

STATE OF CONNECTICUT

**AUDITORS' REPORT
OFFICE OF THE CHIEF MEDICAL EXAMINER
FOR THE FISCAL YEARS ENDED JUNE 30, 2001 AND 2002**

**AUDITORS OF PUBLIC ACCOUNTS
KEVIN P. JOHNSTON ♦ ROBERT G. JAEKLE**

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February 18, 2004

**AUDITORS' REPORT
OFFICE OF THE CHIEF MEDICAL EXAMINER
FOR THE FISCAL YEARS ENDED JUNE 30, 2001 AND 2002**

We have made an examination of the financial records of the Office of the Chief Medical Examiner (OCME) for the fiscal years ended June 30, 2001 and 2002. This report on that examination consists of the Comments, Recommendations and Certification which follow.

Financial Statement presentation and auditing is performed annually on a Statewide Single Audit basis to include all State agencies. This audit examination has been limited to assessing the Office of the Chief Medical Examiner's compliance with certain provisions of financial related laws, regulations, contracts and grants, and evaluating the internal control structure policies and procedures established to insure such compliance.

COMMENTS

FOREWORD:

The Office of the Chief Medical Examiner 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 of the Chief Medical Examiner investigates all human deaths of a violent nature, deaths under suspicious circumstances, and certain other types of deaths. The Office is directed by a Chief Medical Examiner who is appointed by the Commission.

Dr. H. Wayne Carver II served as the Chief Medical Examiner during the audited period.

Commission on Medicolegal Investigations:

The Commission on Medicolegal Investigations, an independent administrative commission, consists of nine members: two full professors of pathology, two full professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, two members of the

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public selected by the Governor, and the State Commissioner of Public Health. The members are appointed to six-year terms. The terms of four members expire every three years.

As of June 30, 2002 the members were:

S. Evans Downing, M.D., Chair

Susan Keane Baker

Robert E. Cone, Ph.D.

Francis R. Coughlin, M.D., J.D.

Steven B. Duke, J.D.

Todd D. Fernow, J.D.

Richard A. Lavelly, M.D., J.D.

Daniel C. Niejadlik, M.D.

Joxel Garcia, M.D., Commissioner of Public Health, ex-officio

(Joxel Garcia left State service in July 2003 and was succeeded by J. Robert Galvin, M.D. on December 1, 2003.)

Section 19a-402 of the Connecticut General Statutes provides that the Commission on Medicolegal Investigations shall be within the Department of Public Health for administrative purposes only.

RÉSUMÉ OF OPERATIONS:

General Fund receipts totaled \$751,658 and \$737,315 during the fiscal years ended June 30, 2001 and 2002, respectively. Nearly all of the receipts consisted of fees for cremation certificates.

General Fund receipts during the fiscal years under audit are presented below:

	<u>2000-2001</u>	<u>2001-2002</u>
Cremation certificates	\$726,600	\$705,825
Medical and autopsy reports	18,000	19,220
Refunds of current year expenditures	998	585
Other	<u>6,060</u>	<u>11,685</u>
Total General Fund Receipts	<u>\$751,658</u>	<u>\$737,315</u>

General Fund expenditures during the fiscal years ended June 30, 2001 and 2002, are summarized below:

	<u>2000-2001</u>	<u>2001-2002</u>
Personal Services	\$3,173,704	\$3,526,825
Contractual Services	1,514,022	962,425
Commodities	235,910	217,453
Equipment	<u>7,500</u>	<u>51,089</u>
Total General Fund Expenditures	<u>\$4,931,136</u>	<u>\$4,757,792</u>

In addition to the General Fund expenditures, equipment purchases from the Capital

Equipment Purchasing Fund totaled \$78,569 and \$96,925 during the 2000-2001 and 2001-2002 fiscal years,

respectively.

During the years under review, personal services expenditures accounted for 64 percent and 74 percent of total General Fund expenditures. As of June 30, 2002, the Office of the Chief Medical Examiner had 49 full-time and 13 part-time filled positions.

Contractual services accounted for 31 per cent and 20 percent of total General Fund expenditures during the audited years. Approximately 66 percent of these contractual expenditures represent fees for medical services provided by Assistant Medical Examiners. Assistant Medical Examiners are local doctors who assist the Office of the Chief Medical Examiner by performing examinations in the community. They are paid an established fee of \$75 per case, plus incidental expenses. As of June 30, 2002, the Office maintained a list of approximately 60 authorized Assistant Medical Examiners. Over the last few years, the Office of the Chief Medical Examiner has decreased its reliance upon Assistant Medical Examiners and increasingly relied upon its own staff of Investigators, especially with reference to the issuance of cremation certificates.

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 State's Commission on Medicolegal Investigations. It was originally intended that the investment income was to be used for educational purposes "...such as, but not limited to library acquisitions, periodicals, teaching aids or special seminar programs." In 1998, the fund was modified to an expendable trust fund, meaning that the contributed capital as well as the earned interest may be used for the originally stated purposes.

Donations to the Fund totaled \$500 in fiscal year 2001 and \$1,000 in fiscal year 2002. Interest earned by the trust fund totaled \$2,242 and \$1,193 during the respective years. Expenditures from the trust fund were zero in fiscal year 2001 and totaled \$1,136 in fiscal year 2002. The fund balance as of June 30, 2002, was \$37,941. Further discussion of this Fund can be found in the "Condition of Records" section of this report.

CONDITION OF RECORDS

Our examination of the records of the Office of the Chief Medical Examiner disclosed certain areas requiring attention, which are detailed in this section of the report.

Appointment of Commission Members:

- Criteria:* Section 19a-401, subsection (a), of the General Statutes provides that members appointed to the Commission on Medicolegal Investigations are allowed to serve for a period of six years and until their successors are appointed. Said Section specifies that appointments be made in part from lists of candidates recommended by committees comprised of various professionals in the fields of medicine and law. Board members are to be reappointed under the same conditions as the initial appointments.
- Condition:* We noted that three members of the Commission had not been officially reappointed upon expiration of their terms, yet continue to serve on the Commission. Two of these members apparently have not been formally reappointed or replaced since their last official appointment in 1979. The third member had not been reappointed or replaced since the 1998 expiration of his term.
- Effect:* The lack of timely reappointment or replacement of Board members places into question the anticipated tenure of those members that continue to serve beyond their terms. The inordinate lengths of time since the expiration of the members' terms suggests that the members have essentially been "reappointed" without regard to the conditions of the initial appointments.
- Cause:* It appears that the Governor's Office has not been addressing the reappointment/replacement of Commission members in a timely manner or in accordance with the statutory provisions.
- Recommendation:* The Commission should consult with the Governor's Office prior to the expiration of Commission members' terms, helping to ensure that the appointment process is carried out expeditiously and in accordance with statutory requirements. (See Recommendation 1.)
- Agency Response:* "By law, Commissioners whose terms have expired continue to serve until replaced. This has effectively prevented vacancies due to lack of reappointment. When vacancies occur because of retirement or resignation, the Commission contacts the Governor's Office to prompt replacement appointments."

Auditors' Concluding

Comment: Statutory provisions make allowances for members to continue serving beyond the expiration of their terms in order to permit the Commission to operate. There is nothing to suggest that this was intended to replace the formal appointment process.

Documentation of Contract Prices for Purchases:

Criteria: Sound internal controls dictate that when a State contract award is utilized for the procurement of goods and/or services, the Agency should ensure that the terms provided by the vendor adhere to the actual terms of the contract award. Evidence of such adherence should be retained for audit purposes.

Condition: We were informed that the Agency does not routinely compare vendor invoice prices to the applicable contractual prices.

The Office of the Chief Medical Examiner expended in excess of \$120,000 each fiscal year for laboratory and photography supplies. Contracts and price lists were not always retained, making it difficult to determine whether the terms of the contract were adhered to.

Effect: The failure to compare the vendors' terms with those of the applicable contract increases the risk that billing errors will go undetected.

Cause: We were informed that time constraints were a major factor in the failure to monitor the contract terms.

Recommendation: The Office of the Chief Medical Examiner should improve internal control over the procurement process by establishing procedures to provide for the verification of vendors' invoices against applicable State contract prices. Documentation or excerpts thereof should be retained as evidential support for purchases made. (See Recommendation 2.)

Agency Response: "The Agency will take steps to improve internal control as outlined in the recommendation."

Incurring Obligations in Excess of Budgeted Appropriations:

Criteria: Section 4-98 of the General Statutes provides that no budgeted agency may incur an obligation unless an appropriate commitment is in place to cover such costs.

Condition: For the fiscal years ended June 30, 2001, and 2002, unpaid

obligations exceeded the available appropriations by approximately \$60,000, and \$50,000, respectively.

Effect: Obligations are being incurred without an available commitment/appropriation, violating the provisions of Section 4-98. Such obligations end up being paid out of the subsequent fiscal year's budget.

Cause: This condition was due in part to the failure of some assistant medical examiners to submit their payment requests in a timely manner. At the same time, the Office of the Chief Medical Examiner did not have a process in place to track assignments to the assistant medical examiners. This prevented the timely and reasonable estimation of amounts that would be payable, and did not facilitate the request of a deficiency appropriation sufficient to cover those costs.

Beginning with the fiscal year ended June 30, 2002, the Office received a separate non-lapsing appropriation for payments to assistant medical examiners. While the obligations at June 30, 2002 exceeded the amount available in the appropriation, it appears that this has stemmed from the cumulative effect of exceeding prior years appropriations. Additional testing will be performed during the subsequent audit to verify this.

Recommendation: The Office of the Chief Medical Examiner should enhance procedures to better track obligations in order to ensure that sufficient monies are available to properly commit funds for payment of assistant medical examiners. (See Recommendation 3.)

Agency Response: “Unfortunately, this Office has no control of the budget amounts ultimately approved by the General Assembly. The Office will continue to work on the internal processes to better refine the payable estimates.”

Administration of Compensatory Time:

Criteria: “The Handbook for Appointed Officials” published by the Department of Administrative Services (DAS) prescribes that appointed officials should not receive compensatory time.

In accordance with Section 19a-404 of the General Statutes, the Commission on Medicolegal Investigations is authorized to set the term and salary of the Chief Medical Examiner.

Condition: We noted that the Chief Medical Examiner and Deputy Chief Medical Examiner, appointed officials of the Agency, routinely

receive compensatory time.

The Office of the Chief Medical Examiner began seeking an opinion from the Office of the Attorney General regarding the legality of the current practice and whether those positions were indeed appointed. These efforts were halted when issues arose that were deemed to warrant a higher priority.

Effect: Established policies are not being followed, resulting in the Chief Medical Examiner and the Deputy Chief Medical Examiner receiving compensatory time to which they are apparently not entitled.

Cause The earning of compensatory time by the Chief Medical Examiner and his Deputy is a longstanding practice. Appointment letters issued by the Commission on Medicolegal Investigations have granted this benefit as part of the salary of the Chief Medical Examiner since 1981. The situation within the Office of the Chief Medical Examiner is unique because senior-level staff actually perform the critical functions of the Office.

Recommendation: The Office of the Chief Medical Examiner should comply with the relevant policies in “The Handbook for Appointed Officials.” Previous requests for an opinion from the Attorney General’s Office should be followed up. Specific exemptions should be sought if the Agency believes that the circumstances merit an exemption. (See Recommendation 4.)

Agency Response: “The Chief Medical Examiner and Deputy Chief Medical Examiner are fundamentally different in that they are not appointed by the Governor nor required to be approved by the General Assembly. Additionally, while there is a management component, both positions must be filled with a physician licensed to practice medicine and take a full on-call rotation with the other physicians including working weekends and holidays. The Deputy chief carries a full caseload and the Chief carries approximately a 60% caseload. While the Commission believes that the Handbook provisions do not apply in this situation, the Commission will request that the Office of the Attorney General re-prioritize the original Commission request regarding this matter.”

Data Processing Security Controls:

Criteria: State Agencies that rely upon data processing for any of their key functions should have a formal written data processing disaster recovery plan. Agency personnel should be aware of their individual

roles and responsibilities in carrying out the plan and a copy of the plan should be stored off-site. Ideally the data processing disaster recovery plan would be an integral part of an Agency-wide catastrophe plan.

Condition: The Office does not have a current data processing disaster recovery plan. We were shown a draft of a “Catastrophe Assistance Contingency Plan”. However, this plan is a work-in-progress and although it addresses the Office’s regulatory missions, it does not adequately address the need for data processing support.

Effect: In the event of a disaster, there could be serious delays in the Office’s recovering its ability to fulfill its regulatory missions. Such delays could occur at the very time when the Office’s services were most needed.

Cause: The importance of data processing disaster recovery planning has not been adequately recognized.

Recommendation: The Office of the Chief Medical Examiner should develop a formal written data processing disaster recovery plan and incorporate it into its draft Catastrophe Assistance Contingency Plan. (See Recommendation 5.)

Agency Response: “As outlined above, a holistic approach was taken by first drafting a catastrophe disaster contingency plan. Agency data is stored offsite and updated on a regular basis. This is a work in progress with the next natural progression to formalize a data processing disaster recovery plan now that the agency is approaching the rollout/implementation of its new data management system.”

Revenue Accountability Reports:

Criteria: The State Comptroller’s State Accounting Manual requires the periodic preparation, where feasible, of accountability reports to compare the moneys that were actually recorded from primary revenue sources with the moneys that should have been accounted for.

Condition: As noted in our prior report, the Office does not prepare periodic accountability reports for cremation certificate revenue, which is its largest revenue source.

Effect: There is reduced assurance that amounts recorded accurately represent amounts that should have been collected for cremation certificates issued.

Cause: The Office had intended to perform a reconciliation between the amount of revenue received from cremation certificates and the number of cremation cases recorded in its anticipated new database. Delays in the implementation of a new database and staffing shortages have prevented completing the process.

Recommendation: The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by the periodic preparation of accountability reports. (See Recommendation 6.)

Agency Response: “As noted in the “Cause”, this is a work in progress.”

Maintenance of Inventory Records:

Criteria: Section 4-36 of the General Statutes requires agencies to keep inventory records in the form prescribed by the State Comptroller. The State Comptroller has promulgated policies calling for the capitalization of goods costing in excess of \$1,000 and having a useful life in excess of one year.

The State Comptroller’s Property Control Manual requires that a perpetual or continuous inventory should be maintained of all supplies inventories valued at more than \$1,000 in total. Supply inventories should be kept at a reasonable minimum to minimize recordkeeping and storage issues.

Condition: Our examination of the Property Inventory Reports noted that two expenditures for carpeting were not included as additions to the equipment and furnishings column of the 2002 Annual Property Inventory Report. As a result, the value of the inventory was understated by \$40,035.

The Agency has at least six individual supplies inventories, each exceeding \$1,000 in value. As of June 30, 2002, the agency’s inventories of supplies were made up of 429 product lines with a total value of \$367,560. The Agency does not keep perpetual inventory records of these supplies.

Effect: The Office is not in compliance with inventory management procedures promulgated by the State Comptroller.

Cause: A lack of administrative controls contributed to this condition.

Recommendation: The Office of the Chief Medical Examiner should improve controls over its various inventories by adhering to the procedures contained

in the State Comptroller's Property Control Manual. (See Recommendation 7.)

Agency Response: "As noted in the last audit, the Agency has attempted for several years to purchase/install a perpetual inventory system, without success, because the technology is cost prohibitive and incompatible with Agency operations. This is a work in progress and this Office will consult with the Office of the State Comptroller in its ongoing effort to meet the spirit and intent of this recommendation."

Utilization of Staff/Statutorily-Assigned Agency for Administrative Purposes:

Criteria: Section 19a-402 of the General Statutes provides that the Commission on Medicolegal Investigations, established under Section 19a-401, shall be within the Department of Public Health for administrative purposes only.

Section 4-38f of the General Statutes indicates that the Department to which an agency is assigned for administrative purposes only shall provide record keeping, reporting, and related administrative and clerical functions for the agency to the extent deemed necessary.

Section 5-206 of the General Statutes requires the Commissioner of the Department of Administrative Services (DAS) to establish position classifications, including statements of duties and responsibilities exercised by employees in those positions.

Section 4-70e of the General Statutes, gives the executive financial officer of the Office of Policy and Management the responsibility for the review of agencies' financial staffing needs.

Condition: The Department of Public Health has not been utilized for administrative purposes. Due to its larger size, the Department of Public Health appears to have more comprehensive administrative and technical resources available to it than does the Office of the Chief Medical Examiner.

We noted that an employee in the position of Fiscal Administrative Manager 2 does not appear to have the scope of responsibilities identified in the description of the position established by DAS.

Effect: Efficiencies that may be attainable by utilizing the administrative resources of the Department of Public Health are not being realized. Among these are potential savings in the cost of providing accounting, personnel and purchasing support services. There would also be a consequent strengthening in the internal controls

safeguarding the integrity of these functions.

- Cause:* The Agency believes that its professional independence would be compromised were it to have a closer relationship with the Department of Public Health. However, it should be noted that we are not recommending any changes to the Agency's functional independence, merely a change in responsibility for providing some of the non-medicolegal supporting administrative services.
- Recommendation:* The Commission, in conjunction with the Office of Policy and Management, should formally evaluate the benefits of using the Department of Public Health as an administrative agency as specified in Section 4-38f, subsection (b), and Section 19a-402 of the General Statutes. (See Recommendation 8.)
- Agency Response:* "The Chief Medical Examiner will develop and submit information regarding the existing conditions to the Commission on Medicolegal Investigations."

The Irwin H. Lepow Trust Fund:

- Criteria:* The Irwin H. Lepow Trust Fund was established in 1988. The original purpose of the Fund was to use interest earned on a non-expendable trust fund "...for educational purposes such as, but not limited to, library acquisitions, periodicals, teaching aids or special seminar programs." In 1998 the nature of the Fund was changed from a non-expendable trust fund to an expendable trust fund, meaning that the donated capital as well as the interest income may be spent.
- Condition:* Since its inception the Fund balance has more than doubled from \$15,000 to \$38,000. This is mainly due to the very low level of expenditures made from the Fund and the fact that additional donations and interest earned have outpaced expenditures. Recent expenditures were for books for the Office of the Chief Medical Examiner.
- Effect:* The degree of inactivity noted does not appear to represent the best use of the Fund's resources.
- Cause:* There was no evidence available to suggest that any long-range or short-range plan had been designed to utilize these resources.
- Recommendation:* A formal plan should be prepared to demonstrate how the Office of the Chief Medical Examiner intends to optimize its use of the Irwin H. Lepow Trust Fund. (See Recommendation 9.)

Agency Response: “The Office will seek the guidance of the Office of the Treasurer, consult with the benefactor, and develop/submit a plan to the Commission on Medicolegal Investigations to optimize the use of this Fund.”

Personal Property of the Deceased:

Criteria: During the process of a death investigation, the personal property of the deceased must be collected, inventoried and safeguarded to ensure its eventual distribution to the next of kin or other party as appropriate, and to reduce the chance that it might be lost.

The Office of Policy and Management was asked by the Chief Medical Examiner to carry out an operational review of the Agency. The resulting Design Team Report issued in June 2001, noted, among other things, that the Agency needed to develop a procedures manual to support core processes.

Condition: As of May 2003, although drafts of new procedures for certain other key processes had been written, there were apparently none relating to the personal property of the deceased.

The Office uses a form to document the receipt of a body from a funeral home. The form requires the existence of personal property to be acknowledged by a “yes” or “no.” Details of personal property, which could include valuables and/or large amounts of cash, are not requested.

The Office of the Chief Medical Examiner does not have written procedures detailing how to handle complaints relating to the personal property of the deceased, nor does the Agency maintain a log of such incidents.

Effect: In the absence of written procedures relating to the collection, inventorying and safeguarding of the personal property of the deceased, the risk of personal property being mislaid or stolen is heightened.

The omission of details of the possessions accompanying a body delivered to the Office of the Chief Medical Examiner by a funeral home increases the risk that the loss of such property will not be promptly detected.

Cause: The Agency apparently has not recognized the risks associated with insufficient accounting of such personal property of the deceased.

Recommendation: The Office of the Chief Medical Examiner should develop written procedures over the collection, and safeguarding of the personal property of the deceased. Such procedures should include, but not be limited to, documenting the collection, the holding, and the final disposition of the personal property of the deceased and include modifying existing forms. (See Recommendation 10.)

Agency Response: “As outlined above, a dedicated group of Office staff was working to develop procedures to support the core processes. Part way through the process, the group requested that this project be placed on hold until the new death investigation database system was operational to avoid a potentially costly duplicative process. While not formalized, there is a working system in place to account for and protect the property of the deceased. The Office intends to implement this facet as soon as feasible after the new system is operational.”

RECOMMENDATIONS

Prior Audit Recommendations:

Our prior audit report contained nine recommendations. Of those, one has been adequately addressed and the other eight are repeated or modified to reflect the current conditions. The status of the prior recommendations is summarized as follows:

- The Commission should consult with the Governor's Office when the need for the reappointment/replacement of Commission members exists, helping to ensure that the process is carried out expeditiously and in accordance with statutory requirements. This recommendation is repeated. (See Recommendation 1)
- The Office should improve internal control over the procurement process by establishing procedures to provide for the verification of vendor quotations to applicable State contract awards. Documentation or excerpts thereof should be retained as evidential support for purchases made. This recommendation is repeated. (See Recommendation 2)
- The Office of the Chief Medical Examiner should institute procedures to track obligations in order to properly commit funds. This recommendation is repeated. (See Recommendation 3)
- The Office should comply with the personal service agreement requirements of Section 4-213 of the General Statutes with regard to the engagement of assistant medical examiners, incorporating the duties into the agreements. In conjunction with the State Comptroller's Office and the Department of Administrative Services, a statewide RFP for contractual services has been issued. This recommendation is not being repeated.
- The Office of the Chief Medical Examiner should comply with the relevant payroll policies promulgated by the Department of Administrative Services or contained in collective bargaining contracts. Specific exemptions should be sought for those cases in which the Agency feels that the necessary 24-hour operation prevents compliance. This recommendation is modified to reflect current conditions. (See Recommendation 4)
- The Office of the Chief Medical Examiner should consider steps to improve the security of its data processing system, including storing system backups at secure facilities, and the creation of a disaster recovery plan. This recommendation is modified to reflect current conditions. (See Recommendation 5)
- The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by the periodic preparation of accountability reports. This recommendation is repeated. (See Recommendation 6)
- The Office of the Chief Medical Examiner should improve accountability over inventory deletions. This recommendation has been modified to reflect current

conditions. (See Recommendation 7)

- The Commission, in conjunction with the Office of Policy and Management, should formally evaluate the benefits of using the Department of Public Health as an administrative agency as specified in Section 19a-402 of the General Statutes. This recommendation is being repeated. (See Recommendation 8)

Current Audit Recommendations:

- 1. The Commission should consult with the Governor's Office prior to the expiration of Commission members' terms, helping to ensure that the appointment process is carried out expeditiously and in accordance with statutory requirements.**

Comment:

Three members of the Commission had not been officially reappointed upon the expiration of their terms. Two of these have not been formally reappointed or replaced since their last official appointment in 1979.

- 2. The Office of the Chief Medical Examiner should improve internal control over the procurement process by establishing procedures to provide for the verification of vendor's invoices against applicable State contract prices. Documentation or excerpts thereof should be retained as evidential support for purchases made.**

Comment:

The agency does not routinely compare vendor invoiced prices to the applicable contractual prices. Contract awards and price books are not retained as evidence.

- 3. The Office of the Chief Medical Examiner should enhance procedures to better track obligations in order to ensure that sufficient monies are available to properly commit funds for payment of assistant medical examiners.**

Comment:

For the fiscal years ended June 30, 2001, and 2002, appropriations were exceeded by \$60,388, and \$50,000, respectively. These conditions were attributable primarily to obligations to assistant medical examiners.

- 4. The Office of the Chief Medical Examiner should comply with the relevant policies in "The Handbook for Appointed Officials." Previous requests for an opinion from the Attorney General's Office should be followed up. Specific exemptions should be sought if the Agency believes that the circumstances merit an exemption.**

Comment:

We noted that the Chief Medical Examiner and Deputy Chief Medical Examiner,

appointed officials of the Agency, routinely receive and routinely use compensatory time. This practice is not allowed under the Handbook for Appointed Officials.

- 5. The Office should develop a formal written data processing disaster recovery plan and incorporate it into its draft Catastrophe Assistance Contingency Plan.**

Comment:

The Office does not have a current data processing disaster recovery plan. The Agency's draft "Catastrophe Assistance Contingency Plan" is a work-in-progress that does not adequately address the need for data processing support.

- 6. The Office of the Chief Medical Examiner should strengthen controls over cremation certificate receipts by the periodic preparation of accountability reports.**

Comment:

The Office does not prepare periodic accountability reports for cremation certificate revenue, which, at approximately \$750,000 annually, is its largest revenue source.

- 7. The Office of the Chief Medical Examiner should improve controls over its various inventories by adhering to the procedures contained in the State Comptroller's Property Control Manual.**

Comment:

Our examination of the Property Inventory Reports noted purchases of carpeting not included in the additions to equipment and furnishings in the 2002 Annual Property Inventory Report.

- 8. The Commission, in conjunction with the Office of Policy and Management, should formally evaluate the benefits of using the Department of Public Health as an administrative agency as specified in Section 4-38f and Section 19a-402 of the Statutes.**

Comment:

Operating efficiencies seem possible if the statutory provisions were implemented.

- 9. A formal plan should be prepared to demonstrate how the Office of the Chief Medical Examiner intends to optimize its use of the Irwin H. Lepow Trust Fund.**

Comment:

Since its inception, due to comparative inactivity, the Fund balance has more than doubled from \$15,000 to \$38,000. In recent years the few expenditures that were made

were for books. Opportunities for using available funds are being overlooked.

- 10. The Office of the Chief Medical Examiner should develop written procedures over the collection and safeguarding of the personal property of the deceased. Such procedures should include, but not be limited to, documenting the collection, holding, and the final disposition of the personal property of the deceased and include modifying existing forms.**

Comment:

The Office of the Chief Medical Examiner does not have written procedures concerning the treatment of the personal property of the deceased.

INDEPENDENT AUDITORS' CERTIFICATION

As required by Section 2-90 of the General Statutes we have audited the books and accounts of the Office of the Chief Medical Examiner for the fiscal years ended June 30, 2001 and 2002. This audit was primarily limited to performing tests of the Agency's compliance with certain provisions of laws, regulations, contracts and grants, and to understanding and evaluating the effectiveness of the Agency's internal control policies and procedures for ensuring that (1) the provisions of certain laws, regulations, contracts and grants applicable to the Agency are complied with, (2) the financial transactions of the Agency are properly recorded, processed, summarized and reported on consistent with management's authorization, and (3) the assets of the Agency are safeguarded against loss or unauthorized use. The financial statement audits of the Office of the Chief Medical Examiner for the fiscal years ended June 30, 2001 and 2002, are included as a part of our Statewide Single Audits of the State of Connecticut for those fiscal years.

We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial-related audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Office of the Chief Medical Examiner complied in all material or significant respects with the provisions of certain laws, regulations, contracts and grants and to obtain a sufficient understanding of the internal control to plan the audit and determine the nature, timing and extent of tests to be performed during the conduct of the audit.

Compliance:

Compliance with the requirements of laws, regulations, contracts, and grants applicable to the Office of the Chief Medical Examiner is the responsibility of the Office of the Chief Medical Examiner's management.

As part of obtaining reasonable assurance about whether the Agency complied with laws, regulations, contracts, and grants, noncompliance with which could result in significant unauthorized, illegal, irregular or unsafe transactions or could have a direct and material effect on the results of the Agency's financial operations for the fiscal years ended June 30, 2001 and 2002 we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants. However, providing an opinion on compliance with these provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*. However, we noted certain immaterial or less than significant instances of noncompliance, which are described in the accompanying "Condition of Records" and "Recommendations" sections of this report.

Internal Control over Financial Operations, Safeguarding of Assets and Compliance:

The management of the Office of the Chief Medical Examiner is responsible for establishing and maintaining effective internal control over its financial operations, safeguarding of assets, and compliance with the requirements of laws, regulations, contracts, and grants applicable to the Agency. In planning and performing our audit, we considered the Agency's internal control over its

financial operations, safeguarding of assets, and compliance with requirements that could have a material or significant effect on the Agency's financial operations in order to determine our auditing procedures for the purpose of evaluating the Office of the Chief Medical Examiner's financial operations, safeguarding of assets, and compliance with certain provisions of laws, regulations, contracts and grants, and not to provide assurance on the internal control over those control objectives.

Our consideration of the internal control over the Agency's financial operations and over compliance would not necessarily disclose all matters in the internal control that might be material or significant weaknesses. A material or significant weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with certain provisions of laws, regulations, contracts, and grants or failure to safeguard assets that would be material in relation to the Agency's financial operations or noncompliance which could result in significant unauthorized, illegal, irregular or unsafe transactions to the Agency being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving internal control that we consider to be material or significant weaknesses.

However, we noted certain matters involving the internal control over the Agency's financial operations, safeguarding of assets, and/or compliance, which are described in the accompanying "Condition of Records" and "Recommendations" sections of this report.

This report is intended for the information of the Governor, the State Comptroller, the Appropriations Committee of the General Assembly and the Legislative Committee on Program Review and Investigations. However, this report is a matter of public record and its distribution is not limited.

CONCLUSION

In conclusion, we wish to express our appreciation for the courtesies extended to our representatives by the personnel of the Office of the Chief Medical Examiner during the course of our audit.

Kenneth Post
Principal Auditor

Approved:

Kevin P. Johnston
Auditor of Public Accounts

Robert G. Jaekle
Auditor of Public Accounts