



# Welcome

and thank you for attending.

Please sign in and take a handout.

We will start shortly.



# 2018 Contracting Technical Assistance

## Agenda

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MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISE (MWDBE)	3-32
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COUNTY OF ALLEGHENY  
DEPARTMENT OF MWD&BE

**RICH FITZGERALD**  
COUNTY EXECUTIVE

**RUTH BYRD-SMITH**  
DIRECTOR

# Allegheny County Department of Minority, Women and Disadvantaged Business Enterprise



[www.alleghenycounty.us](http://www.alleghenycounty.us)

(412) 350-4309, 204 County Office Bldg, 542 Forbes Avenue



## M/W/DBE Program

- County M/W/DBE Goals
- Certified M/W/DBEs
- Good Faith Efforts for Vendor Contracts for Support Services



**ALLEGHENY COUNTY**  
Minority, Women and Disadvantaged Business Enterprise

# Contracting Goals for Certified Firms

**13% MBE**

**and**

**2% WBE**

**participation on all contracts**



## How do I know if a firm is certified?



A certified firm will be able to provide a document with current certification information, i.e., certifying agency, scope of services, etc.



## Certification Databases

- Pennsylvania Unified Certification Program



([www.paucp.com](http://www.paucp.com))

- Others on a case-by-case basis



ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## Certification

# Allegheny County certifies firms using 49 CFR Parts 26 and 23

- Allegheny County is a Certifying Participant under the Pennsylvania Unified Certification Program:



- Reciprocity with other Certifying Participants:
  - Pennsylvania Department of Transportation (PennDOT)
  - Port Authority of Allegheny County
  - Southeastern Pennsylvania Transportation Authority (SEPTA)
  - City of Philadelphia – Philadelphia International Airport



## Other Certifications

In addition to the PA UCP, Allegheny County may, on a case by case basis, accept M/W/DBE certifications issued by other entities such as:

- PA DGS – Small Diverse Businesses with MBE or WBE designations only
- Eastern Minority Supplier Development Council (EMSDC), formerly Western Pennsylvania Minority Supplier Development Council (WPMSSDC)
- Women Business Enterprise National Council (WBENC)

**Please Note: self certifications are not accepted**



# How do I show our effort to recruit?





## Good Faith Effort

### Example 1:

If bidding as a service provider, are there aspects of the contract that can be performed/supplied by a certified M/W/DBE:

\*office/janitorial supplies

\*transportation

\*janitorial services

\*repairs

\*staffing

\*accounting

\*meals

\*maintenance

\*computer services

\*etc.



## Good Faith Effort

### Example 2:

If bidding as a supplier or broker, are there aspects of the contract that can be performed by a certified M/W/DBE:

\*delivery

\*staffing

\*assembly or procurement products

\*office supplies

\*etc.



## Good Faith Effort

If there are areas in your contact where M/W/DBE can be utilized (**based on the budget**), indicate on the M/W/DBE Participation Statement those **certified** M/W/DBE that you have solicited in an effort to meet the contract participation goals.

If you are not successful in securing M/W/DBE participation to fully meet the 13% MBE and 2% WBE goals after a Good Faith Effort” has been made, an M/W/DBE participation waiver must be requested.



## Good Faith Effort

Please document all M/W/DBE participation, even if you fall short of the 13% MBE and 2% WBE contract goals.

**Note: A firm certified as both an MBE and a WBE may be used toward the MBE OR WBE goal but not both.**

Should an M/W/DBE participation shortfall occur, a waiver must be requested for the participation not met.



# M/W/DBE Participation Statement

**Both the M/W/DBE Participation Statement and the Provider Contact Information form must be completed and submitted with EACH set of contract documents.**

**The Waiver Request form ONLY needs to be submitted if it is necessary to request an M/W/DBE participation waiver.**



# ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## Proposals

### BIDDER/PROPOSER CONTACT INFORMATION

This form must be completed and submitted with your bid or proposal.

SPEC NUMBER:

SPEC TITLE:

NAME OF BIDDER  
OR PROPOSER:

MAILING ADDRESS:

WEBSITE:

\*CONTACT PERSON:

CONTACT PHONE:

CONTACT FAX:

CONTACT EMAIL:

\* Please list the individual at your company who deals with M/W/DBE concerns.



# ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## Annual Renewals

### 2.4 CONTRACTOR CONTACT INFORMATION

This form must be completed and submitted with your pre-contract documents

MPER CONTRACT ID: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEBSITE: \_\_\_\_\_

\*CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT FAX: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

\* Please list the individual at your company who deals with M/W/DBE concerns.



# Instructions for Completing the Provider Contact Information Form

SPEC NUMBER: leave blank

SPEC TITLE: list the title of the RFP

NAME OF BIDDER OR PROPOSER: list your or your organization's name

MAILING ADDRESS: list your or your organization's complete mailing address

WEBSITE: list your or your organization's web address (if applicable)

CONTACT PERSON: list the name of the individual at your organization who deals with M/W/DBE concerns

CONTACT PHONE: list the phone number of your organization's contact person

CONTACT FAX: list the fax number of your organization (if applicable)

CONTACT EMAIL: list the email address of your organization's contact person



# ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## Proposals

### ALLEGHENY COUNTY M/W/DBE PARTICIPATION STATEMENT

This form must be completed and submitted with your bid or proposal.

IFB or RFP Number:	Name of Prime Bidder or Proposer:	Contact Person:
Address:	Phone Number:	Email:
Tax ID #:	Is Your Firm M/W/DBE Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:	

Attach a copy of your certification if you are counting your company's participation towards the M/W/DBE goals for this contract.

List below all M/W/DBEs that were solicited whether or not commitment was obtained.

M/W/DBE Sub Vendor Firm Name:		Tax ID #:	Contact Person:
Address:		Phone Number:	Email:
Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:		Types of Subcontract Work or Materials:	
Date Solicited:	Solicitation Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Quote Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commitment Made: <input type="checkbox"/> Yes - Date: _____ <input type="checkbox"/> No
Give Reason(s) If No Commitment Made:		Amount Committed: \$ Amount: \$ _____ % Of Total Bid: _____	

M/W/DBE Sub Vendor Firm Name:		Tax ID #:	Contact Person:
Address:		Phone Number:	Email:
Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:		Types of Subcontract Work or Materials:	
Date Solicited:	Solicitation Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Quote Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commitment Made: <input type="checkbox"/> Yes - Date: _____ <input type="checkbox"/> No
Give Reason(s) If No Commitment Made:		Amount Committed: \$ Amount: \$ _____ % Of Total Bid: _____	

Attach a copy of the certification of each M/W/DBE with whom a commitment has been made.

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# M/W/DBE Participation Statement for Annual Renewals

(The form is the same as the one for RFPs with the exception of the top portion as seen below.)

## 2.3 ALLEGHENY COUNTY M/W/DBE PARTICIPATION STATEMENT

This form must be completed and submitted with your pre-contract documents.

MPER CONTRACT ID:	Name of Contractor:	Contact Person:
Address:	Phone Number:	Email:
Tax ID #:	Is Your Firm M/W/DBE Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:	
HUD PROJECT NAME AND/OR NUMBER:		



# Instructions for Completing the M/W/DBE Participation Statement

## **Top Portion:**

- IFB or RFP Number: leave blank
- Name of Prime Bidder or Proposer: list your or your organization's name
- Contact Person: list the name of the individual at your organization who deals with M/W/DBE concerns
- Address: list your or your organization's complete mailing address
- Phone Number: list the phone number of your organization's contact person
- Email: list the email address of your organization's contact person
- Tax ID#: list your or your organization's tax ID number
- Is Your Firm M/W/DBE Certified?: check Yes or No
- Certification Type: indicate whether your firm is certified as an MBE, WBE or DBE
- Certification Entity: list the entity that certified your firm



# Instructions for Completing the M/W/DBE Participation Statement

## For Each M/W/DBE:

- M/W/DBE Sub Vendor Firm Name: list the name of the M/W/DBE
- Tax ID#: list the tax ID number of the M/W/DBE
- Contact Person: list the contact person for the M/W/DBE
- Address: list the complete mailing address of the M/W/DBE
- Phone Number: list the phone number of the M/W/DBE's contact person
- Email: list the email address of the M/W/DBE's contact person
- Certification Type: indicate whether the M/W/DBE is certified as an MBE, WBE or DBE
- Certifying Entity: list the entity that certified the M/W/DBE
- Types of Subcontract Work or Materials: list the scope of work for which the M/W/DBE was solicited
- Date Solicited: list the date you solicited the M/W/DBE
- Solicitation Method: indicate whether you solicited the M/W/DBE by phone or email
- Quote Received: indicate whether you received a quote from the M/W/DBE
- Commitment Made: if a commitment was made, check YES and fill in the date; if not, check NO
- Amount Committed:
  - list the estimated dollar amount of the commitment with the M/W/DBE for the **DHS contract**
  - list the percentage of the commitment with the M/W/DBE (**commitment/total DHS contract x 100**)



# Instructions for Completing the M/W/DBE Participation Statement

## **Bottom Portion:**

- **Prepared By:** list the name of the individual who filled out the Participation Statement
- **Title:** list the job title of the individual who filled out the Participation Statement
- **Signature:** signature of the individual who filled out the Participation Statement
- **Date:** list the date that the Participation Statement was filled out



# ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## ALLEGHENY COUNTY M/W/DBE PARTICIPATION WAIVER REQUEST FORM



If you have not made a good faith effort you cannot request a waiver.

If a good faith effort to utilize M/W/DBE contractors and/or suppliers has been performed and you have not completely met the M/W/DBE goals of 13% MBE and 2% WBE, the following is required in order to request an M/W/DBE participation waiver:

1. **Detailed proof of your good faith effort:**  
Please attach copies of your database search results and any other documentation illustrating that you have made a good faith effort to fulfill the County's goals.

2. **A brief description of what your business does:**

3. **Is there any inventory or supplies necessary for the completion of this project? Please answer yes or no. If yes, please provide a list of those items:**

4. **An active company supplier/subcontractor diversity policy:**  
Please attach a copy of your company's diversity policy that addresses good faith efforts to include M/W/DBEs on company letterhead. This request is for business diversity and not an Equal Employment Opportunity (EEO) policy that addresses workforce or employment.

5. **A brief explanation as to why an M/W/DBE participation waiver is being requested:**

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Instructions for Completing the Waiver Request Form

1. Detailed proof of your good faith effort: please attach copies of your database search results and any other documentation illustrating that you have made a good faith effort to fulfill the County's goals
2. A brief description of what your business does
3. Is there any inventory or supplies necessary for the completion of this project? Please answer yes or no. If yes, please provide a list of those items.
4. An active company supplier/subcontractor diversity policy: please attach a copy of your company's diversity policy that addresses good faith efforts to include M/W/DBEs on company letterhead. This request is for business diversity and not an Equal Employment Opportunity (EEO) policy that addresses workforce or employment.
5. A brief explanation as to why an M/W/DBE participation waiver is being requested

Prepared By: list the name of the individual who filled out the Waiver Request form

Title: list the job title of the individual who filled out the Waiver Request form

Signature: signature of the individual who filled out the Waiver Request form

Date: list the date that the Waiver Request Form was filled out



# Sample Diversity Policy

It is the policy of XYZ Company to support the maximum practical utilization of certified M/W/DBEs by promoting diversity throughout our business practice. One way XYZ Company accomplishes this is by making a good faith effort to solicit the services of certified M/W/DBEs throughout our normal business practice, allowing maximum opportunity for M/W/DBEs to participate as subcontractors and/or suppliers.

Good faith efforts are made by searching M/W/DBE databases, contacting M/W/DBEs for relevant scopes of work and requesting quotes for services and/or supplies. Databases regularly searched are [www.paucp.com](http://www.paucp.com) and [www.dgs.internet.state.pa.us/SmallDiverseBusinessSearch/](http://www.dgs.internet.state.pa.us/SmallDiverseBusinessSearch/). XYZ Company also partners with the following M/W/DBE organizations for assistance in locating M/W/DBEs: Agency 1, Agency 2, Agency 3.

To demonstrate XYZ Company's commitment to include certified M/W/DBEs in its business process, M/W/DBEs we have worked with or are currently working with include:

<u>M/W/DBE 1:</u>	<u>Scope of Work</u>
<u>M/W/DBE 2:</u>	<u>Scope of Work</u>
<u>M/W/DBE 3:</u>	<u>Scope of Work</u>



## Things to Know

- **Providers are not required to be certified but must make a good faith effort to meet both the MBE and WBE Goal.**
- **If a provider is certified as an MBE or WBE, they may utilize themselves to fulfill a goal that corresponds with their certification but must make a good faith effort to meet the other goal.**



## Things to Know Continued

- **A firm certified as both an MBE and WBE may not be used to fulfill both goals**
- **All providers are required to make a good faith effort to meet the goals and complete the M/W/DBE documentation even if the provider is an individual.**



## Things to Know Continued

- If M/W/DBEs are contacted and their pricing is excessively higher than pricing received from a non-M/W/DBE, you must submit the cost comparisons.
- If a proposed budget includes personnel only (**no inventory or suppliers**), ALL M/W/DBE documents must be completed and the M/W/DBE participation waiver request will be evaluated for acceptance.



## Things to Know Continued

If you have an existing contract relationship with a certified firm and plan to utilize them on a DHS contract **(renewal/new/upcoming)**, that firm must be aware of the following:

- The contract description
- The \$ amount of the commitment
- The services that they will be providing



# QUESTIONS





ALLEGHENY COUNTY

Minority, Women and Disadvantaged Business Enterprise

## For More Information

Allegheny County  
Department of Minority, Women and  
Disadvantaged Business Enterprise  
542 Forbes Avenue  
204 County Office Building  
Pittsburgh, PA 15219  
412-350-4309

[mwdbe@county.alleghenycounty.us](mailto:mwdbe@county.alleghenycounty.us)

<https://www.facebook.com/mwdbe/>



# 2018 BUSINESS PROCESS PHASES

PHASE	ACTIVITY	TIMELINE
<b>1A</b>	Document Collection Certification Insurance MWDBE	February through Mid-May
<b>1B</b>	Budgeting (Program Funded Only) Service Offerings	Mid-April through May
<b>1C</b>	Final Preparation	Mid-April through May
<b>2</b>	DocuSign (Electronic Signatures)	Mid-May through June



# MPER Email Addresses

The MPER Contacts will be used to

- Send and collect initial documents
- Sign the Contract

The screenshot shows the MPER web application interface. At the top, there are tabs for 'Provider' and 'Admin'. Below that is a navigation bar with 'Provider Information' selected, and sub-tabs for 'General Info', 'Insurance', 'License', 'Availability', 'Provider Contacts', and 'Audit or Information'. The main content area is titled 'Provider Contacts' and contains a table of 'Contact Persons'. The table has columns for 'Contact Type/Title', 'Contact Person Name', 'Program Name', 'Contact Phone Number', 'Contact Start Date', and 'Cont Date'. The 'Contact Type/Title' column is expanded to show a list of roles: Board Pres/Chairman, CEO, CFO, CIO, Contract Processing Contact, DHS Compliance Lead, DHS Contract Contact, DHS Fiscal Contact, and MPER Contact. Red arrows point to the CEO, CFO, and Contract Processing Contact rows. On the left side of the interface, there is a sidebar with 'Organizer', 'Focus', and 'History' tabs. Under 'Focus', it shows 'User ID: T066617' and 'User Name: Kathy Heinz'. There is also a 'Remove Focus' button and a 'Favorites' section with 'AT Work Basket' and 'My Provider List'.

Contact Type/Title▲	Contact Person Name	Program Name	Contact Phone Number	Contact Start Date	Cont Date
Board Pres/Chairman				04/30/2010	
CEO				04/06/2015	
CFO				04/30/2010	
CIO				04/30/2010	
Contract Processing Contact				04/06/2015	
DHS Compliance Lead					
DHS Contract Contact				01/18/2007	
DHS Fiscal Contact					
MPER Contact				04/06/2015	



# INSURANCE

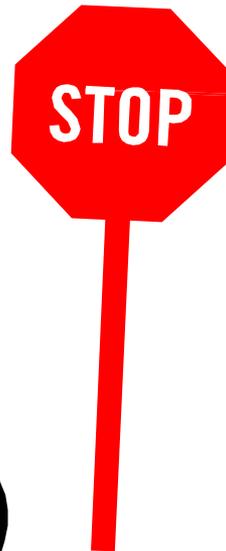
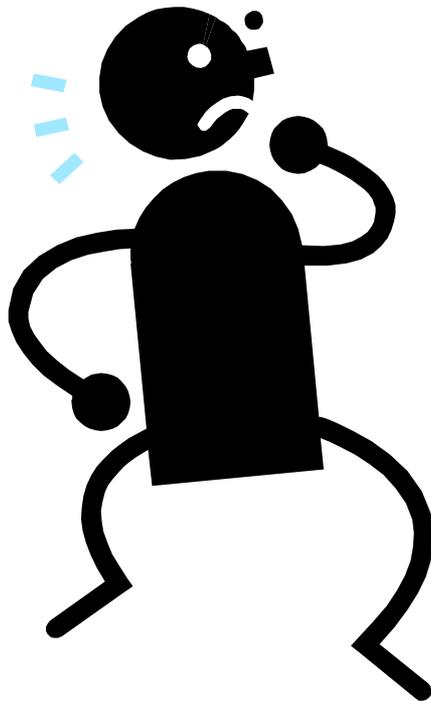


# INSURANCES

<b>TYPE</b>	<b>PURPOSE</b>	<b>MINIMUM</b>
<b>General Commercial Liability</b>	Slip and fall, bodily injury, property damage, personal injury	\$1,000,000 per occurrence
<b>Commercial Automobile Liability</b>	Auto accidents (owned or hired/non-owned) whether transporting participants or traveling to meetings	\$1,000,000 Combined Single Limit
<b>Professional Liability</b>	Protection for businesses that offer advice, counseling or render a service where the County depends on the expertise and skill of the Contractor.	\$1,000,000 Aggregate
<b>Employee Theft</b>	Protection against theft of funds, equipment, services	\$50,000 if Fee For Service or 10% of Contract if Capped/Program Funded
<b>Workers Compensation</b>	Covers employees of the contractor	State Minimums

Commercial General Liability and Commercial Automobile insurances set forth above shall be endorsed to include the COUNTY, its elected officials, officers, appointees and employees as additional insureds.

# Insurance Errors will stop your contract from being executed! Insurance Expiration During the Year will Stop Payment





# CERTIFICATE OF LIABILITY INSURANCE

ELLEOBR-01 EHOWARD

DATE (MM/DD/YYYY)  
4/10/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER C W Howard Ins. Agency, Inc. 405 West Jefferson Street Butler, PA 16001	CONTACT NAME: PHONE (A/C, No., Ext): (724) 283-8181 FAX (A/C, No.): (724) 285-9180 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A - Selective Insurance Company</td> <td>19259</td> </tr> <tr> <td>INSURER B - Selective Way Insurance Co</td> <td>26301</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A - Selective Insurance Company	19259	INSURER B - Selective Way Insurance Co	26301	INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER B - Selective Way Insurance Co	26301													
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED  <b>Your Agency Name</b> <b>Address</b>														

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SURR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC	X	GEN	4/24/2012	4/24/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AUTO	4/24/2012	4/24/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			4/24/2012	4/24/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WORK COMP	1/23/2012	1/23/2013	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liab		PROF	4/24/2012	4/24/2013	Occurrence Limit 1,000,000
A				4/24/2012	4/24/2013	Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attal. If more space is required)  
 Employee Dishonesty Limit- \$100,000; County of Allegheny, its Commissioners, Elected Officials, Judges & Employees are named as Additional Insured as respects to the Liability per CG7217 01/09. Professional Liability included under Policy #S1585736, \$1,000,000 occ. \$3,000,000 agg limits

THEFT

Allegheny County, its elected officials, officers and employees are listed as additional insured as pertains to contract/funding

<b>CERTIFICATE HOLDER</b>  <b>Attention Beverly Smith</b> <b>Allegheny County Human Services</b> <b>1 Smithfield St Suite 300</b> <b>Pittsburgh PA 15222</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

# Sample Certificate of Insurance

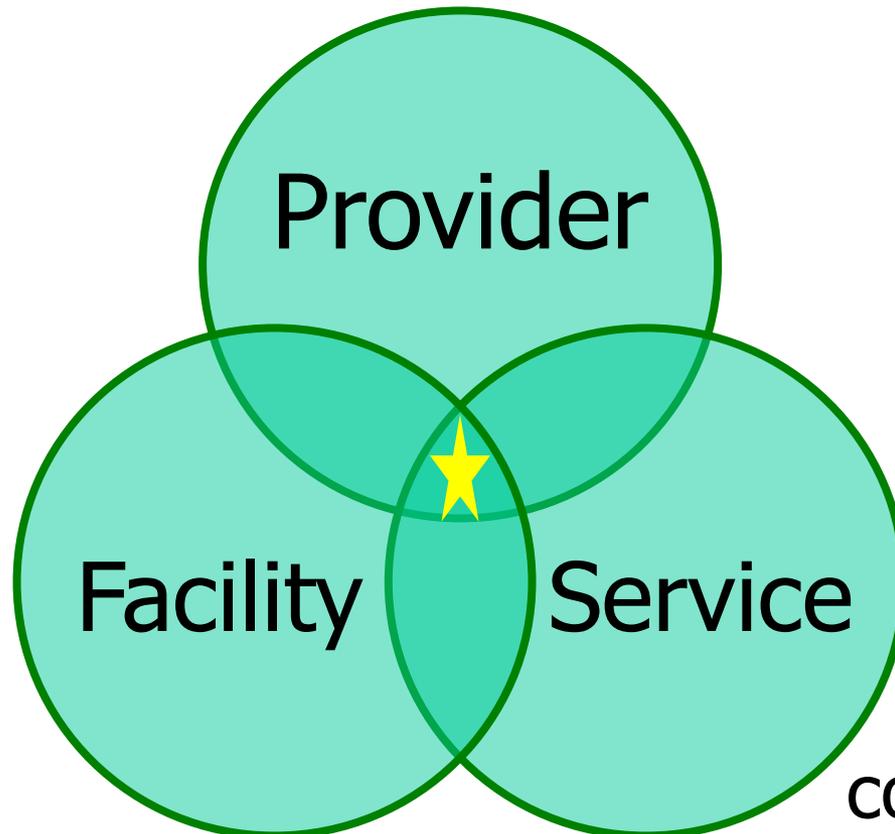


# SERVICE OFFERINGS



# MPER Service Offering (New or Roll Over)

Service Offering – the linking of a Provider with their Facility and the Contracted Service in MPER



**Required** for  
Billing and Contracting

For assistance in  
creating/rolling  
Service Offerings  
contact the Service Desk



# MPER Service Offering (New or Roll Over)

## **Drug and Alcohol Contractors**

- Allocations that are paid as Fee for Service, will convert from Program Funded in MPER to Fee for Service
- This will cause new services to be added at the lowest level of the service (i.e. Group Therapy, Individual Therapy, etc.)
- You will have to create Service Offering for these new services
- You will not, however, have a list of budgets "to do" for services that are truly Fee For Service



# MPER Service Offering Roll Over

- Service Offerings are associated to a contract. If a contract expires then a service offering automatically expires.
- Providers must annually roll over their service offerings in MPER.
- Providers **risk not receiving payment and/or referrals** if they do not roll over/create their service offerings.
- All Service Offerings should be rolled over/created when you receive your allocation [Phase 1B](#);
- Service Offerings must be created/rolled to receive your contract for signature.
- Program Funded CONTRACTORS, if they are not rolled<sup>2</sup> over by June 30<sup>th</sup> you will not be able to invoice for payment.



# Service Offering Rollover Process

- The Provider's MPER contact should log in to MPER and Follow these steps to get to the List of Service Offerings page
  1. List of Contracts
  2. Highlight the 18-19 contract & Click show
  3. Click Service Offerings
  4. Click List of Service Offerings







# Service Offering Rollover Screen Shots

**List of Service Offering**

**Service Offering Rollover - Step 1 of 3**

[List of Service Offering](#)  
[Review](#)  
[Summary](#)

**Select all Facilities**

Service Offering ID	Service	Facility Name	Service Start Date	Service End Date	DHS Office
<input checked="" type="checkbox"/> 37710	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input checked="" type="checkbox"/> 37841	Independent and Transitional Living Services  Independence Training		12/16/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37918	Mental Health Services  Specialized Counseling Services  Anger Management		07/01/10	06/30/11	Juvenile Court
<input type="checkbox"/> 37809	Independent and Transitional Living Services  Independence Training		07/01/10	06/30/11	Office of Children, Youth, and Families
<input checked="" type="checkbox"/> 37920	Mental Health Services  Specialized Counseling Services  Anger Management		07/01/10	06/30/11	Juvenile Court
<input type="checkbox"/> 37732	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37701	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37750	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37738	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37783	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37668	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37706	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37777	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families
<input type="checkbox"/> 37766	Foster Care  Non-Relative/Non-Kinship  Pre-Adoptive		07/01/10	06/30/11	Office of Children, Youth, and Families

**Next** **Cancel**

**Step 1: select the services that you will continue to offer by facility for the renewed contract.**



# Service Offering Rollover Screen Shots

List of Service Offering

**Service Offering Rollover - Step 3 of 3**

[List of Service Offering](#)

[Review](#)

[Summary](#)

**Step 3 of 3**

Service Rollover Summary

Your request has been submitted successfully for the Roll over.

Total Service Offering Submitted for Rollover : 3

Duplicate Submission : 0

**Finish** **Cancel**

**Step 3: a summary of the result from the rollover process displayed. Errors or duplications will be displayed in this step as well.**



# FINANCIAL MATTERS



# Fiscal Enterprise Continues to Improve!

Fiscal Enterprise is a four function program to consolidate, integrate, organize and automate our fiscal systems and processes in order to deliver seamless standardized services to our providers and internal staff.

## 1. Planning (Allocations and Budgets)

- Program Funded Budgets entered and approved through MPER
- Expansion of services and providers

## 2. Invoices and Payments

- Program Funded Invoices entered and approved through MPER
- Expansion of services, providers and claims processing
  - **Additional Fee for Service Programs & Providers Onboarded**
  - **Reduction to the number of budgets and invoices required**
  - **Single Invoice each month by provider by contract**

## 3. Reporting

## 4. Revenue Management



# Claims & Invoices

## Single Fiscal Enterprise Monthly Invoices

<b>Application</b>	<b>Cut-off date</b>	<b>Mock Run</b>	<b>Batch Run</b>
KIDS	<i>Contracted:</i> <b>10<sup>th</sup> business day of the month</b>  <i>Non-Contracted:</i> Specific dates throughout the year	<i>Contracted:</i> 1 <sup>st</sup> Mock - 1st business day of the month (All) 2 <sup>nd</sup> Mock - 8th business day of the month (Internal)  <i>Non-Contracted:</i> 1 <sup>st</sup> Mock - 1st business day of the month 2 <sup>nd</sup> Mock - 1 business day prior to actual	<i>Contracted:</i> 10 <sup>th</sup> business day of the month  <i>Non-Contracted:</i> Specific dates throughout the year
CIPS	<b>6<sup>th</sup> business day of the month</b>		10 <sup>th</sup> business day of the month
Program Funded (MPER)	<b>8<sup>th</sup> business day of the month</b>	5 <sup>th</sup> business day of the month	10 <sup>th</sup> business day of the month
OBH Early Intervention	<b>6<sup>th</sup> business day of the month</b>		10 <sup>th</sup> business day of the month
AAA	<b>8<sup>th</sup> business day of the month</b>		10 <sup>th</sup> business day of the month
OBH Student Assistance Program	<b>6<sup>TH</sup> Business day of the month</b>		10 <sup>th</sup> business day of the month
IRES	<b>10<sup>th</sup> business day of the month</b>	<b>Contracted and Non-Contracted mock runs: 1<sup>st</sup> business day of the month</b>	10 <sup>th</sup> business day of the month

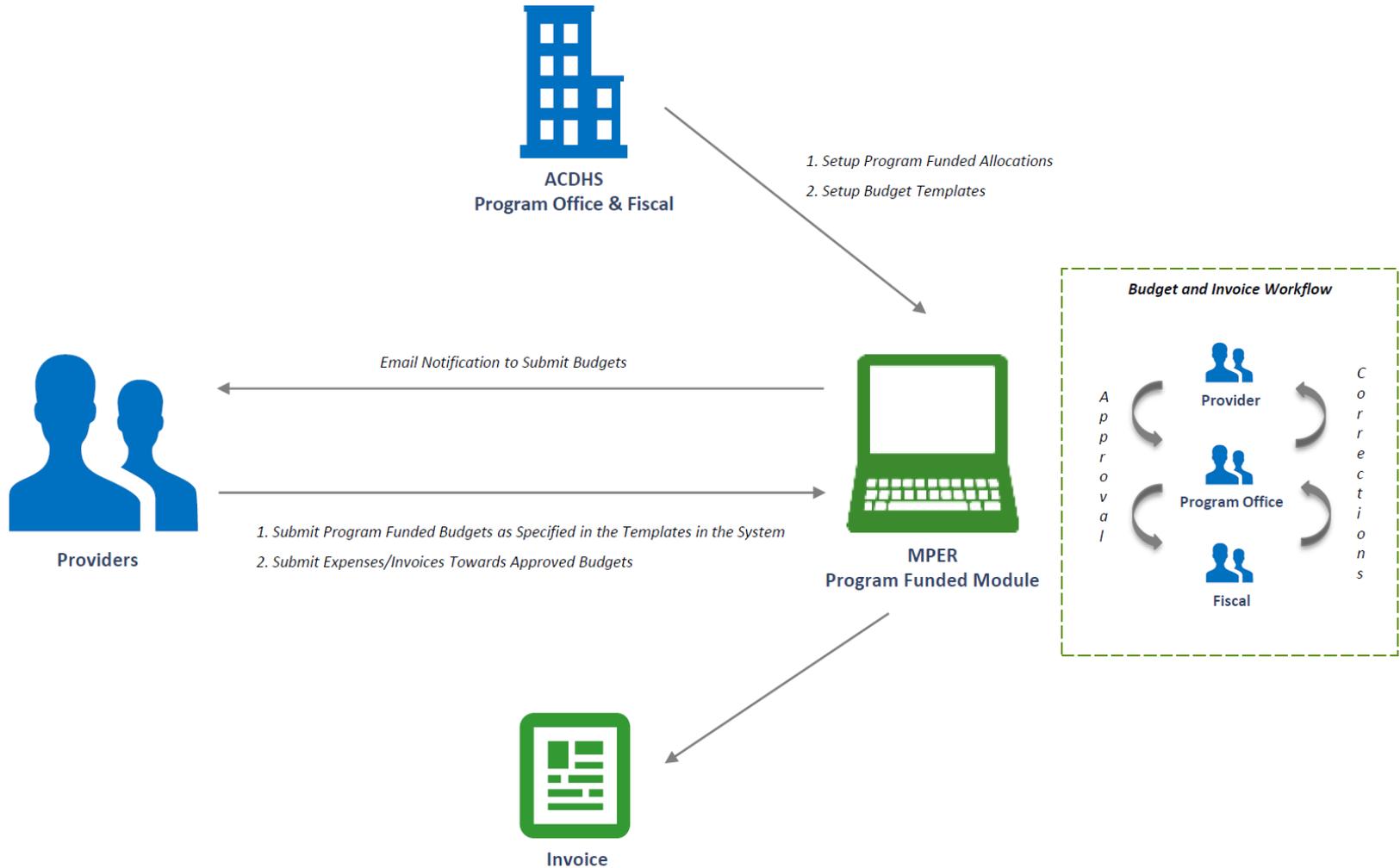


# Provider Expectations

- MPER user accounts must be setup and contacts updated
- Service offerings must be created/updated (fee based services also)
- Failure to setup service offerings will stop the ability to submit Fee based claims to ACDHS
- Program funded contracts will not be executed without an approved budget
- Program Funded Claims that require approvals from program/fiscal must have those approvals by the claims cut-off dates each month in order to be included in the monthly Single Invoice

**All claims for FY17/18 must be submitted by the normal cutoff dates in August 2018. Example: All FY17/18 CIPS claims must be entered into CIPS no later than August 10, 2018. Claims entered after this date will not be honored except through Audit Pool Allocation.**

# Budget/Invoice Process Flow





# ESIGNATURES



# E-Signature

All documents must be “pre-packaged” before CONTRACTOR signs

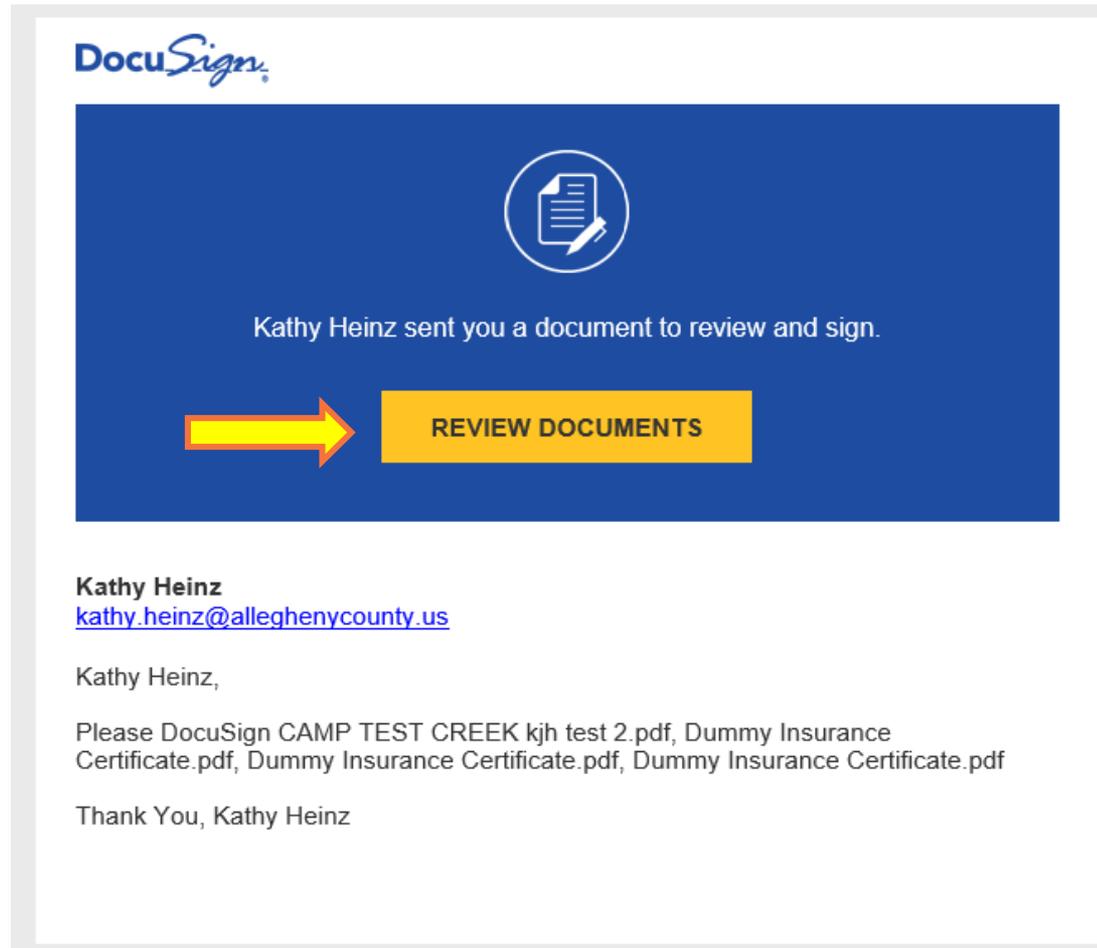
- Budget
- Insurance Certificate(s)/Waiver
- County Business Process Documents  
(JDE Form; Executive Action, Cover, etc.)

NOTE: An Executive Action is the Department’s request for authority to Contract with one or more entities. **YOU WILL SEE THE NAMES OF OTHER CONTRACTORS ON THE EXECUTIVE ACTION**

- E-Signature will use your MPER CPC & CEO email address

# E-Signature

## Screen shot of email notice to sign



The screenshot shows a DocuSign email notification. At the top left is the DocuSign logo. Below it is a dark blue rectangular area containing a white circular icon of a document with a pen. Underneath the icon, the text reads "Kathy Heinz sent you a document to review and sign." Below this text is a yellow button with the text "REVIEW DOCUMENTS". A yellow arrow with a black outline points from the left towards the button. Below the blue area, the sender's name "Kathy Heinz" and email address "[kathy.heinz@alleghenycounty.us](mailto:kathy.heinz@alleghenycounty.us)" are listed. The body of the email contains the text: "Kathy Heinz, Please DocuSign CAMP TEST CREEK kjh test 2.pdf, Dummy Insurance Certificate.pdf, Dummy Insurance Certificate.pdf, Dummy Insurance Certificate.pdf Thank You, Kathy Heinz".

**DocuSign**

Kathy Heinz sent you a document to review and sign.

**REVIEW DOCUMENTS**

**Kathy Heinz**  
[kathy.heinz@alleghenycounty.us](mailto:kathy.heinz@alleghenycounty.us)

Kathy Heinz,

Please DocuSign CAMP TEST CREEK kjh test 2.pdf, Dummy Insurance Certificate.pdf, Dummy Insurance Certificate.pdf, Dummy Insurance Certificate.pdf

Thank You, Kathy Heinz



# E-Signature

## Agree to Sign Electronically, Continue

Please read the [Electronic Records and Signature Disclosure](#).

I agree to use electronic records and signatures.

[CONTINUE](#) [OTHER ACTION](#)

DocuSign Envelope ID: FC22ADF2-DA45-4F2D-A9B7-6CFA1C3C6B87

**TEST PURPOSES ONLY** Page 1 of 1



ALLEGHENY COUNTY  
CONTRACT LOG  
CONTRACT ADMINISTRATOR  
412-350-7377

---

**EXECUTIVE ACTION NUMBER** 6999905-16

Executive Action Date Approved 11/18/2016

Date Received From Law Department

Date Signed By County Manager

Date forwarded to Controller

Date received to Controller

Date returned to Department



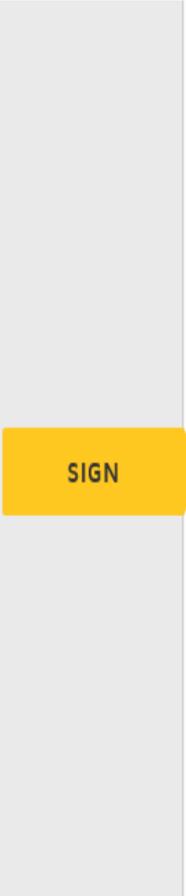
# When you Continue in DocuSign

A screenshot of a DocuSign document interface. At the top right, there are two buttons: "FINISH" and "OTHER ACTIONS". Below these is a toolbar with icons for zoom, search, download, print, and help. The main content area shows a document titled "TEST PURPOSES ONLY" with a DocuSign Envelope ID: FC22ADF2-DA45-4F2D-A9B7-6CFA1C3C6B87. The document header includes the Allegany County logo and the text "ALLEGHENY COUNTY CONTRACT LOG CONTRACT ADMINISTRATOR 412-350-7377". A yellow box labeled "START" with a yellow arrow pointing up is positioned to the left of the document content. Below the header, there is a table of data points.

<b>EXECUTIVE ACTION NUMBER</b>	6999905-16
Executive Action Date Approved	11/18/2016
Date Received From Law Department	
Date Signed By County Manager	
Date forwarded to Controller	
Date received to Controller	
Date returned to Department	



# DocuSign Guides You Through the Process



IN WITNESS WHEREOF, the parties hereto have signed this AGREEMENT

on the date below indicated.

<b>CONTRACTOR</b>	<b>DHS TEST THREE</b>
-------------------	-----------------------



Authorized Signature

Date 1/31/2017 | 1:45:40 PM EST

Please print/type Name &  
Title

Kathy Jenkins

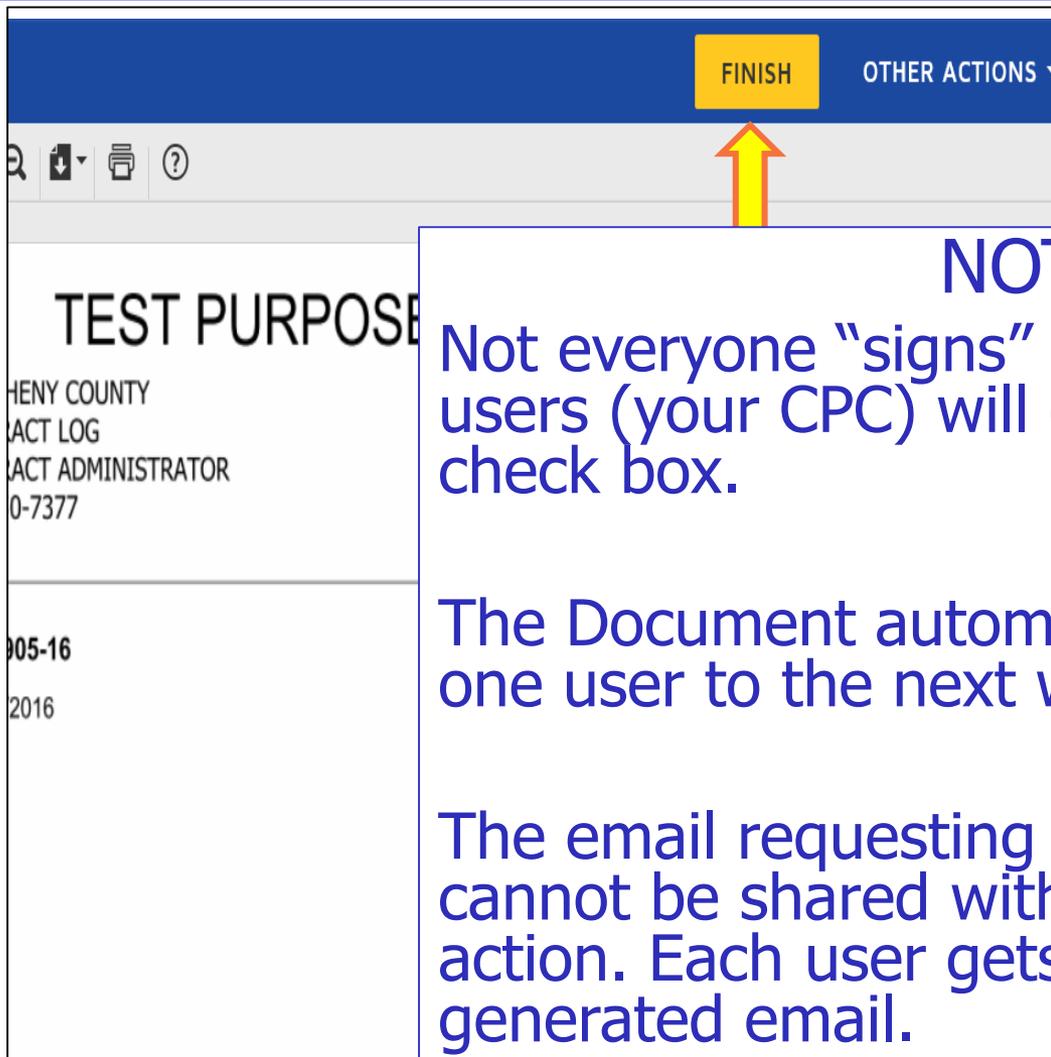
Title



TEST DOC COUNTY OF ALLEGHENY



# E-Signature

A screenshot of a web application interface for e-signature. At the top, there is a dark blue header bar with a yellow "FINISH" button and a "OTHER ACTIONS" dropdown menu. Below the header is a light gray toolbar with icons for search, print, and help. The main content area is white and contains the text "TEST PURPOSE" in large, bold letters. Below this, there is a section with the text "ALLEGANY COUNTY", "ACT LOG", "ACT ADMINISTRATOR", and "0-7377". Further down, there is a section with the text "005-16" and "2016". A yellow arrow points from the "FINISH" button to the "NOTES" section on the right.

## NOTES:

Not everyone "signs" the Agreement. Some users (your CPC) will only have an approval check box.

The Document automatically moves from one user to the next when complete.

The email requesting the signature/action, cannot be shared with others to take action. Each user gets their own system generated email.



# PRIVACY AND SECURITY

# PHI/PII Privacy and Security

The security of client data is a priority!





# PHI/PII Privacy and Security

## HIPAA Business Associate and Covered Entity

- A Direct Service Contractor of DHS is a Business Associate (or a direct Covered Entity under privacy and security rule of HIPAA)
- Both are required to be compliant with Federal Health Insurance Portability and Accountability Act (HIPAA) Rules
- Both are directly liable for compliance with Federal HIPAA Rules
- See <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html> for more Business Associate and Covered Entity compliance information



# PHI/PII Privacy and Security

## Privacy and Security Recommendations

### **The Contractor should:**

- Identify a HIPAA Security and Privacy Officer
- Perform an annual security risk assessment
- Develop and maintain a set of security and privacy policies and procedures
- Provide annual HIPAA awareness training to all Contractor staff
- Keep desktop operating systems updated with latest Operating System and Software security patches
- Utilize only vendor supported browsers and operating Systems



# PHI/PII Privacy and Security

## Privacy and Security Recommendations (continued)

### **The Contractor should:**

- Utilize Virus Protection and Anti-Malware software on all devices and servers
- Keep your Virus Protection and Anti-Malware software updated and current
- Utilize encryption when Protected Health Information (PHI) or Personally Identifiable Information (PII) is at rest or in transit
- Utilize a current vendor supported Internet Firewall to protect internal network and users
- Develop a written Acceptable Use Policy (AUP) that employees review and sign before company network access is granted



# PHI/PII Privacy and Security

## What's an AUP?

- **Acceptable Use Policy (AUP)** is a written policy that employees review and sign in order to have access to an organization's computer network
- Example: If you bank or shop online, you have a user ID/password & agree to terms of service
- Google AUP for documents you can model



# PHI/PII Privacy and Security

DHS Contractors who **collect or manage client data** should have on file an **Acceptable Use Policy (AUP)** for employees who have access to a County database or system.





# PHI/PII Privacy and Security

## DHS Application Access

### A DHS Contractor must:

- Complete an ISAR (**Information Systems Access Request**) form for a new employee requiring access to DHS provided applications such as KIDS, CIPS, and MPER
- Immediately notify the DHS Service Desk of the departure of contractor staff. In the event that a contractor staff resigns or is terminated by the contractor agency, it is the contractor's responsibility to immediately notify DHS
- Prevent sharing of application access accounts and passwords or using a vacated account to access DHS applications. This is a violation of both DHS Policy and HIPAA
- Transfer all active case work to another authorized active contractor user



# PHI/PII Privacy and Security

## Consider Purchasing Cyber Liability Insurance

- Cyber Liability Insurer provides risk analysis support
- Cyber Liability Insurance protects you in case of a cyber attack
- General liability Insurance does not typically cover losses due an Internet breach
- Protect against Business interruptions due to cyber attack



# Risk Assessment Questionnaire

All Direct Service contractors are required to complete the on-line HIPAA Security & Privacy High Level Questionnaire.

This questionnaire is designed to capture information about your organization's written policies and practices regarding information security and privacy.

Click on this link:

**[Risk Assessment Questionnaire](#)**

**Or**

Go to the link:

**[https://alleghenycounty.az1.qualtrics.com/jfe/form/SV\\_9Z8FtktaLNmCbYx](https://alleghenycounty.az1.qualtrics.com/jfe/form/SV_9Z8FtktaLNmCbYx)**

and complete the Questionnaire as soon as possible.

If you have questions about this requirement, please contact Bill Kroll at 412-350-5274 or at ServiceDesk@alleghenycounty.us.



# PHI/PII Privacy and Security

- HIPAA compliance information can be found at the HHS.gov website
- Below is the link to HHS for HIPAA professionals:

<https://www.hhs.gov/hipaa/for-professionals/index.html>



# Technical Recommendations

## Minimum and Recommended Hardware and Software Specifications Table

The below table lists the minimum and recommended requirements to use DHS enterprise applications. The minimum requirements will allow the user to use the application. However, it is highly encouraged that the user utilize the recommended specifications to allow for the best possible user experience.

**As of January 12<sup>th</sup>, 2016 Microsoft is only supporting IE 11 and Edge web browsers**

Components	Minimum	Recommended
Operating System	<ul style="list-style-type: none"> <li>Windows 7, 8, 8.1, or 10 (no Home Versions)</li> </ul>	<ul style="list-style-type: none"> <li>Windows 10 (no Home Versions)</li> </ul>
RAM	<ul style="list-style-type: none"> <li>8 GB</li> </ul>	<ul style="list-style-type: none"> <li>16 GB or more</li> </ul>
Browser version	<ul style="list-style-type: none"> <li>Microsoft Edge, IE 11, Safari for Windows (latest), Chrome (latest)</li> </ul>	<ul style="list-style-type: none"> <li>Microsoft Edge, IE 11, Safari for Windows (latest), Chrome (latest)</li> </ul>
Processor	<ul style="list-style-type: none"> <li>3.2 GHz single core</li> </ul>	<ul style="list-style-type: none"> <li>3.5 GHz quad core</li> </ul>
Hard Drive	<ul style="list-style-type: none"> <li>250 GB Hard Drive (HDD)</li> </ul>	<ul style="list-style-type: none"> <li>500 GB Solid State (SSD)</li> </ul>
*Internet Connection	<ul style="list-style-type: none"> <li>Broadband</li> </ul>	<ul style="list-style-type: none"> <li>Broadband</li> </ul>
Screen Resolution	<ul style="list-style-type: none"> <li>1024x768</li> </ul>	<ul style="list-style-type: none"> <li>1280x1024</li> </ul>
Other Add-Ons	<ul style="list-style-type: none"> <li>Microsoft Office 2010</li> <li>^Most current version Adobe Acrobat Reader</li> </ul>	<ul style="list-style-type: none"> <li>Microsoft Office 2016</li> <li>^Most current version Adobe Acrobat Reader</li> </ul>

**\*NOTE:** Performance is dependent upon the available network bandwidth

**^NOTE:** Used to viewing/printing PDF files



# DHS Service Desk

- DHS Service Desk Manager: Bill Gross
  - How To Contact the DHS Service Desk
    - 412 350 HELP (4357)
      - Select option 2 and an analyst will take your call
    - [servicedesk@alleghenycounty.us](mailto:servicedesk@alleghenycounty.us)
      - Provide brief description in email, an incident will be created, analyst will assign ticket and email with the status will be provided



# COMPLIANCE



# Compliance

## Compliance Site Visits

- Fiscal Monitoring Review
- Claims Validation
- Invoice Validation
- Room and Board / Client Accounts



# Compliance

## Internal Controls

Internal Controls are policies and procedures implemented to safeguard assets to ensure accurate and reliable accounting data, promote operating efficiency and encourage adherence to approved policies.

Most frequent internal control weakness is the lack of segregation of duties. One individual should not have ability to conduct an entire transaction.



# Compliance

## Cost Allocation Plan

Shared costs must be allocated to all services receiving the benefits of the expenditure.

Examples: Administrative Personnel, Rent, Maintenance

Cost Allocation Plans are required for all providers – Program funded and Fee For Service

Enables provider to know the actual cost to perform a service



# Compliance

## Fiscal Enterprise

Information is reported based upon approved budget.

Personnel

Operating

Fixed Asset

Administration / Indirect Expenses



# Compliance

## Fiscal Enterprise

Support information must be maintained even though not reported monthly.

Additional Items That May Be Requested For Compliance Reviews:

- Profit and Loss Statement
- General Ledger Detail by Category or Line Item
- Other Revenue

# QUESTIONS





# Primary Contacts

## **M/W/DBE**

Lisa Edmonds, 412-350-4309

## **Compliance**

Lisa Impavido, 412-350-3431

## **Human Resources**

### **Personnel Action Plans**

Mary Friedman, 412-350-4274

## **MPER and Technology Matters**

Allegany County Service Desk  
412-350 HELP (4357)  
Option 2

## **Financial Management**

Richard Deland, 412-350-5067

## **Contracts**

Kathy Heinz, 412-350-5480

## **Bureau of Contracts and Compliance**

Darnell Moses, 412-350-5086

## **DHS Privacy and Security**

Brian Bell, 412-350-2887  
Bill Kroll, 412-350-5274