

M001
Chronic Hospitals
Maryland Department of Health

Operating Budget Data

(\$ in Thousands)

	<u>FY 17</u> <u>Actual</u>	<u>FY 18</u> <u>Working</u>	<u>FY 19</u> <u>Allowance</u>	<u>FY 18-19</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$45,468	\$43,964	\$42,727	-\$1,237	-2.8%
Adjustments	0	-601	386	987	
Adjusted General Fund	\$45,468	\$43,363	\$43,113	-\$250	-0.6%
Special Fund	3,536	3,097	3,335	238	7.7%
Adjustments	0	-25	11	36	
Adjusted Special Fund	\$3,536	\$3,072	\$3,346	\$274	8.9%
Reimbursable Fund	938	925	962	37	4.0%
Adjustments	0	0	2	2	
Adjusted Reimbursable Fund	\$938	\$925	\$964	\$39	4.2%
Adjusted Grand Total	\$49,942	\$47,360	\$47,423	\$63	0.1%

Note: FY 18 Working includes targeted reversions, deficiencies, and across-the-board reductions. FY 19 Allowance includes contingent reductions and cost-of-living adjustments.

- The fiscal 2019 adjusted allowance of the Maryland Department of Health (MDH) chronic hospitals increases by \$62,900, or 0.1%, compared to the fiscal 2018 adjusted working appropriation. A decrease of \$250,446 in general funds is offset by increases in special funds (\$274,328) and reimbursable funds (\$39,018).
- Large increases in spending in the Comprehensive Care Medical Unit (\$589,640) and the complex patient population (\$119,526) at Western Maryland Hospital Center (WMHC) are offset by large reductions in personnel to accommodate the reallocation of positions to expand bed capacity in MDH's other facilities and for other miscellaneous purposes in fiscal 2018.

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

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Personnel Data

	<u>FY 17 Actual</u>	<u>FY 18 Working</u>	<u>FY 19 Allowance</u>	<u>FY 18-19 Change</u>
Regular Positions	460.20	437.20	437.20	0.00
Contractual FTEs	<u>20.76</u>	<u>18.36</u>	<u>20.02</u>	<u>1.66</u>
Total Personnel	480.96	455.56	457.22	1.66

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	38.43	8.79%
Positions and Percentage Vacant as of 1/1/18	34.00	7.78%

- Although regular positions do not change between the fiscal 2018 working appropriation and fiscal 2019 allowance, when compared to the fiscal 2018 legislative appropriation, regular positions decreased by 28.1.
- Contractual full-time equivalents (FTE) increase by 1.66, compared to the fiscal 2018 working appropriation.
- Turnover expectancy at the chronic hospitals increases from 8.10% to 8.79% in fiscal 2019.
- As of January 2018, the chronic hospitals have a vacancy rate of 7.78%, or 34.0 positions. To meet turnover expectancy of 8.79%, the chronic hospitals need to maintain 38.43 vacant positions.

Analysis in Brief

Major Trends

Average Daily Population Declines in Both Chronic Hospitals: Declines are due to a merger of two programs at WMHC and a decrease in staff/increase in acuity at Deer’s Head Hospital Center (DHHC).

Hospital Recoveries Decrease at WMHC, Increase at DHHC: The chronic hospitals partially fund operations with recoveries from patient payers, including Medicaid and Medicare. In 2017, hospital patient recoveries declined at WHMC and increased at DHHC.

Issues

The Future of WMHC: Due to a review by the Office of Health Care Quality identifying serious deficiencies in 2014, a contractor currently provides professional personnel for executive management positions at WMHC. The contract will end on June 30, 2018. The long-term management of the hospital has not yet been decided. However, the aging building continues to need repairs and raise health concerns.

Staffing Adequacy at DHHC: Following a nearly 11% reduction in positions at DHHC, contractual FTEs have been employed to provide continuity of care. This raises concerns about staffing adequacy at the hospital center.

Operating Budget Recommended Actions

1. Add narrative requesting a completed building assessment and feasibility study and the Maryland Department of Health’s plan for the Western Maryland Hospital Center in consideration of that assessment and study.
2. Add language to restrict funds for contractual assistance to be used to reduce turnover expectancy.

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Chronic Hospitals
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Operating Budget Analysis

Program Description

The State's two chronic disease hospital centers – Western Maryland Hospital Center (WMHC) and Deer's Head Hospital Center (DHHC) – provide specialized services for those in need of complex medical management, comprehensive rehabilitation, long-term care, or dialysis. Specifically, both centers provide:

- chronic care and treatment to patients requiring acute rehabilitation (at a level greater than that available at a nursing home) for management of complex medical issues such as respiratory, coma, traumatic brain injury, spinal cord injury, wound management, dementia, cancer care, and quarantined tuberculosis;
- long-term nursing care for patients who do not need hospital-level care but are unable to function in traditional nursing homes; and
- inpatient and outpatient (DHHC only) renal dialysis services.

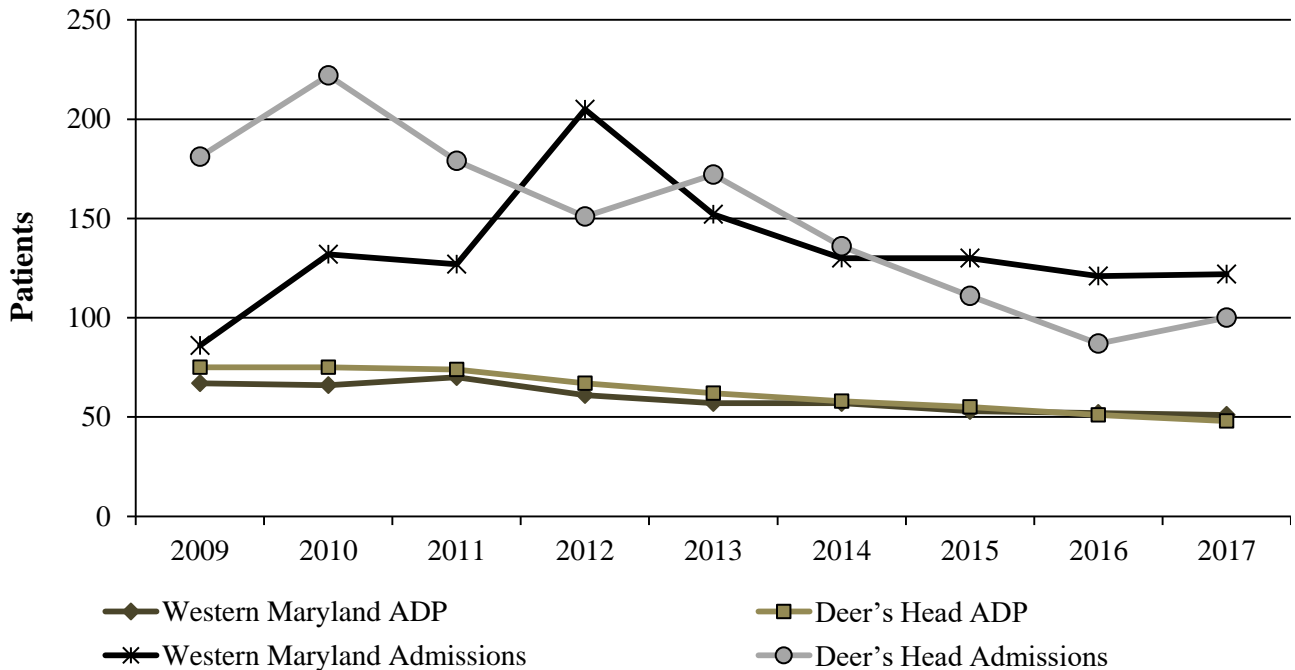
Performance Analysis: Managing for Results

1. Average Daily Population Declines in Both Chronic Hospitals

As shown in **Exhibit 1**, while admissions have fluctuated year-to-year at both State chronic disease hospitals, the average daily number of patients has generally declined since fiscal 2009 at both facilities. In fiscal 2017, the average daily population (ADP) was 51 at WMHC and 48 at DHHC compared to a high of 70 and 74, respectively, in fiscal 2011.

WMHC attributes the steady decrease in ADP to the merger of two of its comprehensive care units. In fiscal 2013, following a Maryland Department of Health (MDH) Office of Healthcare Quality (OHCQ) survey, admissions were placed on hold for two years, and staff vacancies increased as a result. Lower admissions and staff levels prompted a decision to merge the comprehensive medical and ventilator units. Consolidation of the two units into one unit limited the available number of beds to one wing of the building, further depressing the ADP.

Exhibit 1
Average Daily Population and Admissions
Fiscal 2009-2017



ADP: average daily population

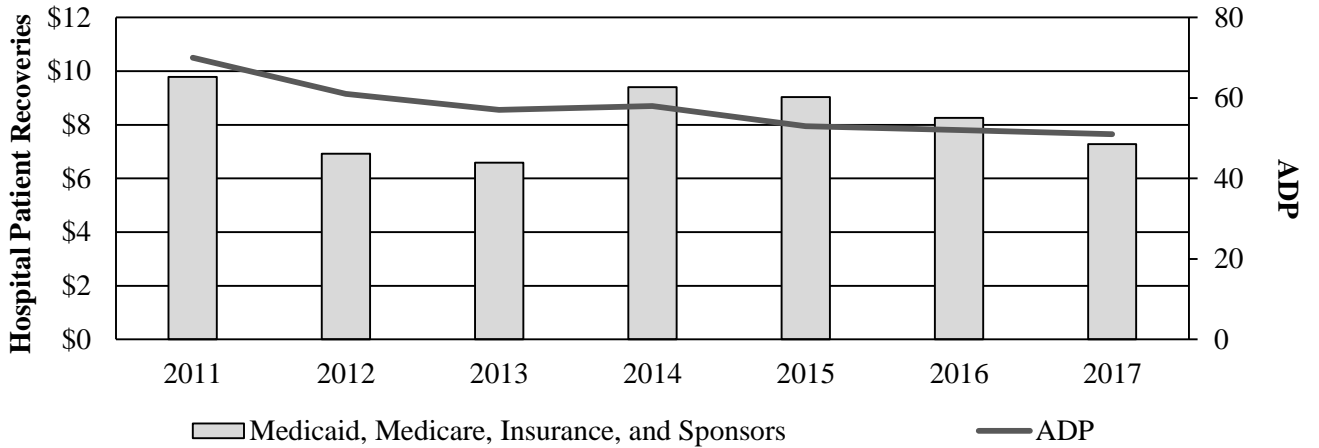
Source: Maryland Department of Health

DHHC notes that, despite the steady decrease in ADP, demand for services has remained consistent in recent years. In fiscal 2017, only approximately 10% of appropriate referrals were admitted to the hospital. The abolition and reallocation of positions in recent years combined with a higher level of acuity among the patient population has resulted in a lower ADP.

2. Hospital Recoveries Decrease at WMHC, Increase at DHHC

The State chronic hospitals are the only hospitals in Western Maryland and the Eastern Shore that have licensed chronic hospital beds. Due to the complexity of needs, it is often expensive to provide services to this patient population. Additionally, the hospitals provide free care for individuals who are ineligible for medical assistance due to citizenship status or asset qualifications. To the extent an individual has insurance coverage, the hospitals bill the payer for the services provided to the patient. Hospital patient recoveries are deposited into the General Fund. **Exhibits 2** and **3** show the hospital patient recoveries and corresponding ADP at each hospital.

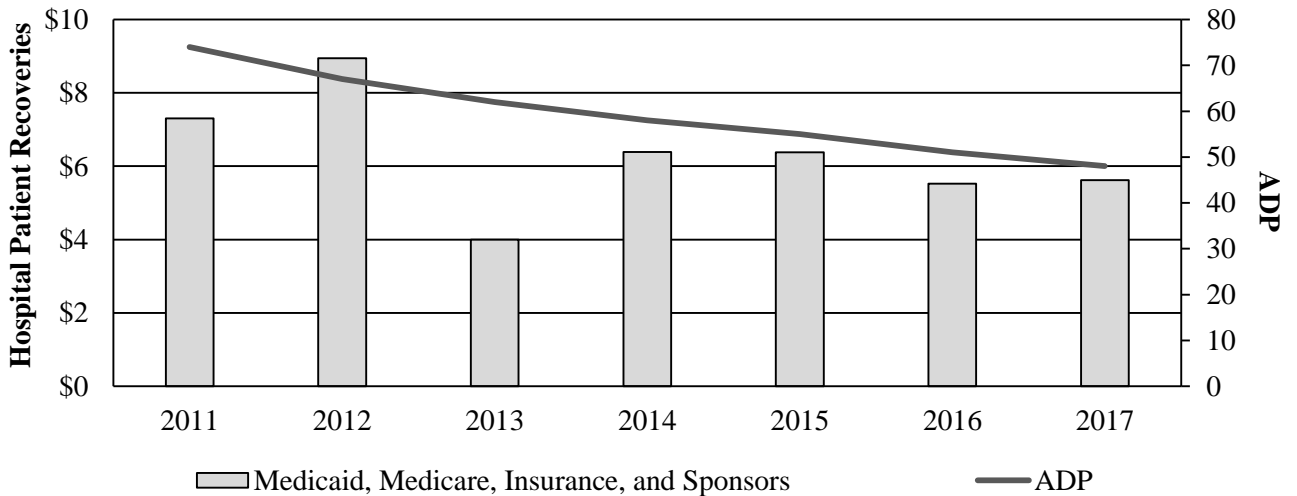
Exhibit 2
Hospital Patient Recoveries – Western Maryland Hospital Center
Fiscal 2011-2017
(\$ in Millions)



ADP: average daily population

Source: Maryland Department of Health

Exhibit 3
Hospital Patient Recoveries – Deer’s Head Hospital Center
Fiscal 2011-2017
(\$ in Millions)



ADP: average daily population

Source: Maryland Department of Health

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In fiscal 2017, the hospital patient recoveries decreased at WMHC and increased at DHHC. Hospital patient recoveries per ADP for WMHC and DHHC in fiscal 2017 were \$142,692 and \$117,042, respectively, compared to \$158,781 and \$108,303 in fiscal 2016. WMHC attributes the decrease to fewer residents in the Comprehensive Care Medical Unit with payees.

Last year, WMHC indicated that there was some confusion surrounding the patient recovery process. The hospital is actively working with staff at MDH’s Division of Cost Accounting and Reimbursement to gain a better understanding of the roles, responsibilities, processes, and procedures for all responsible parties. WMHC noted that a meeting is scheduled for February 13, 2018, to discuss this issue, as well as weekly meetings with field staff and monthly meetings with stakeholders.

Fiscal 2018 Actions

Cost Containment

The chronic hospitals’ budget was reduced by \$368,098 as part of a September 6, 2017 cost containment action. This reduction was intended to be achieved by holding 4 positions vacant at WMHC. **Exhibit 4** shows the positions held vacant as a result of the cost containment action. As shown in Exhibit 4, 2 of the 4 positions were filled or transferred soon after the cost containment action was approved, which casts doubt upon the true savings resulting from the action.

**Exhibit 4
Positions Held Vacant
Fiscal 2018**

<u>Position</u>	<u>Salary</u>	<u>Status</u>
Therapy Services Manager	\$82,247	Vacant
Residential Nurse Charge	55,931	Filled
Assistant Director of Nursing	89,400	Filled
Residential Nurse Supervisor	78,568	Vacant

Source: Maryland Department of Health

Interdepartmental Position Transfers

In fiscal 2018, the chronic hospitals’ overall position counts were reduced by 28.1 regular positions. This reduction was the culmination of multiple transfers to other sections of MDH to address bed capacity issues at other MDH facilities. MDH has not been able to fully identify to the

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Department of Legislative Services (DLS) the regular positions that were transferred and to where and why they were transferred.

Across-the-board Employee and Retiree Health Insurance Reduction

The budget bill includes an across-the-board reduction for employee and retiree health insurance in fiscal 2018 to reflect a surplus balance in the fund. This agency’s share of this reduction is \$601,058 in general funds and \$24,746 in special funds.

Proposed Budget

As shown in **Exhibit 5**, the adjusted fiscal 2019 allowance of MDH chronic hospitals increases by \$62,900, or 0.1%, compared to the fiscal 2018 adjusted working appropriation. A decrease of \$250,446 in general funds is offset by increases in special funds (\$274,328) and reimbursable funds (\$39,018). Although the budget remains relatively flat overall, there are large increases in programmatic spending at WMHC to align with recent actual expenditures, offset by decreases in personnel to account for regular position reallocations throughout MDH.

**Exhibit 5
Proposed Budget
MDH – Chronic Hospitals
(\$ in Thousands)**

How Much It Grows:	General Fund	Special Fund	Reimb. Fund	Total
Fiscal 2017 Actual	\$45,468	\$3,536	\$938	\$49,942
Fiscal 2018 Working Appropriation	\$43,363	\$3,072	\$925	\$47,360
Fiscal 2019 Allowance	<u>\$43,113</u>	<u>\$3,346</u>	<u>\$964</u>	<u>\$47,423</u>
Fiscal 2018-2019 Amount Change	-\$250	\$274	\$39	\$63
Fiscal 2018-2019 Percent Change	-0.6%	8.9%	4.2%	0.1%

Where It Goes:

Personnel Expenses

Employee and retiree health insurance impact of fiscal 2018 health insurance deduction holidays	\$625
General salary increase.....	399
Workers’ compensation premium assessment.....	49

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Where It Goes:

Accrued leave payout	42
Other fringe benefit adjustments	13
Turnover adjustments	-63
Overtime/shift differential	-100
Social Security contributions	-191
Retirement	-226
Regular earnings including transfer of 28.1 positions to other agencies in MDH.....	-1,097

Western Maryland Hospital Center

Align costs with recent actuals in the Comprehensive Care Medical Unit following merger of this program with the ventilator program.....	590
Complex patient population to align with recent actuals.....	120
Physician services.....	28
Vehicle replacement	-56
Program improvements	-250

Deer’s Head Hospital Center

Electricity costs	83
Dietary Services.....	49
Hematology analyzer equipment replacement.....	42
Security services.....	29
Plant administration and maintenance.....	-20
Other.....	-3

Total **\$63**

MDH: Maryland Department of Health

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

Personnel

Personnel costs decrease by \$548,499 after accounting for an across-the-board reduction in health insurance in fiscal 2018 and a salary increase in fiscal 2019. This decrease is driven by an interagency transfer of vacant positions as part of an expansion of bed capacity across MDH facilities and for other miscellaneous activities.

The fiscal 2019 allowance includes funds for a 2.0% general salary increase for all State employees, effective January 1, 2019. These funds are budgeted in the Department of Budget and Management’s statewide program and will be distributed to agencies during the fiscal year. This agency’s share of the general salary increase is \$385,511 in general funds, \$11,219 in special funds, and \$2,435 in federal funds. In addition, employees will receive another 0.5% increase and a \$500 bonus effective April 1, 2019, if actual fiscal 2018 general fund revenues exceed the

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December 2017 estimate by \$75 million. These funds have not been budgeted. The Administration will need to process a deficiency appropriation if revenues are \$75 million more than projected.

WMHC

The fiscal 2019 Governor's allowance, after accounting for changes in personnel costs, increases by \$439,984 in total funds. The increase is driven by an increase in the Comprehensive Care Medical Unit of \$589,640 in total funds to align the unit with recent actuals following consolidation with the Ventilator Unit.

The largest decrease in the allowance is \$250,000 intended for program improvements in fiscal 2018. These funds were withheld pending the submission of a report. In planning for fiscal 2019, WMHC put improvements on hold pending further review and consideration, which is reflected in the proposed budget decrease. This issue is discussed further in Issue 1.

DHHC

The fiscal 2019 Governor's allowance, after accounting for changes in personnel costs, increases by \$171,415 in total funds. The increase is driven by increases in electricity costs (\$82,909), dietary services (\$48,721), and the purchase of a new hematology analyzer (\$41,600).

An increase in dietary services aligns costs with recent actuals. DHHC notes that several dietary staff recently retired but have come back as contractual employees, and DHHC intends to renew those contracts. A new hematology analyzer will replace the old analyzer that was purchased in 2010. This machine provides necessary tests of complete blood counts. Without this update, tests would be conducted at the local acute care hospital, which would cost more than having an analyzer at the facility.

Issues

1. The Future of WMHC

In May 2014, OHCQ, on behalf of the federal Centers for Medicare and Medicaid Services, conducted a review of the WMHC nursing home facilities and operations. This review identified serious deficiencies, resulting in substantial noncompliance with Medicaid and Medicare requirements. Deficiencies identified included, for example, the failure to report and investigate allegations of abuse and the failure to administer medications as ordered. In order to address the deficiencies, MDH hired a contractor to provide professional personnel to replace 3 executive management positions to lead WMHC and implement the necessary corrective actions for six months. MDH extended the contract for an additional six months with the contractor and then extended the contract for an additional three years through June 30, 2018.

WMHC devised a three-year strategic plan with various targets. The focus areas consist of workforce, quality, customer, and finance. One goal for the customer focus area is to identify and diversify the service portfolio to meet market demand, measured by the number of admissions. Some of the key initiatives for this goal are to evaluate joint ventures, expand current program capacity, develop business plans for new services, and optimize utilization of current programs. A strategic objective for the finance focus area is to generate enough financial resources to ensure sustainability.

Beyond the three-year management contract, the future of WMHC has not yet been decided. In the 2017 legislative session, two actions were taken related to improvements to WMHC:

- language in the fiscal 2018 budget restricted \$275,000 in general funds pending the release of a plan for program improvements; and
- committee narrative requested that MDH investigate the potential for a public-private partnership (P3) through the formation of a workgroup, culminating in the submission of a report to the budget committees.

Although the reports were originally due for submission on July 1, 2017, and October 1, 2017, respectively, both reports were submitted to the budget committees on January 25, 2018.

Summary of Reports

Plan for Program Improvements

The plan for program improvements was requested following the inclusion of \$275,000 in the fiscal 2018 allowance intended to expand the Brain Injury program (BI) at WMHC. There was disagreement among stakeholders concerning whether fiscal 2018 is a good time to expand the program when the future of the hospital building is unknown.

The report highlights that the BI program has experienced a large increase in demand from an ADP of 3 and an average length of stay of 61 days in fiscal 2008 to 7 and 132, respectively, in

fiscal 2017. Nevertheless, the report concludes that expanding the BI program in fiscal 2018 would not be fiscally prudent. Instead, the report recommends that the restricted funds be released to support a facility-wide building assessment and feasibility study.

P3

In response to this committee narrative, MDH convened a workgroup consisting of Senator Andrew Serafini, Delegate Brett Wilson, Washington County Health Officer Earl Stoner, representatives from MDH staff, representatives of the employee unions, and community representatives. The workgroup met three times and outlined two goals:

- identify options for P3s that can result in a new physical infrastructure conducive to continuing the operations and services at WMHC; and
- identify the needs of the community and how a P3 could help address those needs through WMHC.

The workgroup identified an immediate need for a new or renovated facility, listing multiple structural issues that, in some cases, cannot be directly mitigated.

The workgroup identified three potential solutions to address the current condition of the building by (1) renovating the existing building; (2) building a new facility situated on the existing property; or (3) building a new hospital on a different site. The report concludes that a preliminary assessment should be performed by an architectural or engineering firm with the anticipation that the assessment will determine if it will be more cost effective to build a new building due to the dire state of the current building.

The workgroup recommended that MDH must consider all financing options available and the advantages and the disadvantages of each. The workgroup looked at State capital financing, partnering with the Maryland Economic Development Corporation, or entering into a P3 with a non-State entity as possible financing options. No particular financing option was recommended in the report. Instead, the workgroup made the same recommendation about using the fiscal 2018 restricted funds for a building assessment and feasibility study in fiscal 2018.

Recommendations

DLS agrees with the recommendation made in both reports and recommends the release of the restricted funds for the revised purpose. Additionally, DLS recommends committee narrative requesting the completed building assessment and feasibility study and MDH's plan for WMHC in consideration of that assessment and study.

Management Contract Expiration

As noted previously, the existing management contract expires on June 30, 2018. The contractor currently fills the Chief Executive Officer, Chief Medical Officer, and Chief Nursing Officer positions at WMHC. WMHC indicates that it plans to attempt to fill the 3 positions as State employees. However, due to the timing of the expiration of the management contract, WMHC will concurrently issue a Request for Proposal (RFP) for a new management contract to ensure that there are no gaps in executive management. WMHC is in the early stages of hiring and drafting an RFP.

2. Staffing Adequacy at DHHC

In fiscal 2018, the position count at DHHC was reduced by 13.6 regular positions. Those regular positions were reallocated to other facilities within MDH primarily to address bed capacity needs at those other facilities. This action follows a fiscal 2017 reduction of 14.0 positions as part of a statewide reduction per Section 20 of the fiscal 2017 budget bill. As a result of these two actions, DHHC's authorized positions have decreased by nearly 11% since fiscal 2016.

These regular position reductions occurred concurrently with an increase in patient acuity and an increase in demand for the services offered at DHHC. DHHC indicates that the regular position reduction is directly affecting the ability to offer services, noting that the decrease in average daily inpatients treated is a direct result of the lost positions. As noted in the performance analysis, in fiscal 2017, DHHC admitted approximately 10% of appropriate referrals, indicating that there is a large unmet demand for services.

DHHC has 16.5 vacant regular positions as of January 2018, primarily nursing staff vacancies. However, turnover expectancy in the current year is higher than the current vacancy rate (7.58% versus 8.10%), and budgeted turnover is even higher (8.79%) in fiscal 2019. In order to meet budgeted turnover, DHHC needs to maintain approximately 19.0 vacancies.

In the fiscal 2019 allowance, contractual full-time equivalents (FTE) increase by 1.3 in order to provide continuity of care, following the recent reallocations. The majority of contractual FTEs (8.9 of 9.65 FTEs) are intended to cover staff shortages following regular position reductions in fiscal 2017 and 2018. **DLS recommends restricting a portion of funds intended to provide contractual support to provide turnover relief, allowing DHHC to fill current vacancies.**

Operating Budget Recommended Actions

1. Adopt the following narrative:

Western Maryland Hospital Center Building Assessment and Feasibility Study: A stakeholder workgroup concluded that there is an immediate need for either renovations to the existing Western Maryland Hospital Center (WMHC) or a new facility. The workgroup also discussed the feasibility of different funding streams for any changes to the facility. The workgroup recommended that the Maryland Department of Health (MDH) conduct a building assessment and feasibility study. MDH should submit the building assessment and feasibility study and MDH’s plan for WMHC in consideration of that assessment and study by December 1, 2018.

Information Request	Author	Due Date
Submission of a building assessment, feasibility study, and MDH’s plan for WMHC	MDH	December 1, 2018

2. Add the following language to the general fund appropriation:

, provided that \$289,139 of this appropriation, made for the purpose of contractual employment, may not be expended for that purpose but instead may only be expended to reduce turnover expectancy. Funds not used for this restricted purpose shall revert to the General Fund.

Explanation: Deer’s Head Hospital Center (DHHC) has experienced a nearly 11% reduction in regular positions over the most recent two fiscal years. In order to maintain services, DHHC started to employ more contractual employees, despite having enough vacant regular positions to fulfil the need. This action prohibits the use of funds intended for contractual employment and restricts the funds to be used only to fill vacancies.

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**Appendix 1
Current and Prior Year Budgets
MDH – Chronic Hospitals
(\$ in Thousands)**

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2017					
Legislative Appropriation	\$45,135	\$3,289	\$0	\$916	\$49,341
Deficiency Appropriation	0	0	0	0	0
Cost Containment	0	0	0	0	0
Budget Amendments	334	524	0	62	920
Reversions and Cancellations	-1	-277	0	-41	-319
Actual Expenditures	\$45,468	\$3,536	\$0	\$938	\$49,942
Fiscal 2018					
Legislative Appropriation	\$44,333	\$3,097		\$925	\$48,354
Cost Containment	-368	0	0	0	-368
Budget Amendments	0	0	0	0	0
Working Appropriation	\$43,964	\$3,097	\$0	\$925	\$47,986

MDH: Maryland Department of Health

Note: The fiscal 2018 appropriation does not include deficiencies, targeted reversions, or across-the-board reductions. Numbers may not sum to total due to rounding.

Fiscal 2017

The fiscal 2017 legislative appropriation for the chronic hospitals increased by \$601,334.

The chronic hospitals' budget increased by \$919,889 through budget amendments. The budget increased by \$517,502 (\$515,057 in general funds and \$2,445 in special funds) related to centrally budgeted fiscal 2017 salary increments. There was an additional increase of \$3,931 in general funds for the annual salary review. Increases were offset by a reduction of \$415,830 (\$409,098 in general funds and \$6,732 in special funds) to realign funding reductions to implement Section 20 of the fiscal 2017 budget bill.

General funds increased by \$223,753 due to additional expenditures on personnel. Special funds increased by \$279,654 due to increased expenditures in the Renal Dialysis Unit. Increasing costs of providing dietary services at the Potomac Center resulted in an increase of \$62,407 in reimbursable funds.

There was an additional special fund increase of \$248,472 from a temporary budget amendment that was not reversed prior to the close of the fiscal year, due to a technical oversight. This oversight was subsequently corrected by cancelling the funds.

General fund reversions totaled \$898. Reimbursable fund cancellations totaled \$40,876, which was intended for dietary services at the Potomac Center. Special fund cancellations totaled \$276,955, largely due to correction of the technical oversight.

Fiscal 2018

To date, the chronic hospitals' fiscal 2018 appropriation has decreased by \$368,098 in general funds due to a September 2017 Board of Public Works cost containment action. Cost containment was realized by holding positions vacant at Western Maryland Hospital Center.

Appendix 2
Object/Fund Difference Report
MDH – Chronic Hospitals

<u>Object/Fund</u>	<u>FY 17</u> <u>Actual</u>	<u>FY 18</u> <u>Working</u> <u>Appropriation</u>	<u>FY 19</u> <u>Allowance</u>	<u>FY 18 - FY 19</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	460.20	437.20	437.20	0.00	0%
02 Contractual	20.76	18.36	20.02	1.66	9.0%
Total Positions	480.96	455.56	457.22	1.66	0.4%
Objects					
01 Salaries and Wages	\$ 35,985,521	\$ 36,355,122	\$ 34,781,654	-\$ 1,573,468	-4.3%
02 Technical and Spec. Fees	1,314,340	1,034,307	1,163,095	128,788	12.5%
03 Communication	98,318	94,587	93,624	-963	-1.0%
04 Travel	34,936	4,720	6,160	1,440	30.5%
06 Fuel and Utilities	1,260,324	1,281,455	1,414,616	133,161	10.4%
07 Motor Vehicles	75,059	84,419	24,281	-60,138	-71.2%
08 Contractual Services	5,299,216	4,385,241	4,522,444	137,203	3.1%
09 Supplies and Materials	5,287,485	4,168,913	4,608,815	439,902	10.6%
10 Equipment – Replacement	283,752	132,137	222,197	90,060	68.2%
11 Equipment – Additional	125,028	30,092	0	-30,092	-100.0%
12 Grants, Subsidies, and Contributions	2,338	15,000	15,000	0	0%
13 Fixed Charges	176,039	150,167	172,205	22,038	14.7%
14 Land and Structures	0	250,000	0	-250,000	-100.0%
Total Objects	\$ 49,942,356	\$ 47,986,160	\$ 47,024,091	-\$ 962,069	-2.0%
Funds					
01 General Fund	\$ 45,468,216	\$ 43,964,441	\$ 42,727,427	-\$ 1,237,014	-2.8%
03 Special Fund	3,536,157	3,096,774	3,335,136	238,362	7.7%
09 Reimbursable Fund	937,983	924,945	961,528	36,583	4.0%
Total Funds	\$ 49,942,356	\$ 47,986,160	\$ 47,024,091	-\$ 962,069	-2.0%

MDH: Maryland Department of Health

Note: The fiscal 2018 appropriation does not include deficiencies, targeted reversions, or across-the-board reductions. The fiscal 2019 allowance does not include contingent reductions or cost-of-living adjustments. Numbers may not sum to total due to rounding.

**Appendix 3
Fiscal Summary
MDH – Chronic Hospitals**

<u>Program/Unit</u>	<u>FY 17 Actual</u>	<u>FY 18 Wrk Approp</u>	<u>FY 19 Allowance</u>	<u>Change</u>	<u>FY 18 - FY 19 % Change</u>
03 Western Maryland Center	\$ 25,213,811	\$ 24,207,502	\$ 23,430,639	-\$ 776,863	-3.2%
04 Deer's Head Center	24,728,545	23,778,658	23,593,452	-185,206	-0.8%
Total Expenditures	\$ 49,942,356	\$ 47,986,160	\$ 47,024,091	-\$ 962,069	-2.0%
General Fund	\$ 45,468,216	\$ 43,964,441	\$ 42,727,427	-\$ 1,237,014	-2.8%
Special Fund	3,536,157	3,096,774	3,335,136	238,362	7.7%
Total Appropriations	\$ 49,004,373	\$ 47,061,215	\$ 46,062,563	-\$ 998,652	-2.1%
Reimbursable Fund	\$ 937,983	\$ 924,945	\$ 961,528	\$ 36,583	4.0%
Total Funds	\$ 49,942,356	\$ 47,986,160	\$ 47,024,091	-\$ 962,069	-2.0%

MDH: Maryland Department of Health

Note: The fiscal 2018 appropriation does not include deficiencies, targeted reversions, or across-the-board reductions. The fiscal 2019 allowance does not include contingent reductions or cost-of-living adjustments. Numbers may not sum to total due to rounding.