M00M
Developmental Disabilities Administration
Maryland Department of Health

Executive Summary

The Developmental Disabilities Administration (DDA) under the Maryland Department of Health (MDH) provides direct services to developmentally disabled individuals in State facilities and through the funding of a coordinated community-based service delivery system.

Operating Budget Data

($ in Thousands)

	FY 18 Actual	FY 19 Working	FY 20 Allowance	FY 19-20 Change	% Change Prior Year
General Fund	$634,785	$679,335	$732,433	$53,098	7.8%
Adjustments	0	359	1,197	838	
Adjusted General Fund	**$634,785**	**$679,695**	**$733,630**	**$53,936**	**7.9%**
Special Fund	4,417	6,080	6,094	14	0.2%
Adjustments	0	0	1	1	
Adjusted Special Fund	**$4,417**	**$6,080**	**$6,095**	**$15**	**0.2%**
Federal Fund	526,600	576,855	613,236	36,380	6.3%
Adjustments	0	41	159	118	
Adjusted Federal Fund	**$526,600**	**$576,896**	**$613,395**	**$36,499**	**6.3%**
Reimbursable Fund	30	30	30	0	
Adjustments	0	0	0	0	
Adjusted Reimbursable Fund	**$30**	**$30**	**$30**	**$0**	**0.0%**
Adjusted Grand Total	**$1,165,832**	**$1,262,700**	**$1,353,149**	**$90,449**	**7.2%**

Note: The fiscal 2019 appropriation includes deficiencies, a one-time $500 bonus, and general salary increases. The fiscal 2020 allowance includes general salary increases.

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

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- The adjusted fiscal 2020 allowance increases by $90.4 million compared to the fiscal 2019 working appropriation. The overall increase is largely due to the projected growth in community-based service expenditures ($46.4 million) and a 3.5% provider rate increase ($42.5 million).

Personnel Data

	FY 18 Actual	FY 19 Working	FY 20 Allowance	FY 19-20 Change
Regular Positions	649.25	649.25	650.75	1.50
Contractual FTEs	21.01	26.02	44.64	18.62
Total Personnel	**670.26**	**675.27**	**695.39**	**20.12**

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	64.32	10.11%
Positions and Percentage Vacant as of 12/31/18	95.50	14.71%

- The fiscal 2020 allowance includes a net increase of 1.5 regular positions after accounting for internal transfers. Contractual personnel increases by 18.62 full-time-equivalents (FTE) of which 15.0 FTEs are in the Community Services Program and will review, approve, and monitor providers' person centered plans.

- Vacancy rates for all three State facilities remain high with rates of 26.5% for the Secure Evaluation and Therapeutic Treatment unit, 16.8% for the Potomac Center, and 13.0% for the Holly Center as of December 31, 2018. Budgeted turnover increases in the fiscal 2020 allowance, which will not help to address the staff shortage issue and resulting staff and resident safety concerns.

Key Observations

- ***DDA Undertaking Community Services and Rate Structure Change:*** DDA is simultaneously making substantial changes to its classification of community services, its rate-setting process, and its information technology system for financial management. The interconnected changes are being implemented in fiscal 2020 and 2021.

- ***DDA Continues to Underspend the Waiting List Equity Fund:*** At the close of fiscal 2018, DDA recorded a balance of $7.9 million in special funds in the Waiting List Equity Fund while its actual expenditures were $536,799. The agency continues to have a waiting list for community services. However, the special funds are statutorily limited to certain allowable uses, and DDA has not provided recommendations on expanded uses of the funds.

Operating Budget Recommended Actions

1. Add language restricting $100,000 pending the receipt of a report on Waiting List Equity Fund uses.
2. Adopt committee narrative requesting a report on the Developmental Disabilities Administration's performance measures following the implementation of a new community services system.
3. Adopt committee narrative requesting separate enrollment measures on the three waiver programs.
4. Adopt committee narrative requesting monthly caseload and cost data regarding the Community Services Program.

Updates

- MDH is in the appeals process with the Centers for Medicare and Medicaid Services after receiving a formal disallowance letter in June 2018 concerning claims for residential habilitation services.

Operating Budget Analysis

Program Description

A developmental disability is a condition attributable to a mental or physical impairment that results in substantial functional limitations in major life activities, manifests itself before the individual is 22 years-old, and is likely to continue indefinitely. Examples include autism, cerebral palsy, epilepsy, intellectual disability, and other neurological disorders. The Developmental Disabilities Administration (DDA) under the Maryland Department of Health (MDH) provides direct services to developmentally disabled individuals in two State Residential Centers (SRC), in one Secure Evaluation and Therapeutic Treatment (SETT) unit, and through the funding of a coordinated service delivery system that supports the integration of these individuals into the community. The State receives federal matching funds for services provided to the Maryland Medical Assistance Program (Medicaid)-enrolled individuals (who make up the vast majority of individuals served by the agency).

The goals of the administration include:

- the empowerment of developmentally disabled individuals and their families;
- the integration of developmentally disabled individuals into community life;
- the provision of quality support services that maximize individual growth and development; and
- the establishment of a responsible, flexible service system that maximizes available resources.

Performance Analysis: Managing for Results

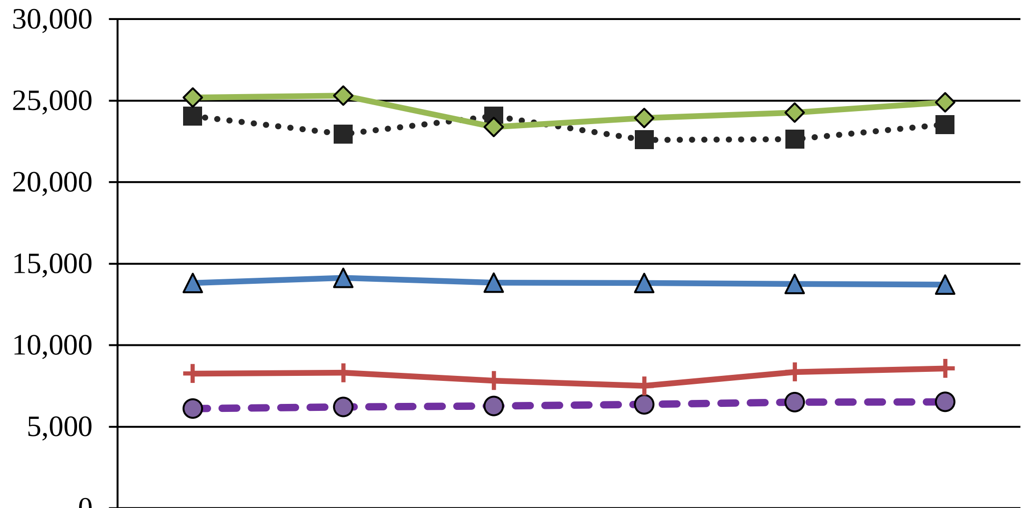
In preparing the following performance analysis using data from DDA's Managing for Results (MFR) submission, multiple inconsistencies and incorrect measures were reported and later updated by the agency. As a result, the percent of individuals served in all DDA waivers and the number of annualized clients in certain services, such as family support and community support living arrangements, do not correspond with the MFR submission. DDA is also transitioning to a new expanded service system with the renewal of its Home and Community-based Services Waiver. This change along with the transition to a new information technology system will impact the performance measures reported in future years. **The Department of Legislative Services (DLS) recommends committee narrative requesting a report regarding the performance measures that will be presented in the fiscal 2021 MFR submission.**

1. Community-based Services Continue to Be the Agency's Preferred Model of Service Delivery

One of DDA's performance goals is to serve individuals in the community rather than in institutions. In fiscal 2018, 22,646 individuals received case management services and 16,700 individuals received community-based services. The agency expects to extend case management services to 23,546 individuals and community-based services to 16,900 individuals in fiscal 2019. The Community Services Program offers a variety of services categorized as residential, day, or support. Residential services include individual family care. Examples of day services (which provide activities during normal working hours) include day habilitation services, supported employment, and summer programs. Examples of support services include individual, family, and personal support, targeted case management (TCM), and self-directed services. **Exhibit 1** shows the number of individuals receiving each of the major services. For purposes of this exhibit, TCM (formerly known as resource coordination) is shown separately from the support services category as TCM is available to all individuals in the system including those on the waiting list for services.

As Exhibit 1 shows, there was an increase of 331 total individuals served by DDA from fiscal 2017 to 2018. DDA provided residential services to 6,510 individuals, day services to 13,754 individuals, and support services to 8,360 individuals in fiscal 2018. While day services showed a slight decrease between fiscal 2017 and 2018, the largest change was in support services with 861 more individuals. DDA attributes the increase in support services to more individuals taking advantage of personal support services. It should be noted that individuals receiving services through DDA may receive more than one type of service.

Exhibit 1
Individuals Receiving Community Services
Fiscal 2014-2019 Est.



	2014	2015	2016	2017	2018	2019 Est.
Residential Services	6,107	6,209	6,260	6,367	6,510	6,519
Day Services	13,810	14,133	13,827	13,807	13,754	13,721
Support Services	8,259	8,306	7,823	7,499	8,360	8,577
TCM Services	24,052	22,954	24,052	22,589	22,646	23,546
Individuals Served	25,183	25,315	23,380	23,942	24,273	24,896

TCM: Targeted Case Management

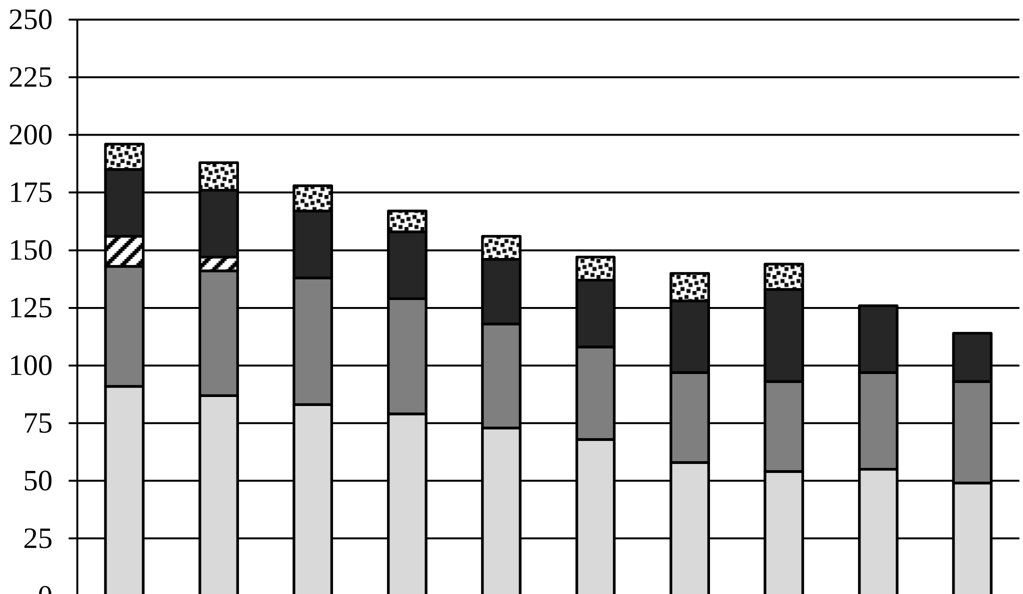
Note: This is a duplicated count as individuals can be counted in multiple categories. TCM is provided to individuals on the waiting list in addition to individuals receiving community services. Residential services include individual family care. Day services include day, supported employment, and, and summer programs. Support services include individual, family and personal support services and self-directed services. The number of annualized clients in community support living arrangements and family supports do not correspond with the fiscal 2020 Managing for Results Submission after receiving updated measures from the agency.

Source: Maryland Department of Health

2. Court-involved Individuals Make Up Increasing Proportion of the State Facilities Population

Part of DDA's mission is to serve individuals in the least restrictive settings possible. In most cases, this means serving individuals in the community instead of in institutional settings. As a result, there are far fewer individuals served in SRCs and the SETT unit than in the Community Services Program. The State's SETT unit provides assessment and evaluation services to people with intellectual disabilities who are also court-involved. **Exhibit 2** shows the average daily population (ADP) of SRCs and the State's SETT units between fiscal 2010 and 2019 year to date (through January 2019). ADP in the SETT Program decreased in fiscal 2018 by 22 individuals following the consolidation of the two SETT units in fiscal 2017, which is discussed in further detail that follows. The Potomac Center's ADP has increased slightly from 39 clients in fiscal 2017 to 42 clients in fiscal 2018, after an expansion of the center's bed capacity.

Exhibit 2
Average Daily Population of State Facilities
Fiscal 2010-2019 YTD



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 YTD
Jessup SETT	11	12	11	9	10	10	12	11	0	0
Sykesville SETT	29	29	29	29	28	29	31	40	29	21
Brandenburg	13	6	0	0	0	0	0	0	0	0
Potomac Center	52	54	55	50	45	40	39	39	42	44
Holly Center	91	87	83	79	73	68	58	54	55	49
Total	225	220	208	193	156	147	140	144	126	114

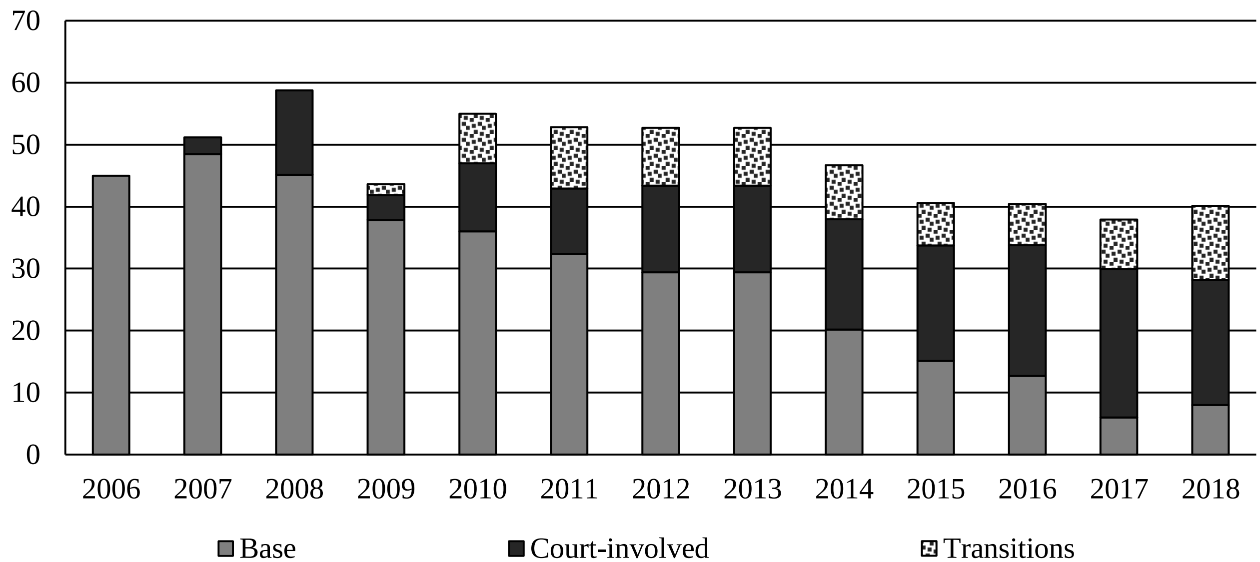
SETT: Secure Evaluation and Therapeutic Treatment
YTD: year to date through January

Source: Maryland Department of Health

Potomac Center Bed Expansion and Facility Safety

In a response to the 2018 *Joint Chairmen's Report* (JCR), DDA provided the Potomac Center's population trends, as shown in **Exhibit 3**. DDA defines the base population as individuals with profound disabilities who have resided at the center for most of their lives and prefer to remain there. The transitions program serves individuals who have not previously resided in a State facility but are in need of facility-based services until community-based services are identified.

Exhibit 3
Potomac Center Population Trends
Fiscal 2006-2018

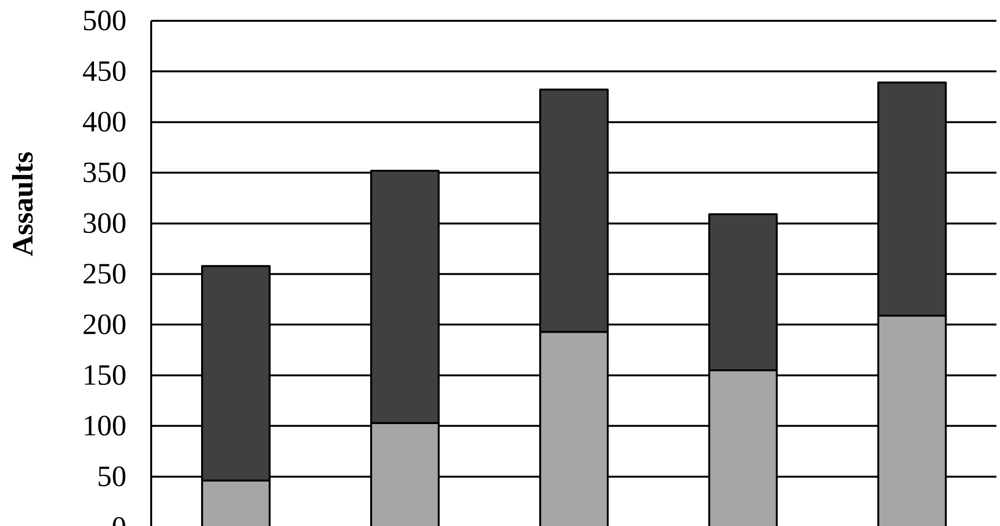


Source: Maryland Department of Health

As more individuals are served in community-based settings, the remaining SRC population is made up of a higher percentage of individuals that have involvement with the criminal justice system (court ordered or court involved) and more complex conditions. DDA defines the court-involved population as individuals with multiple disabilities who are transferring from the SETT unit, a jail setting, or a psychiatric hospital level of care to transition back to the community. Court-involved individuals can also be transferred from a community provider in certain circumstances. The Potomac Center has also been used as a step down from the SETT unit as well as an overflow center for the SETT unit when it is over capacity. Because the Potomac Center does not have the same level of security as the SETT unit but can house a similar population, violent incidents are more likely to occur.

DDA provided annual counts of resident-on-resident and resident-on-staff assaults across both SRCs in its fiscal 2020 Managing for Results (MFR) submission. As shown in **Exhibit 4**, the number of assaults on both staff and residents increased in fiscal 2018 following the Potomac Center bed expansion with total assaults increasing by 130 assaults compared to fiscal 2017. Total violent incidents at the Potomac Center increased from 127 in fiscal 2017 to 181 in fiscal 2018, and 118 violent incidents have occurred in fiscal 2019 through January 2019.

Exhibit 4
Assault Rates on Residents and Staff in State Residential Centers
Fiscal 2014-2018



	2014	2015	2016	2017	2018
Resident-on-staff Assaults	212	249	239	154	230
Resident-on-resident Assaults	46	103	193	155	209
Total	258	352	432	309	439

Source: Governor's Fiscal 2020 Budget Books

It should be noted that Potomac Center employees staged a protest in late October 2017 over unsafe working conditions. Safety concerns due to increasing acuity of residents are compounded by large amounts of mandated overtime due to staff shortages. The Potomac Center increased its position count by 60 full-time equivalents for the bed expansion, and DDA reported in the 2018 JCR response that the positions have been filled. However, the vacancy rate as of December 31, 2018, remains high at 16.8%.

In a response to the 2018 JCR, DDA submitted a report on compensation and safety measures at the Potomac Center. The agency found that the average current compensation package (including fringe benefits) for direct support professionals ranged from $42,500 for grade 6 to $53,500 for grade 8. DDA also provided examples of employee training provided to Potomac Center staff including:

- two-day training upon hire and annual refresher trainings on positive behavior supports to establish strong relationships with clients, correct problem behavior, and teach new skills;

- one-day training upon hire on trauma-informed care to promote safety and security and address the outstanding issues around trauma through stabilization, prevention, intervention, and a mental health plan; and

- four-day training to begin implementation in fiscal 2019 on gradual and graded alternatives for de-escalating and supporting people using a combination of interpersonal communication skills and physical interaction techniques.

The agency also described how the Potomac Center has taken steps to address violent incidents, including implementing safety sweeps and incident debriefings, installing reflective safety mirrors and domes in all halls, and installing cameras in the lobby areas of each building.

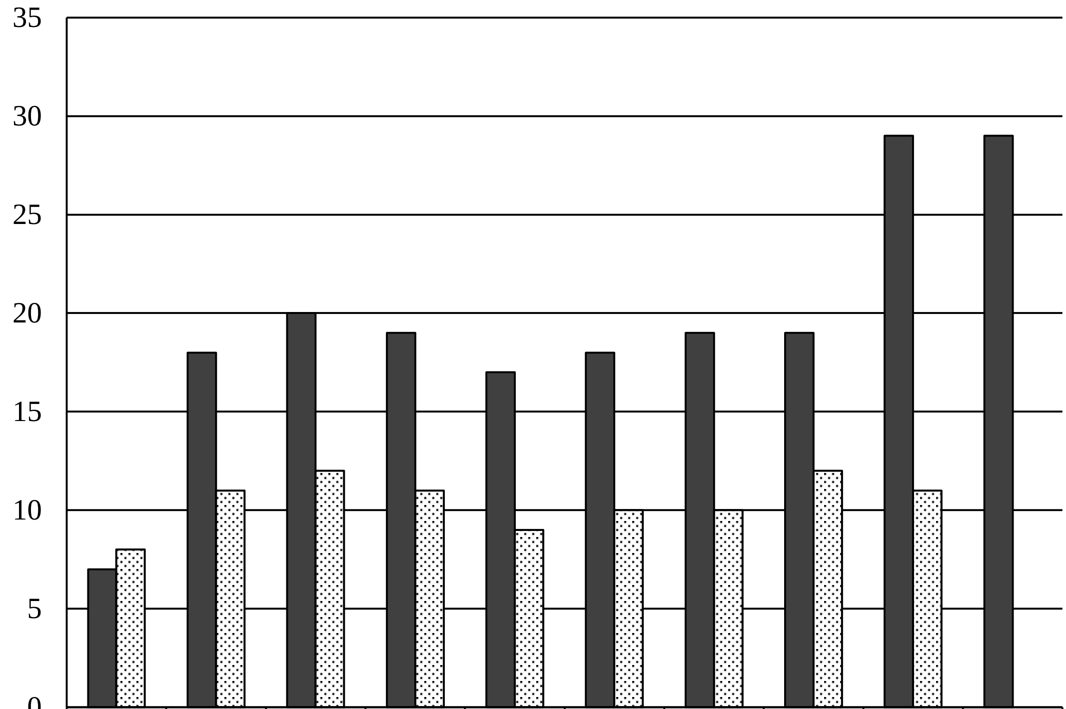
3. Population in Sykesville SETT Unit Following Consolidation

Since fiscal 2009, DDA has used specialized centers, known as SETT units, to serve court-ordered individuals. Prior to fiscal 2017, there were two SETT units operated by DDA, one for evaluation and short-term treatment in Jessup and one for treatment on a longer-term basis in Sykesville. The two units were consolidated into one unit in Sykesville with a 32-bed capacity in fiscal 2017.

Due to safety and capacity concerns, DDA received capital funding in fiscal 2011 to begin the planning and design of a new, consolidated SETT facility to replace both existing units. DDA advised that the renovation and consolidation of the Sykesville location would provide residential and program space to effectively provide SETT (54 beds). Both SETT units operated under capacity and at lower ADP in fiscal 2013, so DDA recommended a capacity of 32 beds at the consolidated unit. The construction was originally set to begin in fiscal 2014 and be completed in fiscal 2015. However, the new facility project was delayed multiple times, and eventually DDA made minor renovations and camera upgrades to the Sykesville unit to accommodate the program’s facility needs at a 32-bed capacity.

Exhibit 5 shows ADP of each unit before and immediately following the consolidation in fiscal 2017. As the exhibit demonstrates, both SETT units were at full capacity (Sykesville at 20 clients and Jessup at 12 clients) in fiscal 2011. The Sykesville unit has not reached an ADP at full capacity since then, while the Jessup unit reached capacity again in fiscal 2016. When SETT units reach capacity, individuals are moved to one of the State’s other residential facilities. In 2018 budget hearing testimony, DDA explained that the 12 residents at the Jessup location were transferred to Sykesville on November 16, 2016. This increased the Sykesville unit’s client census from 17 to 29, still below its new capacity. ADP at the Sykesville unit remained at 29 in fiscal 2018, and DDA estimates that it will remain at 29 in fiscal 2019 and 2020. **The agency should provide an update on any plans to expand bed capacity at the Sykesville SETT unit, especially considering the increasing population of court-involved individuals at the Potomac Center.**

Exhibit 5
Average Daily Population of SETT Units
Fiscal 2009-2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Sykesville SETT	7	18	20	19	17	18	19	19	29	29
Jessup SETT	8	11	12	11	9	10	10	12	11	0

SETT: Secure Evaluation and Therapeutic Treatment

Note: Jessup SETT ceased operations on November 17, 2016, midway through fiscal 2017.

Source: Maryland Department of Health

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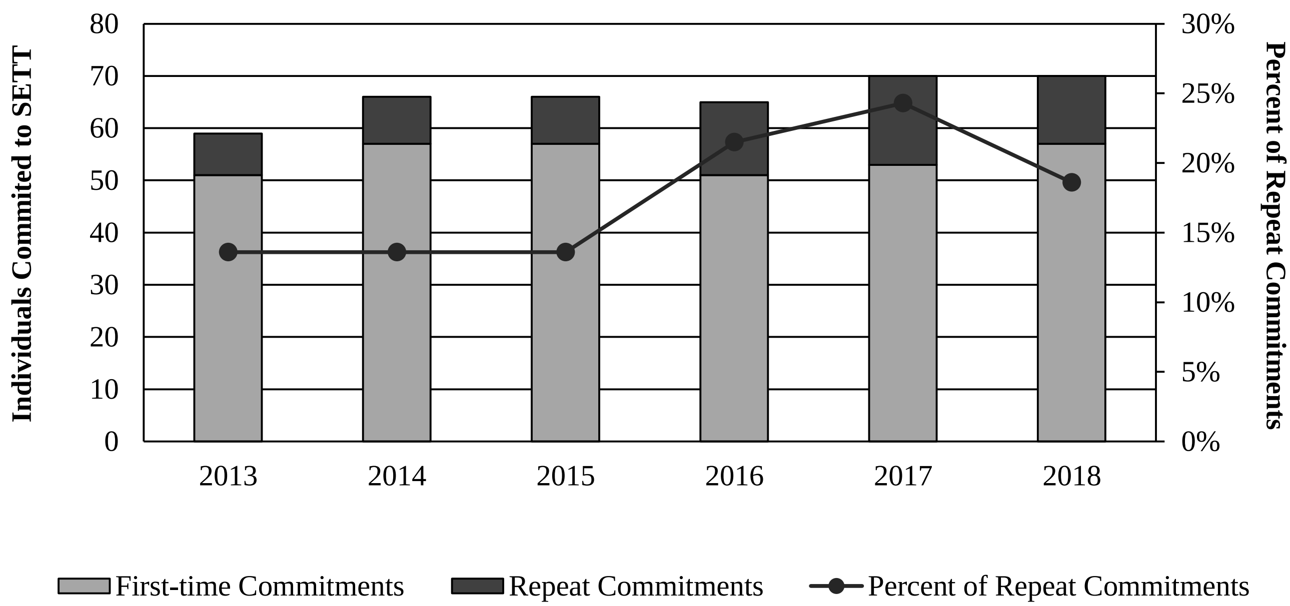
4. Individuals with a Repeat Commitment to the SETT Program

Another performance goal for DDA is to reduce recidivism to the SETT Program so that no more than 18% of total SETT commitments are repeat commitments. In 2018 budget hearing testimony, DDA described some of its efforts to reduce repeat commitments, including competency to stand trial restoration services and recommendations to the court regarding the support needs and accommodations for maintaining competency. Beginning in the fiscal 2020 MFR submission, DDA includes a measure on the number of individuals with restored competency to stand trial. The fiscal 2020 estimate for this measure is 28 individuals with restored competency. Other steps for reducing repeat SETT commitments were monitoring by the Behavioral Health Administration's Office of Court-Ordered Evaluations and Placements and coordinators of community services.

As shown in **Exhibit 6**, 13 individuals (18.6% of all committed individuals) had repeat commitments to the SETT Program out of 70 total commitments in fiscal 2018. Although DDA did not meet its 18% goal, the percent of repeat commitments in fiscal 2018 was an improvement from fiscal 2017 with 24.3% repeat commitments.

Exhibit 6
Individuals with Repeat Commitments to SETT Units
Fiscal 2013-2018



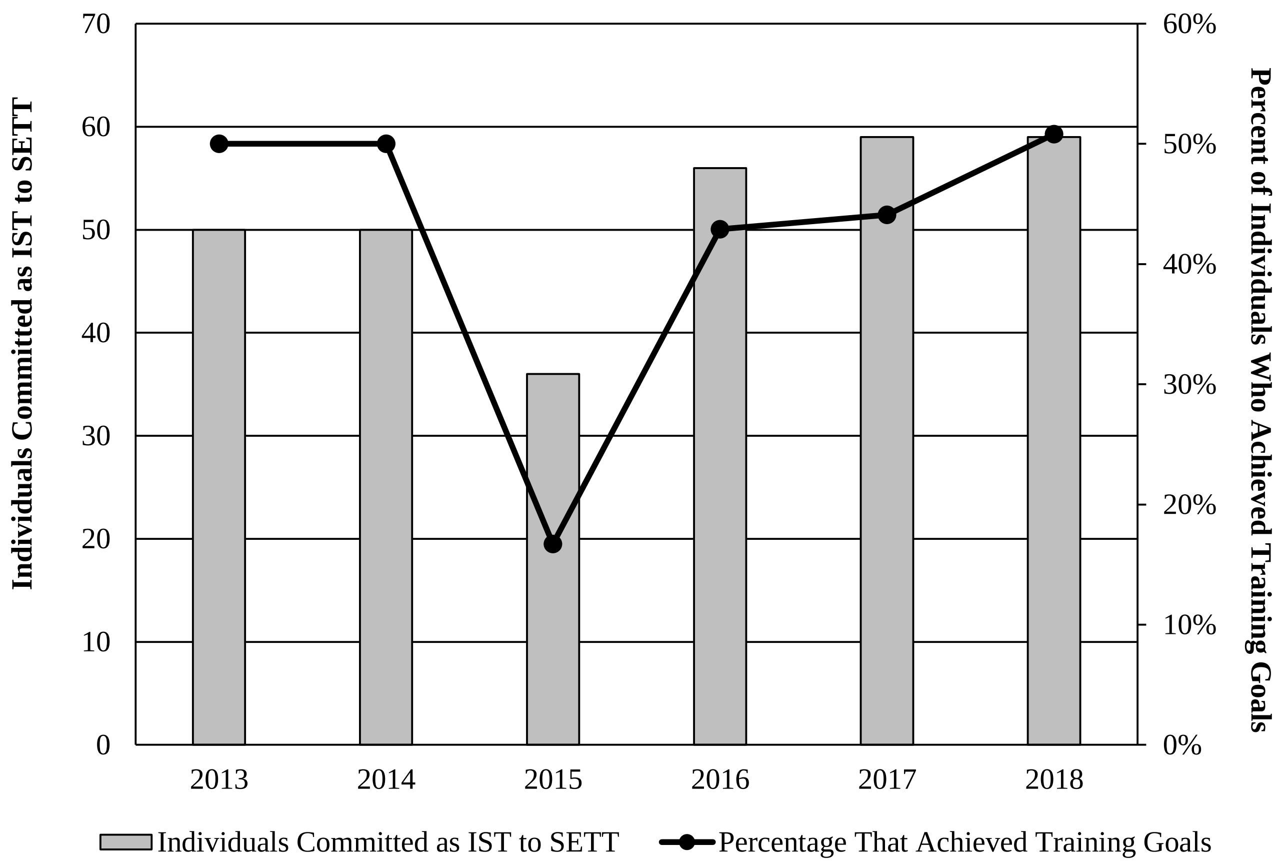
SETT: Secure Evaluation and Therapeutic Treatment

Source: Governor's Fiscal 2020 Budget Books

5. Increasing Courtroom Procedure Skills

DDA has a goal that 50% of individuals committed as Incompetent to Stand Trial (IST) will demonstrate increased courtroom procedure skills. The agency measures these skills as the number of individuals committed as IST who are reported as achieving their training goals. **Exhibit 7** presents the total number of individuals committed as IST and the percent achieving training goals since fiscal 2013. In fiscal 2015, a low of 12% of all individuals committed as IST achieved their training goals. However, this measure sharply increased to 43% of the 56 individuals committed as IST in 2016. In fiscal 2018, DDA met its goal with 50.8% of individuals achieving their training goals, thereby reflecting increased courtroom procedure skills.

Exhibit 7
Courtroom Procedure Skills among Individuals Committed as IST
Fiscal 2013-2018



IST: Incompetent to Stand Trial
SETT: Secure Evaluation and Therapeutic Treatment

Source: Governor's Fiscal 2020 Budget Books

Fiscal 2019 Actions

Proposed Deficiency

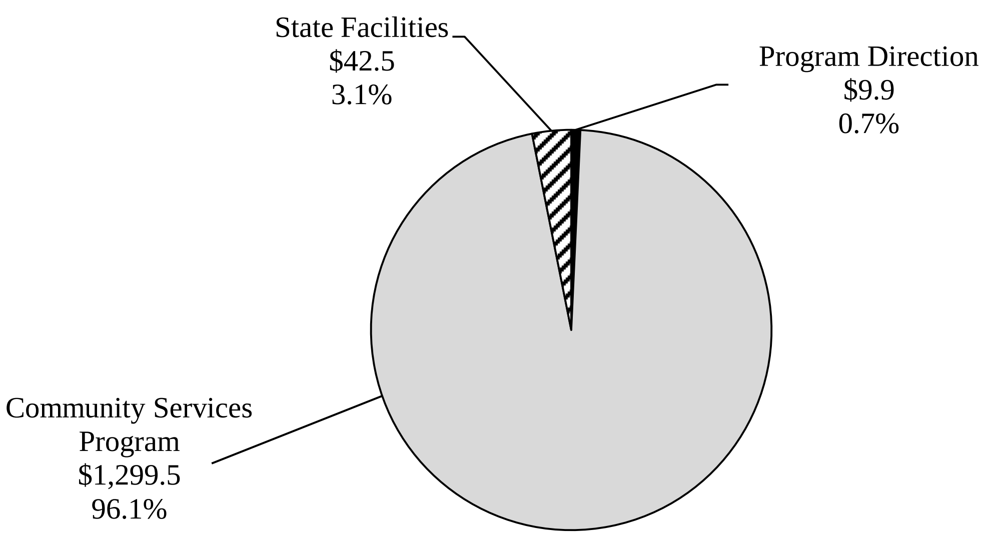
Personnel costs in DDA increase by $47,403 for a 0.5% general salary increase and $352,424 for a one-time bonus.

Fiscal 2020 Allowance

Overview of Agency Spending

As shown in **Exhibit 8**, the vast majority ($1.3 billion, or 96.1%) of the fiscal 2020 allowance funds services provided to individuals in community-based settings. State facilities, including two SRCs and one SETT unit, account for 3.1%.

Exhibit 8
Overview of DDA Spending
Fiscal 2020 Allowance
($ in Millions)



Total Expenditures: $1,351.8

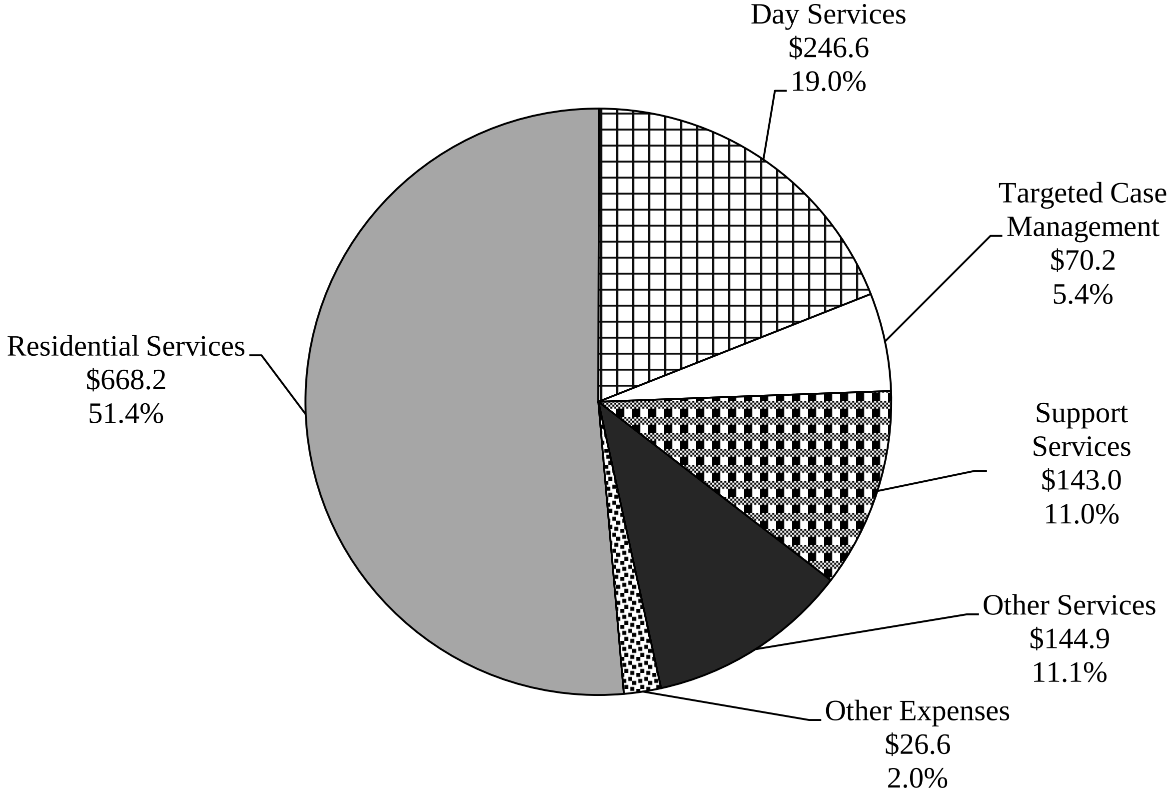
DDA: Developmental Disabilities Administration

Note: Expenditures do not include statewide salary adjustments.

Source: Governor's Fiscal 2020 Budget Books

Exhibit 9 presents the fiscal 2020 allowance for the Community Services Program by service type. Residential services account for the largest share, 51.4%, of the total spending on community-based services. DDA reported in its fiscal 2020 MFR submission that the average annual cost per client in residential services is $100,264. Average annual costs per client for all other services were between $267 (for summer programs) and $55,418 (for self-directed services).

Exhibit 9
Community Services Program Spending
Fiscal 2020 Allowance
($ in Millions)



Total Expenditures: $1,299.5

Note: Residential services include individual family care. Day services include day, supported employment, and summer programs. Support services include self-directed services and individual, family, and personal support services. Other services include capped waivers, behavioral support services, personal support services, and employment discovery and customization. Other expenses include expenditures for regional offices and contracts for special projects.

Source: Maryland Department of Health

Proposed Budget Change

As shown in **Exhibit 10**, the adjusted fiscal 2020 allowance increases by $90.4 million compared to the fiscal 2019 working appropriation. The overall increase is largely due to the projected growth in community-based service expenditures ($46.4 million) and a 3.5% provider rate increase ($42.5 million).

Exhibit 10
Proposed Budget
MDH – Developmental Disabilities Administration
($ in Thousands)

How Much It Grows:	**General Fund**	**Special Fund**	**Federal Fund**	**Reimb. Fund**	**Total**
Fiscal 2018 Actual	$634,785	$4,417	$526,600	$30	$1,165,832
Fiscal 2019 Working Appropriation	679,695	6,080	576,896	30	1,262,700
Fiscal 2020 Allowance	733,630	6,095	613,395	30	1,353,149
Fiscal 2019-2020 Amount Change	$53,936	$15	$36,499	$0	$90,449
Fiscal 2019-2020 Percent Change	7.9%	0.2%	6.3%	0.0%	7.2%

Where It Goes:	
Personnel Expenses	
Fiscal 2020 3% general salary increase and annualization of fiscal 2019 0.5% general salary increase	$1,193
Retirement contributions	366
Workers' compensation	158
Fiscal 2020 5% general salary increase for SLEOLA members	117
Regular earnings, including annualization of 2% general salary increase	91
Employee and retiree health insurance	92
Other fringe benefit adjustments	-25
Overtime	-89
One-time fiscal 2019 bonus	-352
Turnover adjustments increasing turnover from 8.4% to 10.1%	-608
Community Services	
Additional funding for services based on net traditional growth for new placements and expansion of services	46,371
Fiscal 2020 provider rate increase (3.5%)	42,531

Where It Goes:

Regional offices, primarily due to increased contractual personnel to review, approve, and monitor providers' person centered plans.	1,223
Support broker management contract	250
Training program	300
Quality improvement and utilization review contract	189
Rate-setting study	-121
Long Term Services and Support Tracking System IT system staff training contract	-1,200
Program Direction and State Facilities – Nonpersonnel Expenses	
Holly Center, primarily due to increased fuel and utilities expenses	455
Maintenance for closed facilities	-76
Potomac Center, largely due to a decrease in the food services contract partially offset by increased contractual personnel expenses	-96
Other	-320
Total	**$90,449**

IT: information technology
SLEOLA: State Law Enforcement Officers Labor Alliance

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

Community Services

The fiscal 2020 budget increases by $46.4 million in additional funding for expanded placements and services in the Community Services Program. Individuals receive multiple combinations of services, and the number of new placements varies each year. Therefore, the budgeted increase for population and service changes does not translate to an exact number of new individuals served or number of services provided as was projected in past years. Instead, DDA will be able to fund a combination of different service types and placements up to the budgeted amount of $1.3 billion.

Federal Fund Participation Rates

Between fiscal 2014 and 2018, an increasing number and percent of individuals receiving community services were enrolled in the agency's waiver program under Medicaid. If individuals are waiver eligible, then the federal government reimburses 50% of the cost of eligible services. A more detailed discussion of recent trends in waiver participation appears in Issue 1. DDA uses historical fund split data to predict the federal fund participation rate in future years. General fund spending on community services is a function of the total spending on services and federal fund attainment, which is affected by waiver participation.

Exhibit 11 shows the budgetary impact of the fiscal 2018 actual federal fund participation rate being 1.7% higher than was budgeted. DDA spent $22.1 million more overall on community services expenditures than was budgeted in fiscal 2018. However, the effect of increased federal fund attainment resulted in DDA underspending the general fund appropriation by $6.1 million.

Exhibit 11
Actual Federal Fund and General Fund Split in Recent Community Services Spending
Fiscal 2018

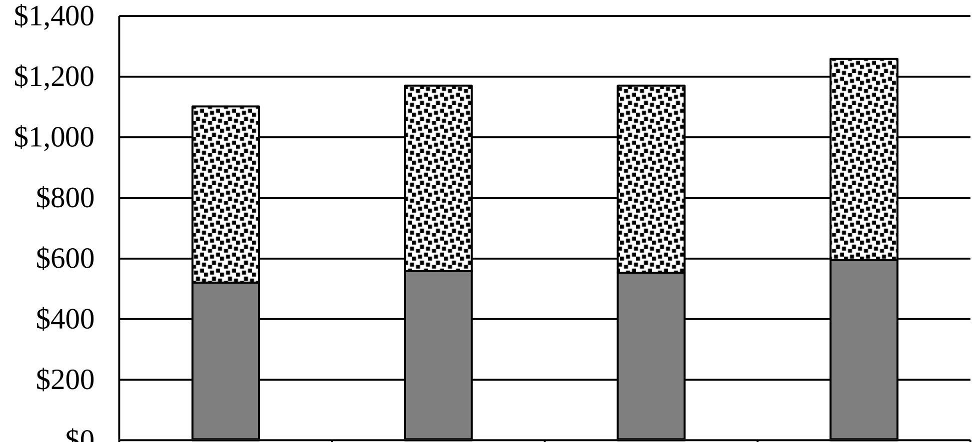
	Legislative Appropriation	Actual Spending	Difference
General Funds	$587,102,366	$580,981,514	-$6,120,852
Federal Funds	489,458,893	517,623,445	28,164,552
Special Funds	3,195,718	3,253,767	58,049
Total Funds	**$1,079,756,977**	**$1,101,858,726**	**$22,101,749**
Federal Fund Participation	45.3%	47.0%	1.7%

Note: Contains all spending under the Community Services Program except capped waivers and regional office expenditures.

Source: Department of Budget and Management; Department of Legislative Services

Conversely, overestimating the federal fund participation rate can require additional general fund spending to replace the loss in federal funds or cause DDA to reduce total spending and provide fewer community services. As shown in **Exhibit 12**, the actual federal fund participation rate in fiscal 2018 was 47.0%, while the budgeted rate in the fiscal 2019 working appropriation is 47.5%. The fiscal 2019 estimate in Exhibit 12 shows that $616.6 million in general funds would be needed to maintain total spending at the budgeted level if the federal fund participation rate matched the actual fiscal 2018 participation rate. DDA estimates that the percent of individuals in waivers will increase in fiscal 2019, consistent with the increases in recent years. This would cause increased federal fund participation compared to fiscal 2018 to some degree, potentially up to the 0.5% increase budgeted in fiscal 2019. The fiscal 2020 allowance is based on the most recent actual federal fund participation level. If the fiscal 2020 federal fund participation rate is understated, as was the case in fiscal 2018, then DDA would need less State funding than budgeted to meet the total spending level of $1.26 billion or could use the additional federal fund attainment to expand services to people on the waiting list.

Exhibit 12
Fund Splits in Community Services Expenditures
Fiscal 2018-2020
($ in Millions)



	2018 Actual	2019 Working	2019 Est.	2020 Allowance
General Funds	$581.0	$610.8	$616.6	$663.3
Federal Funds	517.6	555.3	549.4	591.3
Special Funds	3.3	3.5	3.5	3.5
Total Funds	1,101.9	1,169.5	1,169.5	1,258.1
Federal Fund Participation	47.0%	47.5%	47.0%	47.0%

Source: Department of Budget and Management; Department of Legislative Services

Long Term Services and Supports Tracking System Training

DDA is in the process of transitioning to using MDH's integrated care management tracking system, Long Term Services and Supports Tracking System (LTSS). Additional discussion of LTSS is found in the Medical Care Program Administration analysis. The fiscal 2020 allowance includes $1.2 million for the contract for LTSS training and transition support. This is a $1.2 million decrease from the fiscal 2019 working appropriation. LTSS functionalities for DDA programs are launching in stages. According to the DDA website, the first LTSS launch occurred August 1, 2018. After delays, DDA anticipates the second release of LTSS capabilities for DDA services in July 2019. Originally, DDA projected this launch to happen in January 2019. A third launch of DDA-related functions in LTSS is also delayed and is now projected for July 2020.

Quality Improvement and Utilization Review Services

The fiscal 2020 allowance includes $5.6 million for utilization review services, an increase of $188,720 compared to the fiscal 2019 working appropriation. In prior years, DDA indicated that it would contract with a quality improvement organization to conduct utilization reviews, including audits of DDA-funded services to ensure that funded services are provided and to evaluate consumer satisfaction with services. If the services are not provided as funded, as documented in the individual plan, or as documented in the Service Funding Plan, the State can recover funds. Utilization review services include routine performance audits, on-demand performance audits, and review of request for service change and add-on services.

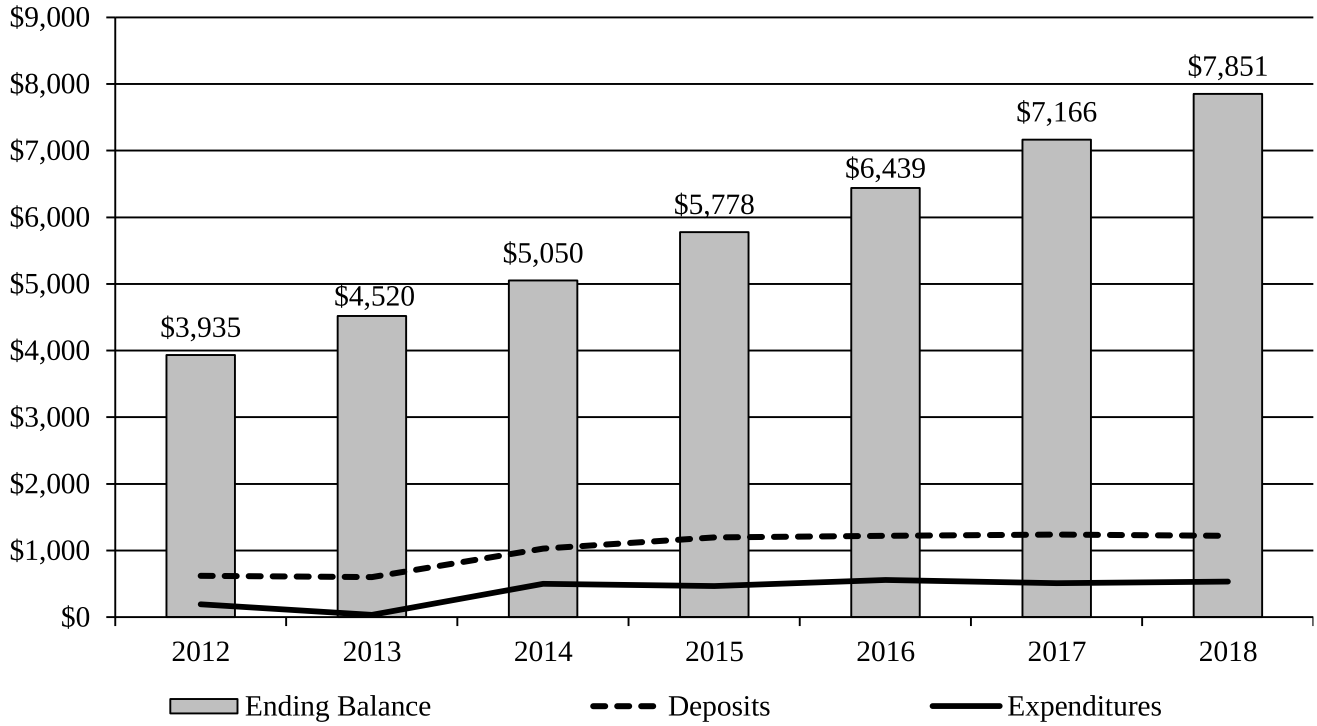
No utilization review audits have been performed since fiscal 2013, and there is currently no contract for utilization review, although DDA budgeted $5.4 million for this purpose in fiscal 2019. DDA reports that an evaluation committee is now reviewing multiple bids submitted in response to the Request for Proposals and that it expects to award a contract in July 2019.

Waiting List Equity Fund

The Waiting List Equity Fund (WLEF) was established to ensure that funding associated with individuals served in an SRC follows them to the community when they are transitioned to a community-based care setting and that any funds remaining be used to provide community-based services to individuals on the waiting list. According to statute, WLEF funds may not be used to supplant funds for emergency placements or transitioning youth. Only the first year of placement receives WLEF funding, after which those individuals become part of the base and are funded by a mix of general and federal funds.

Exhibit 13 shows the ending fund balance of the WLEF, the deposits made to the fund, and the expenditure or placement costs incurred by the fund between fiscal 2012 and 2018. Since fiscal 2012, deposits have outpaced expenditures and the ending balance has increased each fiscal year. As of the close of fiscal 2018, the WLEF balance has grown to approximately $7.9 million. Despite the estimated expenditures in the fiscal 2019 working appropriation being $238,733 more than the fiscal 2018 actual spending, the fund balance is still expected to grow if deposits remain constant.

Exhibit 13
Waiting List Equity Fund Balance
Fiscal 2012-2018
($ in Thousands)



Note: Deposits include the balance of funds available due to a discharge from a State Residential Center, the interest earned on proceeds from the sale or long-term lease of a Developmental Disabilities Administration facility after it has closed, and any proceeds from a State income tax check-off option.

Source: Maryland Department of Health

Committee narrative in the 2018 JCR requested that DDA meet with stakeholders and report on recommendations about how to best utilize the WLEF and draft legislation necessary to facilitate changes among other findings. In its response, DDA indicated that it has met with the Developmental Disabilities Coalition and both agreed that the permissible uses of the WLEF should be broadened. The Developmental Disabilities Coalition also suggested that DDA seek input from the broader stakeholder community. As a result, specific recommendations will not be developed until the engagement process with more stakeholders is complete. **DDA should provide an update on the engagement process with stakeholders and discuss preliminary ideas for how best to utilize the WLEF. DLS recommends restricting $100,000 in general funds from the M00M01.01 Program Direction budget pending the receipt of a report regarding uses of the WLEF.**

Issues

1. Community Pathways Waiver Renewal and Capped Waiver Implementation

DDA currently administers three waiver programs with approval and federal fund participation from the Centers for Medicare and Medicaid Services (CMS):

- the Home and Community-based Services Waiver, also known as the Community Pathways Waiver, which funds 19 types of services to individuals of any age living in the community through licensed provider agencies or self-directed services;

- the Community Supports Waiver, which provides support up to $25,000 per year for a maximum of 400 eligible individuals for nonresidential services in the community; and

- the Family Supports Waiver, which provides support up to $12,000 per year for a maximum of 400 children under 21 years old and their families to secure supplemental wraparound services to those provided by the Maryland State Department of Education.

CMS approved the Family Supports Waiver on November 21, 2017, and the Community Supports Waiver on December 7, 2017. DDA began accepting applications for enrollment in both capped waiver programs on January 2, 2018. Additionally, a Community Pathways Waiver renewal application was approved by CMS on June 27, 2018, and took effect July 1, 2018.

DDA submits performance measures related to the percent of individuals served in community based services who are in the waiver programs, as shown in **Exhibit 14**. In fiscal 2018, the percent of all individuals served in waivers increased by 1.7% compared to fiscal 2017. Individuals who are not waiver eligible include those who are determined to be supports only, do not meet the financial requirements, and were previously waiver eligible but no longer meet the requirements (often the financial requirements). Most services supported by DDA are waiver eligible, but there are a few legacy services that are not.

DDA has adopted the practice that new individuals entering community services must be in one of the three waivers, so the number and percent of individuals in the waiver programs is estimated to increase in fiscal 2019 and 2020. However, DDA also reports that it does not know who on the waiting list is waiver eligible. Currently, the waiver application process is not initiated until funding has been identified, and the next person to be taken off the waiting list (the person who has been on the waiting list the longest among individuals in the highest priority category) is notified. **DDA should discuss whether it is possible to begin the waiver application process for individuals on the waiting list. DLS recommends committee narrative requesting performance measures that present enrollment separated by waiver program.**

Exhibit 14
Individuals Enrolled in DDA's Waiver Programs
Fiscal 2014-2020 Est.

	2014	2015	2016	2017	2018	2019 Est.	2020 Est.
Percent of Individuals in Waivers	85.9%	87.7%	89.2%	90.0%	91.7%	92.6%	92.2%
Percent Change Over Previous Year		1.8%	1.5%	0.8%	1.7%	0.9%	-0.4%

DDA: Developmental Disabilities Administration

Source: Governor's Fiscal 2020 Budget Books

Community Pathways Waiver Renewal

The Community Pathways Waiver provides services to eligible individuals in the community as an alternative to receiving services in an institution. Community Pathways is DDA's largest waiver program. CMS approved DDA's waiver renewal application for a five-year period, effective July 1, 2018. In its acceptance letter, CMS outlined the following features of the renewal application:

- the introduction of new services;
- revisions to service descriptions, requirements, limitations, and provider qualifications;
- transition of some supports to another or new waiver services;
- transition to new units, rates, and payment methodology (*e.g.*, daily to hourly, monthly, and milestones); and
- revisions to self-directed services covered under the employer and budget authorities.

DDA indicates that a key change resulting from the waiver renewal is the expansion of community service types from approximately 20 to over 40 DDA-funded services. For example, the current Supported Employment Services will now be broken into multiple standalone services. **DDA should describe the new services offered under the Community Pathways Waiver renewal and discuss whether any services formerly provided through the waiver are no longer covered or are covered by another waiver program. DDA should also discuss whether the new services are programmed into the LTSS phase in and how the agency will accurately track individuals' new placements, transitions/movements, and attrition across all services.**

Capped Waivers

Effective January 1, 2018, DDA can enroll certain individuals in the Community and Family Supports waivers. The fiscal 2020 allowance includes $10 million for the Community Supports Waiver and $4.8 million for the Family Supports Waiver for individuals currently on the waiting list. There is no change from the fiscal 2019 appropriation, and both fiscal years include enough funds to pay up to the maximum benefit with 400 slots filled with individuals on the waiting list in both programs. In addition to the 400 slots for individuals on the waiting list, DDA can also serve youth transitioning out of the foster care system through the Community Supports Waiver, but the funds are budgeted with the other services for transitioning youth.

From January 2018 to January 2019, new enrollments of individuals on the waiting list totaled 272 for the Community Supports Waiver and 78 for the Family Supports Waiver. This means that 128 slots were open in the Community Supports Waiver and 322 slots were open in the Family Supports Waiver at the end of calendar 2018. **Considering that 4,819 individuals were on the waiting list for community services as of January 31, 2019, DDA should discuss why enrollment in the capped waiver programs is below the maximum budgeted amount. DDA should also provide the current number of individuals receiving services through each capped waiver.**

DDA has the ability to request changes to its waiver programs by submitting a waiver amendment to CMS and is currently in a public comment period for a waiver amendment aligning all three waivers with the new services and changing implementation dates for the new rate structure (discussed below). **Because the enrollment in the Community Supports Waiver is outpacing enrollment in the Family Supports Waiver, DDA should comment on whether its waiver amendment would increase the maximum number of individuals receiving services under the Community Supports Waiver.**

2. Rate-setting Process

Chapter 648 of 2014 tasked DDA with conducting an independent and cost-driven rate-setting study to set provider rates for community-based services that considers the actual cost of providing community-based services, including transportation costs, appropriate wage and benefit levels for direct support and supervisory staff, and the fiscal impact of absence days. DDA awarded a contract to Johnston, Villegas-Grubbs and Associates, LLC (JVGA) to complete the study.

Simultaneously, DDA has worked to transition from its legacy financial management system, known as the Provider Consumer Information System 2 (PCIS 2) to MDH's integrated care management tracking system, LTSS. The legacy PCIS 2 was found to have significant weaknesses with regard to data, reporting, and system functionality. An independent consulting firm recommended LTSS as a way to integrate the generation of DDA's Medicaid claims for providers with the agency's invoicing and payment activity.

DDA originally planned to implement the new rate process beginning in fiscal 2020 but has moved the statewide launch to fiscal 2021. The rate-setting process is being implemented in three phases:

- rate development;
- verifying assumptions in proposed rates, provider impact analysis, and training; and
- finalizing the rates and developing an implementation plan.

Phase One: Rate Development

JVGA began the rate development process in September 2015. Following delays in providers submitting necessary data, JVGA released its findings from the rate-setting study in a report published in November 2017. The steps leading up to the report were as follows:

- collecting and analyzing data from 70 DDA service provider general ledgers;
- identifying cost components;
- collecting direct support worker hours from 107 providers;
- calling service providers individually after analysis of general ledgers and worker hours;
- developing service standards;
- identifying appropriate U.S. Bureau of Labor Statistics (BLS) classifications for each service category; and
- developing the proposed rates.

Two workgroups also formed to aid JVGA in its process. A Service Quality Workgroup comprised of individuals receiving services, their families, and advocates informed JVGA on the services provided in Maryland. The work of the Service Quality Work Group ended when JVGA's report was published. A Technical Workgroup was also formed with service providers and representatives from the provider organization, Maryland Association of Community Services.

Report Findings

JVGA has developed rates in some capacity in 14 other jurisdictions, primarily for developmental disabilities administrations in other states. The consultants with JVGA developed a trademarked approach referred to as the brick method in which they consider various components (or cost categories) that make up one "brick," *i.e.,* one hour of services. The foundation of the brick is the wage for direct support professionals, then the other components are based on a percent of the direct support wages. JVGA determined direct support wages based on BLS wage rates. In Maryland's case, JVGA outlined seven components as employment-related expenditures (fringe benefits); facility costs for day services, program support, transportation, training, and general; and administrative expenses. All components are summed to equal one brick. For the purpose of providing example rates, JVGA used BLS wage rates for 2015. DDA has advised that the rates will be based on the most recent BLS wages and will be inflated by the appropriate inflationary factor for Medicaid services.

The report also described differentials to alter standard rates to account for individual acuity, transportation, closure factors, and economic factors. JVGA concluded that an acuity differential should be applied for certain services, transportation would be a stand-alone component for day services, a closure factor should be applied for all services, and a differential factor for economic factors should not be applied.

Using fiscal 2018 budget data, JVGA projected that the budgetary impact of the new rate-setting process on the State budget in its planned first year of implementation (fiscal 2020, at the time the report was published). Expenditures for residential, day, personal supports, and TCM services would have increased by $38.3 million in general funds under the proposed rates. It is difficult to assess the accuracy of this projection because no further documentation or technical supplement was included in the report. Moreover, DDA has expanded and reclassified the community services as part of its waiver renewal application. **DDA should discuss how the new DDA-funded services and other changes resulting from the Community Pathways Waiver renewal impact the rate-setting study findings.**

Phases Two and Three

DDA has transitioned to Phase Two, which includes the agency and the Technical Workgroup verifying the assumptions used in the rate-setting study and discussing how the new services and rates will be operationalized. Although the tasks in Phase Two seem to still be underway, DDA reports that it is also developing an implementation plan. DDA noted that a pilot is planned to test the LTSS network transition, which would also incorporate a test of the new services and rates. However, the planned test group would be small. DDA indicates that the test group will be limited so that any issues with the system can be addressed and managed without significant impact to providers or the service participants. **DDA should discuss any findings so far on the provider and client impact of the proposed new rates and services. The agency should also discuss any modifications that it will make to the JVGA brick method outlined in the report and update the cost estimate resulting from any changes to the brick method and the delay to fiscal 2021. DDA should explain why the proposed new rate system was pushed back to fiscal 2021.**

Operating Budget Recommended Actions

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

    , provided that $100,000 of this appropriation may not be expended until the department submits a report to the budget committees including recommendations for expanded uses of the Waiting List Equity Fund and an estimate of the number of individuals on the waiting list for community services that would be served under the expanded uses. The report shall be submitted by November 1, 2019, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if a report is not submitted.

    Explanation: Since fiscal 2011, revenues have outpaced expenditures in the Waiting List Equity Fund (WLEF). This resulted in a fund balance of $7.9 million at the close of fiscal 2018. The budget committees are concerned that the growing fund balance can be used more effectively to provide services for more individuals on the waiting list for community services. The Maryland Department of Health (MDH) has indicated that it is engaging stakeholders and will develop specific recommendations for changes in the allowable use of the WLEF.

Information Request	**Author**	**Due Date**
Report on WLEF uses	MDH	November 1, 2019

2. Adopt the following narrative:

    Community Services Performance Measures Report: The Developmental Disabilities Administration (DDA) under the Maryland Department of Health (MDH) is implementing a new community services system as part of the Home and Community-based Services Waiver renewal. DDA formerly offered 20 services and will now fund 40 services, including some new services. The agency provided counts of the annualized number of clients receiving community services and the average annual cost per client in its Managing for Results (MFR) submissions. Before December 1, 2019, MDH should submit a report to the budget committees with descriptions of each of the community services funded by DDA and which services are eligible for funding through each waiver. MDH should provide these descriptions for the services that were available prior to the waiver renewal and the services following implementation of the new system. Additionally, MDH should explain how the performance measures in prior fiscal years, specifically the number of annualized clients and average cost per client, will compare to the measures submitted with the fiscal 2021 MFR submission.

Information Request	Author	Due Date
Report on performance measures for community services	MDH	December 1, 2019

3. Adopt the following narrative:

Performance Measures Related to Waiver Programs: Beginning in fiscal 2018, the Developmental Disabilities Administration (DDA) administers three waiver programs for community-based services. The Maryland Department of Health (MDH) submitted the number and percent of individuals served by DDA in all of its waiver programs in the Managing for Results (MFR) submission in fiscal 2020. Beginning in the fiscal 2021 MFR submission, MDH should provide the number of individuals served by DDA in each waiver program separately in addition to the aggregated measures that were provided for fiscal 2020.

Information Request	Author	Due Date
Enrollment data for each waiver program	MDH	With the submission of the fiscal 2021 allowance

4. Adopt the following narrative:

Monthly Caseload and Average Cost Data Submissions: The Maryland Department of Health (MDH) is implementing a new rate-setting process for the Developmental Disabilities Administration (DDA) that will fundamentally alter the way that DDA makes payments to community providers. Additionally, DDA has received approval for a Community Pathways Waiver renewal application from the Centers for Medicare and Medicaid Services. As a result, DDA will reclassify and expand community services from 20 to 40 service types. MDH should submit quarterly reports with monthly data including the total number of clients by service type, the number of clients receiving services under each of DDA’s three waiver programs, and the average cost of each service provided.

Information Request	Author	Due Date
Quarterly community services caseload and cost reports	MDH	August 1, 2019 November 1, 2019 February 1, 2020 May 1, 2020

Updates

1. Fiscal 2018 Office of Legislative Audits Review of Budget Closeout Transactions

In an audit report released in June 2015, the Office of the Inspector General (OIG) at the U.S. Department of Health and Human Services documented an overbilling of federal funds, resulting in a recommendation that the State refund $34.2 million to the federal government. This $34.2 million represents the federal share of services provided over a three-year period (July 1, 2010, to June 30, 2013) to individuals with developmental disabilities who were provided additional services beyond residential habilitation services (add-on services) because of their high degree of need. During this same time period, the department claimed $329.0 million ($178.7 million federal share) for all add-on waiver services.

OIG reviewed $34.2 million of the federal share and concluded that virtually every claim that it reviewed was not consistent with waiver criteria. The audit alleges that DDA claimed add-on services for beneficiaries who did not meet the waiver's level-of-need requirement for those services under its Community Pathways Waiver program. According to the audit, the waiver allowed add-on services for beneficiaries who met three requirements, including a level-of-need of five on the State agency's Individual Indicator Rating Scale. However, the State agency did not consider the beneficiary's level-of-need score when approving add-on services.

MDH did not concur with the OIG recommendation in its September 2015 response and disagreed with its interpretation that the Community Pathways Waiver requires individuals receiving the services to meet three separate requirements. The department has, in the past, interpreted the waiver and operated its program such that an individual who meets any one of the three conditions is eligible for add-on services. The department believes that it is entitled to deference for its interpretation of its waiver language. OIG responded that the agency's interpretation of its waiver (that only one of the three requirements be met) would have been unallowable because it would not have required evidence that there was a need for add-on services or that additional payment was necessary to cover the cost of those services.

According to the Office of Legislative Audits' (OLA) *Statewide Review of Budget Closeout Transactions for Fiscal Year 2018*, MDH received a formal disallowance letter, dated June 26, 2018, requiring the refund of $34.2 million. On August 23, 2018, MDH issued a Request for Reconsideration letter to begin the appeals process. During the appeals process, MDH was given the choice to return the funds or retain them and pay any interest that accrues in that time. MDH chose to retain the funds and could be liable for the federal refund of $34.2 million and any accrued interest.

OLA also found in a 2016 fiscal compliance audit that DDA improperly instructed providers to collect fees from consumers to contribute to their cost of care that otherwise would have been paid from State and federal funds. DDA improperly collected an estimated $4.2 million. In fiscal 2018, DDA partially covered the refund of one year's fees to consumers in fiscal 2018, totaling $3.0 million. However, DDA has not expended the remaining $1.2 million and reported this as a liability.

Appendix 1

Current and Prior Year Budgets

Developmental Disabilities Administration

($ in Thousands)

	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2018					
Legislative Appropriation	$649,851	$5,785	$505,833	$30	$1,161,498
Deficiency/Withdrawn Appropriation	-685	0	-90	0	-775
Cost Containment	-14	0	0	0	-14
Budget Amendments	-10,096	243	21,810	0	11,957
Reversions and Cancellations	-4,271	-1,610	-952	0	-6,834
Actual Expenditures	**$634,785**	**$4,417**	**$526,600**	**$30**	**$1,165,832**
Fiscal 2019					
Legislative Appropriation	$678,995	$6,080	$576,811	$30	$1,261,915
Budget Amendments	340	0	44	0	385
Working Appropriation	**$679,335**	**$6,080**	**$576,855**	**$30**	**$1,262,300**

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. Numbers may not sum to total due to rounding.

Fiscal 2018

The fiscal 2018 legislative appropriation for the Developmental Disabilities Administration (DDA) increased by $4.3 million. The budget decreased by $14,183 in general funds due to a September 2017 Board of Public Works cost containment action. The budget was reduced further through a withdrawn appropriation in Section 19 of the fiscal 2019 Budget Bill by $775,024 ($684,932 in general funds and $90,092 in federal funds) due to a surplus in the health insurance account.

The DDA budget increased by $12 million through budget amendments. The Program Direction budget increased by $1.2 million ($393,351 in general funds and $773,203 in federal funds) for personnel and contractual services.

The general fund appropriation to the Potomac Center increased by $2.4 million, largely due to costs related to the mid-year expansion of bed capacity. General funds increased by $145,497 at the Holly Center to replace the roof. However, this was offset by a decrease of $360,890 in general funds due to high vacancies. General funds decreased by $1.1 million at the Secure Evaluation and Therapeutic Treatment unit due to a delay in filling vacancies and a reduction in overtime. General funds decreased by $377,692 in DDA facility maintenance.

Within the Community Services Program, an amendment decreased the budget by $7.0 million ($4,048,433 in general funds and $2,992,320 in federal funds) to reflect appropriations withdrawn in the Budget Reconciliation and Financing Act of 2018 for utilization review contracts that were not executed. General funds were further reduced by $7.6 million, and federal funds were increased by $24.0 million to account for increased federal fund attainment.

DDA reverted $4.3 million in general funds. Of this amount, the largest reversions are because of lower than anticipated enrollment in two new capped waivers ($3.7 million) and for funding related to the Programs of Assertive Community Treatment Helping Children with Special Needs grant ($400,000).

DDA canceled $1.6 million in special funds related to prior year grant activity. DDA canceled $1 million in federal funds due to lower total expenditures resulting in lower federal fund attainment.

Fiscal 2019

To date, DDA's fiscal 2019 budget has increased by $384,624 ($340,478 in general funds and $44,146 in federal funds) for a general salary increase effective January 1, 2019, that was centrally budgeted.

Appendix 2
Audit Findings

Audit Period for Last Audit:	December 2017 – April 2018
Issue Date:	January 2019
Number of Findings:	2
Number of Repeat Findings:	0
% of Repeat Findings:	0%
Rating: (if applicable)	n/a

The Office of Legislative Audits conducted a performance audit to assess the Developmental Disabilities Administration's (DDA) monitoring of coordination of community services agencies.

Finding 1: DDA's guidance to, and training of, coordination of community services agencies on consumer monitoring responsibilities did not contain clear instruction about the level of detail required to complete the monitoring forms and did not address specific documentation the agencies should obtain when conducting the reviews.

Finding 2: DDA did not adequately monitor coordination of community services agencies' efforts to determine whether they were ensuring that consumers received the required services from providers.

Appendix 3
Object/Fund Difference Report
Maryland Department of Health – Developmental Disabilities Administration

Object/Fund	FY 18 Actual	FY 19 Working Appropriation	FY 20 Allowance	FY 19 - FY 20 Amount Change	Percent Change
Positions					
01 Regular	649.25	649.25	650.75	1.50	0.2%
02 Contractual	21.01	26.02	44.64	18.62	71.6%
Total Positions	**670.26**	**675.27**	**695.39**	**20.12**	**3.0%**
Objects					
01 Salaries and Wages	$ 46,757,312	$ 48,538,725	$ 48,522,622	-$ 16,103	0%
02 Technical and Special Fees	1,571,620	1,380,192	2,394,083	1,013,891	73.5%
03 Communication	213,769	256,275	275,435	19,160	7.5%
04 Travel	80,452	50,465	67,735	17,270	34.2%
06 Fuel and Utilities	929,839	966,442	1,494,774	528,332	54.7%
07 Motor Vehicles	187,585	127,915	80,726	-47,189	-36.9%
08 Contractual Services	1,112,269,191	1,207,916,489	1,295,205,343	87,288,854	7.2%
09 Supplies and Materials	1,689,602	1,361,271	1,829,448	468,177	34.4%
10 Equipment – Replacement	335,803	65,579	278,710	213,131	325.0%
11 Equipment – Additional	128,506	28,839	26,096	-2,743	-9.5%
12 Grants, Subsidies, and Contributions	977,194	980,000	980,000	0	0%
13 Fixed Charges	690,673	627,908	636,932	9,024	1.4%
Total Objects	**$ 1,165,831,546**	**$ 1,262,300,100**	**$ 1,351,791,904**	**$ 89,491,804**	**7.1%**
Funds					
01 General Fund	$ 634,784,548	$ 679,335,413	$ 732,433,014	$ 53,097,601	7.8%
03 Special Fund	4,417,072	6,080,006	6,093,775	13,769	0.2%
05 Federal Fund	526,600,329	576,855,084	613,235,518	36,380,434	6.3%
09 Reimbursable Fund	29,597	29,597	29,597	0	0%
Total Funds	**$ 1,165,831,546**	**$ 1,262,300,100**	**$ 1,351,791,904**	**$ 89,491,804**	**7.1%**

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. The fiscal 2020 allowance does not include general salary increases.

Appendix 4
Fiscal Summary
Maryland Department of Health – Developmental Disabilities Administration

Program/Unit	FY 18 Actual	FY 19 Wrk Approp	FY 20 Allowance	Change	FY 19 - FY 20 % Change
01 Program Direction	$ 9,806,732	$ 9,285,529	$ 9,861,696	$ 576,167	6.2%
02 Community Services	1,114,130,823	1,209,908,399	1,299,451,407	89,543,008	7.4%
01 Services and Institutional Operations	16,916,597	16,938,157	16,605,252	-332,905	-2.0%
01 Court Involved Service Delivery	7,830,428	8,575,362	7,833,888	-741,474	-8.6%
01 Potomac Center	16,293,342	16,689,499	17,118,739	429,240	2.6%
01 Services and Institutional Operations	853,624	903,154	920,922	17,768	2.0%
Total Expenditures	**$ 1,165,831,546**	**$ 1,262,300,100**	**$ 1,351,791,904**	**$ 89,491,804**	**7.1%**
General Fund	$ 634,784,548	$ 679,335,413	$ 732,433,014	$ 53,097,601	7.8%
Special Fund	4,417,072	6,080,006	6,093,775	13,769	0.2%
Federal Fund	526,600,329	576,855,084	613,235,518	36,380,434	6.3%
Total Appropriations	**$ 1,165,801,949**	**$ 1,262,270,503**	**$ 1,351,762,307**	**$ 89,491,804**	**7.1%**
Reimbursable Fund	$ 29,597	$ 29,597	$ 29,597	$ 0	0%
Total Funds	**$ 1,165,831,546**	**$ 1,262,300,100**	**$ 1,351,791,904**	**$ 89,491,804**	**7.1%**

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. The fiscal 2020 allowance does not include general salary increases.