



DEPARTMENT OF HEALTH & MENTAL HYGIENE

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Annual Report and Staffing Analysis

December 2008



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Preface and Executive Summary

December 2008

Over the past fiscal year, the Office of Health Care Quality (“OHCQ”) continued making great progress focusing its limited resources efficiently to ensure the safety and quality of health care services for Maryland citizens. The various units within OHCQ have been appropriately aggressive with licensure actions and other sanctions, while expanding outreach efforts to educate consumers, providers, advocates and other stakeholders. We have increased communications with relevant state, local, and federal government agencies, accrediting organizations and other interested parties to ensure a concerted effort to maintain and improve the quality of life for individuals receiving regulated services. The word is getting out that OHCQ will, when necessary, take aggressive action but that OHCQ is also a source of constructive information and technical assistance in the complicated health care environment.

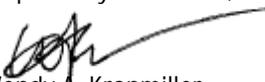
As the attached Annual Report addresses in detail, last year OHCQ participated in dozens of expert workgroups and committees across the State and country. OHCQ was one of three states participating in a pilot program with the Centers for Medicare and Medicaid Services and the CDC to review infection control practices in ambulatory surgical centers. These pilot surveys revealed deficits in infection control practices. The unit reviewing community programs for people with developmental disabilities worked with interested parties to identify ways to prioritize surveys and to modify the on-site survey process in order to reach more sites of concern using existing resources. This is but one example of greater efficiencies employed to maximize existing resources.

However, challenges remain. OHCQ continues to face a surveyor deficit of 83 positions. (See Appendix A for 2009 staffing analysis). Current staff deficits are most pronounced in the Developmental Disabilities, Ambulatory Care and Long-Term Care Units. In programs such as these, OHCQ is unable to conduct many basic survey activities that are mandated by law. Meanwhile, the volume of consumer complaints continues to grow. In fiscal year 2008, complaints and self reported incidents to our Nursing Home Unit alone reached 4,862. The number of provider sites under OHCQ’s jurisdiction exceeds 8,000.

We attempt to meet this challenge with good stewardship of existing resources, focusing on programs with greatest impact on peoples’ safety and health. In these tough fiscal times, OHCQ continues to work collaboratively with other DMH administrations and sister agencies to maximize our collective oversight efforts. The attached report details internal performance standards for each unit, which were developed to greater focus resources upon priorities. While generally OHCQ has been able to meet these internal standards, there remain areas in which we fall short, largely due to lack of staff resources.

It is my vision that OHCQ have sufficient staff and appropriately focused regulations to provide a basic regulatory safety net for all of our programs—in facilities, group homes and in-home healthcare services. We appreciate the support of the Secretary, the Administration, members of the General Assembly, and all of our varied and vocal stakeholders as we progress towards this goal.

Respectfully submitted,


Wendy A. Kronmiller
Director

Overview

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene charged with monitoring the quality of care in Maryland's 8,000 health care and community residential programs. The OHCQ is committed to protecting the health and safety of Maryland's citizens and is proud to be licensing and certifying Maryland's health care community since 1973.

Mission

The Office of Health Care Quality's mission is to protect the health and safety of Maryland's citizens and to ensure that there is public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities.

Vision

The Office of Health Care Quality's vision is to achieve excellence in the quality of services provided by the health care and community service delivery systems through the regulatory process.

Values

The Office of Health Care Quality's values are to promote a work force that is qualified, competent, honest, and possesses integrity; promote principles of fairness, consistency, objectivity, and accountability; to create an environment of creativity, cultural sensitivity, pride, dignity, respect, and process improvement; and to promote partnerships with customers and maintain their trust.

FY 2008 Accomplishments

Internal Quality Assurance

- Spearheaded efforts to employ best practices across all units, to troubleshoot systems problems, and to enhance productivity and transparency through the Governor's State Stat program.

Long Term Care Unit

- Investigated 3,934 complaints and self-reported incidents.
- Partnered with HFAM, Lifespan, Voices for Quality Care, NADONA (National Association of Directors of Nursing Administration), Delmarva, and the Maryland State Ombudsman Program in the Advancing Excellence in America's Nursing Homes Campaign to reduce the prevalence of pressure ulcers.
- Drafted regulations to enhance emergency planning activities in nursing homes.
- Collected \$358,700 in State Civil Monetary Penalties as a result of significant and serious deficiencies affecting resident care in 74 comprehensive care facilities.

Assisted Living Programs Unit

- Initiated an abbreviated survey, the Inspection of Care (IOC) survey, as an additional tool for ensuring the welfare of residents residing assisted living facilities. This very basic review enabled staff to review 108 additional assisted living sites in 2008; in all, the unit conducted over 1,400 on-site visits.
- Made available on the OHCQ website the assisted living application packet, Uniform Disclosure Statement, frequently requested forms, and the Assisted Living Consumer Information Page.
- Offered 27 training events to current and prospective assisted living providers in subjects ranging from Knowledge Update Seminars that assist providers in complying with the training requirements of COMAR 10.07.14 to Information Sessions offered to prospective providers.
- Participated with the Maryland Department of Aging provider trainings that were conducted over 6 weeks in areas throughout Maryland.

FY 2008 Accomplishments (cont.)

Developmental Disabilities Unit

- Spearheaded taskforce meetings with stakeholders to develop and implement recommended changes in the community survey process to increase surveyor focus on quality of life issues for individuals supported.
- Instituted a new screening process in the Mortality Investigation Division to address the large number of backlogged cases and to triage new cases. This new strategy helped reduce the number of backlogged death cases by nearly 21 percent.
- Implemented a more stringent initial screening process in the Investigations Division, which resulted in fewer unwarranted investigations and a focus on identifying trends and issues that impact services for individuals with developmental disabilities.
- Partnered with the Developmental Disabilities Administration to streamline and improve the applicant process.

Hospitals, HMOs, & Patient Safety Unit

- Presented at the following conferences/workshops:
 - “Effective Root Cause Analysis” at the annual Centers for Medicare and Medicaid Services Leadership Summit;
 - “Trends and Adverse Incident Data of Maryland’s Patient Safety Program” at the 2008 Maryland Patient Safety Conference;
 - “Patient Safety Learning Exchange: Helping States Improve and Integrate Patient Safety Initiatives” at the National Academy for State Health Policy conference;
- Revised COMAR 10.07.01, Acute and Special Hospitals, to include new regulations for Infection Prevention and Control for Maryland hospitals.

Ambulatory Care Unit

- Presented at the following conferences/workshops:
 - Ambulatory Surgery Centers Nurse Manager group on the OASIS data collection and preparing for a Home Health Agency survey;
 - Conference for Nurse Staffing Agencies;
 - General Meeting for the Hospice & Palliative Care Network of Maryland.

FY 2008 Accomplishments (cont.)

- Participated in a pilot project with CMS regarding Ambulatory Surgery Centers (ASC); resulting in thirty-two additional surveys that focused on infection control issues.

Substance Abuse Unit

- Developed a pamphlet to inform community providers about the Substance Abuse Unit Survey process.
- Designed and implemented a new user friendly substance abuse program application.
- Approved four Baltimore Detention Center Opioid Treatment Programs (OTP) for operation in the Department of Public Safety Correctional Services (DPSCS).

Mental Health Unit

- Developed a pamphlet to inform community providers about the Community Mental Health Unit Survey process.

Laboratory Unit

- Assisted CMS in the development of a national data system for entry of laboratory survey information
- Achieved a passing rate of 95.8% on the Maryland Cytology Proficiency Testing Program (MCPTP), the test taken by individuals reading pap smears.
- Participated in Northeast Consortium, Partners in Oversight Meeting, HIV Prevention Partner Meeting with CMS, private providers, accrediting agencies and others.

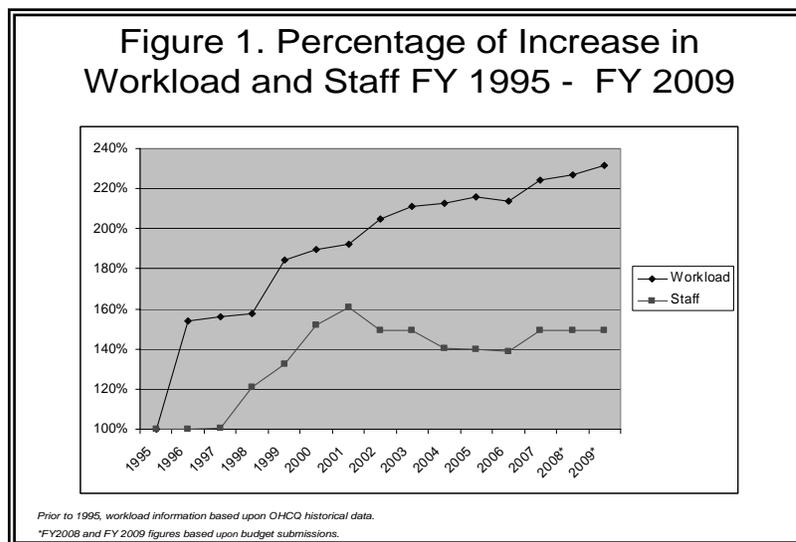
Information Technology

- Converted the Assisted Living unit to a new database system to improve data access and statistical analysis of the unit's work.
- Redesigned the OHCQ website to vastly improve consumer and provider access to important agency information.
- Upgraded the Information Technology training room to improve surveyor education in order to increase efficiency of the survey process.

Background

Over the past several fiscal years, due to budgetary constraints and loss of positions, the Department of Health and Mental Hygiene (the Department) Office of Health Care Quality (OHCQ) has been unable to complete statutorily mandated inspections and surveys of health care facilities. During the same period, the OHCQ has experienced an increase in its workload.¹ The OHCQ has been given, without receiving accompanying resources, the responsibility for several new programs. Moreover, an influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities, increases the staffing challenge.

Figure 1 illustrates the increased workload in comparison to staff from Fiscal Year 1995 through Fiscal Year 2009. The result has been delays in the licensing and/or certification process, lack of mandated periodic surveys and an inability to respond timely to complaints about quality of care.



As with the past several fiscal years, legislative leaders continue to express concern about the lack of resources at the OHCQ and have required yearly staffing analyses. The analyses, which are based upon federal and State regulatory requirements, continue to highlight the OHCQ's need for additional survey staff. However, this adversity has inspired new creativity in our efforts to prioritize and effectively manage resources.

¹ See Table 2, Page 9

Table 1 delineates the staffing shortage from FY 2005 through FY 2009.

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 ²	83.10

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 (programs governed by State and not federal legislation).

Today, OHCO regulates over 8,000 sites. Increasingly the focus of regulation is not on institutions or congregate settings, but smaller settings in homes and communities. Additionally, between 1996 and 2008, the Maryland General Assembly passed a variety of new regulatory packages.

Table 2 describes the increase in mandated regulatory programs, FY 1996-2008.

Year	Program
1996	Assisted Living
	Birthing Centers
	Major Medical Equipment
	Ambulatory Surgery Facilities
	Dialysis Centers
1998	Organ and Tissue
	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 - DD population
2001	Mortality Review - MH population
2002	Nurse Staff Agency
	State Advisory Council on Pain Management

² Projection based on the 2009 staffing analysis. Note that this does not consider the need for administrative, clerical, information technology personnel, or other staff needed to sustain and support licensure, certification, survey, and inspection activities.

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 – Services Disclosure Statement
	Assisted Living Programs – Emergency Electrical Power Generator
	Assisted Living Programs – Prohibited Acts, Penalties and Quality Account
	Assisted Living Programs – 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 (surveys to be implemented 2010)
2008	Transplant Centers (CMS)
	Operation of Nursing Homes– Licensure Regulations
	Task Force to Study Financial Matters Relating to Long-Term Care Facilities

The Centers for Medicare and Medicaid Services (CMS) heightened the priority or tier levels for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers. This has increased the workload in other OHCQ programs, such as the Ambulatory Care Program, which conducts surveys of hospice, home health, and freestanding ambulatory care facilities. The CMS has also added the responsibility for surveys and certification of transplant centers.

The 2006 – 2008 General Assembly Sessions brought forward several pieces of legislation to improve the quality of care in assisted living facilities, increase oversight of accrediting organizations, data reporting requirements to the Mortality Review Committee, strengthen licensure requirements for residential programs that serve children, and establish emergency planning requirements for human service facilities, and strengthen regulations of nursing homes.³ While these bills do not add new regulatory programs, they require the Department to promulgate regulations, establish workgroups, draft reports, or have an impact on the survey process, all of which have an effect on staff workload.

The 2007 General Assembly passed legislation that will require the OHCQ to regulate forensic laboratories in Maryland beginning in December 2011.⁴ This will require additional, specifically trained and qualified staff.

³ HB 826 – “Assisted Living Programs – Services Disclosure Statement” HB 204 – “Assisted Living Programs – Emergency Electrical Power Generation” HB 1036 – “Assisted Living Programs – Prohibited Acts, Penalties, and Quality account” HB 1322 – “Assisted Living Programs – Licensure” SB 102 – “Health Care Facilities and Laboratories – Accreditation Organizations and Deeming” SB 734 – “Mortality and Quality Review Committee – Reportable Incidents of Injury” SB 810 – “Residential Child Care Programs – Corporate Responsibility and Governance” and, HB 770 – “Emergency Management Plans for Human Service Facilities”. HB 1187–“Persons Who Operate Nursing Homes – Licensure and HB 807 – Task Force to Study Financial Matters Relating to Long-Term Care Facilities”.

⁴ SB 351 –“Forensic Laboratories – Standards and Oversight”.

Programs and Fiscal Year 2008 Performance Standards

Long-Term Care Unit

The Long-Term Care Unit ensures that State licensure and Medicare/Medicaid standards are maintained in nursing homes through unannounced on-site surveys, follow-up visits, and complaint investigations. These visits are conducted by survey staff, representatives of the State's Office of the Fire Marshal (SOFM), and the local life safety authority. Enforcement actions are taken, when appropriate, to ensure compliance with State and federal regulations.

This unit also investigates complaints of resident abuse by staff and assists with criminal and civil prosecution of staff members who abuse vulnerable adults. This unit also has the responsibility for the certification of Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

Additionally, the nursing home Technical Assistance Unit performs a second, quality assurance oriented survey for Maryland nursing homes. This is a consultative and not a regulatory function. Best practices are shared with the nursing home in hopes that its own quality assurance practices will improve the quality of services and care. The Technical Assistance Unit collects data on nursing homes, for example with regard to pressure ulcer prevalence.

Table 3 describes the Long-Term Care Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2010.

Table 3 Units of Measurements Long-Term Care	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁵	Fiscal Year 2010 ⁶
Nursing Homes⁷								
Number of Licensed Nursing Homes	246	242	242	236	236	233	233	235
Initial Surveys of New Providers	3	2	3	0	1	0	1	1
Full Surveys	225	211	219	227	221	221	221	221
Follow-Up Surveys	61	61	136	63	88	96	104	112
Informal Dispute Resolution Conferences	31	24	33	40	52	43	45	45
Technical Assistance Surveys	279	196	217	229	200	148	150	150
Civil Monetary Penalties Levied	28	29	63	51	59	76	75	75
Denial of Payment – New Admissions	6	2	3	4	1	6	10	12
Total Number of Complaints & Facility Self Reported Incidents	2097	1759	2209	3591	4422	4862	5200	5400

⁵ Estimates taken from the Fiscal Year 2010 Budget submission

⁶ Estimates taken from the Fiscal Year 2010 Budget submission

⁷ Surveys are required twice a year under State law, one of which is a required federal survey. CMS requires an overall average of 12 months between surveys, with no survey exceeding a 15-month interval.

Table 3 Units of Measurements Long-Term Care	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁵	Fiscal Year 2010 ⁶
Total Number of Quality of Care Allegations	1981	1701	1257	3429	3933	4391	4500	4700
Total Number of Complaints/SRI Investigated	1712	1781	2225	2538	3100	3934	3500	3750
Number of Resident Abuse Allegations	112	126	121	158	1253 ⁸	1807	2000	2200
Adult Medical Day Care⁹								
Number of Adult Medical Day Care Centers	117	117	127	136	142	144	143	143
Initial Surveys of New Providers	17	22	3	10	6	4	5	5
Full Surveys	18	24	49	74	36	19	72	72
Follow-Up Surveys	31	20	20	15	2	4	4	4
Complaint Surveys	38	14	22	25	42	40	41	41
Intermediate Care Facilities for the Mentally Retarded (ICF/MR/SRC)¹⁰								
Number of ICF/MR/SRC	4	4	4	4	4	5	4	5
Follow-Up Surveys	0	0	0	1	3	9	5	5
Complaints and Self-Reported Incidents	290	280	340	281	181	123	100	100
Complaints and Self-Reported Incidents Investigated ¹¹	257	318	292	209	49	80	80	80

⁸ Prior to FY 2007, the number reflects those cases that were investigated by the Abuse Unit. Beginning in FY 2007, the number reflects the number of allegations including "resident to resident" incidents.

⁹ Surveys are required every two years under state regulation.

¹⁰ Surveys are required once a year under federal regulation and twice a year under State law. Survey responsibility transferred at the beginning of FY 2007 to the Long Term Care Unit. New State Residential Facilities are included as of 2009.

¹¹ On-site investigations began in FY 2007.

Table 4 describes the performance measures of the Long-Term Care Unit.

Priority or Performance Measure	Result
(1) Maintain an overall 12-month average for nursing home surveys. ¹²	Met
(2) Complete 100% of the adult medical day care licensure surveys within 24 to 30 months of the previous survey. ¹³	Not Met
(3) Investigate any complaint of serious and immediate jeopardy within two working days. ¹⁴	Met
(4) Initiate an on-site investigation of any complaint of actual harm within 10-days. ¹⁵	Not Met
(5) To investigate 90% of complaints alleging the potential of harm within 120 days of receipt. ¹⁶	Met
(6) Maintain an overall 60 day average between health surveys and life safety code surveys. ¹⁷	Met

Assisted Living Programs Unit

The Assisted Living Unit is the lead unit for overseeing and enhancing regulatory compliance for nearly 1,400 assisted living programs in the State by ensuring compliance to standards for the safety and well-being of the individuals residing in the programs. Assisted living programs are residential or facility-based programs that provide housing and supportive services, supervision, personalized assistance, and/or health-related services to meet the needs of residents who are unable to perform or need assistance in performing activities of daily living.

Assisted living programs in Maryland range from a one-person home to a hundred bed facility. Assisted living residents are increasingly more frail and medically compromised. In 2005, the Department completed a multi-year, comprehensive evaluation of Assisted Living Programs that included over 20 public 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. Since 2006, the OHCQ has continued to work with stakeholders to revise the regulations for Assisted Living Programs. The regulations were published in August 2008 and are anticipated to become final in early 2009. State law requires at least one survey per year in each of Maryland's licensed assisted living programs.¹⁸

¹² The unit maintained an overall average of 12 months.

¹³ Approximately 80% of adult medical day care providers have been surveyed within 30 months of previous survey. Action plan: (1) To implement the use of ACO (Aspen Central Office) for this program to ensure accurate data that is easily retrievable; and (2) To review/change the unit's survey process to increase efficiency.

¹⁴ Six complaints were triaged as IJ and all were investigated within 2 working days.

¹⁵ Overall average for initiation of actual harm complaints was 19 working days. This is based on complaints triaged as Non-IJ-High, which may include complaints that have high potential for harm. Action plan: (1) Meet with intake staff and complaint investigators to ensure accurate triaging; (2) To provide an additional surveyor on each team dedicated to these investigations as needed; and (3) To provide complaint investigators access to ACTS (Aspen Complaint Tracking System).

¹⁶ 94.4% of on-site complaint investigation initiated within 120 days of receipt, overall average is 50 days.

¹⁷ The average length of time between health and life safety code surveys was 37 days.

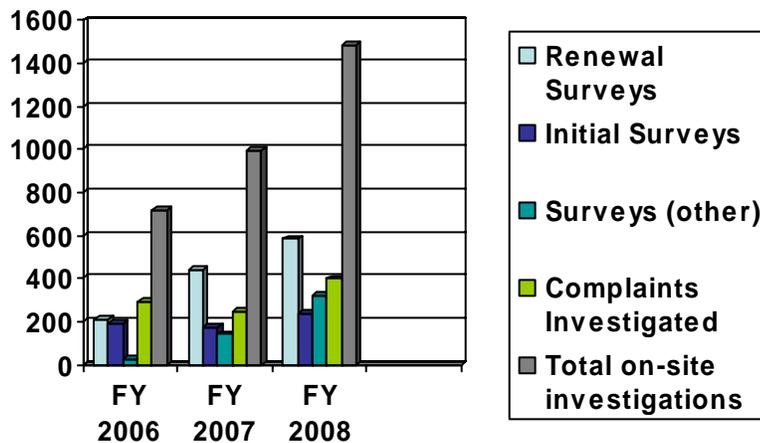
¹⁸ Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland.

Table 5 describes the Assisted Living Unit of Measurement accomplishments for Fiscal Year 2003 through 2010, and show the unit's improved productivity.

Table 5 Units of Measurements Assisted Living Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ¹⁹	Fiscal Year 2010 ²⁰
Number of Licensed Assisted Living Programs	1371	1677	1580	1567	1361	1388	1416	1444
Unlicensed Programs	849	828	572	411	33	22	28	28
Renewal Surveys	--	--	--	207	442	583	695	695
Initial Surveys	--	--	--	190	169	235	259	285
Inspection of Care Surveys	--	--	--	--	--	108	132	132
Surveys (other) ²¹	--	--	--	26	139	232	163	162
Total Number of Complaints Received	355	332	320	301	389	341	365	365
Total Number of Complaints Investigated	339	389	320	295	262	398	406	414

Figure 3 describes the continued increase in survey activity as a result of changes made in the Assisted Living Program. The changes implemented since FY 2006 have made a significant improvement in the Unit's performance.

Figure 3 – Assisted Living Program



Unfortunately, the Assisted Living Unit has also had to take more sanctions against providers for poor conditions and care and for operating unlicensed assisted living programs. In FY08, the Assisted Living Unit issued 18 civil money penalties to programs operating without a license and issued 13 license revocations and emergency suspensions for licensed programs where conditions posed a risk to the health and safety of consumers.

¹⁹ Estimates taken from the Fiscal Year 2010 budget submission.

²⁰ Estimates taken from the Fiscal Year 2010 budget submission.

²¹ Follow-up surveys, Level of Care Surveys, Licensure Standard Waiver Survey, Resident Specific Level of Care Survey, Re-location Survey, Bed Increase and Sanitarian/Life Safety Surveys.

Table 6 describes the performance measures of the Assisted Living Unit.

Priority or Performance Measure	Result
(1) Investigate any complaint that alleges a serious and immediate jeopardy within two working days. ²²	Met
(2) Investigate any complaint of actual harm within 30 working days. ²³	Met
(3) Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds. ²⁴	Not Met
(4) Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults. ²⁵	Not Met

Developmental Disabilities Unit

The Developmental Disabilities Unit is the licensing agent for the Developmental Disabilities Administration (DDA). The unit ensures regulatory compliance for approximately 200 community-based providers with over 2700 sites. Services regulated include community residential services, community supported living arrangements, family support services, individual support services, resource coordination, and vocational and day habilitation services, including supportive employment.

State law requires an annual survey of each site licensed by the DDA.²⁶ In FY 2008, 23% of licensed agencies and 51% of licensed sites were surveyed. Clearly, all sites are not surveyed annually and follow-up surveys to determine actual corrective action have not always been conducted, in large part due to the lack of surveyor resources. In response to this concern, the budget for FY 2009 includes four additional staff for this unit.

Table 7 describes the Developmental Disabilities Unit's Units of Measurement accomplishments for Fiscal Year 2003 through 2010.

	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006 ²⁷	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ²⁸	Fiscal Year 2010 ²⁹
Number of Licensed Agencies	179	191	192	200	199	204	210	215
Number of Sites	2535	2620	2542	2671	2702	2715	2740	2780
Number of New Agencies	14	16	11	11	10	6	6	5

²² For FY 2008, there were 8 complaints investigated in this category. These complaint investigations took an average of 1.5 days to investigate.

²³ For FY 2008, there were 66 complaints in this category. It took on average of 20 working days to investigate.

²⁴ During FY 2008, there were approximately 164 homes of this size; 81 (49%) of the surveys were conducted.

²⁵ During FY 2008, there were approximately 743 homes that participated in the Medicaid Waiver; the OHCQ was able to complete 392 surveys (53%).

²⁶ Health-General Article, Title 7, Subtitle 9, Annotated Code of Maryland. The Department is under a settlement agreement with the Maryland Disability Law Center which requires annual on-site surveys.

Number of Agencies Surveyed	70	102	113	80	72	46	70	100
Number of Sites Surveyed	475	911	794	1023	1522	1393	1600	1900
Number of Complaints and Self Reported Incidences	4727	4496	4352	2859	2649	3007	3100	3200
No Further Action Required	N/A	3839	3615	2277	2177	2527	2580	2660
Conducted On-Site Investigation	489	433	409	319	296	406	420	450
Referred	N/A	224	180	138	176	74	100	110
Mortality Investigation Unit								
Number of Deaths	142	175	143	315	375	354	375	400
Number of DD Deaths	N/A	N/A	N/A	149	153	148	160	175
Number of MH Deaths	N/A	N/A	N/A	166	222	206	215	225
Number of Deaths Investigated	43	220	196	192	181	368	712 ³⁰	700

Table 8 describes the performance measures of the Developmental Disabilities Unit.

Table 8. Performance Measures: Developmental Disabilities Unit – FY 2008

Priority or Performance Measure	Result
(1) Conduct licensure surveys of 45% of the licensed providers. ³¹	Not Met

Advocates for individuals with developmental disabilities have continually expressed concern about the OHCQ's inability to complete mandated surveys and investigations in a timely manner, as well as the staffing patterns in the Developmental Disabilities Unit. Because of those concerns, House Bill 651 was passed by the 2005 General Assembly Session mandating the OHCQ to develop a Reportable Incidents and Investigations Protocol. In August 2006, the Prioritization Protocol for Incidents of Abuse, Neglect, Serious Injury, Medication Error, Death, and Complaints was incorporated into the DDA's *Policy on Reportable Incidents and Investigation*.

In 2006, the OHCQ created a new position of Program Manager for the Developmental Disabilities Unit. The manager analyzes the program to evaluate workload, establish priorities, and ensure that the OHCQ staff is deployed most efficiently. In addition, there has been an effort to prioritize complaints and better integrate complaint and licensure surveys. While there is no question that additional surveyor resources are required for the Developmental Disabilities Unit, OHCQ is committed to using existing resources most efficiently to protect and enhance the lives of Maryland citizens with developmental disabilities.

²⁷ The Fiscal Year 2006 actual complaints shows a significant decrease from the Fiscal Year 2005 actual complaints due to a change by the Developmental Disabilities Administration in its *Policy on Reportable Incidents*. The result was not as many incidents are considered reportable. Those incidents were moved to the investigation completed by provider category.

²⁸ Estimates taken from FY 2010 budget submission.

²⁹ Estimates taken from FY 2010 budget submission.

³⁰ Effective May 2008, a screening process was instituted in the Mortality Unit in order to address both the large number of backlogged cases and to triage new cases. This process was presented to and approved by the Mortality Review Committee, an independent body that reviews all death investigations completed by the MIU of OHCQ. From May 2008 to June 30, 2008, 165 backlogged death cases were reviewed decreasing the backlog from 802 to 637 death reports that had not been reviewed.

³¹ Conducted licensure surveys on 23% of the licensed providers. The Unit could not meet the goal due to staff turnover, training of new staff, sanction and follow-up activity and completion of two large agency surveys.

To this end, in 2007, OHCQ, with support from DDA, contracted with an independent consultant to evaluate the OHCQ community programs unit for individuals with developmental disabilities. During 2008, the OHCQ, in collaboration with DDA and other stakeholders, held a series of taskforce meetings to develop and implement many of the recommended changes in the community survey process to realize efficiencies noted in the consultant's report. This included the utilization of provider self-surveys to document mandated policy and procedure compliance and personnel training requirements. This process was put into practice in June 2008 and it is hoped the process will decrease the amount of time surveyors spend reviewing paperwork during re-licensure surveys, thus increasing the focus of surveys on individuals supported and their quality of life. It should be noted there are many aspects to the continuum of quality for community placements. For example, in addition to the OHCQ oversight, DDA regional staff will make annual visits to each community provider. Also, Service Coordination, Inc. (DDA's contracted Resource Coordination provider for Central Maryland) will be visiting sites on a quarterly basis.

Hospitals, HMOs, & 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. Beginning federal fiscal year 2009, the unit will also initiate surveys of transplant centers in Maryland on behalf of CMS.

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 root cause analyses of these events to the OHCQ for review to determine compliance with COMAR 10.07.06 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 9 describes Hospitals, HMOs, and Patient Safety Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2010.

Table 9 Units of Measurements Hospitals, HMO. Patient Safety Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ³²	Fiscal Year 2010 ³³
Number of Licensed/Certified Hospitals	70	70	69	69	69	69	69	69
Validation Surveys of JCAHO Accredited Hospitals ³⁴	5	5	2	3	4	4	3	3
Complaints Received	325	358	331	339	316	399	420	440
Complaints Investigated On-Site	59	66	68	53	73	90	100	120
Complaints Referred to Hospitals for Investigation	317	292	318	286	243	278	320	320
Follow-Up Surveys	2	0	2	4	2	3	15	25
Enforcement Remedies Imposed (Sanctions)	1	1	0	2 ³⁵	3	2	2	3
Review of JCAHO Reports	21	18	25	17	19	28	22	19
Adverse Event Reports ³⁶	--	20	145	168	168	181	200	220
Review of Root Cause Analysis Reports (Patient Safety)	--	--	--	116	134	235	190	208
Follow-up Investigations	--	--	--	3	3	0	15	25
Hospital Assistance Visits (Patient Safety)	--	--	--	3	0	0	3	5
Number of Health Maintenance Organizations³⁷	9	9	8	10	7	7	7	7
Full Surveys	8	11	7	9	6	6	7	7
Follow-up Surveys	0	0	0	0	0	0	1	1
Complaint Investigations	44	28	51	25	13	13	20	25
Number of Residential Treatment Centers³⁸	14	14	14	13	12	12	11	11
Follow-up Surveys	1	1	0	11	0	3	8	10
Validation Surveys and Seclusion & Restraint Investigation ³⁹	--	--	0	1	2	1	2	3
Complaints Received	--	--	--	38	24	45	38	75
Complaint Investigations	12	16	29	38	17	43	35	60
Number of Correctional Health Care Facilities⁴⁰	11	9	9	11	11	11	11	11
Full Surveys	8	23	12	12	9	11	11	11

³² Fiscal Year 2010 budget submission.

³³ Fiscal Year 2010 budget submission.

³⁴ TJC – The Joint Commission.

³⁵ Sanctions cited are federal conditions of participation.

³⁶ 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. Event reports are different from root cause analyses.

³⁷ Survey Frequency – An annual external review for quality by the State; there is no federal requirement.

³⁸ Survey Frequency – Licensure based on JCAHO accreditation; no established survey frequency and no federal requirement.

³⁹ Not required by CMS until July 2004.

⁴⁰ Survey Frequency – Two surveys annual required by the State; no federal requirement.

Follow-up Surveys	0	0	0	0	0	0	11	11
Complaint Investigations	3	0	12	2	0	0	1	2
Number of Freestanding Medical Facilities	--	--	--	--	2	2	3	3
Initial, Full and Follow-up Surveys	--	--	--	--	3	2	4	4
Complaints	--	--	--	--	0	1	2	2
Number of Transplant Centers	---	--	--	--	--	2	2	2
Full Surveys	--	--	--	--	--	0	1	1
Complaint Investigations	--	--	--	--	--	0	1	1

Table 10 describes the performance standards of the Hospitals, HMOs, and Patient Safety Unit.

Priority or Performance Measure	Result
(1) To conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days. ⁴¹	Not Met
(2) To complete a review of all RCAs within 90 days. ⁴²	Not Met
(3) To conduct annual reviews of patient safety programs in 20% of all licensed hospitals. ⁴³	Not Met
(4) To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt. ⁴⁴	Met
(5) To complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS. ⁴⁵	Met
(6) To investigate 90% of all complaint investigations requested by CMS within 45 calendar days. ⁴⁶	Not Met
(7) To complete bi-annual annual inspections of eleven hospitals located within correctional facilities.	Not Met

Laboratory Licensing & Certification Unit

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 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 licensing programs include those for blood, sperm and tissue banks, hospital laboratories, independent reference, physician office laboratories and point of care laboratories, cholesterol testing sites, employer drug testing, health awareness testing sites, blood drawing stations or blood test results, and cytology testing.

The State of Maryland in 1988 took 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 or out of Maryland, performing gynecologic cytology (PAP's smear) testing on specimens from Maryland patients, to enroll and successfully

⁴¹ 135 reports out of 193 (70%) received a preliminary review within the 30 day timeframe.

⁴² 178 reports out of 193 (92%) received a complete review within the 90 day timeframe.

⁴³ 3 out of the 69 (4%) patient safety programs received an annual review.

⁴⁴ 7 out of 7 (100%) of the EMTALA complaints were investigated within 5 working days.

⁴⁵ 4 of the 4 (100%) of the hospital validation surveys as required by CMS were completed within the timeframe specified by CMS.

⁴⁶ OHCQ initiated onsite investigation of 60 of 74 (82%) of CMS required complaint investigations within 45 calendar days.

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% of examinees have passed the proficiency test. The passing rate has increased from 89.4% in 1990 to 95.6% in 2004. In 2008, the passing rate increased to 95.8%. This demonstrates that the quality of gynecologic cytology for Maryland residents has improved.

Table 11 describes the Laboratory Licensing & Certification Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2010

Table 11 Units of Measure Laboratory Licensing & Certification Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁴⁷	Fiscal Year 2010 ⁴⁸
Physician Office and Point of Care Laboratories⁴⁹	481	481	534	556	639	611	641	672
Initial Surveys of New Providers	30	34	12	39	38	20	8	10
Full Surveys	209	170	154	167	171	190	199	210
Follow-Up Surveys	3	3	4	6	2	97	102	107
Validation Surveys	44	33	31	36	5	5	5	5
Complaint Surveys	0	3	2	0	0	2	2	2
Federal Waived Lab Project	0	0	0	0	38	39	39	39
Independent Reference Laboratories⁵⁰	108	108	301	264	360	388	408	428
Initial Surveys of New Providers	13	5	3	5	27	6	8	10
Full Surveys	47	18	28	19	22	35	36	40
Follow-Up Surveys	3	1	5	0	2	28	28	29
Validation Surveys	2	2	0	0	0	0	1	1
Complaint Surveys	8	12	7	22	21	8	10	12
Hospital Laboratories⁵¹	54	54	65	63	73	76	78	80
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	0	0	0	0	0	0	0	0
Follow-Up Surveys	0	0	3	0	0	0	0	0
Validation Surveys	3	1	5	1	1	1	2	2
Complaint Surveys	6	4	2	4	0	0	0	0
Cholesterol Testing Sites⁵²	19	19	8	8	12	15	18	21
Initial Surveys of New Providers	2	3	1	1	0	5	6	7

⁴⁷ Based on FY 2010 budget submission.

⁴⁸ Based on FY2010 budget submission

⁴⁹ Initial license surveys for each new provider with periodic resurveys; federal requirements are every 2 years for non-accredited; only complaint and validation surveys are required for accredited or those performing simple tests.

⁵⁰ Initial licensure surveys for each new provider and then periodically under State regulations and every 2 years under federal. Only complaint and validation surveys are required for accredited laboratories or those performing simple tests.

⁵¹ Initial licensure survey and then periodically; every 2 years under federal regulation if not accredited; only complaint and validation surveys are required for accredited hospital laboratories.

⁵² Surveys required for all testing sites, initially and during all testing events under State regulations; every 2 years under federal requirements.

Table 11 Units of Measure Laboratory Licensing & Certification Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁴⁷	Fiscal Year 2010 ⁴⁸
Full Surveys	18	4	6	21	13	27	30	35
Validation Surveys	0	0	0	0	0	0	0	0
Tissue Banks⁵³	101	110	106	116	144	155	160	165
Initial Surveys of New Providers	0	3	0	2	7	11	12	14
Full Surveys	2	2	30	20	80	44	55	65
Follow-Up Surveys	0	0	0	0	0	3	10	12
Validation Surveys	0	0	1	0	0	0	0	0
Cytology Proficiency Testing⁵⁴								
Laboratories Performing Cytology	66	57	53	65	75	81	85	89
Individuals Tested	590	474	534	425	406	407	415	420
Individuals who Failed and Required Re-testing or Training and Re-Testing	25	12	23	20	14	17	15	13

Table 12 describes the performance standards of the Laboratory Licensing and Certification Unit.

Table 12. Performance Standards: Laboratory Licensing & Certification Unit – Fiscal Year 2008

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, freestanding ambulatory care facilities (ambulatory surgery, endoscopy, kidney dialysis, 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 maintains a complaint hotline.

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 2,000. This is reflective of the change in the health care delivery system and the shift of institutional care to home and community-based services.

⁵³ Initial licensure survey and periodically under State regulation.

⁵⁴ Individuals who read gynecological (PAP) smears are required to pass an approved cytology proficiency test under State and federal regulation.

Figure 3 describes the percentage of growth in the Ambulatory Care Programs.

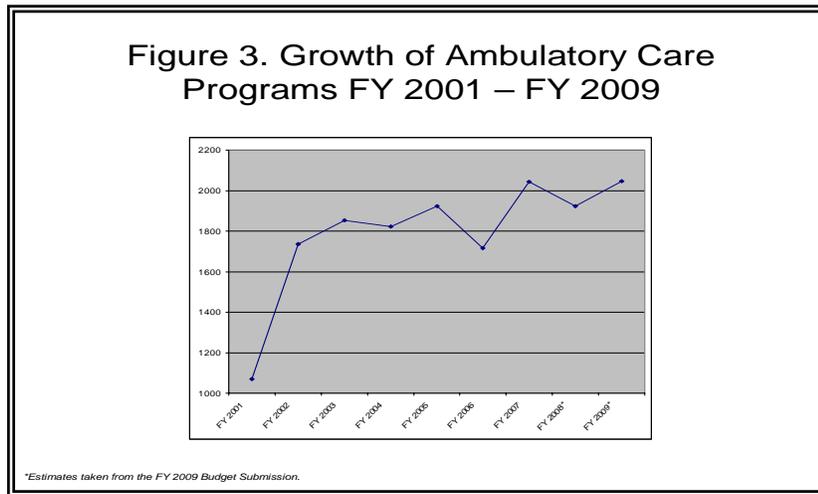


Table 13 describes the Ambulatory Care Programs Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2010.

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁵⁵	Fiscal Year 2010 ⁵⁶
Home Health Agencies⁵⁷	55	51	54	54	51	52	53	54
Number of Medicare Certified Providers	50	51	54	54	51	52	53	54
Initial Surveys of New Providers	2	16	1	2	0	2	2	3
Full Surveys	40	67	45	34	26	37	38	39
Follow-Up Surveys	2	6	0	0	0	3	3	3
Complaint Investigations	14	22	8	15	10	13	14	15
Hospice⁵⁸	35	31	32	31	31	31	31	32
Initial Surveys of New Providers	0	1	0	5	4	1	1	1
Full Surveys	0	2	7	0	0	3	3	3
Follow-Up Surveys	0	0	0	0	1	0	0	0
Complaint Investigations	2	6	4	9	9	10	11	12
Residential Service Agencies⁵⁹	354	375	432	523	622	589	595	601
Full Surveys	2	2	0	3	56	45	45	47

⁵⁵ Based on FY 2010 budget submission.

⁵⁶ Based on FY 2010 budget submission.

⁵⁷ State requires an annual license. Medicare surveys are on a flexible schedule that averages every 9 – 18 months, but not less than once every 3 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.

⁵⁸ State requires a license every 3 years; no survey frequency specified. Medicare survey frequency is 17% of all providers each year on a 6 year cycle.

⁵⁹ State required annual license; no federal requirements. License initially based on administrative review. During FY 2000, State survey requirements were implemented. During FY 2007, on-site inspection was initiated for new licensees.

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁵⁵	Fiscal Year 2010 ⁵⁶
Initial Surveys of New Providers	--	--	--	--	35	71	65	60
Follow-Up Surveys	--	--	--	--	35	41	38	35
Complaint Investigations	4	12	15	24	22	25	28	31
Freestanding Renal Dialysis⁶⁰	125	125	118	108	117	120	121	122
Initial Surveys of New Providers	13	18	2	2	5	3	1	2
Full Surveys	37	77	24	36	25	57	56	55
Follow-Up Surveys	1	5	0	3	3	4	3	3
Complaint Investigations	20	41	12	23	24	32	35	38
Freestanding Ambulatory Surgical Centers⁶¹	334	349	355	335	363	365	366	368
Initial Surveys of New Providers	14	30	15	21	15	15	15	16
Full Surveys	5	8	3	19	17	21	20	20
Follow-Up Surveys	0	0	0	3	0	1	0	0
Complaint Investigations	1	5	5	1	8	5	6	7
Comprehensive Outpatient Rehabilitation Facilities⁶²	14	15	6	7	8	8	8	8
Initial Surveys of New Providers	2	2	0	1	1	0	0	0
Full Surveys	0	0	0	1	1	1	1	1
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	0	0	0	0	1	1	1	1
Major Medical Equipment⁶³	157	111	139	178	209	227	227	227
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	0	0	0	0	0	0	0	0
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	0	0	2	0	1	1	1	1
Birthing Centers⁶⁴	5	4	5	5	3	2	2	2
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	5	10	5	2	2	1	1	1
Follow-Up Surveys	0	2	0	0	0	0	0	0
Complaint Investigations	0	2	0	0	0	0	0	0
Outpatient Physical Therapy⁶⁵	159	147	167	109	112	109	110	111
Initial Surveys of New Providers	5	7	9	2	4	0	1	1
Full Surveys	2	3	0	2	5	9	7	7

⁶⁰ State license required every three years; State surveys conducted periodically. Medicare facilities surveyed at 33% frequency annually as required by CMS.

⁶¹ State surveys are conducted periodically and Medicare frequency at 17% annually as required by CMS.

⁶² Annual state license renewal based on CORF accreditation. No established State survey frequency; Medicare frequency at 17% required by CMS.

⁶³ Three year licensing period; State surveys are conducted periodically.

⁶⁴ Three year licensing period; State surveys are conducted periodically.

⁶⁵ No State licensure requirement; Medicare surveys currently at 17% annually required by CMS. Full surveys above 17% are the result of more than one operational site and location changes.

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁵⁵	Fiscal Year 2010 ⁵⁶
Complaint Investigations	0	0	0	0	0	0	1	1
Portable X-Ray⁶⁶	10	10	11	12	11	11	11	11
Initial Surveys of New Providers	0	0	0	1	0	0	0	0
Full Surveys	0	0	0	1	1	1	1	1
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	1	1	2	1	2	1	1	1
Nurse Staff Agencies⁶⁷	--	--	--	299	499	502	505	510
License Renewed	--	--	--	--	352	471	476	481
Initial Licenses Issued	--	--	--	--	200	127	130	133
Nurse Referral Service Agencies⁶⁸								
Initial License issued	--	--	--	--	17	55	57	59
Complaints Received	--	--	--	--	0	0	1	1

Table 14 describes the performance standards of the Ambulatory Care Programs Unit.

Table 14. Performance Standards: Ambulatory Care Programs 2008	
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.	Met

It is important to recognize that the current regulatory structure for home-based services is not only confusing for consumers, but also for providers. Home health agencies, nurse referral service agencies, and residential service agencies each provide similar services to consumers and each is established under a separate statute and each is regulated differently. 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 increasingly important. A comprehensive set of standards is needed to ensure the quality of care. There must be a sufficient regulatory presence so consumers have an expectation of quality. Moreover, the regulatory structure must be manageable and provide the necessary flexibility for future growth and evolution of the industry.

⁶⁶ No State licensure requirement; Federal survey frequency at 17% annually as required by CMS.

⁶⁷ No survey staff is assigned to this program; currently no routine surveys are performed.

⁶⁸ No survey staff is assigned to this program; currently no routine surveys are performed.

Community Mental Health Unit

The Community Mental Health Unit is the licensing agent of group homes for adults and therapeutic group homes for children on behalf of the Mental Hygiene Administration (MHA) and the licensing review agent for the other services licensed by MHA. As such, C-MHU's primary function is to ensure that consumers in the state of Maryland receive quality mental health services. This is achieved through the regulatory process as governed by the Code of Maryland Regulations (COMAR) Title 10 Department of Health and Mental Hygiene Subtitle 21 Mental Hygiene Administration.

Community Mental Health programs include: therapeutic group homes for children, residential crisis services for children and adults, respite services for children, group homes for adults, residential rehabilitation programs for adults, psychiatric rehabilitation programs for children and adults, outpatient mental health clinics for children and adults, mental health vocational programs, mobile treatment services and psychiatric day treatment programs.

Table 15 describes the Community Mental Health Unit's accomplishments for Fiscal Year 2003 through 2010.⁶⁹

Table 15 Units of Measurement Community Mental Health Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁷⁰	Fiscal Year 2010 ⁷¹
Number of Programs	1000	844	860	863	1574	1518	1525	1535
Number of Providers	168	170	227	225	224	204	215	225
Providers Surveyed	168	170	160	122	99	139	140	145
Follow-up Surveys	0	0	0	0	5	34	35	40

Over the past fiscal year, this unit has worked hard to establish a regulatory presence consistent with that of other OHCQ units and programs. To that end, sanctions were initiated by the unit, in cooperation with the MHA. Additionally, the unit has worked to coordinate with related functions of the MHA, including MAPS-MD and the CSAs, so that oversight functions are not duplicated but, instead leveraged.

⁶⁹ Surveys are required once every 1, 2 or 3 years under State law.

⁷⁰ Based on FY 2010 budget submission.

⁷¹ Based on FY 2010 budget submission.

Table 16 describes the performance standards of the Community Mental Health Unit.

Priority or Performance Measure	Result
(1) To conduct a full licensure survey of each therapeutic group home, using the new regulations.	Met
(2) To shorten the length of therapeutic group home survey by using new survey processes and combining multiple sites.	Met
(3) To focus on programs that are not regulated or monitored by other governmental agencies.	Met

Substance Abuse Certification Unit

The Substance Abuse Certification Unit is the licensing agent of the Alcohol and Drug Abuse Administration (ADAA) and as such is responsible for the certification; initial approval and renewal of State of Maryland addiction service programs. The programs meet the required state and federal guidelines for programs that provide particular levels of treatment in accordance with the guidelines established by the American Society of Addiction Medicine Patient Placement Criteria. All programs serving adults, adolescents and children must meet the requirements of the ADAA.

This unit works in collaboration with ADAA as its regulatory enforcement agent ensuring that approved community substance abuse programs adhere to certification, environmental and program requirements as mandated by COMAR 10.47.

Table 17 describes the Substance Abuse Certification Unit's unit of measurement accomplishments for Fiscal Year 2003 through 2010.⁷²

Units of Measure Substance Abuse Certification Unit	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009 ⁷³	Fiscal Year 2010 ⁷⁴
Number of Programs	281	298	302	309	312	318	323	328
Full Surveys	165	165	148	129	122	214	219	224
Site Surveys	248	316	262	236	164	251	256	261
Number of New Provider Applications	46	19	17	24	28	34	39	44
Follow-Up Surveys	47	33	38	42	7	1	6	11

⁷² Surveys are required once a year under State law.

⁷³ Based on FY 2010 budget submission.

⁷⁴ Based on FY 2010 budget submission.

OHCQ Programs Staffing Analysis

Table 18 shows the types of staff and the annual change in numbers of positions from Fiscal Year 1996 to the present.

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 ⁷⁶	-.2

Table 19 shows the distribution of staff among three different categories

	Total	Managers	Professional or Surveyor	Clerical or Secretarial
Administration	14.6	5	7.6	2
Technical Assistance	3	1	2	0
Nursing Home	59	7	48	4
Developmental Disabilities	34	3	27	4
Assisted Living	35	5	27	3
Ambulatory Care	14	1	10	3
Alcohol/Mental Health	6.8	1	4.8	1
Laboratory	9	1	5	3
Hospital	9	1	7	1
Information Technology	6	2	4	0
Adult Medical Day Care	4	1	3	0
TOTAL	194.4⁷⁷	28	145.4	21

⁷⁵ This does not include 5.4 budgeted contractual positions.

⁷⁶ Based on reduction of 5.2 positions.

⁷⁷ This figure does not include 5.4 contractual positions.

FY 2009 Priorities

Long-Term Care (Nursing Homes)

- Maintain an overall 12 month average for nursing home surveys.
- Initiate on-site investigation of any complaint of serious and immediate jeopardy within two working days.
- Implement new regulations requiring greater transparency of nursing home ownership and include additional ownership information on OHCO website.
- Update nursing home regulations to require greater staffing, to enhance culture change activities.
- Learn and implement new Quality Indicator Survey, a new federal survey process incorporating additional nursing home resident data and interviews.

Assisted Living/Adult Day Care Unit

- Investigate any complaint that alleges a serious and immediate jeopardy within two working days.
- Complete 100% of licensure surveys of assisted living programs for facilities with 17 or more beds.
- Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.
- Compile 100% of the Audit Medical Day Care licensure surveys within 24 to 30 month of the previous survey.
- Implement new Maryland Assisted Living regulations.

Developmental Disabilities Unit

- Conduct re-licensure surveys of 40% of all providers.
- Complete initial reviews of 100% of application packets within 90 (review application packets) working days of receipt.
- Initiate 100% of Priority A (immediate jeopardy) incident/complaint investigations within two working days of receipt.
- Initiate 100% of follow-up investigations of Priority A incidents/complaints within timeframe recommended in the initial investigation.
- Eliminate backlog of cases in the Mortality Investigation Division.
- Implement new prioritization methods and provider self-surveys to effect a greater number of re-licensure surveys.
- In partnership with DDA, refine and implement the web-based system for licensed provider self-reporting of incidents as defined in DDA's Policy on Reportable Incidents and Investigations.

Hospitals, HMOs, and Patient Safety Unit

- Conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days.
- Conduct annual reviews of patient safety programs in 20% of all licensed hospitals.
- To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.

- Complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.
- Investigate any complaints of serious and immediate jeopardy within two working days.
- Complete the annual inspections of the ten hospitals located within correctional facilities.

Ambulatory Care Programs Unit

- Maintain an overall 36 month average for home health agency surveys (federal priority).
- Investigate any complaint of serious and immediate jeopardy within two working days.
- 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

- Maintain federally required and budgeted survey activity.
- Investigate any complaint of serious and immediate jeopardy within two working days.
- Process requests for licensure, permits, and certificates within two months of application.

Community Mental Health Unit

- Verify with MHA, CSA and MAPS-MD programmatic compliance regarding all new applicants and/or programs applying for expansions or relocations.
- Conduct follow up surveys on 100% of the agencies identified in FY 2008 as being non-compliant with COMAR.
- Prioritize service providers who have been identified by MHA, CSA or MAPS-MD as being non-compliant with COMAR and within 6 months of referral complete a full survey of the program.

Substance Abuse Certification Unit

- Review 80% of new program applications received within 30 days of receipt.
- Schedule 80% of renewal surveys within 2 weeks of receiving the completed and notarized application from the Certified OTP/OMT program.
- Within 3 weeks following the renewal survey, the OTP/OMT will receive approval, written notification of the recommendation or denial of recertification.

Appendix A: 2009 Labor-Hour Analysis

Fiscal Year 2009 Staffing Analysis

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. 2008 Staff Overage or Shortage
Long Term Care								
No. of Surveyors							41.00	(19.31)
Nursing Homes								
Federal Survey	233	1.00	233	168	39,144	26.45		
Complaints/Self Reports Investigated	3500		3500	12	42,000	28.38		
Follow-Up Surveys	90		88	16	1,408	0.95		
State Survey	233	1.00	233	20	4,660	3.15		
State Follow-Up Surveys	34		34	20	680	0.46		
TAU Training Programs	6		6	16	96	0.06		
Informal Dispute Resolution Conferences	55		55	2	110	0.07		
ICF/MR	4	1.00	4	120	480	0.32		
Complaint	50		50	12	600	0.41		
Follow-Up Surveys	3		3	16	48	0.03		
Technical Assistance	3		3	16	48	0.03		
Assisted Living Programs								
No. of Surveyors							25.00	(4.88)
Initial Surveys	259		259	45	11,655	7.88		
Annual Inspections	1390	.50	695	16	11,120	7.51		
Renewal Surveys	1390	.50	695	18	12,420	8.45		
Other Surveys	163		163	18	2,934	1.98		
Complaint Investigations	273		273	22	6,006	4.06		
Adult Medical Day Care								
No. of Surveyors							3.00	(-0.71)
Initial Surveys	5	1.00	5	22	110	0.07		
Renewal Surveys	142	0.50	71	34	2,414	1.63		
Complaints/Self Reports	30		30	18	540	0.36		
Expansions	20		20	14	280	0.19		
Follow-Up Surveys	4		4	16	64	0.04		
Developmental Disabilities								
No. of Surveyors							27.00	(28.80)
Initial Site Openings	288		288	6	1728	1.17		
Residential Sites (ALUs and Group Homes)	2,740	1.00	2,740	16	43,840	29.62		
Day Habilitation and Vocational/Supportive Employment	236	1.00	236	40	9440	6.38		
Individual Family Care Requirements	233	1.00	233	12	2796	1.89		
Resource Coordination	14	1.00	14	40	560	0.38		
Community Supported Living Arrangement & Family/Individual Support Services ³	3845	1.00	3845	4	15380	10.39		
Follow-Up Surveys	10		10	24	240	0.16		

Fiscal Year 2009 Staffing Analysis

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxH)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors ²	H. 2008 Staff Overage or Shortage
Death Investigations	200		200	13	2600	1.76		
Complaint & Incident Investigations ⁴	2700		300	20	6000	4.05		
Hospitals & Patient Safety								
No. of Surveyors							7.00	(-0.26)
Hospitals								
Validation Surveys	3		3	210	630	0.43		
Complaints Investigated	90		90	24	2,160	1.46		
Complaints Referred & Followed	278		278	10	2,780	1.88		
Follow-Up Surveys	15		15	16	240	0.16		
Correctional Health Care Facilities								
Full Surveys	11	2.00	22	25	550	0.37		
Complaint Investigations	3		3	8	24	0.02		
UR/Credentialing; Other Reviews and Surveys	69		69	2	138	0.09		
Mortality Review - Psych Hospitals	19		19	8	152	0.10		
Patient Safety								
Review - RCA	200		200	4	800	0.54		
Follow-Up Investigations	20		20	12	240	0.16		
Patient safety Program TA Surveys	6		6	24	144	0.1		
Health Maintenance Organizations								
Surveys	7	1.00	7	110	770	0.52		
Follow-Up	1		1	16	16	0.01		
Complaints	20		20	5	100	0.07		
Residential Treatment Centers								
Complaints	38		38	16	608	0.41		
Validation Surveys	2		2	16	32	0.02		
Follow-Up Surveys	8		8	16	80	0.05		
Freestanding Medical Facilities								
Surveys	2		2	24	48	0.03		
Follow-ups	4		4	24	192	0.06		
Complaints	2		2	10	20	0.01		
Transplant Programs								
Surveys	2		2	160	320	0.22		
Complaints	2		2	20	40	0.03		
Laboratories Licensing and Certification								
No. of Surveyors							5.00	(4.72)
Independent Reference Labs								
Non-Accredited	93	0.50	46	20	940	0.62		
Complaints	25		25	22	550	0.37		
Physician Offices and Point of Care								
CLIA	612	0.50	306	10	3,060	2.07		
Federal Waived Lab Project	39	1.00	39	10	390	0.26		
Validation	5		5	20	100	0.07		
Cytology Proficiency Testing	407		407	3	1,221	0.83		
Cytology Surveys	35	0.50	18	8	144	0.10		

Fiscal Year 2009 Staffing Analysis

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. 2008 Staff Overage or Shortage
Proficiency Testing - Multiple Failure Letters	43		172	4	688	0.46		
Proficiency Testing - Single Failure Letters	1168		1168	2	2,336	1.58		
State Only Surveys	281	0.50	140	7	987	0.66		
Cholesterol Testing - Site Approvals	574		574	1	574	0.39		
Cholesterol Testing	32	1.00	32	7	224	0.15		
Tissue Banks	160		164	11	1,804	1.22		
Public Health Testing	18	1.00	18	5	90	0.06		
Employer Drug Testing	114	1.00	114	11	1,254	0.85		
Ambulatory Care Programs								
No. of Surveyors							10.00	(21.32)
Birthing Centers	3	1.00	3	18	54	0.04		
Home Health Agencies (HHA)	53	1.00	53	50	2,650	1.79		
HHA - Complaints	14		14	24	336	0.23		
Dialysis Centers - Surveys	122	0.33	40	46	1,840	1.24		
Dialysis Complaints	11		11	21	231	0.16		
Hospice Care Programs - Surveys	31	0.33	10	43	430	0.29		
Hospice Care Programs - Complaints	10		10	21	210	0.14		
Ambulatory Surgical Centers	388	0.33	128	16	2,048	1.38		
Ambulatory Surgical Centers - Complaints	7		7	8	56	0.04		
Outpatient Physical Therapy	111	0.05	6	10	60	0.04		
Comprehensive Outpatient Rehab Facilities	9	0.05	1	10	10	0.01		
Portable X-Ray	11	0.05	1	10	10	0.01		
Residential Service Agencies	630	1.00	630	54	34,020	22.99		
Residential Service Agencies - Complaints	25		25	18	450	0.3		
Major Medical Equipment	239	1.00	239	10	2,390	1.61		
Nurse Staffing Agencies	505	1.00	505	3	1,515	1.02		
Nurse Referral Service Agencies	58	0.33	19	2	38	0.03		
Mental Health Programs								
No. of Surveyors							4.00	(2.66)
Community Mental Health Clinics	237	0.50	119	26	3094	2.09		
Adult Group Homes	133	0.50	532	3.3	1755.6	1.19		
Mental Health Vocational Program	50	0.33	17	24	408	0.28		
Mobile Treatment Services	23	0.33	8	16	128	0.09		
Partial Hospitalization Program	39	0.33	13	16	208	0.14		
Psychiatric Rehabilitation Program	240	0.33	79	30	2370	1.6		
Residential Crisis Services	14	0.33	5	16	80	0.05		
Residential Rehabilitation Program	77	0.33	25	25	625	0.42		
Respite	15	0.33	5	16	80	0.05		
Therapeutic Group Homes	32	1.00	32	24	768	0.52		
Therapeutic Nurseries	2	0.33	1	16	16	0.01		
Application Reviews	40		40	8	320	0.22		
Substance Abuse Programs								
No. of Surveyors							2.80	(2.38)
Initial Surveys	40		40	16	640	0.43		

Fiscal Year 2009 Staffing Analysis

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. 2008 Staff Overage or Shortage
Outpatient Therapy	303	0.50	151	24	3,624	2.46		
Intensive Outpatient Therapy	143	0.50	72	16	1,152	0.78		
Partial Hospitalization	9	0.50	5	16	80	0.05		
Halfway Houses	60	0.50	30	16	480	0.32		
Long Term Residential Care	14	0.50	7	16	112	0.08		
Therapeutic Community	4	0.50	2	16	32	0.02		
Medically Monitored Intensive Inpatient Therapy	16	0.50	8	24	192	0.13		
Medically Monitored Detoxification	18	0.50	9	16	144	0.10		
Ambulatory Dextox w/Extend On-Site Monitoring	17	0.50	9	16	144	0.10		
Opioid Maintenance Therapy Program	47	0.50	24	24	576	0.39		
Application Reviews	20		20	24	480	0.32		
						207.90	124.80	(83.10)

¹Key for Column B:

1.00 = Annual

0.50 = Every 2-Yrs

0.33 = Every 3-Yrs (Periodic)

0.15 = 15% of the Total

0.10 = 10% of the Total

0.05 = 5% of the Total

²Figures based upon 7/2008 Listing of Position Detail by Unit/Program/Sub-Program Report from FMIS.

³ Figures based upon FY 2009 Work Unit Estimates.

⁴Surveys are based on number of individuals.

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