

## Report Highlights

OPEGA Report No.  
SR-CDCHMP-13

To get a copy of the full report, or for more information, visit the website listed at the bottom of this page or contact OPEGA at (207) 287-1901

December  
2013

# Healthy Maine Partnerships' FY13 Contracts and Funding – HMP Lead Selection Approach Appropriate but Process Poorly Implemented and Allowed for Manipulation; Funding Consistent Across HMPs Based on Role; Documentation Insufficient to Support Key Decisions



### What was the general focus of this review?

OPEGA's review focused on the processes used, and documentation maintained, in Maine Center for Disease Control and Prevention's selection of lead Healthy Maine Partnerships and distribution of funds among HMPs for FY13 HMP grant awards.

### What issues did OPEGA identify during the course of this review?

- Existing HMP performance data was not useful for lead selection and criteria used lacked measures relevant to key lead responsibilities in new structure.
- Multiple weaknesses in MCDC's scoring methodology undermined credibility of the process and presented opportunity for MCDC to manipulate final outcomes.
- MCDC's process was not well documented making it difficult to confirm accounts of how, and on what basis, key decisions were made.
- Contract for the Tribal District HMP was handled differently than the other HMPs.

### What specific questions did this review focus on, and what are OPEGA's answers?

1. *Did the Maine CDC use appropriate and consistent processes for scoring HMPs, selecting lead HMP agencies, awarding contracts and determining how funds would be allocated among the HMPs for FY13?*

OPEGA found the lack of a new request for proposal (RFP) process for the FY13 grant awards was not ideal given the change in roles and responsibilities for HMPs selected as leads. However, MCDC did not have sufficient time to complete its typical RFP process and followed guidance from Department of Administrative and Financial Services' Division of Purchases in deciding to pursue an alternative approach.

OPEGA also found that while the overall approach MCDC envisioned for selecting lead agencies could have been an appropriate alternative, the manner in which it was implemented – selecting criteria, scoring HMPs and final selection of leads – was neither appropriate nor consistent. Multiple problems with the process undermined the integrity and credibility of the results and created an opportunity for MCDC to intentionally manipulate the lead selection. There are strong indications, including accounts from multiple interviewees, that such intentional manipulation may have occurred in the selection of the lead for the Penquis District.

## Report Highlights continued

OPEGA Report No.  
SR-CDCHMP-13

The means for determining the funding distribution among HMPs differed from prior years, but was consistent across HMPs. Previously, a population-based funding formula was used. For FY13, MCDC determined a base level of funding for each HMP's programmatic work and then distributed additional funds to the lead HMPs for their administrative role and public health infrastructure work. According to MCDC, the base level of funding for each HMP was determined based on an analysis of the amount of funding needed for operating expenses and one full-time staff person.

2. *Did Maine CDC maintain adequate documentation supporting key HMP scoring, selection and funding decisions for FY13? Were any documents related to the scoring, selection or funding decisions for the FY13 HMP contracts disposed of or concealed?*

OPEGA found that MCDC did not maintain sufficient documentation to support key decisions in the course of its FY13 HMP lead selection process. MCDC staff provided OPEGA with several documents related to the FY13 HMP scoring and selection decisions. However, OPEGA had difficulty reconstructing details of the events that occurred, in part due to lack of sufficient documentation created by MCDC during what became an iterative process for selecting criteria and scoring HMPs.

DHHS told OPEGA that in making revisions to the scoring matrix, MCDC had saved over previous versions of the file. MCDC management acknowledged that there was direction or guidance that only documentation showing final results of their process should be retained; not "working copies". However, MCDC staff saved several versions of the scoring sheet and provided them to OPEGA for review.

Based on accounts provided by MCDC managers, there was a next to final version of the scoring matrix which showed a different outcome for lead selection in the Penquis District prior to final adjustments to criteria and/or scoring methodology. Several interviewees acknowledged that a paper copy of this version of the matrix existed at a June 13, 2012 meeting – the day before MCDC's public announcement of its lead selections – but it was considered a "working copy". This document was not provided to OPEGA, nor in response to any Freedom of Access Act requests (FOAA). To date, there has also been no electronic version of this document located through searches of computer files and backup tapes performed by Maine's Office of Information Technology.

OPEGA did not identify any documentation that was withheld in response to the FOAA requests DHHS received. However, we know a document similar in description to the scoring matrix referenced above is claimed to have been in the files of a former MCDC senior manager and it has not been provided in response to her FOAA request.