



**MEMORANDUM**

**TO:** Rules Committee, San Francisco Board of Supervisors  
**FROM:** Ron Wiegelt, Director of Human Resources, Department of Public Health  
Susan Gard, Chief of Policy, Department of Human Resources  
Laura Marshall, Sr. Performance Analyst, Office of the Controller  
**DATE:** November 5, 2014  
**RE:** **Streamlining Administration of the Catastrophic Illness Program (File 140909)**  
**CC:** Jen Low, Aide to Rules Committee Chair Norman Yee  
Alisa Somera, Rules Committee Clerk

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**Background**

Beginning in 2012, the Department of Public Health (DPH), the City Services Auditor Division of the Controller's Office (CSA), and the Department of Human Resources (DHR) worked collaboratively to assess the current Catastrophic Illness Program's (CIP) administrative policies and processes. Following this review, the team developed recommendations to reframe and update the program to ensure transparency for City employees, cost-effectiveness for the City, and efficiency in administration.

Since issuing a memo of findings in June 2013, the workgroup has implemented several changes to enhance the CIP for employees and the City. Based on its investigation, the workgroup recommended that day to day administration of the CIP be moved from DPH to DHR.

**Rationale**

DHR already manages a variety of City programs related to leave and employee benefits, and recently implemented a leave management program to assist departments in effective management of all the various leaves available to City employees. DHR has a system and structure in place to manage benefit applications, retain confidential employee data, train departmental personnel officers in supporting employees with complex benefits, and raise program awareness so individuals who need the program can access it. CIP is a centralized function for the City, and administration is best placed in a centralized department.

**Impact**

Though certain elements of program administration could be transferred immediately, the wording of the ordinance limits a full transfer of administration. Most administrative activities described by the ordinance (e.g., receipt of applications, review of applications, notification of approval, etc.) are allowed for the "Department of Public Health or its designee." However, other activities within the application workflow (e.g., receiving applications, assigning a unique identifier, etc.) are only permitted to be performed by the "Department of Public Health."

The proposed amendment adds "or its designee" in those areas it was omitted in prior versions of the ordinance to allow DPH to designate all administrative functions of the CIP to DHR. The Health Officer at DPH will retain authority for determining catastrophic illness status. The ordinance retains all other programmatic rules of the CIP.