

STATE OF CONNECTICUT



*AUDITORS' REPORT
OFFICE OF THE CHIEF MEDICAL EXAMINER
FISCAL YEARS ENDED JUNE 30, 2018 AND 2019*

AUDITORS OF PUBLIC ACCOUNTS
JOHN C. GERAGOSIAN ❖ ROBERT J. KANE

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EXECUTIVE SUMMARY

In accordance with the provisions of Section 2-90 of the Connecticut General Statutes, we have audited certain operations of the Office of the Chief Medical Examiner (OCME) for the fiscal years ended June 30, 2018 and 2019. Our audit identified internal control deficiencies; instances of noncompliance with laws, regulations and policies; and the need for changes in management practices that warrant the attention of management. The significant findings and recommendations are presented below:

Page 7	<p>The Office of the Chief Medical Examiner did not perform proper reconciliations for \$2,690,224 and \$2,766,902 in cremation certificate revenues in fiscal years 2017-2018 and 2018-2019, respectively. Furthermore, OCME does not sequentially number cremation certificates or require fee waiver approvals in its case tracking system, which makes it difficult to determine the number of certificates issued each fiscal year. The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by reconciling the number of cremation certificates issued to its invoices and collections. OCME should sequentially number cremation certificates and require approvals of fee waivers in its Case Manager system. (Recommendation 1.)</p>
Page 9	<p>The Office of the Chief Medical Examiner failed to obtain multiple quotations when purchasing \$111,000 of services and \$4,800 of clothing from vendors and contractors on the Department of Administrative Services approved list. The Office of the Chief Medical Examiner should strengthen its purchasing controls by obtaining multiple quotations from contractors and vendors on Department of Administrative Services approved list. (Recommendation 2.)</p>

STATE OF CONNECTICUT



AUDITORS OF PUBLIC ACCOUNTS

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October 28, 2020

AUDITORS' REPORT

We have audited certain operations of the Office of the Chief Medical Examiner in fulfillment of our duties under Section 2-90 of the Connecticut General Statutes. The scope of our audit included, but was not necessarily limited to, the years ended June 30, 2018 and 2019. The objectives of our audit were to:

1. Evaluate the office's internal controls over significant management and financial functions;
2. Evaluate the office's compliance with policies and procedures internal to the department or promulgated by other state agencies, as well as certain legal provisions; and
3. Evaluate the effectiveness, economy, and efficiency of certain management practices and operations, including certain financial transactions.

Our methodology included reviewing written policies and procedures, financial records, minutes of meetings, and other pertinent documents; interviewing various personnel of the department; and testing selected transactions. Our testing is not designed to project to a population unless specifically stated. We obtained an understanding of internal controls that we deemed significant within the context of the audit objectives and assessed whether such controls have been properly designed and placed in operation. We tested certain of those controls to obtain evidence regarding the effectiveness of their design and operation. We also obtained an understanding of legal provisions that are significant within the context of the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of contracts, grant agreements, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The accompanying Résumé of Operations is presented for informational purposes. This information was obtained from various available sources including, but not limited to, the department's management and the state's information systems, and was not subjected to the procedures applied in our audit of the department. For the areas audited, we reached the following conclusions:

1. Identified deficiencies in internal controls;
2. Identified apparent non-compliance with laws, regulations, contracts and grant agreements, policies, and procedures; and
3. Identified need for improvements in management practices and procedures that we deemed to be reportable.

The State Auditors' Findings and Recommendations section of this report presents findings arising from our audit of the Office of the Chief Medical Examiner.

COMMENTS

FOREWORD

The Office of the Chief Medical Examiner (OCME) operates under the control and supervision of the Commission on Medicolegal Investigations in accordance with the provisions of Title 19a, Chapter 368q, of the Connecticut General Statutes. The office is directed by a chief medical examiner who is appointed by and serves at the terms of the commission. Dr. James R. Gill served as the chief medical examiner during the audited period and continues to serve in that capacity.

The Office of the Chief Medical Examiner is statutorily responsible to investigate certain deaths in the State of Connecticut. Cases reportable to OCME include:

- All violent, unexpected, and suspicious deaths;
- All deaths related to poisoning, drug abuse, or addiction;
- Deaths related to employment or that constitute a threat to the public health;
- Deaths of people whose bodies are to be cremated;
- Deaths that occur outside of a normal hospital setting; and
- Deaths under anesthesia in an operating room, recovery room or those resulting from diagnostic or therapeutic procedures.

In addition to investigating and certifying deaths, OCME is responsible for issuing cremation certificates and collecting the \$150 cremation certificate fee, in accordance with Section 19a-

323(b) of the General Statutes. OCME must inquire into the cause and manner of death and opine that no further examination is required prior to issuing a cremation certificate.

Commission on Medicolegal Investigations

The Commission on Medicolegal Investigations, an independent administrative commission, consists of 9 members: 2 full professors of pathology, 2 full professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, 2 members of the public selected by the Governor, and the commissioner of the Department of Public Health, or the commissioner's designee. The Governor is responsible for appointing members to 6-year terms. As of June 30, 2019, the members of the commission were:

John Sinard, M.D., Ph.D., Professor of Pathology (Vice Chairman)
Sidney M. Hopfer, Ph.D., Professor of Pathology (Secretary)
Todd D. Fernow, J.D., Professor of Law (Chairman)
Steven B. Duke, J.D., Professor of Law
Michael M. Krinsky, M.D., Connecticut Medical Society
Michael T. McCormack, J.D., Connecticut Bar Association
Susan Keane Baker, M.H.A., Public Member
Celia F. Pinzi, Public Member
Renée D. Coleman-Mitchell, M.P.H., Commissioner of Public Health, ex officio
Olinda Morales, designee of the Commissioner of Public Health

Raul Pino, M.D., M.P.H., Commissioner of Public Health, ex officio also served on the commission, during the audited period

In addition to appointing the chief medical examiner, the commission sets fees for expert witness and consultation services provided by OCME staff. The commission also adopts OCME's regulations.

Recent Notable Legislation

There were no notable legislative changes affecting OCME during the audited period.

Office of the Chief Medical Examiner Operations

The Office of the Chief Medical Examiner has experienced a significant increase in its caseload over the last few years, including a 27% increase in autopsies over the last 5 years. This is partially attributed to a significant increase in the number of drug-related deaths. Per OCME records, the following reviews were performed during the audited period and prior fiscal years:

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	<u>2014 - 2015</u>	<u>2015 - 2016</u>	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
Reported Deaths	20,244	20,579	21,750	22,147	22,745
Autopsies	1,992	2,348	2,405	2,382	2,526
Examinations	404	368	332	379	387
Other Cases	3	15	5	1	2
Cremations	16,318	16,644	17,914	18,268	19,054

The Office of the Chief Medical Examiner is accredited through the National Association of Medical Examiners (NAME), a national professional organization that offers a voluntary inspection and accreditation program for medicolegal death investigative offices. On September 27, 2016, NAME downgraded the OCME accreditation status to provisional due to deficiencies in freezer space and excessive medical examiner caseloads. OCME added freezer space and hired additional medical examiners to decrease caseloads. As a result, OCME was granted full NAME accreditation status effective September 27, 2018.

RÉSUMÉ OF OPERATIONS

General Fund

General Fund receipts recorded by the State Comptroller totaled \$2,758,054 and \$2,840,287 during the fiscal years ended June 30, 2018 and 2019, respectively, compared to \$2,677,027 during the fiscal year ended June 30, 2017. The majority of the receipts consisted of fees for cremation certificates. A summary of these receipts during the audited period and prior fiscal year is presented below:

	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
General Fund Receipts:			
Cremation Certificates	\$ 2,622,670	\$ 2,690,224	\$ 2,766,902
Medical & Autopsy Report Records	48,980	54,725	54,456
Other	5,377	13,105	18,929
Total General Fund Receipts	<u>\$ 2,677,027</u>	<u>\$ 2,758,054</u>	<u>\$ 2,840,287</u>

The increase in cremation certificate revenue is attributed to an increase in cremation certificates issued.

General Fund expenditures recorded by the State Comptroller totaled \$6,250,446 and \$6,357,011 during the fiscal years ended June 30, 2018 and 2019, respectively, compared to \$6,096,917 during the fiscal year ended June 30, 2017. Personal services expenditures accounted for 77, 78, and 81% of total General Fund expenditures for the fiscal years ended June 30, 2017, 2018 and 2019, respectively. A summary of these expenditures during the audited period and prior fiscal year is presented below:

	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
General Fund Expenses:			
Personal Services	\$ 4,721,495	\$ 4,873,364	\$ 5,150,911
Contractual Services	946,729	896,288	709,089
Commodities	374,323	448,307	450,248
Equipment	54,370	32,487	46,763
Total General Fund Expenditures	<u>\$ 6,096,917</u>	<u>\$ 6,250,446</u>	<u>\$ 6,357,011</u>

The increase in personal services is due to the hiring of additional doctors, including some on a per diem basis, as well as a large increase in on-call costs caused by periodic staffing shortages and increased caseloads. The decrease in contractual services is attributed to the allocation of more contractual services to federal and other grants.

Other Funds

Other fund expenditures recorded by the State Comptroller totaled \$266,210 and \$962,513 during the fiscal years ended June 30, 2018 and 2019, respectively, compared to \$189,323 during the fiscal year ended June 30, 2017. A summary of these expenditures during the audited period and prior fiscal year is presented below:

	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
Federal & Other Restricted			
Equipment	\$ 95,690	\$ 58,407	\$ 6,009
Personal Services	-	2,000	641,008
Contractual Services	-	64,995	289,981
Commodities	-	73,435	4,124
Total Federal & Other Restricted	<u>95,690</u>	<u>198,837</u>	<u>941,123</u>
Capital Equipment Purchase	<u>93,633</u>	<u>67,373</u>	<u>21,390</u>
Total Other Fund Expenditures	<u>\$ 189,323</u>	<u>\$ 266,210</u>	<u>\$ 962,513</u>

Expenditures from the Federal and Other Restricted Fund increased from 4% to 13% of total expenditures during the audited period. A summary of these expenditures by award during the audited period and prior fiscal year is presented below:

	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
Federal & Other Restricted Expenses:			
DPH – Opioid Surge	\$ -	\$ 63,837	\$ 854,828
OPM – Justice Assistance Grant	95,690	135,000	-
DOJ – Coverdell Grant	-	-	53,535
NTI – MIMIC Grant	-	-	32,760
Total Federal & Other Restricted	<u>\$ 95,690</u>	<u>\$ 198,837</u>	<u>\$ 941,123</u>

The most significant award to OCME was a more than \$1 million federal pass-through award from the Department of Public Health (DPH) to respond to the surge of opioid and other drug overdose deaths. The award provided funding for hiring additional pathologists, increased toxicology testing, and other increased expenses resulting from the surge of opioid deaths.

Irwin H. Lepow Trust Fund

The Irwin H. Lepow Trust Fund was established as a non-expendable trust fund in 1988 to honor the memory of Dr. Irwin H. Lepow, the first chairperson of the Commission on Medicolegal Investigations. It was originally intended for the investment income to be used for educational purposes, such as library acquisitions, periodicals, teaching aids, or special seminar programs. However, in 1998, the fund was modified to be an expendable trust fund, meaning the contributed capital as well as the earned interest may now be used for the originally stated purposes. A summary of fund activity during the audited period and prior fiscal year is presented below:

	<u>2016 -2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>
Lepow Trust Fund Beginning Balance	\$ 29,550	\$ 27,794	\$ 29,273
Donations	1,142	1,158	267
Interest Earned	139	321	621
Expenditures	(3,037)	-	(4,045)
Lepow Trust Fund Ending Balance	<u>\$ 27,794</u>	<u>\$ 29,273</u>	<u>\$ 26,116</u>

STATE AUDITORS' FINDINGS AND RECOMMENDATIONS

Our examination of the records of the Office of the Chief Medical Examiner disclosed the following 2 recommendations, of which 1 has been repeated from the previous audit:

Cremation Certificate Receipts

Criteria: The State Accounting Manual requires the periodic preparation of accountability reports to compare amounts recorded with actual receipts, based on the number of fixed-cost certificates issued.

Section 19a-323 of the General Statutes allows for the waiver of the \$150 cremation certificate fee in certain instances.

Condition: Our review of cremation certificates and the associated revenue identified the following conditions:

1. OCME does not reconcile the number of cremation certificates it issues to its invoices and collections. While OCME compared invoiced cremation certificates in its Case Manager case tracking system to Core-CT, this is not a sufficient accountability report.
2. Case Manager does not sequentially number cremation certificates, which makes it difficult to determine the number of certificates issued each fiscal year. According to OCME's statistics, it reviewed 18,268 and 19,054 cremation cases in fiscal years 2017-2018 and 2018-2019, respectively. However, the OCME business office invoiced and waived fees for 18,444 and 18,966 cremation certificates in fiscal years 2017-2018 and 2018-2019, respectively.
3. Case Manager does not require approvals for cremation certificate fee waivers. An employee can simply check a box in the system to waive the cremation certificate fee.

Context: OCME recorded \$2,690,224 and \$2,766,902 in cremation certificate revenue in fiscal years 2017-2018 and 2018-2019, respectively.

Effect: The lack of sequentially numbered cremation certificates, lack of approvals for waivers in Case Manager, and insufficient OCME reconciliations reduce assurance that revenues OCME recorded accurately represent amounts it should have collected.

Cause: OCME recognizes the importance of accountability reports for cremation certificate revenue, but the process to reconcile Case Manager and Core-CT data is difficult and time consuming. Case

Manager does not currently allow for sequentially numbered cremation certificates or approvals for fee waivers.

Prior Audit Finding: This finding has been previously reported in the last 2 audit reports covering the fiscal years ended 2013 to 2017.

Recommendation: The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by reconciling the number of cremation certificates issued to its invoices and collections. OCME should sequentially number cremation certificates and require approvals of fee waivers in its Case Manager system. (See Recommendation 1.)

Agency's Response: "The Office of the Chief Medical Examiner recognizes that detailed records documenting the specific cremation-fee-waived cases are required to explain the difference between the invoiced cremation cases and the agency case manager cremation totals. All waivers approved in Case Manager are either based on OPM approvals with that communication saved, or are based on other statutory requirements (e.g., by statute, cremations of fetal deaths do not get invoiced). Case Manager entries have a visible administrative comment (a built-in audit trail) with the name of the logged-in user and "date/time stamp" for the specific changes. The permanent "read-only" audit history for the entire case record is available for review by all with system access and it tracks all changes to the cremation billing disposition.

It is challenging to compare fiscal year cremation statistics to agency invoicing because it is billed 1-month in arrears. It is possible to extract cremation cases from the Case Manager database and compare each of them to invoiced cases (approximately 19,000 per year). All non-invoiced cases could then be checked for waiver validity and the record(s) electronically saved for audit. A process has been created to track the non-invoiced cremation cases with an explanation in Case Manager for fiscal year 2020 and beyond. Written procedures will be created based on the current process experience.

Additionally, the agency has again approached the Case Manager vendor with the possibility of creating new computer coding in order to add an individual, unique, cremation sequential numbering system. The initial discussion is promising and a database programming change may be able to be executed successfully. The agency has committed to stay the course on pursuing this database change."

Lack of Competitive Quotations

Criteria: Section 4a-57 of the General Statutes states that agencies should competitively bid purchases, when possible.

It is good business practice to obtain multiple quotations from contractors or vendors on the Department of Administrative Services (DAS) approved list for the purchase of goods and services.

Condition: The Office of the Chief Medical Examiner paid a DAS-approved contractor over \$106,000 for the purchase and installation of carpeting without obtaining quotations from other contractors. In this instance, the DAS contract had multiple approved contractors. We also noted that OCME paid a DAS-approved plumbing contractor \$5,200 for non-emergency services without obtaining quotations from other contractors. In this instance, the DAS contract required agencies to obtain multiple quotations for non-emergency work exceeding \$2,500.

OCME paid two DAS-approved vendors approximately \$4,800 for the purchase of jackets and pants without obtaining quotations from other vendors. In these instances, the DAS contract listed other clothing vendors.

Effect: Without price comparisons, there is decreased assurance that OCME obtains goods or services at the best value.

Cause: OCME does not recognize the importance of obtaining multiple quotations in instances in which it used a DAS-approved contractor or vendor. For the clothing purchases, OCME rationalized making small purchases from vendors it uses for larger purchases. However, OCME does not obtain multiple quotations for larger clothing purchases.

Prior Audit Finding: This finding has not been previously reported.

Recommendation: The Office of the Chief Medical Examiner should strengthen its purchasing controls by obtaining multiple quotations from contractors and vendors on the Department of Administrative Services approved list. (See Recommendation 2.)

Agency's Response: "1. The purchase of carpeting installation with a small business enterprise contract vendor assisted this state agency in meeting the agency required statute requirements. In the future, the agency will solicit multiple small business enterprise [SBE] contract quotations before selecting a contract SBE vendor for such work.

2. The purchase of a mechanical/plumbing services “trade labor” small business enterprise contract vendor for two distinct autopsy suite repairs during different time periods should have included 2 or 3 separate quotes as required by the “trade labor” contract. The agency will seek more than one contract vendor quote when the work approaches or exceeds \$2,500.”

RECOMMENDATIONS

Status of Prior Audit Recommendations:

Our prior audit report on the Office of the Chief Medical Examiner contained 3 recommendations. Two have been implemented or otherwise resolved and 1 has been repeated or restated with modifications during the current audit.

- The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by reconciling cremation certificates issued to the number of certificates invoiced and collected. OCME should use sequentially numbered cremation certificates. The office should explain and approve any cremation certificate fee waivers in its Case Manager system. **This recommendation is being restated and repeated. (See Recommendation 1)**
- The Office of the Chief Medical Examiner should update its disaster recovery plan to include procedures on the recovery of information technology systems and data. Furthermore, OCME should test these procedures periodically to determine their adequacy, and document the results of those tests. **This recommendation has been resolved.**
- The Commission on Medicolegal Investigations should continue to consult with the Office of the Governor regarding the expiration of member terms, to ensure the appointment process is carried out expeditiously and in accordance with statutory requirements. **The current review found that OCME has informed the Office of the Governor of commission member expirations and vacancies. This recommendation has been resolved.**

Current Audit Recommendations:

- 1. The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by reconciling the number of cremation certificates issued to its invoices and collections. OCME should sequentially number cremation certificates and require approvals of fee waivers in its Case Manager system.**

Comment:

OCME did not complete accountability reports for cremation certificate revenues. In addition, we noted the system for issuing cremation certificates does not sequentially number them or require fee waiver approvals.

- 2. The Office of the Chief Medical Examiner should strengthen its purchasing controls by obtaining multiple quotations from contractors and vendors on the Department of Administrative Services approved list.**

Comment:

On more than one occasion, OCME failed to obtain multiple quotations when using contractors and vendors on the Department of Administrative Services approved list.

ACKNOWLEDGMENTS

The Auditors of Public Accounts wish to express our appreciation for the courtesies and cooperation extended to our representatives by the personnel of the Office of the Chief Medical Examiner during the course of our examination.

The Auditors of Public Accounts also would like to acknowledge the auditors who contributed to this report:

Tyler J. Flanagan
Kaitlyn E. Lucas



Tyler J. Flanagan
Auditor II

Approved:



John C. Geragosian
State Auditor



Robert J. Kane
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