (new)	Payment Method
Accruals	Not Subject to Procurement	All Departments	0823999	999001	DV
Advertising Services	CAO Waiver of 4.1.9 Direct Purchase Threshold	All Departments	N/A	999002	DV
Agriculture Land Easement	Procurement Regs. Section: 1.2.3	Office of Economic Development (78)	0654999	999003	DV
Auditors	County Code Section: 11B-4	Office of Legislative Oversight (03) County Council	0893999	999004	DV
Background Investigations	Not Subject to Procurement	Police Department (47)	0894001	999005	DPO/DV
Bethesda Urban District Services	CAO Annual Agreement County Code: 68A-1:68A-12	Bethesda Urban District	N/A	999067	DV
Circuit Court Library Materials	County Code Section: 11B-4	Circuit Court	N/A	999069	DV
Clean Energy Reward Program	Code 18A-11 Executive Regulation 2.06 AM	Department of Environmental Protection	N/A	999059	DPO/DV
Collective Bargaining (Arbitrators, mediators, factfinders)	County Code Section: 11B-4	Office of Human Resources	0736999	999007	DPO/DV
Comcast Franchise Payment	Franchise Agreement	Department of Technology Services	N/A	999063	DPO/DV
Court Ordered Payments (Request for payment must be accompanied by a signed Court Order)	Court	All Departments	N/A	999058	DPO/DV
Debt Service: Debt Underwriting Activities	County Code 20-13	Finance	N/A	999068	DV
Disc Jockey Services	Open Solicitation	Recreation	N/A	999065	DPO/DV
Economic Development Fund	Not Subject to Procurement	Office of Economic Development (78)	0742999	999008	DPO/DV
Economic Development Partnership	Not Subject to Procurement	Office of Economic Development (78)	0741999	999009	DV
Electricity/Natural	Executive Regulation 5-04T	DPWT	N/A	999057	DV
Executive Orders	Not Subject to Procurement		0495999	999010	DV
Franchise Fee Payment	Not Subject to Procurement	Department of Housing & Community Affairs	0739999	999049	DV
Furniture (under contract) (For orders under \$5,000 only)	Procurement Regs. Section 1.4.1	All Departments	N/A	999070	DPO
Hauling of Redistributed Assets	On-Line Surplus Program	All Departments	N/A	999054	DV
Hearing Examiner/Services	Not Subject to Procurement County Code, Ch. 1A (4) B	Department of Zoning & Administrative Hearings (0510)	N/A	999056	DV
Housing Opportunities Commission Payments	Not Subject to Procurement	Department of Housing & Community Affairs (77)	0161999	999011	DV
Inmate Worker Pay	County Code Section: 13-7	Department of Correction & Rehabilitation (4220)	0813999	999012	DV
Insurance General Liability	Not Subject to Procurement	Risk Management (32) Fire & Rescue (45)	0633999	999013	DPO/DV
Insurance Reimbursement	Approval of Finance	OHR (33)	0632999	999048	DV
Interpreter Registry	COMAR	Circuit Court		999053	DV
Investment Board	County Code Section: 11B-4	Non-departmental Accounts	0921999	999014	DV
Jury Pay	County Code Section: 12-3 & 12-4 Procurement Regs. Section: 1.2.1	Circuit Court (1110)	0812999	999015	DV
Legal Services	County Code Section: 11B-4	County Council (01) County Attorney (30)	0811999	999016	DV
Library Materials	County Code Section: 11B-4	Department of Public Libraries (71)	9700999	999017	DV
Liquor	State Annotated Code	Liquor Control Board (85)	8970999	999018	DV
Loan Disbursement	Not Subject to Procurement	Department of Housing & Community Affairs (77) (76)	0603999	999019	DV
Maintenance Reimbursement	Not Subject to Procurement	Community Use of Schools	0769999	999045	DV
Membership Dues	Not Subject to Procurement	All Departments	0739086	999020	DV
Memorandum of Understanding (MOU)	MOUs	All Departments	N/A	999073	DPO/DV
Merit Board Settlement Payments	County Code Section: 33-14 & County Code Section: 20-2	All Departments	N/A	999071	DV
Mileage Reimbursement	Not Subject to Procurement	All Departments	0900999	999021	DV

PAYMENT METHOD FOR SELECTED PROCUREMENTS

Revised 05/27/08

Description of Purchases	Authority	Authorized Departments	Code (old)	Code (new)	Payment Method
Municipality Tax Duplication	Not Subject to Procurement	OMB	0493999	999047	DV
Neighborhood Improvement Program	Not Subject to Procurement	DPW&T(50)	0899999	999022	DV
Office Supplies Office Depot Contract	Procurement Regs. Section: 1.4.1	All Departments	7510999	999023	DPO/DV
Overnight Parcel	Procurement	DPW&T/DF&S	0751999	999024	DPO
Paraprofessional Support Services	Procurement Regs. Section: 1.4.1	HHS/Homes Services (64) Vouchers	0839999	999025	DV
Paraprofessional Support Services	Procurement Regs. Section: 1.4.1	HHS/Homes Services (64) Home Care	0840999	999026	DV
Paraprofessional Support Services	Procurement Regs. Section: 1.4.1	HHS/GH Subsidies (64)	0841999	999027	DV
Participation Project	Procurement Regs. Section: 1.2.2	DPW&T (50) All Agencies involved with Public Entity Contracts	0162999	999028	DPO/DV
Participation Agreement/MOU	County Code 49-6	DPW&T, DHCA	N/A	999052	DV
Participation Project Railway	Procurement Regs. Section: 1.2.2	DPW&T	0162999	999030	DPO/DV
Petty Cash	Administrative Procedures	All Departments	0602999	999031	DV
Plants and Landscaping Supplies	CAO Waiver; Dated 10/29/1999	Montgomery County Conservation Corps	999061		DPO
Postage	Procurement Regs. Section: 1.4.1	All Departments	0814999	999032	DV
Real Property	County Code Section: 11B-46 Procurement Regs. Section: 1.2.3	DPW&T(50) HCA(77)	0653999	999033	DV
Recreation	Bill #25-06; County Council	Recreation	N/A	999060	DPO/DV
Reimbursement to MCPS Personnel	County Code 44-5A	CUS (70)	N/A	999062	DV
Rental Assistance Program	County Code Ch. 41A-12	DHHS	N/A	999055	DV
Rent/Leases	County Code Section: 11B-46 Procurement Regs. Section: 1.2.3	All Departments	0734999	999034	DV
Retirement Fund	County Code Section: 11B-4	All Departments	0637999	999035	DV
Stenographic Services	Procurement Regs. Section: 1.4.1	All Departments	0733999	999029	DV
Storm Water Management Participation	Procurement Regs. Section: 1.4.1	Department of Permitting Services	0154999	999038	DV
Swim Coach Reimbursables	Open Solicitation	Recreation	N/A	999064	DPO/DV
Temporary Clerical/Under Contract	Procurement Regs. Section: 1.4.1	All Departments	0738999	999039	DV
Travel Reimbursement/Advance	Administrative Procedures	All Departments	0740999	999040	DV
Tuition Payment	Not Subject to Procurement	All Departments	0833999	999041	DV
Utilities (except Long Distance Telephone Service), Cellular Phone, Electricity	Not Subject to Procurement	All Departments	0491999	999042	DV
Utility Payment MCPS/BOE	County Code 44-5A	Community Use of Schools (70)	0491999	999043	DV
Utility Relocation	Contract Review Committee Approved 8/17/95	DIST, DPW&T (50)	0492999	999044	DPO/DV

These codes have been assigned specifically for the purchases listed above and are to be used only by authorized departments. Improper use of these codes may result in disciplinary action.

**APPENDIX: List of Contracts Administered by Children, Youth and Families
in FY08, by Program Area**

Exhibit: Inventory of FY08 Active Contracts for Child Welfare Services

	Contractor/Vendor Name	FY'08 Contract Amount	% of Total	Service Description
	<i>Community Grants</i>			
1	CASE RESEARCH STUDY	\$50,000	2%	Measure the implementation & overall impact of CASE's therapeutic adoption program.
2	Reginald S. Lourie Center	\$51,100	2%	Therapeutic Nursery Contract (CWS piggybacks Behavioral Health's contract)
3	METROCAP	\$75,000	3%	Deliver violence prevention classes in 20 schools for children, parents, staff
4	Primary Care Coalition	\$536,270	24%	CWS manages the Child Assessment Center (The Tree House) portion and "piggybacks" Public Health Services' Care for Kids contract.
	<i>Subtotal for Community Grants</i>	<i>\$712,370</i>	<i>32%</i>	
	<i>Named in a Grant</i>			
5	Interagency Family Preservation Services (Collaboration Council)	\$882,500	40%	Coordinate IFPS to provide smarter choices & better options to CYF in need of family preservation services.
	<i>Subtotal for Noncompetitively Awarded Contracts</i>	<i>\$1,594,870</i>	<i>72%</i>	
	<i>Informal Solicitation</i>			
6	Brief Strategic Family Therapy Training – University of Miami	\$24,500	1%	Conduct interactive BFST trainings at CWS for staff
	<i>Open Solicitations</i>			
7	CASE PRE-ADOPTION	\$25,000	1%	Outpatient Behavioral Health Services - Counseling
8	Center for Therapeutic Concepts	\$2,000	<1%	Outpatient Behavioral Health Services - Mentoring
9	Holley Associates	\$33,000	2%	Weekend and holiday protective services coverage
10	Institute for Family-Centered Services	\$25,000	1%	Outpatient Behavioral Health Services – Crisis Stabilization
11	Lee, James (Jim)	\$10,000	<1%	Foster and Adoptive Home Studies
12	McLinden, Lisa	\$12,750	1%	Foster and Adoptive Home Studies
13	Reid, LaVoyce Brice	\$23,000	1%	Weekend and holiday protective services coverage
14	Ruth, Richard	\$22,000	1%	Outpatient Behavioral Health Services - Psychiatric Evaluations
15	Sachs, Jane	\$13,100	1%	Outpatient Behavioral Health Services - Psychiatric Evaluations
16	Schwartz, Marie	\$15,000	1%	Foster and Adoptive Home Studies
	<i>Subtotal for Open Solicitations</i>	<i>\$180,850</i>	<i>8%</i>	

Contractor/Vendor Name	FY'08 Contract Amount	% of Total	Service Description	Contractor/Vendor Name
	<i>RFPs</i>			
17	Banks, Cheryl	\$22,606	1%	Education and training on child welfare, abuse and neglect
18	CASE POST ADOPTION	\$200,000	9%	Post-Adoption Services
19	Frameworks for Families: Family Services Agency	\$172,278	8%	Home and community-based program of family-focused, culturally-appropriate service coordination, I&R, and parenting skills training
20	Friedman, Roger S. – Ph.D.	\$4,800	<1%	Clinical Consultation and Training (for Families Now Program)
	<i>Subtotal for RFPs</i>	<i>\$399,684</i>	18%	
	<i>Subtotal for Competitively Awarded Contracts</i>	<i>\$605,034</i>	28%	
	GRAND TOTAL	<i>\$2,199,904</i>	100%	

Source: DHHS Child Welfare Services, May 2008

Exhibit: Inventory of FY08 Active Contracts for Early Childhood Services

	Contractor/Vendor Name	FY08 Contract Amount	% of Contract Funding	Services Description
Community Grants				
1	Centro Familia	\$70,000	2%	Provides training and technical assistance to family child care providers with limited English proficiency.
2	CentroNia	150,885	5%	Provide services to for low-income, culturally or linguistically isolated families
3	CentroNia	\$250,000	8%	Pre-school Program and Family Support for low-income, culturally or linguistically isolated families
4	FSA	\$507,014	17%	Early intervention services for first-time parents at risk for engaging in child abuse.
5	Galway Elementary	\$8,892	0%	Provides multicultural forums for parents to assist them in navigating the school system.
6	Mental Health Association	\$98,934	3%	Provides Families Foremost support center and MOMs mentoring
	<i>Subtotals for Community Grants</i>	<i>\$1,085,725</i>	<i>37%</i>	
	Total for Noncompetitive Awards	\$1,085,725	37%	

Exhibit: Inventory of FY08 Active Contracts for Early Childhood Services (Cont.)

	Contractor/Vendor Name	FY08 Contract Amount	% of Contract Funding	Services Description
Requests for Proposals				
7	ARC	\$51,000	2%	Consulting services for Infants and Toddlers program
8	ARC	\$325,000	11%	Early intervention services
9	The Booksource	TBD	NA	Provides children's books
10	Borders Group	TBD	NA	Provides children's books
11	Care Resources	\$10,000	0%	Early intervention for Infants and Toddlers Program
12	Care Resources	\$15,000	1%	Services for the Early Childhood Services Program
13	Care Resources	.01	0%	Provides support to Early Childhood Services
14	CSAAC	\$30,000	1%	Consulting services for Infants and Toddlers program
15	CSAAC	\$100,000	3%	Provides Early Intervention Services
16	Centro Familia	\$255,000	9%	Provides community based pre-kindergarten services
17	Centro Familia	\$108,480	4%	Services to enhance child care and early childhood services to persons with limited English skills
18	Childhood Development Services	.01	0%	Provides support to Early Childhood Services
19	Clark, Louise	\$1,000	0%	Provides training services for child care providers
20	Early Intervention	\$25,000	1%	Consulting services for Infants and Toddlers program
21	Easter Seals of Greater Washington-Baltimore	\$1,000	0%	Provides training for child care providers
22	Family Services Agency	\$52,500	2%	Provides early childhood services/staff support
23	FSA	\$0	0%	Consulting services for Infants and Toddlers program
24	FSA	\$119,173	4%	Broker Contract
25	Hanek, Diane	\$12,000	0%	Mental health consultation for early childhood child care providers
26	Jefco Sales	TBD	NA	Provides children's books
27	JSSA	\$109,250	4%	Consulting services for Infants and Toddlers program

Exhibit: Inventory of FY08 Active Contracts for Early Childhood Services (Cont.)

	Contractor/Vendor Name	FY08 Contract Amount	% of Contract Funding	Services Description
Requests for Proposals (Cont.)				
28	JSSA	\$32,500	1%	Mental health consultation services
29	Lakeshore	TBD	NA	Provides children's books
30	List, Lynne	\$8,840	0%	Mental health consultation for early childhood child care providers
31	Lourie Center	\$5,000	0%	Early intervention and support services to the Infants and Toddlers Program
32	Lourie Center	\$1,000	0%	Specialized consultation services for the Infants and Toddlers Program
33	Lourie Center	\$38,760	1%	Mental health consultation for early childhood child care providers
34	Lourie Center	\$1,000	0%	Consulting services for Infants and Toddlers
35	Lourie Center	\$296,000	10%	Consulting services for Infants and Toddlers
36	Mental Health Association	\$1,000	0%	Training, assessment for child care providers
37	Mental Health Association	\$1,000	0%	Consulting services for Infants and Toddlers program
38	Norwood	\$8,992	0%	Provides a variety of children's books
39	Ornberg, Beverly	\$10,000	0%	Psychological services for Infants and Toddlers Program
40	Peyser, Sandra	\$13,000	0%	Mentoring and training services for Early Childhood Services
41	Pediatric Therapy	\$125,000	4%	Consulting services for Infants and Toddlers program
	<i>Subtotal for RFPs</i>	<i>\$1,756,495</i>	<i>60%</i>	
	Total for Competitive Contracts	\$1,756,495	60%	
Other				
42	Advanced Communication and Translation, Inc. (Bridge Contract)	\$5,000	0%	Translation services to Infants and Toddlers Program
43	No. Virginia Area Health Education Center (Bridge Contract)	\$5,000	0%	Translation services to Infants and Toddlers Program
44	Montgomery College Foundation (Sole Source)	\$56,000	2%	Scholarships for child care providers
45	McGraw Hill	\$40,838	1%	Purchase of proprietary math kits
	<i>Subtotal for Other</i>	<i>\$106,838</i>	<i>4%</i>	
GRAND TOTAL		\$2,949,058		

Source: Early Childhood Services, July 2008

Exhibit: Inventory of FY08 Active Contracts for Income Supports

	Contractor	FY'08 Contract Amount	%	Service Description
	<i>RFPs</i>			
1	Arbor Education, Inc.	\$1,631,357	93%	Employment Training and Services
2	Mt. Calvary Helping Hands	\$45,000	3%	Provides shelter and supports to TCA families
3	Greentree Shelter	\$69,491	4%	Provides shelter and supports to TCA families
	Total Competitively Bid Contracts	\$1,745,848	100%	
	Total Contracts	\$1,745,848	100%	

Source: Income Support Services

Exhibit: Inventory of FY08 Active Contracts for Juvenile Justice Services

	Contractor	FY08 Contract Amount	% of Contracts	Service Description
Community Grants				
1	Identity, Inc.	\$306,600	14%	After school youth development
2	KHI Services, Inc.	Space	NA	Space only - Karma House
	Subtotal for Community Grants	\$306,600	14%	
Grant Designated				
3	Bureau of Rehabilitation (Grant Designated)	\$143,863	7%	Community supervision program
4	Maryland Treatment Center (Grant Designated)	\$386,550	18%	Day treatment program
	<i>Subtotal for Grant Designated</i>	<i>\$530,413</i>	<i>24%</i>	
	<i>Subtotal for Non-competitive Awards</i>	<i>\$837,013</i>	<i>39%</i>	
Requests for Proposal				
5	Family Trauma Services	\$54,450	3%	Substance Abuse Treatment
6	Identity, Inc.	\$541,750	25%	YOC services
7	<i>Identity, Inc.</i>	<i>\$541,750</i>	<i>25%</i>	HS Wellness Center
8	KHI Services, Inc.	\$123,060	6%	Outpatient substance abuse services
9	Pride Youth Services, Inc.	\$66,965	3%	Mentoring program at YOC
	<i>Subtotal for RFPs</i>	<i>\$1,327,975</i>	<i>61%</i>	
	<i>Subtotal for Competitive Awards</i>	<i>\$1,327,975</i>	<i>61%</i>	
	GRAND TOTAL	\$2,164,988	100%	

Source: Juvenile Justice Services, June 2008

Exhibit: Inventory of FY08 Active Contracts for Child and Adolescent Services

	Contractor	FY08 Contract Amount	% of Contracts	Service Description
Community Grants				
1	African Immigrant & Refugee Foundation, Inc.	\$20,604	<1%	Mentoring services
2	Alpha Phi Alpha Fraternity, Inc.	\$4,999	<1%	Youth Development
3	Asian American LEAD	\$125,000	1%	Tutoring and mentoring
4	Aunt Hattie's Place, Inc.	\$350,000	4%	CIP Project
5	Big Brothers Big Sisters	\$40,000	<1%	Mentor development center
6	Boys & Girls Clubs	\$15,000	<1%	Project Learn
7	Collaboration Council	\$100,000	1%	Youth Investment Director
8	Collaboration Council	\$800,000	10%	Wrap Around
9	Community Bridges	\$49,881	1%	Empowerment services
10	Court Appointed Special Advocate	\$104,138	1%	Court advocacy for child welfare system
11	Family Learning Solutions	\$52,025	1%	Mentoring and tutorial services
12	Gapbuster Learning Center, Inc.	\$105,000	1%	Academic enrichment
13	George B. Thomas	\$38,633	<1%	Ruth Rales
14	Hearts & Homes for Youth	\$36,047	<1%	Runaway Prevention Program
15	Interages	\$38,633	<1%	Intergenerational services
16	Jewish Social Services Agency	\$50,445	1%	Mental health services
17	Latin American Youth Center	\$125,000	1%	Multi-cultural program
18	Latin American Youth Center	\$75,000	1%	Security in Silver Spring
19	Latin American Youth Center	\$15,000	<1%	Tanglewood
20	Lt. Joseph P. Kennedy Institute	\$66,954	1%	After school care for children w/disabilites
21	Maryland Vietnamese Mutual Association	\$50,000	1%	Educational program
22	Mental Health Association of MC Md., Inc.	\$62,235	1%	Bridges to Pals Program
23	Montgomery County Community Partnership	\$38,420	<1%	G-SHARP
24	Southern Christian Leadership Conference	\$25,000	<1%	Kingian Leadership Training Program - youth development
25	Thor Teams, Inc.	\$30,000	<1%	After school services

**Exhibit: Inventory of FY08 Active Contracts for Child and Adolescent Services
(Continued)**

	Contractor	FY08 Contract Amount	%	Service Description
Community Grants (Continued)				
26	Washington Youth Foundation	\$45,000	1%	After school services
27	Washington Youth Foundation	\$25,000	<1%	Mentoring program
	Subtotal for Community Grants	\$2,488,014	30%	
Public Entity				
28	Montgomery County Public Schools	\$185,000	2%	Alternative education
	Subtotal for Public Entity	\$185,000	2%	
	Subtotal for Non-Competitive	\$2,673,014	32%	
RFPs				
29	Catalyst Health Concepts	\$99,663	1%	Kennedy Cluster Project
30	City of Rockville	\$246,953	3%	Linkages to Learning
31	GUIDE	\$1,386,552	16%	Linkages to Learning
32	Guide Program, Inc.	\$455,357	5%	SHARP Street
33	Hearts & Homes for Youth	Space	NA	Space only - Therapeutic Group Home for Adolescent Girls
34	MHA	\$1,994,903	24%	Linkages to Learning
35	Passion for Learning	\$24,537	<1%	After school tutoring
36	YMCA	\$147,207	2%	Linkages to Learning
37	YMCA	\$1,390,653	17%	Linkages to Learning
	Subtotal for RFPs	\$5,745,825	68%	
	Subtotal for Competitive Contracts	\$5,745,825	68%	
	GRAND TOTAL	\$8,418,839	100%	

Source: Child and Adolescent Services, July 2008

DHHS CONTRACT ACTION WORKSHEET	CAW#:	RQ#:
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SERVICE AREA INFORMATION (Please check all that apply)							
<input type="checkbox"/> 6410: Director	<input type="checkbox"/> 6420: COO	<input type="checkbox"/> 6435: CA	<input type="checkbox"/> 6440: CYF	<input type="checkbox"/> 6450: A&D	<input type="checkbox"/> 6460: PH	<input type="checkbox"/> 6480: BHCS	<input type="checkbox"/> 6490:SNH
VENDOR INFORMATION (* Please give complete details)				CONTRACT NUMBER:			
* Vendor Name:						*Fax #:	
* Contact Person Name and Title:						* Phone #:	
* Email address:							
* Address for Contract Correspondence:							
* Address for mailing payments to vendor:							

ACTION (Please check all that apply)				
SOLICITATION	NEW CONTRACT / OTHER	EXISTING CONTRACT		DOCUMENTS ATTACHED
		AMENDMENT	DELIVERY ORDER	<input type="checkbox"/> Agreement with other entity
<input type="checkbox"/> Abbreviated RFP	<input type="checkbox"/> County Council Grantee	Compensation Change:	<input type="checkbox"/> Add funds	<input type="checkbox"/> Contract to be bridged
<input type="checkbox"/> RFP ²	<input type="checkbox"/> Grant Designated	<input type="checkbox"/> Inflationary Adjustment	<input type="checkbox"/> Reduce funds	<input type="checkbox"/> Budget
<input type="checkbox"/> Informal	<input type="checkbox"/> Emergency ^{1, 2}	<input type="checkbox"/> CPI Adjustment	<input type="checkbox"/> Task Order	<input type="checkbox"/> Contract
<input type="checkbox"/> Open	<input type="checkbox"/> From Solicitation	<input type="checkbox"/> Increase/Decrease		<input type="checkbox"/> Grant letters (from state / fed)
<input type="checkbox"/> IFB	<input type="checkbox"/> Public Entity	<input type="checkbox"/> Scope Change	OTHER ACTIONS	<input type="checkbox"/> Justification letter
	<input type="checkbox"/> Sole Source ^{1, 2}	<input type="checkbox"/> Renewal ²	<input type="checkbox"/> Termination ²	<input type="checkbox"/> Scope of Services
	<input type="checkbox"/> Bridge contract	<input type="checkbox"/> First Extension ²	<input type="checkbox"/> Claim ²	<input type="checkbox"/> Monitoring Report ²
	<input type="checkbox"/> MOU (Financial)	<input type="checkbox"/> Second Extension ²	<input type="checkbox"/> Other	<input type="checkbox"/> Other
		<input type="checkbox"/> Assignment		
¹Requires justification		² Must be signed by Service Area Chief-cannot be designee		

DESCRIPTION OF REQUEST

FUNDING INFORMATION							
Index Code	Sub-Object Code	Grant Code	Grant detail	Project Code	Project Location	Fiscal Year	Amount
							\$0.00
							\$0.00
							\$0.00
							\$0.00
REQUESTED DATE OF CONTRACT EXECUTION or PO:						FUNDING TOTAL: \$ 0.00	

FUNDING SOURCES (Please check all that apply)						
<input type="checkbox"/> HHS Base Budget	<input type="checkbox"/> Non-departmental Account	<input type="checkbox"/> Federal Grant	<input type="checkbox"/> State Grant	<input type="checkbox"/> Private	<input type="checkbox"/> Other	

APPROVALS		
SUBMITTED BY: Contract Monitor	Program Name:	Program Number:
Name:	Signature:	Date:
FUNDS AVAILABLE TO ENCUMBER (Must be certified by Admin Services Coordinator)		
ASC Name:	Signature:	Date:
ACTION REVIEWED AND AUTHORIZED BY: SERVICE AREA CHIEF or DESIGNEE (see ² above)		
SAC Name:	Signature:	Date:

CMT USE ONLY		
CAW Assigned by: Jeri Cauthorn	Assigned to:	Date:
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> REJECT	REASON?

APPENDIX – Processing Time Tables for new FY08 Children, Youth and Families Contracts

Table A: Processing Times for Open Solicitations

Vendor	Contract #	Approx. Amount	Date Services awarded to Vendor (Date Contract Monitor Sent to ASC	Date Contract Manager Accepted CAW	Date HHS Signed/Recommend	Date OCA signed	Memo to Procurement	Date of Purchase Order	NTP	Payment
Casper, Jane - Registered Dental Hygienist	6646050110-18	\$10,080	8/1/2007	8/28/2007	Not Listed	10/4/2007	NA	10/5/2007	10/18/2007	10/23/2007	11/14/2007
Holley & Associates, Inc.	7644120180-01	\$5,000	7/12/2007	10/1/2007	Not Listed	10/19/2007	NA	10/19/2007	10/25/2007	10/31/2007	2/29/2008
McLinden, Lisa LGSW/MSW	6644120180-03	\$12,750	3/28/2007	5/21/2007	6/4/2007	6/26/2007	NA		7/1/2007		10/10/2007
Reid, LaVoyce Brice	7644120180-02	\$7,000	7/6/2007	10/1/2007	10/29/2007	11/27/2007	NA	11/27/2007	12/6/2007	12/13/2007	2/11/2008
Vera J. Hilliard Associates	9644026042-19	\$106,000	7/9/2007	10/4/2007	10/10/2007	9/25/2007	NA	9/26/2007	10/24/2007	10/25/2007	12/19/2007

Table B: Processing Times for Community Grants

Vendor	Contract #	Value of Contract	Date Services awarded to Vendor (Budget Passed)	CMT provides draft contract to Program	Insurance Requirements from Risk Management		Insurance from Vendor		OCA review & Approval	
					Requested	Received	Requested	Received	Requested	Received
CentroNia, Inc.	8644320015-AA	\$250,000	5/24/2007	7/17/2007	8/20/2007	8/27/2007	8/28/2007	8/29/2007	8/27/2007	8/30/2007
Galway Elementary PTA, Inc.	8644320014-AA	\$8,890	5/24/2007	7/10/2007	8/20/2007	8/27/2007	9/4/2007	10/2/2007	8/21/2007	8/27/2007
Housing Opportunities Community Partners, Inc.	8644260136-AA	\$46,000	5/24/2007	8/7/2007	9/10/2007	9/13/2007	8/2/2007	9/17/2007	9/13/2007	9/14/2007
Institute for Family Development, Inc. dba Centro Familia	8644320016-AA	\$70,000	5/24/2007	9/17/2007	8/20/2007	8/27/2007	N/A used cert	N/A	8/20/2007	8/21/2007
Latin American Youth Center, Inc.	8644260132-AA (133#)	\$15,000	5/24/2007	7/17/2007	7/23/2007	7/30/2007	8/20/2007	8/23/2007	7/31/2007	8/6/2007
Metropolitan Center for Assault Prevention	8644120178-AA	\$75,000	5/24/2007	8/7/2007	9/13/2007	9/27/2007	9/21/2007	9/25/2007	9/12/2007	9/14/2007
Montgomery County Collaboration Council for Children, Youth and Families	8642060010-AA	\$100,000	5/24/2007	11/6/2007						
Montgomery County Community Partnership, Inc.	8644260164-AA	\$38,420	5/24/2007	12/12/2007			11/19/2007	11/21/2007	12/13/2007	12/18/2007
Thor Teams, Inc.	8644260151-AA	\$30,000	5/24/2007	10/10/2007			10/17/2007	10/24/2007	10/18/2007	10/22/2007
Washington Youth Foundation, Inc.	8644260135-AA	\$45,000	5/24/2007	7/19/2007	8/29/2007	9/5/2008	9/13/2007	9/27/2007	9/7/2007	9/12/2007

Table B: Processing Times for Community Grants (continued)

Vendor	Vendor Signature		RQ from Fiscal Team		Memo to Procurement	Execution date	NTP	Date of Purchase Order	Payment
	Requested	Received	Requested	Received					
CentroNia, Inc.	9/7/2007	9/18/2007	9/7/2007	9/10/2007	9/20/07	10/15/07	10/18/07	10/15/2007	2/1/2008
Galway Elementary PTA, Inc.	9/4/2007	10/2/2007	10/4/2007	10/9/2007	10/11/07	10/18/07	10/23/07	10/18/2007	none
Housing Opportunities Community Partners, Inc. (COMMISSION MATCHES #)	9/18/2007	10/3/2007	10/4/2007	10/9/2007	10/11/07	10/23/07	10/26/07	10/23/2007	4/3/2008
Institute for Family Development, Inc. dba Centro Familia	8/27/2007	9/4/2007	9/17/2007	9/19/2007	9/20/07	10/1/07	10/2/07	9/22/2007	11/26/2007
Latin American Youth Center, Inc.	8/13/2007	8/27/2007	8/30/2007	9/5/2007	9/10/07	9/19/07	9/21/07	9/25/2007	2/6/2008
Metropolitan Center for Assault Prevention	9/28/2007	9/28/2007	9/27/2007	9/29/2007	9/28/07	10/1/07	10/2/07	10/1/2007	none
Montgomery County Collaboration Council for Children, Youth and Families							11/13/2007	11/6/2007	5/12/2008
Montgomery County Community Partnership, Inc.	12/20/2007	12/21/2007	12/19/2007	12/26/2007	1/10/08	1/10/08	1/11/08	1/10/2008	5/1/2008
Thor Teams, Inc.	10/22/2007	10/25/2007	10/23/2007	10/31/2007	11/2/07	12/3/07	12/3/07	12/3/2007	1/23/2008
Washington Youth Foundation, Inc.	9/13/2007	9/25/2007	10/4/2007	10/12/2007	10/15/07	10/23/07	10/26/07	10/23/2007	2/5/2008

Table C: Processing Times for Request for Proposals

Vendor	Contract #	Value of Contract	Date Services awarded to Vendor	Date Contract Monitor Sent to ASC	Date Contract Manager Accepted CAW	Date HHS Signed/ Recommend	Date Letter Sent to Vendor	Date Vendor Signed
Arbor Education and Training, LLC	6644360007-AA	\$1,631,357	3/1/07			6/3/2007		7/18/2007
Banks, Cheryl L.	7644120173-AA	????	5/8/07	5/7/07			5/7/07	5/25/07
Booksource, Inc., The	7644320005-AE	TBD	5/24/07	5/30/07	6/13/07	6/13/07	7/19/07	7/24/07
Borders Group, Inc.	7644320005-CE	TBD	5/24/07	5/30/07	6/13/07	6/13/07	7/19/07	7/30/07
Community Services for Autistic Adults and Children, Inc.	7644320004-DJ	\$100,000	11/7/07	12/21/2007	12/26/2007	12/24/2007	12/21/2007	1/2/2008
Hanek, Diane LCSW-C	7644320008-GM	\$12,000	9/27/07	12/4/2008	12/6/2008	12/14/2007	12/12/2007	1/4/2008
JEFECO Sales, Inc. d/b/a Apple Books	7644320005-DE	TBD	5/24/07	6/5/2007	6/13/2007	7/13/2007	7/19/2007	7/25/2007
Lakeshore Equipment Company, Inc. d/b/a Lakeshore Learning Materials	7644320005-EE	TBD	5/24/07	6/5/2007	6/13/2007	7/13/2007	7/23/2007	7/27/2007
List, Lynne LCSW-C	7644320008-FM	\$8,840	9/27/07	12/4/2007	12/6/2007	12/14/2007	12/18/2007	12/28/070
Lourie Center For Infants & Young Children, Inc., Reginald S.	7644320004-CJ	\$100,000	11/7/07	12/21/2007	12/26/2007	1/18/2008	1/24/2008	1/24/2008
Lourie Center For Infants & Young Children, Inc., Reginald S.	7644320008-CM	\$38,760	9/27/07	12/12/2007	12/013/07	12/14/2007	12/18/2007	12/20/2007
Mobile Medical Care, Inc.	7644330010-AA	\$173,000	12/22/06	3/7/2007	3/9/2007	3/27/2007	3/29/2007	3/29/2007
Norwood Enterprises, LLC.	7644320005-BE	\$8,992	5/24/07	6/5/2007	6/13/2007	7/13/2007	7/24/2007	7/25/2007

Table C: Processing Times for Request for Proposals (continued)

Vendor	Date OCA signed	Memo to Procurement	Execution date	Date of Purchase Order	NTP	Payment
Arbor Education and Training, LLC	7/13/2007		9/3/2007		9/7/2007	11/20/2007
Banks, Cheryl L.	5/16/07	6/7/07	7/1/07	7/1/07	7/10/07	9/14/2007
Booksource, Inc., The	7/13/07	8/16/07	8/29/07	8/29/07	9/11/07	none
Borders Group, Inc.	7/13/07	9/4/07	9/10/07	9/10/07	9/11/07	none
Community Services for Autistic Adults and Children, Inc.	12/28/2007	1/4/2008	1/18/2008	1/18/2008	1/24/2008	4/3/2008
Hanek, Diane LCSW-C	12/17/2007	1/23/2008	2/13/2008	2/13/2008	2/25/2008	3/12/2008
JEFCO Sales, Inc. d/b/a Apple Books	7/13/2007	8/16/2007		8/30/2007	9/11/2007	none
Lakeshore Equipment Company, Inc. d/b/a Lakeshore Learning Materials	7/13/2007	8/16/2007		8/30/2007	9/11/2007	none
List, Lynne LCSW-C	12/17/2007	1/24/2008	2/11/2008	2/11/2008	2/21/2008	3/17/2008
Lourie Center For Infants & Young Children, Inc., Reginald S.	1/18/2008	1/25/2008	1/31/2008	1/31/2008	2/4/2008	4/24/2008
Lourie Center For Infants & Young Children, Inc., Reginald S.	12/17/2007	1/23/2008	2/11/2008	2/11/2008	2/21/2008	none
Mobile Medical Care, Inc.	3/28/2007	4/4/2007		6/28/2007	6/21/2007	10/30/2007
Norwood Enterprises, LLC.	7/20/2007	8/16/07		8/30/2007	12/4/2007	1/3/2008

MONTGOMERY COUNTY COUNCIL

FY 2008 Council Grant Application

The Montgomery County Council believes that a strong partnership with non-profit organizations is critical to meeting County objectives. Each organization must complete and submit one of the following for each funding request:

- County Council's application form;
- a copy of the FY08 Community Services Grant;
- a copy of the FY08 Community Empowerment Grant; or
- a copy of the FY08 Community Development Block Grant application.

I. PURPOSE

The Council will fund projects that advance the County's services, goals and objectives in areas such as the following: community development, economic development, education, health and human services, and recreation.

If you are interested in applying for an arts and humanities grant, please contact Ms. Fran Abrams of the Arts and Humanities Council at 301 565-3805 or grants@creativemoco.com

If you are interested in applying for an adult literacy or ESOL grant, please contact Ms. Laura Lester of McCALESOL at 301-562-5517.

II. ELIGIBILITY

Any organization, institution or association incorporated as a private, not-for-profit organization designated under 501 (c)(3) of the Internal Revenue Service that provides services or activities in Montgomery County is eligible to apply.

An organization may seek funding from the Council regardless of whether it has previously applied for County grant funds from programs such as the Community Development Block Grant or Community Services Grant programs.

All funded projects must begin and be completed between July 1, 2007 and June 30, 2008. Grant funds are allocated to an organization through a sole-source contract in the form of a reimbursement, only after the organization provides documentation verifying that it has purchased the items or provided the services delineated in the grant award. The goods should not be purchased or services provided prior to the execution of the contract with the County even if this is after July 1, 2007.

Funds to apply to prior year deficits will not be considered eligible under this grants program.

III. DEADLINE AND CALENDAR

- A. **Deadline for application is 4:00 p.m. Thursday, February 1, 2007.**

- B. **Applications may be hand-delivered or sent by postal mail.** Hand-deliver or mail applications to the Legislative Information Services Office of the Montgomery County Council, 100 Maryland Avenue, 5th floor, Rockville, Maryland 20850. **Organizations must submit five complete copies of each application.** Applications should be stapled or clipped but not bound.

IV. APPLICATION and FUNDING

- A. Applications must be typed and submitted on the appropriate forms with the required attachments.
- B. Inclusion of in-kind services and or matching funds from other non-County sources are encouraged, but not required. These services or matching funds may be defined as any resources that expand the impact of the grant funds.
- C. Required information includes:
 - 1. Proof of applicant's not-for-profit and incorporation status.
 - 2. Financial statement for applicant's last complete fiscal year.
 - 3. Complete budget for applicant's current fiscal year (total organization budget).
 - 4. Current list of applicant's Board of Directors.
 - 5. Lease or letter from facility owner if proposal is for a renovation project.
- D. For capital items, narrative should clearly list all proposed items/services to be purchased, explain nature and purpose of items/services, and provide brief explanation of how purchase will contribute to County objectives.

V. SUPPORT RESTRICTIONS

Grants will be awarded for projects in Montgomery County only. Organizations must provide service or activities for Montgomery County residents. Organization headquarters can be outside of Montgomery County as long as the organization demonstrates that the activities and services supported by grant funds benefit Montgomery County residents.

VI. REVIEW PROCESS

Applications will be reviewed by Council staff for any missing information. Applications will also be reviewed by a Grants Advisory Group appointed by the County Council. Applicants will be asked to respond to any questions from the Grants Advisory Group and allow site visits, if requested. The Grants Advisory Group will provide the County Council with a report by April 25 that will include comments on all grant applications. Grant proposals may be reviewed individually at Council or Council Committee worksessions.

Evaluation criteria may include, but are not limited to the following: cost-benefit ratio; degree and extent of public benefit; strength of organization and strength of proposal.

The Council is scheduled to provide additional guidance to the Grants Advisory Group prior to the grant review process.

VII. GRANT CONTRACT

A. Grantees will be required to:

1. Sign a contract detailing terms with Montgomery County.
2. Assure the County that they intend to comply with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin or handicap.
3. Acknowledgement must be given to Montgomery County Government in all publicity and in all promotional or informational materials used in connection with the funded project, i.e., programs, handbills, posters, radio and TV spots.
4. Submit to the County within 30 days of the completion of the project, a brief one-page summary of how the grant monies were used and how their use by the organization has contributed to community outcomes.
5. If grant is awarded for the purchase of an item(s), the organization must assure item(s) will be used solely for purpose outlined in application for a period up to two years after grant. If the organization does not comply, all items will be returned to Montgomery County.

- B. The County must be made aware of outstanding grant applications currently under consideration or recent awards in connection with the same or similar project.

VIII. OTHER INFORMATION

- A. Questions concerning grant applications should be directed to the Council Grants Coordinator at 240-777-7924 or council.grants@montgomerycountymd.gov
- B. Grant applications will be reviewed and grants announced by June 30, 2007.
- C. Grant funds will be disseminated consistent with the terms of the contract. No funds will be available prior to July 1, 2007. If your agency is funded, you are not permitted to be reimbursed for purchases made prior to July 1, 2007, even if those items are consistent with requests made in your organization's grant application.

MONTGOMERY COUNTY COUNCIL
FY 2008 Council Grant Application

APPLICANT/AGENCY INFORMATION:

A. Organization/Agency Name: _____
Street Address: _____
City, State, Zip: _____
Telephone Number(s): _____
Fax Number(s): _____
Executive Director/CEO: _____
Contact person if different from Executive Director: _____
Email address for Director and/or Contact: _____
Website address (URL) for organization: _____

B. Amount Requested: _____

C. Please check one of the following in each of the 3 categories below: Your response to these questions is for information and categorization purposes only.

Non-Profit agency:

_____ Non-profit agency in existence 5 or more years

_____ Non-profit agency in existence fewer than 5 years

Purpose of funding request:

_____ Requesting operating funds

_____ Requesting capital funds

Type of activity to be funded:

_____ Community Development

_____ Economic Development

_____ Education

_____ Health and Human Services

_____ Recreation

_____ Other: Please specify _____

D. Give a brief summary of your application in the space below:

Signature

Date

APPLICATION NARRATIVE

Please answer in no more than 5 single-spaced, typed pages using 12 point font. If any questions do not apply to your proposal, indicate not applicable.

Agency information

1. What is the mission of your agency? Please describe the programs and service of your agency which support this mission statement. Please describe how your agency and services fit into the overall priorities for Montgomery County. (Please do not include attachments, annual reports or other supplemental documents.)
2. Describe how these grant funds will be used in collaboration with other agencies, if appropriate.

Project Description

3. Specifically describe the project for which these grant funds will be used. Clearly list all proposed items/services to be purchased, explain nature and purpose of items/services. Provide a timeline for when services will be provided.
4. Describe how this proposal improves or creates access for the population you wish to serve. Include any barriers to service delivery and how you propose to overcome them.
5. Provide information about the number of proposed staff and volunteers and their qualifications.
6. What innovative features, if any, are associated with the use of these funds?

Outcome Measurement

7. Specifically describe the outcomes that will result from the expenditure of these grant funds. Please include information on the numbers of persons to be served and any characteristics of the targeted population (e.g. low-income, frail elderly)
8. Describe the internal mechanisms for measuring outcomes.

Project Budget

9. How does this grant request fit into your overall agency budget? If your grant request is decreased how will you accommodate this decrease to accomplish what you intend to do as described in Question 3? What is the per unit cost of the service or activity?
10. If this is not a new project, how long you have received County funding for this project? Please indicate the amount of funding in each prior year.
11. List all County funding awarded to your agency within the past five years. Please indicate the amount of funding in each prior year.
12. Will this project be completed by the end of FY 08 or is it expected to continue into future years? If the project is expected to continue, what is the plan to sustain the effort?

PROJECT BUDGET

The following budget information pertains to only the project for which you are requesting funds. This should not be your organization's total operational budget. Personnel should have a per hour cost. Operating and capital items should be listed by the number, type and unit cost. Renovation plans should be separately attached.

<u>Items</u>	<u>Requested Grant Funds for this Item</u>	<u>Organization's Funds for this Item (If Applicable)</u>	<u>Total</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Amount Requested: \$ _____

ATTACHMENTS – ORGANIZATIONS

1. Proof of applicant's incorporation status issued by the State Department of Assessment and Taxation.
2. Proof of applicant's not-for-profit status issued by the Internal Revenue Service, Department of the Treasury.
3. Financial statement for applicant's last complete fiscal year.
4. Complete budget for applicant's current fiscal year (total organization budget).
5. Current list of applicant's Officers and Board.
6. Copy of the lease or letter from the owner of the facility approving any renovation project (if applicable).

ASSURANCES

If the grant is awarded, the applicant assures that:

1. The applicant will administer funds.
3. Funds received will be used solely for the documented activities and that those activities are of a one-time-only nature.
4. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
5. The applicant organization intends to comply with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

Signature of Person Completing Application:

Date

Typed Name and Title



DHHS PROGRAM MONITORING GUIDELINES

**Developed by the
DHHS Contract Management Team**

Joseph N. Sparacino, Acting Team Leader
Walter Wolfe, Consultant



March 2004 Edition

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1. Why Monitor?

Monitoring contracts is a critical component of the Department of Health and Human Services' smooth and efficient delivery of services. Examples of benefits from program monitoring can include: 1. making certain that the contractor is providing all of the services contained in the contract, 2. ensuring high quality services, 3. guiding contractors to act in concert to HHS shared values and performance goals and 4. keeping residents healthy and safe. Without careful oversight, DHHS Service Areas run the risk of a number of problems arising, some of which could be quite serious and could include:

- Contractor not delivering all of the services contained in the Scope of Services
- Contractor overspending
- Contractor out of compliance with federal, state and county regulations
- Contractor charging for services not contained in the Scope of Services
- A poor performing vendor's contract is unnecessarily renewed
- A contractor is engaged in fraudulent practices

However, contract monitoring shouldn't be viewed as preventing the negative, but rather contract monitoring should be seen through a positive lens. The basic purpose of contract monitoring is to determine that all DHHS contractors are rendering services at an acceptable level and in conformance with the contract scope of services provisions. Important contract items that should be evaluated through monitoring can include timeliness, service quality, spending patterns, customer satisfaction and attaining HHS performance measures. Additionally, contractors that receive federal or state pass-through funds will have specific monitoring requirements and should be screened for compliance with government regulations pertaining to the area of customer services delivered.

2. What is Program Monitoring?

Program monitoring is not a one-time event. Rather it is a planned, coordinated, continuous system of oversight and assistance to a contractor to ensure the appropriate delivery of services. Program monitoring is not intended to be a punitive activity, but rather is a pro-active process involving diligent supervision and oversight. Program monitoring, therefore, is conducted to ENSURE that:

- Services are delivered per the scope of services defined in the contract
- Services are delivered in accordance with applicable laws and regulations
- Strengths/weaknesses are identified followed by technical assistance to vendors so inefficiencies and problems can be corrected
- Current services delivery is working, and if not, program modifications are made
- Services of the highest quality are delivered to residents of Montgomery County
- Problematic spending patterns are identified early, which allow the Department to redirect funding from under-performing organizations to other critical programs.
- The Department is exercising appropriate programmatic and fiduciary responsibility for contracted services.

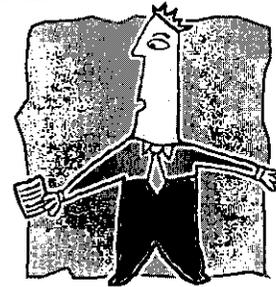
Day-to-day contract monitoring functions such as receipt of reports and invoices and maintaining a business relationship with the contractor is performed by the contract monitor. The typical tools used by the contract monitor to perform on-going contractor performance evaluation can include:

- Reviewing the Contract Monitoring Plan
- Performing RFP, contract document review
- Making on-site visit(s)
- Reviewing contractor reports
- Reviewing/approving contractor invoices
- Maintaining sufficient correspondence with the contractor (may include corrective action plan(s))
- Conducting telephone and/or e-mail communications
- Interfacing with the contractor through regularly scheduled interagency meetings

3. What is Contract Monitoring?

Contract monitoring is the process of examining a vendor's compliance with the administrative requirements of a contract with the County. Administrative monitoring is usually performed by the CMT staff and includes the following functions:

- Notice to proceed and Notice of termination
- Notification of non-compliance and of expired insurance
- Transmittal of paperwork to the Office of Procurement
- Oversight of Departmental contract monitoring protocols
- Provide technical assistance to program monitors
- Develop and maintain contract information data base



The CMT is responsible for implementation and management of the Department's procurement system which is comprised of issuing/processing solicitations, contract development and maintenance and contract monitoring. In an effort to assure improved oversight of contracted services, the Department initiated a contract monitoring system in January, 2003. The CMT was assigned the role of monitoring system development, implementation and training of the Department's monitoring protocols, and maintenance oversight of the system. In this capacity, the CMT works with administrative service coordinators, contract monitors, and service area chiefs to assure that each contract is appropriately monitored, and to provide assistance to these partners in identifying technical assistance and other resources that may be required by service providers. As a component of these responsibilities, the CMT oversees the submission of annual contract monitoring plans, and monitoring report forms. The CMT also, upon request, provides data on the HHS monitoring system to the Director and HHS senior management.

4. Monitoring Roles

The HHS enters into 500 plus contracts per year requiring each Service Area to play a vital function in the monitoring process and to assist the Contract Management Team to fulfill its role. The foremost goal is to work collaboratively to ensure proper and ongoing management of contracts and contractual relationships in the Department regarding the delivery of services to County residents. Let's look at the various roles involved in the process.

a. Director

Mission: To assure the integrity of contract management in the Department of Health and Human Services.

b. Chief Operating Officer

Mission: To provide oversight of the Department's procurement management process.

Including:

1. Monitor implementation of contractual processes and innovations.
2. Approve procurements actions forwarded for signature from the Contract Management Team.
3. Assure quality, accuracy and integrity of work products coming from the Contract Management Team.
4. Assure development and distribution of impactful contractual management processes and procedures for the Department.
5. Monitor the contract management and accountability practices in HHS service areas.

c. Contract Management Team

Mission: To effectively manage the procurement process in the Department by assuring adherence to the County's established procurement regulations and policies.

Services include:

1. Collaborate with the Offices of Procurement and County Attorney in issuing solicitations governing services required by the Department.
2. Collaborate with the Offices of Procurement and County Attorney in developing and executing contractual documents resulting from solicitations, Council resolutions, grant competition, and other funding mechanisms.
3. Provide technical assistance to service areas, including program staff and administrative coordinators, with regard to procurement processes and issues. Of particular note would be issues related to non-performance, termination of contracts, amendment requirements and the like.
4. Seek "cures" in coordination with the Office of Procurement related to vendor non-performance/poor-performance.
5. Issue "notice – to – proceed" letters to providers, upon execution of contracts.

6. Maintain solicitation and contract records, including fully executed documents and subsequent amendments, risk management certifications, monitoring plans and monitoring reports, etc.
7. Prepare and process contract Change Orders, Amendments, Task/Delivery Orders and contract renewals.
8. Perform contract actions resulting in receipt of an approved contract and purchase order.
9. Publish annually timetables for solicitation and contract actions.
10. Develop and maintain oversight of the Department's monitoring system.

d. Service Area Chiefs

Mission: Oversee procurement submissions as well as assure appropriate levels of contract monitoring, management and control within respective service area.

Including:

1. Ensure preparation and submission of accurate, complete and timely procurement action requests.
2. Ensure adherence to procurement processes.
3. Ensure collaboration with other service areas in the development of solicitations, contract actions and team monitoring site visits where appropriate.
4. Ensure adherence to program monitoring policies and requirements.
5. Respond to inquiries related to contractual violations in a timely manner.

e. Contract Monitors (Program Staff)

Mission: To assure contractual accountability and oversight for all individual program services.

Services include:

1. Submit draft solicitations (such as an RFP), new contracts, contract renewals and other procurement actions (always submit procurement action request with a Contract Action Worksheet – CAW)
2. Submit to the CMT monitoring plans for new contracts and monitoring reports
3. Monitor performance of services specified in the contract's scope of work.
4. Review and request amendments to the terms of the contract, should changes to the service mix be required.
5. Review/approve that contractor reports and invoices are submitted in accordance with the terms of the contract.
6. Monitor expenses; also, submit requests for delivery orders, change orders and increases/reductions to purchase orders to the CMT as a matter of routine and in accordance with established deadlines.
7. Advise contractors not to begin services prior to execution of an agreement.
8. Provide technical assistance and support to contractors to improve performance.



9. Notify and consult with the CMT to resolve contractual disputes, and to advise of potential problems.
10. Participate in program monitoring training.

f. Administrative Service Coordinators

Mission: To coordinate procurement action requests to the CMT and disseminate information related to contractual and monitoring processes from the Contract Management Team to contract monitors.

Including:

1. Participate in contract management training.
2. Maintain an understanding of the procurement process.
3. Provide oversight to all contractual processes in the service area.
4. Maintain liaison between the Service Area and the Contract Management Team.
5. Review/transmit procurement actions to the CMT submitted by program staff.
6. Coordinate encumbrance modifications (increases/reductions) in a timely manner.
7. Ensure compliance with established processes and deadlines.
8. Facilitate compliance with Departmental contract monitoring protocols.

5. Preparing for the Site Visit



The Department has built a reflective capacity into its contract monitoring system whereby program monitors should consider the following questions before conducting a site visit and generate ideas about how they might address them prior to the site visit:

- Are program services effective and does it represent the best value for the money?
- Have you reviewed the scope of services and contractor monthly reports recently?
- Are there unresolved compliance issues from the last visit?
- Is the contractor meeting performance goals?
- What administrative and/or programmatic improvements can be made?
- Are the contractor's expenditures appropriate?
- If grant funded, will the state provide monitoring, and if so, how will the coordination of respective monitoring responsibilities be able to reduce multiple site visits.
- Is the contractor's administrative and financial management capacity strong?
- Is the contractor being given adequate notice prior to an on-site visit?

6. Conducting the On-Site Visit

It is particularly important to arrange a site visit shortly after the execution of a new contract, especially with a new vendor. The contract monitor should conduct an initial site visit and, among other things, discuss the Department's expectations for services (in accordance with the scope of services) and introduce themselves to contractor's program staff. Regardless of when site visits are scheduled, the contract monitor is advised to conduct a review of all relevant documents before visiting the contractor. Such a review can include, but not be limited to: the annual Contract Monitoring Plan, as well as the contract scope of services, contractor reports, applicable DHHS performance measures, manner and method of payments, applicable government regulations, past corrective action plans and prior monitoring reports.

a. What to look at – There are a number of areas that should be reviewed or considered when conducting a site visit such as:

<u>REVIEW AREA</u>	<u>LOOK AT</u>
▪ Contractor services delivery and client group served	contractor proposal, scope of services, monthly reports, etc.
▪ Meeting program goals	past contractor monthly reports and HHS monitoring reports
▪ Program staffing	funded slots are filled, vacancies are advertised and promptly filled
▪ Administrative/management effectiveness	agency organizational chart, line of communication, meeting deadlines
▪ Meeting enrollment goals	client referrals/recruitment & intake system
▪ Client files management	file organization, individual file completeness
▪ Adherence to applicable federal and state regulations and protocols	COMAR, grant regulations, medical protocol, environmental laws
▪ Facilities	safety plan, ADA compliance, OSHA posters
▪ Client demographics and tracking	client data base reliability; level of customer follow-up contacts/services
▪ Contractor operating procedures	personnel, finance, customer services
▪ Customer satisfaction	HHS Customer Survey cards
▪ Customer privacy	access compliance with HIPAA and other privacy regulations

- Applicable HHS performance measures Montgomery Measures Up!
- Financial management Use HHS Contractor Financial Management Form

Remember put everything in writing – reports, memos, observations, e-mails, etc. Abundant documentation makes for a good review source before the site visit. Also, a well documented contractor file will be essential if the monitoring duties are transferred to another HHS staff-person. Finally, by diligent documentation, contract monitors will avoid a vendor crisis situation where insufficient proof of non-compliance exist or time is wasted scrambling to put together a documented case for corrective action or contract termination.

b. Team Monitoring – for vendors having two or more contracts with the Department and perhaps involving overlap of HHS Services Areas, it is recommended that contract monitors coordinate a team visit. Team monitoring is more efficient than individual monitoring and reduces the number of visits to the contractor’s site of operations - which, of course, will make the vendor happier. Team visits also may be helpful for a contractor who is out of compliance with the contract terms, is under spending, or are may be experiencing financial



difficulties. A monitoring team for an underperforming contractor should include a staff person from the DHHS contract and fiscal teams. The findings of the team visit may reveal problems, sometimes severe enough to require corrective action, withdrawal of funding, some other remedial action or a combination of these responses.

Additionally, where applicable, contract monitors should seek to coordinate monitoring functions with State or other public entities funding the same vendor for the same or similar services including conducting team site visits. If this is not possible, then it is suggested to attach State monitoring and related reports to DHHS contract monitoring reports.

c. Monitoring Advisory Team (MAT)

Each HHS Service Area will be represented on a CMT Monitoring Advisory Team (MAT) that will meet at least annually and a MAT member may be able to assist in coordinating team visits involving program monitors among different Service Areas. The CMT also will provide an annual list of the MAT members as well as provide a list of all HHS contract monitors and the contracts they oversee.

d. Site Visit Schedule Priority Rating Guide – Under perfect conditions, many contractors should be visited quarterly by HHS staff. However, the reality of budget reductions, position freezes and increasing staff workload means that some contractors will be visited significantly less frequently than others over the course of a year. But how

should the decision to schedule the number of on-site visits be made and what factors should be considered?

First, with regard to making the decision about the number of program monitoring visits planned in a fiscal year - this is recorded on the Contract Monitoring Plan - contractors may be rated in terms of priority based on the following three suggested customer risk factors:

1. High priority – visited at least quarterly
2. Medium priority – visited at least two times per year
3. Low priority – visited at least once per year

Determining a range of risk-factors to establish the highest monitoring priority, while imprecise, can be based on the following considerations:

1. Direct care:
 - a. Delivery of medical or mental health services
 - b. Services provided to high risk clients, i.e., substance abusers, inmates, battered women, etc.
 - c. Vulnerability level of clients served, i.e., children, frail elderly, people with severe disabilities, etc.
2. Level of contract funding, i.e., a contract above \$200,000 probably should be monitored more often
3. Complexity of the scope of services and method of payment
4. High political and or community interest and visibility
5. Past performance problems
6. New contractor
7. Council grantee contractor

The above priority rating scheme can be employed to determine the schedule of team monitoring visits as well. Contract monitors are encouraged to use other risk factors that are not referenced above.

7. Monitoring Reports and Forms

Contract Monitoring Plan – The contract monitor will submit a **Contract Monitoring Plan** to the CMT on all new contracts within 60 days of the execution of the contract; this plan will be in effect for the duration of the contract. The type of monitoring, the amount of on-site visits, the number of times the **Program Monitoring Review Form** is submitted to the CMT and the contractor invoicing and monitoring schedule will guide the contract monitor as stated in the plan. In other words, the annual monitoring schedule process will be driven by the contract monitor. The CMT will evaluate the overall effectiveness of the HHS monitoring process by observing how accurately contract monitors follow the requirements and schedule set forth in the **Contract Monitoring Plans** on file with the CMT.

It is recommended that a copy of the annual **Contract Monitoring Plan** be forwarded to each contractor. The plan, among other things, will serve to notify the contractor of the number of scheduled site visits during the coming fiscal year as well as the schedule of reports and invoices. However, an unscheduled monitoring visit may be appropriate for a poorly performing contractor that is not responding to corrective action request(s).

Monitoring Reports - The Department has two basic types of contract monitoring report forms: a.) Program Monitoring Review Form and the b.) Program Monitoring Review SHORT Form: For Delivery Orders/Task Orders and Open Solicitations. The Department also has the c.) Contractor Financial Management Monitoring Form, a one page form that may be used when conducting a more thorough review of a contractor's financial integrity.

a. Program Monitoring Review Form – This form is designed to aid the contract monitor to record findings resulting from monitoring activities, primarily the site visit. While the form covers many areas involved in an on-site visit, the contract monitor can expand the report form for example by adding monitoring findings not addressed in the Program Monitoring Review Form or by attaching state or other relevant monitoring documents. Contract monitors also can customize the five-page Program Monitoring Review Form report to include “cut and pasting” specific requirements from the scope of services and/or to reflect any unique qualities about the services delivery.

b. Program Monitoring Review Short Form (for Delivery and Task Orders and Open Solicitations) – Since Delivery Orders, Task Orders and Open Solicitations contracts demand less complex oversight than contracts resulting from a solicitation, contract monitors will employ the Program Monitoring Review Short Form, a separate two-page form to submit to the CMT. For the purpose of clarification, this form has a definition of a Delivery Order and a Task Order at the bottom of the second page. Complete either the section on the form for **Delivery and/or Task Orders** (at the bottom of the first page) or for contracts under an **Open Solicitation** on the second page of the form. Be aware, however, that this form doesn't have to be submitted to the CMT on any contract resulting from an Open Solicitation that is not funded. Also, the Program Monitoring Review Short Form may or may not need to be completely filled out for all Open Solicitation agreements. This decision is up to the program monitor. For example, if a HHS case manager monitors a therapist who is counseling individuals according to a case management plan, then written monitoring reports from the HHS case manager to the contract monitor can be attached to the Program Monitoring Review Short Form in lieu of filling out the second page of the form.

c. **Contractor Financial Management Monitoring Form** – Monitoring the financial integrity of a vendor, which begins with certifying the accuracy of vendor invoices, is as important as evaluating the contractor’s efficient delivery of customer services. While there are six basic questions under Section E, Contractor Payments and Financial Monitoring, of the **Program Monitoring Review Form**, for those contract monitors that want to perform a more detailed examination of a contractor’s financial management system there is the **Contractor Financial Management Monitoring Form** which will be attached to the **Program Monitoring Review Form** .

The **Program Monitoring Review Forms** will be completed and sent to the CMT by the contract monitor as specified in the annual **Contract Monitoring Plan** and will be distributed, along with all attachments, by the 15th of the month following the site visit as follows:

- Copy to the program manager’s supervisor,
- Copy submitted to the Contract Management Team (CMT),
- Copy placed in the program monitor’s contract file, and
- Copy to the contractor.

It is important to note that no contract renewals will be processed by the CMT without the submission of a Program Monitoring Review Form.

8. Compliance Levels

It is unlikely for a contractor to be in full compliance for each and every line item of the scope of services and other provisions of the contract. Even a top performing vendor probably will have some areas that would benefit from improvement and in those areas the contractor may be evaluated by the contract monitor as in “**partial**” compliance with specific scope of services items. Taking this into consideration, the **Program Monitoring Review Form** provides three rating categories for evaluating the contractor for each scope of service item and related programmatic and administrative functions which are:

- Full compliance – contractor is in full compliance with the contract item under review.
- Partial Compliance – contractor needs to improve on the item under review.
- Noncompliance – contractor is significantly out of compliance and needs to submit a corrective action plan on the item under review.

For example, below is an excerpted cell in the **Program Monitoring Review Form**.

C. Statistics and Reports	F	P	N	N/A
1. Is the contractor providing reports at the intervals specified in the contract?	X			
2. If applicable, do statistical report data match the information provided in the invoice?		X		

The opportunity to render an overall contract compliance level as well as state corrective action issues will be recorded on the bottom of page four (4) of the **Program Monitoring Review Form** - see the following excerpt:

Overall Compliance Rating	
1. a. Is the contractor generally in <u>full</u> or <u>substantial</u> compliance with provisions of the scope of services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. State any areas where the contractor made improvements in program administration or services delivery.	
2. a. If the contractor is not generally in full or substantial compliance, what are the program monitor's corrective action recommendations?	
b. When will the contractor submit a corrective action plan(s)?	

If the contractor is performing well overall (maybe has some areas rated as “**partial**” compliance) then the program monitor may deem the contractor to be in “**substantial**” rather in “**full**” compliance. This is a judgment call. In any event, a contractor assessed to be in substantial compliance may or may not require a corrective action plan as does the contractor who receives a noncompliance rating in one or more areas or has too many items rated with partial compliance. Again, this is a judgment call.

9. Performance Measures

Performance measures, as reported annually in the “**Montgomery Measures Up**” have become an important element in how the County evaluates the effectiveness of each County department in fulfilling their missions. All DHHS Service Areas are measured annually on their performance in delivering health and human services to County residents which includes the organizations that contract with the Department. Therefore, contract monitors should be knowledgeable of their Service Area’s broad performance measures that apply to contracts they oversee and use these measures to gauge the impact of the contractor’s delivery of services on the lives of its customers. In fact, incorporating relevant performance measures into every solicitation and new contract is the best way to go.

10. Correspondence

Contract monitors should routinely correspond with contractors to promote mutual understanding using such means to include, but not limited to:

- ◆ report forms, etc.
- ◆ follow-up to site visit with a written summary of all findings including notice of documented deficiencies and those areas requiring corrective action including target dates for rectifying all noted deficiencies
- ◆ e-mails
- ◆ record of telephone discussions
- ◆ reminder letter for late reports
- ◆ reminder letter for corrective action plan

As mentioned earlier, maintaining written documents like those mentioned above is a fundamental monitoring function and can become particularly critical for service providers

not performing at acceptable levels. If ever needed, this documentation most likely will become a source of justification to terminate an agreement or to renew/continue the contractual relationship.

11. Finding Unacceptable Performance

When a contractor's performance is found to be unacceptable, the contract monitor should determine the nature and severity of the poor performance and provide the contractor with a written notice of the problems observed to include corrective action recommendations and timeframes for resolution. Subsequently, the contractor should respond in writing by submitting a corrective active plan for approval by the contract monitor. The contract monitor then can review and approve the plan and follow up on the contractor's improvement of the deficient areas to assure that the problems are resolved in a timely manner. NOTE: any failure by the contractor to address corrective actions in an acceptable and timely manner is to be noted the next time the Program Monitoring Review Form is submitted to the CMT – at the bottom of page one.

12. Dealing with Disputes

Differences of opinion arise in any relationship. Dealing constructively with such differences of opinion is a feature of maintaining a professional relationship. The advantage that a consistent and well-planned monitoring relationship with a contractor provides is the likely-hood of:

- Clearly communicating/recording expectations that each party has of the other,
- Developing a favorable environment to deal with any areas of disagreement,
- Greater willingness and ability to make adjustments [amendments] to the terms of the contract,
- Good documentation of contract implementation leading to greater ease in making changes, if necessary; and
- If an impasse is ever reached and the contract history is well documented, seeking help from the CMT or higher County authority will be easier and more efficient.

The best approach to addressing contract monitor/contractor differences is to deal with them promptly. In some circumstances, additional help from the Department or from other County departments [i.e., Office of the County Attorney or Office of Procurement] may be required to deal with any dispute that the contract monitor and vendor cannot resolve alone. Although both parties are likely to regard formal legal remedies a last resort, government agencies should not shrink from making use of formal remedies if necessary. Also, remember that the County reserves the sole right for termination of the contract as stated in the contract General Conditions. The contract monitor must recognize his/her role in maintaining adequate records and documentation to support termination. As has been stated before, consult the Contract Management Team early and often if there are performance issues.

13. Things Change

Service Areas may need to consider changing the terms of the contract, due to change in service mix, population to be served, budget reductions, economic conditions, changes in grantor programmatic requirements, etc. A recommendation for change or amendment could be initiated by either the contract monitor or the contractor, and will be a subject for negotiation between the two parties. In considering possible changes, contract monitors should think about:

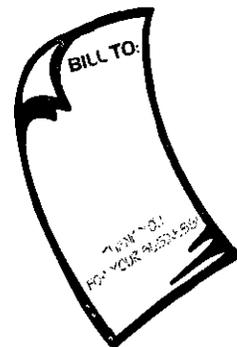
- The likelihood that proposed changes will improve services delivery.
- The views of the provider.
- The impact on the users of the service.
- The change is realistic and consistent with original intent of contract.
- The budget implications are considered.

14. Contractor Reports and Invoices

a. Reports - In most cases the contractor is to submit a monthly report along with a monthly invoice that reflects the provision of services as well as infers contract compliance. Devising a meaningful, thorough report form for the contractor to submit each month will significantly improve overall program monitoring as well as reduce the number of on-site monitoring visits needed. Distribution of contractor reports will follow Quarterly Reports file maintenance referenced below.

b. Invoices - All vendor payments resulting from contracts are processed by the HHS Fiscal Team, Accounts Payable Unit. The contractor invoice should be identified by the *current fiscal year purchase order number* and clearly show itemized expenses incurred for the reporting period; also, there should be appropriate back-up to justify invoice charges. Moreover, the contract monitor is the gatekeeper for the timely flow of invoicing and contract payments. In this role, the contract monitor must:

1. Advise contractors that no work is to be performed prior to receipt of a Notice to Proceed.
2. Consider all actions pending (requested in process) that may impact payments ,e.g. delivery orders or change orders and allow for sufficient processing time.
3. Monitor expenses, and adjust encumbrances as needed to ensure timely payments to vendors.
4. Ensure the availability of funding before approving an invoice submitted for payment
5. Carefully review invoices since secondary review of invoices does not occur outside of the Service Areas.
6. Submit approved invoices, which include: the contract number, purchase order number and the monitor's signature (payment processed by the Fiscal Team).
7. The program monitor's signature indicates that the contractor has delivered the required services in accordance to the contract scope of services. The monitor's

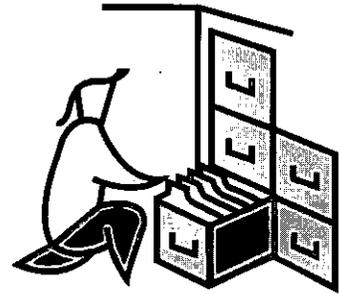


signature further indicates that expenses billed have appropriate back-up documentation and are in accordance with the contract's budget or other contract compensation provisions.

15. Records Management

A complete contract file will be maintained by the CMT provided that all required elements are submitted to the CMT. The program monitor should keep records as well which will include among other things:

- a. A signed copy of the contract/agreement and future amendments
- b. Annual Contract Monitoring Plan
- c. Program monitoring forms
- d. Records/report log
- e. Copies of all purchase orders
- f. Copies of all notices to proceed
- g. Copies of all Contract Action Worksheets
- h. Notice of deficiency or adverse action and any contractor corrective action plan
- i. Copies of all correspondence
- j. Any progress notes and correspondence
- k. Copies of invoices



16. Follow-up and Control

Ensuring proficient services delivery is a hands-on process requiring contract monitors to be aware of what's going on resulting in pro-action, not reaction. This can be accomplished by:

- a. Conducting monitoring visits per the annual **Contract Monitoring Plan**
- b. Generating reminder notices to contractors that do not submit reports, invoices and/or other materials in accordance with establish deadlines
- c. Maintaining appropriate records and actively monitor expenses including reviewing appropriate index and sub-object codes
- d. Timely forwarding of reports and documents to the CMT; notifying the CMT of performance issues.
- e. Conferring with other HHS staff or State officials having shared oversight over contractor services
- f. Pursuing corrective actions from contractors in areas of non-compliance.

17. Signatures

Signatures are an important aspect of program monitoring. Signatures of the program monitor, contractor, HHS managers, etc., certify from each individual in the contract monitoring process that what they say or document is true and accurate.



Concerning contract compliance for example, signatures on the signature page of the **Program Monitoring Review Form** attest to the level of compliance and performance of the contractor being reviewed. While obtaining a signature from a contractor is optional, it is highly recommended to do so. For one thing, a signature from the contractor signifies that the vendor has reviewed and understands the completed **Program Monitoring Review Form**. Obtaining a contractor's signature on the form would be especially desirable where corrective actions are required.

The **Program Monitoring Review Form** is to be signed by the following:

- | <u>WHO</u> | <u>WHEN</u> |
|----------------------|--|
| • Program monitor | for every report |
| • Contractor | for every report |
| • Unit supervisor | for every report |
| • Service Area Chief | when there is a non-compliance issue or at least once per year |

See excerpted signature page from the **Program Monitoring Review Form** next:

Signature Page of the Program Monitoring Review Form (page 5)

Contractor Representative Signature	Name (Printed)	Date
Completed by: _____		
Name (Printed)		Phone
Signature - Program Monitor		Date
Signature - Program Unit Manager		Date
Signature - Service Area Chief		Date
{signature only needed once annually or more often if there are serious compliance problems}		

NOTE: The Program Monitoring Review Short Form does not need the signature of the Service Area Chief

18. Customer Satisfaction

The Department values customer satisfaction. Therefore, the Department places a high priority in ascertaining customer satisfaction information and expects the contractor, in its role of providing public services, to have an on-going process that surveys their clients'

feeling about the services received. At the least, the contractor is expected [if mandated by the scope of services] or encouraged [if is not in the scope of services] to use the HHS Customer Satisfaction Survey Card to gauge the level of service delivery quality and impact. The program monitor may want to go further in determining customer satisfaction by conducting a random sample of the contractor's customers or have the contractor provide customers with an expanded satisfaction survey instrument.

Monitor.doc;12/26/01;lastrev03/17/04

**Program Monitoring Review SHORT Form:
For Delivery Orders/Task Orders and Open Solicitations**
Contract Management Team
Montgomery County Department of Health & Human Services

Enter text in the shaded portion of each cell. For Yes or No response cells, simply click on the appropriate box.

Contractor Name:	Contractor Contact Person:
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Contractor Address:	Tel. #:
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Date of last review:	Date of this review:	Contract #:	Contract Amount \$
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For Delivery Orders and/or Task Orders Only			
<p>Delivery Order - a document or other action which initiates a delivery of goods, services, or construction authorized by a contracting officer or authorized government official, under an existing contract which establishes terms, price and source of supply.</p> <p>Task Order - a process in which an RFP is bid out on the basis of tasks or deliverables. Contracts are awarded to X number of vendors; then only those vendors can bid on Task Orders [considered a short-list under the Procurement Regulations] that are issued by the Department under that contract. A Task Order is issued usually to cover a short period of time, say two or three weeks, and then responses are due and evaluated. The highest scoring offeror receives the Task Order and a Purchase Order or Delivery Order is issued for that Task only.</p> <p>Specify the goods or services purchased and the time period of delivery:</p> <p>Did the goods or services meet contractual specifications? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state problem(s):</p> <p>Will the Delivery/Task Order be renewed next year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

CM/Monitoring: 2- 03

For Open Solicitations Only	
Open Solicitation Name:	Funded? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, continue to complete the form
Case Manager Review – if another staff has monitored this vendor's performance, attach their monitoring findings to this form then complete the signature section below. Otherwise continue to the next section.	

Open Solicitation Contract Scope of Services	
1. Contract Requirement(s)	
2. Compliance and Comments	
Was the contractor in compliance with provisions of the scope of services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered no, what were the problems in the delivering of goods or services?	
What corrective action(s) did you request and was the corrective action(s) addressed by the contractor?	
Do you plan to use this contractor in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SIGNATURES

Program Monitor	Printed Name	Date
Program Monitor	Signature	Date
Program Unit Manager	Signature	Date

Send Original to: * CMT * Copy to Contractor * Copy to Unit Manager * Retain Copy

INSTRUCTIONS
for Program Monitoring Review SHORT Form
For Delivery Orders/Task Orders and Open Solicitations Only

Introduction

This two-page form is shorter than the five-page **Program Monitoring Review Form** and is designed to provide HHS contract monitors an efficient way to carry out the monitoring of Task Orders, Delivery Orders and contracts from an Open Solicitation.

Page 1 of the Form

The first page of this form is a record about the vendor, the nature and cost of goods or services and dates of prior and current review. Complete each of the eight cells on page one of the form which include:

- * Contractor name
- * Contractor contact person
- * Contact person's telephone number
- * Date of last review
- * Contract number for current fiscal year
- * Contract funding amount
- * Contact address
- * Date of this review

Delivery Orders and Task Orders Only:

To alleviate any confusion about the difference between a Delivery Order and Task Order see the following definitions next:

Delivery Order - a document or other action which initiates a delivery of goods, services, or construction authorized by a contracting officer or authorized government official, under an existing contract which establishes terms, price and source of supply.

Task Order - a process in which an RFP is bid out on the basis of tasks or deliverables. Contracts are awarded to X number of vendors; then only those vendors can bid on Task Orders [considered a short-list under the Procurement Regulations] that are issued by the Department under that contract. A Task Order is issued usually to cover a short period of time, say two or three weeks, and then responses are due and evaluated. The highest scoring offeror receives the Task Order and a Purchase Order or Delivery Order is issued for that Task only.

This section shows that a vendor has provided a discrete, time specific goods or service(s). First, specify the type of goods and services(s) provided and the time period of delivery. Then answer in the next cell Yes or No if the goods or services met contractual specifications. If you answer no, state the problem(s). Next, indicate whether Delivery Order and Task Order contract may be renewed in the next fiscal year.

Page 2 of the Form

For Open Solicitations Only:

In this cell, write the name or title of the Open Solicitation. Next, indicate whether the Open Solicitation contractor was funded this fiscal year. If the contractor was not funded during the fiscal year, then go no further on this form other than to sign your name on the bottom of the signature page. If you answer yes, then proceed to the next cell. In some instances, contractors under an Open Solicitation may be monitored by other staff in the Department or from the State of Maryland; *the contract monitor doesn't have to conduct a separate monitoring visit of the same vendor*. If this is the situation, then obtain a copy of their monitoring findings and attach to this form, complete the signatures at the bottom of the signature page and send to the CMT.

Contract Requirements Compliance and Comments:

- 1. Contract Requirements** – you may “cut” the contract scope of services from the electronic version of the contract and “paste” into the Contract Requirements Cell of this form.
- 2. Compliance and Comments** – in this cell enter either Yes or No whether the contractor provided the good(s) or services in compliance with the terms of the contract. If no, then indicate the problem(s) with the delivery of good(s) or services and state what corrective action you requested and if the corrective action was addressed by the contractor. Finally, answer either Yes or No if you plan to use this contractor in the future.

Signatures – print your name then sign and date the form. Also, obtain the signature of your Unit/Team Manager.

NOTE: Form distribution:

- * Original to CMT
- * Copy to Contractor – optional
- * Copy to Unit Manger
- * Retain a copy for your records

Program Monitoring Review Form

Contract Management Team

Montgomery County Department of Health & Human Services

Using the RFP, the contract, and a site visit, complete this form and distribute. A contract review should be conducted at least annually, and more frequently, if necessary. Also, complete only those sections of this form that are appropriate.

Enter text in the shaded portion of each cell. For Yes or No and compliance response cells, simply click on the appropriate cell box. If the form will not let you enter a response in the response cell than: click on the VIEW icon in upper left hand corner of your screen; click on TOOLBARS; click on forms; a row of 10 options will appear on your screen; click on the PROTECT FORM lock icon

Contractor Name:	Contractor Contact Person:
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Contractor Address:	Tel. #:
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Program Name:	Contract Funding Amount:
Brief Description of Services:	

Date of last review:	Date of this review:	Contract #:
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Report any unresolved monitoring issues and corrective actions from the last site visit or report submission; give the date of last monitoring visit; explain contractor's failure to comply with corrective action requests.

CMT/Monitoring: 1 - 03

ASSESSMENT OF PERFORMANCE PER CONTRACT SCOPE OF SERVICES

NOTE: Specific contract scope of services may be cut and pasted into the Contract Requirements Column below.

<u>Contract Requirements</u> (Scope of service requirements from contract)	<u>Item(s) Reviewed</u>	<u>Compliance</u> * Full * Partial * Not * N/A	<u>Supporting Comments</u>
Examples 1.) The contractor will deliver services to 10 individuals each month	Review of intake records; client charts; invoices	Partial	Intake records and counseling logs indicate that the provider served 5 during the last reporting period

<u>Contract Checklist - Legend: F = Full Compliance; P = Partial Compliance; N = Not in Compliance; NA = Not Applicable</u>					
A. Contractor Staff					
	F	P	N	NA	
1. There are appropriate and sufficient staff to meet requirements of Scope of Services (Including bilingual staff where applicable.) <i>EXAMPLES: review of timesheets, position descriptions, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Contractor has handled staff vacancies promptly? <i>EXAMPLE: recruitment ads.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, each staff member is appropriately licensed or certified to perform duties as required by Scope of Services. <i>EXAMPLE: review credentials.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Contractor keeps appropriate documents on file for employees? (EEO declarations, criminal background checks, etc.) <i>EXAMPLE: review sample of personnel records or ask for copies of pertinent documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Contractor has a customer grievance policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CMT/Monitoring: 1- 03

B. Statistics and Reports	F	P	N	NA
1. Is the contractor providing reports at the intervals specified in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If applicable, does statistical report data match the information provided in the invoice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Client Case or Medical Files (Review the contract for the specific requirements for developing and maintaining client/patient records.)	F	P	N	NA
1. Are service or treatment plans current and on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the appropriate staff assign and supervise all cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are administrative, professional and/or medical protocols in place to ensure that quality service standards are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Contractor in compliance with HIPAA Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Questions for the Contract Monitor	Yes	No	N/A
1. Are any changes (amendments) pending to the Scope of Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To your knowledge, is the contractor in violation of any federal, state, or local laws, regulations or policies regarding the delivery of services? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there indications that customers are satisfied with services? Example: Client satisfaction surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the contractor substantially meeting all of the contractual outcome and service quality performance measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CMT/Monitoring: 1-03

E. Contractor Payments and Financial Monitoring	Yes	No	N/A
<p>NOTE: Use the Contractor Financial Management Monitoring Form for more detailed review of contractor's financial management and attach it to the Program Monitoring Review Form</p>			
1. Are invoices reviewed for content and accuracy? By whom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are invoices submitted in accordance with the provisions of the contract and is supporting documentation (such as time sheets) attached to invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have payments been made against the correct purchase order? Are the budget appropriations recorded in the appropriate expenditure account and are the expenditures charged against the correct account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are expenditures in line with approved budget? (Any variance over 10% requires a budget modification.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the contract's expenditure pattern sufficient to insure utilization of all contract funds? If not, how much lapse funding is anticipated? Conversely, is the contractor overspending? How much and why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the budget has changed, has County received and approved an amended budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Compliance Rating

1. a. Is the contractor generally in full or substantial compliance with provisions of the scope of services? Yes No

b. State any areas where the contractor made improvements in program administration or services delivery.

2. a. If the contractor is not generally in full or substantial compliance, what are the program monitor's corrective action recommendations?

b. When will the contractor submit a corrective action plan(s)?

NOTE: Forward copies of all written corrective actions to the CMT which will be placed in the original contractor's file

CMT/Monitoring: 1-03

The vendor should be directed to submit a Corrective Action Plan addressing each deficiency. Consult the CMT for assistance in developing recommendations to resolve disputes or determine contract termination/modification options. Please remember that any changes in scope, terms or conditions require contractual amendments.

SIGNATURES

Contractor Representative (optional)	Printed Name	Date
Program Monitor	Printed Name	Phone
Program Monitor	Signature	Date
Program Unit Manager	Signature	Date
Service Area Chief	Signature	Date
{Service Area Chief signature required once annually or more often if there are serious compliance problems}		

Send Original to: * CMT * Copy to Contractor * Copy to Unit Manager * Retain Copy

INSTRUCTIONS FOR Program Monitoring Review Form

INTRODUCTION

The Program Monitoring Review Form is intended to provide you with a standardized, yet flexible tool to assess how well a contractor is delivering health and human services to County residents while concurrently providing you and the Department a monitoring record. You also may want to give a copy of the Program Monitoring Review Form to the contractor. This form is to be completed by HHS contract monitors and submitted to the CMT within 30 days after a site visit or other type of thorough contract services review. The submission of the annual Contract Monitoring Plan form to the CMT at the beginning of each fiscal year will specify how often the Program Monitoring Review Form will be submitted to the CMT within the fiscal year.

For those contract monitors who want to perform a more detailed review of a contractor's financial integrity, use the 10 question Contractor Financial Management Monitoring Form.

You may submit The Program Monitoring Review Form to the CMT: 1. as a hard copy to be hand written at the site visit, or 2. complete on the computer and e-mail to the CMT as an attachment (only the signature page sent to the CMT must be original).

NOTE: If the form will not let you enter a response in the response cell: click on the VIEW icon in upper left hand corner of your computer screen; click on TOOLBARS; click on forms; a row of 10 options will appear on your screen; click on the PROTECT FORM lock icon.

Page 1 of the Form

The first page of this form records general information about the vendor, the nature and cost of services, contract number and dates of prior and current review. Complete the first ten fields on page one of the form which include:

- * Contractor's name
- * Contractor contact person
- * Contractor's address
- * Contact person's telephone number
- * Program name
- * Contract funding amount
- * Brief description of services
- * Date of last monitoring visit or thorough review
- * Date of this monitoring visit or thorough review
- * Contract number for current fiscal year

Unresolved Non-Compliance Issues - complete this section for any unresolved noncompliance issues from the previous monitoring visit, include the date of the last monitoring visit, the date of your corrective action letter and explain the problems including why the contractor has not completed the necessary corrective measures.

Page 2 of the Form, Assessment of Performance per Contract Scope of Services

1. **Contract Requirements** – you may “cut” the contract scope of services from the electronic version of the contract and “paste” into the Contract Requirements Cell of this form.
2. **Item(s) Reviewed** – this cell may be filled in with the documents and related materials required for your review or site visit to include any interview questions to be asked at the site visit.
3. **Compliance** – enter in this cell the compliance level [F=Full Compliance; P=Partial Compliance; N=Not in Compliance; NA= Not Applicable] for each scope of service line item entered in the Contract Requirement Cell.
4. **Supporting Comments** – write in any comments supporting the compliance rating level from the adjacent cell to include any appropriate corrective action recommendation(s).

The four cells from the form just described are shown next with examples:

Contract Requirements (Scope of service requirements from contract)	Item(s) Reviewed	Compliance	Supporting Comments
Examples 1.) The contractor will deliver services to 10 individuals each month	Review of intake records; client charts; invoices	* Full * Partial * Not * N/A	Intake records and counseling logs indicate that the provider served 5 during the last reporting period

Contract Monitoring Performance Rating Checklist Legend shown again:

F=Full Compliance; P=Partial Compliance; N=Not in Compliance; NA= Not Applicable

Page 2 of the Form: Continued

Example of a completed cell:

	F	P	N	NA
<p>A. Contractor Staff</p> <p>1. There are appropriate and sufficient staff to meet requirements of Scope of Services (Including bilingual staff where applicable.) <i>EXAMPLES:</i> review of timesheets, position descriptions, etc.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: you may not need to complete every cell or a particular section of the form if you already have addressed the line-item in the above Contract Requirement Table or if the cell or section is not applicable.

Section A, Contractor Staff – seek responses to the next five questions for organizations with staff delivering services under the terms of the contract as deemed appropriate. Check the appropriate cell: F, P, N or NA and write any supporting comments.

Page 3 of the Form:

Section B, Statistics and Reports – when appropriate, complete the two questions in this subsection regarding any statistical or monthly reports. Check the appropriate cell: F, P, N or NA and write any supporting comments.

Section C, Client Case or Medical Files – complete this section only if the contractor is providing direct human or medical services to County residents. Check the appropriate cell: F, P, N or NA and write any relevant comments.

Section D, Questions for the Contract Monitor – the four questions are not intended for a vendor response, but rather are to be reflected on and answered by you. Therefore, answer either Yes, No or N/A in the cells at the far right hand corner of each question.

Page 4 of the Form:

Section E, Contractor Payments and Financial Monitoring – this subsection has six questions that need to be rated in terms of compliance. Check the appropriate cell: Yes, No or N/A and write any supporting comments. In case you don't process contractor invoices, refer these questions to the appropriate staff in your service area. For those contract monitors who want to perform a more detailed review of a contractor's financial integrity, see the **Contractor Financial Management Monitoring Form**.

Section F, Overall Compliance Rating

1. a. Provide the overall contractor performance rating (indicate Yes or No whether the contractor is in full or substantial compliance with the scope of services). In most cases, it may be unrealistic for a contractor to be in full compliance for every line-item of the scope of services and other provisions of the contract. Even a top performing vendor probably will have some areas that would benefit from improvement, so in those specific line-item areas the contractor may be evaluated by the program monitor as in "**partial**" compliance.
1. b. Report any areas where the contractor rated as substantially compliant may have made administrative or programmatic improvements from the last monitoring report submission and/or may be in the process of making improvements via your written recommendations.

Examples: 1. if you feel that a contractor is performing exceptionally well and has one or two areas that need minor improvement, than you could give a full compliance rating; 2. if you feel a contractor is performing well overall, but has several or more areas that need moderate improvement, you could give a substantial compliance rating; 3. however, if you feel a contractor is seriously deficient in a number of areas and is not following through on your written corrective action recommendations, you could rate the contractor as being in non-compliance. Of course, a rating of non-compliance could place the contractor in jeopardy of not being renewed or worse, losing their contract. Also, a contractor assessed to be in full compliance will not require a corrective action plan as does the contractor who receives a noncompliance rating in one or more areas.

Contractor Areas of Substantial Noncompliance

2. a. Cite each area of contractor noncompliance explaining in sufficient detail the problem(s) and specify your recommended corrective action for each noncompliant item; attaching corrective action correspondence to this form would be useful. *Consult the CMT for assistance in developing recommendations to resolve disputes or determine contract termination/modification options. Please remember that any changes in scope, terms or conditions require contractual amendments.*

2. b. Indicate the date the Contractor is to Submit the Corrective Action Plan. You should negotiate with the contractor for a reasonable date to receive the corrective action plan and then follow-up to ensure that they fully implement each corrective action recommendation in the timeframes mutually agreed on.

Page 5 of the Form:

Section 2, Signatures and Dates:

Contractor representative – optional; most contract monitors feel obtaining the contractor's signature on this form strengthens expectations and communication between themselves and the contractor

Your printed name and Signature – required
Program Unit Manager – required

Service Area Chief – required if the contractor is in noncompliance on one or more scope of services line items or at least once a year for renewable contracts and contracts resulting from an RFP or any contract over \$100,000.

NOTE: Program Monitoring Review Form distribution:

- * Original to CMT
- * Copy to Contractor - optional
- * Copy to Unit/Team Manger
- * Retain a copy for your records

CMT/Monitoring: 3-03

CONTRACTOR FINANCIAL MANAGEMENT MONITORING FORM Montgomery County Department of Health & Human Services, Contract Management Team

Contractor Name:	Contract #:
Contract Monitor's Name:	Date This Form Completed:

Contract Checklist - Legend: F = Full Compliance; P = Partial Compliance; N = Not in Compliance; NA = Not Applicable	F	P	N	NA
Fiscal Monitoring				
1. Is there a segregation of duties i.e. duties are divided among different people with responsibility for handling transactions and making payments (<i>reduces opportunity for embezzlement</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the contractor have a business plan/budget that they follow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the contractor have written fiscal policies and procedures, and accounting policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a delegation of signature authority on file and appropriate limits have been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the contractor submitted accurate, timely financial reports and estimates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are fiscal transactions like deposits and billing performed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the contractor have a comprehensive annual financial statement or audit by an independent accountant for the previous year on hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a process in place for managing and monitoring risk (<i>example – does the contractor have a system for ensuring collection of user fees or can they raise matching funds as stated in the budget</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is software and electronic system access appropriately maintained and secured; i.e., is the system maintained and in a secure environment, and is the data controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the contractor's employee time sheets/records consistent with the approved budget or billable units of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Attach this form to the Program Monitoring Review Form

Instructions For Contractor Financial Management Monitoring Form

Introduction

The 10 questions in this form, which were developed with the assistance of the HHS Fiscal Team, are intended for contract monitors who wish to conduct a more thorough assessment of a contractor's fiscal integrity beyond the six financial management and related questions contained in the Program Monitoring Review Form. Examples of when the Contractor Financial Management Form might be used are:

- The vendor is a new contractor
- The vendor is a small non-profit organization where staff has multiple responsibilities
- The vendor is a fairly new business or non-profit organization
- The contractor has shown past financial management problems such as:
 - not sending invoices in a timely manner
 - program reports don't always match invoices
 - doesn't collect customer fees in a timely manner
- The contractor has promised a sizable non-County funding match

There may be other reasons why this form may be used as a monitoring tool, but ultimately, it is your decision to use it. Also, it is important to be aware that all contractors, regardless of size and sophistication, for-profit or non-profit, must manage their organizations' finances according to generally accepted international accounting procedures.

Question 1. A fundamental accounting procedure for any organization is the segregation of duties handling budget and financial transactions from duties involving making payments (accounts payable) to duties handling corporate income (accounts receivable). For example, the person handling payment of bills should not be making bank deposits. Failure to adhere to this accounting protocol promotes the opportunity for fraud or embezzlement.

Question 2. All vendors should have a business plan that forms the basis of the organization's management and operating systems and that projects the organizations' future sustainability. An annual budget would be one component of a sound business plan. Projections for future sustainability or growth, i.e., grants, user fees, etc., could also be an element in a business plan.

Question 3. A “no” answer to this question may be a sign that the contractor is financially unstable or at best disorganized.

Question 4. Delegation of signature authority is necessary for any organization to maintain appropriate legal and financial authority in a number of areas including contracts, liability issues and fiscal management. Appropriate delegation of signature authority also protects an organization from improper representation by unauthorized employees.

Question 5. A “no” answer to this question may be a sign of potential financial problems. For example, chronically late billing may be a sign of insufficient staffing to conduct financial matters or staff may not be properly trained or experienced to handle these accounting functions.

Question 6. A “no” answer to this question also may be a sign of deeper financial problems such as the contractor having a long-term cash flow problem.

Question 7. An annual financial statement at least or, better yet, an annual audit by an independent accountant for the previous year is a fundamental financial management tool. A review of these accounting tools will indicate the contractors’ overall financial health. A financial statement should reflect that the vendor has a positive net income at the end of the operating or fiscal year. An annual audit will come with a cover letter certifying to the vendor’s financial integrity.

Questions 8. A number of contracts in HHS contain contractor commitments to either collect user fees or raise matching funds as a percentage of the total county funded budget. For example, you may want to review that the contractor has a system for ensuring collection of user fees. Another example, you may want to evaluate whether a contractor can raise matching funds - that they committed in the budget to - in a timely manner?”

Question 9. Lack of adequate financial electronic systems security can expose the contractor to fraud and abuse. These electronic financial records should be accessible only to those employees who have a need to know.

Question 10. Reviewing a sample of employee time sheets, say twice a year, to see that they match the terms of the contract and the approved budget or billable units of service is an important function of contract monitoring. For example, with vendors having more than one contract with the County with possible multiple funding streams, errors in charging the right staff to the appropriate contract and funding stream is not uncommon.

Department of Health and Human Services
Contract Monitoring Plan

Contract Number:	Vendor:
Monitor:	Service Area:6410-Director's Office
Description of Services:	

Executive Director	
Phone	
Address	
City, State, Zip	
Contact Person	
Phone	
Address	
City, State, Zip	
Fax	
E-Mail Address	

Payment Interval	Monthly
Invoice Due Date	other
Reports Due Date	1st

Monitoring Plan

Visit Type	Yes/No	Interval
Site Visits	Yes	Monthly
Telephone Check In	Yes	Monthly

Monitoring Form to CMT:

Monthly

Comments:

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Contract Monitoring Workgroup Summary for Children, Youth and Families of DHHS

Background

On October 31, 2007, Kate Garvey, Chief, Children, Youth and Family Services (CYF) convened a meeting with Senior Leadership and Contract Monitors in CYF. She asked those present to share ideas about the quality of Contract Monitoring in CYF, the role of the Contract Monitor, the use of Corrective Action Plan, and the time required for Contract Monitoring. The group also discussed successful strategies in Contract Monitoring, the tasks associated with Contract monitoring, and alternative designs for the Contract Monitoring process. Based on this discussion, Kate Garvey appointed a small Workgroup to develop recommendations for improving Contract Monitoring in CYF.

The Workgroup was led by Fran Brenneman and was composed of the following Contract Monitors: Teresa Blair, Beth Molesworth, Kathie Nevin, Pat Spann, and Bettie Sutphin. Brenda Brown was the note taker. (Attachment 1)

Methodology

The Contract Workgroup met five times and engaged in vigorous and spirited discussions. The Workgroup examined the following documents that had been distributed over the past several years, including:

- *DHHS Program Monitoring Guidelines, March 2004*
- *Program Monitoring Review Form, 2004*
- *Contractor Corrective Action Plan, a Guideline, March 2004*
- *DHHS Contract Management Duties Survey: Procurement and Monitoring, 2006*
- *FY08 Contract Renewal Instructions*

Also reviewed was the IBM publication, *Effectively Managing Professional Services Contracts: 12 Best Practices, 2006*

The Workgroup discussed the results of two surveys: one distributed to CYF Contract Monitors in October 2007 and one sent to Contractors in November 2007. Summaries of the survey results are as follows:

Contract Monitor Survey

Summary: Ten contract monitors returned the survey; two monitors are half time and were counted as one bringing the final number to nine.

1. Of the nine monitors:

- Each averaged 12 contracts and providers.

- Each averaged 26 sites. We recognize that this number is a bit skewed because some contracts, like Linkages have multiple sites to visit, while others have none.
- A small majority visited sites yearly.
- Five monitors received monthly written reports, four received quarterly reports and the rest received reports at a variety of times.

2. When contract monitors visit sites, all look for:

- Program and/or financial compliance.
- Quality of work.
- Quantity of referrals as appropriate to their contract.

3. If something is not in compliance, monitors generally discuss this with the contractor and as a last resort will put the contractor on a compliance plan.

4. It should be noted that contract monitors handle many more job functions than just monitoring, which limits the amount of time each can spend with each contractor. Most of the monitors, 9 out of the 12, have other responsibilities in addition to contract monitoring.

Examples include:

- Prepare Requests For Proposals (RFPS).
- Work with governing boards.
- Organize trainings.
- Supervise.
- Do intake.
- Review invoices.

(See Attachments 2a and 2b contract monitoring survey and results)

Contractor Survey

Summary: A survey was distributed to the following contractors: [REDACTED]

[REDACTED]. Eighteen surveys were returned. In addition, Fran Brenneman met with [REDACTED]. Most contractors said they have good relationships with their contract monitors. Contractors generally want contract monitors who:

- Are knowledgeable about the programs.
- State consistent expectations early in the process.
- Communicate on a regular basis with more on-site visits.

1. All contractors viewed the contract monitor as a “compliance officer.”

2. Although most contract monitors visited sites yearly, contractors who seldom saw their contract monitor asked for “**more site visits.**” Most contractors were able to speak to the contract monitors whenever needed, but stated that they would like “**more face-to face meetings.**”

3. The majority of contractors had to turn in written reports on a quarterly basis.

4. Contractors said that contract monitors visit and assess:

- Staffing.
- Data documentation.
- Relationships.
- Status of goals and outcomes.
- Problems and solutions.
- Compliance requirement.

5. **“Improved Communication,”** was the number one issue mentioned by contractors for improved effectiveness.

(See Attachment 3a and 3b vendor survey and results)

Over-Arching Assumptions

Based on the results of the surveys and review of HHS contract documents, the Workgroup agreed that the following over-arching assumptions would be the foundation of the recommendations:

1. Both Contractors and Contract Monitors want their jobs to be effective and take great pride in what they do.
2. Both Contractors and Contract Monitors value effective communication.
3. Both Contractors and Contract Monitors agree that the most effective Contract Monitoring takes place when there are Contract Monitors who have subject matter expertise. It is most efficient for someone to monitor who has subject matter expertise.
4. Both Contractors and Contract Monitors view contracts as a partnership in service delivery. When difficulties arise, Contract Monitors and Contractors work together. This acknowledgement strengthens the partnership through better collaboration and communication.
5. Both Contractors and Contract Monitors agree that Contract Monitors need to be approachable and responsive.
6. Whenever possible, Contract Monitors should be insulated from politics. As referenced in Best Practice 10 of the IBM resource *“Effectively Managing Professional Services Contracts: 12 Best Practices”*, government project managers and contractor project managers that were interviewed in the IBM study cited as an overarching recommendation the need to establish clear, honest, consistent, regular communication processes among Project Team Members as being central to developing strong partnerships and enhancing the success of contracting while minimizing conflicting direction involving multiple government team members.

Recommendations

The Contract Monitoring Workgroup makes the following recommendations based on the review and discussion of the cited reports, the analysis and discussion of the surveys from the contract monitors and vendors and from the discussions with vendors. All recommendations have unanimous approval by the Workgroup.

1. CYF Contract monitors should meet regularly for improved communication, consistency, fairness and standard practices across CYF.

Regular monitoring meetings should be held (perhaps quarterly) with all CYF contract monitors to share experiences and to discuss problems and solutions.

2. The Workgroup requests that CMT review and update the following documents. The documents should be distributed to all department contract monitors and training should be provided on each document. The Workgroup recognizes the importance and value of these documents as contract monitoring tools.

- Contract Monitor Guide (Attachment 4)
- Corrective Action Plan (CAP) (Attachment 5)
- Program Monitoring Review Form (Attachment 6)
- Contract Monitoring Plan (Attachment 7)

3. The Workgroup recommends that Contract Monitoring be recognized as a part (large or small) of a Contract Monitor's job.

Standard language should be developed describing the specific duties associated with Contract Monitoring and the expectations for performance. Those duties and expectations should be incorporated into the job description and performance evaluation for every Contract Monitor.

4. The Workgroup recommends guidelines on consistency of preparation and usage of The Contractor Monitoring and Review Form.

5. The Workgroup recommends establishing standard procedures for ensuring fiscal accountability for approving budgets and invoices.

- Guidelines should require that all invoices be accompanied with documentation backup, (e.g., timesheets, payroll ledgers, receipts, and utility bills, etc.).
- Guidelines for a standardized list of elements and format that should be required on all invoices.
- Consistent expectations for backup documentation to be required to support monthly invoices.
- Clear understanding among contract monitors and contractors about cost reimbursements; contracts must include documentation of services provided for cost reimbursement

6. The Workgroup recommends that CMT consider using an approach other than alphabetical, by contractor name, for assigning contract responsibilities to CMT Contract Managers.

Currently, the CMT uses an "alpha" assignment system to distribute contracts among Contract Managers. In the case of open solicitation contracts, task order contracts, and RFP's that result in multiple awards, this system of assigning contracts is confusing and inefficient for program staff monitoring these contracts, when they must coordinate, explain, or justify an action/issue with several different Contract Managers. This situation also puts CMT at a disadvantage because there is no Contract Manager with a thorough knowledge of the contract scope, service delivery issues, or other nuances of the particular contract which sometimes results in inconsistencies

among amendments to the contracts. In addition, when assignments are changed during the contract term, there is a time consuming learning curve while the new Contract Manager becomes familiar with the contract which can result in delays in processing contract actions.

We recommend that all contracts resulting from a single solicitation be assigned to the same Contract Manager for the life of the contracts. Further, we recommend that, whatever system is used to assign contracts in CMT, the assignment remain the same for the life of the contract whenever possible.

7. The Workgroup recommends that CYF Contract Monitors should be trained on the following:

- a. Expectations for contract monitors given the different types of contracts they monitor.
- b. All types of procurements that are available to all programs within HHS to allow for the development of most efficient and effective contracting methods.
- c. How to write an RFP (including but not limited to understanding results/outcomes based budgets, performance based/pay for performance contracts).
- d. Using a corrective action or more progressive action in cases of non-compliance with contract terms - when to move to a Corrective Action Plan (CAP) and, ultimately, contract termination.
- e. Handling a situation where the primary contractor has a dispute with the secondary or sub-contractor; this is not a compliance or corrective action issue, but it affects the contractor's ability to perform.
- f. How to provide technical assistance to contractors if the contract monitor does not have expertise in certain areas such as contracting or procurement.
- g. Understanding the financial aspects of the contract including reading and understanding budgets, reviewing invoices for completeness and compliance, relating invoices to budgets, tracking expenditures, (i.e., purchase order balances), and provided technical assistance to contractors in these areas.
- h. Developing an RFP – including: developing a Scope of Services that meets the programmatic needs and legal requirements of the County, evaluation criteria, proposal submissions, and scoring guidelines, timelines and requirements, and realistic outcomes given limited funding, and to incorporate, using “boilerplate” text, the mission, goals, outcomes, etc. of HHS.
- i. The RFP checklist.
- j. Relating outcomes to HHS priorities (for an RFP) and for Contractors' proposals (for non-competitive contracts).
- k. How to conduct a monitoring visit – written notice/agreement of items to be monitored, development of a standard letter to be sent to contractor, notifying all parties to be visited, e.g. on-site staff, executive director, CFO, of the scope of the review; how to offer technical assistance if the monitor does not have deep programmatic expertise.
- l. Any new guidelines or policies related to contract management.

8. The Workgroup recommends that all Contractors should be trained on the following:

- a. An Overview of the structure and language of Montgomery County Government, DHHS and Children, Youth and Families. Organizational charts, resources and any other pertinent information should be provided.

- b. Information on the requirements and procedures to expect from contract monitors, the community grant process, general guidelines and business principles and best practices on contracting (i.e. – *The IBM Center for The Business of Government's 12 Best Practices for Effectively Managing Professional Services Contracts* (Attachment 8), a review of required timeframes, deadlines and documents required from contractors as indicated in the contract.
- c. The contract monitoring process, expectations, forms, site visits, etc.
- d. The basics of budgets and invoices. Provide contractors with an example of what their invoices should contain and the need for consistency with monthly invoice submission. This should include the components of the Contract Number, P.O. Number, Invoice Number, Service Dates, etc.
- e. Backup documentation required for expenses claimed in the invoice, based on the contract type and compensation type (e.g., fee for service, cost reimbursement, etc.)
- f. Expenditure tracking and report submission--it is imperative that contractors adhere to the terms of the contract with regard to submitting invoices and reports as stipulated in their contractual agreement.
- g. The basics of the Procurement process and why the timeliness of their invoice submission can often impact remunerations.
- h. Procedures to address problems or issues that may arise, including the corrective action plan process or more progressive action in cases of non-compliance with contract terms.

9. The Workgroup recommends the development of the following Technical Assistance Tools:

- a. Establish a “Samples Library” with examples of sections of RFP’s and contracts that have worked well in the past. Both programmatic and technical language should be included. The library would be most useful if both CMT and program staff contributed resources
- b. Create a forum for discussion of how CMT should be involved in the monitoring process - *at what point does CMT participate in contract monitoring?*
- c. Provide better tools for tracking the status of a contract action, new contracts and amendments; e.g., how can claims be avoided when it takes so long to get a purchase order through the process?
- d. Develop a standard tracking system for monitors to better “organize” their tracking process (reports/invoices/stats)
- e. Develop standardized letters to be sent to contractors notifying them of visits,
- f. expectations, which will be visited, etc.

Out-of-the-Box Ideas

These ideas were generated after a brainstorming session among the contract monitors, responding to the question, “What if you could do anything?” What would you try? The following are the responses. These responses may reflect individual ideas and not necessarily the feelings of the entire group.

1. Raising small purchase amounts from \$4,999 to \$14,999.

Raise the dollar threshold on small purchases (which are paid by Direct Voucher) for human services contractors from the current \$4,999 established @ 1994 to \$14,999. Ideally, the

threshold should be raised to \$24,999, but even an additional \$10,000 will be helpful. This higher threshold will allow HHS to meet needs that are identified on an ad hoc basis without involving the Office of Procurement. For example, more one-time-only services relevant to a particular population or newly identified need could be purchased very quickly.

In addition, very small Community Grants for services that are important and needed, but which consume an inordinate amount of time and effort in HHS, the Office of Procurement, and the County Attorney's Office, could be purchased without a contract.

2. Create a New Grants Process.

Create a true grants process for the County Council and Executive Community Grants. Similar to the way the State gives grants to DHHS and to private entities, develop a process that will grant funds to successful applicants in a lump sum without a contract. The grant application document will need revision to ensure that all of the fiscal and programmatic accountability and monitoring processes will remain the same as for the current contracts. The outcome will be that no processing of an additional contract document will be needed.

This idea was explored in the early 1990's when the Procurement Regulations were revised, but the section on grants was never expanded. Currently, there is a huge volume of contract actions, both in HHS and Procurement. This may be the best time to pursue the idea of a true grants process for our NDA contracts.

3. Ensure that County Council and County Executive grantees are aware that they must meet the requirements of the County contract.

Revise the application process for all of the County Council and Executive Community Grants to include the fact that successful applicants must meet all the requirements of a contract.

Often in processing a contract with a new NDA contractor, we learn that the contractor has no fiscal identity, is unable to obtain insurance, and/or is not a registered entity with the State of Maryland Taxation and assessment Bureau for business purposes. Knowing these requirements in advance will allow contractors who have problems with these requirements to begin to solve them or to partner with a more established non-profit when submitting their applications.

4. Look at a forum for discussion for issues – a Contract Management Resource Team

Representatives from the Contract Management Team (CMT), Office of Procurement (OP), the Fiscal Team, Accountability and Customer Services, Contract Monitors, would form a Contract Monitoring Resource Team that meets regularly. The increased collaboration amongst all representatives of this Resource Team would result in improved communication for everyone - including contractors. In addition, this group should be responsible for establishing mandatory trainings for Contract Monitors and Contractors.

5. Suggestion for a solution to contracting problems

Create a two or three person "contract team" for Children, Youth and Families who would report directly to the Chief to ensure that the contract priorities of the group fit the mission and goals of HHS. This CYF team would be the liaison with CMT. They would transmit to CMT the Chief's contract priorities and keep a running timeline on each contract action.

This would assist the efforts of CYF as a group in several ways:

- This small group of CYF employees could “bond” with their corresponding person in CMT. They would be our best and most knowledgeable contract people and be responsible for the stewarding of all our contract actions through the very complex HHS system.
- CYF would have a colleague who could help us develop the proper solicitations for what we need and really want. Although the Scope always has to come from the programs, the results of the RFPs, etc., are important. Programs cannot always tell what sort of contract they will actually get out of the process.
- Timelines have become necessary for a very busy department.
- Having core contract people would keep the Chief updated and informed.

6. A Moratorium on All RFP's

CMT will stop processing all RFP's (at a date to be determined) for contracts which are to be effective 7/07/08, except for those which have been submitted to the Office of Procurement. CMT will concentrate on outstanding FY08 contracts and amendments. The following process (five steps) will take place.

Step One: All programs in CYF will review their RFP's, those submitted to CMT and those still being worked on at the program level. Each RFP will be assigned to one of the following categories:

- RFP's that must have a new contract effective 7/01/08;
- contract extension beyond term for programmatic reasons
- contract extension beyond term due to volume of work; and
- non-competitive contracts (grantee list) that should be extended not RFP

(Examples of RFP's that are attached)

Step Two: When all RFP's have been identified and assigned a category, CYF Managers must consider the possible political and programmatic issues associated with delaying an RFP. Managers will finalize the assignments.

Step Three: CYF must meet with CMT to strategize on the proposed plan.

- What are the possible political and programmatic issues for HHS associated with delaying an RFP?
- How will we present the plan to Procurement and who should be a part of that meeting?
- How will CMT process necessary RFP's?
- How will CMT process necessary extensions beyond the term?
- What, if any, additional resources will CMT need to accomplish the proposed work and process renewals and regular contract amendments?

Step Four: CYF program staff will continue to work with CMT to complete outstanding FY08 contract actions and to respond to Procurement questions about RFP's currently in progress.

Step Five: CYF program staff will also continue to work on the RFP's that have been postponed so that they will be ready to submit to CMT and Procurement as soon as workload permits.

Contract Monitoring Sub-Committee

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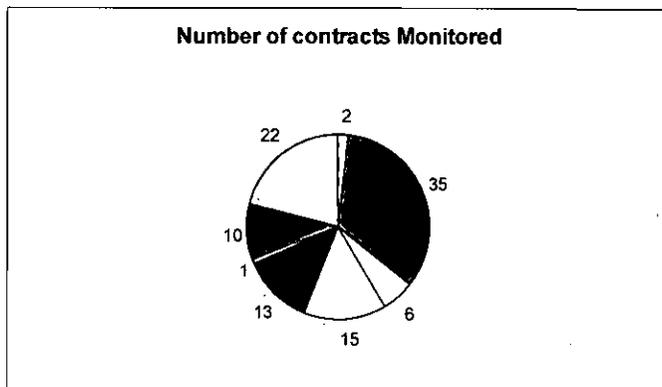
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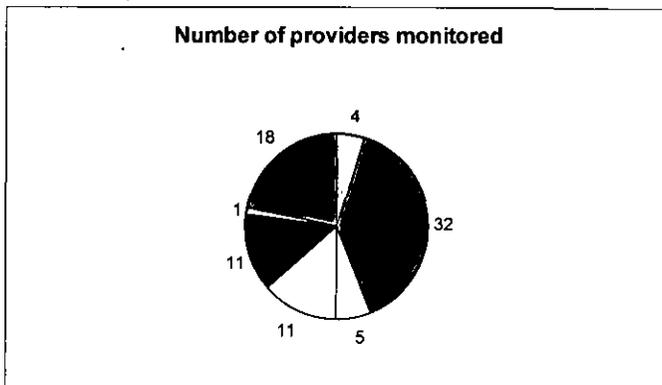
Contract Monitor Survey Results

1. How many contracts do you monitor?



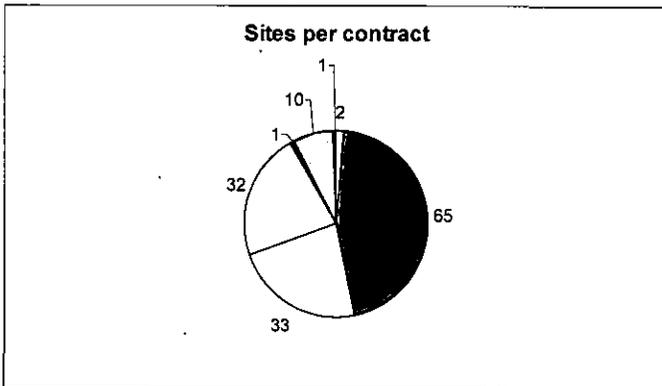
The high is 35 contracts monitored; the low is 1 with the average of 12.

2. How many providers do you monitor?



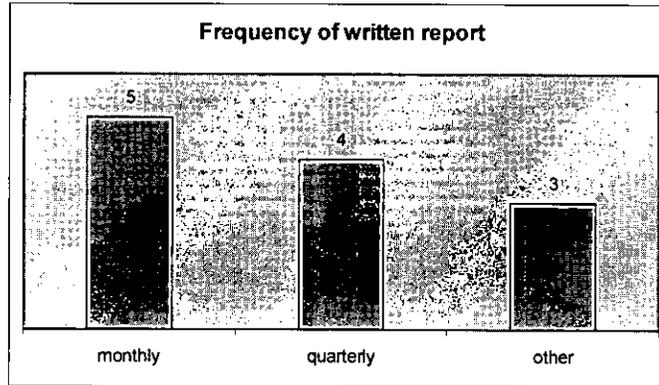
The high was 32; the low was 1 with different amounts of time spent on these - average 12 per person.

3. If there are multiple sites, how many sites are there in each contract?

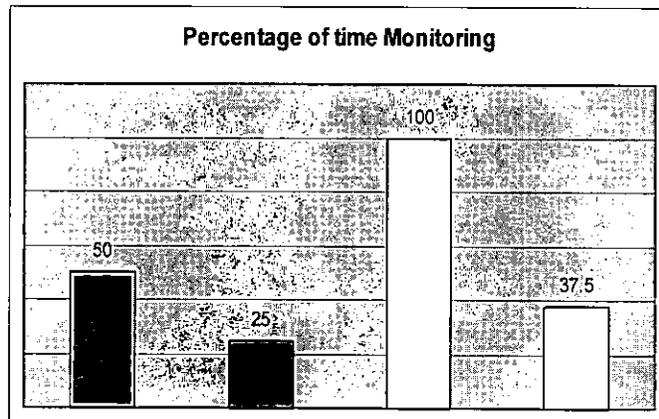


The high was 65; the low was 1 average of 26 per person.

4. How often do you receive a written report?



5. What percentage of your time is spent just monitoring contracts?



5 When you visit contractors, who do you talk to?
 (4) Supervisor (5) Agency
 and/or program director (1) Office Staff
 (4) Site Staff (1) Case Managers

(1) Mental Health Therapists
 (1) Community Service Aides

6. What kinds of things are you looking for in your visits

1. Program compliance
2. Vacancy and staffing issues/ recruitment/retention plans
3. Budget status
4. Program plans
5. Client records
6. Agency policies/procedures
7. Service delivery space/facilities, etc
8. Observations, outcomes
9. Enrollment/attendance sheets, etc
10. Case loads for mental health and case management, productivity
11. Appropriate services and referrals
12. Quality of work with schools and local community
13. Quantity of referrals
14. Fiscal understanding of such things as po's assure they do not work when not authorized, also looking to see if their program staff are cooperating with fiscal department so we obtain back-up information etc.
15. Overall compliance with scope of services- review of treatment records
16. There are actually two types of visits, formal and informal. All look at customer flow, staff attitude, adherence to contract standards, i.e. Resource room functionality, number of computers working, professional environment, etc. The formal visits entail reviewing records, systems, and work environment adherence to the contract

7. Do you get a written report (other than the Program Monitoring Form from HHS) from each site and how often do you receive that?

Yes (8) No (2) weekly/monthly (5) quarterly _ (4) _ other _ (3) _

8. What if any of these things (site visits, reports, etc) are agreed to in the written contract?

1. Site visits are not explicitly mentioned in the contract
2. Site visits
3. Access to client records and contractor's personnel records (to verify evidence of criminal background checks, etc)
4. Types and frequency of reports
5. Correlation of county payments to contractor's submission of report
6. Maintaining a system of written records and reporting are stipulated in the contract; I currently received a formal report/invoice 2 or 3 weeks after the semester started containing a list of all those scholarship grantees for the starting semester also informal reporting is being done in a one to one basis in regards to gpa's or other student statuses that might affect the selection of the scholarship awards
7. There is also) a yearly (or as needed) report containing the number of awardees that have earned a degree, completed courses and matriculated to an accredited 4 year institution higher education institution

8. (Varies) depending on contract - may include results of observations, outcomes, enrollment/attendance sheets, etc.
9. Monthly reports
10. Reporting and invoice schedules are in the contracts
11. Reports on caseloads and productivity are definitely in the contracts
12. Everything
13. Primary one is non-payment. All Employment Service Contracts are Pay for Performance. Our federal, state and county outcomes are translated into pay-points. If the vendor does not achieve the goals, the vendor does not get paid. The vendor is required to follow all pertinent regulations as well as our Employment Services manual standard operating procedures. Because this is pay for performance, it's readily apparent to the contractor why we're making changes because it's beneficial to their bottom line

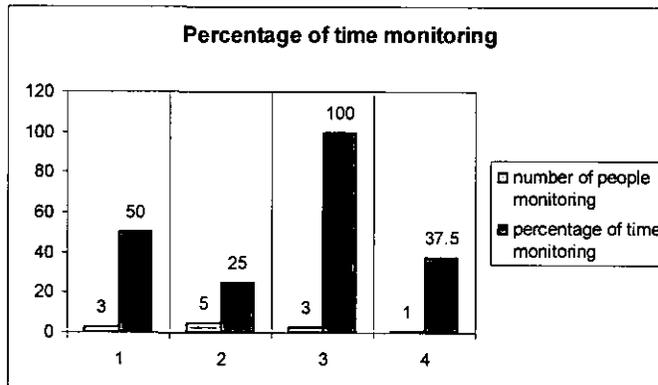
9. How do you deal with non-compliance in any issue?

1. I use the standard 2005 "Corrective Action Guide
2. Attempt to address it early
3. We discuss issues at site visits and on the telephone - serious problems are noted in the (HHS) program
4. Depends on the issue - for problems with reporting and budget/invoicing, I offer technical assistance
5. If the contractor is not providing services according to the scope of services, we try together to figure out why
6. If the contractor is unable to comply with some of the contract provisions through no fault of his own, sometimes I amend the contract
7. In reality, because most of my contracts are on the grantee list and do not provide critical services, it often comes down to finding ways to make the program work and demonstrate good outcomes
8. Meet in-person or discuss non-compliance issue by phone
9. Request corrective action confirm expectation/agreement on correction action in writing w/ contractor monitor implementation/completion or corrective action; if non-compliance continues, report issue to (CMT) and request more formal and potentially severe action feedback to the vendor, follow-up with vendor, and documentation if required
10. Work on a corrective action form, talk with my supervisor at length, talk with the contractor supervisor at length, follow up later to ensure corrective action
11. First paperwork - a telephone call from the admin specialist 1 who reconciles the invoices followed up with an email - if they are still non-compliant I would write an email to both the fiscal and program staff and copy their company president or equivalent and our program director - this last usually brings the desired results as I inform them that they will not get paid until the required paperwork is received
12. Second program issues - inform program director of issues - a formal letter will be sent to the vendor to inform them that they are non-compliant - the letter will also explain the correct format as I use this as an education tool to inform the vendor - most issues we run into are ones of misunderstanding and or change of staff at their end and the new staff member not understanding
13. Talk with provider representative

10. What other job functions do you perform apart from contract monitoring?

1. Supervise
2. Intake
3. Training and staff
4. Public awareness
5. RFP preparation
6. AIF implementation
7. HHS performance measurement team
8. Reviewing invoices
9. Negotiating new contracts and amendments to current contracts
10. Coordinating RFP's
11. Developing new contract initiatives
12. Providing ta to other parts of HHS on contract issues
13. I represent CYF on the HIPPA and grants committees and the Montgomery County youth
14. Child support liaison; grant writing; and, special projects
15. Oversee day to day activities at the children's resource center, supervise locate child care counselors, and professional development coordinator
16. Grant writing
17. Federal program monitoring
18. Work with governing board of program
19. Conferences, liaison with federal grantors and state grantors, program planning and management
20. Organizing summer institute
21. Problem solving with contractors on non-contract issues...
22. Supervise corps members, manage operations, solicit new business
23. I am the budget and fiscal person I have 2 team members on the fiscal team who compete the day-day work such as purchasing and in putting payments into ADPICS which I approve I supervise a staff member I oversee the Medicaid revenues and the compliance issues associated with ma - I am responsible for the state yearly audit
24. Screen and schedule clients for SASCA - perform mental health assessments, attend interagency transition team meetings bi-monthly
25. This is a hand on job developing policy and procedure, managing the budget and all the related projects such as job skills enhancement. RFP's are written, contracts are written, monthly manager meetings are held, ICM and HTS meetings are held, meetings are held with partners, i.e. Substance abuse, child support, arbor management, dors, etc. Four reports are issued to staff, including vendors on a monthly basis that measure and clarify the tasks needed to be accomplished, the substance abuse caseload is managed, reports are issued for the department of human resources, participation rate meetings are attended, etc. Monthly invoices are completed; contract actions are completed as rules and regulations change, etc. Also complete the management duties related to income supports management team
26. I am also currently training the new employment services manger and am the new office manager for the silver spring regional center

- 10a. What percentage (estimate) of your time do you spend on contract monitoring?
 100 % (3) 75 % () 50% (3) 37 % (1) 25% (1) less than 25% (4)



11. What suggestions or changes would make this job more effective?

1. Identify lead contract monitors
2. Better training for all CYF staff responsible for contracts
3. Better coordination and planning among the CYF programs to allow for setting internal priorities and determining timing for submission of contract actions to CMT
4. Better tools for tracking the status of a contract action
5. Establish a samples library with examples from contracts that worked programmatic language and technical language could be included this would work best if CMT staff and program staff both contributed
6. It is very important that both program people and contract team people work together
7. More staff assigned;
8. Clerical assistance
9. More division of labor in big contracts...maybe have a basic structure for contracts less than \$100,000 that have universal reporting, invoicing, outcomes, budgeting, etc
10. I think we need to be out in the field more
11. We are given impossible deadlines but the return product such as purchase orders don't seem to be held to the same standard it takes months to get a purchase order back
12. (there's) no clear guidance from anyone in the department if you make a mistake like a claim situation it's regarded as something so "bad" rather than a learning tool yet you are expected to practice and not make the above type mistake
13. (there) seems to be no clear protocols written about contracts - who should oversee what grade - why is it that some people who are usually program managers - this is all they do, when others have to perform multiple major tasks and monitor?
14. Having only two contracts to monitor is difficult because I use the monitoring/evaluation process so minimally I do not remember how to use the (Jd Edwards) system; so I am always asking for help from someone
15. Better training for all CYF staff responsible for contracts
16. Better coordination and planning among the CYF programs to allow for setting internal priorities and determining timing for submission of contract actions to CMT
17. Better tools for tracking the status of a contract action
18. Doing away with JD Edwards

19. Establish a samples library with examples from contracts that worked Programmatic language and technical language could be included This would work best if CMT staff and program staff both contributed
20. Increase the number of staff at CMT to improve timeliness of actions and allow CMT staff to serve as a comprehensive resource for program staff
21. We are given IMPOSSIBLE DEADLINES but the return product such as purchase orders don't seem to be held to the same standard It takes months to get a purchase order back
22. Not having to report our program issues to 10 different people in CMT is NOT effective use of our time I have to report to about 5 different people because our contracts run a-z -- I say the same thing over & over again
23. More concrete help form CMT they are supposed to be the liaison between us and procurement - given that we in the program don't have access to procurement I feel that I can't get answers sometimes and or a clear idea of what I should do next (we have just experienced this in our program because of extensions to our contracts as our new RFP is not ready) I feel someone from CMT should have stepped forward and told us this is the way to handle this now - In other words I feel CMT needs to take a much more active role in the programs
24. Having only two contracts to monitor is difficult because I use the monitoring/evaluation process so minimally I do not remember how to use the (JD Edwards) system; so I am always asking for help from someone
25. Fully staff Contract Management and Procurement so an action is an action and everything doesn't have to be redone, recalculated, re-budgeted - although the person finally assigned to see our contract through was very competent

12. What frustrations are there in contract monitoring?

1. Lack of clarity roles responsible system that is overloaded
2. In many cases, contractors are struggling to provide a needed service without adequate funding their non-compliance issues are often a result of not being able to hire qualified staff at the rate they can afford to pay
3. In the case of many of the grantee contracts, it appears that the non-competitive designation is made for other than clear and objective reasons - it is difficult to monitor a service if I am convinced that performance does not really matter
4. For some contracts, we need the contractor more than they need us so sometimes having a service at all means settling for less than stellar performance
5. It's actually rewarding to see first hand what's going on
6. Scheduling and timing are always difficult given other responsibilities and coping with coordinating with others' schedules
7. Traveling around the large county takes quite a bit of time, impacting completion of workload
8. Being held to deadlines that rely on contractors to submit things on time...they often have problems on their end
9. Shoe string admin budgets on their end...
10. Very hard to plan because unexpected issues, problems pop up...hard or impossible to
11. Predict when

12. Sometimes it's difficult to strike a balance between being a monitor and also being an approachable consultant - you want the vendors to consult to you and ask questions but then the next day you have to act as the monitor and insist they will not get paid...
13. Plus, when I ask for assistance from higher ups in contract management they do not seem to know what they are doing either
14. When contractors are non-compliant
15. Another frustration with this contract has been the contractor's inability to retain a suitable level of
16. Staffing - because it's pay for performance, there's not really a stated level of staff
17. In the case of many of the grantee contracts, it appears that the non-competitive designation is made for other than clear and objective reasons - it is difficult to monitor a service if I am convinced that performance does not really matter
18. (there) are times when county attorney staff questions or challenges service delivery provisions or stipulations in rfp's and contracts that clearly do not present liability concerns - this unnecessarily slows down the contracting process
19. (there) needs to be regular training of program people on contract procedures as well as newsletters and updates from cmt, as there has been in the past
20. For the last several contracts I have written, the longest delays have been at procurement
21. Our procurement and contract teams. The vast majority of my time last year was spent trying to get a contract awarded as a result of an rfp - although I did everything way ahead of time, it did not get through the process at procurement, I had to all the budget and contract work to extend the contract and the end result was that we had to go to our 2nd choice in the rfp process - this was incredibly frustrating.
22. Another frustration with this contract has been the contractor's inability to retain a suitable level of
23. Staffing - because it's pay for performance, there's not really a stated level of staff
24. Response time too long

13. *What works well, for example: a best practice that would be helpful to share with everyone else?*

1. Regular information sharing/training sessions with CMT In days past, representatives from the service areas regularly met with CMT staff learn about new Procurement or County Attorney requirements -we were introduced to new staff and encouraged to share issues of concern
2. Regular meetings of CYF monitoring staff to share information
3. For me having a very large number of different kinds of contracts in my WORD files makes it much easier to write a new contract
4. For new NDA contracts, I always ask the contractor to send me an electronic copy of the proposal submitted to the Council so I can cut and paste the proposal into the contract Scope
5. Open communication, create rapport with front line personnel and contractor key personnel, comply with all that's needed to get expected results
6. The work done by Walter Wolf in FY06 is a good
7. Using a large county map to schedule visits and minimize zig zag driving around the county
8. Critical aspects are observed

9. Automated output collection ("Peggy reports") using Excel
10. Good focus on relationship building along with monitoring / accountability - I think being seen as someone who can help to solve problems is important I think the relationship needs to go both ways ...I think we need to support them with more than funding - keeping a collaborative mindset improves programming (I think)...
11. We try to set up a yearly minimum meeting with our vendors Ideally this would be quarterly but with other pressing time constraints it's not always possible
12. Insisting on what paperwork you need from the word go and making sure that you follow up at invoice time and don't pay the invoice unless all pieces are there
13. Be approachable
14. Dedicated contract monitors in the programs
15. Ongoing and open communication with contractor
16. (having) a Performance based contract is important and establishing a partnership
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29. Be approachable
30. Dedicated contract monitors in the programs
31. Ongoing and open communication with contractor
32. (having) a Performance based contract is important and establishing a partnership with the vendor.

OVERVIEW OF CONTRACT MONITORING FROM THE VIEW OF CONTRACTORS

This survey was given to [REDACTED]

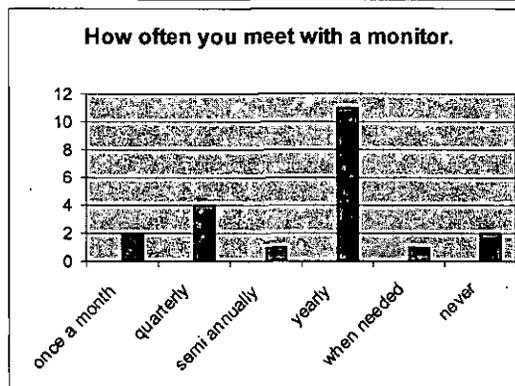
Numbers of surveys returned were (18)

Executive Summary

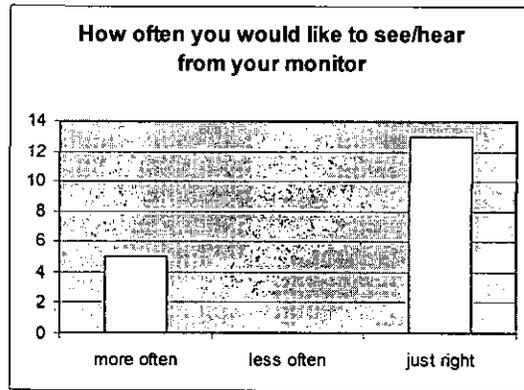
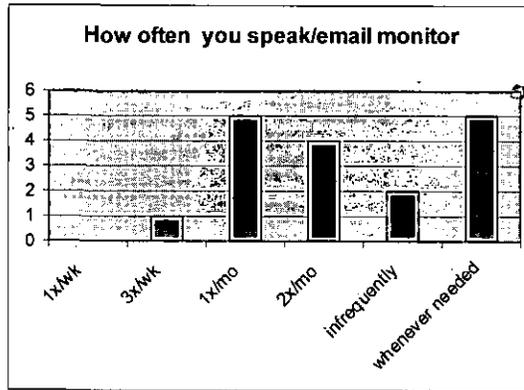
Overall, most contractors believe they have good relationships with their contract monitors. However, contractors generally want contract monitors who:

- *State consistent expectations early in the process*
- *Communicate on a regular basis with more on-site visits*
- *Are knowledgeable about the programs.*

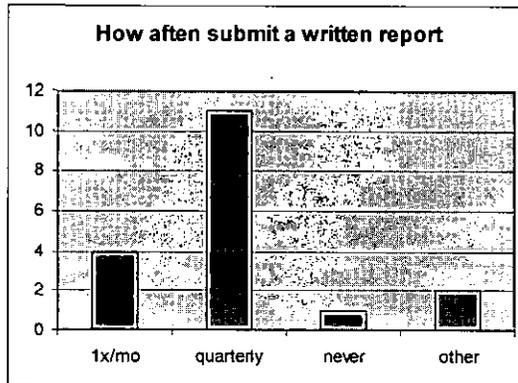
1. **Definition of Contract Monitor:** *everyone viewed the contract monitor as a compliance officer.*
2. **Frequency of Visitation:** *most contract monitors visited sites yearly, with a few quarterly and a few less often. Contractors who seldom saw their monitor asked for more site visits.*



3. **Frequency of phone/email communication:** *most contractors spoke to the contract monitors whenever needed and the rest of the respondents were divided between a high of many times per week to a low of once a year.*
 - a. **Amount of communication:** *Most said that their communication with their contract monitors was the right amount but a third said they would like to see them more often.*



4. Frequency of written reports: *most said quarterly, about a third said monthly and one said never.*



5. Report Requested: *nearly everyone found that was not a problem, though the two that had a problem said it occurred at the end of the fiscal year.*

6. *Not in compliance:* *all said that their monitor is helpful and works on a plan to help them comply.*

7. Contract Monitors look to: *assess staffing, data documentation, relationships, status of goals, problems and solutions, and compliance requirement(s)*

8. The key things that contractors found would make contract monitors more effective are:

- a. knowledge of the program they were reviewing*
- b. timely and consistent communication*
- c. communication more often*
- d. a written agreement of what is to be evaluated*
- e. faster processing of work by the county*
- f. reduced paperwork*

9. Contractors were most frustrated by:

- a. lack of knowledge of contract monitor about the program*
- b. inconsistency of what one monitor looks at compared to another*

10. Stated Best practices:

- a. communication- talking often with monitor*
- b. be a liaison for the county*
- c. be knowledgeable*
- d. make expectations clear*
- e. constructive feedback*
- f. provide any new research on programming if aware.*

DHHS Barrier Analysis

Note: Bold, italicized indicates that work has begun in these areas

Contracts Management Team (CMT)

Barriers

- Workload
 - CMT has been understaffed for the past several years and the workload has continued to increase. For example, in FY07 only 2 RFPs were completed. In FY08, 21 RFPs were completed and another 17 were in various stages of completion at the end of FY08. From a total of 37 FY08 RFPs (RFPs needing contracts by June 30, 2008), DHHS submitted 31 (~84%) to Procurement by Procurement's January 31, 2008 deadline for submission of RFP's.
 - In addition to RFPs, CMT also processed over ~1,600 contract actions during FY08. During the last quarter of FY08 ~450 contract actions, including renewals, some with inflationary adjustments, delivery orders and 17 new contracts were processed.
 - Workload issues are likely to increase as we continue to feel a negative impact from the county's economic situation. CMT was approved an additional position in the FY09 budget; however, two senior staff retired 7/1/08 as part of the retirement incentive program (RIP) and another is out on extended medical leave.
- Training
 - Program staff have very different levels of skill and experience with regard to contracting, budget management, and fiscal type duties.
 - Managers who supervise contract monitors may not be familiar with the County's Procurement regulations and procedures. Many individuals involved in the contract process as monitors also have significant program responsibilities.
- Complexity
 - DHHS has complex contracts. Many of our RFPs result in multiple contracts.
- County Procurement Regulations
 - The dollar value for transactions requiring contracts is \$5,000. This dollar limit has not been changed for more than 10 years and has not been

adjusted for inflation. Thus, purchasing power has declined over time, resulting in significant investments of staff time and for relatively low return on goods and services procured.

- The complexity of the County's contracting process and the amount of staff time required for sometimes relatively low dollar contracts may not provide an adequate Return on Investment for Montgomery County, when staff and other costs are considered.

Strategies

- Evaluate the organizational structure that supports contracting at the program level to determine if a more centralized approach might be beneficial. OLO is currently conducting an analysis of DHHS' contracting process and it is expected that this study will provide recommendations on a number of issues such as this.
- Provide additional training and mentoring to CMT staff.
 - CMT staff are best positioned to serve as project managers. *Active and effective communication with Program Staff and Procurement will be part of their FY09 performance plans.*
 - On complex RFP's and contracts, establish regular meetings between CMT staff and program staff to resolve issues. *Using this methodology has resulted in more effective problem resolution and adherence to agreed upon timelines.*
- Communication
 - *Greater involvement by senior management in departmental prioritization of contract related issues has been very helpful.*
 - *Daily conversations with Procurement staff have also proved very beneficial for resolving issues in a timely manner.*
- Technology
 - *CMT has developed a number of tracking worksheets. In March, CMT established a shared drive to give Procurement access to DHHS tracking spreadsheets.*
 - *CMT/DHHS IT have also developed a tracking database. This will allow us to track actions, establish milestones, and run various reports.*
 - *Financial Operations has begun work to convert our current scanning technology to County standard, ZyWeb. It is our understanding that Procurement is/will be utilizing this scanning technology (or some equivalent technology identified as part of ERP) for scanning of contracts and associated documents. By utilizing the County's electronic record management system, DHHS can eliminate significant duplication of effort.*

- Business process reengineering
 - Review and document business practices and procedures. *As an example, during March of 2008, DHHS and Procurement worked out a procedure to allow inflationary adjustments to be processed concurrently with extensions/renewals. This change should result in a decrease of approximately 100 contract actions.*
 - Review the County's Procurement regulations, especially with regards to dollar thresholds, exception codes for commodity type purchases (such as medications, vaccines, and certain types of training), and designated vendors.
 - Consider streamlining the requirements for County Council and County Executive noncompetitive awards and state (or other funding source) designated vendors. In FY08, Procurement and HHS processed 80 new grantees as new contracts.

Program Staff

Barriers

- Workload
 - Program staff often have operational responsibilities for program functions.
 - Workload issues are likely to increase as we continue to feel a negative impact from the county's economic situation.
- Training
 - Program staff have very different levels of skill and experience with regard to contracting, budget management, and fiscal type duties.
 - Managers who supervise contract monitors may not be familiar with the County's Procurement regulations and procedures.
 - Many individuals involved in the contract process as monitors also have significant program responsibilities.
- Complexity
 - DHHS has complex contracts. Many of our RFPs result in multiple contracts.

Strategies

- Organizational structure
 - Evaluate the organizational structure that supports contracting at the program level to determine if a more centralized approach might be beneficial.
 - OLO is currently conducting an analysis of DHHS' contracting process and it is expected that this study will provide recommendations on a number of issues such as this.
- Training
 - Providing additional training to contract monitors and other program staff would be beneficial. For example:
 - *Develop a series of Brown Bag seminars to provide on-going training on contract-related issues. The first of these sessions will be scheduled for September 2008.*
 - *Beginning in September 2008, require all contract managers who have not taken the county's 40 hour contract administration course within the last three (3) years to take the class.*
- Communication
 - *On complex RFP's and contracts, establish regular meetings between CMT staff and program staff to resolve issues.*
 - *Using this methodology has resulted in more effective problem resolution and adherence to agreed upon timelines.*
- Performance
 - *Continue DHHS' work in developing performance measures and standards.*

Non-competitive Awardees

Barriers

- Many DHHS grantees are relatively small with little depth in the areas of contracting and financial management.
- Inflationary adjustments are not keeping pace with expenses so contractors may not wish to renew/extend.

5/9/08

UPDATED 8/15/08

- Due to the lack of understanding by the vendors of the County's Procurement process, many expect that a contract will be in place shortly after awards are made at the conclusion of the annual budget process in May.
- Obtaining budget information and insurance certificates is often a lengthy process.
- The complexity of the County's contracting process and the amount of staff time required for sometimes relatively low dollar contracts may prevent competition.

Strategies

- Communicate the County's procurement process in a more effective ways and establish reasonable vendor expectations with regard to the timeline from award to notice-to-proceed.
- Clearly convey the awardee's responsibilities for providing budgets, insurance certificates and other information necessary to complete the contracting process.
- *Upon award, send letter from the vendor signed jointly by David Dise and Uma Uhluwalia .*
- Develop brochure outlining important facts about the County's procurement process.
- *Enforce internal HHS deadlines, set by CMT, for Program Staff to submit the necessary budgets and scopes so that Grantee contracts can be processed in a timely manner.*
- Review the County's Procurement regulations, especially with regards to dollar thresholds, exception codes for commodity type purchases, and designated vendors.