

**M00A0103**  
**Office of Health Care Quality**  
**Department of Health and Mental Hygiene**

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$9,217	\$9,713	\$10,963	\$1,250	12.9%
Special Fund	381	518	439	-79	-15.2%
Federal Fund	5,309	5,444	6,273	829	15.2%
Reimbursable Fund	<u>29</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
<b>Total Funds</b>	<b>\$14,935</b>	<b>\$15,675</b>	<b>\$17,675</b>	<b>\$2,000</b>	<b>12.8%</b>

- The Governor's proposed fiscal 2009 allowance for the Office of Health Care Quality (OHCQ) represents a \$2 million, or 12.8%, increase over the fiscal 2008 working appropriation. Included in the proposed budget are costs associated with employee and retiree health insurance and Other Post Employment Benefits (OPEB) liability funding, which account for \$1.0 million of the total increase.
- Excluding costs associated with health insurance and OPEB liability, the Governor's proposed fiscal 2009 budget represents a \$1.0 million, or 7.3%, increase over the fiscal 2008 working appropriation.

***Personnel Data***

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>
Regular Positions	194.40	194.40	199.40	5.00
Contractual FTEs	<u>4.30</u>	<u>5.90</u>	<u>5.65</u>	<u>-0.25</u>
<b>Total Personnel</b>	<b>198.70</b>	<b>200.30</b>	<b>205.05</b>	<b>4.75</b>

***Vacancy Data: Regular Positions***

Turnover, Excluding New Positions	8.00	4.01%
Positions Vacant as of 12/31/07	27.60	14.20%

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

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- In the fiscal 2009 allowance, 5.0 new positions are added to the Developmental Disabilities Licensure Unit within OHCQ.
- Contractual positions for the administrative and management arm of OHCQ's licensing and certification programs are reduced by a 0.25 full-time equivalent position in the fiscal 2009 allowance.
- The budgeted turnover for OHCQ is 4.01%. In order to meet this turnover rate, the agency must average 8.0 vacancies. However, as of December 31, 2007, there were 27.60 vacancies, a vacancy rate of 14.20%. Of the total vacant positions, 6.0 positions have been vacant for 12 months or longer as of January 1, 2008.

## ***Analysis in Brief***

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### **Issues**

***Staffing Shortages Persist:*** The Office of Health Care Quality continues to face a staffing shortfall required to perform all of the surveys for which it is responsible. According to the 2007 *Annual Report and Staffing Analysis*, the agency has a surveyor deficit of 69 positions. The most pronounced staffing deficits occur within the Developmental Disabilities Unit, Long-Term Care Unit, and Ambulatory Care Unit. Home- and community-based care settings are becoming the most prevalent survey types in both the Developmental Disabilities and Ambulatory Care Units. The report includes an analysis of existing staff levels and current priorities associated with completing its required surveys.

### **Recommended Actions**

1. Add language restricting \$525,000 of general funds from the Department of Health and Mental Hygiene for the purpose of providing a two-grade pay increase to nurse surveyor and professional positions at the Office of Health Care Quality.

**M00A0103**  
**Office of Health Care Quality**  
**Department of Health and Mental Hygiene**

## ***Operating Budget Analysis***

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### **Program Description**

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene (DHMH) mandated by State and federal law to determine compliance with the quality of care and life standards for a variety of health care services and programs. Facilities and services are reviewed on a regular basis for compliance with the Code of Maryland Regulations as well as for compliance with federal regulations in those facilities participating in Medicare and Medicaid. The types of facilities licensed and regulated by OHCQ include nursing homes, hospitals, ambulatory surgical centers, endoscopic centers, birthing centers, home health agencies, health maintenance organizations, hospice care, physical therapy centers, developmental disability homes and facilities, mental health facilities, and substance abuse treatment facilities.

### **Performance Analysis: Managing for Results**

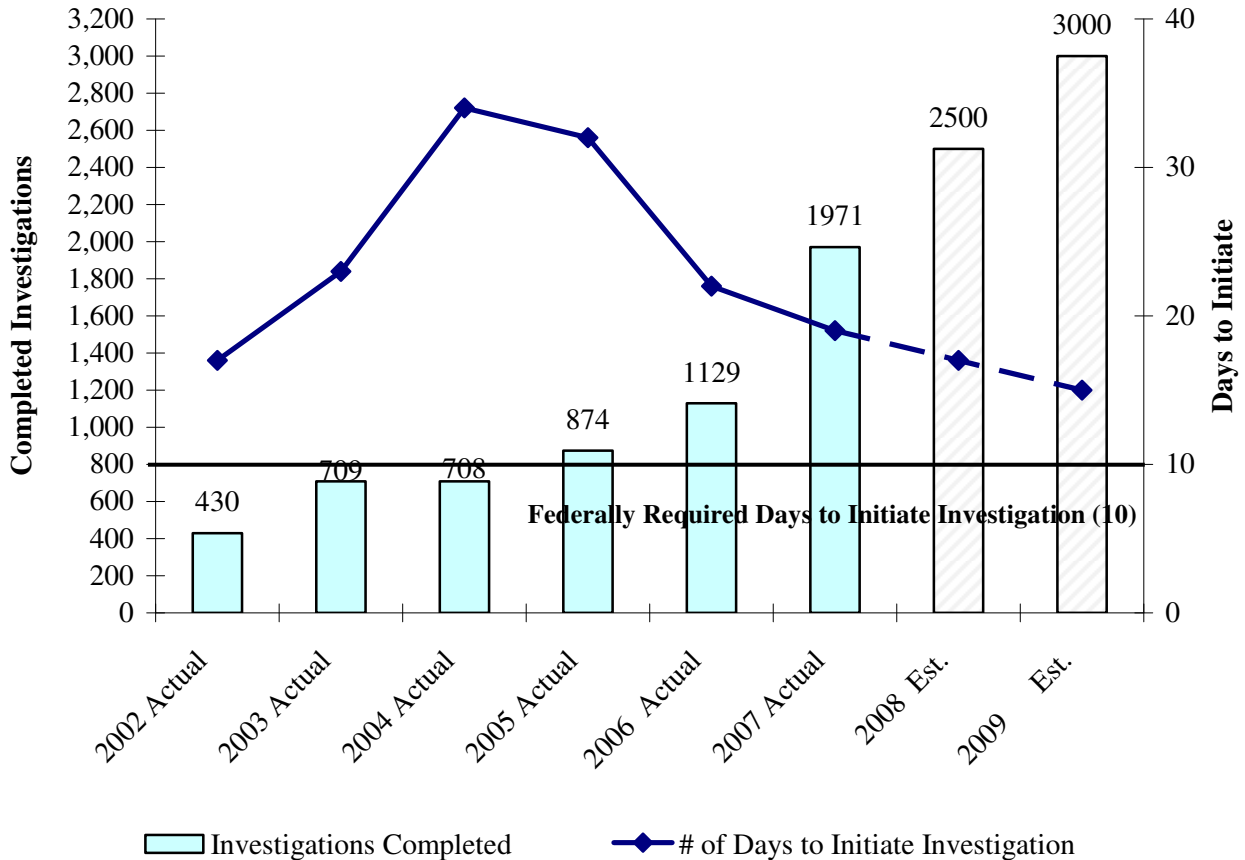
OHCQ ensures the health and safety of consumers through a fair survey and enforcement process and the timely resolution of consumer complaints.

#### **Nursing Homes**

One of the performance goals of OHCQ is to minimize delays in handling complaint investigations in nursing homes. The agency's goal is to initiate all complaint investigations within 15 days. As shown in **Exhibit 1**, the number of days that it takes to initiate an on-site investigation has continued to decline since fiscal 2004 when it took 34 days to initiate an investigation. In fiscal 2007, it took an average of 19 days to initiate an on-site investigation. Federal regulations require on-site investigations of complaints alleging actual harm to be initiated within 10 working days, although OHCQ repeatedly fails to meet this goal. OHCQ has an internal quality review procedure for investigations of alleged actual harm to residents. Although this extra control measure delays the completion of investigations and statements of harm, it is intended to ensure accuracy and legal merit.

The agency is close to achieving its goal of initiating on-site investigations within 15 days and is working to do so by filling current surveyor vacancies, providing education and training to surveyors, and providing ongoing education and direction to providers as to reporting requirements.

**Exhibit 1  
Nursing Home Complaint Investigations  
Fiscal 2002-2009**



Source: Department of Health and Mental Hygiene

**Developmental Disabilities Facilities**

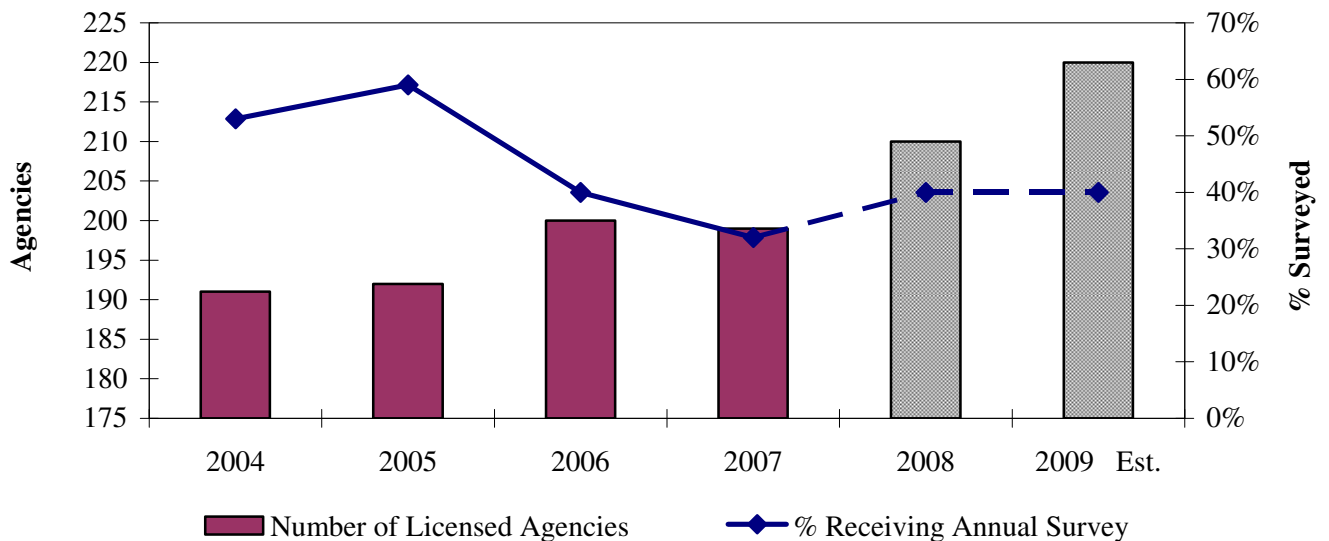
The Developmental Disabilities Unit (DDU) of OHCQ reviews applicant materials and corresponds to entities requesting to be certified licensed providers, issues initial and renewal licenses, and conducts physical inspections prior to site licensure. In fiscal 2007, there were approximately 200 licensed agencies operating at over 2,700 sites throughout the State. Of those, the licensure unit completed physical inspections of 1,256 licensed sites. Given the staffing constraints, the unit is only able to perform required re-licensure surveys on a two-year cycle. In fiscal 2007, the unit conducted 64 re-licensure surveys, 6 monitoring surveys, and 2 settlement agreement surveys.

**Exhibit 2** shows the percent of agencies that received re-licensure surveys. As one of the goals of OHCQ, the licensure unit strives to perform 40% of required re-licensure surveys. The percentage dipped below that goal in fiscal 2007, with a completion percentage of only 32%, or 64 out of 200, of required re-licensure surveys.

An audit report on fiscal compliance issued by the Office of Legislative Audits (OLA) in August 2007 found that OHCQ failed to inspect all developmentally disabled and assisted living facilities at least annually, as cited in **Appendix 2**. The time period that OLA studied was between July 10, 2003, and August 31, 2006. During that time period, the percent of sites surveyed by DDU had in fact decreased, as shown in Exhibit 2.

Although the audit finding included assisted living sites, OHCQ has made improvements to that particular program area since August 2006 as the next section illustrates. Even so, the Assisted Living Program Unit continues to experience difficulty completing all of the required surveys.

**Exhibit 2**  
**Survey of Development Disabilities Agencies**  
**Fiscal 2004-2009**



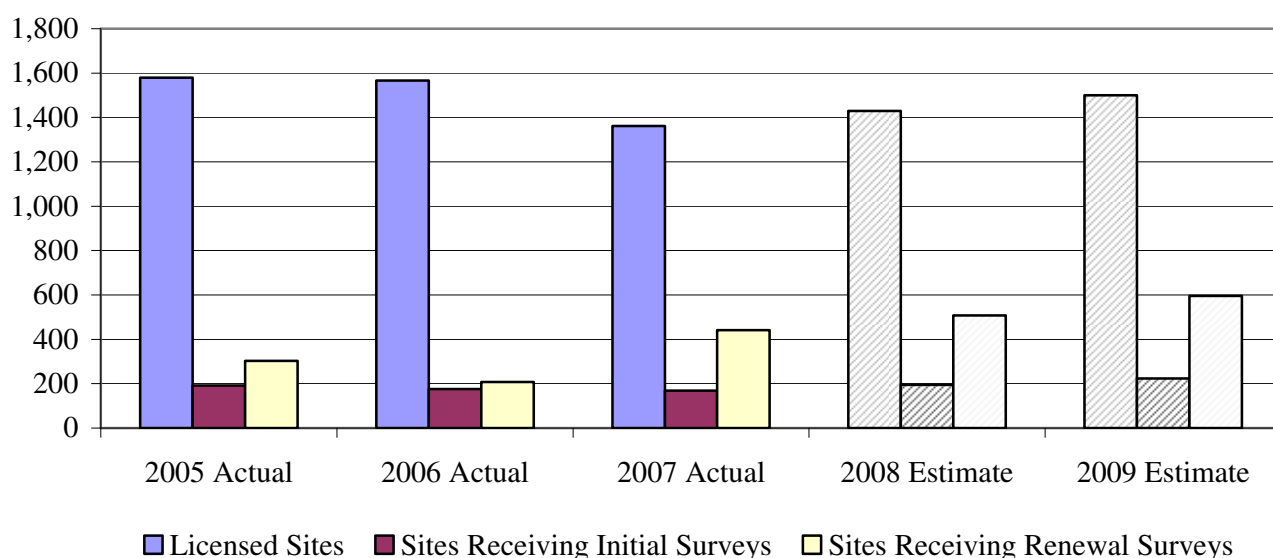
Source: Department of Health and Mental Hygiene

### Assisted Living

The OHCQ Assisted Living Programs Unit conducts surveys for licensure compliance to assure the safety and well-being of the individuals residing in assisted living sites in Maryland. At the beginning of fiscal 2007, the assisted living licensure program was responsible for oversight of 1,567 sites across Maryland. That number was reduced to 1,361 by the end of the fiscal year due to

the reclassification of a number of assisted living sites. **Exhibit 3** shows the trend of licensed sites as well as the number of initial or renewal surveys conducted each year. In fiscal 2007, the licensure and complaint division increased its survey staff by hiring additional surveyors for residential and community programs which has contributed to the increase in sites that are able to be surveyed each year. OHCQ also employed a new management model that attempts to improve staff and survey efficiency. This new model included appointing a program manager to coordinate the surveys, partnering with local entities to coordinate resources, and offering provider education activities.

**Exhibit 3**  
**Licensed Assisted Living Sites Surveyed**  
**Fiscal 2005-2009**



Source: Department of Health and Mental Hygiene

## Fiscal 2008 Actions

### Impact of Cost Containment

Cost containment actions approved by the Board of Public Works (BPW) in August 2007 reduced the general fund appropriation for the Office of Health Care Quality by \$120,000, which resulted in decreased funding for travel, contractual services, motor vehicle operations, and supplies. While adjustments can be made to accommodate the cost containment, further reductions to vehicle costs and reimbursement for travel and training may have an adverse effect on the nurse-surveyor population at OHCQ.

## Governor’s Proposed Budget

As shown in **Exhibit 4**, the Governor’s allowance for OHCQ increases by \$2.0 million, or 12.8%, over the fiscal 2008 working appropriation. General fund support increases by \$1.3 million, or 12.9%; special fund support decreases by \$78,749, or 15.2%; and federal fund support increases by \$0.8 million, or 15.2%.

**Exhibit 4**  
**Governor’s Proposed Budget**  
**DHMH – Office of Health Care Quality**  
**(\$ in Thousands)**

<b>How Much It Grows:</b>	<b>General Fund</b>	<b>Special Fund</b>	<b>Federal Fund</b>	<b>Total</b>
2008 Working Appropriation	\$9,713	\$518	\$5,444	\$15,675
2009 Governor’s Allowance	<u>10,963</u>	<u>439</u>	<u>6,273</u>	<u>17,675</u>
Amount Change	\$1,250	-\$79	\$829	\$2,000
Percent Change	12.9%	-15.2%	15.2%	12.8%
 <b>Where It Goes:</b>				
<b>Personnel Expenses</b>				<b>\$1,792</b>
Health Insurance – reduce long-term Other Post Employment Benefits liability .....				\$643
Employee and retiree health insurance – pay-as-you-go costs .....				279
Increments.....				266
New positions within the Developmental Disabilities Unit (5 FTEs).....				222
Turnover adjustments.....				166
Fiscal 2008 Budget Section 45 – one-time hiring freeze savings .....				95
Additional salary increase for Developmental Disabilities Unit.....				84
Other fringe benefit adjustments.....				37
<b>Other Changes</b>				<b>\$208</b>
Organ, tissue, and eye donation awareness program .....				50
Purchase replacement vehicles .....				46
Other .....				42
Office and computer equipment for Developmental Disabilities Unit .....				27
In-state and out-of-state travel for conference, seminars, and trainings .....				22
In-state travel for routine operations.....				21
<b>Total</b>				<b>\$2,000</b>

FTE: Full-time Equivalent

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

## **Personnel**

Personnel expenses make up the majority of costs in OHCQ and increases by \$1.8 million, as shown in Exhibit 4. The driving factors in the change in personnel are health insurance and Other Post Employment Benefits liability funding, which collectively account for \$0.9 million of the change.

Excluding those costs, the rest of the personnel budget increases only \$0.9 million. Of that total, the five new positions included in the allowance account for \$0.2 million of the personnel increase. The positions are specifically added to the OHCQ's DDU, representing a 15.15% increase in personnel over the fiscal 2008 working appropriation in that subprogram. Two of the positions are surveyor positions that do not require a nursing degree. The other three are nurse surveyor positions, which will aid in overseeing facilities and placements that care for medically needy individuals. The addition of the surveyor positions will help to alleviate the workload at DDU and address the deficiency cited in OHCQ's most recent audit that found that the agency had failed to inspect all developmentally disabled facilities annually as required. An additional salary increase of \$0.1 million was included in the budget for DDU.

Turnover adjustments, including a 25% turnover rate for the five new positions, account for \$0.2 million of the increase. A 25% turnover rate is standard for new positions since it typically takes longer for new positions to be filled. Increments and other fringe benefits account for \$0.3 million of the increase. The last factor in the increase in personnel is a \$0.1 million increase as a result of the fiscal 2008 hiring freeze.

## **Operating Expenses**

Operating expenses at OHCQ grow by \$0.2 million, as shown in Exhibit 4. Of that amount, there is a \$50,000 increase for organ and tissue donation awareness. This project is special funded, based on a \$1 fee on new and renewal Maryland drivers' licenses. OHCQ has assumed the responsibility to contract with a qualified, independent, nonprofit third party to promote public education and awareness about organ, tissue, and eye donations.

Other operating budget increases include the purchase of replacement vehicles (\$45,684), additional office and computer equipment for DDU (\$27,364), travel for conferences and training (\$22,410), and routine travel for inspections and surveys (\$21,224).

## *Issues*

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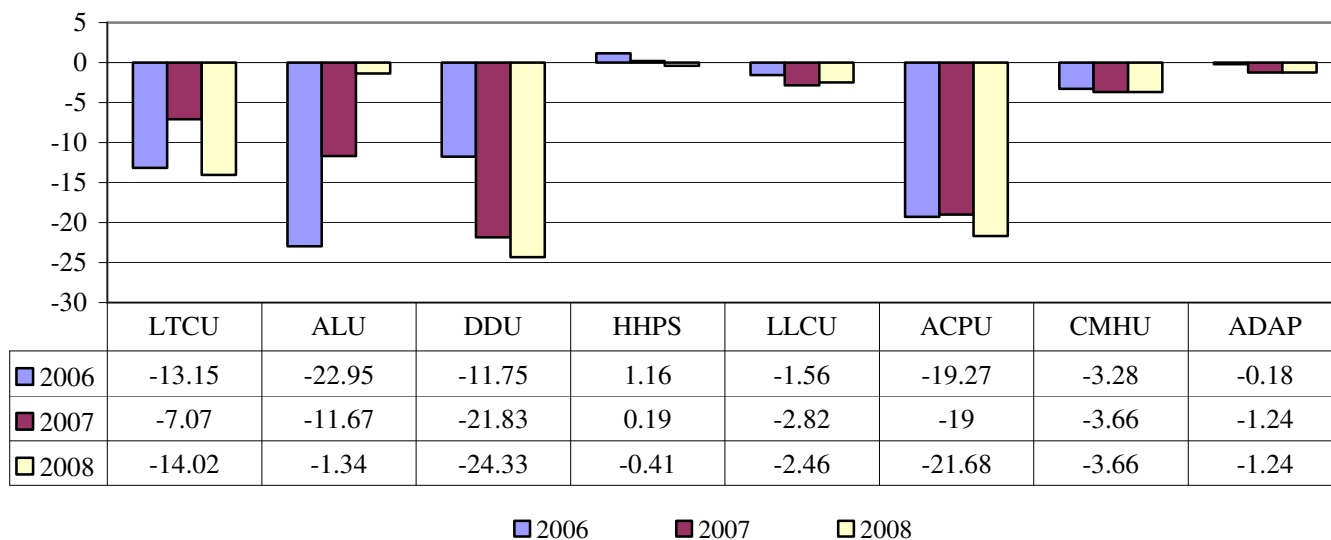
### **1. Staffing Shortages Persist**

OHCQ continues to operate with surveyor shortfalls that prevent the agency from fulfilling its State and federally required inspections and survey requirements. The *Annual Report and Staffing Analysis* published by OHCQ in December 2007 shows a surveyor deficit of 69 positions in fiscal 2008. The office gained additional surveyor positions in fiscal 2006 and 2007 and was able to decrease its staffing deficit from 71 positions in fiscal 2006 to 67 positions in fiscal 2007. However, increased workload, a statewide nursing shortage, and the hiring freeze in fiscal 2008 have all contributed to the 69 position surveyor deficit that the agency now faces. In addition, OHCQ has 18.0 full-time equivalent authorized surveyor positions that are currently vacant which serves to exacerbate the staffing deficit.

The staffing analysis was performed by a federal expert with extensive experience in personnel management and human resources. Staffing deficits are calculated by first determining how many surveys, complaint investigations, and follow up surveys are needed for each program area multiplied by the number of times per year the survey is required. That number is multiplied by the amount of time it takes to complete each survey to get the total hours required for survey activity. Finally, the number of surveyors needed to complete the total hours of survey activity is computed and then compared to the number of authorized positions in each program area to determine whether or not there is a staffing deficit.

Current staff deficiencies are most pronounced in the DDU, Long-Term Care Unit (LTCU) and Ambulatory Care Programs Unit (ACPU). In DDU and ACPU, a majority of the required site inspections occur in community care settings. The eight major survey units and the respective staff deficiency are shown in **Exhibit 5**.

**Exhibit 5  
Surveyor Position Deficits  
Fiscal 2006-2008**



ACPU: Ambulatory Care Programs Unit  
 ADAP: Alcohol and Drug Abuse Programs  
 ALU: Assisted Living Unit  
 CHMU: Community Mental Health Unit  
 DDU: Developmental Disabilities Unit  
 HHPS: Hospital, Health Maintenance Organizations, and Patient Safety  
 LLCU: Laboratory Licensing and Certification Unit  
 LTCU: Long-term Care Unit

Source: Department of Health and Mental Hygiene

As illustrated by Exhibit 5, OHCQ has improved or remained consistent in four of the eight surveyor units. Improvement is most evident in the Assisted Living Unit where the office has been able to significantly reduce its deficit from -22.95 positions in fiscal 2006 to -1.34 positions in fiscal 2008. The reduction is due in part to a decline in the number of assisted living sites, as referenced in the Managing for Results section of this analysis, as well as an increase in the number of surveyors dedicated to the assisted living program area. OHCQ has also employed a new management model that improves staff and surveyor efficiency by coordinating surveys, partnering with local entities, and offering provider education activities.

However, the agency has experienced increased shortages in the other four areas. Staffing deficiencies are most pronounced in DDU, LTCU and ACPU and total -24.33, -14.02, and -21.68, respectively. It is important to note, that not only do these deficits represent high absolute values, but they also represent a high percentage of the total number of surveyors needed for each unit. **Exhibit 6** shows the deficiencies as a percent of the total surveyors needed in the major survey function areas.

**Exhibit 6**  
**Surveyor Deficit as Percent of Total Need**  
**Fiscal 2008**

<u>Survey Function Area</u>	<u>Total Number of Surveyor Positions Needed*</u>	<u>Current Authorized Surveyor Positions**</u>	<u>Staffing Deficit</u>	<u>Staffing Deficit as a Percent of Total Need</u>
Developmental Disabilities Unit	48.33	24	-24.33	-50%
Ambulatory Care Programs Unit	31.68	10	-21.68	-68%
Long-term Care Unit	63.02	49	-14.02	-22%
Community Mental Health Unit	6.66	3	-3.66	-55%
Laboratory Licensing and Certification Unit	7.46	5	-2.46	-33%
Assisted Living Unit	27.34	26	-1.34	-5%
Alcohol and Drug Abuse Programs	4.04	2.8	-1.24	-31%
Hospital, HMOs, and Patient Safety	6.41	6	-0.41	-6%
<b>Total</b>	<b>194.94</b>	<b>125.8</b>	<b>-69.14</b>	<b>-35%</b>

\*Total number of surveyor positions needed as identified by the *Annual Report and Staffing Analysis*.

\*\*Current authorized surveyor positions includes 18.0 full-time equivalent positions that are currently vacant.

HMOs: Health Maintenance Organizations

Source: Office of Health Care Quality

DDU is the licensing agent for the Developmental Disabilities Administration (DDA) and ensures regulatory compliance for 200 community-based providers operating approximately 2,671 sites throughout Maryland. In addition to regulatory compliance, DDU also receives and investigates complaints at any of the DDA placements in the community or in facilities. DDA has made caring for individuals in the most integrated setting an integral goal of the agency. As a result, the number of individuals served in the community has risen from 19,892 in fiscal 2004 to 22,684 in fiscal 2007.

LTCU ensures that State licensure and Medicare/Medicaid standards are maintained for nursing homes, adult day care centers, and Intermediate Care Facilities for the Mentally Retarded (ICF-MR). In addition, the unit also receives and investigates complaints and performs unannounced on-site surveys. In fiscal 2007, there were 236 licensed nursing homes, 142 licensed adult day care centers, and 4 ICF-MRs.

Lastly, ACPU is responsible for licensure and compliance of all non-long-term care facilities, which include home health agencies, residential service agencies, hospice, freestanding renal dialysis facilities, freestanding ambulatory surgical centers, comprehensive outpatient rehabilitation facilities, major medical equipment, and birthing centers. The programs regulated by this unit have grown substantially over the past 15 years due to a change in the health care delivery system and the shift to home- and community-based services. With the increasing number of elderly, disabled, and medically needy individuals living and receiving care in the community, OHCQ estimates an even greater need for maintaining, licensing, and regulating home- and community-based sites.

## Increased Workload Associated with Money Follows the Person Grant

A potential factor that may exacerbate the existing staffing shortfalls at OHCQ is the implementation of the Money Follows the Person (MFP) grant awarded to Maryland by the federal government. The intent of the MFP grant, awarded by the Centers for Medicare and Medicaid Services, is to sustain seniors and people with disabilities in their homes and communities who would otherwise receive long-term care in institutional facilities. Under the terms of the grant program, Maryland will receive an enhanced federal fund match for qualified expenditures associated with transitioning individuals out of long-term care facilities and into community settings. DHMH expects to implement the program by February 2008. **Exhibit 7** shows the populations that DHMH is targeting and the total number of people that the MFP program will serve over a five-year period.

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### Exhibit 7 Money Follows the Person Goals

<u>Population</u>	<u>Number of Transitions Over Five-year Demonstration Period</u>
Elderly	1,361
Physically Disabled	371
Trauma/Brain Injury	12
Developmentally Disabled	250
<b>Total</b>	<b>1,994</b>

Source: Department of Health and Mental Hygiene

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The practical implication of transitioning almost 2,000 individuals out of institutional care and into community care settings is an increased workload on OHCQ, even while they continue to experience staffing deficits. Further, the three areas with the greatest staffing deficits, LTCU, ACPU and DDU, will be directly affected by the population that is being targeted.

**The agency should comment on how it plans to accommodate the current workload as well as the influx of surveys that will be needed for the expansion in home- and community-based services. In addition, it should address the current surveyor distribution to determine whether resources should be shifted in response to the State's increasing use of community programs. Lastly, the agency should comment on specific actions taken to overcome recruitment barriers in an effort to fill all authorized surveyor positions.**

## ***Recommended Actions***

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1. Add the following language:

Provided that \$525,000 in general funds of this budget, excluding the Office of Health Care Quality (M00A01.03), may only be expended for the purpose of providing a two-grade pay increase for nurse surveyor and professional positions engaged in survey and inspection activities in the Office of Health Care Quality.

**Explanation:** The fiscal compliance audit of the Office of Health Care Quality (OHCQ), published in August 2007, found that the agency failed to inspect assisted living facilities and developmentally disabled facilities at least annually, as required. Furthermore, the *Annual Report and Staffing Analysis* published by the agency cited a surveyor staff deficit that prevents the completion of all State and federally required surveys. The additional money transferred to OHCQ is to be used as a two-grade pay increase for all surveyor and professional staff positions actively engaged in survey and inspection activities in order to address recruitment issues and fill vacant surveyor positions.

## ***Current and Prior Year Budgets***

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### **Current and Prior Year Budgets Office of Health Care Quality (\$ in Thousands)**

	<b><u>General Fund</u></b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
<b>Fiscal 2007</b>					
Legislative Appropriation	\$9,426	\$465	\$5,309	\$27	\$15,227
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	-209	7	0	2	-201
Reversions and Cancellations	0	-91	0	0	-91
<b>Actual Expenditures</b>	<b>\$9,217</b>	<b>\$381</b>	<b>\$5,309</b>	<b>\$29</b>	<b>\$14,935</b>
<b>Fiscal 2008</b>					
Legislative Appropriation	\$9,686	\$511	\$5,444	\$0	\$15,641
Cost Containment	-120	0	0	0	-120
Budget Amendments	148	7	0	0	154
<b>Working Appropriation</b>	<b>\$9,713</b>	<b>\$518</b>	<b>\$5,444</b>	<b>\$0</b>	<b>\$15,675</b>

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

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## **Fiscal 2007**

In fiscal 2007, the budget for OHCQ closed out at \$14.9 million, a decrease of \$0.3 million below the original legislative appropriation.

The major changes in the appropriation of general funds include:

- \$144,437 increase for fiscal 2007 cost-of-living adjustments (COLA);
- \$110,000 decrease based on cost containment actions imposed by the BPW to reflect savings incurred from the hiring freeze in February 2007.
- \$243,502 decrease in order to realign general funds within DHMH to distribute the surplus located in OHCQ to other areas within the department operating with deficits. This amendment resulted in decreased funding for salaries, contractual fees, and travel for OHCQ.

The special fund appropriation increased by \$6,572 due to COLA increases for salaries, wages, and fringe benefits. Lower than expected expenditures on the Civil Money Penalty Fund resulted in \$91,300 in cancelled special funds.

\$2,068 in reimbursable funds was obtained from DDA to cover the cost of a Health Facility Surveyor Nurse to perform on-site inspections of DDA group homes.

## **Fiscal 2008**

Cost containment actions approved by BPW reduced the general fund appropriation for the OHCQ by \$120,000, which resulted in decreased funding for travel, contractual services, motor vehicle operations and supplies.

An increase in the fiscal 2008 COLA resulted in \$147,557 in additional general fund appropriation and \$6,909 in additional special fund appropriation for OHCQ.

## ***Audit Findings***

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Audit Period for Last Audit:	July 10, 2003 – August 31, 2006
Issue Date:	August 2007
Number of Findings:	1
Number of Repeat Findings:	1
% of Repeat Findings:	100%
Rating: (if applicable)	n/a

\* The audit of the Office of Health Care Quality is part of a larger audit for the Office of the Secretary. Only the finding for OHCQ is listed in this particular report.

***Finding 1:*** **DHMH had not inspected assisted living facilities and developmentally disabled facilities at least annually, as required. Similar situations were commented upon in previous audit reports.**

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

**Object/Fund Difference Report  
DHMH – Office of Health Care Quality**

<u>Object/Fund</u>	<u>FY07 Actual</u>	<u>FY08 Working Appropriation</u>	<u>FY09 Allowance</u>	<u>FY08-FY09 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	194.40	194.40	199.40	5.00	2.6%
02 Contractual	4.30	5.90	5.65	-0.25	-4.2%
<b>Total Positions</b>	<b>198.70</b>	<b>200.30</b>	<b>205.05</b>	<b>4.75</b>	<b>2.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 12,822,286	\$ 13,431,947	\$ 15,224,162	\$ 1,792,215	13.3%
02 Technical and Spec. Fees	141,110	210,116	201,803	-8,313	-4.0%
03 Communication	58,624	71,278	71,876	598	0.8%
04 Travel	309,472	282,763	326,397	43,634	15.4%
07 Motor Vehicles	137,771	144,079	186,347	42,268	29.3%
08 Contractual Services	914,890	989,464	1,092,115	102,651	10.4%
09 Supplies and Materials	81,918	72,600	80,146	7,546	10.4%
10 Equip. – Replacement	11,606	15,756	14,121	-1,635	-10.4%
11 Equip. – Additional	72,385	13,313	35,482	22,169	166.5%
12 Grants, Subsidies, and Contributions	15,000	75,000	75,000	0	0%
13 Fixed Charges	370,153	368,950	368,007	-943	-0.3%
<b>Total Objects</b>	<b>\$ 14,935,215</b>	<b>\$ 15,675,266</b>	<b>\$ 17,675,456</b>	<b>\$ 2,000,190</b>	<b>12.8%</b>
<b>Funds</b>					
01 General Fund	\$ 9,216,839	\$ 9,713,418	\$ 10,963,284	\$ 1,249,866	12.9%
03 Special Fund	380,640	518,212	439,463	-78,749	-15.2%
05 Federal Fund	5,308,519	5,443,636	6,272,709	829,073	15.2%
09 Reimbursable Fund	29,217	0	0	0	0.0%
<b>Total Funds</b>	<b>\$ 14,935,215</b>	<b>\$ 15,675,266</b>	<b>\$ 17,675,456</b>	<b>\$ 2,000,190</b>	<b>12.8%</b>

Note: The fiscal 2008 appropriation does not include deficiencies.