

D53T00
Maryland Institute for Emergency Medical Services Systems

Operating Budget Data

(\$ in Thousands)

	<u>FY 11</u> <u>Actual</u>	<u>FY 12</u> <u>Working</u>	<u>FY 13</u> <u>Allowance</u>	<u>FY 12-13</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
Special Fund	\$12,188	\$12,503	\$12,341	-\$161	-1.3%
Adjusted Special Fund	\$12,188	\$12,503	\$12,341	-\$161	-1.3%
Federal Fund	485	129	129	0	0.3%
Adjusted Federal Fund	\$485	\$129	\$129	\$0	0.3%
Reimbursable Fund	1,479	645	517	-128	-19.9%
Adjusted Reimbursable Fund	\$1,479	\$645	\$517	-\$128	-19.9%
Adjusted Grand Total	\$14,151	\$13,277	\$12,988	-\$289	-2.2%

- The Governor's fiscal 2013 allowance for the Maryland Institute for Emergency Medical Services Systems (MIEMSS) decreases by \$289,014, or 2.2%, from the fiscal 2012 working appropriation.
- Reductions in special and reimbursable fund support for educational grants and grants to health providers and nongovernmental entities account for the majority of the decrease in fiscal 2013.

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

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Personnel Data

	<u>FY 11 Actual</u>	<u>FY 12 Working</u>	<u>FY 13 Allowance</u>	<u>FY 12-13 Change</u>
Regular Positions	94.10	94.10	94.10	0.00
Contractual FTEs	<u>12.60</u>	<u>6.70</u>	<u>6.20</u>	<u>-0.50</u>
Total Personnel	106.70	100.80	100.30	-0.50

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	4.70	4.99%
Positions and Percentage Vacant as of 12/31/11	7.00	7.44%

- The number of regular positions at MIEMSS does not change in the fiscal 2013 allowance. The number of contractual full-time equivalents decreases by 0.5.
- As of December 31, 2011, there were 7.0 vacant positions, accounting for 7.44% of the agency's workforce. The vacancy rate is slightly higher than the agency's budgeted turnover rate.

Analysis in Brief

Major Trends

Maryland Trauma Care Exceeds the National Norm: Maryland continues to demonstrate consistent outcomes above the national norm as measured by the survivability rate of trauma care center admissions.

Medevac Transport Trends: Following a Maryland Medevac helicopter crash in September 2008, MIEMSS issued revised guidelines for emergency triage protocol directing that all Medevac requests for trauma patients with certain injuries consult with the receiving trauma center before requesting a helicopter to be dispatched. In the years since the crash, the number of Medevac flights has decreased by 46% due to a number of factors, including protocol changes.

Issues

Communication System Obsolete and Prone to Failure: MIEMSS coordinates a statewide emergency medical services (EMS) communication system to integrate the delivery of prehospital emergency care with hospitals, trauma centers, and specialty institutions. A recent evaluation of the system found that breakdowns in the telephone interface, core patching technology, and primary console interface are possible due to the advanced age of this equipment. The evaluation concluded that a “catastrophic and unrecoverable failure” of the State’s EMS communication system is possible, and there is no adequate backup center if the primary communications facility is incapacitated. **MIEMSS should comment on the likelihood of a large-scale failure of the communications system, the advantages and disadvantages of upgrading its communications equipment, and projected short- and long-term budgetary impacts associated with such an upgrade.**

Recent Audit Again Finds Recordkeeping Shortcomings: A recent audit of MIEMSS by the Office of Legislative Audits (OLA) disclosed several shortcomings related to financial controls and recordkeeping. Three of the four findings identified by OLA were repeat findings; in some cases, findings have been repeated in the five preceding audit reports dating back to 1996. **MIEMSS should comment on exactly what measures it has put in place to improve its accounting practices and better track the final disposition of ambulance licenses.**

Recommended Actions

1. Concur with Governor’s allowance.

D53T00 – Maryland Institute for Emergency Medical Services Systems

Analysis of the FY 2013 Maryland Executive Budget, 2012

D53T00

Maryland Institute for Emergency Medical Services Systems

Operating Budget Analysis

Program Description

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) oversees and coordinates all components of the State's emergency medical services (EMS) system in accordance with State statute and regulations. MIEMSS provides guidance on medical direction, conducts EMS educational programs, licenses commercial ambulance services, and participates in EMS-related public education and prevention programs.

Chapter 592 of 1993 established MIEMSS as an independent State agency under the direction of the EMS Board. Prior to Chapter 592, MIEMSS was housed within the Department of Health and Mental Hygiene (DHMH) and, subsequently, the University of Maryland, Baltimore (UMB).

The EMS Board oversees the State's EMS plan to ensure effective coordination and administration of these services and appoints the Executive Director of MIEMSS. MIEMSS is funded primarily by the Maryland Emergency Medical System Operations Fund (MEMSOF). MEMSOF is capitalized through a biennial \$22 surcharge on motor vehicle registrations.

MIEMSS coordinates a statewide emergency medical services system that includes over 30,000 licensed or certified EMS providers. MIEMSS works to integrate the delivery of prehospital emergency care with the State's 48 hospital emergency departments, 11 trauma centers, specialty referral centers, primary stroke centers, and perinatal centers. MIEMSS monitored 2,268 completed Medevac helicopter transports in fiscal 2011. The number of completed Medevac transports has decreased significantly in recent years due to a number of factors, including field triage protocol changes.

The EMS system is divided into five regions:

- Region I: Allegany and Garrett counties;
- Region II: Frederick and Washington counties;
- Region III: Central Maryland, including Baltimore City;
- Region IV: the Eastern Shore; and
- Region V: Metropolitan Washington.

The MIEMSS communication system is a complex network that facilitates communication between ambulances, Medevac helicopters, dispatch centers, hospital emergency departments, trauma

centers, and law enforcement. The communications system includes (1) the Emergency Medical Resource Center (EMRC), which is a medical channel radio communications system that links EMS providers in the field with hospital based medical consultation; and (2) the System Communications Center (SYSCOM), which is responsible for helicopter dispatch and monitoring of the transport of critically ill or injured patients by helicopter to area hospitals. The MIEMSS communication system handles nearly 400,000 telephone and radio calls annually.

Performance Analysis: Managing for Results

A key goal of MIEMSS is to provide high-quality, systematic medical care to individuals receiving emergency medical services. The agency measures the achievement of this goal by maintaining the system's trauma patient care performance above the national norm and monitoring the survivability rate of patients that are admitted to a trauma center, as shown in **Exhibit 1**.

Exhibit 1
Program Measurement Data
Maryland Institute for Emergency Medical Services Systems
Calendar 2005-2012

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Est.</u> <u>2011</u>	<u>Est.</u> <u>2012</u>
Maryland Trauma Patient Care Exceeds National Norm	Yes	Yes						
Survivability Rate for Trauma Center Admissions (%)	94.3%	96.0%	96.4%	96.6%	96.5%	96.5%	96.5%	96.5%

Source: Maryland Institute for Emergency Medical Services Systems

Maryland's 11 trauma centers maintain electronic registry data on all patients transported for trauma care services. Patients are coded according to a Trauma and Injury Severity Score (TRISS). TRISS data is used to run reports to show mortality/morbidity among trauma center patients. These reports are reviewed by both the hospitals and MIEMSS to monitor trends in outcomes and to identify any deviations. Notable deviations are flagged and reviewed with the respective trauma center.

Emergency Department Overcrowding

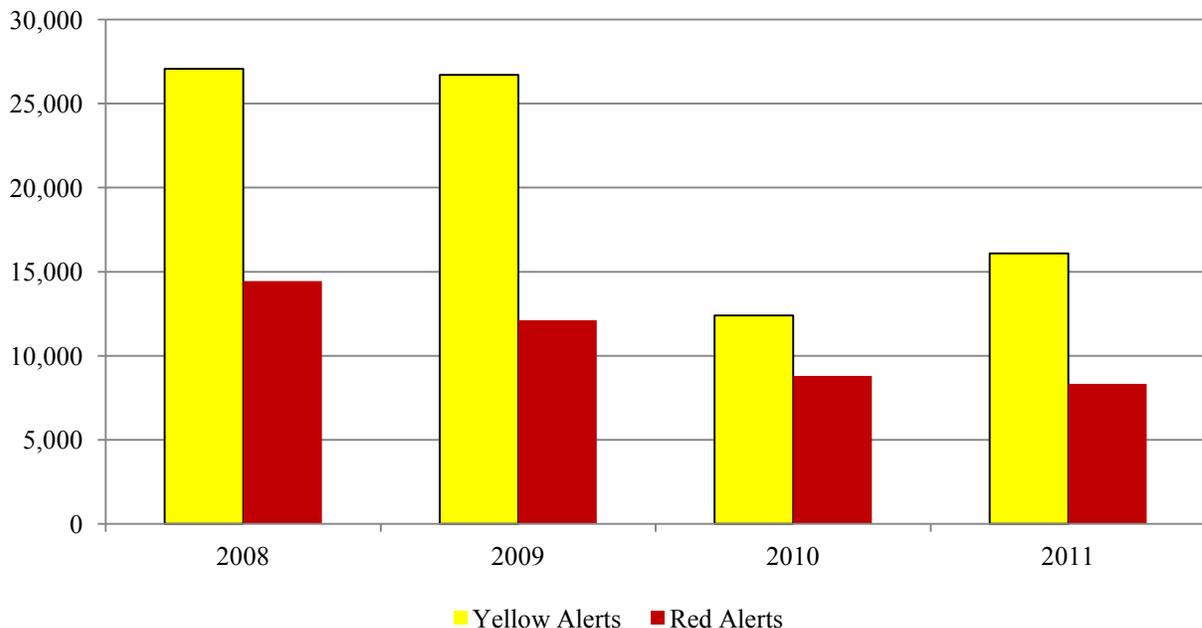
The County Hospital Alert Tracking System (CHATS) is a real-time computerized monitoring system of emergency department status throughout Maryland. Hospital emergency departments that are temporarily unable to accept ambulance-transported patients due to overcrowding or hospital

overload are identified so that ambulances can be diverted to other, less crowded emergency department facilities.

MIEMSS utilizes CHATS to determine hospital bed availability, and while participation is not mandatory, the reporting system aids MIEMSS in diverting ambulances to hospitals with adequate capacity. MIEMSS tracks “yellow” alerts, when an emergency room requests to receive absolutely no patients in need of urgent medical care by ambulance with the exception of certain priority cases, and “red” alerts, when a hospital has no inpatient electrocardiogram monitored beds available.

Exhibit 2 shows the total number of hours of yellow and red alerts across the State from calendar 2008 through 2011. Hospitals in Washington, DC are not included in this chart, even though Maryland residents utilize those hospitals. Region III and Region V make up the vast majority of yellow and red alert hours. Emergency department overcrowding, as measured by yellow and red alerts, decreased from the 2008 levels. In calendar 2011, Region III contributed 75% of the yellow alerts and 60% of the red alerts for the entire State. Region V constituted 22% of yellow alerts and 31% of red alerts for the entire State in calendar 2011.

Exhibit 2
Yellow and Red Alerts
Calendar 2008-2011



Source: Maryland Institute for Emergency Medical Services Systems

The number of yellow alert hours for emergency room requests decreased significantly between calendar 2009 and 2010, as shown in Exhibit 2. The number of yellow alert hours increased in calendar 2011, but remained well below the pre-2010 level. In general, the reduced level is due to improvement in hospital procedures to facilitate the movement of patients from emergency rooms to other parts of the hospital in order to keep space available for new patients that need emergency room care. **MIEMSS should comment on the increase in yellow alerts in calendar 2011.**

Triage Protocols

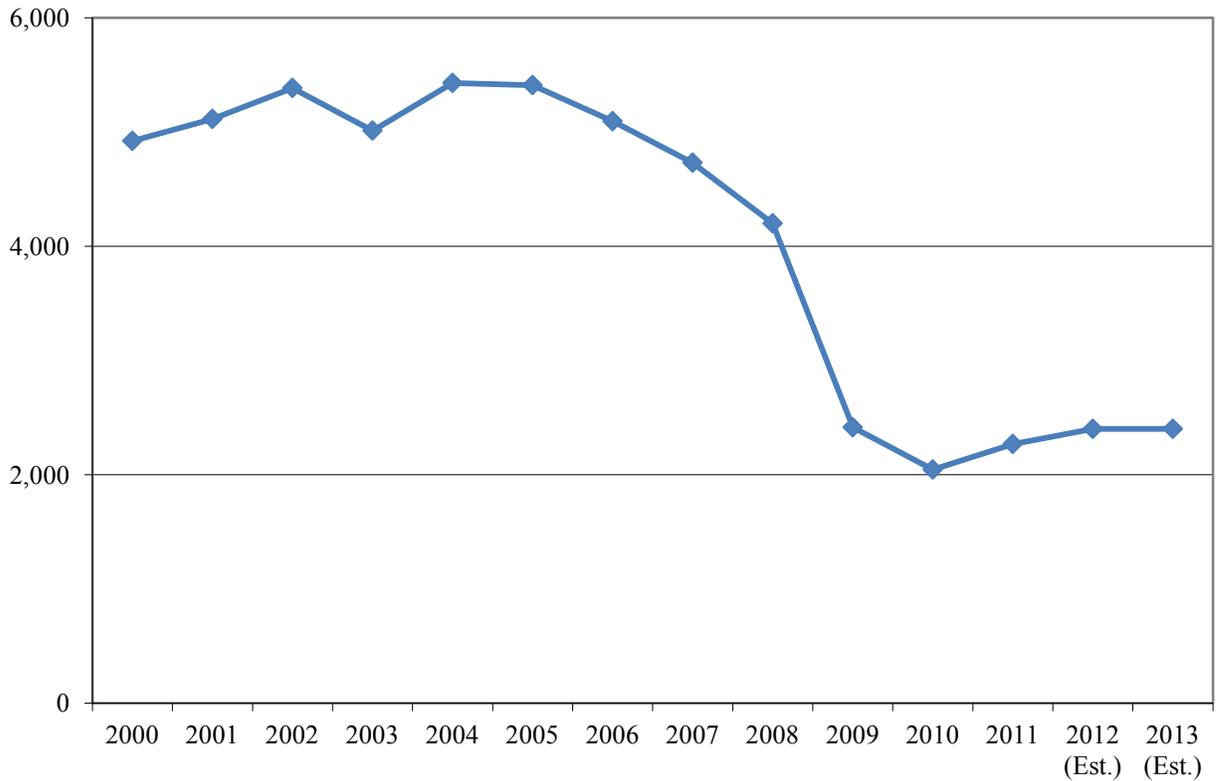
A key responsibility of MIEMSS is the development and distribution of Maryland Medical Protocols for EMS providers. These triage protocols provide a system of determining priority and appropriateness of medical treatment, transportation, and place of care in emergency situations. The protocols guide the actions of EMS field providers as they respond to emergency transport calls and promote uniformity of care throughout the State. All State-licensed and certified EMS providers, whether public or commercial, are required to function within the scope of practice defined by the protocols.

In a regional system of care such as Maryland's, field protocols ensure that more severely injured patients are transported to designated trauma centers. In Maryland, the most critically injured patients are transported to the State's Primary Adult Resource Center, the R Adams Cowley Shock Trauma Center, or to the State's Level I trauma center, the Johns Hopkins Hospital Adult Trauma Center. Less critically injured patients are transported to Level II or III trauma centers, and some patients are directed to specialty centers based on their specific type of injury (*e.g.*, burn victims to specialty burn centers).

Prior to the crash of Trooper 2 in 2008, MIEMSS was engaged in a comprehensive review of the protocols for determining when a patient should be transported by Medevac helicopter. The review included an internal analysis of data from within the State and an external review of protocols and processes used in other states. However, as a direct result of the crash, effective October 9, 2008, MIEMSS changed the protocol for helicopter transport of Category C and D patients to require consultation with the receiving trauma center before requesting helicopter transport.

In the years following the protocol change, there has been a significant reduction in the number of helicopter scene transports. **Exhibit 3** shows Medevac transports between fiscal 2000 and 2013. There were 2,268 completed Medevac transports in fiscal 2011, which is 46% lower than the number of completed transports conducted in fiscal 2008. Even before this precipitous decline, the number of annual Medevac flights had declined steadily between fiscal 2004 and 2008. The agency expects the number of flights to remain stable in fiscal 2012 and 2013.

Exhibit 3
Completed Medevac Transports
Fiscal 2000-2013



Source: Maryland Institute for Emergency Medical Services Systems; Department of State Police

Proposed Budget

The fiscal 2013 allowance decreases by \$289,014, or 2.2%, as shown in **Exhibit 4**. Special funds decrease by \$161,196, or 1.3%; federal funds decrease negligibly; and reimbursable funds decrease by \$128,164, or 19.9%.

Exhibit 4
Proposed Budget
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)

How Much It Grows:	Special Fund	Federal Fund	Reimb. Fund	Total
2012 Working Appropriation	\$12,503	\$129	\$645	\$13,277
2013 Allowance	<u>12,341</u>	<u>129</u>	<u>517</u>	<u>12,988</u>
Amount Change	-\$161	\$0	-\$128	-\$289
Percent Change	-1.3%	0.3%	-19.9%	-2.2%
 Contingent Reductions	 \$0	 \$0	 \$0	 \$0
Adjusted Change	-\$161	\$0	-\$128	-\$289
Adjusted Percent Change	-1.3%	0.3%	-19.9%	-2.2%

Where It Goes:

Personnel Expenses

Increments and other compensation	-\$18
Elimination of the one-time \$750 bonus.....	-69
Overtime	-20
Employee and retiree health insurance	146
Employee retirement.....	47
Turnover adjustments	-74
Other fringe benefit adjustments.....	-10

Grants

Shock Trauma grant.....	-200
Public Safety Interoperable Communications grant	-154
Radio grants.....	-125
Educational grants	-35

Other Changes

Other contractual services.....	-43
Printing and bookbinding.....	-42
Motor vehicle operations	-18
In-state travel and training	30
Cost allocations.....	80

Where It Goes:

Management studies and consultants.....	77
Equipment rental and repairs	73
Data processing costs.....	57
Subscriptions and association dues.....	14
Other	-5
Total	-\$289

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

Personnel Expenses

Total personnel expenses increase by \$761 in fiscal 2013 compared with the fiscal 2012 working appropriation. Regular salaries decrease by \$85,191, primarily due to the elimination of the \$750 one-time bonus paid to full-time employees in fiscal 2012. Employee and retiree health insurance and employee retirement costs increase by \$192,088. Turnover increases by \$74,000 due to additional vacancies expected in fiscal 2013.

Grant Programs Receive Less Funding in Fiscal 2013

MIEMSS provides grant funding for several programs, some of which receive less funding in fiscal 2013. Since fiscal 2010, MIEMSS has disbursed \$200,000 annually to the University of Maryland Medical System to support research and educational program costs incurred by the Shock Trauma Center. This funding is not included in the fiscal 2013 allowance. Funding for other educational grant programs is reduced by \$35,000 in fiscal 2013.

Funding for the Public Safety Interoperable Communications (PSIC) grants is also discontinued in fiscal 2013. This funding was used to connect hospitals, 9-1-1 centers, emergency operations centers, and the Department of State Police (DSP) barracks to the Public Safety Intranet using Voice Over Internet Provider technology (VOIP). PSIC grant funding was provided by the federal Department of Homeland Security. MIEMSS received \$153,868 in fiscal 2012 for the PSIC grant program.

MIEMSS Radio Grant program funding decreases from \$250,000 in fiscal 2012 to \$125,000 in fiscal 2013. Under the Radio Grant program, which began in fiscal 2010, MIEMSS reimburses county or volunteer EMS companies for new narrowband mobile and portable radios that meet the MIEMSS specifications and comply with Federal Communications Commission mandates for public safety systems. Prior to fiscal 2010, MIEMSS had provided EMS companies with mobile and portable radios through an equipment donation process. MIEMSS continues to focus on statewide replacement of noncompliant mobile and portable radios.

Issues

1. Communication System Obsolete and Prone to Failure

MIEMSS coordinates a statewide EMS communication system to integrate the delivery of prehospital emergency care with hospitals, trauma centers, and specialty institutions. The system comprises two primary subsystems – the EMRC and SYSCOM – to coordinate care in Maryland. The hub of the communications system is located within the MIEMSS headquarters in Baltimore City.

Study Finds Risk of “Catastrophic and Unrecoverable” Breakdown

In order to clearly identify and mitigate the system’s problems, MIEMSS recently hired a communications systems consultant to perform a comprehensive evaluation of the system and equipment currently used by the agency. The evaluation concluded that a “catastrophic and unrecoverable failure” of the State’s EMS communication system is possible. Further, there is no adequate backup center if the primary communications facility is incapacitated.

The evaluation found that breakdowns in the telephone interface, core patching technology, and primary console interface are possible due to the advanced age of this equipment (these components are 1986 technology). Moreover, the subsystems are no longer vendor-supported, are difficult to maintain, and cannot be integrated with new technology, such as the 700 megahertz radio system and the VOIP systems.

The failure of one or all of the system’s components could result in a communication breakdown between hospitals and emergency providers and the SYSCOM operators and DSP aviation units in the most densely populated regions of the State. In the event of such a failure, delivery of medical service to patients in the field would be compromised.

MIEMSS advises that there have been 12 documented instances since 2008 where the telephone interface has failed. There have been many undocumented failures as well. The length of the outages range from a few minutes to several hours.

System Replacement Would Take Years; Costs Significant

The evaluation proposes a conceptual solution whereby the outdated analog-based equipment is replaced with Internet protocol (IP) based technology. IP-based technology would allow MIEMSS to integrate its communication system with the State’s 700 megahertz radio system and fully benefit from the system’s capabilities. Additionally, upgrading these core systems to an IP-based system would allow for the creation of a backup system in the event of a failure at the Baltimore center. An IP-based system may have numerous other advantages compared to the current analog system, including:

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- lower risk of critical communications interruption or system failure;
- greater ability to remotely manage equipment and interconnections;
- lower operational and maintenance costs; and
- improved availability of qualified maintenance resources.

Upgrading the system components would likely take five years from start to finish.

System Installation Costs

Exhibit 5 shows the estimated costs associated with the EMS communication system upgrades. The bulk of these costs – \$11.6 million – are anticipated in the second and third year of the installation process.

Exhibit 5
Communications System Cost Estimates

<u>Item</u>	<u>Estimated Costs</u>
Connectivity Upgrades	\$6,768,000
Radio Over Internet Protocol	2,216,676
Dispatch Electronics	1,406,940
Consulting	700,000
Dispatch Renovation	580,283
Backup Center Components	210,000
Employee Training	180,000
Total	\$12,061,899

Source: Maryland Institute for Emergency Medical Services Systems

Ongoing Maintenance, Personnel, and Other Costs

The consultant's evaluation also estimated additional annual costs for ongoing maintenance and personnel. Once the system is operational, maintenance costs are likely to be about \$1.5 million annually. In addition, the evaluation determined that MIEMSS does not currently have an adequate technical maintenance staff to perform ongoing routine maintenance and repairs to the system. Thus, three additional staff may need to be hired to ensure that the system functions properly. These

additional staffing costs likely add \$250,000 to \$300,000 annually to the estimated maintenance costs mentioned above.

In addition, the evaluation recommended that the main communication center facility is in need of renovations that would improve the center's layout; staff break room areas; and the heating, ventilation, and air conditioning system. These infrastructure improvements were outside the purview of the evaluation and, thus, the total cost of these potential renovations was not estimated.

Project Underway to Address Underground Cables

Although various aspects of the communications system require significant maintenance or replacement, the most immediate problem in recent years has been the condition of the agency's underground cables that carry all MIEMSS voice and data communications between the agency's headquarters and the Bressler Building on the campus of UMB. These copper and fiber-optic cables (voice and data, respectively) are a single point of failure for the system because there is no redundant path to back up the communications should the cables be compromised. The quality of the cables is declining due to age, and they may be damaged by leaking water or street construction.

Chapter 396 of 2011, the capital budget, authorized \$1 million to design and construct a system that enables redundant connectivity between the Bressler Building and the MIEMSS building. MIEMSS advises that it is in the process of equipping the buildings with a synchronous optical networking (SONET) ring to deliver EMS voice and data communications.

MIEMSS advises that the SONET ring project is underway, and funding currently appears sufficient to cover the expenses associated with the project. The project will likely be completed by April 2012.

MIEMSS should comment on the likelihood of a large-scale failure of the communications system and the impact of system failures that have occurred in recent years. The agency should also detail the advantages and disadvantages of upgrading to an IP-based system and how it would maintain its current operations if the communications system were to be upgraded at the Baltimore headquarters.

MIEMSS should provide further explanation on the short- and long-term budgetary impacts, including additional personnel costs, associated with upgrading the agency's communications system. Specifically, the agency should address (1) how the project may be funded (*i.e.*, how much funding may be obtained through the capital budget and how much cannot be bonded); (2) whether the ongoing maintenance costs cited in the evaluation reflect decreases in costs due to phasing out the existing system; and (3) potential plans and cost estimates to renovate the MIEMSS facility.

Finally, MIEMSS should provide further explanation of the SONET ring project and comment on the project's status.

2. Recent Audit Again Finds Recordkeeping Shortcomings

A recent audit of MIEMSS by the Office of Legislative Audits (OLA), disclosed several shortcomings related to financial controls and recordkeeping. Three of the four findings identified by OLA were repeat findings; in some cases, findings have been repeated in the five preceding audit reports dating back to 1996.

Finding One: Inadequate Accounting of Ambulance Licenses and Fees

OLA found that the agency's procedures were inadequate to ensure that fees were collected for all ambulance licenses issued, and that there was inadequate accountability over the prenumbered license decal inventory. Specifically, MIEMSS had established a log to account for licenses issued and the related fees collected; however, the fiscal 2010 log lacked evidence that a licensing fee had been received and deposited for any of the approximately 420 licenses issued. Consequently, there was a lack of assurance that the proper fee was received and deposited for each license issued. OLA advises that this condition has been commented upon in its five preceding audit reports dating back to 1996.

In addition, MIEMSS did not adequately account for and document the disposition of license decals. The records for fiscal 2009 and 2010 indicated that 377 license decals had been destroyed, but there was no documentation of when this occurred or who witnessed the destruction of the decals. This condition was commented upon in the three preceding OLA audit reports.

Agency Response: MIEMSS acknowledges that it has not always fully completed its license log in a timely manner. MIEMSS advises that it concurs with the OLA finding and associated recommendation to verify the receipt and deposit of all ambulance licensing fees.

Finding Two: Closeout Procedures Fail to Comply with State Requirements

Budgetary closeout requirements dictate that State agencies report all year-end special fund balances for which there is legal authority for the agency to retain the funds for the next fiscal year. On several occasions MIEMSS reported incorrect year-end balances in its Commercial Ambulance Service Fund and could not document how it calculated the incorrect balances.

MIEMSS also retained approximately \$27,000 in special funds at the end of fiscal 2009 that should have been transferred to the MEMSOF.

Agency Response: MIEMSS advises that it concurs with the OLA recommendation to comply with State budgetary requirements. MIEMSS further advises that it did not retain any special funds in fiscal 2010 and 2011 for which it did not have statutory authority to retain. However, several accounting mistakes resulted in (1) the reporting of incorrect year-end fund balances; and (2) the agency retaining funds that should have been transferred to MEMSOF. According to MIEMSS, \$27,000 was subsequently transferred to MEMSOF at the end of fiscal 2010.

Nevertheless, the OLA audit report specifies that “[w]hile MIEMSS contends that a transfer of funds made in fiscal 2011 included the \$27,000, it could not provide any detail to support the composition of the funds transferred.”

A similar condition regarding the failure of MIEMSS to transfer special funds was reported in OLA’s two preceding audit reports.

Finding Three: Documentation and Control over Corporate Credit Cards Lacking

OLA determined that MIEMSS did not retain documentation verifying that staff members who hold corporate purchasing cards received instruction and proper training. In addition, OLA found that many cardholders used their cards minimally in fiscal 2010 – some purchasing less than \$1,000 that year – but their credit limits range between \$5,000 and \$25,000. OLA recommends that MIEMSS reduce credit limits to a level more in line with usage and better document the instructions and training given to cardholders.

Agency Response: MIEMSS advises that it will periodically review purchasing card usage to ensure appropriate credit limits and better document cardholder instruction and training.

Finding Four: Adequate Controls and Records Not Maintained for Equipment

OLA found that MIEMSS did not comply with certain requirements specified in the Department of General Services’ *Inventory Management Control Manual*. For instance, an equipment control account was not maintained and reconciled to the aggregate value of the corresponding detail records required by the manual. OLA found that MIEMSS began to maintain a control account in June 2010, but the account was not reconciled to the detail records. Similar conditions have been found in prior audit reports.

Agency Response: MIEMSS concurs with OLA’s recommendation to comply with the requirements of the manual. MIEMSS advises that its inventory is widely disbursed throughout the State, some pieces are at hospitals and remote tower sites, and, thus, inventory oversight is particularly difficult for the agency. However, MIEMSS has purchased a fixed assets software package in order to provide greater accountability over the inventory recordkeeping process.

MIEMSS should comment on exactly what measures it has put in place to better account for ambulance licensing fee revenue and the final disposition of licenses. The agency should also provide further explanation regarding the mistakes that allowed for the reporting of the erroneous year-end fund balances. In addition, MIEMSS should comment on the claim that MIEMSS could not provide any detail on the composition of funds transferred to MEMSOF. Finally, MIEMSS should outline any measures it has taken to avoid similar accounting errors.

Recommended Actions

1. Concur with Governor's allowance.

Current and Prior Year Budgets

Current and Prior Year Budgets Maryland Institute for Emergency Medical Services System (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2011					
Legislative Appropriation	\$0	\$12,244	\$130	\$1,126	\$13,500
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	172	480	453	1,105
Reversions and Cancellations	0	-228	-125	-100	-453
Actual Expenditures	\$0	\$12,188	\$485	\$1,479	\$14,151
Fiscal 2012					
Legislative Appropriation	\$0	\$12,433	\$129	\$645	\$13,207
Budget Amendments	0	69	0	0	69
Working Appropriation	\$0	\$12,503	\$129	\$645	\$13,277

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

Fiscal 2011

The budget for MIEMSS closed at \$14.2 million in fiscal 2011, which is \$0.7 million greater than the legislative appropriation. The special fund appropriation decreased by a net \$56,238. A special fund budget amendment increased the MIEMSS appropriation by \$171,922; this amendment allowed the agency to hire a consultant to assist in the creation of a proposal related to potential communications upgrades. However, \$228,160 in special funds were cancelled due to lower than expected expenditures for certain subobjects that can only be used for their intended purpose and for other miscellaneous revenues not realized.

The federal fund appropriation increased by a net \$355,228 in fiscal 2011. MIEMSS received a \$480,000 federal fund amendment to manage the Metropolitan Medical Response System on behalf of Montgomery County; \$124,772 in federal funds were cancelled because the agency received a continuance extending the project into fiscal 2012.

The agency's reimbursable fund appropriation increased by a net \$352,814. MIEMSS received \$452,814 through reimbursable fund budget amendments. The agency received (1) \$230,000 from DHMH for costs related to the Hospital Preparedness Program – H1N1 Grant; (2) \$175,714 from the Maryland Emergency Management Agency for the purchase, installation, and support of patient tracking licenses for hand-held mobile computers; and (3) \$47,100 from the State Highway Administration to cover costs associated with the EMS for Children program. However, \$100,000 in reimbursable funds were cancelled due to an unnecessary appropriation made for a major information technology project.

Fiscal 2012

The total MIEMSS budget increased by \$69,483 over the legislative appropriation. The increase is due to a budget amendment that allocates funding for the one-time \$750 bonus paid to State employees.

Audit Findings

Audit Period for Last Audit:	June 2, 2008 – March 1, 2011
Issue Date:	January 12, 2012
Number of Findings:	4
Number of Repeat Findings:	3
% of Repeat Findings:	75%
Rating: (if applicable)	

Finding 1: **There was a lack of accountability over commercial ambulance licenses and related fees.**

Finding 2: **During its budgetary closeouts, MIEMSS did not adhere to State law and related budgetary requirements for certain special funds.**

Finding 3: Documentation and controls over corporate purchasing cards were not sufficient.

Finding 4: **Adequate controls and records were not maintained for equipment.**

*Bold denotes item repeated in full or part from preceding audit report.

**Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems**

<u>Object/Fund</u>	<u>FY 11 Actual</u>	<u>FY 12 Working Appropriation</u>	<u>FY 13 Allowance</u>	<u>FY 12 - FY 13 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	94.10	94.10	94.10	0.00	0%
02 Contractual	12.60	6.70	6.20	-0.50	-7.5%
Total Positions	106.70	100.80	100.30	-0.50	-0.5%
Objects					
01 Salaries and Wages	\$ 7,728,164	\$ 8,162,127	\$ 8,162,888	\$ 761	0%
02 Technical and Spec. Fees	658,515	341,927	312,496	-29,431	-8.6%
03 Communication	1,324,608	1,106,791	923,208	-183,583	-16.6%
04 Travel	160,364	96,122	126,022	29,900	31.1%
06 Fuel and Utilities	100,505	119,734	111,370	-8,364	-7.0%
07 Motor Vehicles	229,059	226,329	208,042	-18,287	-8.1%
08 Contractual Services	2,238,814	1,325,733	1,579,466	253,733	19.1%
09 Supplies and Materials	117,311	158,520	116,736	-41,784	-26.4%
10 Equipment – Replacement	154,462	101,500	75,500	-26,000	-25.6%
11 Equipment – Additional	66,327	44,000	46,800	2,800	6.4%
12 Grants, Subsidies, and Contributions	1,270,700	1,515,868	1,227,000	-288,868	-19.1%
13 Fixed Charges	100,322	78,163	98,272	20,109	25.7%
14 Land and Structures	2,165	0	0	0	0.0%
Total Objects	\$ 14,151,316	\$ 13,276,814	\$ 12,987,800	-\$ 289,014	-2.2%
Funds					
03 Special Fund	\$ 12,187,570	\$ 12,502,609	\$ 12,341,413	-\$ 161,196	-1.3%
05 Federal Fund	485,228	129,136	129,482	346	0.3%
09 Reimbursable Fund	1,478,518	645,069	516,905	-128,164	-19.9%
Total Funds	\$ 14,151,316	\$ 13,276,814	\$ 12,987,800	-\$ 289,014	-2.2%

Note: The fiscal 2012 appropriation does not include deficiencies.

Fiscal Summary
Maryland Institute for Emergency Medical Services Systems

<u>Program/Unit</u>	<u>FY 11 Actual</u>	<u>FY 12 Wrk Approp</u>	<u>FY 13 Allowance</u>	<u>Change</u>	<u>FY 12 - FY 13 % Change</u>
01 General Administration	\$ 14,051,316	\$ 13,211,454	\$ 12,987,800	-\$ 223,654	-1.7%
02 Information Technology Project	100,000	65,360	0	-65,360	-100.0%
Total Expenditures	\$ 14,151,316	\$ 13,276,814	\$ 12,987,800	-\$ 289,014	-2.2%
Special Fund	\$ 12,187,570	\$ 12,502,609	\$ 12,341,413	-\$ 161,196	-1.3%
Federal Fund	485,228	129,136	129,482	346	0.3%
Total Appropriations	\$ 12,672,798	\$ 12,631,745	\$ 12,470,895	-\$ 160,850	-1.3%
Reimbursable Fund	\$ 1,478,518	\$ 645,069	\$ 516,905	-\$ 128,164	-19.9%
Total Funds	\$ 14,151,316	\$ 13,276,814	\$ 12,987,800	-\$ 289,014	-2.2%

Note: The fiscal 2012 appropriation does not include deficiencies.