

Department of Health and Mental Hygiene
Office of Health Care Quality



Robert L. Ehrlich, Jr., Governor
Michael S. Steele, Lt. Governor
S. Anthony McCann, Secretary
Wendy Kronmiller, Acting Director

Annual Report and Staffing Analysis

January 2006



Contents

Foreword.....	5
Results in Brief	7
Background.....	8
Increased Mandates.....	9
Challenges.....	11
Impact on Maryland’s Healthcare System.....	13
2005 Performance Standards	13
Long Term Care Unit.....	13
Assisted Living Unit	16
Developmental Disabilities Unit.....	21
Hospitals, HMOs, & Patient Safety	23
Laboratory Licensing & Certification Unit.....	26
Ambulatory Care Programs Unit	28
Staffing Analysis.....	33
Methodology of Staffing Analysis.....	34
Labor-Hour Analysis Results.....	35
Priorities for 2006	36
Appendix A: 2006 Labor-Hour Analysis.....	39

Foreword

January 2006

I am pleased to present you with the Office of Health Care Quality's Annual Report and 2006 Staffing Analysis. The report focuses on the Office of Health Care Quality's lingering staffing deficit, which impacts our ability to complete required surveys and inspections. However, additional resources are not the complete solution – we are also implementing creative solutions to more efficiently manage current resources.

This year, the OHCQ has initiated a systematic business process review in each unit to ensure that our resources are being used efficiently and effectively. Managers are reviewing and modifying, as necessary, internal protocols and procedures using identified best practices as models. Agreements and memorandums of understanding with our external partners are being updated. The clinical staff are mentoring surveyors to ensure that we are focusing on outcomes versus only process. Managers have been empowered to identify opportunities for the use of technology to improve the efficiency of the survey process. Finally, it is necessary to build the Office of Health Care Quality's management infrastructure.

I thank our many stakeholders for their input and for their continued support of the Office of Health Care Quality as well as our staff for their continuing efforts, every day, to protect Maryland's most vulnerable citizens.

Very truly yours,

Wendy Kronmiller
Acting Director

Results in Brief

The Office of Health Care Quality (OHCQ), the State agency responsible for survey and certification of more than 8,000 health care facilities in Maryland, continues to struggle with its staffing. In last year's report, performance standards were established for each unit to take into account the need for the OHCQ to deploy resources to those areas where it can have the greatest impact to protect Maryland citizens and to improve quality. While generally the OHCQ was able to meet a majority of these priorities, the shortfall can be attributed to several factors, including the lack of surveyor resources.

The 2006 Staffing Analysis reveals that the surveyor staffing shortage at the OHCQ has grown from 55.42 to 70.98 full time equivalent (FTE) positions or about 28 percent increase from last Fiscal Year. The analysis does not consider any administrative, clerical, information technology personnel, or other staff necessary to sustain survey activities.

The Secretary remains committed to addressing OHCQ's staffing issues and this commitment has resulted in action. Six positions were identified in Fiscal Year 2006 within DHMH to be transferred to the OHCQ. Also in the Fiscal Year 2007 Budget Allocation, there are three additional positions being transferred from within the Department and five new positions for the OHCQ. These 14 positions are an excellent first step and will be targeted to those programs where the OHCQ is experiencing tremendous growth or expects to experience growth over the next two Fiscal Years. These resources lower the surveyor staffing deficit at the OHCQ to 56.98 FTE positions.

The OHCQ believes that adding resources incrementally is the best approach to address the staffing deficit. Given the national nursing shortage and State salary issues, recruitment efforts are taking longer. It also takes about a year to fully train a surveyor and, for many programs, the surveyor must pass a federal examination. The Federal General Accounting Office, in a recent report on nursing home regulation, concluded that state survey agencies across the nation continue to experience difficulties in hiring and retaining qualified surveyors. The same report also noted that inexperienced surveyors are often reluctant to cite deficiencies.¹

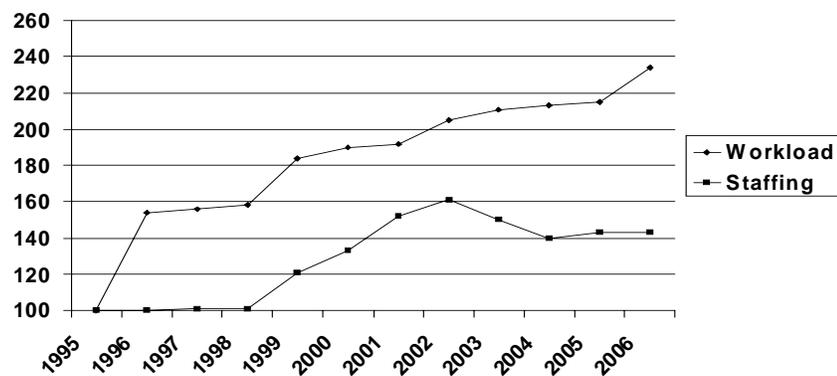
In the interim, the OHCQ continues to prioritize its workload and efforts in those areas where it can have the greatest impact to protect Maryland citizens and improve quality.

¹ Nursing Homes: Despite Increased Oversight, Challenges Remain in Ensuring High-Quality and Resident Safety. (GAO-06-117, December 2005).

Background

Over past several fiscal years, due to budgetary constraints and loss of positions, the Department of Health and Mental Hygiene's (DHMH) Office of Health Care Quality (OHCQ) has been unable to complete statutorily mandated inspections and surveys. During the same period, however, the OHCQ has experienced an increase in its workload.² In fact, the OHCQ has been given or transferred, without receiving appropriate resources, the responsibility for several new programs. Making the situation more difficult is the fact that the OHCQ is experiencing an influx of new providers in community-based programs, such as residential service agencies, assisted living, and group home providers. **Figure 1** describes the increased workload in comparison to staff from Fiscal Year 1995 through Fiscal Year 2006. The result has been delays in the licensing and/or certification process and inability to respond timely to complaints about quality of care.

**Figure 1. Increase in Workload and Staff
FY 1995 – FY 2006**



*Prior to 1999, workload information based upon OHCQ historical data.

During the 2004 General Assembly Session, legislative leaders expressed concern about the staffing patterns and the lack of resources being directed to certain inspections. The Senate Budget and Taxation and House Appropriations Committees requested that the OHCQ provide a report on its work plan for inspections for Fiscal Years 2005 and 2006 and, in consideration of the lack of appropriate resources, an explanation of how the OHCQ will prioritize its workload. The Committees also requested that the report include an analysis of staffing levels that would be required in order for the OHCQ to complete all of its federal and State mandated inspections in these respective fiscal years.³ That same year, in August, the OHCQ was cited by the Office of Legislative Audits of

² Since 2000, eight new programs or mandates have been added to OHCQ's workload. See Table 1.

³ Joint Chairmen's Report 2004, Page 84, Report on Staffing Patterns and Inspections Work Plan.

the Department of Legislative Services for not inspecting various health care facilities as required by law.⁴

The staffing analysis highlighted the OHCQ's lack of necessary resources. Based upon mandatory federal and State statutory and regulatory requirements in Fiscal Year 2005, the analysis indicated that the OHCQ was experiencing a surveyor shortage of approximately 55 FTE PINs. The analysis, however, did not consider the need for administrative, clerical, information technology personnel, or other staff necessary to sustain and support licensure, certification, survey, and inspection activities.

Increased Mandates

In 1988, the Office of Licensing and Certification Programs (OLCP) had a staff of 79 and regulated about 2,000 facilities. Its focus was nursing homes, hospitals, home health, hospice, and other federally regulated programs. The budget for the OLCP was heavily supported by federal funds and there was little State only activity.

In October 1989, the Maryland Disability Law Center (MDLC), the State's designated Protection and Advocacy Agency, filed a lawsuit against the DHMH alleging that the Department had failed to provide quality care to persons with disabilities. These citizens lived in Maryland's 900 community residential programs that were funded and regulated by the Department through the Developmental Disabilities Administration. In November 1989, the Secretary transferred the regulatory units from the Department's Mental Hygiene, Developmental Disabilities, and Alcohol and Drug Abuse Administrations to the OLCP, adding 39 staff and about 2000 additional regulated entities. The intent was to put an arm's length distance between the regulatory and programmatic staffs and to improve the regulatory process. Shortly after the transfer of staff, legislative auditors evaluated the survey process for group homes for persons with developmental disabilities and determined that the unit was understaffed. Efforts to increase staff were made, but with the recession in the early 1990's, any gain in staff was quickly erased.

In 1992, the regulatory unit for the Laboratory Administration was transferred to OLCP adding 6 staff and 2,000 regulated entities.

In 1996, the assisted living law was enacted. It was unknown what impact the new law would have on OLCP. Thus, the fiscal note for the new law was minimal. The assumption was that the Department of Aging and the Department of Human Resources would continue to survey programs that it had previously regulated and that new resources would not be necessary.

As the new assisted living regulations were implemented, the nation experienced a significant growth in assisted living programs. At that time, Maryland was aware of approximately 800 assisted living programs that were regulated by three State agencies; by 2004, there were more than 2,000. In addition, budget cuts over

⁴ Audit Report: Department of Health and Mental Hygiene, Office of the Secretary and Other Units. Office of Legislative Audits, Department of Legislative Services. August 2004. Page 17.

the last eight years have caused many of the local Area Agencies on Aging and the local departments of social services to reduce their survey activities and turn them over to the State.⁵

Between 1996 and 2004, the General Assembly passed a variety of new regulatory programs, which required the already understaffed agency to conduct more work. **Table 1** describes the new programs with the number of affected programs, 1996 through Fiscal Year 2005.

In 1999, the United States General Accounting Office (GAO) released a report criticizing the federal nursing home complaint process.⁶ Maryland was one of four states used to make the point. At that time, some complaints alleging actual harm were taking up to 180 days to investigate. The federal government responded by increasing federally mandated work and required all states to investigate complaints within 10 days.

Table 1. Increase in Mandated Regulatory Programs 1996 – 2006

Year	Program	#
1996	Assisted Living	2000
	Birthing Centers	5
	Major Medical Equipment	151
	Ambulatory Surgery Facilities	323
	Dialysis Centers	121
1998	Organ and Tissue	70
	State Advisory Council on Organ and Tissue Donation Awareness	
1999	Health Maintenance Organizations	9
2000	Second Nursing Home Survey	250
	Nursing Home Complaints within 10 days	800
	Mortality Review - DD population	150
2001	Mortality Review - MH population	150
2002	Nurse Staff Agency	550
	State Advisory Council on Pain Management	
2003	Nurse Staff Registries (Nurse Referral Service Agencies)	55
2004	Patient Safety - Adverse Event Reporting	300 ⁷
2005	Freestanding Medical Facilities	1 ⁸

In 2000, sweeping statewide nursing home reform legislation was enacted. The bill mandated additional licensure standards for Maryland nursing homes and an additional annual survey of nursing homes by the OHCQ. An additional 40 position identification numbers (PINs) to conduct nursing home surveys, including timely complaint investigations, were authorized. That same year, OHCQ was given the responsibility to staff the Mortality Review Committee, with the mission to prevent avoidable deaths and to improve the quality of care provided to persons with developmental disabilities. In 2001, the scope of the Committee was expanded to review deaths of individuals who are served through the public mental health system.

⁵ As part of our commitment to efficiency in the use of survey resources, we are reviewing survey activities by the local areas on aging to determine how to better incorporate these resources into the State survey process.

⁶ Nursing Homes: Complaint Investigation Processes Often Inadequate to Protect Residents. (GAO/HEHS-99-80, March 22, 1999).

⁷ Estimated Adverse Level I Event Reporting based upon experiences in other states with similar requirements.

⁸ Chapter 549 of the 2005 Acts of the General Assembly (HB 426 – “Freestanding Medical Facilities - Licensing and Pilot Project”)

In 2002, nurse staff agencies were transferred from the Board of Nursing to the OHCQ, without staff, adding 550 regulated entities. That same year, the OHCQ was given the responsibility to staff the State Advisory Council on Pain Management.

In 2003, nurse registries (nurse referral service agencies) were transferred from the Department of Labor, Licensing, and Regulation to the OHCQ, without staff, adding 55 known regulated entities.

In 2004, House Bill 2 required hospitals and related institutions to submit adverse event reports to the OHCQ and four staff were provided for this purpose.

In 2005, House Bill 426 established a freestanding medical facility pilot project in Montgomery County. While this project requires the OHCQ to promulgate regulations for a licensure program for freestanding medical facilities and only pertains to one county, hospitals in other jurisdictions have expressed interest in establishing these types of facilities. In addition, the Centers for Medicare and Medicaid Services (CMS) added three new modules for the nursing home survey and heightened the priority or tier levels for other programs. This will lengthen the nursing home survey and increase the workload in other OHCQ programs, such as the Ambulatory Care Program, which conducts surveys of hospice, home health, and freestanding ambulatory care facilities.

Challenges

The OHCQ is experiencing difficulty completing its statutorily required work. Several factors identified below have contributed to this:

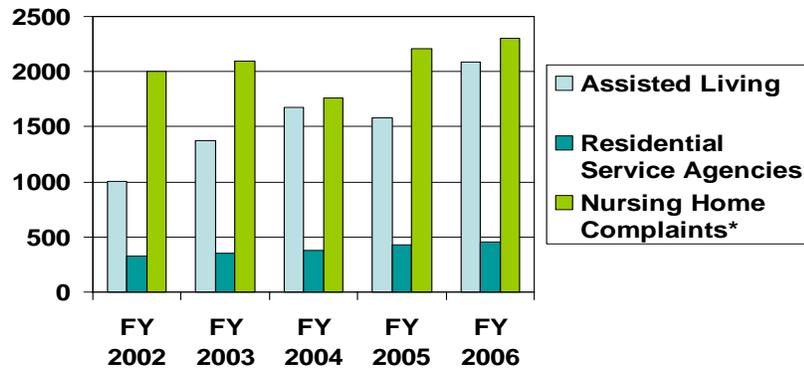
- **Federal Budget:** The OHCQ works under agreement with the CMS to conduct federal certification work. Up until the late 1990's, CMS would usually pay for all work that the State agency conducted on its behalf, regardless of the federal budget allocation. In 2000, CMS dramatically increased federal nursing home survey requirements. At the same time, CMS began to limit the State's ability to earn federal funds and limited the earning power to the fiscal year allocation. The CMS workload demands continue to increase at a pace far exceeding the budget allocated.
- **Increased requirements:** Since 1996, State law has transitioned to the OHCQ an additional 14 new regulatory programs and two advisory councils. Adequate funding or resources to effectively implement or operate the respective regulatory programs have not always accompanied these mandates. We have, to the best of our ability, tried to establish a regulatory presence in each program the OHCQ operates. As a result, the OHCQ is struggling with its current workload.⁹
- **Increased public expectation:** Because of high visibility cases and increased media coverage of regulatory and health care issues, public officials and

⁹ New programs and requirements for the last five years are noted in Table 1.

citizens have increased expectations of regulatory agencies. It is not uncommon, following an announcement of poor care, for a reporter, family member, or elected official to say to the agency, “How could you let this happen?”

- **Difficulty with recruitment:** The majority of surveyors with the OHCQ are nurses. The nursing shortage has affected our ability to recruit and retain qualified staff. As a state agency, our ability to keep pace with special incentives offered in the private sector – such as competitive salaries and signing bonuses – simply do not exist.
- **Increased growth of certain programs:** Several programs have increased significantly in volume. This has required initial surveys to license new providers as well as to maintain routine periodic surveys. For example, in 1990, there were approximately 1,000 group homes for individuals with developmental disabilities; today there are more than 2,000. **Figure 2** shows the growth of several programs within the OHCQ.

Figure 2. Growth of Programs



*Includes provider self-reported incidents.

- **Reduction of Personnel:** Staffing continues to be an issue. The OHCQ lost 50 PINs over the course of the last several fiscal years. In Fiscal Year 2003, the OHCQ lost 27 PINs because of the legislatively mandated Departmental PIN cap. In Fiscal Year 2004, the OHCQ lost another 6 PINs due to the statewide PIN cap and an additional 14 PINs were eliminated through vacancy cuts. In Fiscal Year 2005, the OHCQ lost 4 PINs due to statewide position cap. In Fiscal Year 2006, the OHCQ received 4 new PINs to implement the Hospital Patient Safety Program. This year the Department identified six positions to transfer to the Office to help mitigate the current staffing situation.

Impact on Maryland's Healthcare System

The lack of adequate resources makes it difficult for the OHCQ to complete its mandated work resulting in a major impact on Maryland's health care system. The risks to the health care system are wide-reaching and include, but are not limited to:

- Loss of federal funds for the OHCQ, nursing homes, and their residents, if nursing home surveys are not completed on a 12-month cycle for certification.
- Loss of public confidence if complaints are not investigated in a timely manner.
- Deterioration of quality of care.
- Possible criticism from the GAO, similar to what was experienced in 1999, regarding the nursing home complaint process.
- Public outcry from citizens that "government is not doing its job."
- Inability of regulated entities to secure liability insurance or receive third-party reimbursement for services provided.

Therefore, in Fiscal Year 2004, because of these challenges and the potential impact on Maryland's healthcare system, the OHCQ began focusing resources on those programs that have the greatest impact on people's lives. The OHCQ remains committed to improving the quality of care in all of Maryland's healthcare facilities and residential programs and is placing an emphasis on those programs where there is greatest impact upon patient safety in order to ensure the safety of frail, vulnerable persons.

2005 Performance Standards

In last year's report, performance standards were established for each OHCQ unit to more firmly focus resources in areas of greatest need. While all goals have not been met, largely due to the challenges previously discussed, we are continuing to attempt to maximize the resources available.

Discussed below are each unit's Fiscal Year 2005 accomplishments.

Long Term Care Unit

The Long Term Care Unit ensures that State licensure and Medicare/Medicaid standards are maintained for nursing homes and adult day care centers through unannounced on-site surveys, follow-up visits, and complaint investigations. These visits are conducted by survey staff and representatives of the State's Office of the Fire Marshal and the local life safety authority. Enforcement actions

are taken when appropriate to ensure compliance with State and federal regulations. Additionally, this unit houses OHCQ's abuse unit which investigates complaints of abuse by staff and assists with criminal and civil prosecution of staff members who abuse vulnerable adults.

The program is critical to the health and safety of vulnerable nursing home residents and adult day care participants. The OHCQ is effective at identifying deficiencies in nursing homes and gaining corrective action. Complaint investigations serve two critical purposes to (1) identify poor performance and (2) intervene in certain specified circumstances to protect health and safety.

From 1999 through 2002, following a GAO Report that criticized Maryland's ability to conduct federal nursing home regulatory activities, the Governor and the General Assembly increased staff in the OHCQ and doubled the number of surveyors. Since then, budgetary restraints have prevented hiring and eliminated positions. **Table 2** describes the Long Term Care Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

Table 2. Units of Measure – Long Term Care

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ¹⁰
Number of Licensed Nursing Homes	242	242	243
Initial Surveys of New Providers	2	3	2
Full Surveys	211	219	225
Follow-Up Surveys	61	136	140
Informal Dispute Resolution Conferences	24	33	35
Technical Assistance Surveys	196	217	240
Civil Monetary Penalties Levied	29	63	70
Denial of Payment – New Admissions	2	3	5
Total Number of Complaints & Facility Self Reported Incidents	1759	2209	2300
Total Number of Quality of Care Allegations	1701	1257	1400
Number of Resident Abuse Allegations	126	121	125
Number of Adult Medical Day Care Programs¹¹	117	127	130
Initial Surveys of New Providers	22	3	3
Full Surveys	24	49	55
Follow-Up Surveys	20	20	20
Complaint Surveys	14	22	25

Similar to the problems identified in 1999, the OHCQ is not meeting federal requirements. CMS requires an overall average of 12 months between surveys, with no survey exceeding a 15-month interval. For Federal Fiscal Year 2004, surveys of five nursing homes exceeded that time period. For Federal Fiscal Year 2005, surveys of two nursing homes exceeded that time period. The CMS also requires investigation of any actual harm complaint within 10 working days. The average time for completion of these complaints for Federal Fiscal Year 2004 was 31 days, with some investigations taking 45 or more days. For Federal Fiscal Year 2005, the average time for completion of actual harm complaints was 32 days.

¹⁰ Fiscal Year 2006 Budget Estimates.

¹¹ Adult Medical Day Care Survey Frequency – Adult medical day care programs are required to be surveyed every two years under State regulation.

The CMS Regional Office conducts annual reviews of performance standards established for state agencies. The review for Federal Fiscal Year 2005 indicates that of the seven standards established by the federal government for the State survey agencies, the OHCQ was able to meet three and partially able to meet four of the standards. **Table 3** describes the result of CMS' review of OHCQ's performance for Federal Fiscal Year 2005.

Standard	Description	Overall Result
1. Timeliness	(1) No less than 10% of surveys conducted during "off hours"; (2) No less than 100% of consecutive standard surveys conducted within 15.9 months; and, (3) Average statewide interval between consecutive standard surveys no greater than 12 months.	Partially Met
2. Documentation	All deficiencies in accordance with Principles of Documentation	Met
3. Quality of Investigations & Decision-Making	Surveys are satisfactorily conducted, using Federal standards, protocols, and procedures, policies and systems.	Met
4. Timeliness of Adverse Action Procedures	(1) IJ cases processed timely; (2) Adheres to enforcement timeframes; and, (3) Noncompliance with conditions of participation adhere to termination processes.	Partially Met
5. Budget Analysis	Employs acceptable process for charging for federal programs.	Met
6. Timeliness & Quality of Complaint Investigations	Maintains and follows guidelines for the prioritization of all complaint and those incidents that require a federal on-site survey.	Partially Met
7. Timeliness & Accuracy of Data Entry	(1) Certification kits are entered into federal system on a timely basis; and (2) data is entered into federal system correctly.	Partially Met

The federal reviewers also observed that required life safety code surveys are either late or out of sync. Accounting for a large portion of extended timeframes between surveys, is the fact that there is a lack of coordination between the State health surveys and the life safety code surveys. Therefore, the OHCQ is in the process of modifying its agreement with the State Fire Marshal's Office (SFMO), which performs the life safety code surveys. Life safety code surveyors in the SFMO are the same individuals who conduct arson investigations in Maryland. Arson investigations have always taken precedence. The OHCQ has requested in its Fiscal Year 2007 budget funding for dedicated life safety code surveyors from the SFMO. This should address the problem of late or out of sync life safety codes surveys. The CMS will expect to see progress during Federal Fiscal Year 2006 and a full resolution of the issue by Federal Fiscal Year 2007.

With regard to timeliness of deficiencies, there are important procedures that may delay survey results.¹²

¹² When the OHCQ cites a facility for a deficiency, it must make the facility aware of the deficiency, provide an opportunity for the facility to correct, and, if requested, may schedule an informal dispute resolution conference. In addition, the OHCQ has an internal quality review procedure for deficiency statements alleging actual harm to residents. While this review slows down the process, it is to ensure that the deficiency statements are defensible in legal proceedings and, even more importantly, correct.

In last year's Joint Chairmen's Report (JCR) the OHCQ established performance measures for each unit. **Table 4** describes the performance of the Long Term Care Unit to the standards that were established.

Priority or Performance Measure	Result
(1) Maintain an overall 12-month average for nursing home surveys. <i>Maintained 13-month overall average.</i>	Partially Met
(2) Complete 100-percent of nursing home follow-up surveys within 30 working days of the alleged compliance date. <i>95-percent of nursing home follow-up surveys within 30 working days of the alleged compliance date.</i>	Partially Met
(3) Investigate any complaint of serious and immediate jeopardy within two working days. <i>Six were investigated on the day of complaint was received, one investigation was completed in four days, and one in 22 days because the triage level was inaccurate.</i>	Partially Met
(4) Investigate any complaint of actual harm within 30-days. <i>During FY 2005, the OHCQ averaged 32 days to investigate a complaint of actual harm.</i>	Partially Met
(5) Complete 100-percent of nursing home quality assurance surveys within six months of the last re-certification survey.	Met
(6) Investigate 90-percent of the complaints alleging the potential of harm within 120 days of receipt.	Met

Managers of the Long Term Care Unit have conducted a comprehensive review of the complaint investigation process which resulted in the Complaint Intake Division streamlining business processes to take advantages of efficiencies, as well as appointing one person on each survey team to be dedicated to complaint investigations. Thus, we believe that delays and lack of timely workload with regard to complaints are primarily related to staffing.

Assisted Living Unit

The Assisted Living Program was established in 1996, with the consolidation of about 12 to 15 programs administered by three executive departments in Maryland (the Department of Aging (MDoA), the Department of Human Resources (DHR), and the DHMH). Each department had separate rules or standards and different regulatory approaches. The major areas of focus when the regulations were originally developed included: the philosophy of aging in place, the need for flexibility versus strict regulation, cost, and establishing a single standard for all programs.

The Assisted Living Unit is responsible for overseeing and enhancing regulatory compliance for 2,100 (licensed and unlicensed) assisted living providers in the State.¹³ The program conducts surveys for licensure compliance to assure the

¹³ There are approximately 2,100 sites that have been identified as providing assisted living services and probably countless other purposefully operating unlicensed. There were 1,580 licensed sites at the end of Fiscal Year 2005.

safety and well-being of the individuals using the 20,800 beds of assisted living provider services. The Assisted Living Program’s close coordination with the MDoA and the DHR, as well as the Unit’s annual surveys and complaint investigation, provide oversight to the various programs.

In Fiscal Year 2001, Medicaid Waiver funding became available to eligible providers and individuals. Provider licensure is a prerequisite for waiver participation and OHCQ works with both the Department of Aging and DHMH Medicaid to facilitate access to waiver funding.

State law requires at least one survey per year in each of Maryland’s 2,000 assisted living programs.¹⁴ **Table 5** describes the Assisted Living Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

Table 5. Units of Measure - Assisted Living

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ¹⁵
Number of Licensed Assisted Living Programs¹⁶	1677	1580	1700
Unlicensed Programs	828	572	475
On-Site Visits	428	489	475
Sanctions	20	27	30
Total Number of Complaints Received	332	320	325
Total Number of Complaints Investigated	389 ¹⁷	320	325

In Fiscal Year 2004, the OHCQ was only able to accomplish 428 surveys or 17 percent of the required annual surveys. In Fiscal Year 2005, the OHCQ was able to accomplish 30 percent. Although there are other reasons for the inability to accomplish this requirement, lack of resources is a primary concern.

Some of the problems that the OHCQ faces with the assisted living statute include:

- Residents are medically compromised and more frail than originally anticipated. The DHMH has confirmed, from a review of national and Maryland-specific studies, that individuals in assisted living programs are more frail than was anticipated when the program was implemented in 1996. According to many national and local studies up to two-thirds of residents in assisted living programs have moderate to severe dementia and less than half receive adequate treatment for this condition. Most residents have multiple medical diagnoses, some debilitating, and take, on average, 9 to 14 medications per day.¹⁸

¹⁴ Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland.

¹⁵ Fiscal Year 2006 Budget Estimates.

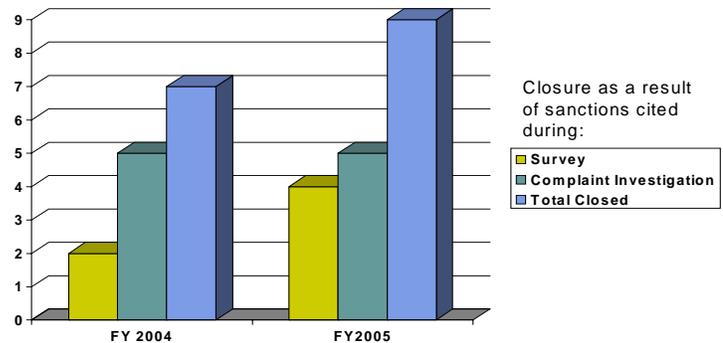
¹⁶ Assisted Living Survey Frequency – Surveys are required once a year under Health-General Article, 19-1805(a)(6).

¹⁷ This figure includes complaints that were filed in Fiscal Year 2003, but investigated in Fiscal Year 2004.

¹⁸ Hawes, Catherine. “Assisted Living: Policy Implications of Data” Presentation to the Association of Health Facility Survey Agencies, October 2005. Studies that indicate moderate to severe cognitive impairment: Nebraska 58%, Maine – 44%, North Carolina - 64%, and Maryland 65%. Under-recognition and under-treatment cognitive impairment results of three studies – Less than 50% had no diagnosis, less than 75% were not treated for dementia, and 22% self-administered medications. American Society of Consultant Pharmacists Study Concerning the Role of the Pharmacist Recommendations in Reducing Potentially Inappropriate Medications in the

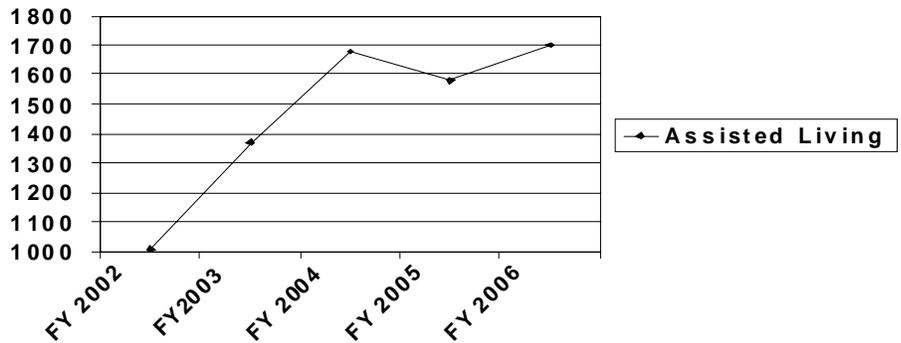
- Sanction Rates are High. The number of sanctions in the assisted living program are high. When a sanction is initiated, it is necessary to take surveyors away from their survey duties to prepare for prosecution and an evidentiary hearing. **Figure 3** describes the number of assisted living facilities closed, as a result of sanctions, in Fiscal Years 2004 and 2005.

**Figure 3. Assisted Living Facilities Closed
FY 2004 and FY 2005**



- Agency Coordination. When the Assisted Living law was passed in 1996, it required the DHMH via the OHCQ to work together with DHR, MDoA, and local governments to coordinate inspection activity. The Assisted Living statute provides the DHMH with the authority to delegate this activity to other agencies. Therefore, it is possible that four different agencies in one county conduct surveys. Recent budget difficulties across the State have resulted in many local agencies relinquishing their delegation authority back to the State. However, some counties have expressed interest in conducting or enhancing survey activities, which the OHCQ will coordinate to augment resources devoted by the OHCQ.
- Growth of Assisted Living Programs. Compounding the OHCQ's staffing situation is the fact that the number of assisted living programs in Maryland continues to grow. Since its implementation in 1996, the number of known assisted living programs has grown 68.65 percent. With no routine inspections, there is little continuity or even assurance that a provider who barely met standards last year meets minimal requirements this year. The OHCQ staff have recently attended "get rich quick" seminars touting government funding for assisted living programs as a means to wealth.

Figure 4. Growth of Assisted Living Programs



In last year’s JCR, the OHCQ established performance measures for each unit. **Table 6** describes the performance of the Assisted Living Unit to the standards that were established.

Table 6. Performance Measures: Assisted Living – JCR 2005

Priority or Performance Measure	Result
(1) Investigate any complaint that alleges a serious and immediate jeopardy within two working days.	Met
(2) Investigate any complaint of actual harm within 30 working days.	Met
(3) Complete 100 percent of the licensure surveys of assisted living programs for facilities with 17 or more beds. <i>During Fiscal Year 2005 there were 149 homes of this size, the OHCQ completed 114 licensure surveys or 77-percent.</i>	Partially Met
(4) Complete 100 percent of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults. <i>During Fiscal Year 2005, there were 856 homes that participated in the Medicaid Waiver, the OHCQ was able to complete 194 licensure surveys or 23-percent.</i>	Partially Met

Now that the Department has six years of experience in regulating assisted living programs, we have learned that the “one size fits all” approach is not realistic and does not work. The Department acknowledges that how to define and regulate assisted living are difficult issues. The Department recently completed a multi-year, comprehensive evaluation of assisted living. Over the last two years, the OHCQ held over 20 Forums with assisted living providers and stakeholders to discuss assisted living and to identify quality standards that should be strengthened to better protect the health and safety of residents.

Efforts already initiated to improve the quality of care in Maryland’s Assisted Living Program by OHCQ and the Board of Nursing include:

- Mandating that all delegating nurses working in assisted living complete a 16-hour training course.
- Mandating an 80-hour assisted living manager training course for managers employed in programs with more than five beds and 20 hours of continuing education every two years.¹⁹
- Requiring the certification of medication technicians, mandating a 20-hour training course, and providing the Board of Nursing with disciplinary authority over medication technicians.
- Strengthening the “nursing overview” requirement by requiring registered nurses, rather than a licensed practical nurse, to perform resident assessments.
- Requiring annual training for all assisted living employees in specified areas rather than only initial training.
- Requiring all employees to have more advanced training in cognitive impairment and mental health issues, five hours of training for direct care workers and two hours for all other workers.

The Department has also made recommendations that include:

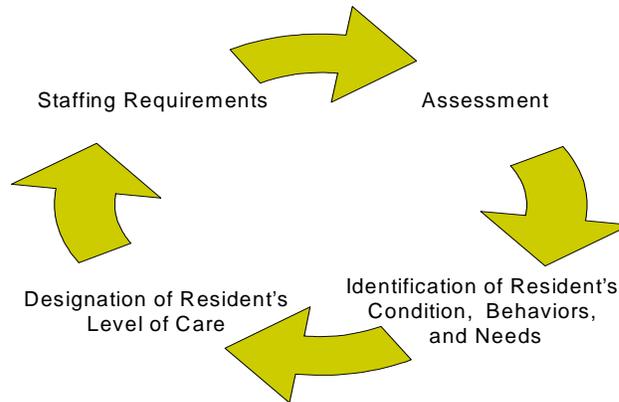
- Revising regulations to ensure that the care provided meets the needs of residents by requiring mandatory overnight awake staff or the equivalent electronic monitoring system and enhanced on-site nursing presence for certain providers, based upon resident need.
- Revising regulations to establish provisions for false advertising, minimum licensing standards, and enhanced notification requirements.
- Revising regulations to enhance standards for Special Care Units or Programs.
- Strengthening criminal penalties for those who purposefully avoid or violate licensure or regulatory requirements.
- Recruiting an OHCQ assisted living manager position to ensure that the State’s survey and licensure resources are being used as efficiently as possible.
- Evaluating workload and priorities to ensure that OHCQ staff are deployed most efficiently.

¹⁹ The OHCQ has contacted community colleges and other institutions which will not offer the training program with out a fully developed curriculum.. The OHCQ is reviewing options available, such as contracting the function out to experts.

- Establishing a Health Care Quality Account for Assisted Living that uses funds obtained through civil money penalties, for violations of standards, with the purpose of improving the quality of care in assisted living programs.

This Spring, the Department will draft regulations to implement many of these recommendations. The Department’s new regulatory approach will be focused on implementing a *Resident Centered Model* to ensure that new standards adequately address the needs of residents. **Figure 5** describes the Resident Centered Model.

Figure 5. Proposed Assisted Living Regulatory Framework - Resident Centered Model



Developmental Disabilities Unit

The Developmental Disabilities Unit is the licensing agent for the Developmental Disabilities Administration (DDA). The unit ensures regulatory compliance for 192 community-based providers and four State residential centers operated for the benefit of the 21,000 individuals with developmental disabilities receiving services in the State.²⁰ The community of providers for the developmentally disabled population in the State continues to grow to meet an expanding need for services and today the Developmental Disabilities Licensure Division oversees over 2,542 licensed, operational sites throughout the State. Those programs include services offered to children and required oversight is coordinated with the Governor’s Office for Children.

In addition to regulatory compliance through licensing, the Developmental Disabilities Complaint Division receives more than 4,000 self-reported and public complaints concerning safety, medical, and direct care issues of individuals residing in or receiving services from community providers. The Complaint Division triages and investigates complaints and self-reported incidents with staff that consists of a professional nurse and program surveyors who conduct both on-site and off-site review.

²⁰ Responsibilities for the certification of ICF-MRs in Fiscal Year 2006 will be transferred to the Long Term Care Unit, which certifies other facilities for the CMS.

The Mortality Investigation Division investigates the reported deaths of individuals with developmental disabilities and mentally ill consumers receiving State supported services to determine whether the deaths were avoidable.

State law requires an annual survey of each site licensed by the DDA.²¹ In 1989, the Maryland Disability Law Center (MDLC) filed a lawsuit against the DHMH for failure to meet this requirement. For the past four to five years, the OHCQ has increased its survey activity to 58 percent of agencies and 31 percent of sites. However, follow-up surveys to determine actual corrective action have not always been conducted.

Table 7 describes the Developmental Disabilities Unit’s Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

Table 7. Units of Measure – Developmental Disabilities Unit			
	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ²²
Number of Licensed Agencies²³	191	192	194
Number of Sites	2620	2542	2600
Number of New Agencies	16	11	10
Number of Agencies Surveyed	102	113	116
Number of Sites Surveyed	911	794	800
Follow-Up Surveys	34	34	35
Number of Complaints and Self Reported Incidences	4496	4352	4400
- No Further Action Required	3839	3615	3600
- Conducted On-Site Investigation	433	409	425
- Referred	224	180	200
Mortality Investigation Unit²⁴			
Number of Deaths	175	143	340
Number of DD Deaths Referred	N/A	N/A	160
Number of MH Deaths	N/A	N/A	180
Number of Deaths Investigated	220	196	200
Intermediate Care for the Mentally Retarded (ICF/MR)²⁵			
Number of Agencies Surveyed	3	4	4
Follow-Up Surveys	0	0	0
Complaints and Self-Reported Incidences	280	340	290
Complaints Investigated	318	292	290

In last year’s JCR, the OHCQ established performance measures for each unit. **Table 8** describes the performance of the Developmental Disabilities Unit to the standards that were established.

²¹ Health-General Article, Title 7, Subtitle 9, Annotated Code of Maryland.

²² Fiscal Year 2006 Budget Estimates.

²³ Developmental Disability Survey Frequency – Surveys are required once a year under State regulation.

²⁴ OHCQ began investigating Mental Health Deaths in FY2005.

²⁵ ICF/MR Survey Frequency - Surveys are required once a year under federal regulation and twice a year under State law.

Table 8. Performance Measures: Developmental Disabilities Unit – JCR 2005

Priority or Performance Measure	Result
(1) Conduct licensure surveys of 40-percent of the licensed providers.	Met
(2) To complete 100 percent of the highest priority self-reported incidents. <i>During Fiscal Year 2005, the OHCQ investigated 94-percent of highest priority self-reported incidents.²⁶</i>	Partially Met
(3) Investigate any complaint of a serious and immediate jeopardy within two working days. <i>During FY 2005, the OHCQ investigated 74-percent of the serious and immediate jeopardy complaints on average within 1.7 days²⁷.</i>	Partially Met
(4) Investigate any complaint of actual harm within 30 working days. The OHCQ was able to meet this priority. <i>During FY 2005, the OHCQ investigated 97-percent of actual harm complaints within 4.5 days.²⁸</i>	Met

Advocates for the developmentally disabled have continually expressed concern about the OHCQ’s inability to complete mandated surveys and investigations timely as well as the staffing patterns in the Developmental Disabilities Unit. Because of those concern, House Bill 651 was passed last General Assembly Session mandating that the OHCQ develop a Reportable Incidents and Investigations Protocol to outline the reportable incident screening and prioritization process; delineate the roles and responsibilities of the OHCQ, DDA, or other entities in investigations; establish timelines for the investigation and issuance of reports related to specified reportable incidents; and, identify the procedures for monitoring the implementation of corrective action plans. The OHCQ, DDA, and stakeholders have had productive meetings to draft standards.

Hospitals, HMOs, & Patient Safety

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. Responsibilities of the unit include the investigation of complaints filed against these providers; the annual survey and revisit surveys of health maintenance organizations, and 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; 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.

²⁶ 3,530 self-reported incidences, evaluated 237 as highest priority, and conducted 223 investigations.

²⁷ 23 serious and immediate jeopardy complaints, conducted 17 investigations.

²⁸ 35 actual harm complaints and conducted 34 investigations.

The Patient Safety Division receives the mandated self-reports of serious adverse events that occur in Maryland hospitals. Hospitals submit root cause analyses of these events to the OHCQ for review to determine compliance with COMAR 10.07.06 Patient Safety Programs. Reviews of hospital patient safety programs are conducted to determine compliance with these regulations. Information regarding trends, best practices, and lessons learned obtained from the review of these incidents are disseminated to hospitals via Clinical Alerts and/or Clinical Observations in an effort to improve patient safety.

Over the last several fiscal years, the workload for the Unit has increased. Five years ago the General Assembly enacted legislation granting consumers the right to appeal certain decisions made by managed care organizations. The law mandated that DHMH investigate all complaints in HMOs related to quality. In addition, this new legislation required the Department to conduct an annual survey in all HMOs.

Finally, an important, but often unnoted responsibility of the Hospitals, HMOs, and Patient Safety Unit is to conduct annual surveys of each of the ten State prison infirmaries. State law actually requires two surveys per year, but because of short staffing, the OHCQ is only conducting about 50 percent of these surveys or one per year.

Table 9 describes Hospitals, HMOs, and Patient Safety Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

Table 9. Units of Measure: Hospitals, HMOs and Patient Safety			
	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ²⁹
Number of Licensed/Certified Hospitals	70	69	69
Validation Surveys of JCAHO ³⁰ Accredited Hospitals	5	2	2
Complaints Received	358	331	350
- Complaints Investigated (On-Site)	66	68	75
- Complaints Referred to Hospitals for Investigation	292	318	300
Follow-Up Surveys	0	2	10
Enforcement Remedies Imposed (Sanctions)	1	0	1
Review of JCAHO Inspection Reports	18	25	22
Adverse Event Reports ³¹	20	145	170
- Review of Root Cause Analysis Reports	N/A	N/A	170
- Follow-up Investigations	N/A	N/A	15
- Hospital Assistance Visits	N/A	N/A	10
Number of Health Maintenance Organizations³²	9	8	9
Initial Surveys of New Providers	0	1	0
Full Surveys	11	7	10
Follow-Up Surveys	0	0	2
Complaint Investigations	28	51	56
Enforcement Remedies	0	0	0

²⁹ Fiscal Year 2006 Budget Estimates.

³⁰ JCAHO – Joint Commission on the Accreditation of Health Care Organizations.

³¹ Beginning in early 2004, hospitals were required to report to OHCQ any adverse events resulting in serious injury or death. This reporting requirement is the result of changes to COMAR 10.07.01 which are consistent with current Patient Safety Initiatives.

³² Survey Frequency – An annual external review for quality by the State; there is no federal requirement.

Table 9 (Continued). Units of Measure: Hospitals, HMOs and Patient Safety

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ³³
Number of Residential Treatment Centers³⁴	14	14	13
Initial Surveys of New Providers	0	0	0
Full Surveys	0	0	0
Follow-Up Surveys	1	0	5
Validation Surveys ³⁵	N/A	0	3
Seclusion and Restraint Investigations ³⁶	N/A	1	2
Complaint Investigations	16	29	35
Number of Correctional Health Care Facilities³⁷	9	9	10
Initial Surveys of New Providers	0	0	0
Full Surveys	23	12	10
Follow-Up Surveys	0	0	3
Complaint Investigations	0	12	15

In last year's JCR, the OHCQ established performance measures for each unit. **Table 10** describes the performance of the Hospitals, HMOs, and Patient Safety Unit to the standards that were established.

Table 10. Performance Standards: Hospitals, HMOs & Patient Safety Unit – JCR 2005

Priority or Performance Measure	Result
(1) Evaluate all hospital adverse event reports and RCAs. <i>During Fiscal Year 2005, approximately 74-percent of RCA received a preliminary review within 30 days and required additional follow-up.</i>	Partially Met
(2) Complete 100-percent of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt. ³⁸	Met
(3) Complete 100 percent of all hospital validation surveys requested by the CMS within the timeframe specified by CMS.	Met
(4) Investigate any complaint of serious and immediate jeopardy within two working days.	Met
(5) Investigate any complaint of actual harm within 30 working days. <i>During FY 2005, the OHCQ received 190 complaints of actual harm and was able to investigate them on average within 68 days.</i>	Partially Met
(6) Investigate 90-percent of all complaint investigations requested by CMS within 45 calendar days. <i>During FY 2005, the OHCQ was able to complete 84-percent of all complaint investigations required by CMS within 45 days.³⁹</i>	Partially Met
(7) Complete nine annual inspections of the nine hospitals located within correctional facilities.	Met

³³ Fiscal Year 2006 Budget Estimates.

³⁴ Survey Frequency – Licensure based on JCAHO accreditation; no established survey frequency and no federal requirement.

³⁵ Not required by CMS until July 2004.

³⁶ Not required by CMS until July 2004.

³⁷ Survey Frequency – Two surveys annual required by the State; no federal requirement.

³⁸ These were previously called "anti-dumping complaints."

³⁹ 44 complaints received and investigated, of which 7 were over 45 days.

Laboratory Licensing & Certification Unit

The Laboratory Licensing and Certification Unit was transferred from the Laboratories Administration to the OHCQ in the mid-1990's. Although there are State laws and regulations governing laboratories in the State, oversight has primarily been under federal auspices and is federally funded. Similar to hospitals, much survey work is completed by accreditation organizations.

The Laboratories 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 licensing programs include those for tissue banks, blood banks, hospital laboratories, independent reference, physician office and point-of-care laboratories, public cholesterol test (Health Awareness) screening, and employment related toxicology testing for controlled dangerous substances.

The unit also serves as the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program, which is required for all clinical laboratory testing sites including those seeking Medicare reimbursement.

The State of Maryland, in 1988, took very direct action in response to national concerns about gynecologic testing, and enacted legislation creating the Maryland Cytology Proficiency Testing Program (MCPTP). This required any laboratory, in-Maryland or out-of-Maryland, performing gynecologic cytology (PAP smear) testing on specimens from Maryland patients, to enroll and successfully participate in the MCPTP. The MCPTP was granted deemed status by CMS in 1994 as the only proficiency testing program recognized by the federal government for cytology proficiency testing. In 2005, CMS approved another national testing organization and mandated testing nationwide.

The data generated by the MCPTP, as a result of fifteen years of proficiency testing, reveal that, on average, 94.7 percent of examinees have passed the proficiency test. The passing rate has increased from 89.4 percent in 1990 to 95.6 percent in 2004. This demonstrates the quality of gynecologic cytology for Maryland resident's has improved.

Table 11 describes the Laboratory Licensing & Certification Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

**Table 11. Units of Measure –
Laboratory Licensing & Certification Unit**

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ⁴⁰
Number of Physician Office and Point of Care Laboratories⁴¹	481	534⁴²	534
Initial Surveys of New Providers	34	12	15
Full Surveys	170	154	165
Follow-Up Surveys	3	4	5
Validation Surveys	33	31	35
Complaint Surveys	3	2	3
Alternate Quality Assessment Surveys	0	0	0
Number of Independent Reference Laboratories⁴³	108	301⁴⁴	306
Initial Surveys of New Providers	5	3	5
Full Surveys	18	28	21
Follow-Up Surveys	1	5	1
Validation Surveys	2	0	2
Complaint Surveys	12	7	12
Alternate Quality Assessment Surveys	0	0	0
Hospital Laboratories⁴⁵	54	65	65
Initial Surveys of New Providers	0	0	0
Full Surveys	0	0	0
Follow-Up Surveys	0	3	0
Validation Surveys	1	5	2
Complaint Surveys	4	2	0
Alternate Quality Assessment Surveys	0	0	0
Cholesterol Testing Sites⁴⁶	19	8	8
Initial Surveys of New Providers	3	1	1
Full Surveys	4	6	11
Follow-Up Surveys	0	0	0
Validation Surveys	0	0	0
Complaint Surveys	0	0	0
Alternate Quality Assessment Surveys	0	0	0

⁴⁰ Fiscal Year 2006 Budget Estimates.

⁴¹ Physician Office and Point of Care Laboratories Survey Frequency – Initial license surveys for each new provider with periodic resurveys; federal requirements are every two years for non-accredited; only complaint and validation surveys are required for accredited or those performing simple tests.

⁴² There are 503 non-accredited and 31 accredited physician office and point of care laboratories in Maryland.

⁴³ Independent Reference Laboratories Survey Frequency – Initial license surveys for each new provider and then periodically under State regulation and every two years under federal. Only complaint and validation surveys are required for accredited laboratories or those performing simple tests.

⁴⁴ There are 50 non-accredited and 251 accredited independent reference laboratories in Maryland. The increase in the number of independent reference laboratories is a result of a data reconciliation conducted to convert a legacy data system.

⁴⁵ Hospital Laboratories Survey Frequency – Initial licensure survey and then periodically; every two years under federal regulation if not accredited; only complaint and validation surveys are required for accredited hospital laboratories.

⁴⁶ Cholesterol Testing Sites Survey Frequency – Survey required for all testing sites, initially and during all testing events under State regulations; every two years under federal requirements.

Table 11 (Continued). Units of Measure – Laboratory Licensing & Certification Unit

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ⁴⁷
Tissue Banks⁴⁸	110	106	106
Initial Surveys of New Providers	3	0	2
Full Surveys	2	30	24
Follow-up Surveys	0	0	0
Validation Surveys	0	0	0
Complaint Surveys	0	1	0
Cytology Proficiency Testing⁴⁹			
Laboratories Performing Cytology	57	53	55
Individuals Tested	474	534	540
Individuals who Failed and Required Re-testing or Training and Re-Testing	12	23	21

In last year's JCR, the OHCQ established performance measures for each unit. **Table 12** describes the performance of the Laboratory Licensing and Certification Unit to the standards that were established.

Table 12. Performance Standards: Laboratory Licensing & Certification Unit – JCR 2005

Priority or Performance Measure	Result
(1) Maintain federally required and budgeted survey activity.	Met
(2) Investigate any complaint of serious and immediate jeopardy within two working days.	N/A
(3) To investigate any complaint that could result in actual harm within 45 working days.	Met
(4) Process requests for licensure, permits and certificates within two months of application.	Met

Ambulatory Care Programs Unit

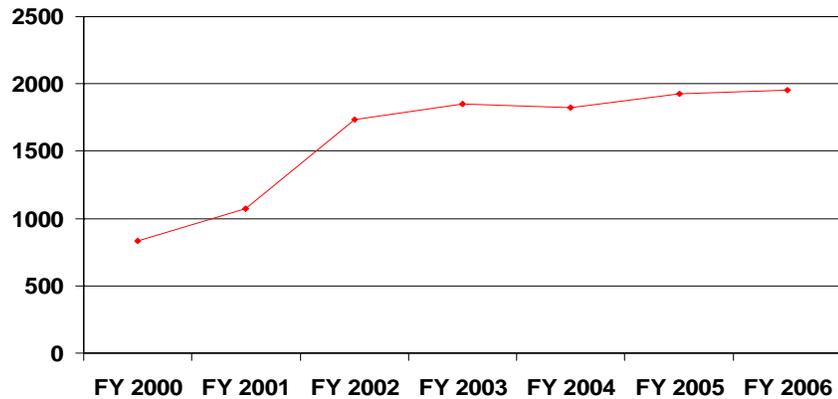
The Ambulatory Care Programs Unit is responsible for State licensure and/or federal certification (Medicare) of all non-long term care facilities that include: home health agencies, residential service agencies, nurse staff agencies, nurse referral service agencies, hospice care providers, free standing ambulatory care facilities (ambulatory surgery, endoscopy, kidney dialysis, and birthing centers and facilities that use major medical equipment), out-patient physical therapy providers, comprehensive out-patient rehabilitation facilities, and portable x-ray providers. The Unit receives complaints alleged against all ambulatory care providers, and in addition maintains a complaint hotline.

⁴⁷ Fiscal Year 2006 Budget Estimates.

⁴⁸ Tissue Bank Survey Frequency – Initial license survey and periodically under State regulation.

⁴⁹ Individuals who read gynecological (PAP) smears are required to pass an approved cytology proficiency test under State and federal regulation.

Figure 6. Ambulatory Care Programs Growth FY 2000 – FY 2006



The programs regulated by this unit have grown significantly in the past 15 years. In 1988, there were approximately 150 programs; today there are more than 1,900. This is reflective of the change in the health care delivery system and the shift of institutional care to community-based services. Home health agencies are strongly regulated by CMS, and are surveyed at least every three years. Other entities, including residential service agencies (RSA), nurse referral services agencies (NRSA), and nurse staff agencies provide services that are sometimes equivalent, but are not held to the same standard. **Figure 6** describes the percentage of growth in the Ambulatory Care Programs.

Table 13 describes the Ambulatory Care Programs Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

Table 13. Units of Measure – Ambulatory Care Programs

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ⁵⁰
Home Health Agencies⁵¹			
Number of Providers	51	54	55
Number of Medicare Certified Providers	51	53	54
Initial Surveys of New Providers	16	1	1
Full Surveys	67	45	47
Follow-up Surveys	6	0	0
Complaint Investigations	22	8	10
Hospice⁵²			
Number of Providers	31	32	33
Initial Surveys of New Providers	1	0	1
Full Surveys	2	7	8
Follow-Up Surveys	0	0	0
Complaint Investigations	6	4	5
Residential Service Agencies⁵³			
Number of Providers	375	432	452
Full Surveys	2	0	2
Initial Licenses Issued	100	107	20
Licenses Reissued	461	321	360
Complaint Investigations	12	15	18
Freestanding Renal Dialysis (ESRD)⁵⁴			
Number of Providers	125	118	120
Initial Surveys	18	2	2
Full Surveys	77	24	40
Follow-Up Surveys	5	0	0
Complaint Investigations	41	12	15
Freestanding Ambulatory Surgical Centers⁵⁵			
Number of Providers	349	355	357
Initial Surveys of New Providers	30	15	2
Full Surveys	8	3	5
Follow-up Surveys	0	0	0
Complaint Investigations	5	5	6
Comprehensive Outpatient Rehabilitation Facilities (CORF)⁵⁶			
Number of Providers	15	6	6
Initial Surveys of New Providers	2	0	0
Full Surveys	0	0	0
Follow-Up Surveys	0	0	0
Complaint Investigations	0	0	1

⁵⁰ Fiscal Year 2006 Budget Estimates.

⁵¹ Home Health Agency Survey Frequency – State requires an annual license. Medicare surveys are on a flexible schedule that averages every 9 -18 months, but not less than once every three years; determined by facility compliance, with an annual recertification survey level of 62% of all providers as national average. Maryland survey rate is 73% of all providers each year.

⁵² Hospice Survey Frequency – State requires a license every three years; no survey frequency specified. Medicare survey frequency is 17% of all providers each year on a six year cycle.

⁵³ Residential Survey Agency Survey Frequency – State required annual license; no federal requirements. License initially based on administrative review. During FY 2000, State survey requirements were implemented.

⁵⁴ ESRD Survey Frequency – State license required every three years; State surveys conducted periodically. Medicare facilities surveyed at 33% frequency annually as required by CMS. The number of full surveys above 10% are conducted on existing providers are expansions of service in those facilities.

⁵⁵ Freestanding Ambulatory Surgical Centers – State surveys are conducted periodically and Medicare frequency at 17% annually as required by CMS.

⁵⁶ CORF Survey Frequency – Annual state license renewal based on CORF accreditation. No established State survey frequency; Medicare frequency at 17% required by CMS.

Table 13 (Continued). Units of Measure – Ambulatory Care Programs

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ⁵⁷
Major Medical Equipment⁵⁸			
Number of Providers	111	139	140
Initial Surveys of New Providers	0	0	0
Full Surveys	0	0	0
Follow-up Surveys	0	0	0
Compliant Investigations	0	2	3
Birthing Centers⁵⁹			
Number of Providers	4	5	5
Initial Surveys of New Providers	0	0	0
Full Surveys	10	5	5
Follow-Up Surveys	2	0	0
Complaint Investigations	2	0	2
Outpatient Physical Therapy (OPT)⁶⁰			
Number of Providers	147	167	170
Initial Surveys of New Providers	7	9	3
Full Surveys	3	0	0
Complaint Investigations	0	0	0
Enforcement Remedies Imposed	0	1	2
Portable X-Ray⁶¹			
Number of Providers	10	11	11
Initial Surveys of New Providers	0	0	0
Full Surveys	0	0	0
Follow-Up Surveys	0	0	0
Complaints Investigation	1	2	2
Enforcement Remedies Imposed	0	0	0

Maryland, along with other states, has seen an explosion in the number and type of providers of home-based or community-based health care. Concepts like *aging in place* and other factors, such as the Olmstead decision, have resulted in an increased demand for these types of services, which have made it one of the fastest growing industries in the United States.

With the increasing numbers of elderly, disabled, and medically complex individuals living in the community, we expect to see more problems. The current fragmented regulatory structure for community-based health care services needs to be strengthened. In January 2004, a case was identified of a residential service agency incorrectly preparing a pediatric medication that resulted in a child's death; in the summer of 2004, the OHCQ investigated a complaint where a nurse from a nursing referral service agency took a patient to a shopping mall and left the client, who had severe dementia, in a car while she went to buy a dress. The client was found wandering in the parking lot.

⁵⁷ Fiscal Year 2006 Budget Estimates.

⁵⁸ Major Medical Equipment Survey Frequency – Three year licensing period; State surveys are conducted periodically.

⁵⁹ Birthing Center Survey Frequency – Three year licensing period; State surveys are conducted periodically.

⁶⁰ OPT Survey Frequency – No State licensure requirement; Medicare surveys currently at 17% annually required by CMS. Full surveys above 17% are result of more than one operational site and location changes.

⁶¹ Portable X-Ray Survey Frequency – No State licensure requirement; Federal survey frequency at 17% annually as required by CMS.

In last year’s JCR, the OHCQ established performance measures for each unit. **Table 14** describes the performance of the Ambulatory Care Programs Unit to the standards that were established

Priority or Performance Measure	Result
(1) Maintain overall 36 month average for home health agency surveys (federal priority).	Met
(2) Investigate any complaint of serious and immediate jeopardy within two working days.	Met
(3) To investigate any complaint that could result in actual harm within 30 working days.	Met
(4) Process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs <i>During FY 2005, 117 applications were received and 85-percent were processed within the appropriate timeframe.</i>	Partially Met

In the Summer and Fall of 2005, State officials attended a Maryland “licensure seminars” with 500 other individuals who were told that government funding of community providers of health care was the next way to “get rich quick.” There was no discussion of quality or standards – just get a license and bill for services. Similar seminars are now being held regularly in Maryland.

The OHCQ is very concerned that these type of seminars, as well as expansions of community- and home-based service waivers and the growing desire of individuals to remain in their own homes, will result in an influx in the number of applicants, many of whom are not qualified, seeking to become licensed as community-based health care providers. In response, the OHCQ immediately began placing more emphasis on conducting on-site initial surveys rather than relying on the traditional paper review for licensure and initiated a comprehensive, multi-year regulatory evaluation of community-based health care providers.

As comprehensive review of the regulatory structure proceeds, the In-Home Health Services Forum provides stakeholders, advocates, industry representatives, trade associations, and interested parties the opportunity to participate and assist in the evaluation. The purpose of the Forum is to review existing laws for hospice, home health, residential service, nursing referral service, and nurse staffing agencies in order to develop a more appropriate regulatory structure which establishes consistent standards based on the scope of services provided by these types of programs.

The current regulatory structure is not only confusing for consumers, but also for providers. Some providers must obtain two, three, or even four licenses to cover the various types of services. Consumers do not understand the subtle nuances and requirements of the various licensure categories. Therefore, given the growing number of individuals choosing to remain in the community, quality oversight of these programs is becoming increasingly important. A

comprehensive set of standards are needed to ensure the quality of care. More importantly, whatever regulatory structure is developed needs to be manageable and provide the necessary flexibility for future growth and evolution of the industry. The In-Home Services Forum may result in comprehensive legislature proposed for the 2007 Session.

Staffing Analysis

Over the years, the OHCQ has experienced fluctuations in staffing. **Table 15** shows the types of staff and the change in their numbers from Fiscal Year 1996 to the present. These changes reflect the merging of programs into the OHCQ (such as the licensing, approval, or certification functions for Mental Health, certification and licensure programs for Alcohol and Drug Abuse, licensure programs Developmental Disabilities, licensure programs for Laboratories, and the increase in State and federally mandated workload. This table also shows that the OHCQ began to experience the decreasing of its staffing levels in Fiscal Year 2003.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Administration & IT	15	15	15	15	19	21	20	17	17.6	18.6
Technical Assistance	0	0	0	0	3	8	8	6	5	5
Nursing Homes	38	38	35	45	50	72	75	61	57	60
Group Homes (DD)	31	31	31	39	39	42	44	43	37	36
Assisted Living	6	6	10	17	22	22	37	36	30	32
Ambulatory	11	12	12	12	12	12	12	10	10	11
Alcohol/Mental Health	11.8	11.8	11.8	12.8	12.8	12.8	12.8	11.8	11.8	6.8
Laboratory	13	13	13	13	13	13	13	11	9	10
Hospital/HMO	4	4	4	4	5	7	7	7	6	10
TOTAL	129.8	130.8	131.8	157.8	175.8	209.8	228.8	202.8	183.4	189.4⁶²

The largest fluctuation of staff appears in the Nursing Home Unit. In Fiscal Years 2001 and 2002, some 40 positions were added in response to the inability of the unit to complete its workload. Many of these positions were cut or abolished before they were even filled.

Table 16 shows the distribution of staff among three different categories – (1) professional or surveyor, (2) administrative or managerial, and (3) clerical or secretarial. Clerical and managerial staff account for about 11 and 12 percent of the total staff, respectively. The remaining 77 percent of the staff are the heart of the organization, the surveyors and professional staff.

⁶² This includes 4 new FTEs for patient safety and 5.4 contractual positions.

Table 16. Distribution of OHCQ Staff by Unit - Fiscal Year Fiscal Year 2005 Actual				
	Total	Managers	Professional or Surveyor	Clerical or Secretarial
Administration	18.6	5	10.6	3
Technical Assistance	5	1	4	0
Nursing Home	60	8	49	3
Group Home	36	3	31	2
Assisted Living	32	4	25	3
Ambulatory	11	1	7	3
Alcohol/Mental Health	6.8	1	4.8	1
Laboratory	10	2	6	2
Hospital	10	1	8	1
TOTAL	189.4	26	145.4	18

The Office’s professional staff provide many different and essential services to ensure the continuity of the survey process including offering technical assistance to the surveyors, participating in informal dispute resolution, and testifying at hearings. The clerical or secretarial staff ensures that the paper flow and legal documentation for over 8,000 health care provider licenses, including annual or biennial applications, and respective fees are collected, processed and maintained appropriately.

The loss of 18 PINs between Fiscal Year 2003 and Fiscal Year 2004, has made it necessary to pull surveyors into the office to do administrative work as well as to deploy some administrative staff to the field to conduct surveys.

Methodology of Staffing Analysis

In 2004, the OHCQ retained a federal expert, who was a senior management intern (SES) on rotation from CMS, with extensive experience in personnel management and human resources to conduct the first staffing analysis. The Fiscal Year 2005 analysis uses the same methodology. Each unit manager was asked to review the 2004 Staffing Analysis and identify any changes in workload, mandates, staffing, etc. Then a list was prepared of basic regulatory activities required for each unit for Fiscal Year 2006.⁶³ These activities included surveys, complaint investigations, and follow-up surveys to determine if corrective action was taken. These activities were noted in Column A.

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 that would be needed to conduct this work.⁶⁴ Column G indicates the number of surveyors assigned to the unit and finally, Column H indicates the overage or shortfall.

⁶³ See Appendix A for the 2006 Staffing Analysis.

⁶⁴ While the industry standard is 2,080 hours per employee, this figure does not take into consideration leave, holidays or necessary in-service training. From 2,080, 6 personal days, 12 State paid holidays, 36 in-service and training days, and 21 vacation days were subtracted resulting in the 1,480 figure. This figure is not adjusted for sick leave.

It should be noted that the overage or shortfall is reflective of needs for surveyor staff only and does not include the necessary staff to provide clerical or supervisory support for the survey activity. The complete data for all programs and activities can be found in Appendix A.

Labor-Hour Analysis Results

The 2006 Labor-Hour Analysis reveals that the staffing shortage at the OHCQ has grown from 55.42 to 70.98 or about 28 percent. **Table 17** shows a comparison of the 2004 and 2005 staffing analysis and the staffing change per unit.

Unit	Surveyor Shortage		Change (+Increase or -Decrease)
	2005 Analysis	2006 Analysis	
Long Term Care Unit	8.36	13.15	+4.79
Assisted Living Unit	23.74	22.95	-.79
Developmental Disabilities Unit	10.96	11.75	+.79
Hospitals, HMOs, & Patient Safety	1.44	+1.16	-2.60
Laboratory Licensing & Certification Unit	.64	1.56	+.92
Ambulatory Care Programs Unit	10.89	19.27	+8.38
Community Mental Health Unit	.61	3.28	+3.89
Alcohol and Drug Abuse Programs	-----	.18	+.18
Total	55.42	70.98	+15.56

This increase is not unexpected and can be attributed to the growth of certain programs; the introduction of additional modules for the nursing home survey; increasing number of complaints received; changing federal priorities; and, increasing number of sanctions. In addition, in reviewing the 2005 results it was found that the Alcohol and Substance Abuse programs, birthing centers, and employment drug testing sites were not included in the analysis.

This Fiscal Year, the Department was able to identify and transfer six positions to the OHCQ. In the Fiscal Year 2007 Budget Allocation, there are three additional positions being transferred from within the Department to the OHCQ and five new positions. These 14 positions, while supported in part by an increase in licensure fees for certain provider types, will be targeted to those programs where the OHCQ is experiencing tremendous growth or expects to experience growth over the next two Fiscal Years.

Table 18 shows the Fiscal Year 2006 Labor-Hour Analysis for staffing requirements for the OHCQ by Unit. The new positions decrease the overall surveyor shortage to 56.98 positions.

Table 18. Fiscal Year 2006 Labor-Hour Analysis: OHCQ Staff Requirements by Unit

Unit	Surveyors Required	Actual Surveyors	Difference	Fiscal 2006 Positions	Fiscal 2007 Positions	Shortfall/ Difference
Long Term Care Unit	46.15	33.00	(13.15)	2	2	(9.15)
Assisted Living Unit	39.95	17	(22.95)	2	3	(17.95)
Developmental Disabilities Unit	37.75	26	(11.75)	0	0	(11.75)
Hospitals, HMOs, & Patient Safety	5.84	7	1.16	0	1	2.16
Ambulatory Care Programs Unit	25.27	6.00	(19.27)	2	2	(15.27)
Laboratory Licensing & Certification Unit	6.56	5	(1.56)	0	0	(1.56)
Community Mental Health Unit	6.28	3	(3.28)	0	0	(3.28)
Alcohol and Substance Abuse Programs	3.18	3	(0.18)	0	0	(0.18)
Total	170.98	100.00	(70.98)	6	8	(56.98)

It is important to note that while the OHCQ has remained committed to aggressively filling vacant positions, the office has experienced difficulty in its recruitment efforts. The majority of surveyors with the OHCQ are nurses. The nursing shortage has affected our ability to recruit and retain qualified staff. More importantly as a state agency, our ability to keep pace with special incentives offered in the private sector – such as competitive salaries and signing bonuses – simply do not exist. The OHCQ is exploring alternatives with the Department and the State Ethics Commission that may help our ability to compete with the private sector. In the meantime, the Personnel Coordinator for the OHCQ will participate on all recruitment teams to ensure that positions are filled in a timely manner.

Priorities for 2006

The OHCQ has established following priorities and performance measures for Fiscal Years 2006 and 2007:

Long Term Care (Nursing Homes and Adult Medical Day Care)

- To maintain an overall 12 month average for nursing home surveys.
- To complete 100 percent of nursing home follow-up surveys within 30 working days of the alleged compliance date.
- To complete 100 percent of the Adult Medical Day Care licensure surveys within 24 to 30 months of the previous survey.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 days.
- To complete 100 percent of nursing home quality assurance surveys within six months of the last annual re-certification survey.
- To investigate 90 percent of complaints alleging the potential of harm within 120 days of receipt.
- To maintain an overall 60 day average between health surveys and life safety code surveys.

Assisted Living

- To investigate any complaint that alleges a serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To complete 100 percent of licensure surveys of assisted living programs for facilities with 17 or more beds.
- To complete 100 percent of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.

Developmental Disabilities

- To conduct licensure surveys of 40 percent of the licensed providers.
- To complete 100 percent of the highest priority self-reported incidents.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 days.

Hospitals, HMOs, and Patient Safety

- To conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days.
- To complete review of all RCAs within 90 days.
- To conduct annual reviews of patient safety programs in 20 percent of all licensed hospitals.
- To complete 100 percent of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.
- To complete 100 percent of all hospital validation surveys required by CMS within the timeframe requested by CMS.
- To investigate any complaints of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To investigate 90 percent of all complaint investigations requested by CMS within 45 calendar days.
- To complete ten annual inspections of the ten hospitals located within correctional facilities.

Ambulatory Care Programs

- To maintain an overall 36 month average for home health agency surveys (federal priority).
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs.

Laboratory Unit

- To maintain federally required and budgeted survey activity.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint that could result in actual harm within 30 working days
- To process requests for licensure, permits, and certificates within two months of application.

Administration, Policy and Standards

- To enhance the efficiency of the OHCQ through the review and standardization of internal protocols and procedures.
 - Hire an Assisted Living Manager to assure that resources within the Assisted Living Program are used efficiently and effectively.
 - Review and evaluate internal protocols and procedures to ensure standardization across the office.
 - Review and update memorandums of understanding and agreements within various programs with local, state, and private partners.
 - Review existing laws for hospice, home health, residential service, and nursing referral service agencies to develop a regulatory structure that establishes consistent standards based on the scope of services provided (In-Home Health Services Forum).
 - Implement a Hospice Regulatory Review Forum to evaluate current regulations for hospice care providers.
- To develop standards and regulations responsive to specific public health concerns.
 - Assisted Living Facilities
 - Nurse Referral Service Agency
 - Nurse Staff Agency
 - Accreditation/Deeming
 - Emergency Preparedness
 - Residential Service Agency
- To aggressively recruit and fill vacancies.

Appendix A: 2006 Labor-Hour Analysis

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. 2006 Staff Overage or Shortage
Nursing Homes							33.00	(13.15)
No. of Surveyors								
Federal Survey	242	1	242	168	40,656	27.47		
Complaints/Self Reports	1400		1400	12	16,800	11.35		
Follow-Up Surveys	140		140	16	2,240	1.51		
State Survey	242	1	242	20	4,840	3.27		
IDR	35		35	2	53	0.04		
Adult Medical Day Care								
Initial Surveys	3	1	3	22	66	0.04		
Renewal Surveys	153	0.5	77	34	2,601	1.76		
Complaints	25		25	18	450	0.30		
Expansions	20		20	14	280	0.19		
Follow-Up Surveys	20		20	16	320	0.22		
Assisted Living							17.00	(22.95)
No. of Surveyors								
Initial Surveys	475		475	45	21,375	14.44		
Renewal Surveys	1700	1	1700	18	30,600	20.68		
Complaint Investigations	325		325	22	7,150	4.83		
Developmental Disabilities							26.00	(11.75)
No. of Surveyors								
Site Surveys	2600	1	2600	16	41,600	28.11		
Unannounced Health & Safety	178	3	534	6	3,204	2.16		
Complaint & Incident Investigation	4400		425	20	8,500	5.74		
Annual Death Investigations	160		160	13	2,080	1.41		
ICF/MR	4	1	4	120	480	0.32		
Hospital							7.00	1.16
No. of Surveyors								
Validation Surveys	4		4	210	840	0.57		
Complaints Investigated	75		75	24	1,800	1.22		
Complaints - Referred & Followed	300		300	8	2,400	1.62		
Follow-Up Surveys	10		10	16	160	0.11		
Correctional Health Care Facilities								
Full Surveys	10	2	20	25	500	0.34		
Complaint Investigations	15		15	8	120	0.08		
Follow-Up Surveys	3		3	10	30	0.02		
UR/Credentialing, Other Reviews and Surveys	69		69	2	138	0.09		
Mortality Review - Psych Hospitals	28		28	8	224	0.15		
Patient Safety								
Review - RCA	200		200	2	400	0.27		
Follow-up Investigations	15		15	12	180	0.12		
Patient Safety Program TA Surveys	10		10	16	160	0.11		

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. 2006 Staff Overage or Shortage
Health Maintenance Organizations								
Surveys	9	1	9	110	990	0.67		
Follow-Up	2		2	16	32	0.02		
Complaints	56		56	5	280	0.19		
Residential Treatment Centers								
Complaints	35		35	8	280	0.19		
Validation Surveys	14	0.2	3	10	30	0.02		
Follow-Up Surveys	5		5	16	80	0.05		
Ambulatory Care Programs								
No. of Surveyors							6.00	(19.27)
Birthing Centers	5	1	5	18	90	0.06		
Home Health Agencies	55	1	55	100	5,500	3.72		
Home Health Agencies - Complaints	10		14	25	350	0.24		
Dialysis Centers - Surveys	120	0.33	40	46	1,822	1.23		
Dialysis Centers - Complaints	15		15	21	315	0.21		
Hospice Care Programs - Surveys	32		8	43	344	0.23		
Hospice Care Programs - Complaints	5		5	21	105	0.07		
Ambulatory Surgical Centers	357	0.33	118	16	1,885	1.27		
Outpatient Physical Therapy	170	0.05	9	10	85	0.06		
CORF	6	0.05	0	10	3	0.00		
Portable X-Ray	11	0.05	10	10	100	0.07		
Residential Service Agencies	452	1	452	54	24,408	16.49		
Major Medical Equipment	113	1	171	10	1,710	1.16		
Nurse Staffing	576	0.33	190	3	570	0.39		
Nurse Referral Service Agencies	60		60	2	120	0.08		
Laboratories								
No. of Surveyors							5.00	(1.56)
Independent Labs and Hospitals - Survey	162	0.29	47	19	893	0.60		
Independent Labs and Hospitals - Complaints	34		34	22	748	0.51		
Independent Labs and Hospitals - Validation	50	0.1	5	81	405	0.27		
Physician Offices and Point of Care	534	0.5	267	10	2,537	1.71		
Cytology - Proficiency Testing	61	1	61	13	763	0.52		
Cytology - Surveys	61	0.1	6	8	48	0.03		
Coagulation	72	0.5	36	7	252	0.17		
Cholesterol Testing	18	1	18	7	126	0.09		
CLIA Waiver	35	1	35	13	455	0.31		
Proficiency Testing	1000	1	1000	2	1,500	1.01		
Tissue Banks	68	1	68	11	748	0.51		
Complaints	20		20	14	280	0.19		
Employer Drug Testing	87	1	87	11	957	0.65		

	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. 2006 Staff Overage or Shortage
Requirements								
Community Mental Health								
No. of Surveyors							3.00	(3.28)
Licensed Provider Surveys	227	1	227	24	5,448	3.68		
Approved Provider Surveys	160	1	160	24	3,840	2.59		
Alcohol and Substance Abuse								
No. of Surveyors							3.00	(0.18)
Full Surveys	148	0.5	74	20	1,480	1.00		
Site Surveys	262	0.5	131	20	2,620	1.77		
Follow-Up Surveys	38		38	16	608	0.41		
							<u>167.80</u>	<u>97.00 (70.98)</u>

*Key for Column B:

1=Annual

.5=Every 2-Yrs

.33=Every 3-Yrs (Periodic)

.15=15% of the Total

.10=10% of the Total

.05=5% of the Total