

M00M
Developmental Disabilities Administration
 Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

| | FY 06 | FY 07 | FY 08 | FY 07-08 | % Change |
|--------------------|----------------------|-----------------------|-------------------------|----------------------|--------------------------|
| | <u>Actual</u> | <u>Working</u> | <u>Allowance</u> | <u>Change</u> | <u>Prior Year</u> |
| General Fund | \$418,371 | \$451,310 | \$472,982 | \$21,672 | 4.8% |
| Special Fund | 2,818 | 3,676 | 3,974 | 298 | 8.1% |
| Federal Fund | 220,404 | 238,560 | 265,806 | 27,246 | 11.4% |
| Reimbursable Fund | <u>253</u> | <u>192</u> | <u>104</u> | <u>-88</u> | <u>-45.9%</u> |
| Total Funds | \$641,846 | \$693,738 | \$742,865 | \$49,127 | 7.1% |

- The fiscal 2008 allowance exceeds the fiscal 2007 working appropriation by \$49.1 million, or 7.1%. The increase is almost entirely due to the inclusion of an additional \$49.2 million for community service enhancements including a 2% cost-of-living increase for the community service providers.
- The proposed budget includes a one-time savings in health insurance costs. If not for these savings, the allowance would exceed the adjusted fiscal 2007 working appropriation by approximately \$52.4 million, or 7.6%

Personnel Data

| | FY 06 | FY 07 | FY 08 | FY 07-08 |
|------------------------|----------------------|-----------------------|-------------------------|----------------------|
| | <u>Actual</u> | <u>Working</u> | <u>Allowance</u> | <u>Change</u> |
| Regular Positions | 1,228.15 | 1,232.15 | 1,231.15 | -1.00 |
| Contractual FTEs | <u>85.62</u> | <u>75.13</u> | <u>75.12</u> | <u>-0.01</u> |
| Total Personnel | 1,313.77 | 1,307.28 | 1,306.27 | -1.01 |

Vacancy Data: Regular Positions

| | | |
|-----------------------------------|-------|--------|
| Turnover, Excluding New Positions | 49.98 | 4.06% |
| Positions Vacant as of 12/31/06 | 138.5 | 11.24% |

- In fiscal 2007, the administration through the Board of Public Works converted 22.5 contractual positions into 18 regular positions. The new positions are located in the regional offices and assist individuals with developmental disabilities to receive services.

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

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- The allowance has one less position in fiscal 2008. The administration abolished a vacant position at headquarters.
- The projected fiscal 2008 turnover rate of 4.06% is 7.18 percentage points lower than the current vacancy rate of 11.24%. To achieve this turnover rate in fiscal 2008, it will be necessary to maintain 50 vacancies. Currently the department has 138.5 vacancies, of which 127 have been vacant for less than 12 months. Of the 127 shorter term vacancies, 18 are contractual conversions. Excluding the contractual conversions the vacancy rate is 9.8%, significantly higher than the proposed turnover rate of 4.06%

Analysis in Brief

Major Trends

Ask Me! Survey Participants Indicate a Moderate Level of Satisfaction with the Quality of Their Lives: The Developmental Disabilities Administration (DDA) annually surveys individuals receiving community services to determine how satisfied the recipients are in eight personal domain areas. The fiscal 2006 data show a decrease in four of the eight personal domains; however, all the domains have shown improvement since fiscal 2002. The domain areas of rights and self-determination had the greatest percentage increase between fiscal 2002 and 2006; however, these domains still scored the lowest in quality of life.

Issues

Rosewood State Residential Center Abates Immediate Jeopardy and Submits Corrective Plan of Action to Resolve Remaining Patient Safety Issues: A recent Office of Health Care Quality survey found that Rosewood was not in substantial compliance with federal regulations related to client protections and issued a Notice of Immediate Jeopardy recommending that the Medicaid funding be terminated if the immediate jeopardy situation were not resolved. Steps have been taken to resolve the immediate jeopardy and address systemic deficiencies.

Forensic Population Presents a Unique Challenge to Rosewood: The forensic patient population at Rosewood State Residential Center has increased substantially since fiscal 2005. This growing population has the potential to create an increasingly dangerous situation for residents, staff, and neighbors.

Results from the Fourth Year of the Wage Survey Indicate Higher Wages: The results of a Community Services Reimbursement Rate Commission (CSRRC) survey indicate that funds appropriated for the wage initiative in fiscal 2006 increased the salaries of direct care service workers by 5.9%. Data reported by DDA in the annual wage and benefit cost survey support the CSRRC findings.

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Most Contracts Include Performance Measures Although Payment Is Not Linked to Performance Targets: While most of the contracts reviewed include specific performance measures, mandate the submission of specific data, and require an evaluation, virtually none of the contracts include incentive payments or penalties for achieving or missing the performance targets.

Recommended Actions

| | <u>Funds</u> | <u>Positions</u> |
|--|---------------------|------------------|
| 1. Reduce funding for prior year grant activity. | \$ 531,782 | |
| 2. Reduce funding for expansion of emergency placements. | 389,984 | |
| 3. Adopt narrative requesting a report on options to incorporate performance-based contracting into the community service provider reimbursement agreements. | | |
| 4. Delete 3.5 long-term vacant positions. | 149,868 | 3.5 |
| 5. Adopt narrative requesting that violent incidence information be included in the fiscal 2009 Rosewood State Residential Center Managing for Results document. | | |
| Total Reductions | \$ 1,071,634 | 3.5 |

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M00M
Developmental Disabilities Administration
Department of Health and Mental Hygiene

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 and which is likely to continue indefinitely. Examples include autism, blindness, cerebral palsy, deafness, epilepsy, mental retardation, and multiple sclerosis. The Developmental Disabilities Administration (DDA) provides direct services to these individuals in four State residential centers and through funding of a coordinated service delivery system that supports the integration of these individuals into the community. Goals of the administration include:

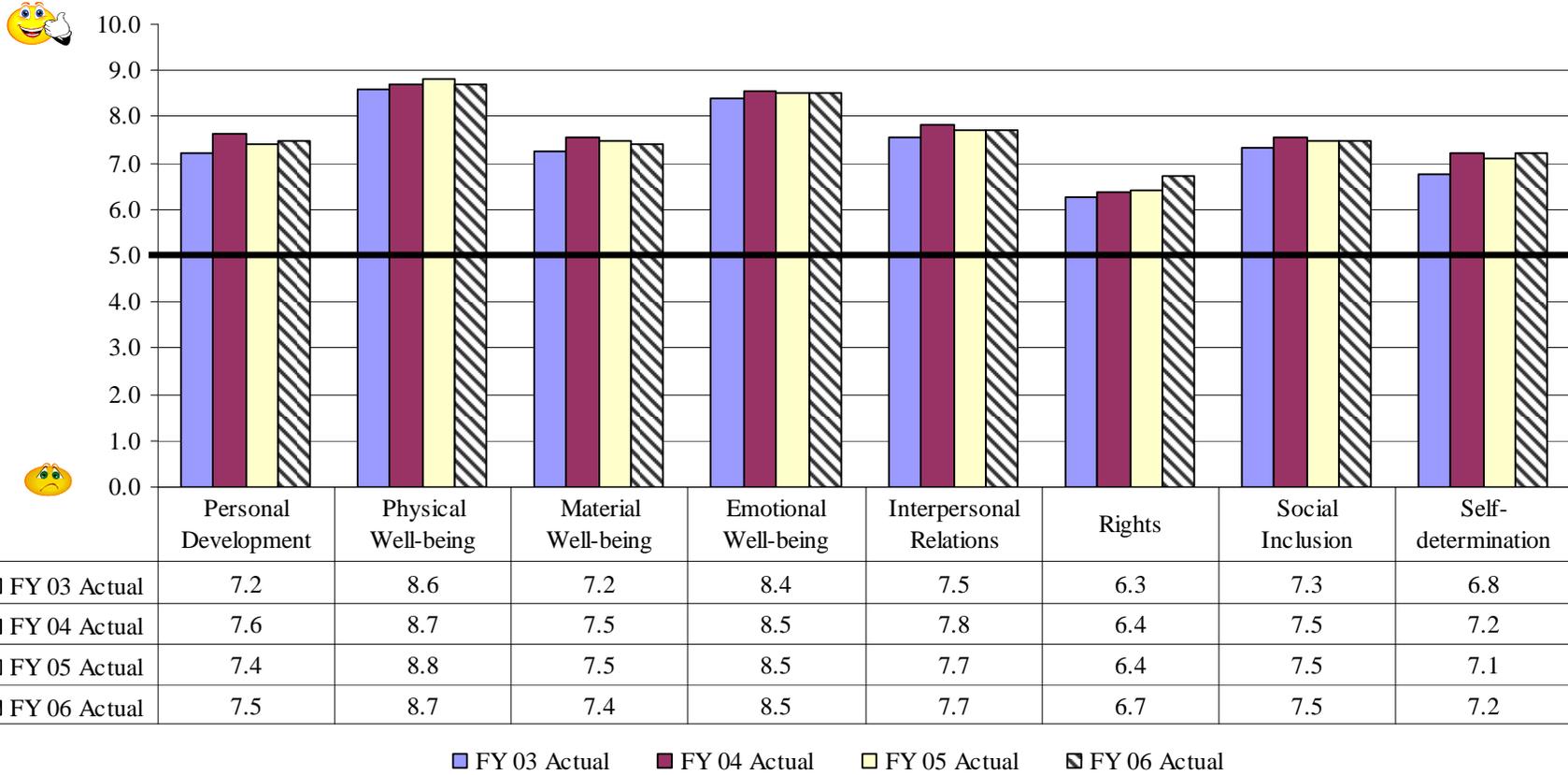
- empowerment of the developmentally disabled and their families;
- integration of individuals with developmental disabilities into community life;
- provision of quality support services that maximize individual growth and development; and
- establishment of a responsible, flexible service system that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

Performance Analysis: Managing for Results

DDA annually surveys individuals receiving community services to determine how satisfied the individuals are with the quality of their lives. DDA's, Ask ME! survey collects information from individuals receiving DDA funded support services from all Maryland community providers. The survey is conducted on a four-year cycle. Each year consists of a random sample of adults throughout the State. Large agencies participate each year, middle-sized agencies participate every other year, and smaller agencies participate once in the four-year cycle. During the four-year period between fiscal 2002 and 2005, the Ask Me! survey interviewed 5,125 people supported by all 116 agencies providing community services to 10 or more adults. The fiscal 2006 survey is the first year of a second four-year cycle and includes responses from 1,225 adults in 41 community provider agencies.

The Ask Me! survey results presented in **Exhibit 1** indicate how satisfied DDA service recipients are in eight personal domain areas. Each individual is shown a set of three faces and asked to identify a face that best describes how they feel about a question: a face with a smile indicates a favorable response; a face with no smile or no frown indicates a neutral response or "not sure," depending on the question; and a face with a frown indicates an unfavorable response. The replies are converted into a scale of 0 to 10 with 0 indicating unfavorable responses on all items, 5 indicating all neutral or equal number of favorable and unfavorable responses, and 10 indicating favorable responses on all items within a domain area. The fiscal 2006 data show a decrease or no change from fiscal 2005 in five of the eight personal development domains; however, all the domains have shown

**Exhibit 1
Ask Me! Survey Results
Fiscal 2003-2006**

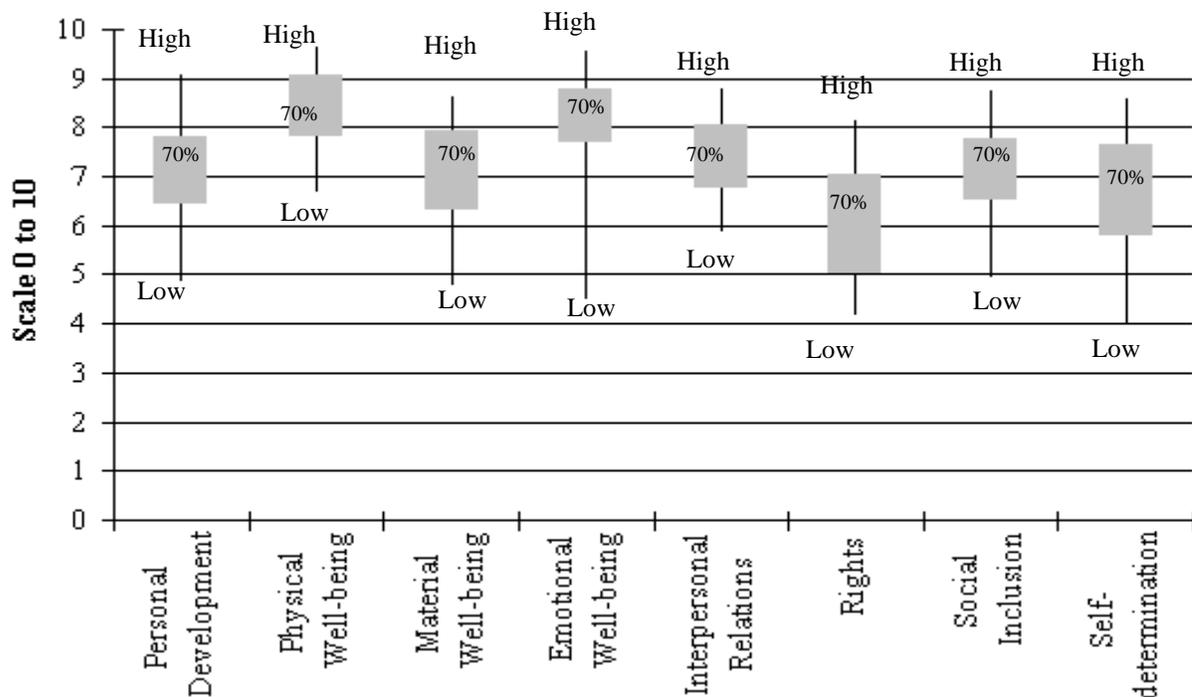


Source: Developmental Disabilities Administration

improvement since fiscal 2002. Individuals report a high quality of life in the domains of physical and emotional well-being but a lower quality of life in the areas of rights and self-determination. However, during fiscal 2006, the percentage of adults who expressed positive feelings about their rights increased 5 percentage points from 66.9 to 71.9% (6.4 to 6.7 on a scale of 0 to 10).

Exhibit 2 presents the variation in scores between all 116 provider agencies in eight personal domain areas. Scores between 0 and 4.9 indicate a greater number of negative responses, a score of 5 indicates an individual gave as many positive answers to the questions in the domain as negative answers, and a score greater than 5 indicates more positive responses than negative. Scores above the 70% margin (darkened bar) indicate the top 20% of agencies, scores within the bar area indicate the middle 70% of providers, and scores below the bar represent the bottom 10% of agencies. A number of observations can be made about the data presented in Exhibit 2.

Exhibit 2
Quality of Life Variation by Provider
Fiscal 2005



Source: The Quality of Life of Marylanders With Developmental Disabilities Receiving DDA Funded Support (FY 2005 Ask Me! survey results); Developmental Disabilities Administration

- Physical well-being and interpersonal relations are positive at all provider agencies.

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- Individuals report negative rights at almost 1 in 10 agencies. Examples of questions measuring rights include: Does the staff ask before they come into your home or room, can you lock the bathroom door if you want to, and when you have a gripe with staff is it easy to say so?
- No provider in the top 20% of four domains was in the bottom 10% of any domain, meaning providers who score relatively well tend to score better in all the categories.

Provider agencies participating in the Ask Me! surveys receive the aggregate responses of the individuals they support. DDA uses the survey results to help the agencies improve their programs, by providing technical assistance and developing training plans to address areas of deficiency. The survey results can also be used to measure achievement of outcomes included in the quality assurance plans the agencies submit to DDA. **The department should comment on how it uses the Ask Me! survey results to monitor and ensure that the community service providers are maintaining a high level of quality care.**

Governor’s Proposed Budget

The fiscal 2008 allowance for DDA increases \$49.1 million over the fiscal 2007 working appropriation, an increase of 7.1%. The growth, detailed in **Exhibits 3 and 4**, is primarily attributable to increases in community services including a 2% community service provider cost-of-living increase and an anticipated increase in federal funds. The proposed budget includes a one-time savings in health insurance costs. If not for this one-time savings, the allowance would exceed the adjusted fiscal 2007 working appropriation by approximately \$52.3 million, or 7.6%.

Exhibit 3
Developmental Disabilities Administration – Budget Growth
Fiscal 2006-2008

| | <u>FY 06</u> <u>Actual</u> | <u>FY 07</u> <u>Wrkg Appr.</u> | <u>FY 08</u> <u>Allowance</u> | <u>FY 07-08</u> <u>\$ Change</u> | <u>FY 07-08</u> <u>% Change</u> |
|----------------------------------|-------------------------------|-----------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| Program Direction | \$5,228,651 | \$5,742,032 | \$5,889,908 | \$147,876 | 2.6% |
| Community Services | 564,515,887 | 612,986,510 | 662,180,164 | 49,193,654 | 8.0% |
| State Residential Centers | | | | | |
| Rosewood | \$40,585,969 | \$41,930,746 | \$42,356,298 | \$425,552 | 1.0% |
| Holly | 17,715,199 | 18,824,369 | 18,600,679 | -223,690 | -1.2% |
| Potomac | 9,467,359 | 9,689,069 | 9,381,349 | -307,720 | -3.2% |
| Brandenburg | 4,332,577 | 4,565,509 | 4,456,408 | -109,101 | -2.4% |
| Subtotal | \$72,101,104 | \$75,009,693 | \$74,794,734 | -\$214,959 | -0.3% |
| Total | \$641,845,642 | \$693,738,235 | \$742,864,806 | \$49,126,571 | 7.1% |

Source: Governor’s Budget Books, Fiscal 2008

Exhibit 4
Governor’s Proposed Budget
Developmental Disabilities Administration
(\$ in Thousands)

| How Much It Grows: | <u>General</u> <u>Fund</u> | <u>Special</u> <u>Fund</u> | <u>Federal</u> <u>Fund</u> | <u>Reimb.</u> <u>Fund</u> | <u>Total</u> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---------------------|
| 2007 Working Appropriation | \$451,310 | \$3,676 | \$238,560 | \$192 | \$693,738 |
| 2008 Governor's Allowance | <u>472,982</u> | <u>3,974</u> | <u>265,806</u> | <u>104</u> | <u>742,865</u> |
| Amount Change | \$21,672 | \$298 | \$27,246 | -\$88 | \$49,127 |
| Percent Change | 4.8% | 8.1% | 11.4% | -45.9% | 7.1% |
| Where It Goes: | | | | | |
| Personnel Expenses | | | | | |
| Increments and other compensation..... | | | | | \$1,191 |
| Contributions to employee retirement system | | | | | 903 |
| Other changes including 18 contractual conversions in fiscal 2007..... | | | | | 481 |
| Workers' compensation premium assessment..... | | | | | 289 |
| Health insurance costs decline due to one-time savings | | | | | -2,088 |
| Turnover adjustments | | | | | -90 |
| Abolished one position | | | | | -37 |
| Other Changes | | | | | |
| Annualization of fiscal 2007 community service placements | | | | | 12,714 |
| Community service provider 2% cost-of-living adjustment..... | | | | | 12,037 |
| Federal fund adjustment to reflect service expansions | | | | | 11,743 |
| Transitioning youth services..... | | | | | 7,560 |
| Emergency placements | | | | | 3,120 |
| Waiting List Equity Fund – expansion of services through placements from the waiting list | | | | | 1,953 |
| Court ordered psychiatric evaluations of forensic patients..... | | | | | 68 |
| Food costs at the State residential centers, based on fiscal 2006 actual costs plus 2% inflation..... | | | | | 65 |
| Rent expense at the Southern Maryland Regional Office..... | | | | | 49 |
| Replacement vehicles including one 60 passenger bus | | | | | 47 |
| Annual Ask Me! survey contract..... | | | | | 44 |
| Utility costs at the State residential centers | | | | | 42 |
| Ground maintenance at the State residential centers | | | | | 23 |
| Shared administrative support services at Finan Center | | | | | 17 |
| Other administrative changes..... | | | | | 11 |
| Contractual conversions – 22.5 contractual positions converted into 18 regular positions..... | | | | | -851 |
| Medical utilization review contract – determines service requirements for patients..... | | | | | -92 |
| Grant to the Self Advocacy Network..... | | | | | -72 |
| Total | | | | | \$49,127 |

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

Community Services

Funding for community services increases \$49.1 million in the fiscal 2008 allowance. The increase is primarily the result of a 2% community service provider cost-of-living increase and community service enhancements including annualization of prior year placements.

Approximately 1,349 people began receiving DDA community services in fiscal 2007. The total cost of these placements, made throughout the course of the fiscal year, will not be realized until fiscal 2008, when services are provided for an entire year. Annualization of these prior year community placements accounts for \$12.7 million of the fiscal 2008 increase in community services. The allowance also provides for the following new community placements in fiscal 2008:

- ***Community Service Provider Cost-of-living Adjustment*** – Chapter 256 of 2006 directs the Department of Health and Mental Hygiene (DHMH) to annually adjust the fees paid to DDA community service providers based on an update factor recommended by the Community Service Reimbursement Rate Commission (CSRRC). The adjustments to fees, however, are subject to the limitations of the State budget. The 2008 allowance provides \$12.0 million to fund a 2% cost-of-living increase to the community service providers. DDA providers last received a cost-of-living increase in fiscal 2002, which was 2%. However, between fiscal 2003 and 2007, an average of \$16.2 million annually has been appropriated to increase the wages of community direct service workers employed by private community providers.
- ***Transitioning Youth:*** This program funds supported employment and day services for students with developmental disabilities graduating from the school system. Eligibility for these services is independent of the severity of the individual's situation or the need for immediate service. An additional 497 individuals will be served by the \$7.6 million in the allowance for these services in fiscal 2008.
- ***Emergencies:*** The allowance provides \$3.1 million for emergency residential, day, and resource coordination services. The funds will serve individuals in immediate need of service due to the severity of their condition or health of their caregiver. DDA expects 96 individuals will be served on an emergency basis in fiscal 2008.
- ***Waiting List Placements Supported by Waiting List Equity Fund:*** The Waiting List Equity Fund, which consists of the full or partial year proceeds remaining once a consumer is discharged from a State residential center, is used to provide community-based services to individuals on the DDA waiting list who have the oldest caregivers. The department also uses the interest generated on the fund balance to provide these placements. The current waiting list for community services includes 15,790 individuals. The fiscal 2008 allowance provides \$2.0 million from the fund to extend services to 60 people.

In addition to these service expansions, the allowance includes an additional \$68,109 for psychiatric evaluations of forensic patients. The amount of time devoted to forensic consultative services has increased from 600 hours in fiscal 2005 to approximately 1,440 hours in fiscal 2007.

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Additionally, the number of court ordered forensic patients has increased over 50% from approximately 38 in fiscal 2005 to 57 in fiscal 2007, or just over one quarter of the total census.

The federal fiscal 2008 allowance also increases an additional \$11.7 million to reflect anticipated service expansions as a result of enrolling more individuals in the federal Medicaid waiver and increases in medical acuity prompting additional services. Since 2002, federal funds have increased at a rate greater than the total increase in funds for community services. This reflects an effort by the administration to maximize available federal funds by enrolling more individuals in the waiver. In fiscal 2006, DDA added an additional 533 individuals to the waiver, and in fiscal 2007 DDA plans to add approximately 600 more. Additionally, the administration has fully automated the federal claims process for four services (residential, day, supported – employment and community supported living arrangements) which allows the department to submit claims and re-submit rejected claims faster.

Issues

1. Rosewood State Residential Center Abates Immediate Jeopardy and Submits Corrective Plan of Action to Resolve Remaining Patient Safety Issues

Background

DDA provides services to individuals with disabilities in four State-operated residential centers, including the Rosewood Center, the Holly Center, the Potomac Center, and the Brandenburg Center. The centers must be licensed to do business in the State and be certified to obtain the right to participate in the Medicare and Medicaid programs. In September 2006, the Office of Health Care Quality (OHCQ), the States health care facility licensing and certification agent, conducted an annual re-certification survey of the Rosewood Center to determine if the facility was in compliance with federal regulations required for Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) participating in the Medicaid program. The survey was also conducted for the purposes of State licensure.

The survey found that Rosewood was not in substantial compliance with federal regulations related to client protections and issued a Notice of Immediate Jeopardy recommending the Medicaid funding, approximately \$17 million, be terminated if the immediate jeopardy was not adequately resolved by October 18, 2006. In addition to the immediate jeopardy finding, OHCQ also identified other systemic deficiencies primarily related to the protection of client rights, staff treatment of clients, and staff management of inappropriate client behavior. These systemic deficiencies were addressed in a corrective plan of action submitted to OHCQ in November 2006.

Rosewood Abates Notice of Immediate Jeopardy

As a condition of receiving federal matching Medicaid funds, ICF/MR facilities such as Rosewood must ensure that clients are not subject to physical, verbal, sexual, or psychological abuse or punishment. Based on a review of records, facility documentation, and interviews with individuals and staff, OHCQ surveyors determined that Rosewood staff failed to protect six clients from physical abuse by other clients and from self injury. Of the six individuals, two are court ordered forensic patients. The facility also did not thoroughly investigate incidents and had not implemented effective preventative measures to protect individuals. This level of non-compliance represented an immediate jeopardy to the health and safety of the six individuals identified. Aside from these individuals, the facility was found to be in substantial compliance with the federal regulations although some systemic deficiencies do exist. **Exhibit 5** shows some of the specific condition level deficiencies cited in the September 2006 OHCQ survey and the corrective actions taken by DDA. On October 17, 2006, OHCQ confirmed the abatement of the immediate jeopardy. To reach that conclusion two OHCQ surveyors reviewed resident plans, interviewed staff and administrators, and reviewed incident reports and follow-up. Additionally, OHCQ met with a DDA behavioral consultant to discuss the improved means of determining, communicating, and administering appropriate behavioral plans for Rosewood residents.

Exhibit 5
Immediate Jeopardy Deficiencies and Remedies

| Immediate Jeopardy Deficiencies | Immediate Jeopardy Remedies |
|---|---|
| Failure to investigate known assaults. | All incidents will be investigated within a five-day period. The reporting form for incident/injury reporting and follow-up investigations has been revised. Staff has received training. Incidents are now tracked in a database and progress to resolve them are monitored by an incident officer. |
| Failure to provide a behavior plan for individuals who have displayed aggressive behavior. | Behavior intervention plans were re-developed for each individual. Training was first provided to the psychology department on how to develop a positive behavioral plan. Staff was then provided training by a psychologist on how to implement the specific techniques identified in each plan. Training was also provided on how to document client responses to those techniques. |
| Failure to complete requested psychiatric evaluations in a timely manner. | A new policy was developed to expedite the referral process. Referral forms are sent to the psychology department at the same time as the incident reports. Twenty-four hour follow-up after an incident via a team meeting is now required. |
| Placing individuals who have shown aggressive behavior towards one another in the same cottage. | Individuals who were aggressive towards one another were moved into separate cottages. Locks were installed between wings in the same buildings. |

Source: Developmental Disabilities Administration

Rosewood Submits Corrective Plan of Action to Resolve Systemic Deficiencies

As mentioned above, in addition to the immediate jeopardy finding, OHCQ also identified other systemic deficiencies primarily related to the protection of client rights, staff treatment of clients, and staff management of inappropriate client behavior. In response to these deficiencies DDA submitted a corrective plan of action to OHCQ in November 2006. The corrective plan of action initiated several policy changes to ensure client protections and appropriate service delivery. Some of these actions include:

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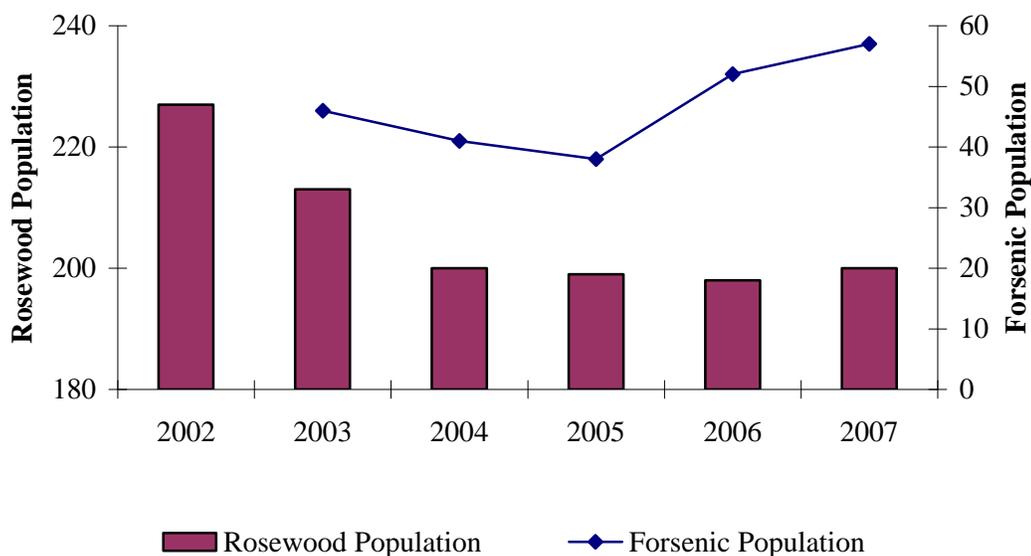
- A 124-item behavioral checklist was completed on each resident. The checklist identified and quantified behavioral tendencies and psychiatric conditions. Based on this evaluation, 108 of 204 residents were prioritized for referral to the psychology department for development and implementation of a behavior plan. The checklist is now completed within 21 days of all admissions and annually. Any referral to the psychology department for behavioral consultation must be completed within 5 working days by the psychologist. Behavioral plans must be developed within 10 working days for clients that exhibit aggressive behavior and within 15 working days for other types of behavior.
- A risk assessment is conducted within 24 hours of an individual's admission. Risk assessments are designed to quickly identify patients with aggressive tendencies.
- Professional staff including social workers, case coordinators, and physical and occupational therapists were moved from offices outside of the cottages into the residential cottages to create a more enriched environment and to increase oversight of the patients.
- The department has contracted with the Council on Quality and Leadership to provide training to direct care and professional staff relative to understanding, protecting and promoting clients rights and choices to ensure consistency with best practices, and federal ICF/MR regulations. The department has also contracted with two psychologists, to ensure compliance with the corrective plan of action.

At the time of this writing OHCQ was still in the process of determining if the corrective plan of action is in compliance with federal regulations. **The department should comment on how the new policies and procedures have increased patient safety at Rosewood Center.**

2. Forensic Population Presents a Unique Challenge to Rosewood

If an individual is found not competent to stand trial or not criminally responsible as a result of a mental disability and a danger to self or to the person or property of another, a court may order the defendant committed to a DHMH facility. If ordered to DHMH, DDA must provide the care that the defendant needs. Court ordered mentally disabled forensic patients are currently treated at Rosewood, although patients are also treated at the Mental Hygiene Administration (MHA) facilities. Currently MHA is treating 61 DDA eligible individuals, of which 35 have forensic involvement. Criminal charges of Rosewood forensic residents include murder, sex offenses, drug offenses, assault, theft, and arson. As shown in **Exhibit 6**, the patient census at Rosewood has been declining since fiscal 2002, although the forensic population has increased close to 50% since fiscal 2005 after falling in previous years. The increase is due to a 162% rise in the number of forensic evaluations requested by the courts since fiscal 2004. The number of forensic evaluations is projected to continue to increase in fiscal 2007 and 2008.

**Exhibit 6
Forensic Patient Census
Fiscal 2002-2007**



Note: The forensic patient census is based on a one-night bed count in either June or July of the corresponding fiscal year. The fiscal 2007 census is based on the patient count January 12, 2007.

Source: Developmental Disabilities Administration

Forensic and non-forensic patients are co-mingled in six designated cottages comprising the Paca Unit. Residents reside in buildings according to the profiles for those cottages. Only juvenile residents (18 years or younger) are not permitted to co-mingle with the forensic patients. The buildings in the Paca Unit are somewhat different from those housing only non-forensic residents. All the buildings have security windows to help prevent a resident elopement and in most cases the front doors and the doors between the wings are locked. Additionally, more aggressive patients receive a one-to-one staffing ratio. According to DDA, it is not possible to completely segregate forensic patients from the non-forensic patients due to the current cottage structures and configurations. However, when necessary, DDA does have some capacity to separate individuals to better meet their needs.

Historically, Rosewood has not formally tracked data to analyze the impact of the growing forensic patient population. Although, as shown in **Exhibit 7**, a review of records over the past six months identifies a disproportionate number of violent incidences involving forensic patients. As mentioned earlier, the forensic patients comprise approximately 28% of the total patient population but have contributed to a greater percentage of the most recent violent incidences. Rosewood is now tracking this data on a formal basis.

Exhibit 7
Violent Incidences at Rosewood Center
July 2006 – January 2007

| | <u>Total Number of Incidences</u> | <u>Number of Incidents Involving Forensics</u> | <u>% of Forensic Involvement</u> |
|-----------------------------------|---------------------------------------|--|--------------------------------------|
| Assaults | 25 | 15 | 60% |
| Restraint (physical and chemical) | 49 | 31 | 63% |
| Allegation of Abuse | 24 | 11 | 46% |
| Staff injured by individuals | 71 | 24 | 34% |

Source: Developmental Disabilities Administration

The administration has tried to address security concerns at Rosewood by including funds in the budget for capital improvements. The fiscal 2004-2008 *Capital Improvement Plan* (CIP) included \$7.7 million to renovate two of the six cottages housing forensic patients. Funds were provided to segregate residents in single bedrooms with private bathrooms to reduce contact and the possibility of incidents between the residents. Additionally, the fiscal 2005-2009 CIP, included plans to construct a 54-bed facility on the campus of the Perkins Center to improve the security of the building housing forensic patients. However, due to competing needs in the capital budget, both projects were deauthorized.

Given the lack of available data it is difficult to determine the impact of the growing forensic patient population on the resources at Rosewood or on the residents and staff.

The department should comment on the strain the growing forensic population is having on the resources at Rosewood. Additionally, the Department of Legislative Services (DLS) recommends that DDA continue to track violent incidences on a formal basis. Since fiscal 2005, the number of court ordered forensic patients at Rosewood State Residential Center has increased close to 50%. This growing population has the potential to create an increasingly dangerous situation for Rosewood residents, staff, and neighbors of the facility. To assist in the monitoring and oversight of the situation, DLS recommends committee narrative requiring DDA to include in the Rosewood State Residential Center Managing for Results (MFR) document, information on the number of violent assaults both alleged and confirmed, the number of restraints, the number of staff injuries by individuals, and the number of days lost due to staff injuries at the Rosewood State Residential Center. The MFR should include this information on a historical basis for fiscal 2005 and 2006 and for both forensic and non-forensic patients.

3. Results from the Fourth Year of the Wage Survey Indicate Higher Wages

Concern that direct care staff employed by private providers were not being compensated at the rate of comparable employees in State residential centers led to the development of a wage initiative to eliminate the wage disparity. Chapters 109 and 110, Acts of 2001 required DHMH to

increase the rates of reimbursement for community service providers to eliminate the wage disparity over a five-year period (fiscal 2003-2007). Since fiscal 2003, the State has provided \$81.0 million for this purpose.

As required by law, CSRRC in cooperation with DDA annually surveys community services providers to determine if the funds appropriated under the wage initiative are reducing the wage disparity between the direct-service workers employed by private providers and the equivalent State positions. Prior to fiscal 2005, the wage data was collected annually during a single pay period in February. Beginning in fiscal 2005, the February pay period survey was replaced by an annual survey conducted in December for the entire preceding fiscal year. Collecting hourly wage data on an annual basis should reduce data anomalies created by events such as snow storms and holidays that may increase overtime costs during a single pay-period. Annual data also captures all raises no matter when they are awarded during the year. The result of the fiscal 2006 wage survey is summarized below.

CSRRC Fiscal 2006 Wage Survey Indicates a 5.9% Increase in Wages

CSRRC sent the fiscal 2006 wage survey to 120 private providers of community services requesting information on wages paid during 2006. State law requires providers to comply with requests for wage survey information and establishes penalties for non-compliance. Beginning in 2004, DDA policy required all responses to be certified by providers' independent accountants. Once submitted, private consultants and DDA staff assemble the data and follow up with providers as necessary to verify the information provided for both fiscal 2006 and the years prior. To eliminate inconsistencies in the way providers' classified categories of workers from year to year; the fiscal 2005 survey combined the two worker classifications (aid and service worker) into one category – direct care worker. Although this may provide more accurate data, it makes comparisons to prior year reports more difficult.

Fiscal 2006 wage survey data, detailed in **Exhibit 8**, are based on the responses of 118 of 120 providers contracting with DDA. The results of the survey indicate that the funds appropriated for the wage initiative in fiscal 2006 increased direct care worker wages \$.61 to \$10.97 per hour, or 5.9% higher than fiscal 2005. A wage rate of \$10.97 per hour is approximately 93.6% of the State pay scale for a comparable employee in a State residential center with 44 months tenure. In addition, turnover has decreased from approximately 38.0% in fiscal 2004 to 27.0% in fiscal 2006. The average tenure for a direct care worker was 44 months in fiscal 2006.

Exhibit 8
Employment Data for Direct Care Staff Employed by Private Providers
Wage Survey
Fiscal 2001-2006

| | <u>2001</u> | <u>2002</u> | <u>2003</u> | <u>2004</u> | <u>2005</u> | <u>2006</u> | <u>Change</u> <u>01-06</u> | <u>Change</u> <u>05-06</u> |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------------|-------------------------------|
| Direct Care Worker | | | | | | | | |
| Average hourly wage ¹ | \$8.96 | \$9.31 | \$9.69 | \$9.75 | \$10.36 | \$10.97 | 22.4% | 5.9% |

¹Mean wage for all community direct support workers.

Note: Fiscal 2001 through 2004 wages are based on a single pay period survey conducted each year in February. Fiscal 2005 and 2006 are based on annual surveys conducted each December for entire preceding fiscal year.

Source: Community Services Reimbursement Rate Commission

The funds appropriated for the wage initiative in fiscal 2006 were sufficient to increase the wages of the direct care workers approximately 3.2%; however, according to the CSRRC wage survey wages actually increased 5.9%. Although it is not clear at this time why the wages increased faster than 3.2%, some of the difference may be due to the providers increasing wages as opposed to providing bonuses. In fiscal 2006, bonuses decreased by approximately \$0.9 million. Additionally, the providers may be generating revenues from other sources.

The median value of fringe benefits for these employees has remained relatively unchanged at approximately 20.1% of annual salary, as measured by the survey. This amount is substantially below the current State fringe benefit percentage of 30.4%. The principal difference between the State fringe rate and the community rate is higher health insurance and retirement benefits at the State level. Nearly all community providers offer health insurance; however, the contribution is lower. This could be due to a higher participation rate and an older workforce at the State level as compared to the community. Additionally, some community providers offer a choice between higher wages and health insurance coverage. Some younger workers may be choosing the higher wage. Additionally, State employees must participate in the State employee retirement system, while community workers do not have that requirement.

DDA Wage Survey Data

Data reported by DDA’s annual wage and benefit cost survey support the findings in the CSRRC report. The data, based on the responses of 118 providers, indicate that \$12.5 million of the \$16.2 million appropriated for direct care workers in fiscal 2006 was used to increase salaries. The data further indicate an additional \$9.1 million was used to increase fringe benefits estimated at 22.8% of total wages. The overall increase in wages and fringe benefits exceeded the amount

appropriated for that purpose by \$5.4 million. Again, the increase may be due to the providers directing more funds towards wages, as opposed to bonuses, and an increase in revenues from other sources.

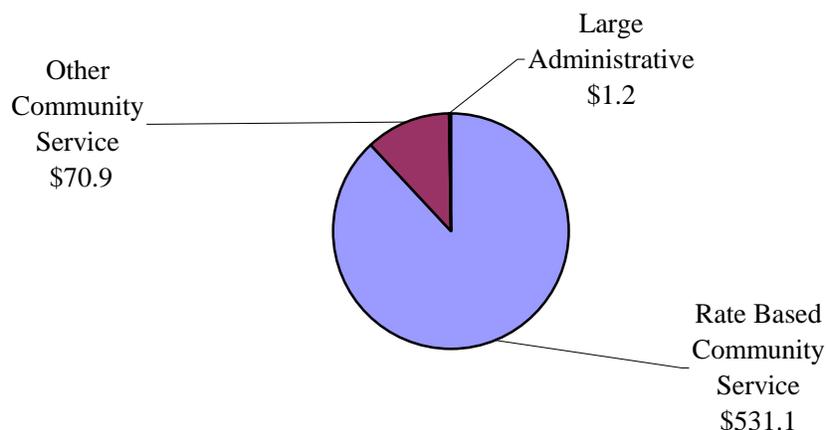
DDA should comment on the fiscal 2006 wage survey results and on the likelihood that the wage disparity between direct care workers and equivalent State positions will be eliminated by the wage initiative.

4. Most Contracts Include Performance Measures Although Payment Is Not Linked to Performance Targets

Recently, the State has taken steps to better evaluate the outcomes produced by its programs. In 2001, the Department of Budget and Management (DBM) instituted the MFR program, which requires each State agency to include a mission, vision, key goals, objectives, and performance measures for each of its budgetary programs. The MFR program has brought some accountability into the budget process; however, for the State's emphasis on results and accountability to be effective it must permeate the entire service delivery system for all State agencies, including DDA. Managers in public agencies and vendors or providers delivering services under contract with the State must be equally aware of the relevant goals and objectives and share responsibility for producing the desired outcomes. The best way to ensure that vendors, providers and grant recipients focus on the State's objectives is to link payments or continuation of the agreement to specific performance measures.

DDA negotiates two types of contracts, community service provider reimbursements and administrative contracts. As shown in **Exhibit 9**, in fiscal 2007, DDA will spend approximately \$602.0 million on provider reimbursements and approximately \$1.2 million on a large administrative contract. None of the contract payments are directly linked to performance.

Exhibit 9
Contract-based Spending
Fiscal 2007
(\$ in Millions)



Source: Developmental Disabilities Administration

Although payments are not linked to performance, DDA does monitor provider quality of care by performing annual random inspections of each community service agency, working with the Office of Health Care Quality to ensure all providers are operating properly under their Maryland license and conducting an annual survey by provider to determine how satisfied consumers are with their personal development and quality of life (Ask Me! survey). Although, these actions are important to ensure quality of care, no financial incentives are offered to reward or encourage a higher standard of care. To increase health care quality, community service provider reimbursements should be linked to performance.

Review of Contracts

To assess the use of performance-based contracts by DDA, DLS reviewed three contracts/grants; two non-rate based community service provider reimbursement contracts and one large administrative contract. The contracts were reviewed to determine:

- if performance measures are integrated into the contract or grant agreement;
- if vendor payments are tied to achievement of certain outcomes;
- whether the performance measures are consistent with the goals and objectives identified in the agencies MFR submission; and

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- if the contract includes incentives/penalties for achieving or failing to achieve performance measures.

A summary of the contracts/grants reviewed and the DLS findings are presented in Appendix 5. The significant conclusions are discussed briefly below.

- Most contracts include specific performance measures, mandate the submission of specific data or monthly inspections, and require an evaluation.
- None of the contracts include incentive payments for achieving performance targets.
- The housekeeping contract includes penalties if the vendor does not achieve the specified performance targets; however, the resource coordination and behavioral support services contracts do not have penalties if performance targets are not met.
- Performance measures/general goals identified in the contracts are generally consistent with the goals and objectives incorporated in agency MFR statements.

DLS recommends that DDA pursue performance-based contracting in provider reimbursement agreements and administrative contracts whenever possible. Every agreement/contract should include outcome oriented performance targets, and where appropriate, payments should be linked to the successful attainment of the target. To achieve this goal, DLS recommends committee narrative requiring DDA to study methods to incorporate performance-based contracting into its community service provider reimbursement agreements including rate-based, competitively bid, and exempt from procurement contracts. DDA should submit its findings and recommendations to the committees by November 15, 2007.

Recommended Actions

| | <u>Amount Reduction</u> | <u>Position Reduction</u> |
|---|-----------------------------|-------------------------------|
| 1. Reduce funding for prior year grant activity. The Developmental Disabilities Administration (DDA) is required to estimate and budget for future year contract settlement activity. This account has been over budgeted in each of the last four years on average by approximately \$575,000. This reduction funds the settlement activity at the most recent actual. If settlement activity is higher, DDA may process a budget amendment accordingly. | \$ 531,782 | SF |
| 2. Reduce funding for expansion of emergency placements. This program provides residential, day, and resource coordination services to individuals in need of service due to the severity of their condition or health of their caregiver. The service is provided to both existing and new clients. This reduction still provides funds to serve 84 additional individuals which is equal to the fiscal 2007 expansion. | 389,984 | GF |
| 3. Adopt the following narrative: | | |

Performance-based Contracting: The committees find that the Developmental Disabilities Administration (DDA) does not incorporate performance-based contracting into its community service provider reimbursement agreements. In fiscal 2007, DDA will spend approximately \$602.0 million to reimburse community service providers yet the reimbursement is not directly linked to performance. Where possible the committees agree that provider reimbursements should be linked to the successful attainment of outcome oriented performance targets. To achieve this goal, the committees direct DDA to study options to incorporate performance-based contracting into the community service provider reimbursement agreements including rate-based, competitively bid, and exempt from procurement contracts. DDA should report on its findings and recommendations by November 15, 2007.

| Information Request | Author | Due Date |
|--|---------------|-------------------|
| Performance-based contracting and community service provider reimbursement | DDA | November 15, 2007 |

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| | <u>Amount Reduction</u> | | <u>Position Reduction</u> |
|---|-----------------------------|----|-------------------------------|
| 4. Delete 3.5 long-term vacant positions. The positions include a direct care assistant I (PIN 048175), a maintenance mechanic senior (PIN 024424), a licensed practice nurse II (.5 PIN 026761) and a personnel officer (PIN 049243). These positions have been vacant for longer than one year. | 149,868 | GF | 3.5 |
| 5. Adopt the following narrative: | | | |

Rosewood Violent Incident Reporting: The committees find that the Developmental Disabilities Administration (DDA) does not include in the Rosewood State Residential Center Managing for Results (MFR) document, information on the number of violent incidences occurring at the facility. Since fiscal 2005, the number of court ordered forensic patients at Rosewood has increased close to 50%. This growing population has the potential to create an increasingly dangerous situation for Rosewood residents, staff, and neighbors of the facility. To monitor the situation and improve oversight, the committees direct DDA to include in the fiscal 2009 MFR document, information on the number of violent assaults both alleged and confirmed, the number of restraints, the number of staff injuries by individuals, and the number of days lost to staff injuries at the Rosewood State Residential Center. The MFR should include this information on a historical basis for fiscal 2005 and 2006 and for both forensic and non-forensic patients.

| | | | |
|--------------------------------------|---------------------|--|------------|
| Total Reductions | \$ 1,071,634 | | 3.5 |
| Total General Fund Reductions | \$ 539,852 | | |
| Total Special Fund Reductions | \$ 531,782 | | |

Current and Prior Year Budgets

Current and Prior Year Budgets Developmental Disabilities Administration (\$ in Thousands)

| | <u>General Fund</u> | <u>Special Fund</u> | <u>Federal Fund</u> | <u>Reimb. Fund</u> | <u>Total</u> |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|---------------------|
| Fiscal 2006 | | | | | |
| Legislative Appropriation | \$416,690 | \$3,480 | \$219,376 | \$439 | \$639,984 |
| Deficiency Appropriation | 0 | 0 | 0 | 0 | 0 |
| Budget Amendments | 1,682 | 23 | 1,110 | -186 | 2,628 |
| Cost Containment | 0 | 0 | 0 | 0 | 0 |
| Reversions and Cancellations | 0 | -685 | -82 | 0 | -767 |
| Actual Expenditures | \$418,371 | \$2,818 | \$220,404 | \$253 | \$641,846 |
| Fiscal 2007 | | | | | |
| Legislative Appropriation | \$449,699 | \$3,676 | \$238,560 | \$103 | \$692,038 |
| Budget Amendments | 1,611 | 0 | 0 | 89 | 1,700 |
| Working Appropriation | \$451,310 | \$3,676 | \$238,560 | \$192 | \$693,738 |

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

Fiscal 2006

DDA's fiscal 2006 spending exceeded the legislative appropriation by \$1.9 million.

The general fund appropriation increased \$1.7 million. Of that amount, \$1.8 million reflects the transfer of funds from DBM to DDA to support health insurance costs and \$0.7 million reflects the fiscal 2006 cost-of-living adjustment (COLA). These increases were offset by a \$0.5 million decrease to fund operating deficits in other units of the department and a \$0.2 million decrease due to the realignment of health insurance funds among departmental units.

The special fund appropriation increased \$22,803 as a result of an increase in rental revenue from a new tenant on the grounds of the Rosewood Center. The additional funds were used to cover the cost of providing utility services to the new tenant. Funds were cancelled primarily due to less spending in the prior year account than appropriated (\$0.6 million) and reduced spending in the donated fund account (\$50,711).

The federal fund appropriation increased \$1.1 million. In October 2005, DDA received approval from the U.S. Department of Health and Human Services for a change in the methodology of their cost allocation plan for administrative expenses associated with Medicaid Waiver eligibility activities performed by DDA Program Direction staff. This new method was applied to all salaries and operating costs in Program Direction, and resulted in a federal fund increase of \$1.0 million. The additional funds were available from the Centers for Medicare and Medicaid Services. Federal funds were further increased \$0.1 million to support an Institutional Emergency Preparedness Coordinator. The additional federal revenue was available from the Edward Byrne Memorial State and Local Law Enforcement grant. Federal funds were cancelled due to less spending in the Executive Direction program than anticipated.

Reimbursable funds decreased \$0.2 million, due to the discontinuation of the Deer's Head Center (DHC) food contract (\$0.4 million). Effective August 1, 2005, DHC no longer purchased patient meals from Holly Center. This decrease was offset by a \$0.1 million increase from the Community Health Administration to fund emergency preparedness training for headquarter, regional, facility, and community provider staff. Funds were further increased \$0.1 million from the Family Health Administration to administer an acute dental clinic pilot program on the grounds of Holly Center. The pilot program will provide oral health services to Head Start children from Worcester County and Eastern Shore adults with profound/severe disabilities who are unable to obtain care from other sources.

Fiscal 2007

DDA's fiscal 2007 working appropriation is \$1.7 million higher than the legislative appropriation. General funds increased \$1.6 million reflecting the 2006 COLA (\$1.2 million), higher than anticipated utility costs (\$0.1 million) and the reallocation of the Annual Salary Review adjustment originally budgeted within DBM (\$0.3 million). The salary adjustment will fund shift differentials for nurses and nursing assistants, police officers, and institutional educators.

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Reimbursable funds increased \$0.1 million reflecting a transfer from the Office of Preparedness and Response to DDA to fund emergency preparedness training for the State residential centers and community provider staff.

Audit Findings

Rosewood

| | |
|------------------------------|---------------------------------------|
| Audit Period for Last Audit: | February 1, 2002 – September 25, 2005 |
| Issue Date: | February 2006 |
| Number of Findings: | 2 |
| Number of Repeat Findings: | 0 |
| % of Repeat Findings: | 0% |
| Rating: (if applicable) | n/a |

Finding 1: The center lacked adequate controls over its materials and supplies inventories.

Finding 2: Equipment purchases were not always recorded in the equipment records.

**Object/Fund Difference Report
DHMH Developmental Disabilities Administration**

| <u>Object/Fund</u> | <u>FY06 Actual</u> | <u>FY07 Working Appropriation</u> | <u>FY08 Allowance</u> | <u>FY07-FY08 Amount Change</u> | <u>Percent Change</u> |
|---|------------------------|---|---------------------------|------------------------------------|---------------------------|
| Positions | | | | | |
| 01 Regular | 1228.15 | 1232.15 | 1231.15 | -1.00 | -0.1% |
| 02 Contractual | 85.62 | 75.13 | 75.12 | -0.01 | 0% |
| Total Positions | 1313.77 | 1307.28 | 1306.27 | -1.01 | -0.1% |
| Objects | | | | | |
| 01 Salaries and Wages | \$ 63,683,508 | \$ 68,360,004 | \$ 69,009,202 | \$ 649,198 | 0.9% |
| 02 Technical and Spec Fees | 3,083,458 | 3,480,110 | 2,629,546 | -850,564 | -24.4% |
| 03 Communication | 388,824 | 392,061 | 389,407 | -2,654 | -0.7% |
| 04 Travel | 65,024 | 65,889 | 68,241 | 2,352 | 3.6% |
| 06 Fuel and Utilities | 2,527,478 | 2,617,712 | 2,659,306 | 41,594 | 1.6% |
| 07 Motor Vehicles | 473,842 | 418,424 | 488,757 | 70,333 | 16.8% |
| 08 Contractual Services | 568,103,721 | 614,887,505 | 664,046,781 | 49,159,276 | 8.0% |
| 09 Supplies and Materials | 2,365,735 | 2,329,116 | 2,408,986 | 79,870 | 3.4% |
| 10 Equip – Replacement | 391,107 | 238,800 | 295,702 | 56,902 | 23.8% |
| 11 Equip – Additional | 44,484 | 33,523 | 16,084 | -17,439 | -52.0% |
| 12 Grants, Subsidies, and Contributions | 114,203 | 505,362 | 414,757 | -90,605 | -17.9% |
| 13 Fixed Charges | 604,258 | 409,729 | 438,037 | 28,308 | 6.9% |
| Total Objects | \$ 641,845,642 | \$ 693,738,235 | \$ 742,864,806 | \$ 49,126,571 | 7.1% |
| Funds | | | | | |
| 01 General Fund | \$ 418,370,932 | \$ 451,310,090 | \$ 472,981,651 | \$ 21,671,561 | 4.8% |
| 03 Special Fund | 2,817,767 | 3,676,238 | 3,973,787 | 297,549 | 8.1% |
| 05 Federal Fund | 220,403,819 | 238,560,083 | 265,805,659 | 27,245,576 | 11.4% |
| 09 Reimbursable Fund | 253,124 | 191,824 | 103,709 | -88,115 | -45.9% |
| Total Funds | \$ 641,845,642 | \$ 693,738,235 | \$ 742,864,806 | \$ 49,126,571 | 7.1% |

Note: The fiscal 2007 appropriation does not include deficiencies, and the fiscal 2008 allowance does not reflect contingent reductions.

Fiscal Summary
DHMH Developmental Disabilities Administration

| <u>Program/Unit</u> | <u>FY06 Actual</u> | <u>FY07 Wrk Approp</u> | <u>FY08 Allowance</u> | <u>Change</u> | <u>FY07-FY08 % Change</u> |
|--|------------------------|----------------------------|---------------------------|----------------------|-------------------------------|
| 01 Program Direction | \$ 5,228,651 | \$ 5,742,032 | \$ 5,889,908 | \$ 147,876 | 2.6% |
| 02 Community Services | 564,515,887 | 612,986,510 | 662,180,164 | 49,193,654 | 8.0% |
| 01 Services And Institutional Operations | 40,585,969 | 41,930,746 | 42,356,298 | 425,552 | 1.0% |
| 01 Services and Institutional Operations | 17,715,199 | 18,824,369 | 18,600,679 | -223,690 | -1.2% |
| 01 Services And Institutional Operations | 9,467,359 | 9,689,069 | 9,381,349 | -307,720 | -3.2% |
| 01 Services And Institutional Operations | 4,332,577 | 4,565,509 | 4,456,408 | -109,101 | -2.4% |
| Total Expenditures | \$ 641,845,642 | \$ 693,738,235 | \$ 742,864,806 | \$ 49,126,571 | 7.1% |
| General Fund | \$ 418,370,932 | \$ 451,310,090 | \$ 472,981,651 | \$ 21,671,561 | 4.8% |
| Special Fund | 2,817,767 | 3,676,238 | 3,973,787 | 297,549 | 8.1% |
| Federal Fund | 220,403,819 | 238,560,083 | 265,805,659 | 27,245,576 | 11.4% |
| Total Appropriations | \$ 641,592,518 | \$ 693,546,411 | \$ 742,761,097 | \$ 49,214,686 | 7.1% |
| Reimbursable Fund | \$ 253,124 | \$ 191,824 | \$ 103,709 | -\$ 88,115 | -45.9% |
| Total Funds | \$ 641,845,642 | \$ 693,738,235 | \$ 742,864,806 | \$ 49,126,571 | 7.1% |

Note: The fiscal 2007 appropriation does not include deficiencies, and the fiscal 2008 allowance does not reflect contingent reductions.

Performance-based Contracts

| Contract | FY 2007 Contract Value (\$ in Millions) | List Performance Measures/Targets included in contract | Do performance measures link to MFR? | Does contract include incentives/penalties linked to performance targets? What are the incentives/penalties? | How attainable are the incentives/penalties? | Does contract make payment contingent upon submission of acceptable deliverables? |
|-----------------------------|--|--|---|---|---|--|
| Resource Coordination | \$24.2 | Providers are required to complete 35 to 40 eligibility reviews each month, provide one training session per quarter to consumers on a pertinent topic, complete individual plan's as outlined in regulations, establish a steering committee whose membership is at least 51% direct DDA consumers, develop a consumer survey that highlights the individuals degree of satisfaction with Resource Coordination, and establish at least three approved systemic projects. | Yes. Relates to the goal of providing community based services to eligible individuals. | No, but the regions monitor the providers to ensure the performance goals are achieved. | Reasonable | No, however regional offices authorize payment based on acceptable delivery of services. |
| Behavioral Support Services | \$5.5 | Provide a certain number of consultations and training to agency staff. Must provide emergency assistance to consumers in crisis. | Yes. Relates to the goal of providing community based services to eligible individuals. | No. | Reasonable | No, however regional offices authorize payment based on acceptable delivery of services. |

| | | | | | | |
|--------------------------------|-------|--|---|---|------------|-----|
| Rosewood Housekeeping Services | \$1.2 | Vendor must meet standards of cleanliness that are delineated in the contract. Rosewood Center Inspection Staff determines if standards are met on a bi-monthly basis. | Yes. Relates to the goal of providing a safe environment for institutional clients. | No, but if an end of the month inspection reveals deficiencies that were not corrected from the beginning of month, DDA may withhold .005 of the monthly payment for each uncorrected or repeat deficiency. | Reasonable | Yes |
|--------------------------------|-------|--|---|---|------------|-----|