

## **CCA Shared Services Plan Frequently Asked Questions (FAQ's)**

### **1. What is Shared Services?**

A classic model of shared services is centralized management and delivery of a range of services to different units within the same organization whereby the units formerly did these services locally for themselves. Benchmarks are used to ensure excellence of service delivery. It is cost effective due to the elimination of redundancy of function and costs are shared based on level of need.

### **2. What is the Shared Services Plan for CCA?**

The plan as envisaged for CCA is a modification of the original shared services concept. The service provider could be a sister in one community offering her expertise to perform the required service for other communities on behalf of the association, e.g., technology. It could also be an outsourced service provider, e.g., bookkeeping. The bookkeeping would still be done on site locally, but by the same outsourced provider that other communities in the association would use. The contract for such a service would then free up sisters doing that function currently within their community. The cost for providing this service would be less if contracted by CCA under a shared pricing model where leverage and scale (more than one community using the service) would result in cost savings over individually contracting for such services.

### **3. Why did CCA initiate the development of such a Plan?**

Through the sisterly visits, and completion of a survey to identify needs of the CCA communities, it has become clear that in many communities sisters are overly burdened with functions that demand a great deal of their time, such as healthcare management, bookkeeping, food servicing, etc. that result in much stress and loss of quality in living the contemplative life. Also as time goes on, some of these functions require a level of expertise to perform them well that may be lacking in the community. In some cases local volunteers have been used, but overtime this may not be a sustainable model. CCA then began to explore options. There are existing religious communities that have adopted a shared service model, e.g., the Wisconsin Religious Collaborative. These were looked at to learn from.

### **4. How is the planning process being paid for?**

The bulk of the current cost of the planning process is the part-time services of the Project manager, Kate Asselin, and expert consult. In order to embark on a planning process, CCA was introduced to the GHR Foundation who had assisted the Wisconsin Religious Collaborative with grant funding. Ultimately, CCA was invited to submit a proposal, which was funded by the GHR Foundation in August, 2019 for \$80,000. This funding is paying for Kate's services as well as for advisory consultants.

### **5. What are the benefits of a CCA Shared Services Plan?**

It is envisaged that the benefits will be: 1) provision of needed services with professional quality; 2) reduced cost by contracting at the CCA level benefiting from scale of more than one community using the services; 3) freeing up sisters within the communities from the burden of delivery of these services for themselves.

### **6. What are the costs of a CCA Shared Services Plan?**

Contracts will be negotiated based on service delivery parameters, how many communities adopt a particular service, etc. There is a centralized cost (think of it as a membership fee) that all CCA communities will share in to pay for a part-time administrator of the Shared Services Program, some legal contract review, and for the CCA organization's use of the financial services of the collaborative. These costs will be subsidized by fundraising. The current methodology that has been determined is a cost share based on the number of sisters belonging to each community, so a per sister cost. The estimate of the cost allocation per sister inclusive of an anticipated subsidy from the GHR foundation, is \$55/per sister per year. It is the goal of the collaborative to create and fund (via fundraising) a Common Fund that can be accessed as needed to support the costs and help member communities as needed.

**7. How will our member communities participate in these benefits and costs?**

Each member community will determine which services they will sign up for. CCA will contract for those services on behalf of the communities. Each community will pay CCA for their share of the service(s) cost(s) based on the contract parameters/metrics.

**8. What are some of the services currently being considered?**

Initially the services to be contracted involve: Benefits Management, Technology ( e.g., help desk, group purchasing arrangements, training, and website services) a range of Financial Services that includes bookkeeping, insurances and administrative services. Also archival and library consulting services are available. The collaborative is exploring offering additional services. Proposals have been received and reviewed via informational sessions that were conducted with the members with the following providers: Christian Brother Services (CBS) and their wholly owned subsidiary, Brenner, McDonagh and Tortolani (BMT).

**9. What if my community needs assistance in one of these proposed areas NOW?**

The Project Manager has been referring communities in need now with some specific potential solutions. Examples of this include healthcare navigation, benefits management and transition services through REALM and other solutions.

**10. When will the plan be completed?**

The plan for the collaborative was adopted by all the CCA communities in late October. The plan is being finalized and a contract will be drawn up amongst the communities. It will be initially for a three year term.

**11. How can my community be more involved in the on-going development of the SSC?**

A member community can become more engaged by offering a sister of their community to serve on the Shared Services Collaborative Advisory Group to assist in providing advice, counsel and feedback.

**12. How are service providers selected and engaged? How will they be accessed?**

The Project Manager has been consulting with various organizations and individuals for recommendations including the CCA communities, NRRO, RCRI, etc. Selected providers have been invited to offer proposals. These proposals are the basis for contracts that will be developed for each of the selecting communities. CCA has engaged the legal services of Mark E. Chopko of Stradley Ronon Stevens & Young, LLP of Washington DC to assist in the contracting process, which will include service delivery metrics in terms of responsiveness and quality. Once contracts are in place, services will be accessed directly by the communities using those services.

**13. After the plan is completed, what are the next steps?**

To finalize an actionable plan, communities will sign up for the services needed, and provider pricing as well as scope/metrics for each service will be determined based on how many communities contract for the services being offered. Then contracts can be signed and service delivery will begin.

**14. How will the Shared Services be administered and managed in its implementation phase?**

The SSC will contract with the part-time administrator, Kate Asselin. She will be accountable to the president of CCA. She will benefit from the advice and counsel of the SSC Collaborative Advisory Group.

**15. How obligated is my community as a CCA member to support the implementation of the plan once adopted by the CCA?**

Each member community having signed onto the collaborative is obligated to support its implementation through paying its defined share of the centralized cost. This is a three year commitment. Beyond this, the communities will determine which of the services they will use, and share in those costs. The service contracts will be renewed annually.

**16. Can others beside CCA benefit from these Shared Services and share some of the costs?**

This is an area of great interest. The current plan was designed to meet the specific priority needs of the CCA communities, but it can be expanded to include other Carmelite associations or communities in the future, which would decrease the cost of services due to scale. The current assessment is that

invitations to others to join would occur after year 1 of the collaborative.

**17. Does CCA anticipate receiving any additional funding to support the initial implementation phase of the plan?**

CCA has been invited by the GHR Foundation to request seed funding towards the three year implementation period. This was submitted at the end of October and is pending. The CCA fundraising committee is continuing its work in seeking funding for CCA priorities inclusive of the collaborative.

**18. How flexible will the Shared Services Plan be to changes in our Association and its members over time? What is envisaged as the length of an initial contract?**

The service contracts and community commitments are for three years beginning with 2021. Recognizing that needs may change over time, flexibility will be a consideration as service contracts are put in place. It is possible that communities who do not opt for a service initially, may later determine that they need it. This will be part of what needs to be managed as the collaborative is implemented.

**19. What will be the first step for a member community to determine what services can provide real benefit to them?**

Each SSC member community decides based on their needs, what services they want. BMT has offered to do a **free virtual assessment of financial operations for each SSC member**. Based on that assessment the member communities make choices of which specific services or functions they want BMT to perform in those areas. This has also been offered by the IT group within BMT.

In the listing of BMT financial services, insurance review and monitoring is included. As part of the **initial free assessment**, a review of insurances will be included. CBS offers various insurance products. If it is determined that a CBS insurance plan, such as auto insurance, is the right option for a member community, that decision can then be made on an individual basis.

**CBS discounting is separate from BMT discounting**, and will vary depending on the services selected. Both BMT and CBS are committed to providing services tailored to community needs and interests at the lowest possible rates.

**Benefit Eligibility Management (BEM)** is offering a discount on their hourly rates for individual eligibility analysis, and will continue this discount if 6 or more communities select their services. BEM tailors services to the specific benefit needs of each community member. BEM has an impressive track record of maximizing eligibility to increase community savings and can monitor program qualification on an ongoing basis.

**Religious Medical Trust (RMT)** (from CBS) costs depend on the **group plan** selected for all qualifying sisters, irrespective of the number of communities represented. Coverage is comprehensive with hearing services (including hearing aids), but not routine vision services included. Dental coverage is available separately. The most comprehensive plan offers 100% reimbursement with *zero* deductible. The Trust returns excess reserves to the participating institutes, which can reduce the annual premium.