

## **Changes in DPH Subrecipient Monitoring (SRM) Plan 9/16/16**

### **Why revise the plan?**

1. Must be revised annually
2. Focused change in 2015, other than that was written in 2006 (no longer using Subrecipient Monitoring System)
3. Internal concern about fiscal monitoring with ongoing discussions
4. A recent OIA review indicated that DPH should have a better process to track subrecipient corrective action plans and paybacks centrally
5. Need some centralized coordination and consistency

### **Why be conservative in revising the plan?**

1. DPH is a large Division with a wide range of programs. Each program has its own processes that fit its services and goals
2. DHHS is currently considering broad guidance and policy/procedure changes related to monitoring so major changes could be counterproductive if new guidance supersedes these changes.
3. We need to pilot certain changes to see how they work and make adjustments as necessary

*As a result, while this plan has substantially enhanced information and new processes for meeting the SRM requirements, most of the changes are just recommended, not required. At times current practices are documented without any additional requirements. Required changes related to tracking CAPs and paybacks are included, but these are already in place. Annual Risk Assessments have always been required.*

*Please try some of the new forms or procedures and report back to me about how they work. This will inform ongoing development.*

The draft plan contains additional information or clarification about:

- Expanded background
- Coordination with other offices
- New Definitions
- Eliminated program list—referenced NC Treasurer’s site
- Risk assessment expanded
- Program and LTAT roles
- Financial Checklist use
- Internal Control Questionnaire use
- Monitoring Strategies
- Modified requirements (Omnibus changes)
- Payback and Corrective Action tracking/coordination
- Responsible parties
- Taking down program plans