



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

July 28, 2015

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
State House, H-107  
Annapolis, MD 21401-1991

The Honorable Michael E. Busch  
Speaker of the House of Delegates  
State House, H-101  
Annapolis, MD 21401-1991

RE: HG §19-308 (b)(4) – Office of Health Care Quality Annual Report, Including Staffing Analysis, and Health Care Facilities Inspections

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308 (b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2014. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities.

I hope this information is useful. If you have any questions or need additional information on this subject, please do not hesitate to contact Ms. Allison Taylor, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,



Van T. Mitchell  
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer  
The Honorable Maggie McIntosh  
Shawn Cain, Chief of Staff  
Patricia Tomsko Nay, M.D., Office of Health Care Quality  
Allison Taylor, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services, MSAR #5624



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

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**Annual Report and Staffing Analysis  
Fiscal Year 2014**

Health-General Article § 19-308(b)(4)



*Larry Hogan, Jr., Governor  
Boyd Rutherford, Lt. Governor  
Van Mitchell, Secretary  
Patricia Tomsko Nay, M.D., Executive Director*

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## EXECUTIVE SUMMARY

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 2014 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308 (b)(4) and reports on OHCQ's survey activities.

OHCQ is the agency within the Department of Health and Mental Hygiene (Department) charged with monitoring the quality of care in Maryland's 15,043 health care facilities and community-based programs. OHCQ's mission is to protect the health, safety, and welfare of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems. OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

In January 2013, the OHCQ implemented a strategic planning process that includes a goal of regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency throughout the agency have included reviewing regulatory and statutory requirements; considering accreditation with oversight, where appropriate; revising survey processes; revising initial and on-going employee training; streamlining the hiring process; improving recruitment efforts; simplifying the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders and providers; and maximizing information management. We continually strive to protect the health, safety, and welfare of vulnerable populations while efficiently and effectively utilizing limited resources. A significant outcome of these interventions is that our projected surveyor staffing deficit is 52.50 in FY 15, down from 67.90 in FY 14.

The above interventions have allowed the OHCQ to better fulfill its mission to protect the health, safety, and welfare of Maryland's citizens. While progress has been made, there is a need for an on-going strategic planning and quality improvement process that continually examines the agency's regulatory efficiency. OHCQ will continue to look for evidence-based efficient and cost-effective methods to meet mandated goals, while working to ensure there is public confidence in the health care and community service delivery systems in the State.

Many thanks go to OHCQ's dedicated staff for their continued commitment to ensuring the health, safety, and welfare of Marylanders. OHCQ appreciates the on-going support of the Secretary, the Administration, members of the General Assembly, and all of our stakeholders. OHCQ's common ground with all of our stakeholders is the individuals that we serve.

Sincerely,



Patricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM  
Executive Director  
Office of Health Care Quality

## **MISSION AND VISION**

OHCQ is the agency within the Department charged with monitoring the quality of care in Maryland's 15,043 health care facilities and community-based programs. OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders. Our mission is to protect the health, safety, and welfare of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems. Our vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

## **BACKGROUND**

Since its inception, OHCQ has been unable to complete all statutorily mandated survey and licensure activities. OHCQ has experienced an increase in its workload as noted by the Labor-Hour Analysis (See the Appendix). An influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities, as well as additional statutory and regulatory responsibilities, have all increased the agency's staffing challenges.

## **REGULATORY EFFICIENCY**

OHCQ is continually striving to protect the health, safety, and welfare of vulnerable populations while efficiently and effectively utilizing limited resources. Though staffing levels remain below projected needs, OHCQ remains committed to improving internal processes and systems. To this end, OHCQ implemented a strategic planning process in January 2013 that included the goal of regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency throughout the agency have included a regulatory and statutory review; consideration of accreditation with oversight, where appropriate; revised survey processes, where appropriate; revised initial and on-going employee training; streamlining hiring processes; improving recruitment efforts; streamlining the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders and providers; utilization of social marketing; and streamlined information management.

For many years, OHCQ has utilized software developed by a contractor with the Centers for Medicare and Medicaid Services to manage survey activities for all federal programs and selected state-regulated programs. Reports are generated by running a standard report or querying the system. For those state programs that are not in the system, duplicative databases, spreadsheets, or paper records are maintained and statistics are manually calculated. For more than a year, OHCQ has been adding the remaining state programs into the federal software to more efficiently manage large volumes of information. OHCQ has added all of the providers into the software system and completed the initial training of staff to fully utilize the software. While benefits are already apparent from this transition, it will take another twelve months to fully realize the improved accessibility, management, forecasting, and quality improvement advantages of having large amounts of data in a single system.

## **MANDATES**

In 2006, OHCQ monitored 7,000 providers with 187 staff. In 2014, we monitor 15,043 health care facilities and community-based programs with the same number of staff. Between 1996 and 2014, the Maryland General Assembly passed a variety of new laws. In the same period, the Centers for Medicare and Medicaid



Services (CMS) added survey and certification survey requirements as well as increased the priority level for other programs including long-term care facilities, home health agencies, and hospices.

**Table 1: Mandated Requirements from 1996 to 2014**

Year	Program
1996	<ul style="list-style-type: none"> <li>▪ Assisted Living</li> <li>▪ Birthing Centers</li> <li>▪ Major Medical Equipment</li> <li>▪ Ambulatory Surgery Facilities</li> <li>▪ Dialysis Centers</li> </ul>
1998	<ul style="list-style-type: none"> <li>▪ State Advisory Council on Organ and Tissue Donation Awareness</li> </ul>
1999	<ul style="list-style-type: none"> <li>▪ Health Maintenance Organizations, creation of HMO Quality Assurance Unit</li> </ul>
2000	<ul style="list-style-type: none"> <li>▪ Second Nursing Home Survey</li> <li>▪ Nursing Home Complaints within 10 days</li> <li>▪ Mortality and Quality Review – Developmental Disabilities population</li> </ul>
2001	<ul style="list-style-type: none"> <li>▪ Mortality and Quality Review – Mental Health population</li> </ul>
2002	<ul style="list-style-type: none"> <li>▪ Nursing Staff Agencies</li> <li>▪ State Advisory Council on Pain Management (abrogated in 2004)</li> </ul>
2003	<ul style="list-style-type: none"> <li>▪ Nurse Referral Service Agencies</li> </ul>
2004	<ul style="list-style-type: none"> <li>▪ Patient Safety Program – Adverse Event Reporting</li> </ul>
2005	<ul style="list-style-type: none"> <li>▪ Freestanding Medical Facilities</li> </ul>
2006	<ul style="list-style-type: none"> <li>▪ Mortality and Quality Review Committee – Reportable Incidents of Injury</li> <li>▪ Emergency Plans for Human Service Facilities</li> <li>▪ Assisted Living Programs – Emergency Electrical Power Generator</li> <li>▪ Assisted Living Programs – Prohibited Acts, Penalties and Quality Account</li> <li>▪ Assisted Living Program – Licensure</li> <li>▪ Health Care Facilities and Laboratories – Accreditation Organizations and Deeming</li> <li>▪ Notification Requirements for Residential Treatment Centers</li> <li>▪ Corporate Responsibility and Governance – Residential Child Care Programs</li> </ul>
2007	<ul style="list-style-type: none"> <li>▪ Forensic Laboratories</li> </ul>
2008	<ul style="list-style-type: none"> <li>▪ Transplant Centers (Centers for Medicare and Medicaid Services)</li> <li>▪ Operation of Nursing Homes – Licensure Regulations</li> </ul>
2012	<ul style="list-style-type: none"> <li>▪ Surgical Abortion Facilities</li> </ul>
2013	<ul style="list-style-type: none"> <li>▪ Emergency Plans for Human Service Facilities and Dialysis Centers</li> <li>▪ Cosmetic Surgical Facilities</li> <li>▪ Health Care Staff Agencies</li> <li>▪ Credentialing and Privileging Process – Telemedicine</li> <li>▪ Notice to Patients – Outpatient Status and Billing Implications</li> </ul>
2014	<ul style="list-style-type: none"> <li>▪ Medical Orders for Life-Sustaining Treatment (MOLST) Form — Procedures and Requirements (COMAR 10.01.21) February 2014</li> <li>▪ Physician Credentialing, Telemedicine (COMAR 10.07.01.24) March 2014</li> <li>▪ Notice to Patients of Outpatient on Observation Status (COMAR 10.07.01.29) March 2014</li> </ul>

## FY 2014 Performance Measures

### Long Term Care Unit

The long term care unit ensures that legally established State licensure and Medicare and Medicaid standards are maintained for nursing homes through unannounced on-site surveys, follow-up visits, and complaint investigations.

The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local laws and regulations. In order to maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dietitians, registered sanitarians, qualified developmental disabilities professionals, and life safety code inspectors. When appropriate, enforcement actions are taken to ensure compliance with State and federal regulations.

Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local laws and regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

**Table 2: Nursing Homes**

Units of Measurement	FY11	FY12	FY13	FY14
Number of licensed nursing homes	232	233	233	232
Initial surveys of new providers	0	1	3	1
Full surveys	195	238	216	217
Follow-up surveys	29	71	33	35
Civil monetary penalties levied	37	64	39	55
Denial of payment for new admissions	0	1	1	3
Complaints and facility self-reported incidents	2752	2881	2952	3392
Complaints and self-reported incidents, no further action required	173	355	337	449
Complaints and self-reported incidents, investigated	2579	2526	2615	2932
Quality of care allegations	2438	2614	2423	2291
Resident abuse allegations	880	884	904	1128

**Table 3: Intermediate Care Facilities for Individuals with Intellectual Disabilities**

Units of Measurement	FY11	FY12	FY13	FY14
Number of licensed intermediate care facilities for individuals with intellectual disabilities	2	2	2	2
Renewal surveys	2	2	2	2
Follow-up surveys	2	3	4	1
Complaints and self-reported incidents	49	70	38	15
Complaints and self-reported incidents, investigated	60	61	35	17

**Table 4: Forensic Residential Centers**

Units of Measurement	FY11	FY12	FY13	FY14
Number of licensed forensic residential centers	2	2	2	2
Initial surveys	0	0	0	0
Renewal surveys	2	2	2	2
Complaints received	13	10	2	12
Complaints investigated	13	10	2	12

**Table 5: Performance Measures for the Long Term Care Unit**

Priority or Performance Measure	Result
Maintain an overall 12-month average for nursing home surveys	Met
Investigate any complaint alleging serious and immediate jeopardy within 2 work days	Met
Initiate an on-site investigation of any complaint alleging actual harm within 10 days	Not Met*
Investigate 90% of complaints alleging the potential of harm within 120 days of receipt	Met
Maintain an overall 60-day average between health surveys and life safety code surveys	Met

\* The average time for initiating an investigation of a complaint alleging actual harm was 27 days, down from 38 days in FY 13

## Assisted Living and Adult Medical Day Care Unit

The assisted living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. In accordance with interagency agreements, the assisted living unit has delegated certain aspects of its monitoring and inspections to the Maryland Department of Aging, the Department of Veterans Affairs, and local health departments.

**Table 6: Assisted Living Programs**

Units of Measurement	FY11	FY12	FY13	FY14
Number of licensed assisted living programs	1369	1364	1406	1482
Renewal surveys	476	487	396	679
Initial surveys	133	120	158	109
Other surveys	452	190	135	62
Complaints received	614	749	690	903
Complaints investigated	465	669	737	683

**Table 7: Performance Measures for the Assisted Living and Adult Medical Day Care Unit**

Priority or Performance Measure	Result
Investigate any complaint that alleges a serious and immediate jeopardy within two work days	Met
Investigate any complaint of actual harm within 30 work days	Met
Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds	Met
Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community-based Services Waiver for Older Adults	Not Met

## Adult Medical Day Care Centers

The adult medical day care unit ensures that State licensure standards are maintained for adult medical day care centers for the elderly and medically handicapped adults.

**Table 8: Adult Medical Day Care Centers**

Units of Measurement	FY11	FY12	FY13	FY14
Number of licensed adult medical day care centers	122	131	114	116
Initial surveys of new providers	1	3	11	14
Full surveys	68	44	30	76
Follow-up surveys	5	5	3	1
Complaints investigated	17	9	5	53

**Table 9: Performance Measures for the Adult Medical Day Care Unit**

Priority or Performance Measure	Result
Survey 50% of the adult medical day care centers	Met

## DEVELOPMENTAL DISABILITIES UNIT

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers operated for the benefit of individuals with developmental disabilities receiving services in the State. The community of providers licensed by DDA in the State continues to grow to meet an expanding need for services. Those programs that include services offered to children that require oversight are coordinated with the Governor's Office for Children. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration's Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

**Table 10: Developmental Disabilities Unit**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed developmental disability agencies	204	209	218	224
Number of sites	3033	3075	3134	3134
New agencies	13	9	4	12
Agencies surveyed	51	51	52	76
Sites surveyed	829	951	559	Not tracked
Follow-up surveys	2	6	2	3
Complaints and self-reported incidents	3747	4269	3606	4222
No further action	3484	3711	3311	3485
Conducted on-site and administrative investigation	202	259	295	304
Referred	40	39	34	31

**Table 11: Developmental Disabilities Mortality Unit**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Developmental disabilities deaths	171	173	193	215
Deaths investigated	187	173	171	43

**Table 12: Performance Measures for the Developmental Disabilities Unit**

<b>Priority or Performance Measure</b>	<b>Result</b>
Survey 25% of the licensed providers	Met

**Hospital Unit**

The hospital unit provides oversight for the regulation of acute care and specialty (i.e., psychiatric, chronic, special rehabilitation) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Responsibilities of the unit include surveys, complaint investigations, review of self-reported incidents, and review of reports from approved accreditation organizations. The types and scope of the oversight is dictated by the provider type and if the provider is Medicare or Medicaid certified.

The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital’s root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department’s regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program’s Annual Report and clinical alerts in an effort to improve patient safety.

**Table 13: Hospitals**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed or certified hospitals	66	65	64	63
Validation surveys of hospitals accredited by The Joint Commission	6	4	8	2
Complaints received	431	432	461	353
Complaints investigated on-site	130	174	103	99
Complaints referred to hospitals for investigation	251	248	213	220
Follow-up surveys	10	5	8	9
Enforcement remedies imposed	7	5	9	12
Review of The Joint Commission reports	30	16	26	26

**Table 14: Patient Safety Program**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Adverse event reports	289	306	211	203
Review root cause analysis reports (patient safety)	316	270	210	182
Follow-up investigations and hospital patient safety surveys	7	5	8	4

**Table 15: Transplant Centers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Transplant centers	2	2	2	2
Full surveys	1	1	0	N/A*
Complaint investigations	3	0	1	1

\* In May 2014, CMS assumed initial and full surveys of all transplant centers

**Table 16: Freestanding Medical Facilities**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed freestanding medical facilities	2	3	3	3
Initial, full and follow-up surveys	2	1	2	3
Complaints investigated	7	4	1	1

**Table 17: Health Maintenance Organizations**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Health maintenance organizations	6	6	7	9
Full surveys	4	4	3	4
Follow-up surveys	0	0	0	0
Complaint investigations	13	9	6	4

**Table 18: Correctional Health Care Facilities**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Correctional health care facilities	11	10	10	10
Full surveys	0	0	0	10
Follow-up surveys	0	0	0	0
Complaint investigations	2	1	0	1



**Table 19: Residential Treatment Centers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed residential treatment centers	11	11	10	10
Follow-up surveys	0	1	0	2
Validation surveys and seclusion and restraint investigation	1	0	2	2
Complaints received	24	11	24	31
Complaint investigations	25	9	23	27

**Table 20: Performance Measures for the Hospital Unit**

<b>Priority or Performance Measure</b>	<b>Result</b>
Conduct a preliminary evaluation of 95% of hospital event reports and Root Cause Analysis (RCA) within 30 days	Met
Complete a review of all RCAs within 90 days	Met
Conduct annual reviews of patient safety programs in 5% of all licensed hospitals	Met
Complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt	Met
Investigate 90% of complaint investigations requested by CMS within 45 calendar days	Met
Complete annual inspections of hospitals located within correctional facilities	Met

**Clinical Laboratory Licensing and Certification Unit**

The Clinical Laboratory Licensing and Certification unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Maryland citizens and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point of care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit is responsible for conducting both State and federal surveys to ensure compliance with applicable regulations. This project is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ routinely surveys laboratories performing cytology testing biennially. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency.

With the discontinuation of Maryland’s Cytology Proficiency program there are two remaining CMS-approved cytology proficiency testing programs. The CMS-approved Cytology Proficiency Testing (PT) Programs for calendar year 2015 are the College of American Pathologists (CAP) and the American Society for Clinical Pathology program (ASCP). In addition, the clinical laboratory licensing and certification unit is responsible for investigating complaints received from the public.

**Table 21: Physician Office and Point of Care Laboratories, State Only Surveys**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Physician office and point of care laboratories, state only	632	543	562	629
Initial surveys of new providers	217	33	19	18
Full surveys	135	180	256	340
Follow-up surveys	108	130	156	139
Complaint surveys	1	7	0	8

**Table 22: Physician Office and Point of Care Laboratories, Federal Surveys**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Physician office and point of care laboratories, federal CLIA surveys	523	543	562	629
Initial surveys of new providers	25	33	19	18
Full surveys	135	180	256	340
Follow-up surveys	108	130	156	139
Validation surveys	1	1	3	3
Complaint surveys	10	7	0	7

**Table 23: Federal Waived Lab Project**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Federal waived lab project	41	50	54	55

**Table 24: Independent Reference Laboratories**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Independent reference laboratories	461	478	631	578
Initial surveys of new providers	8	11	2	4
Full surveys	29	38	40	48
Follow-up surveys	28	34	36	9
Validation surveys	1	1	1	1
Complaint surveys	3	6	5	3

**Table 25: Hospital Laboratories**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Hospital laboratories	70	77	81	76
Initial surveys of new providers	1	0	0	0
Full surveys	0	0	0	5
Follow-up surveys	0	0	0	0
Validation surveys	2	2	1	1
Complaint surveys	2	1	2	6

**Table 26: Cholesterol Testing Sites**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Cholesterol testing sites	20	18	14	2
Initial surveys of new providers	2	4	0	0
Full surveys	13	12	2	2
Validation surveys	0	0	0	0
Complaint surveys	0	0	0	2

**Table 27: Health Awareness Test Sites**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Health awareness test sites	*	*	*	65*
Initial surveys	*	*	*	5
Full surveys	*	*	*	55
Follow-up surveys	*	*	*	25
Site approvals	*	*	*	1580
Complaints surveys	*	*	*	0

\* Health awareness test sites are new in FY 14

**Table 28: Tissue Banks**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Tissue banks	203	225	268	268
Initial surveys of new providers	0	6	0	0
Full surveys	0	14	11	16
Follow-up surveys	0	1	0	0
Validation surveys	0	17	0	0
Complaint surveys	0	0	0	0

**Table 29: Cytology Proficiency Testing**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Laboratories performing cytology	82	88	30	31
Individuals tested	325	325	295	91
Individuals who failed and required re-testing or training and re-testing	13	10	11	3
Complaint surveys	0	0	0	0

**Table 30: Public Health Testing**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Public health testing	22	16	22	24
Initial surveys of new providers	0	0	0	2
Full surveys	0	0	22	22
Follow-up surveys	0	0	0	0
Complaint surveys	0	0	0	0

**Table 31: Performance Measures for the Clinical Laboratory Licensing and Certification Unit**

<b>Priority or Performance Measure</b>	<b>Result</b>
Maintain federally required and budgeted survey activity	Met
Investigate any complaint that could result in actual harm within 45 working days	Met

**Forensic Laboratory Unit**

The Forensic Laboratory unit provides oversight for the regulation of accredited and non-accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints filed against these laboratories, plus all associated activity required for licensure including on-site inspection and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non-accredited forensic laboratories. The unit is in charge of reviewing all self-reported incidents that occur at both accredited and non-accredited forensic laboratories.

**Table 32: Forensic Laboratories**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Providers	NA	40	40	43
Full surveys	NA	5	4*	4
Initial surveys	NA	5	4	2
Follow-up surveys	NA	2	5	0
Surveillance surveys	NA	0	11	9
Complaint investigations	NA	5	4	5

\* OHCQ only does full surveys of non-accredited forensic laboratories. There are four forensic laboratories that are currently not accredited in the State.

**Table 33: Employer Drug Testing**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Employer drug testing	91	36	158	148
Initial surveys of new providers	0	1	0	6
Full surveys	0	4	2	29
Follow-up surveys	0	1	2	0
Complaint surveys	0	0	0	1

**Table 34: Performance Measures for the Forensic Laboratory Unit**

<b>Priority or Performance Measure</b>	<b>Result</b>
Complete temporary licensure for 100% of forensic laboratories	Met
Complete 100% of the temporary licensure surveys of non-accredited forensic laboratories	Met
Complete permanent licensure for 100% of accredited forensic laboratories	Met

## Ambulatory Care Unit

The Ambulatory Care unit is responsible for the State licensure and/or federal certification (Medicare) of all non-long term care facilities that include birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for Home Health Agencies. Beginning July 1, 2015, this unit will have oversight over the cosmetic surgical centers, a newly licensed provider group.

**Table 35: Birthing Centers**

Units of Measurement	FY11	FY12	FY13	FY14
Licensed birthing centers	2	2	2	2
Initial surveys of new providers	0	0	0	0
Full surveys	1	0	2	1
Follow-up surveys	0	0	0	0
Complaint investigations	0	0	0	0

**Table 36: Comprehensive Outpatient Rehabilitation Facilities**

Units of Measurement	FY11	FY12	FY13	FY14
Licensed comprehensive outpatient rehabilitation facilities	2	1	1	1
Initial surveys of new providers	0	0	1	0
Full surveys	1	0	0	0
Follow-up surveys	0	0	0	2
Complaint investigations	0	0	1	2

**Table 37: Freestanding Ambulatory Surgical Centers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed freestanding ambulatory surgical centers	341	396	325	328
Initial surveys	22	15	17	16
Full surveys	103	77	49	157
Follow-up surveys	27	18	20	47
Complaint investigations	7	6	12	12

**Table 38: Freestanding Renal Dialysis Centers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed freestanding renal dialysis centers	122	116	127	132
Initial surveys of new providers	3	7	9	8
Full surveys	41	109	33	41
Follow-up surveys	4	4	7	5
Complaint investigations	26	34	64	39

**Table 39: Home Health Agencies**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed home health agencies	58	59	57	55
Initial surveys of new providers	1	0	1	0
Full surveys	19	20	17	15
Follow-up surveys	1	1	0	0
Complaint investigations	14	23	20	12



**Table 40: Hospices**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed hospices	30	32	27	30
Initial surveys of new providers	0	0	0	0
Full surveys	3	9	5	5
Follow-up surveys	0	1	1	2
Complaint investigations	8	10	19	10
Licensed hospice houses (new program in FY 14)	N/A	N/A	N/A	11
Complaint investigations	N/A	N/A	N/A	0

**Table 41: Major Medical Equipment Providers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed major medical equipment providers	230	240	250	246
Initial surveys of new providers	4	0	0	0
Full surveys	0	0	0	0
Follow-up surveys	0	0	0	0
Complaint investigations	3	4	1	3

**Table 42: Outpatient Physical Therapy Centers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed outpatient physical therapy centers	90	99	69	63
Initial surveys of new providers	2	1	1	4
Full surveys	5	17	13	10
Follow-up surveys	0	0	6	0
Complaint investigations	1	1	0	3

**Table 43: Portable X-Ray Providers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed portable x-ray providers	10	8	7	8
Initial surveys of new providers	1	1	0	2
Full surveys	1	1	1	2
Follow-up surveys	0	0	0	0
Complaint investigations	1	0	0	1

**Table 44: Residential Service Agencies**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed residential service agencies	727	983	1090	1144
Initial surveys of new providers	80	96	78	90
Full surveys	25	26	18	15
Follow-up surveys	6	1	27	6
Complaint investigations	25	45	62	55

**Table 45: Surgical Abortion Facilities**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Licensed surgical abortion facilities	N/A	N/A	16	12
Initial surveys	N/A	N/A	16	0
Renewal surveys	N/A	N/A	0	0
Complaints received	N/A	N/A	22	2
Complaints investigated	N/A	N/A	20	2

**Table 46: Performance Measures for the Ambulatory Care Unit**

Priority or Performance Measure	Result
Maintain overall 36 month average for home health agency surveys (federal priority)	Met
Investigate any complaint of serious and immediate jeopardy within two working days	Met
Investigate any complaint that could result in actual harm within 30 working days	Met
Process requests for licensure within six months of application for RSA licensure and within eight weeks for other ambulatory care programs	Met

**Behavioral and Allied Health Unit**

The Behavioral and Allied Health unit is responsible for the evaluation of all Community Mental Health Programs prior to expiration of the programs approval/license and prior to the relocation or expansion of a program. It issues temporary approvals, 1, 2 or 3 year approvals with or without conditions, and two-year licenses depending on the program type and/ or status. Program monitoring consists of onsite review of personnel and client records, observations, and interviews.

The BHU is the agent of the Behavioral Health Administration (BHA) responsible for conducting biennial surveys and complaint investigations of substance use disorder treatment providers to ensure compliance with applicable State and federal regulations. It recommends to BHA the initial, provisional, or general certification for substance use disorder treatment providers throughout the State. The unit investigates complaints that are received from patients, providers, and members of the community. Complaints may result in deficiencies related to non-compliance with regulations or referrals to other agencies, including the Maryland Attorney General’s Office. The unit interacts with other State and federal agencies involved with drug control issues. Programs evaluated by the unit include levels of service such as early intervention, outpatient treatment, residential treatment, and opioid maintenance therapy (OMT).

Early intervention programs often work with the court system to provide education regarding driving under the influence and driving while intoxicated. Outpatient clinics provide community-based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation, detoxification and counseling. OMT programs typically administer methadone to substance abusers in a community-based setting.

**Table 47: Community Mental Health Providers**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Number of providers	196	197	209	212
Number of residential rehabilitation program sites	766	743	743	772
Number of programs other than residential rehabilitation program sites	781	801	827	814
Providers surveyed	56	74	30	15
Programs surveyed	101	160	82	96
Number of applications received	34	29	28	103

**Table 48: Performance Measures for the Community Mental Health Programs**

<b>Priority or Performance Measure</b>	<b>Result</b>
Survey 45% of programs that are currently approved under a six-month temporary approval	Not Met
Survey 100% of the mandated surveys through settlement agreements	Met
Survey 100% of providers referred by OHCQ to the Behavioral Health Administration within six months referral	Not Met

**Table 49: Substance Use Disorder Certification Unit**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Number of licensed program sites	498	448	455	441
Site surveys	130	198	112	117
Number of new provider applications	16	0	46	45
Complaints investigated	26	15	12	13

**Table 50: Performance Measures for the Substance Use Disorder Certification Unit**

<b>Priority or Performance Measure</b>	<b>Result</b>
Survey 140 licensed sites	Not Met

**Table 51: Nurse Referral Service Agencies**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Nurse referral service agencies	75	80	131	137
Initial license	19	17	15	7
Full surveys	0	0	0	0
Renewal license	20	25	21	5
Complaint investigations	Not tracked	0	2	1

**Table 52: Health Care Staff Agencies**

<b>Units of Measurement</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Health care staff agencies	550	545	581	545
Initial surveys of new providers	25	41	40	14
Full surveys	0	0	0	0
Renewal license	454	484	247	94
Complaint investigations	Not tracked	0	3	0

**Table 53: Annual Change in Numbers of Positions, FY 1996 to FY 2014**

<b>Year</b>	<b>Total Positions</b>
1996	129.8
1997	130.8
1998	131.8
1999	157.8
2000	175.8
2001	209.8
2002	228.8
2003	202.8
2004	184.4
2005	183.4
2006	187.4
2007	194.4
2008	194.4
2009	194.2
2010	186.2
2011	187.7
2012	180.7
2013	185.7
2014	187.7

**Table 54: Distribution of Staff in FY 2014**

<b>Unit</b>	<b>Total</b>	<b>Managers</b>	<b>Surveyors</b>	<b>Professionals</b>	<b>Administrative</b>	<b>Technical</b>
Administration	13	5	0	1	2	5
Executive	7	4	0	1	2	0
Nursing Home	46	6	34	2	4	0
Developmental Disabilities	38.4	5.4	28	0	5	0
Assisted Living	32	4	24	0	4	0
Ambulatory Care	20	3	14	0	3	0
Behavioral and Allied Health	8	1	6	0	1	0
Clinical Laboratory	9	1	5	0	3	0
Forensic Laboratory	1.5	0	1.5	0	0	0
Hospital	6	1	4	0	1	0
Adult Medical Day Care	3	1	2	0	0	0
Quality Initiatives	3.8	1	1	1.8	0	0
	187.7	32.4	119.5	5.8	25	5

**Table 55: Surveyor Staffing Deficits from FY 2006 through FY 2014**

<b>Year</b>	<b>Surveyor Staffing Deficit</b>
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010	91.90
Fiscal Year 2011	92.32
Fiscal Year 2012	95.63
Fiscal Year 2013	107.09
Fiscal Year 2014	67.90
Fiscal Year 2015	52.50



**Appendix: Labor-Hour Analysis**

<b>Mandates</b>	<b>A. # of facilities or complaints</b>	<b>B. Survey requirements per year</b>	<b>C. Total number of surveys required</b>	<b>D. Hours required per survey</b>	<b>E. Total hours required for survey activity (C x D)</b>	<b>F. Number of surveyors required (E/1500)</b>	<b>G. Current number of surveyors</b>	<b>H. Additional surveyors needed</b>
<b>Long Term Care Unit</b>								
Nursing homes								
Initial surveys	3	1.00	3	162	486	0.32		
Annual surveys	231	1.00	231	162	37422	24.95		
Complaints and self-reports	2550	1.00	2550	6	15300	10.20		
Follow-up surveys	30	1.00	30	16	480	0.32		
State resident funds surveys	231	1.00	231	8	1848	1.23		
State follow-up surveys	75	1.00	75	8	600	0.40		
Informal dispute resolutions	50	1.00	50	8	400	0.27		
Testifying in hearings	18	1.00	18	12	216	0.14		
Intermediate care facilities for individuals with intellectual disabilities								
Initial surveys	0	1.00	0	0	0	0.00		
Annual surveys	2	1.00	2	160	320	0.21		
Complaints and self-reports	50	1.00	50	6	300	0.20		
Follow-up surveys	0	1.00	0	0	0	0.00		
Informal dispute resolutions	1	1.00	1	8	8	0.01		
Forensic residential centers								
Initial surveys	0	1.00	0	0	0	0.00		
Annual surveys	2	1.00	2	160	320	0.21		
Complaints and self-reports	1	1.00	1	8	8	0.01		
Follow-up surveys	0	1.00	0	0	0	0.00		
Informal dispute resolutions	0	1.00	0	8	0	0.00		
						38.47	34	4.47
<b>Assisted Living Unit</b>								
Assisted living programs								
Initial surveys	150	1.00	150	48	7200	4.80		
Annual surveys	1450	1.00	1450	20	29000	19.33		
Complaints and self-reports	1070	1.00	1070	12	12840	8.56		
Follow-up surveys	40	1.00	40	24	960	0.64		
Informal dispute resolutions	12	1.00	12	8	96	0.06		
Testifying in hearings	30	1.00	30	8	240	0.16		
Adult medical day care								
Initial surveys	10	1.00	10	24	240	0.16		
Renewal surveys	120	0.50	60	16	960	0.64		
Complaints and self-reports	60	1.00	60	8	480	0.32		
Follow-up surveys	6	1.00	6	16	96	0.06		
Informal dispute resolutions	2	1.00	2	8	16	0.01		
						34.74	26	8.74

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Developmental Disabilities Unit</b>								
Initial site openings	275	1.00	275	8	2200	1.47		
Residential, ALUs and group homes	2900	1.00	2900	16	46400	30.93		
Day hab., supportive employment	350	1.00	350	40	14000	9.33		
Individual family care	220	0.10	22	12	264	0.18		
Resource coordination	17	0.10	2	40	80	0.05		
CSLA and FISS	4200	0.10	420	8	3360	2.24		
Follow-up surveys	20	1.00	20	24	480	0.32		
Death investigations, on-site	60	1.00	60	40	2400	1.60		
Death investigations, administrative	200	1.00	200	8	1600	1.07		
Complaint and self-reports, on-site	400	1.00	400	20	8000	5.33		
Complaint and self-reports, admin.	1000	1.00	1000	4	4000	2.67		
New directions waiver	10	1.00	10	20	200	0.13		
Informal dispute resolutions	8	1.00	8	8	64	0.04		
Children's providers, all activities						3.00		
						58.36	28	30.36
<b>Hospitals</b>								
Hospitals								
Initial surveys	1	1.00	1	210	210	0.14		
Validation surveys	5	1.00	5	210	1050	0.70		
Complaint investigations, on-site	150	1.00	150	24	3600	2.40		
Complaint investigations, admin.	300	1.00	300	8	2400	1.60		
Follow-up surveys	7	1.00	7	16	112	0.07		
Transplant programs, complaints	5	1.00	5	32	160	0.11		
Mortality review, psychiatric hosp.	20	1.00	20	16	320	0.21		
Patient Safety								
Review hospital root cause analysis	250	1.00	250	4	1000	0.67		
Patient safety program surveys	4	1.00	4	24	96	0.06		
Freestanding medical facilities								
Initial surveys	1	1.00	1	64	64	0.04		
Full surveys	3	1.00	3	24	72	0.05		
Complaints	10	1.00	10	10	100	0.07		
Health maintenance organizations								
Initial surveys	1	1.00	1	160	160	0.11		
Full survey of non-accredited HMOs	9	1.00	0	120	0	0.00		
Follow-up surveys	1	1.00	1	16	16	0.01		
Complaints	20	1.00	20	8	160	0.11		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Hospitals</b>								
Correctional health care facilities								
Initial surveys	0	1.00	0	24	0	0.00		
Full surveys	10	1.00	10	24	240	0.16		
Complaint investigations	2	1.00	2	8	16	0.01		
Residential treatment centers								
Initial surveys	0	1.00	0	80	0	0.00		
Complaints	30	1.00	30	24	720	0.48		
Validation surveys	2	1.00	2	16	32	0.02		
Follow-up surveys	2	1.00	2	16	32	0.02		
Informal dispute resolution conferences, entire unit	8	1.00	8	8	64	0.04		
						7.08	5	2.08
<b>Clinical Laboratories</b>								
Physician offices and point of care								
CLIA	414	0.50	207	20	4140	2.76		
Federal waived labs project	55	1.00	55	10	550	0.37		
Complaint surveys	10	1.00	10	16	160	0.11		
Validation	5	1.00	5	20	100	0.07		
Independent reference labs								
Non-accredited	59	0.50	30	20	600	0.40		
Complaints	5	1.00	5	16	80	0.05		
Cholesterol testing	30	1.00	30	7	210	0.14		
Health awareness testing surveys	36	1.00	36	8	288	0.19		
Health awareness site approval	1382	1.00	1382	1	1382	0.92		
Tissue banks	300	0.50	150	8	1200	0.80		
Cytology surveys	35	0.50	18	8	144	0.10		
State only surveys	210	0.50	105	6	630	0.42		
Public health testing	25	1.00	25	5	125	0.08		
						6.41	5	1.41
<b>Forensic Laboratories</b>								
Initial surveys	3	1.00	3	48	144	0.10		
Renewal surveys	4	1.00	4	48	192	0.13		
Surveillance surveys	13	1.00	13	24	312	0.21		
Complaints and self-reports	5	1.00	5	24	120	0.08		
Follow-up surveys	1	1.00	1	16	16	0.01		
Employer drug testing	130	0.50	72	8	576	0.38		
						0.91	1.5	-0.59

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Ambulatory Care Unit</b>								
Birthing centers								
Initial surveys	2	1.00	2	40	80	0.05		
Renewal surveys	2	1.00	2	24	48	0.03		
Complaint investigations	1	1.00	1	8	8	0.01		
Informal dispute resolutions	8	1.00	8	8	64	0.04		
Comprehensive outpatient rehabilitation facilities								
Initial surveys	1	1.00	1	16	16	0.01		
Renewal surveys	1	0.05	1	16	16	0.01		
Complaint investigations	0	1.00	0	4	0	0.00		
Informal dispute resolutions	0	1.00	0	8	0	0.00		
Cosmetic surgical centers								
Initial surveys	75	1.00	75	48	3600	2.40		
Renewal surveys	0	1.00	0	0	0	0.00		
Complaint investigations	20	1.00	20	16	320	0.21		
Informal dispute resolutions	4	1.00	4	8	32	0.02		
Freestanding ambulatory surgical centers								
Initial surveys	40	1.00	40	60	2400	1.60		
Renewal surveys	329	0.25	81	40	3240	2.16		
Complaint investigations	50	1.00	50	16	800	0.53		
Informal dispute resolutions	4	1.00	4	8	32	0.02		
Freestanding dialysis centers								
Initial surveys	20	1.00	20	48	960	0.64		
Renewal surveys	131	0.33	43	32	1376	0.92		
Complaint investigations	40	1.00	40	16	640	0.43		
Informal dispute resolutions	3	1.00	3	8	24	0.02		
Home health agencies								
Initial surveys	1	1.00	1	32	32	0.02		
Renewal surveys	56	1.00	56	40	2240	1.49		
Complaint investigations	25	1.00	25	24	600	0.40		
Informal dispute resolutions	2	1.00	2	8	16	0.01		
Hospice care programs								
Hospice houses, complaints	8	1.00	8	16	128	0.09		
Initial surveys	0	1.00	0	40	0	0.00		
Renewal surveys	27	0.15	5	40	200	0.13		
Complaint investigations	20	1.00	20	16	320	0.21		
Informal dispute resolutions	1	1.00	1	8	8	0.01		
Major medical equipment								
Initial surveys	0	1.00	0	16	0	0.00		
Renewal surveys	5	1.00	5	16	80	0.05		
Complaint investigations	3	1.00	3	4	12	0.01		
Informal dispute resolutions	0	1.00	0	8	0	0.00		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Ambulatory Care Unit</b>								
Outpatient physical therapy								
Initial surveys	0	1.00	0	16	0	0.00		
Renewal surveys	63	0.05	3	16	48	0.03		
Complaint investigations	0	1.00	0	4	0	0.00		
Informal dispute resolutions	0	1.00	0	8	0	0.00		
Portable x-rays								
Initial surveys	0	1.00	0	16	0	0.00		
Renewal surveys	8	0.05	1	16	16	0.01		
Complaint investigations	1	1.00	1	4	4	0.00		
Informal dispute resolutions	0	1.00	0	8	0	0.00		
Residential service agencies								
Initial surveys	120	1.00	120	40	4800	3.20		
Renewal surveys	40	1.00	40	24	960	0.64		
Complaint investigations	60	1.00	60	16	960	0.64		
Informal dispute resolutions	6	1.00	6	12	72	0.05		
Surgical abortion facilities								
Initial surveys	2	1.00	2	40	80	0.05		
Renewal surveys	12	1.00	12	40	480	0.32		
Complaint investigations	5	1.00	5	40	200	0.13		
Informal dispute resolutions	2	1.00	2	16	32	0.02		
						16.61	14	2.61
<b>Behavioral and Allied Health Unit</b>								
Mental Health Programs								
Group homes for adults with mental illness								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	154	0.50	77	8	616	0.41		
Complaint investigations	15	1.00	15	8	120	0.08		
Mental health vocational programs								
Initial surveys	2	1.00	2	24	48	0.03		
Renewal surveys	56	0.33	19	8	152	0.10		
Complaint investigations	0	1.00	0	8	0	0.00		
Mobile treatment services								
Initial surveys	1	1.00	1	24	24	0.02		
Renewal surveys	25	0.33	8	8	64	0.04		
Complaint investigations	1	1.00	1	8	8	0.01		
Outpatient mental health centers								
Initial surveys	12	1.00	12	24	288	0.19		
Renewal surveys	210	0.33	70	8	560	0.37		
Complaint investigations	1	1.00	1	8	8	0.01		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Mental Health Programs</b>								
Psychiatric rehabilitation programs for adults								
Initial surveys	18	1.00	18	24	432	0.29		
Renewal surveys	186	0.33	62	8	496	0.33		
Complaint investigations	0	1.00	0	8	0	0.00		
Psychiatric rehabilitation services for minors								
Initial surveys	18	1.00	18	24	432	0.29		
Renewal surveys	139	0.33	46	8	368	0.25		
Complaint investigations	1	1.00	1	8	8	0.01		
Psychiatric day treatment services, partial hospitalization								
Initial surveys	1	1.00	1	24	24	0.02		
Renewal surveys	9	0.33	3	8	24	0.02		
Complaint investigations	0	1.00	0	8	0	0.00		
Residential rehabilitation programs								
Initial surveys	1	1.00	1	24	24	0.02		
Renewal surveys	737	0.33	246	8	1968	1.31		
Complaint investigations	1	1.00	1	8	8	0.01		
Residential crisis services								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	17	0.5	9	8	72	0.05		
Complaint investigations	1	1.00	1	8	8	0.01		
Respite care services								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	17	0.33	6	8	48	0.03		
Complaint investigations	1	1.00	1	8	8	0.01		
Therapeutic group homes								
Initial surveys	1	1.00	1	24	24	0.02		
Renewal surveys	14	0.33	5	8	40	0.03		
Complaint investigations	0	1.00	0	8	0	0.00		
Therapeutic nursery programs								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	1	0.33	0	8	0	0.00		
Complaint investigations	0	1.00	0	8	0	0.00		
Informal dispute resolutions	1	1.00	1	8	8	0.01		
<b>Substance Use Disorder Programs</b>								
Opioid maintenance therapy programs								
Initial surveys	22	1.00	22	24	528	0.35		
Renewal surveys	74	0.5	37	8	296	0.20		
Complaint investigations	0	1.00	0	8	0	0.00		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Substance Use Disorder Programs</b>								
Outpatient treatment programs								
Initial surveys	60	1.00	60	24	1440	0.96		
Renewal surveys	459	0.5	230	8	1840	1.23		
Complaint investigations	5	1.00	5	8	40	0.03		
Residential programs								
Initial surveys	5	1.00	5	24	120	0.08		
Renewal surveys	108	0.5	54	8	432	0.29		
Complaint investigations	1	1.00	1	8	8	0.01		
Education programs								
Initial surveys	12	1.00	12	16	192	0.13		
Renewal surveys	269	0.5	135	8	1080	0.72		
Complaint investigations	0	1.00	0	8	0	0.00		
Residential detoxification treatment programs								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	18	0.5	9	8	72	0.05		
Complaint investigations	0	1.0	0	8	0	0.00		
Correctional substance abuse programs								
Initial surveys	2	1.00	2	24	48	0.03		
Renewal surveys	42	0.5	21	8	168	0.11		
Complaint investigations	0	1.00	0	8	0	0.00		
Ambulatory detoxification programs								
Initial surveys	0	1.00	0	24	0	0.00		
Renewal surveys	65	0.5	33	8	264	0.18		
Complaint investigations	0	1.00	0	8	0	0.00		
Informal dispute resolutions	1	1.00	1	8	8	0.01		
<b>Allied Health Programs</b>								
Nurse referral service agencies								
Initial surveys	12	1.00	12	32	384	0.26		
Complaint investigations	3	1.00	3	8	24	0.02		
Health care staff agencies								
Initial surveys	36	1.00	36	32	1152	0.77		
Complaint investigations	2	1.00	2	8	16	0.01		
Informal dispute resolutions	1	1.00	1	8	8	0.01		
						9.42	6	3.42

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
<b>Totals</b>						<b>172</b>	<b>119.5</b>	<b>52.50</b>