



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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

Office of Health Care Quality FY2017 Budget Analysis Response

Responses to Issues

The DLS Analysis of the Office of Health Care Quality (OHCQ) contained three inquiries. Detailed responses are provided below:

Issue 1: *The agency should comment on how it intends to recruit staff after half of the workforce retires.*

Response:

51% of OHCQ staff are eligible for retirement now or will be within 5 years. Approximately 92 of our 197 employees are nurse surveyors, who must have an RN with at least two years of experience. The starting salary for an OHCQ nurse surveyor is \$57,451. Compare that to the average starting salary of a nurse in Maryland who just graduated from nursing school -- \$72,418. Our plans for future recruitments include:

- Request an exemption from hiring freezes for all positions critical to achieving both federal and State goals, and
- Request to double fill positions which are critical to realizing the federal survey mandates,
- Continue to use social media and advertise in other venues for recruitment.

Issue 2: *The Department of Legislative Services recommends that the agency include in its annual statutory report for each program (1) the federal and statutory mandate; (2) if the program met the federal and statutory mandate; and (3) the resulting loss of overall federal funds if the program is not meeting federal mandates.*

Response:

- (1) and (2): OHCQ agrees with reporting on an overview of the federal and statutory mandates for each program, though not in a combined annual report. The Center for Medicare and Medicaid Services (CMS) makes the determination if the federal and statutory mandates have been met, as well as when federal funds are lost. These determinations are solely at the discretion of CMS. These determinations are made based on mandates established and revised by CMS, for the federal fiscal year under review, as well as available federal funds. CMS reviews OHCQ's performance in an annual independent report, State Performance Standards Review Report, that is based on the federal fiscal year.

- If the federal and state mandates were included in one report, it would contain data for State fiscal year 2016 and federal fiscal year 2014. As this may be confusing, in lieu of providing information on two different time frames in the annual report, OHCQ recommends that we provide access to the CMS report, when it is published.
- (3): The loss of federal funds is not included in the State Performance Standards Review, as CMS may consider other factors in dispersing federal funds. OHCQ recommends that information related to the loss of any federal funds is included in both the annual report and a cover letter for the distribution of the State Performance Standards Review Report.

Issue 3: *The agency should comment on its plans to fully staff the finance unit and maintain timely federal claims.*

Response:

OHCQ has reallocated resources to the fiscal staff, including a second advanced accountant and a special assistant. Previously there was a Director of Administration, a fiscal officer, and one advanced accountant. The unit now has a Director of Administration, a Chief Fiscal Officer, two advanced accountants, and a special assistant. The Director of Administration position was filled on November 11, 2015; the CFO started January 20, 2016, and the special assistant has been in place for nearly a year. The remaining two advanced accountant positions are vacant. Requests to recruit were submitted on January 20th and the jobs should be posted very soon.

We anticipate that having three accountants to support the process of filing federal claims will result in timely submission. Timely federal claim submissions will be accomplished by:

- Adequate number of trained staff
- Accountants will enter time allocations and expenses each pay period rather than waiting until a quarter ends
- Develop written policies, procedures, and protocols to allow new staff to understand the process
- Negotiate with CMS to implement a different cost allocation system



CHANGING
Maryland
for the Better

Office of Health Care Quality FY 17 Budget Hearing

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Department of Health and Mental Hygiene



Office of Health Care Quality

The agency within the Department of Health and Mental Hygiene charged with monitoring the quality of care in Maryland's 16,499 health care facilities and community-based programs

- Issue licenses, authorizing the operation of a business in Maryland
- Issue certifications, authorizing participation in the Medicare and Medicaid programs
- Conduct surveys to determine compliance with State and federal regulations, which set minimum standards for the delivery of care
- Educate providers, consumers, and other stakeholders through written materials, presentations, and web sites



OHCQ's Mission



OHCQ's mission is to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community service delivery systems



OHCQ oversees 61 provider types

Ambulatory Care

- Birthing Centers
- Comprehensive Outpatient Rehab Facilities
- Freestanding Ambulatory Surgery Centers
- Cosmetic Surgery Centers
- Freestanding Dialysis Centers
- Home Health Agencies
- Hospices and Hospice Houses
- Major Medical Equipment Providers
- Outpatient Physical Therapy Centers
- Portable X-ray Providers
- Residential Service Agencies
- Surgical Abortion Facilities

Long Term Care

- Nursing Homes
- Intermediate Care Facilities
- Forensic Residential Services

Assisted Living

- Assisted Living Facilities
- Adult Medical Day Care

Laboratories

- Physician Office & Point-of-Care (State & Federal)
- Federal Waived Labs
- Independent Reference labs
- Hospital Labs
- Cholesterol Testing Sites
- Health Awareness Test Sites
- Tissue Banks
- Public Health Testing
- Forensic Labs
- Employer Testing Labs
- Cytology Proficiency Testing

Developmental Disabilities

- Habilitation Services
- Individual and Family Support Services
- Group Homes
- Intensive Treatment Programs
- DD Respite Services

Behavioral & Allied Health

- Adult Group Homes
- Mental Health Vocational Programs
- Mobile Treatment Services
- Outpatient Mental Health Centers
- Adult Psychiatric Rehabilitation Programs
- Minor Psychiatric Rehabilitation Programs
- Psychiatric Day Treatment Services
- Residential Rehabilitation Services
- Residential Crisis Services
- Respite Care Services
- Therapeutic Group Homes
- Therapeutic Nursery Programs
- Opioid Maintenance Therapy Programs
- Outpatient Treatment Programs
- Residential Programs
- Education Programs
- Residential Detoxification Programs
- Correctional Substance Abuse Programs
- Ambulatory Detoxification Programs
- Nurse Referral Service Agencies
- Health Care Staff Agencies

Hospital

- Hospitals
- Transplant Centers
- Patient Safety Programs
- Freestanding Medical Facilities
- HMOs
- Correctional Health Care Facilities
- Residential Treatment Centers



Regulatory Efficiency

Fiscal Year	Surveyor Staffing Deficit
2008	67.23
2012	95.63
2013	107.09
2014	67.90
2015	52.50
2016	52.15



Fiscal Year	Number of Providers
2008	8,000
2012	13,000
2013	14,452
2014	15,043
2015	16,499*
2016	?

***9.68% increase in the number of providers in 1 year;
27% increase in 3 years**



Strategic Planning Process

1. Regulatory Efficiency: Effective and efficient use of limited resources to fulfill our mandates without over-burdening providers
2. Operations: Focus on core business functions, consistent implementation of policies, and maintain accountability
3. Customer Service: Consistent, timely, and transparent interactions with internal and external stakeholders
4. Quality Improvement: Sustain a quality improvement process within OHCQ



Accomplishments

- Partnered with the Ombudsmen Program for joint staff training, enhanced information sharing, and more coordinated efforts
- Improved use of technology and data management, allowing more timely and robust tracking and reports
- Partnered with Bloomberg School of Public Health, 3-year leadership development program for OHCQ's mid-level staff
- Provided 173.5 hours of presentations on the licensure process, regulatory requirements, patient safety, advance directives, Maryland MOLST, and the Health Care Decisions Act
- Improved coordination with the Medicaid Fraud Control Unit
- Completed 70% of required assisted living annual surveys
- Completed 100% of adult medical day care relicensure surveys



Customer Service Initiatives

- Developed a survey for providers to rate the survey process
- Shortened licensure times for new providers
- Simplified on-line applications
- Enhanced tracking of pending applications
- Developed fact sheets for common inquiries
- Revised Frequently Asked Questions
- Revised the OHCQ brochure
- Developed flow charts to visually display complex processes
- Implemented an on-line grant application process
- Implemented on-line requests for presentations
- OHCQ website – under construction



OHCQ Staff Training

- Implemented a full-day new employee orientation
- Developed written policies, procedures, and processes throughout the agency
- Implemented multi-day training programs on basic investigative techniques, principles of documentation, and review of the plan of correction
- Provided training on maximizing the use of Microsoft Office, Gmail, Google drive, Google calendar, network drives, and ASPEN (software for survey and certification activities)
- Developed a three-year Grand Rounds curriculum
- Partnered with OHR for supervisory and management training for all supervisors and managers



New and/or Revised Regulations

2009:

- 10.07.02, Comprehensive Care Facilities and Extended Care Facilities
- 10.07.09, Residents Bill of Rights

2010:

- 10.07.01, Acute General Hospitals and Special Hospitals

2011:

- 10.21.22.07, Residential Rehabilitation Programs

2012:

- 10.05.01, General Requirements
- 10.07.01, Acute General Hospital and Special Hospitals
- 10.07.01.24, Physician Credentialing, Telemedicine
- 10.07.05, Residential Service Agencies
- 10.07.14, Assisted Living Programs
- 10.12.01, Surgical Abortion Facilities
- 10.51.01 – 10.51.07, Forensic Laboratories

2013:

- 10.01.21, Medical Orders for Life-Sustaining Treatment Form
- 10.05.04, Emergency Plans for Dialysis Centers
- 10.05.05, Ambulatory Surgical Facilities
- 10.07.05, Residential Service Agencies
- 10.07.14, Assisted Living Programs
- 10.07.22, Hospice Care Programs, Hospice Houses

2014:

- 10.01.21, Medical Orders for Life-Sustaining Treatment Form
- 10.07.01, Acute General Hospitals and Special Hospitals
- 10.07.01.24, Physician Credentialing, Telemedicine
- 10.07.01.29, Notice to Patients, Observation Status
- 10.07.03, Health Care Staff Agencies
- 10.07.04, Residential Treatment Centers for Children and Adolescents
- 10.07.05, Residential Service Agencies
- 10.07.13, Forensic Residential Centers
- 10.07.15, License Fee Schedule for Hospitals and Related Institutions
- 10.07.20, Intermediate Care Facilities for Ind. with Intellectual Disabilities

2015:

- 10.01.21, Medical Orders for Life-Sustaining Treatment Form
- 10.05.01 and 10.05.05, Ambulatory Surgical Facilities
- 10.07.01, Acute General Hospitals and Special Hospitals
- 10.07.01.33, Uniform Emergency Codes
- 10.07.03, Health Care Staff Agencies
- 10.07.05, Residential Service Agencies
- 10.07.16, Limited Private Inpatient Facilities
- 10.10.04, Medical Laboratories, Fees
- 10.12.03, Cosmetic Surgical Facilities
- 10.12.04, Day Care for the Elderly and Adults with a Medical Disability
- 10.51.05 and 10.51.06, Forensic Labs

2016:

- 10.05.02, Freestanding Birthing Centers
- 10.07.11, Health Maintenance Organizations



Health Care Quality Account

FY 15 Grant Recipients

- Alzheimer's Disease and Related Disorders Association, \$126,105
- Health Facilities Association of Maryland (HFAM), \$109,850
- Beacon Institute, \$69,200, \$122,600 and \$34,000
- University of Maryland School of Pharmacy, \$101,729
- Mid-Atlantic Public Health Training Center (MAPHTC), The Johns Hopkins Bloomberg School of Public Health, \$119,949
- Law and Health Care Program and Maryland Healthcare Ethics Committee Network, (MHECN), \$29,812
- Eastern Shore Area Health Education Center, \$5,500
- Beacon Institute, \$8,250
- Health Care Management Program, Towson University, \$17,755



Our common ground is the individuals that we serve



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