



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 6, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401-1991

RE: HG §19-308 (b)(4) – Office of Health Care Quality Annual Report, Including
Staffing Analysis, and Health Care Facilities Inspections

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308(b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2013. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities.

I hope this information is useful. If you have any questions or need additional information on this subject, please do not hesitate to contact Ms. Christi Megna, Assistant Director of Governmental Affairs, at (410) 767-6509.

Sincerely

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer
The Honorable Norman H. Conway
Patrick Dooley, Chief of Staff
Patricia Tomsko Nay, M.D., Office of Health Care Quality
Christi Megna, Assistant Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services, MSAR #5624

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov



DEPARTMENT OF HEALTH & MENTAL HYGIENE

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary
Patricia Tomsco Nay, M.D., Executive Director

Fiscal Year 2013 Annual Report And Staffing Analysis

Health-General Article 19-308(b)(4)



Contents

Executive Summary.....	3
Mission.....	4
Background.....	4
Regulatory Efficiency.....	4
Mandates.....	4
FY 2013 Performance Standards.....	6
Long-Term Care Unit.....	6
Assisted Living Program Unit.....	8
Adult Medical Day Care Unit.....	9
Developmental Disabilities Unit.....	9
Hospitals, HMOs, and Patient Safety Unit.....	10
Clinical Laboratory Licensing and Certification Unit.....	13
Forensic Laboratory Unit.....	16
Ambulatory Care Program Unit.....	17
Behavioral Health Unit.....	20
Staffing Analysis.....	22
Annual Changes in the Number of Staff.....	22
Distribution of Staff.....	23
Surveyor Staffing Shortage.....	23
Appendix A: Labor-Hour Analysis.....	24



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 6, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401-1991

RE: HG §19-308 (b)(4) – Office of Health Care Quality Annual Report, Including
Staffing Analysis, and Health Care Facilities Inspections

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308(b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2013. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities.

Over the past year, the Office of Health Care Quality has engaged in an extensive process to evaluate statutory and regulatory obligations, identify efficiencies, and fill key vacancies to advance the mission of the agency. With the support of the Governor and General Assembly, additional positions were added to address staffing deficiencies in critical areas. Progress is being made and I look forward to providing future updates to you and your colleagues.

Sincerely

Joshua M. Sharfstein, M.D.
Secretary

Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), I am pleased to submit the FY 2013 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308 (b)(4) and reports on OHCQ's surveying activities.

The OHCQ is the agency within the Department of Health and Mental Hygiene (Department) charged with monitoring the quality of care in Maryland's 14,452 health care facilities and community-based programs. The OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders through written materials, websites, and presentations.

In January 2013, the OHCQ implemented a strategic planning process that included an evidence-based review of survey protocols in the context of the statutory and regulatory requirements. One of the broad organizational goals is regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency throughout the agency have included reviewing regulatory and statutory requirements; considering accreditation with oversight, where appropriate; revising survey processes, where appropriate; revising initial and on-going employee training; streamlining the hiring process; improving recruitment efforts; simplifying the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders and providers; utilizing social marketing; and maximizing information management. We continually strive to protect the health and safety of vulnerable populations while efficiently and effectively utilizing limited resources. A significant outcome of these interventions is that our projected surveyor staffing deficit is 67.90 in FY 14, down from 107.09 in FY 13.

The above interventions have allowed the OHCQ to better fulfill its mission to protect the health and safety of Maryland's citizens. While progress has been made, there is a need for an on-going strategic planning and quality improvement process that continually examines the agency's regulatory efficiency. OHCQ will continue to look for evidence-based efficient and cost-effective methods to meet mandated goals, while working to ensure there is public confidence in the health care and community service delivery systems in the State.

Many thanks go to OHCQ's dedicated staff for their continued commitment to ensuring the health and safety of Marylanders. OHCQ also appreciates the on-going support of the Secretary, his Chief of Staff, the Administration, members of the General Assembly, and all of our stakeholders. OHCQ's common ground with all of our stakeholders is the individuals that we serve.

Sincerely,



Patricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM
Executive Director and Acting Medical Director, Office of Health Care Quality

Mission

OHCQ is the agency within the Department charged with monitoring the quality of care in Maryland's 14,452 health care facilities and community-based programs. The OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders through written materials, websites, and presentations. OHCQ's mission is to protect the health and safety of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems.

Background

Over the past several fiscal years, due to budgetary constraints, loss of positions, and additional statutorily mandated oversight of providers, OHCQ has been unable to complete all statutorily mandated inspections and surveys of health care facilities. OHCQ has experienced an increase in its workload as noted by the Labor-Hour Analysis (See Appendix A). An influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities, as well as the additional statutory and regulatory responsibility for oversight of forensic laboratories and surgical abortion facilities in the State of Maryland, has increased the agency's staffing challenges.

Regulatory Efficiency

In January 2013, the OHCQ implemented a strategic planning process that included an evidence-based review of survey protocols in the context of the statutory and regulatory requirements. One of the broad organizational goals is regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency throughout the agency have included a regulatory and statutory review; consideration of accreditation with oversight, where appropriate; revised survey processes, where appropriate; revised initial and on-going employee training; streamlining hiring processes; improving recruitment efforts; streamlining the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders and providers; utilization of social marketing; and streamlined information management. OHCQ is continually striving to protect the health and safety of vulnerable populations while efficiently and effectively utilizing limited resources.

Mandates

Today, OHCQ regulates 14,452 health care facilities and community-based programs. Between 1996 and 2013, the Maryland General Assembly passed a variety of new laws and Centers for Medicare and Medicaid Services (CMS) added survey and certification survey requirements as well as increased the priority level for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers. Cosmetic Surgical Centers and Health Care Staff Agencies were added in 2013.

Table 1: Mandated Regulatory Programs, 1996-2012

Year	Program
1996	Assisted Living
	Birthing Centers
	Major Medical Equipment
	Ambulatory Surgery Facilities
	Dialysis Centers
1998	State Advisory Council on Organ and Tissue Donation Awareness
1999	Health Maintenance Organizations
2000	Second Nursing Home Survey
	Nursing Home Complaints within 10 days
	Mortality Review – Developmental Disabilities population
2001	Mortality Review – Mental Health population
2002	Nurse Staff Agency
	State Advisory Council on Pain Management
2003	Nurse Staff Registries (Nurse Referral Service Agencies)
2004	Patient Safety – Adverse Event Reporting
2005	Freestanding Medical Facilities
2006	Mortality and Quality Review Committee – Reportable Incidents of Injury
	Emergency Plans for Human Service Facilities
	Assisted Living Programs – Emergency Electrical Power Generator
	Assisted Living Programs – Prohibited Acts, Penalties and Quality Account
	Assisted Living Program – Licensure
	Health Care Facilities and Laboratories – Accreditation Organizations and Deeming
	Notification Requirements for Residential Treatment Centers
	Corporate Responsibility and Governance – Residential Child Care Programs
2007	Forensic Laboratories
2008	Transplant Centers (Centers for Medicare and Medicaid Services)
	Operation of Nursing Homes – Licensure Regulations
2012	Surgical Abortion Facilities
	Emergency Plans for Human Service Facilities and Dialysis Centers
2013	Cosmetic Surgical Facilities
	Health Care Staff Agencies
	Credentialing and Privileging Process – Telemedicine
	Notice to Patients – Outpatient Status and Billing Implications

FY 2013 Performance Standards

Long-Term Care Unit

The Long-Term Care unit ensures that legally established State licensure and Medicare and Medicaid standards are maintained for nursing homes through unannounced on-site surveys, follow-up visits, and complaint investigations.

The unit also ensures that the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) comply with all applicable federal, State, and local laws and regulations. In order to maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by Registered Nurses, Registered Dietitians, Registered Sanitarians, Qualified Developmental Disabilities Professionals, and Life Safety Code Inspectors. When appropriate, enforcement actions are taken to ensure compliance with State and federal regulations.

Additionally, the unit ensures that the Forensic Residential Centers for individuals with intellectual disabilities comply with all applicable State and local laws and regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 2: Long-Term Care - Unit of Measurements

Units of Measurements	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
Number of Licensed Nursing Homes	234	234	232	233	233
Initial Surveys of New Providers	1	2	0	1	3
Full Surveys	221	203	195	238	216
Follow-up Surveys	59	38	29	71	33
Civil Monetary Penalties Levied	67	47	37	64	39
Denial of Payment - New Admissions	1	0	0	1	1
Complaints & Facility Self-Reported Incidents	4413	2827	2752	2881	2952
Complaints and Self-Reported Incidents No Further Action Required	1277	165	173	355	337
Complaints/Self-Reported Incidents Investigated	3136	2662	2579	2526	2615
Quality of Care Allegations	5387	1707	2438	2614	2423
Resident Abuse Allegations	1162	950	880	884	904

Units of Measurements	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
Intermediate Care Facilities for Individuals with Intellectual Disabilities	4	3	2	2	2
Renewal Surveys	4	3	2	2	2
Follow-up Surveys	4	3	2	3	4
Complaints and Self-Reported Incidents	129	78	49	70	38
Complaints and Self-Reported Incidents Investigated	98	89	60	61	35
Forensic Residential Centers	2	2	2	2	2
Initial Surveys	2	0	0	0	0
Renewal Surveys	0	2	2	2	2
Complaints Received	0	9	13	10	2
Complaints Investigated	0	9	13	10	2

Table 3: Performance Standards - Long-Term Care

Priority or Performance Measure	Result
Maintain an overall 12-month average for nursing home surveys	Met
Investigate any complaint of serious and immediate jeopardy within 2 work days	Met
Initiate an on-site investigation of any complaint of actual harm within 10 days	Not Met ¹
Investigate 90% of complaints alleging the potential of harm within 120 days of receipt	Met
Maintain an overall 60 day average between health surveys and life safety code surveys	Met

¹ The average time for initiating an investigation of a complaint of actual harm was 32 days.

Assisted Living Program Unit

The Assisted Living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. In accordance with interagency agreements, the Assisted Living unit has delegated certain aspects of its monitoring and inspections to the Maryland Department of Aging, the Department of Veterans Affairs and local health departments.

In FY 2013, OHCQ received an additional position for the assisted living unit. This position will help OHCQ meet its mandated survey and licensure requirements. In addition, OHCQ has developed a targeted survey process which will reduce the time expended for each survey.

Table 4: Assisted Living Program - Unit of Measurements

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Number of Licensed Assisted Living Programs	1370	1367	1369	1364	1406
Renewal Surveys	752	520	476	487	396
Initial Surveys	173	122	133	120	158
Other Surveys	367	502	452	190	135
Complaints Received	341	435	614	749	690
Complaints Investigated	403	500	465	669	737

Table 5: Performance Standards - Assisted Living Unit

Priority or Performance Measure	Result
Investigate any complaint that alleges a serious and immediate jeopardy within two work days	Not Met ²
Investigate any complaint of actual harm within 30 working days	Not Met
Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds	Not Met ³
Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community-Based Services Waiver for Older Adults	Not Met ⁴

² Completed 2 of the 3 complaints that alleged a serious and immediate jeopardy within two work days.

³ Surveyed 38% of assisted living programs for facilities with 17 or more beds.

⁴ Surveyed 64% of assisted living programs that participate in the Medicaid Home and Community-Based Services Waiver for Older Adults

Adult Medical Day Care Unit

The Adult Medical Day Care unit ensures that legally established State licensure standards are maintained for Adult Medical Day Care Centers for the Elderly and Medically Handicapped Adults.

Table 6: Adult Medical Day Care - Unit of Measurements

Units of Measurements	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
Adult Medical Day Care Centers	144	144	122	131	114
Initial Surveys of New Providers	4	2	1	3	11
Full Surveys	55	71	68	44	30
Follow-up Surveys	6	4	5	5	3
Complaints Investigated	61	30	17	9	5

Table 7: Performance Standards – Adult Medical Day Care

Priority or Performance Measure	Result
Survey 57 of the 114 adult medical day care centers	Not Met ⁵

Developmental Disabilities Licensure Unit

The Developmental Disabilities (DD) Licensure unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers operated for the benefit of individuals with developmental disabilities receiving services in the State. The community of providers licensed by DDA in the State continues to grow to meet an expanding need for services. Those programs that include services offered to children that require oversight are coordinated with the Governor’s Office for Children. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration’s Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

In FY 2013, OHCQ received an additional 2 positions for the DD unit. These positions will help OHCQ meet its mandated survey and licensure requirements. In addition, OHCQ has developed a targeted survey process which will reduce the time expended for each survey.

⁵ Surveyed 30 of the 114 adult medical day care centers.

Table 8: Developmental Disabilities Licensure Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
Licensed DD Agencies	216	216	204	209	218
Number of DD Sites	2774	2772	3033	3075	3134
New Agencies	5	3	13	9	4
Agencies Surveyed	48	47	51	51	52
Sites Surveyed	1436	1142	829	951	559
Follow-up Surveys	7	11	2	6	2
Complaints and Self-Reported Incidents	2464	3140	3747	4269	3606
No Further Action Required	2056	2694	3484	3711	3311
Conducted On-Site and Administrative Investigation	346	341	202	259	295
Referred	62	105	40	39	34
Mortality Investigation Unit					
Developmental Disabilities Deaths	166	151	171	173	193
Deaths Investigated	53	27	187	173	171

Table 9: Performance Standards - Developmental Disabilities Licensure Unit

Priority or Performance Measure	Result
Survey 25% of the licensed providers.	Met

Hospitals, HMOs, and Patient Safety Unit

The Hospitals, HMOs, and Patient Safety unit provides oversight for the regulation of acute care and specialty (i.e., psychiatric, chronic, special rehabilitation) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. The unit began surveying transplant centers in Maryland on behalf of CMS in 2009, following the 2008 mandate. Responsibilities of the unit include the investigation of complaints filed against these providers; the annual survey and revisit surveys of health maintenance organizations; hospitals within correctional facilities; federally mandated validation surveys and complaint

investigations of hospitals and residential treatment centers; investigation of all deaths that occur in State operated residential treatment centers and psychiatric hospitals; review of all self-reported incidents that occur at these providers; investigation of complaints against HMOs; triennial surveys and revisit surveys of transplant programs; and, all associated activity required for licensure including on-site inspection and review of documentation from the providers, other governmental agencies, and external accreditation organizations.

The Patient Safety Division receives mandated self-reports of serious adverse events that occur in Maryland hospitals. Hospitals submit a root cause analysis of these events to OHQ for review to determine compliance with COMAR 10.07.06, Hospital Patient Safety Programs. The Division conducts reviews of hospital patient safety programs to determine compliance with these regulations. Information regarding trends, best practices, and lessons learned obtained from the review of these events are disseminated to hospitals via the Division’s Annual Report, as well as Clinical Alerts and/or Clinical Observations in an effort to improve patient safety.

Table 10: Hospitals, HMOs, and Patient Safety Program - Unit of Measurements

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Licensed/Certified Hospitals	69	67	66	65	64
Validation Surveys of The Joint Commission (TJC) accredited Hospitals	4	7	6	4	8
Complaints Received	412	485	431	432	461
Complaints Investigated On-Site	115	156	130	174	103
Complaints Referred to Hospitals for Investigation	264	248	251	248	213
Follow-up Surveys	5	9	10	5	8
Enforcement Remedies Imposed (Sanctions)	5	9	7	5	9
Review of TJC Reports	14	19	30	16	26
Adverse Event Reports	190	271	289	306	211
Review Root Cause Analysis Reports (Patient Safety)	205	250	316	270	210
Follow-up Investigations/Hospital Patient Safety Surveys	7	5	7	5	8
Transplant Centers	2	2	2	2	2
Full Surveys	1	1	1	1	0
Complaint Investigations	2	3	3	0	1

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Freestanding Medical Facilities	2	2	2	3	3
Initial, Full and Follow-up Surveys	2	2	2	1	2
Complaints Investigated	0	0	7	4	1
Health Maintenance Organizations	7	6	6	6	7
Full Surveys	5	5	4	4	3
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	13	4	13	9	6
Correctional Health Care Facilities	11	11	11	10	10
Full Surveys	2	0	0	0	0
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	2	1	2	1	0
Residential Treatment Centers	11	11	11	11	10
Follow-up Surveys	0	0	0	1	0
Validation Surveys and Seclusion & Restraint Investigation	2	2	1	0	2
Complaints Received	49	37	24	11	24
Complaint Investigations	38	38	25	9	23

Table 11: Performance Measures - Hospitals, HMOs, and Patient Safety Unit

Priority or Performance Measure	Result
Conduct a preliminary evaluation of 95% of hospital event reports and Root Cause Analysis (RCA) within 30 days	Not Met
Complete a review of all RCAs within 90 days	Met
Conduct annual reviews of patient safety programs in 5% of all licensed hospitals	Met
Complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt	Met
Complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS	Met
Investigate 90% of complaint investigations requested by CMS within 45 calendar days	Not Met ⁶
Complete annual inspections of hospitals located within correctional facilities	Not Met ⁷

Clinical Laboratory Licensing and Certification Unit

The Clinical Laboratory Licensing and Certification unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Maryland citizens and for federal certification of all laboratories located in Maryland. The State and federal licensing programs include those for tissue banks, blood banks, and hospitals, independent reference, physician office and point-of-care laboratories, public Health Awareness screening, Pre-employment related toxicology testing for controlled dangerous substances and Public Health Testing Programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit is responsible for conducting both State and federal surveys to ensure compliance with applicable regulations. This project is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

This project is also responsible for the Maryland Cytology Proficiency Testing Program (MCPTP), which requires all individuals who examine PAP smears obtained from Maryland citizens to pass an annual proficiency test. MCPTP is one of three nationally recognized Cytology GYN Proficiency Testing programs that meet the CLIA requirements for Cytology Proficiency Testing for all cytology laboratories. The testing cycle beginning in FY07 included the conventional PAP smears and the liquid based PAP smears for all individuals who examine such specimens obtained from Maryland citizens. In addition, the Clinical Laboratory Licensing and Certification unit is responsible for investigating complaints received from the public.

⁶ Investigated 86% of all complaint investigations requested by CMS within 45 calendar days.

⁷ Annual inspections of the hospitals located in correctional facilities were not done due to staffing issues.

Table 12: Clinical Laboratory Licensing and Certification Unit - Unit of Measurements

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Physician Office and Point of Care Laboratories, State Only	581	624	632	543	562
Initial Surveys of New Providers	25	30	217	33	19
Full Surveys	233	115	135	180	256
Follow-up Surveys	133	44	108	130	156
Complaint Surveys	1	5	1	7	0
Physician Office and Point of Care Laboratories, Federal CLIA Surveys	NA	611	523	543	562
Initial Surveys of New Providers	NA	39	25	33	19
Full Surveys	NA	228	135	180	256
Follow-up Surveys	NA	148	108	130	156
Validation Surveys	3	1	1	1	3
Complaint Surveys	NA	5	10	7	0
Federal Waived Lab Project	15	32	41	50	54
Independent Reference Laboratories	464	534	461	478	631
Initial Surveys of New Providers	4	6	8	11	2
Full Surveys	38	36	29	38	40
Follow-up Surveys	30	29	28	34	36
Validation Surveys	0	2	1	1	1
Complaint Surveys	6	5	3	6	5
Hospital Laboratories	74	77	70	77	81
Initial Surveys of New Providers	0	0	1	0	0
Full Surveys	0	0	0	0	0
Follow-up Surveys	3	0	0	0	0
Validation Surveys	1	2	2	2	1
Complaint Surveys	1	1	2	1	2

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Cholesterol Testing Sites	13	17	20	18	14
Initial Surveys of New Providers	0	2	2	4	0
Full Surveys	16	36	13	12	2
Validation Surveys	0	0	0	0	0
Complaint Surveys	0	0	0	0	0
Tissue Banks	164	203	203	225	268
Initial Surveys of New Providers	0	5	0	6	0
Full Surveys	25	17	0	14	11
Follow-up Surveys	4	2	0	1	0
Validation Surveys	0	0	0	17	0
Complaint Surveys	0	0	0	0	0
Cytology Proficiency Testing					
Laboratories Performing Cytology	91	88	82	88	30
Individuals Tested	344	333	325	325	295
Individuals who Failed and Required Re-testing or Training and Re-Testing	14	18	13	10	11
Complaint Surveys	0	0	0	0	0
Employer Drug Testing	114	126	91	36	158
Initial Surveys of New Providers	0	0	0	1	0
Full Surveys	0	0	0	4	2
Follow-up Surveys	0	0	0	1	2
Complaint Surveys	0	0	0	0	0
Public Health Testing	NA	24	22	16	22
Initial Surveys of New Providers	NA	0	0	0	0
Full Surveys	NA	0	0	0	22
Follow-up Surveys	NA	0	0	0	0
Complaint Surveys	0	0	0	0	0

Table 13: Performance Standards - Clinical Laboratory Licensing and Certification Unit

Priority or Performance Measure	Result
Maintain federally required and budgeted survey activity	Met
Investigate any complaint that could result in actual harm within 45 working days	Met

Forensic Laboratory Unit

The Forensic Laboratory unit provides oversight for the regulation of accredited and non-accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints filed against these laboratories, plus all associated activity required for licensure including on-site inspection and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non-accredited forensic laboratories. The unit is in charge of reviewing of all self-reported incidents that occur at both accredited and non-accredited forensic laboratories.

Table 14: Forensic Laboratory Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013 ⁸
Providers	NA	NA	NA	40	40
Full Surveys	NA	NA	NA	5	4*
Initial Surveys	NA	NA	NA	5	4
Follow-up Surveys	NA	NA	NA	2	5
Surveillance Surveys	NA	NA	NA	0	11
Complaint Investigations	NA	NA	NA	5	4

*OHCQ only does full surveys of non-accredited forensic laboratories. There are four forensic laboratories that are currently not accredited in the State.

Table 15: Performance Standards - Forensic Laboratory Unit

Priority or Performance Measure	Result
Complete temporary licensure for 100% of forensic laboratories	Met
Complete 100% of the temporary licensure surveys of non-accredited forensic laboratories	Met
Complete permanent licensure for 100% of accredited forensic laboratories	Met

⁸ Survey of forensic laboratories began in FY2012

Ambulatory Care Program Unit

The Ambulatory Care unit is responsible for the State licensure and/or federal certification (Medicare) of all non-long term care facilities that include: Home Health Agencies, Residential Service Agencies, Hospice Care providers, Freestanding Ambulatory Care Facilities (ambulatory surgery, endoscopy, kidney dialysis, and birthing centers, and facilities that use major medical equipment), Outpatient Physical Therapy providers, Comprehensive Outpatient Rehabilitation Facilities, Portable X-Ray providers, Nurse Staffing Agencies, Health Care Staff Referral Services Agencies, Surgical Abortion Facilities and Cosmetic Surgical Facilities. This program receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for Home Health Agencies.

Table 16: Ambulatory Care Program Unit - Unit of Measurements

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Birthing Centers	2	2	2	2	2
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	1	1	1	0	2
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	0	0	0	0	0
Comprehensive Outpatient Rehabilitation Facilities	8	4	2	1	1
Initial Surveys of New Providers	0	0	0	0	1
Full Surveys	1	1	1	0	0
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	1	0	0	0	1
Freestanding Ambulatory Surgical Centers	366	340	341	396	325
Initial Surveys	15	26	22	15	17
Full Surveys	36	130	103	77	49
Follow-up Surveys	0	8	27	18	20
Complaint Investigations	6	5	7	6	12

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Freestanding Renal Dialysis	121	119	122	116	127
Initial Surveys of New Providers	1	8	3	7	9
Full Surveys	56	34	41	109	33
Follow-up Surveys	3	16	4	4	7
Complaint Investigations	35	24	26	34	64
Home Health Agencies	53	51	58	59	57
Initial Surveys of New Providers	2	9	1	0	1
Full Surveys	38	15	19	20	17
Follow-up Surveys	3	0	1	1	0
Complaint Investigations	14	12	14	23	20
Hospice	31	26	30	32	27
Initial Surveys of New Providers	1	0	0	0	0
Full Surveys	3	5	3	9	5
Follow-up Surveys	0	0	0		1
Complaint Investigations	11	9	8	10	19
Major Medical Equipment	229	231	230	240	250
Initial Surveys of New Providers	0	0	4	0	0
Full Surveys	0	0	0	0	0
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	1	2	3	4	1
Nurse Referral Service Agencies	57	86	75	80	131
Initial License	57	24	19	17	15
Full Surveys	0	0	0	0	0
Renewal License	1	62	20	25	21
Complaint Investigations	Not tracked	Not tracked	Not tracked	0	2

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Nurse Staffing Agencies	505	483	550	545	581
Initial Surveys of New Provider	130	119	25	41	40
Full Surveys	0	0	0	0	0
Renewal License	476	364	454	484	247
Complaint Investigations	Not tracked	Not tracked	Not tracked	0	3
Outpatient Physical Therapy	167	79	90	99	69
Initial Surveys of New Providers	1	2	2	1	1
Full Surveys	0	8	5	17	13
Follow-up Surveys	0	0	0	0	6
Complaint Investigations	1	1	1	1	0
Portable X-Ray	11	9	10	8	7
Initial Surveys of New Providers	0	1	1	1	0
Full Surveys	1	1	1	1	1
Follow-up Surveys	0	0	0	0	0
Complaint Investigations	2	1	1	0	0
Residential Service Agencies	595	700	727	983	1090
Initial Surveys of New Providers	65	81	80	96	78
Full Surveys	45	19	25	26	18
Follow-up Surveys	38	13	6	1	27
Complaint Investigations	28	21	25	45	62
Surgical Abortion Facilities	N/A	N/A	N/A	N/A	16
Initial Surveys	N/A	N/A	N/A	N/A	16
Renewal Surveys	N/A	N/A	N/A	N/A	0
Complaints Received	N/A	N/A	N/A	N/A	22
Complaints Investigated	N/A	N/A	N/A	N/A	20

Table 17 Performance Standards - Ambulatory Care Unit

Priority or Performance Measure	Result
Maintain overall 36 month average for home health agency surveys (federal priority)	Met
Investigate any complaint of serious and immediate jeopardy within two working days	Met
Investigate any complaint that could result in actual harm within 30 working days	Met
Process requests for licensure within six months of application for RSA licensure and within eight weeks for other ambulatory care programs	Met

Behavioral Health Unit

In the summer of 2013, the OHCQ merged the community mental health and substance use disorder programs into the Behavioral Health Unit (BHU). This unit is responsible for the evaluation of all Community Mental Health Programs prior to expiration of the programs approval/license and prior to the relocation or expansion of a program. It issues temporary approvals, 1, 2 or 3 year approvals with or without conditions, and two-year licenses depending on the program type and/ or status. Program monitoring consists of onsite review of personnel and client records, observations, and interviews.

The BHU is the agent of the Alcohol and Drug Abuse Administration (ADAA) responsible for conducting biennial surveys and complaint investigations of substance use disorder treatment providers to ensure compliance with applicable State and federal regulations. It recommends to ADAA the initial, provisional, or general certification for substance use disorder treatment providers throughout the State. The unit investigates complaints that are received from patients, providers, and members of the community. Complaints may result in deficiencies related to non-compliance with regulations or referrals to other agencies including, including the Maryland Attorney General’s Office. The unit interacts with other State and federal agencies involved with drug control issues. Programs evaluated by the unit include levels of service such as early Intervention, outpatient treatment, residential treatment, and opioid maintenance therapy (OMT).

Early Intervention programs often work with the court system to provide Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) Education. Outpatient clinics provide community-based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation, detoxification and counseling. OMT programs typically administer Methadone to substance abusers in a community-based setting.

Table 18: Community Mental Health - Unit of Measurements

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Number of Providers	204	191	196	197	209
Number of Residential Rehabilitation Program Sites	750	764	766	743	743
Number of Programs other than Residential Rehabilitation Program Sites	756	733	781	801	827
Providers Surveyed	29	34	56	74	30
Programs Surveyed	136	107	101	160	82
Number of Applications Received	48	50	34	29	28
Number of Therapeutic Group Home Incidents Received	343	500	359	400	101

Table 19: Performance Standards - Community Mental Health Programs

Priority or Performance Measure	Result
Survey 45% of programs that are currently approved under a 6-month Temporary approval	Met
Survey 100% of the mandated surveys through Settlement Agreements	Met
Survey 100% of providers referred by OHCQ to the Mental Hygiene Administration within 6 months referral	Met

Table 20: Substance Use Disorder Certification Unit - Unit of Measurements⁹

Units of Measurements	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Number of Licensed Program Sites	NA	NA	498	448	455
Number of Program Owners	NA	NA	267	247	255
Site Surveys	NA	NA	130	198	112
Number of New Provider Applications	NA	NA	16	0	46
Complaints Investigated	NA	16	26	15	12

Table 21: Performance Standards - Substance Use Disorder Certification Unit

Priority or Performance Measure	Result
Survey 140 licensed sites	Not Met ¹⁰

⁹ Program was reorganized in 2011, which resulted in a change in measurement categories.

¹⁰ Surveyed 112 licensed substance use disorder sites

Staffing Analysis

Table 22: Annual change in numbers of positions, FY 1996-FY 2014

Year	Total Positions	Difference From Previous Year
1996	129.8	---
1997	130.8	-1.
1998	131.8	+1
1999	157.8	+26
2000	175.8	+18
2001	209.8	+34
2002	228.8	+19
2003	202.8	-26
2004	184.4	-18.4
2005	183.4	-1
2006	187.4	+4
2007	194.4	+7
2008	194.4	0
2009	194.2	-20
2010	186.20	-8.00
2011	187.7	1.50
2012	180.7	-7.00
2013	185.7	+5.00
2014	187.7 ¹¹	+2.00

¹¹ PIN Count as July 1, 2013

Table 23: Distribution of staff

Units	Total	Managers	Surveyors	Professional	Administrative or Secretarial	Technical
Administration	13.8	3	0	3	5	2.8
Nursing Home	50.4	7	34.4	2	3	4
Developmental Disabilities	35	4	27	0	4	0
Assisted Living	32	4	24	0	4	0
Ambulatory Care	20	2	14	0	4	0
Substance Use Disorder	3	0	3	0	0	0
Mental Health	4	1	3	0	0	0
Clinical Laboratory	9	1	5	0	3	0
Forensic Laboratory	1.5	1	0.5	0	0	0
Hospital	7	1	5	0	1	0
Information Technology	8	2	0	0	0	6
Adult Medical Day Care	4	1	3	0	0	0
TOTAL	187.7	29	117.9	5	24	12.8

Table 24: Surveyor staffing deficits from Fiscal Year 2005 through Fiscal Year 2014

Year	Staffing Deficit
Fiscal Year 2005	55.42
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010	91.90
Fiscal Year 2011	92.32
Fiscal Year 2012	95.63
Fiscal Year 2013	107.09
Fiscal Year 2014 ¹²	67.90

¹² Surveyor staffing deficit is based on the Labor-Hours Analysis (See Appendix A on page 22). The decrease in the surveyor staffing deficit in 2013 is primarily a result of fewer hours required per survey for assisted living program licensure renewals, decreased hours required per long-term care complaint investigation, and no statutory or regulatory mandates to do residential service agency surveys annually.

Appendix A: Labor-Hour Analysis¹³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Long-Term Care							32.40	18.14
Nursing Homes (Medicare)	233	1.00	233	162	37,746	25.50		
Initial Surveys	3	1.00	3	162	486	0.33		
Complaints/Self-Reported Investigations	2,615	1.00	2,615	6	15,690	10.60		
Follow-Up Surveys	30	1.00	30	16	480	0.32		
State Survey	233	1.00	233	8	1,864	1.26		
State Follow-Up Surveys	71	1.00	71	8	568	0.38		
Informal Dispute Resolution Conferences	35	1.00	35	6	210	0.14		
Required second annual state survey	233	1.00	233	72	16,776	11.34		
Intermediate Care Facilities for individuals with intellectual disabilities	2	1.00	2	160	320	0.22		
Initial Surveys	0				0	0.00		
Complaints	50	1.00	50	12	600	0.41		
Follow-Up Surveys	3	1.00	3	16	48	0.03		
Informal Dispute Resolution Conferences	1	1.00	1	4	4	0.00		
						50.54		
Assisted Living Programs							23.00	13.48
Initial Surveys	116	1.00	116	48	5,568	3.76		
Annual Inspections	1,406	1.00	1,406	20	28,120	19.00		
Follow-up Surveys	40	1.00	40	24	960	0.65		
Other Surveys	165	1.00	165	18	2,970	2.01		
Complaint Investigations	680	1.00	680	24	16,320	11.03		
Informal Dispute Resolution Conferences	12	1.00	12	4	48	0.03		
						36.48		

¹³ The Labor-Hour Analysis is calculated based on the projected surveyor workload for FY 2014. Activities in Column A include survey and certification activities; Column B notes the statutory requirement for the survey; Column C (Column A x Column B) represents the total number of surveys or units that were required; Column D represents the average time that it takes to conduct a survey (this includes travel time and report writing time; Column E (Column C x Column D) represents the total hours required for survey activity; Column F (Column E/1480) indicates the number of surveyors needed to conduct this work; Column G indicates the number of surveyors assigned to the unit; and Column H indicates the surveyor overage or shortfall. The additional positions needed column reflects surveyor staff only and does not include clerical or supervisory support for survey activity.

Appendix A: Labor-Hour Analysis¹³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Adult Medical Day Care							3.00	-1.16
Initial Surveys	6	1.00	6	22	132	0.09		
Renewal Surveys	123	0.50	62	34	2,091	1.41		
Complaints/Self-Reported	22	1.00	22	18	396	0.27		
Follow-Up Surveys	6	1.00	6	16	96	0.06		
IDRs	2	1.00	2	4	8	0.01		
						1.84		
Developmental Disabilities							28.00	24.01
Initial Site Openings	275	1.00	275	6	1,650	1.11		
Residential Sites (ALUs and Group Homes)	3,000	1.00	3,000	12	36,000	24.32		
Day Habilitation and Vocational/Supportive Employment	310	1.00	310	40	12,400	8.38		
Individual Family Care	220	0.10	22	12	264	0.18		
Resource Coordination	17	0.10	2	40	68	0.05		
Community Supported Living Arrangement & Family/Individual Support Services	4,200	0.10	420	6	2,520	1.70		
Follow-Up Surveys	5	1.00	5	20	100	0.07		
Death Investigations	40	1.00	40	32	1,280	0.86		
Complaint & Incident Investigations	825	1.00	825	20	16,500	11.15		
Complaint & Incident Investigations Administrative Reviews	1,500	1.00	1,500	4	6,000	4.05		
New Directions Waiver	10	1.00	10	20	200	0.14		
						52.01		
Hospitals & Patient Safety							5.00	2.66
Hospitals								
Initial survey	1	1.00	1	210	210	0.14		
Validation Surveys	5	1.00	5	210	1,050	0.71		
Complaint Investigations, Onsite	120	1.00	120	28	3,360	2.27		
Complaint Investigations, Administrative Review	290	1.00	290	8	2,320	1.57		
Follow-Up Surveys	7	1.00	7	16	112	0.08		
IDRs	2	1.00	2	4	8	0.01		

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Correctional Health Care Facilities								
Initial Surveys	0	1.00	0	24	0	0.00		
Full Surveys	10	1.00	10	24	240	0.16		
Complaint Investigations	2	1.00	2	8	16	0.01		
IDRS	0	1.00	0	4	0	0.00		
Mortality Review - Psych Hospitals	20	1.00	20	12	240	0.16		
Patient Safety								
Review - RCA	230	1.00	230	4	920	0.62		
Patient Safety Program Surveys	4	1.00	4	24	96	0.06		
Health Maintenance Organizations								
Initial Surveys	1	1.00	1	160	160	0.11		
Full Surveys	9	1.00	9	120	1,080	0.73		
Follow-Up	1	1.00	1	16	16	0.01		
Complaints	20	1.00	20	8	160	0.11		
Residential Treatment Centers								
Initial Surveys	0	1.00	0	80	0	0.00		
Complaints	30	1.00	30	24	720	0.49		
Validation Surveys	2	1.00	2	16	32	0.02		
Follow-Up Surveys	2	1.00	2	16	32	0.02		
Freestanding Medical Facilities								
Initial Surveys	1	1.00	1	64	64	0.04		
Full Surveys	3	1.00	3	24	72	0.05		
Complaints	10	1.00	10	10	100	0.07		
Transplant Programs								
Initial Surveys	0	1.00	0	240	0	0.00		
Full Surveys	2	0.33	1	170	170	0.11		
Complaints	5	1.00	5	32	160	0.11		
						7.66		
Clinical Laboratories Licensing and Certification							5.00	2.59
Independent Reference Labs								
Non-Accredited	59	0.50	30	20	600	0.41		
Complaints	5	1.00	5	20	100	0.07		
Physician Offices and Point of Care								
CLIA	414	0.50	207	20	4,140	2.80		

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Federal Waived Labs Project	55	1.00	55	10	550	0.37		
Complaint Surveys	10	1.00	10	20	200	0.14		
Validation	5	1.00	5	20	100	0.07		
Cytology Proficiency Testing	300	1.00	300	3	900	0.61		
Cytology Surveys	35	0.50	18	8	144	0.10		
Proficiency Testing - Multiple Failure Letters	200	1.00	200	4	800	0.54		
Proficiency Testing - Single Failure Letters	0	1.00	0	2	0	0.00		
State Only Surveys	210	0.50	105	7	735	0.50		
Cholesterol Testing	30	1.00	30	7	210	0.14		
Public Health Testing	25	1.00	25	5	125	0.08		
Tissue Banks	300	0.50	150	11	1,650	1.11		
Health Awareness Testing Surveys	36	1.00	36	8	288	0.19		
Health Awareness Site Approval	1,382	1.00	1,382	1	691	0.47		
						7.59		
Forensic Laboratories							0.50	0.46
Initial Surveys	5	1.00	5	48	240	0.16		
Renewal Surveys	5	1.00	5	48	240	0.16		
Complaints/Self-Reported	5	1.00	5	24	120	0.08		
Follow-Up Surveys	2	1.00	2	16	32	0.02		
Employer Drug Testing	144	0.50	72	11	792	0.54		
						0.96		
Ambulatory Care Programs							14.00	4.94
Birthing Centers								
Initial Surveys	0	1.00	0	18	0	0.00		
Renewal Surveys	2	1.00	2	18	36	0.02		
Complaint Investigations	1	1.00	1	8	8	0.01		
IDRs	0	1.00	0	4	0	0.00		
Home Health Agencies (HHA)								
Initial Surveys	1	1.00	1	32	32	0.02		
Renewal Surveys	57	1.00	57	40	2,280	1.54		
Complaint Investigations	25	1.00	25	24	600	0.41		
IDRs	1	1.00	1	4	4	0.00		
Dialysis Centers								
Initial Surveys	10	1.00	10	32	320	0.22		

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Renewal Surveys	130	0.33	43	32	1,376	0.93		
Complaint Investigations	35	1.00	35	16	560	0.38		
IDRs	2	1.00	2	4	8	0.01		
Hospice Care Programs								
Hospice Houses, Initial Survey	12	1.00	12	16	192	0.13		
Initial Surveys	0	1.00	0	40	0	0.00		
Renewal Surveys	30	0.15	5	40	200	0.14		
Complaint Investigations	20	1.00	20	16	320	0.22		
IDRs	1	1.00	1	4	4	0.00		
Ambulatory Surgical Centers								
Initial Surveys	35	1.00	35	60	2,100	1.42		
Renewal Surveys	322	0.25	81	40	3,240	2.19		
Complaint Investigations	10	1.00	10	8	80	0.05		
IDRs	1	1.00	1	4	4	0.00		
Surgical Abortion Facilities								
Initial Surveys	2	1.00	2	24	48	0.03		
Renewal Surveys	0	1.00	0	0	0	0.00		
Complaint Investigations	40	1.00	40	64	2,560	1.73		
IDRs	4	1.00	4	16	64	0.04		
Cosmetic Surgical Centers								
Initial Surveys	200	1.00	200	20	4,000	2.70		
Renewal Surveys	0	1.00	0	0	0	0.00		
Complaint Investigations	25	1.00	25	12	300	0.20		
IDRs	5	1.00	5	8	40	0.03		
Outpatient Physical Therapy								
Initial Surveys	0	1.00	0	16	0	0.00		
Renewal Surveys	68	0.05	3	16	48	0.03		
Complaint Investigations	0	1.00	0	4	0	0.00		
IDRs	0	1.00	0	4	0	0.00		
Comprehensive Outpatient Rehab Services								
Initial Surveys	0	1.00	0	16	0	0.00		
Renewal Surveys	1	0.05	1	16	16	0.01		
Complaint Investigations	0	1.00	0	4	0	0.00		
IDRs	0	1.00	0	4	0	0.00		

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Portable X-rays								
Initial Surveys	0	1.00	0	16	0	0.00		
Renewal Surveys	7	0.05	1	16	16	0.01		
Complaint Investigations	1	1.00	1	4	4	0.00		
IDRs	0	1.00	0	4	0	0.00		
Residential Service Agencies								
Initial Surveys	180	1.00	180	40	7,200	4.86		
Renewal Surveys	0	1.00	0	0	0	0.00		
Complaint Investigations	25	1.00	25	16	400	0.27		
IDRs	3	1.00	3	6	18	0.01		
Major Medical Equipment								
Initial Surveys	0	1.00	0	16	0	0.00		
Renewal Surveys	5	1.00	5	16	80	0.05		
Complaint Investigations	0	1.00	0	4	0	0.00		
IDRs	0	1.00	0	4	0	0.00		
Health Care Staff Agencies								
Initial Surveys	180	1.00	180	8	1,440	0.97		
Renewal Surveys					0	0.00		
Complaint Investigations	40	1.00	40	4	160	0.11		
IDRs	2	1.00	2	4	8	0.01		
Nurse Referral Agencies								
Initial Surveys	30	1.00	30	8	240	0.16		
Renewal Surveys	0	0.00	0	0	0	0.00		
Complaint Investigations	5	1.00	5	4	20	0.01		
IDRs	0	1.00	0	0	0	0.00		
						18.94		
Mental Health Programs							3.00	2.55
Community Mental Health Clinics	207	0.33	68	40	2,720	1.84		
Adult Group Homes	153	0.50	77	8	616	0.42		
Mental Health Vocational Program	55	0.33	18	16	288	0.19		
Mobile Treatment Services	25	0.33	8	24	192	0.13		
Partial Hospitalization Program	13	0.33	4	24	96	0.06		
Psychiatric Rehabilitation Program	144	0.33	48	40	1,920	1.30		
Residential Crisis Services	18	0.33	6	24	144	0.10		

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Additional Positions Needed
Residential Rehabilitation Program	772	0.33	255	3	765	0.52		
Respite	17	0.33	6	16	96	0.06		
Therapeutic Group Homes	18	1.00	18	40	720	0.49		
Therapeutic Nurseries	1	0.33	1	24	24	0.02		
Application Reviews	29	1.00	40	16	640	0.43		
						5.55		
Substance Use Disorder							3.00	0.23
Site Surveys	140	1.00	140	24	3,360	2.27		
New Provider Applications Review	47	1.00	47	24	1,128	0.76		
Complaint Investigations	12	1.00	12	24	288	0.19		
						3.23		
Totals						184.80	116.90	67.90
Key for Column B:								
1.00 = Annual								
0.50 = Every 2 years								
0.33 = Every 3 years								
0.25 = 25% of the Total								
0.15 = 15% of the Total								
0.10 = 10% of the Total								