

M00B0103
Office of Health Care Quality
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

	<u>FY 16</u> <u>Actual</u>	<u>FY 17</u> <u>Working</u>	<u>FY 18</u> <u>Allowance</u>	<u>FY 17-18</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$11,900	\$12,705	\$12,778	\$72	0.6%
Adjustments	0	0	-44	-44	
Adjusted General Fund	\$11,900	\$12,705	\$12,734	\$28	0.2%
Special Fund	268	536	536	0	
Adjusted Special Fund	\$268	\$536	\$536	\$0	0.0%
Federal Fund	5,896	7,374	6,589	-786	-10.7%
Adjustments	0	0	-22	-22	
Adjusted Federal Fund	\$5,896	\$7,374	\$6,567	-\$808	-11.0%
Adjusted Grand Total	\$18,063	\$20,615	\$19,836	-\$779	-3.8%

Note: Includes targeted reversions, deficiencies, and contingent reductions.

- After an across-the-board contingent reduction, the Governor's fiscal 2018 allowance decreases by \$779,000, or -3.8%, over the fiscal 2017 working appropriation, primarily due to lower personnel costs.

Note: Numbers may not sum to total due to rounding.

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Personnel Data

	<u>FY 16 Actual</u>	<u>FY 17 Working</u>	<u>FY 18 Allowance</u>	<u>FY 17-18 Change</u>
Regular Positions	197.00	196.70	196.70	0.00
Contractual FTEs	<u>4.24</u>	<u>5.50</u>	<u>5.50</u>	<u>0.00</u>
Total Personnel	201.24	202.20	202.20	0.00

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	18.69	9.50%
Positions and Percentage Vacant as of 12/31/16	14.00	7.12%

- The fiscal 2018 allowance includes the same number of regular and contractual full-time equivalents.
- As of December 31, 2016, there were 14.0 vacant positions, a large decrease from 40.9 vacant positions in the prior year. However, there are currently not enough vacancies to meet turnover.

Analysis in Brief

Major Trends

Staffing Deficits and Increased Workload Limit the Agency’s Efficacy: The Office of Health Care Quality (OHCQ) has faced chronic staffing shortages over the past few years due to the combination of an increased workload, a structural deficiency in positions allotted for survey and inspection activities, and chronic vacancies among surveyor positions. In fiscal 2016, the agency continued to fall short of its Managing for Results performance measures.

Issues

OHCQ Staffing Issues Impact Agency Performance: While the staffing deficit at OHCQ has decreased year over year, the agency remains understaffed at the same time the number of providers has increased. The staffing deficit continues to impinge on the agency’s ability to meet performance measures and puts the agency at risk of losing federal funds from its inability to meet federal statutory mandates.

Recommended Actions

1. Add budget bill language requesting a three-year plan to adequately staff the Office of Health Care Quality.

M00B0103 – DHMH – Office of Health Care Quality

M00B0103
Office of Health Care Quality
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene (DHMH) mandated by State and federal law to determine compliance with the quality of care and life standards for a variety of health care services and programs. Facilities and services are reviewed on a regular basis for compliance with the *Code of Maryland Regulations* (COMAR), as well as for compliance with federal regulations in those facilities participating in Medicare and Medicaid. The types of facilities licensed and regulated by OHCQ include nursing homes, hospitals, ambulatory surgical centers, endoscopic centers, birthing centers, home health agencies, health maintenance organizations (HMO), hospice care, physical therapy centers, developmental disability homes and facilities, mental health facilities, substance abuse treatment facilities, and forensic laboratories.

Performance Analysis: Managing for Results

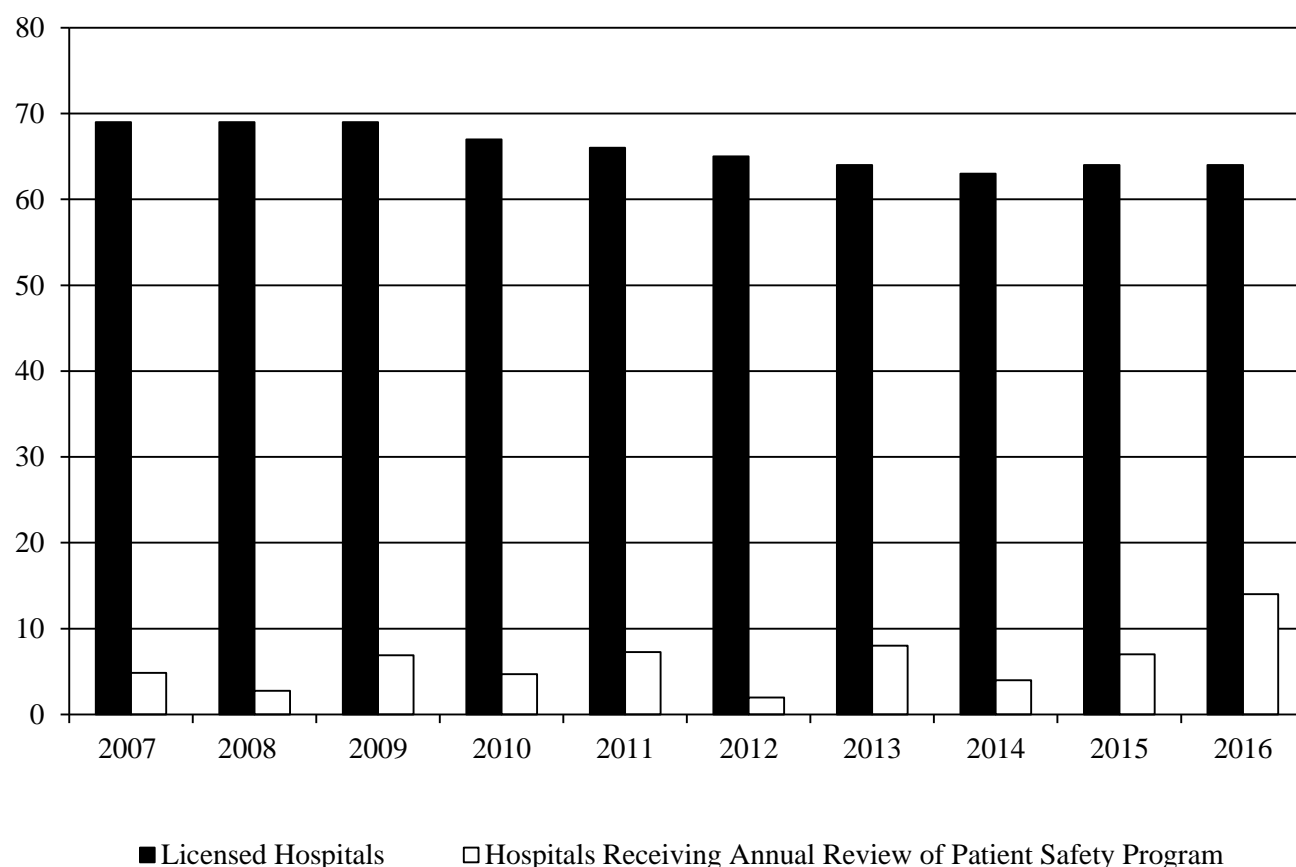
1. Staffing Deficits and Increased Workload Limit the Agency's Efficacy

Hospitals and Patient Safety

OHCQ protects the safety of consumers through a survey and enforcement process of a variety of health-related entities. It also protects the public and ensures the health of Marylanders through the timely resolution of consumer complaints. However, staffing deficiencies have hampered the agency's ability to meet its Managing for Results (MFR) performance measures.

In fiscal 2004, OHCQ assumed responsibility for the implementation of the Maryland Patient Safety Program (part of the Hospital and HMO Quality Assurance units at OHCQ), which requires hospitals to establish an internal patient safety program that tracks adverse events and near misses. OHCQ has been increasing the number of reviews. As shown in **Exhibit 1**, the agency reviewed 14 programs in fiscal 2016, up 100% over fiscal 2015. The agency notes that conducting annual reviews of hospital patient safety programs in a certain percentage of all licensed hospitals is not mandated by statutes or regulations.

**Exhibit 1
Licensed Hospitals and Annual Review of Patient Safety Program
Fiscal 2007-2016**



Source: Department of Health and Mental Hygiene

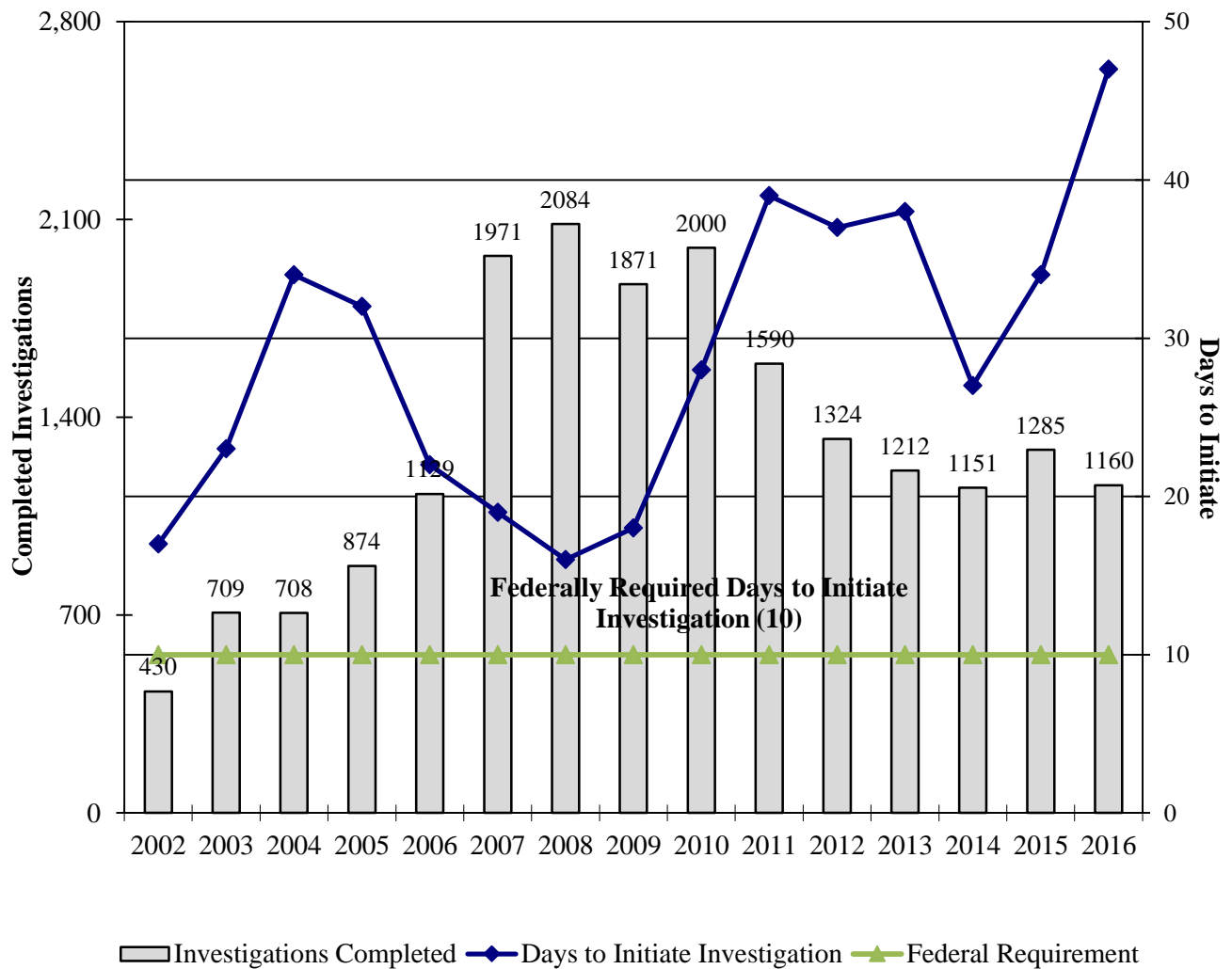
Hospitals are required to report to OHCQ Level 1 adverse events, including events that result in death or serious disability, retained foreign bodies after a surgery, or wrong-side/wrong-person surgery. For each adverse event, hospitals submit a root cause analysis (RCA) that is reviewed by OHCQ and logged into a database. OHCQ has consistently managed to conduct timely RCA reviews.

Nursing Homes

Federal and State regulations require the investigation of complaints and incidents (as reported by facilities, consumers, or advocates) alleging actual harm. The OHCQ Long Term Care Unit evaluates, monitors, licenses, and certifies all nursing homes in the State. One of the performance goals of OHCQ is to minimize delays in handling complaint investigations in nursing homes. Specifically,

the MFR goal is to initiate investigations of complaints alleging actual harm within 10 working days of receipt of the complaint (consistent with requirements set forth in federal regulations for Medicare and Medicaid). **Exhibit 2** shows the number of complaint investigations alleging actual harm completed by OHCQ annually as well as the average number of days for OHCQ to initiate an investigation.

Exhibit 2
Nursing Home Complaint Investigations
Fiscal 2002-2016



Source: Department of Health and Mental Hygiene

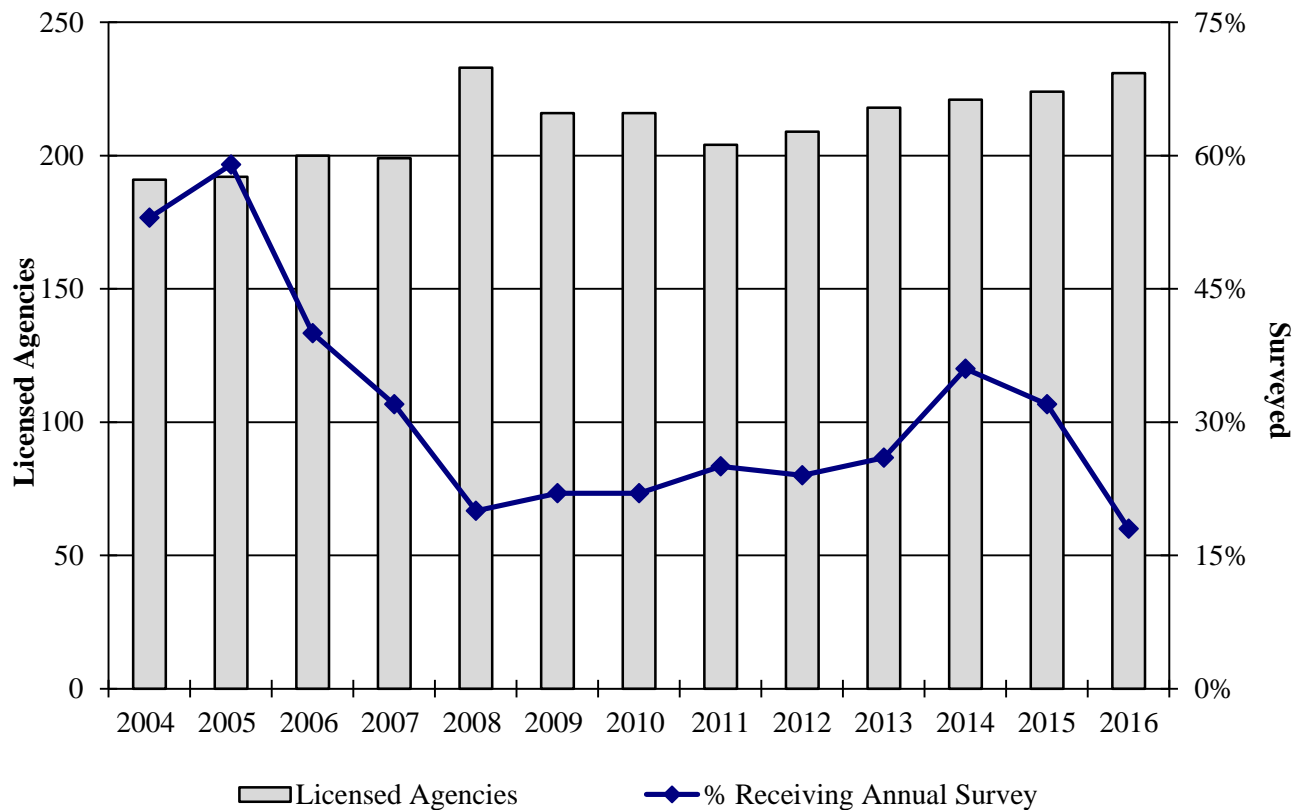
In fiscal 2016, the number of days to initiate an investigation (47) is higher than any other year, a period when OHCQ had a large number of vacancies. Limited staff resources continue to not only prevent the agency from reaching its goal but also put the State out of compliance with federal performance standards.

Developmental Disabilities Facilities

The OHCQ Developmental Disabilities Unit (DDU) evaluates, monitors, and recommends licensure for all community residential, day habilitation, vocational, and support services provided for individuals receiving funding through the Developmental Disabilities Administration (DDA). In fiscal 2015, there were over 200 agencies operating in more than 3,100 sites throughout the State. The unit's goal is to provide timely and comprehensive relicensure surveys for agencies providing services to developmentally disabled individuals, as required by COMAR. **Exhibit 3** shows the total number of licensed agencies and the percentage of those receiving an annual survey. All new sites are required to have an initial survey prior to operation.

The agency is statutorily mandated to complete annual surveys for the continuing protection of individuals with developmental disabilities receiving services from agencies licensed by DDA. The percentage of Developmental Disabilities facilities receiving annual surveys declined sharply between fiscal 2005 and 2008. Specifically, OHCQ conducted as many as 59% of relicensure surveys in fiscal 2005 but only 20% in fiscal 2008. The agency's DDU has struggled to meet its MFR goal and had previously reduced the goal from 27% to 25% of required annual relicensure surveys. After failing to meet even this reduced goal in fiscal 2012 (during which only 24% of annual relicensure surveys were completed), the agency completed 26% of annual relicensure surveys to meet its goal in fiscal 2013.

**Exhibit 3
Survey of Developmental Disabilities Agencies
Fiscal 2004-2016**



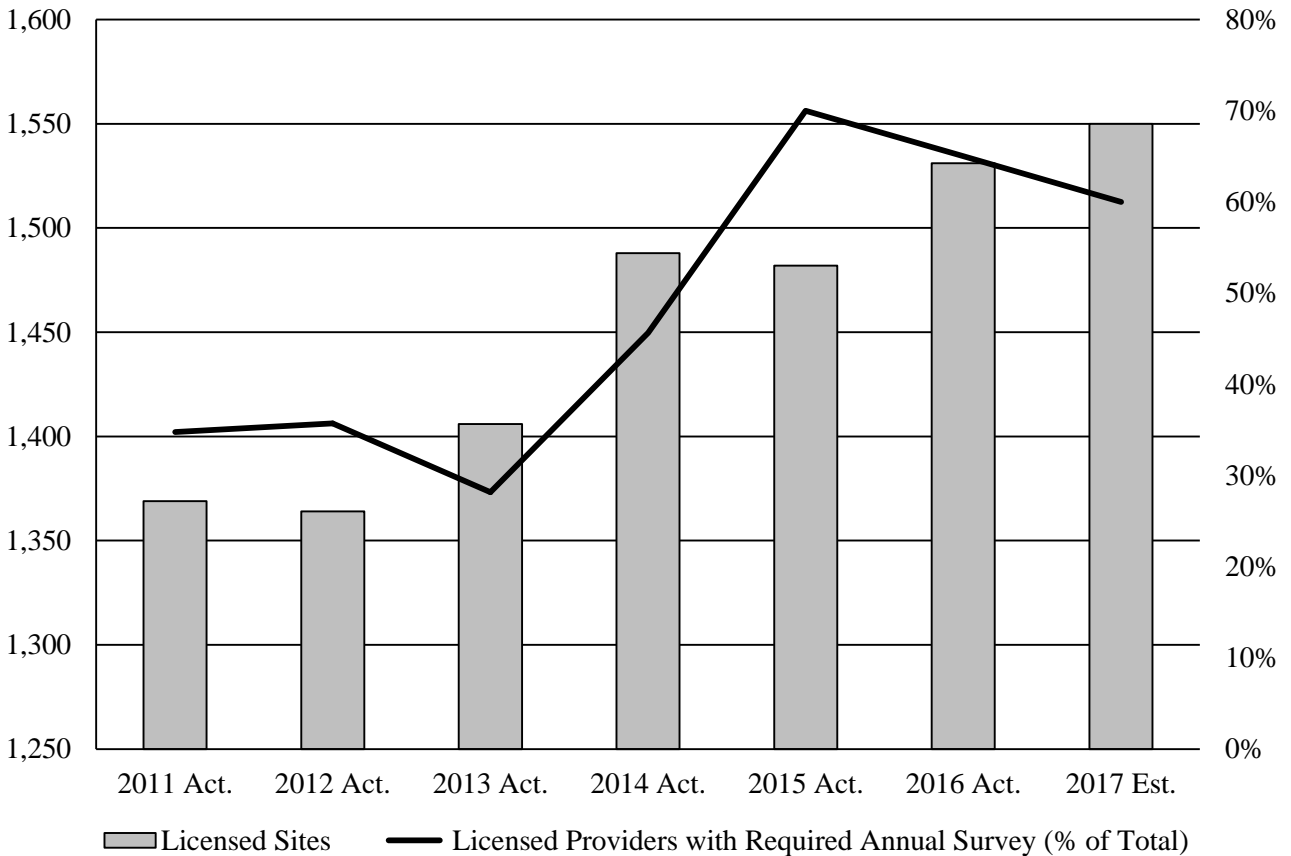
Source: Department of Health and Mental Hygiene

In fiscal 2016, the agency completed 18% of annual relicensure surveys, the lowest rate in the period shown and falling far short of its latest MFR goal (45%). OHCQ advises that it has implemented a targeted survey process that has increased the number of surveys completed. However, challenges continue to face the unit. The growing number of individuals receiving DDA-funded support and the corresponding increase in the total number of agencies serving these individuals has placed a greater burden on OHCQ. The move to place individuals into community-based settings has also contributed to the increase in community providers (as well as the increase in sites operated by those providers). There was a deficiency appropriation for fiscal 2015 to fund 5 new positions to support DDU. It must be noted that, while the agency’s current goal is to complete 45% of annual relicensure surveys, it should ultimately be the agency’s goal to complete 100% of annual relicensure surveys, consistent with its statutory mandate.

Assisted Living Facilities

The OHCQ Assisted Living Unit (ALU) surveys all assisted living providers in the State. The unit’s goal is to provide timely and comprehensive initial and annual renewal surveys of assisted living sites for the protection of individuals receiving services from assisted living providers. In fiscal 2016, there were 1,531 licensed sites. **Exhibit 4** shows the number of licensed sites in the State receiving initial and renewal surveys. The agency has been unable to meet its goal of 80% and for fiscal 2016, has revised the goal to 60% of licensed assisting living sites with an annual renewal survey. In fiscal 2016, ALU completed 65% of licensed provider surveys, a decrease from fiscal 2015 when ALU completed 70% of licensed provider surveys, although, meeting the revised goal of 60%.

Exhibit 4
Licensed Assisted Living Sites Surveyed
Fiscal 2011-2017 Est.



Source: Department of Health and Mental Hygiene

Proposed Budget

As shown in **Exhibit 5**, after adjusting for a contingent back of the bill reduction, the adjusted fiscal 2018 allowance for OHCQ falls by \$779,000 (-3.8%) over the fiscal 2017 working appropriation. This decrease is due primarily to personnel costs. Federal funds decrease by \$808,000, primarily to accurately reflect estimated federal fund attainment. In fiscal 2016, OHCQ canceled \$2 million in federal funds due to an overestimation of attainment. Similarly, the agency overestimated federal fund attainment in fiscal 2017 and will likely have a large cancellation of funds. This overestimation comes at the expense of general funds, and the agency noted that there will likely be a deficiency of general funds in fiscal 2017. For fiscal 2018, to correct for the prior years, the agency’s budget reflects a lower estimated federal fund attainment. However, general funds do not increase in fiscal 2018. Instead, the agency increased turnover at the same time they are ramping up hiring. **The Department of Legislative Services (DLS) recommends that the agency comment on the current turnover estimate given the recent decrease in vacancies.**

Exhibit 5
Proposed Budget
DHMH – Office of Health Care Quality
(\$ in Thousands)

How Much It Grows:	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Total</u>
Fiscal 2016 Actual	\$11,900	\$268	\$5,896	\$18,063
Fiscal 2017 Working Appropriation	12,705	536	7,374	20,615
Fiscal 2018 Allowance	<u>12,734</u>	<u>536</u>	<u>6,567</u>	<u>19,836</u>
Fiscal 2017-2018 Amount Change	\$28	\$0	-\$808	-\$779
Fiscal 2017-2018 Percent Change	0.2%		-11.0%	-3.8%

Where It Goes:

Personnel Expenses

Miscellaneous adjustments	\$85
Other fringe benefit adjustments.....	-37
Retirement contributions.....	-118
Regular earnings, reclassifications, and accrued leave	-230
Employee and retiree health insurance	-255
Turnover adjustments.....	-370

Where It Goes:

Other Changes

Vehicle replacements	153
Grants to fund studies to benefit nursing home residents	36
Payments to Montgomery County for surveyors	23
Building repairs and inspections	13
Nurse Aide Training and Competency Evaluation Program.....	12
In-state and out-of-state travel	-33
Personal computer lease payments	-58
Other	1
Total	-\$779

DHMH: Department of Health and Mental Hygiene

Note: Numbers may not sum to total due to rounding.

Personnel Expenses

Personnel expenses fall in the fiscal 2018 budget by \$926,000 and represent the majority of budgetary change in the agency. Regular earnings, reclassifications, and accrued leave payout reduces the budget by \$230,256. Regular earnings decreased as employees retired, and new employees were hired at lower pay grades. Health insurance and retirement fall by \$254,000 and \$119,000, respectively.

In addition, turnover decreases the budget by \$370,000. The agency’s fiscal 2018 vacancy rate as of December, 31, 2016, was 7.12%, much lower than the prior year. However, the number of vacancies needed to meet turnover increased in the fiscal 2018 allowance to 9.5%, so the agency does not have enough vacancies to meet turnover. Given the agencies inability to meet its required inspection levels as shown earlier, budgeting higher turnover (thereby reducing the effective level of staffing) can be expected to further undermine OHCQ’s ability to fulfill its mission.

Across-the-board Reductions

The fiscal 2018 budget bill includes a \$54.5 million (all funds) across-the-board contingent reduction for a supplemental pension payment. Annual payments are mandated for fiscal 2017 through 2020 if the Unassigned General Fund balance exceeds a certain amount at the close of the fiscal year. This agency’s share of these reductions is \$44,000 in general funds and \$22,000 in federal funds. This action is tied to a provision in the Budget Reconciliation and Financing Act of 2017.

Operating Expenses

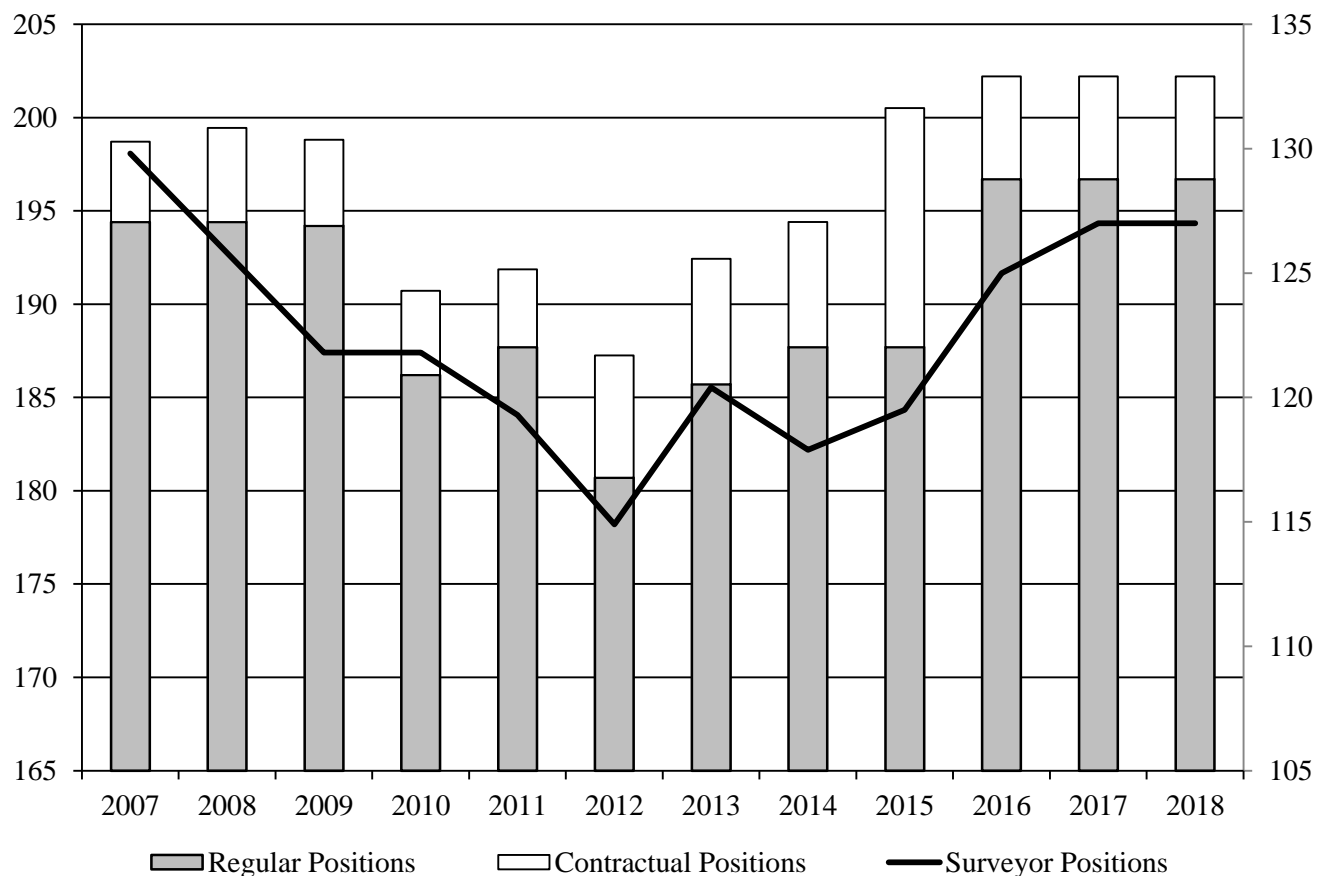
Grants to fund studies that benefit nursing home residents increase the budget by \$36,000 in special funds from an increase in civil money penalties. Additionally, the grant provided to Montgomery County surveyors increases for fiscal 2018 due to a step increase for Montgomery County employees. Other increases include building repairs (\$13,000) and the Nurse Aide Training and Competency Evaluation Program (\$12,000). The budget also proposes to allow the purchase of 10 new vehicles due to high mileage and maintenance, increasing the fiscal 2018 allowance by \$153,000. These increases were offset by a \$33,000 reduction in travel and \$58,000 for personal computer leases.

Issues

1. OHCQ Staffing Issues Impact Agency Performance

As demonstrated in **Exhibit 6**, OHCQ staffing levels have fluctuated slightly in recent years but decreased overall by 4.6 total positions between fiscal 2007 and 2014, during which period the agency continuously struggled to meet its statutory mandates. However, total positions increased to 202.2 in fiscal 2016 due to multiple contractual conversions, their highest point in the period shown. The fiscal 2018 staffing level remains stable and includes 202.2 full-time equivalent (FTE) positions.

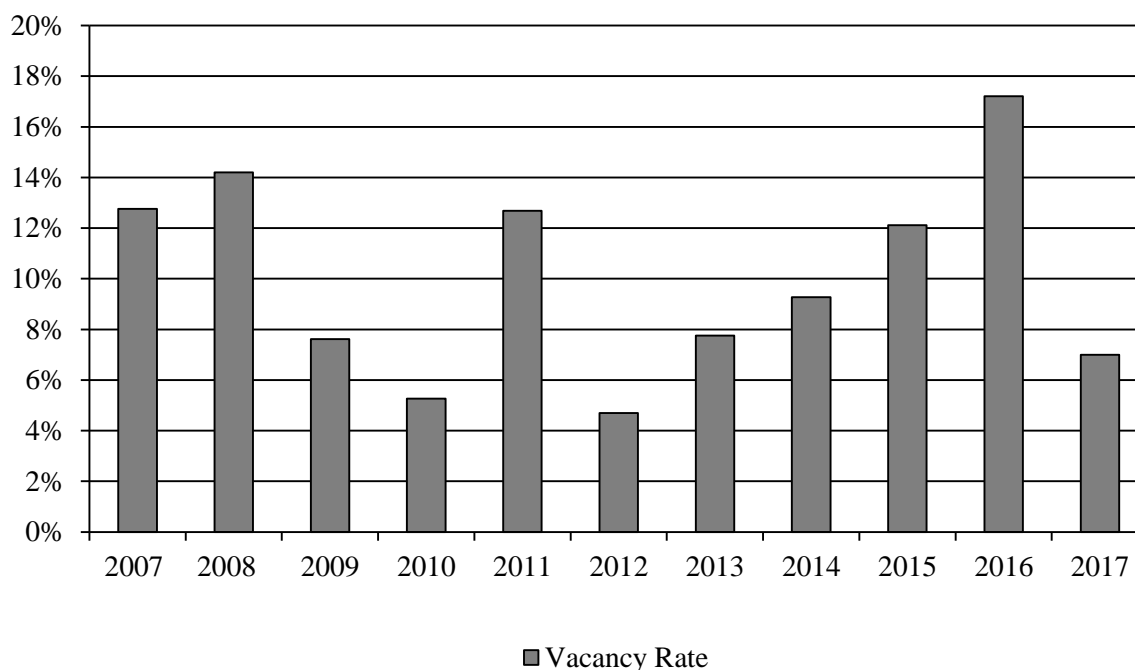
Exhibit 6
Staffing Levels in the Office of Health Care Quality
Fiscal 2007-2018



Source: Department of Health and Mental Hygiene; Department of Legislative Services

After reaching historically low staffing levels in fiscal 2012, the fiscal 2013 budget included 5 new nurse surveyor positions to help address a loss of positions through an earlier Voluntary Separation Program, and an influx of new providers in community-based programs (including residential service agencies, assisted living providers, and homes for individuals with developmental disabilities). However, the agency’s vacancy rate also rose during that period – and continued to rise until fiscal 2017. As demonstrated in **Exhibit 7**, the OHCQ vacancy rate – which fluctuated prior to fiscal 2012 – increased from 4.7% at the beginning of calendar 2012 to 17.2% for fiscal 2016. The agency attributed the growing vacancy rate to the inability to fill several senior management and nonsurveyor professional positions. In the first half of fiscal 2017, the agency has decreased the vacancy rate to 7.0%. In its fiscal 2018 department overview, DHMH argued that the salaries of OHCQ nurse surveyors are not competitive. However, the vacancy rate for surveyors is actually much lower, at 2.4%, than the OHCQs departmentwide vacancy rate. While salaries may be a contributing factor to difficulties in filling positions, the inadequacy of authorized positions remains the main cause of OHCQ’s inability to meet its workload.

Exhibit 7
Vacancy Rates in the Office of Health Care Quality
Calendar 2007-2017 Year-to-date



Note: Graph reflects vacancy rates at the beginning of each calendar year.

Source: Department of Health and Mental Hygiene; Department of Legislative Services

Surveyor Staffing Deficit Remains High

The OHCQ workload is directly proportional to the number of providers overseen. Since fiscal 2014, OHCQ has had a 25% increase in the number of providers it oversees without the corresponding increase in total number of employees. A statutorily required annual staffing study indicated that an additional 52.15 FTE surveyor positions were needed to meet all mandates in fiscal 2016. OHCQ predicts a decrease in the deficit, to 46.05 FTEs, for fiscal 2017. While this is an improvement from the prior year and fiscal 2013 when the deficit was 107, it is still significant.

As discussed in the Performance Analysis section of this document, the inability of OHCQ to meet its statutory mandates has been felt across its various units – including notably, in DDU, which evaluates, monitors, and recommends licensure for all community, residential, day habilitation, vocational, and support services provided for individuals receiving funding through DDA. **Exhibit 8** shows OHCQ’s estimated surveyor deficit for fiscal 2017 by unit. DDU, which oversees more than 200 such agencies operated over 3,000 sites throughout the State, has a projected deficit of 22 surveyors. As indicated in the Performance Analysis section of this document, the agency completed 18% of annual relicensure surveys for these facilities, the lowest in recent years and again falling short of its goal (45%).

Exhibit 8 Surveyor Staffing Deficit Projected Fiscal 2017

<u>Unit</u>	<u>Current Surveyors</u>	<u>Needed Surveyors</u>	<u>Surveyor Deficit</u>
Long-term Care	37.60	49.82	12.22
Assisted Living	26.00	32.27	6.27
Developmental Disabilities	33.00	55.06	22.06
Hospitals	6.00	6.60	0.60
Laboratories	5.00	6.01	1.01
Ambulatory Care	13.00	14.72	1.72
Behavioral Health	6.00	8.17	2.17
Total	126.60	172.65	46.05

Source: Department of Health and Mental Hygiene

Additionally, there is a projected 12 surveyor deficit in the long-term care unit. As indicated in the Performance Analysis section, the average number of days for OHCQ to initiate an investigation of complaints alleging actual harm has increased to 47 days, well above federal regulations of 10 working days.

Surveyors are supervised by a coordinator who coordinates all administrative tasks related to the licensure, certification, and survey activities and serves as a liaison to providers. According to the agency, a coordinator most efficiently and effectively supervises 5 to 7 surveyors, depending on the unit. The coordinator staffing deficit is a projected 7 positions for fiscal 2017. As shown in **Exhibit 9**, the largest coordinator deficit is in DDU, 3 coordinators, followed by long-term care, 2 coordinators.

Exhibit 9
Coordinator Staffing Deficit Projected
Fiscal 2017

<u>Unit</u>	<u>Current Surveyors</u>	<u>Current Coordinators</u>	<u>Needed Coordinators</u>	<u>Coordinator Deficit</u>
Long-term Care	37.6	5.0	7.0	2.0
Assisted Living	26.0	4.0	5.0	1.0
Developmental Disabilities	33.0	3.0	6.0	3.0
Hospitals	6.0	1.0	1.0	0.0
Laboratories	5.0	1.0	1.0	0.0
Ambulatory Care	13.0	2.0	3.0	1.0
Behavioral Health	6.0	1.0	1.0	0.0
Total	126.6	17.0	24.0	7.0

Source: Department of Health and Mental Hygiene

During the 2016 legislative session, DLS recommended that in its annual report, OHCQ identify the federal mandate for each provider type and whether they met the mandate during the year. If OHCQ does not meet the mandate, the agency is at risk of losing federal funding. **The agency should comment on whether or not it lost federal funding in fiscal 2016 due to not meeting statutory mandates. DLS recommends that DHMH develop a three-year plan to fully staff the agency according to its statutory staffing study analysis.**

Recommended Actions

1. Add the following language:

Provided that \$100,000 of the general fund appropriation of program M00A01.01 Executive Direction made for the purpose of administration may not be expended until the Department of Health and Mental Hygiene (DHMH) submits a three-year plan to the budget committees outlining how DHMH will fully staff the Office of Health Care Quality. This report shall be submitted by October 1, 2017, and the committees shall have 45 days to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and will revert to the General Fund if the report is not submitted.

Explanation: The budget committees are concerned about the safety of the State’s health care facilities regulated by the Office of Health Care Quality with the chronic staffing shortage that plagues the agency. The agency has had large staffing deficits for over a decade that impinges its ability to meet statutory mandates. The committees request that DHMH provide the budget committees with a three-year plan to fully staff the agency to be compliant with its statutory staffing analysis study.

Information Request	Author	Due Date
Three-year staffing plan for the Office of Health Care Quality	DHMH	October 1, 2017

Appendix 1
Current and Prior Year Budgets
DHMH – Office of Health Care Quality
(\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2016					
Legislative Appropriation	\$11,390	\$342	\$7,307	\$0	\$19,040
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	838	135	598	0	1,571
Reversions and Cancellations	-329	-210	-2,009	0	-2,548
Actual Expenditures	\$11,900	\$268	\$5,896	\$0	\$18,063
Fiscal 2017					
Legislative Appropriation	\$12,396	\$535	\$7,277	\$0	\$20,208
Budget Amendments	309	1	97	0	407
Working Appropriation	\$12,705	\$536	\$7,374	\$0	\$20,615

DHMH: Department of Health and Mental Hygiene

Note: Does not include targeted reversions, deficiencies, and contingent reductions. Numbers may not sum to total due to rounding.

Fiscal 2016

The budget for the Office of Health Care Quality (OHCQ) closed at \$18.1 million, \$1.0 million below the original legislative appropriation.

Budget amendments added \$1.6 million including \$838,000 in general funds, \$135,000 in special funds, and \$598,000 in federal funds. Of this amount, general funds increased by \$244,313 to realign the 2% fiscal 2016 cost containment with the agency's containment plan and an additional \$412,477 to cover salary and fringe benefits. Federal funds increased by \$498,237 (provided by a federal State Survey Grant) to cover salary and fringe benefits. A budget amendment to restore a 2% pay reduction increased the budget by \$181,461 in general funds, \$99,529 in federal funds, and \$617 in special funds. Special funds (available from Civil Money Penalty Fees) increased by \$134,790 to issue grants to benefit nursing home residents and assisted living residents.

At the end of the year, \$2 million of the federal fund appropriation was canceled due to lower than budgeted claims submissions. The general fund appropriation of \$329,000 was reverted due to fewer expenses on salaries and benefits, and \$209,763 of special funds were canceled due to under attainment of grants.

Fiscal 2017

To date, the fiscal 2017 legislative appropriation for OHCQ has been increased by \$407,000 (\$310,000 in general funds, \$97,000 in federal funds, and \$685 in special funds). Of this amount, \$165,062 in general funds, \$96,876 in federal funds, and \$815 in special funds relates to the centrally budgeted fiscal 2017 salary increment. General funds increase by an additional \$144,204 and special funds increase by \$130 to realign funding to implement Section 20 of the fiscal 2017 budget bill.

Appendix 2
Object/Fund Difference Report
DHMH – Office of Health Care Quality

<u>Object/Fund</u>	<u>FY 16</u> <u>Actual</u>	<u>FY 17</u> <u>Working</u> <u>Appropriation</u>	<u>FY 18</u> <u>Allowance</u>	<u>FY 17 - FY 18</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	197.00	196.70	196.70	0.00	0%
02 Contractual	4.24	5.50	5.50	0.00	0%
Total Positions	201.24	202.20	202.20	0.00	0%
Objects					
01 Salaries and Wages	\$ 15,639,397	\$ 17,852,298	\$ 16,992,506	-\$ 859,792	-4.8%
02 Technical and Spec. Fees	179,501	238,201	249,110	10,909	4.6%
03 Communication	83,416	63,462	67,998	4,536	7.1%
04 Travel	307,964	337,727	305,020	-32,707	-9.7%
07 Motor Vehicles	156,948	131,304	267,531	136,227	103.7%
08 Contractual Services	898,973	1,050,735	1,034,907	-15,828	-1.5%
09 Supplies and Materials	78,131	53,582	60,580	6,998	13.1%
10 Equipment – Replacement	8,669	10,708	14,171	3,463	32.3%
11 Equipment – Additional	82,624	3,046	0	-3,046	-100.0%
12 Grants, Subsidies, and Contributions	267,559	500,000	535,871	35,871	7.2%
13 Fixed Charges	359,522	374,345	374,433	88	0%
Total Objects	\$ 18,062,704	\$ 20,615,408	\$ 19,902,127	-\$ 713,281	-3.5%
Funds					
01 General Fund	\$ 11,899,514	\$ 12,705,248	\$ 12,777,607	\$ 72,359	0.6%
03 Special Fund	267,559	535,871	535,871	0	0%
05 Federal Fund	5,895,631	7,374,289	6,588,649	-785,640	-10.7%
Total Funds	\$ 18,062,704	\$ 20,615,408	\$ 19,902,127	-\$ 713,281	-3.5%

DHMH: Department of Health and Mental Hygiene

Note: Does not include targeted reversions, deficiencies, and contingent reductions.

Appendix 3
Fiscal Summary
DHMH – Office of Health Care Quality

<u>Program/Unit</u>	<u>FY 16 Actual</u>	<u>FY 17 Wrk Approp</u>	<u>FY 18 Allowance</u>	<u>Change</u>	<u>FY 17 - FY 18 % Change</u>
03 Office of Health Care Quality	\$ 18,062,704	\$ 20,615,408	\$ 19,902,127	-\$ 713,281	-3.5%
Total Expenditures	\$ 18,062,704	\$ 20,615,408	\$ 19,902,127	-\$ 713,281	-3.5%
General Fund	\$ 11,899,514	\$ 12,705,248	\$ 12,777,607	\$ 72,359	0.6%
Special Fund	267,559	535,871	535,871	0	0%
Federal Fund	5,895,631	7,374,289	6,588,649	-785,640	-10.7%
Total Appropriations	\$ 18,062,704	\$ 20,615,408	\$ 19,902,127	-\$ 713,281	-3.5%

DHMH: Department of Health and Mental Hygiene

Note: Does not include targeted reversions, deficiencies, and contingent reductions.