

**M00B0103**  
**Office of Health Care Quality**  
**Maryland Department of Health**

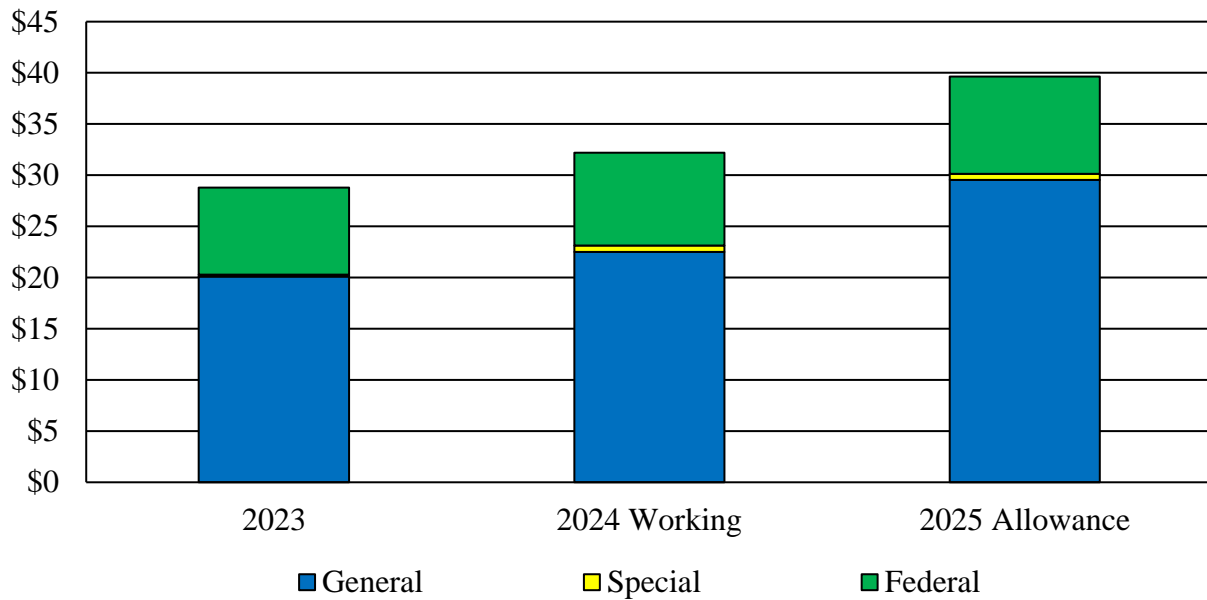
**Program Description**

The Office of Health Care Quality (OHCQ) within the Maryland Department of Health (MDH) is responsible for monitoring the quality of care and life standards in various health care facilities and programs. OHCQ’s main functions include surveying health care facilities to determine their compliance with minimum standards for licensure and certification in both State and federal regulations. The office issues State licenses and allows facilities to participate in Medicare and Medicaid programs by reviewing and recommending facilities for federal certification. The office is organized into five major units that have separate facility licensing and regulatory responsibility: the Developmental Disabilities Unit (DDU); the Federal Unit; the Assisted Living Unit (ALU); the Long Term Care Unit; and the Clinical and Forensic Laboratories Unit. Smaller regulatory units oversee hospice facilities and adult medical day care services.

***Operating Budget Summary***

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**Fiscal 2025 Budget Increases \$7.4 Million, or 23.1%, to \$39.6 Million**



Note: The fiscal 2024 impacts of statewide salary adjustments appear in the Statewide Account in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2025 impacts of the fiscal 2024 statewide salary adjustments appear in this agency’s budget. The fiscal 2025 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

For further information contact: Victoria Martinez

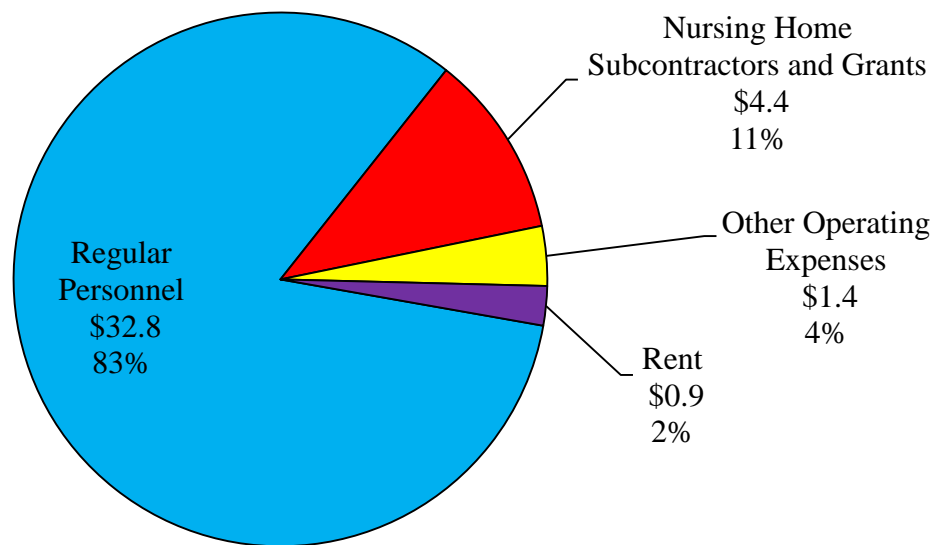
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- Due to State and federal law requiring OHCQ to license, certify, and survey facilities participating in Medicare and Medicaid, the office’s annual budget is partially supported with federal funds from those programs. The fiscal 2025 allowance slightly increases the State share, with 75% of the budget supported by general funds compared to 70% in fiscal 2024.

## Fiscal 2025 Overview of Agency Spending

**Exhibit 1** shows the OHCQ fiscal 2025 allowance by use of funding. Considering the office’s regulatory nature, salaries and fringe benefits for regular personnel account for the vast majority (83%) of agencywide spending. The second largest expenditure includes funding for the Long Term Care Program, including \$3.9 million for subcontractor nurse surveyors to conduct overdue complaint surveys in nursing homes and \$470,000 in civil money penalty reinvestment grants authorized per federal guidelines to support projects that benefit nursing homes.

**Exhibit 1**  
**Overview of Agency Spending**  
Fiscal 2025 Allowance  
(\$ in Millions)



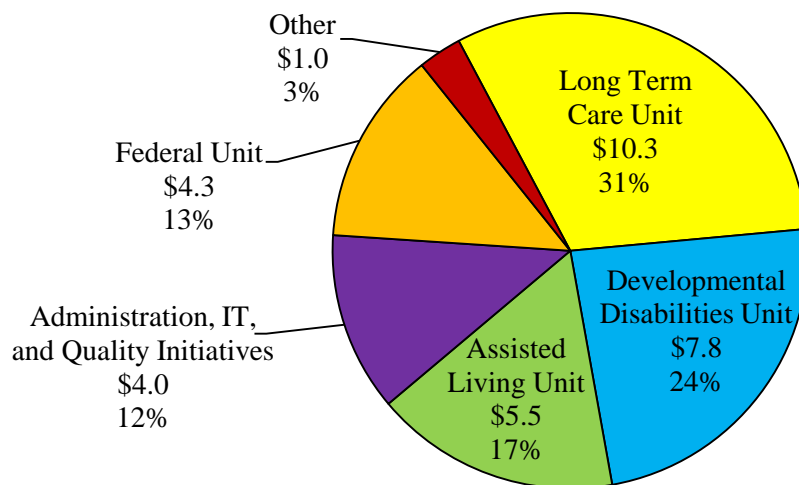
**Total Expenditures = \$39.6 Million**

Note: The fiscal 2025 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

Source: Department of Budget and Management; Maryland Department of Health

As shown in **Exhibit 2**, 55% of regular personnel costs support the Long Term Care Unit and DDU. As the largest monitoring unit, the Long Term Care Unit comprises 31%, or \$10.3 million, of personnel costs. OHCQ also dedicates some resources to services that assist all monitoring units, including administrative expenses, information technology (IT) solutions, and quality performance measures.

**Exhibit 2**  
**Personnel Spending by Monitoring Unit**  
**Fiscal 2025 Allowance**  
**(\$ in Millions)**



**Total Expenditures = \$32.8 Million**

IT: information technology

Note: The fiscal 2025 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Source: Department of Budget and Management; Maryland Department of Health

## Proposed Budget Change

As shown in **Exhibit 3**, the largest change in the budget is funding for the Long Term Care Unit for subcontractor nurse surveyors to conduct overdue complaint surveys in nursing homes, accounting for \$3.9 million of the \$7.42 million increase in OHCQ's fiscal 2025 allowance compared to the fiscal 2024 working appropriation. The second largest change driving overall budget growth is \$3.7 million added for personnel expenses, with \$2.4 million for salary increases and associated fringe benefits, including the fiscal 2024 cost-of-living adjustments and increments.

**Exhibit 3**  
**Proposed Budget**  
**Maryland Department of Health Office of Health Care Quality**  
**(\$ in Thousands)**

<b>How Much It Grows:</b>	<b>General <u>Fund</u></b>	<b>Special <u>Fund</u></b>	<b>Federal <u>Fund</u></b>	<b><u>Total</u></b>
Fiscal 2023 Actual	\$20,110	\$167	\$8,520	\$28,797
Fiscal 2024 Working Appropriation	22,495	620	9,085	32,200
Fiscal 2025 Allowance	<u>29,536</u>	<u>593</u>	<u>9,494</u>	<u>39,623</u>
Fiscal 2024-2025 Amount Change	\$7,042	-\$27	\$409	\$7,424
Fiscal 2024-2025 Percent Change	31.3%	-4.4%	4.5%	23.1%
<b>Where It Goes:</b>				<b><u>Change</u></b>
<b>Personnel Expenses</b>				
Salary increases and associated fringe benefits including fiscal 2024 COLA and increments.....				\$2,466
Personnel costs associated with 20 new positions.....				1,684
New merit position hires above base salaries.....				70
Workers' compensation premium assessment.....				-25
Turnover adjustments (increase from 6.76% to 8.27%).....				-433
<b>Other Changes</b>				
Funding in the Long Term Care program for subcontractor nurse surveyors to conduct overdue complaint surveys in nursing homes .....				3,932
Vehicle costs for new surveyor positions .....				120
Routine travel costs for new positions.....				72
Rent costs.....				44
Education and training contracts .....				29
Computers for new positions in the Long Term Care Program .....				26
Contractual personnel expenses associated with a net decrease of 11.5 positions, driven by 6 contractual conversions .....				-580
Other administrative costs .....				18
<b>Total</b>				<b>\$7,424</b>

COLA: cost-of-living adjustment

Note: Numbers may not sum to total due to rounding. The fiscal 2024 impacts of statewide salary adjustments appear in the Statewide Account in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency's budget. The fiscal 2025 impacts of the fiscal 2024 statewide salary adjustments appear in this agency's budget. The fiscal 2025 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency's budget.

## ***Personnel Data***

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	<b><u>FY 23</u></b>	<b><u>FY 24</u></b>	<b><u>FY 25</u></b>	<b><u>FY 24-25</u></b>
	<b><u>Actual</u></b>	<b><u>Working</u></b>	<b><u>Allowance</u></b>	<b><u>Change</u></b>
Regular Positions	240.00	250.00	270.00	20.00
Contractual FTEs	<u>7.81</u>	<u>14.00</u>	<u>2.50</u>	<u>-11.50</u>
<b>Total Personnel</b>	<b>247.81</b>	<b>264.00</b>	<b>272.50</b>	<b>8.50</b>

### ***Vacancy Data: Regular Positions***

Turnover and Necessary Vacancies, Excluding New Positions	20.68	8.27%
Positions and Percentage Vacant as of 12/31/23	43.00	17.20%
Vacancies Above Turnover	22.32	

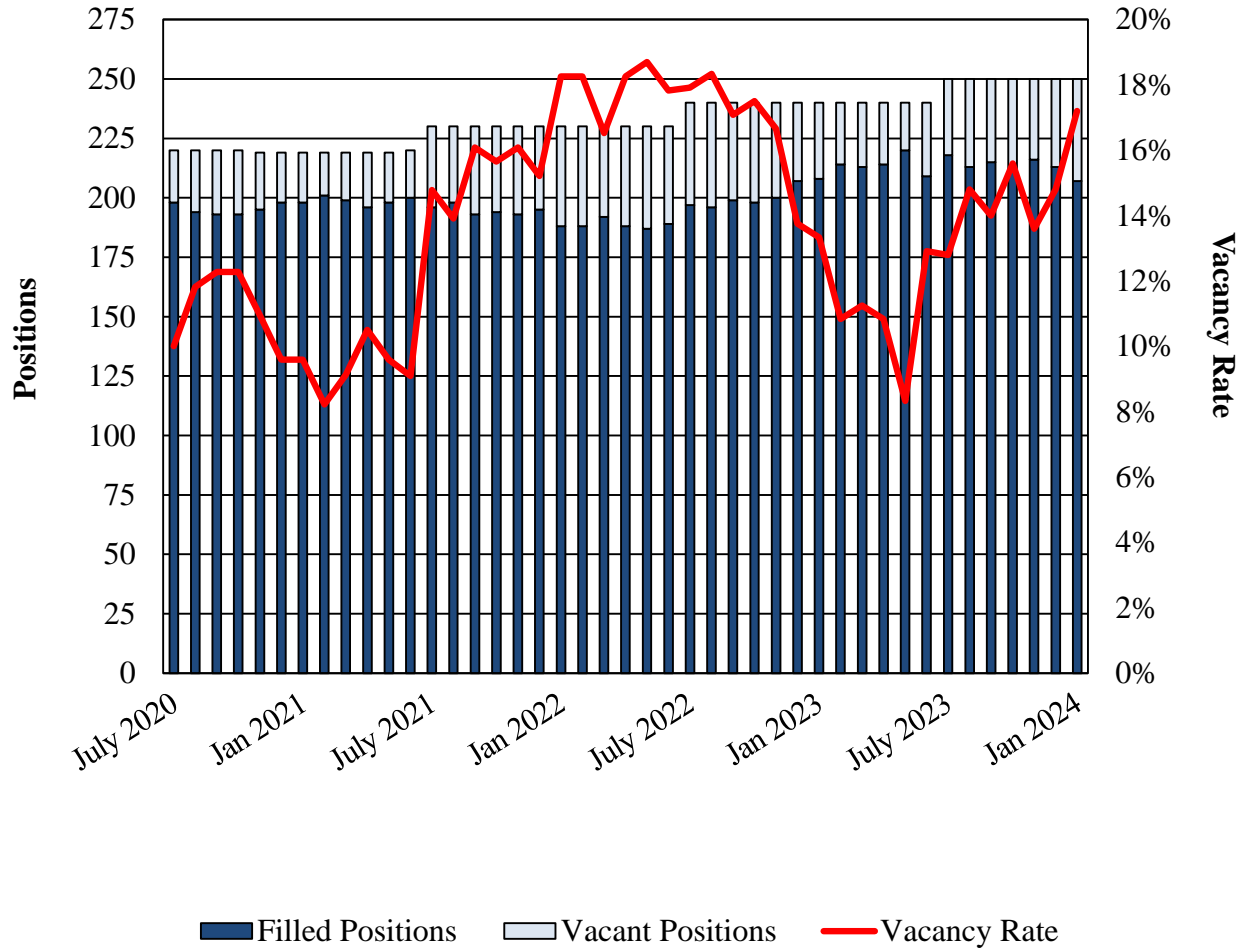
### **New Positions and Contractual Conversions**

The fiscal 2025 allowance includes an increase of 20 regular positions and a net decrease of 11.50 contractual full-time equivalent positions. This increase in regular positions includes 6 contractual conversions approved by the Board of Public Works (BPW) on October 25, 2023, that are reflected in the fiscal 2025 allowance but not yet shown in the fiscal 2024 working appropriation. The 6 contractual conversions are in various programs, with 2 in Ambulatory Care, 2 in Developmental Disabilities, 1 in Long Term Care, and 1 in Assisted Living. More information about the remaining new positions is provided in Key Observation 2.

### **Fluctuating Vacancy Rate**

As shown in **Exhibit 4**, OHCQ’s staffing levels have fluctuated from a low of 188 filled positions in January 2022 to a high of 218 filled positions in July 2023. Despite the overall growth in filled positions since January 2023, OHCQ consistently reported monthly vacancy rates of at least 10% since July 2021, except for a vacancy rate of 8.3% in May 2023. This has occurred because the office’s total authorized positions have increased by 10 new positions each year, beginning in fiscal 2020 and ending in fiscal 2025 (further discussed in Key Observation 2). OHCQ’s monthly vacancy rate decreased substantially throughout fiscal 2023 from 17.9% in July 2022 to a low of 8.3% in May 2023. However, most recently, the office’s vacancy rate has increased from 12.8% in July 2023 to 17.2% in January 2024, with a net increase of 11 vacant positions. It should be noted that January 2024 vacancies are slightly overstated as they include 6 regular positions that were created for contractual conversions approved by BPW. MDH indicated that the existing contractual positions are filled but have not been converted to the regular positions yet. After accounting for these positions, OHCQ still reported 37 vacancies, or a vacancy rate of 14.8%. **OHCQ should discuss why the vacancy rate has recently increased and what efforts are being made to fill vacant positions.**

**Exhibit 4**  
**Monthly Filled and Vacant Positions**  
**Fiscal 2021-2024 YTD**



YTD: year to date

Source: Department of Budget and Management; Maryland Department of Health

## ***Key Observations***

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### **1. Status on Meeting Survey Goals and Federal Reporting Requirements**

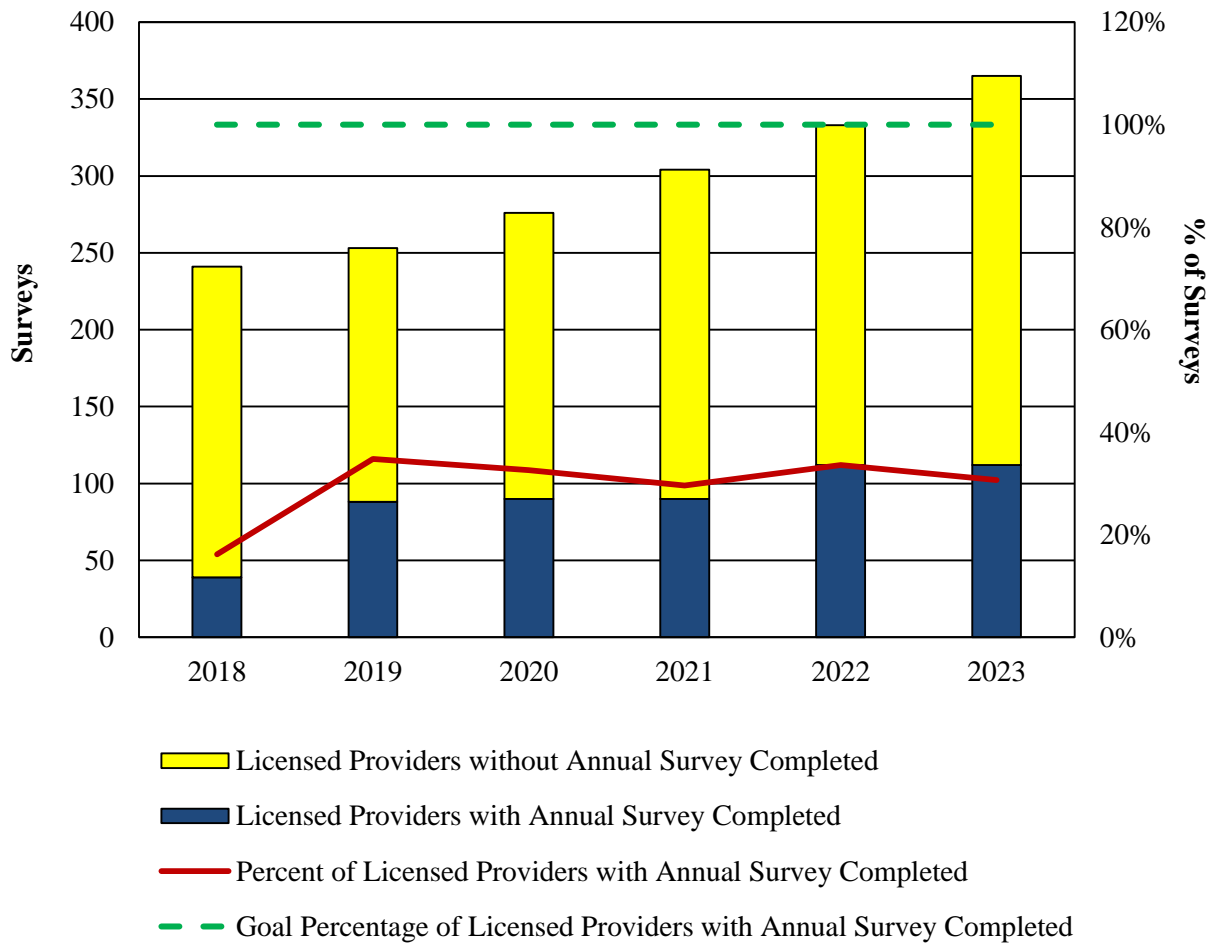
#### **Data Collection Process Following Ransomware Attack Complete**

OHCQ faced operational and reporting challenges in completing required survey activities following the MDH ransomware attack on December 4, 2021. The office temporarily lost access to several IT systems, most importantly, the Automated Survey Process Environment (ASPEN), which is designed to help State survey agencies collect and manage healthcare provider data. The loss in access to necessary technology resulting from the ransomware attack presented various challenges, such as surveyors being required to record handwritten notes and electronically scan or transcribe written information into ASPEN. As requested by committee narrative in the 2023 *Joint Chairmen’s Report* (JCR), OHCQ submitted a report with updated survey activities following the ransomware attack. The agency’s access to ASPEN was restored on May 3, 2022. Upon regaining access to ASPEN, OHCQ reported that 53 administrative staff spent 25,649 hours manually transferring data back into ASPEN. The agency reported that the process of reentering and verifying data collected during the ransomware attack was completed by March 2023.

#### **Office of Health Care Quality Not Meeting Survey Goals**

OHCQ monitoring units have mandates for conducting surveys and initiating complaint investigations within certain timeframes. These mandates require DDU and ALU to conduct annual surveys of all licensed providers. As shown in **Exhibit 5** and **Exhibit 6**, in fiscal 2023, only 31% and 32% of required annual surveys of licensed providers were completed in DDU and ALU, respectively. Over the six-year period between fiscal 2018 and 2023, neither unit has ever reached its survey mandate. OHCQ reported not meeting its annual survey goals in DDU due to an insufficient number of trained surveyors, an increased number of providers, and competing mandates. OHCQ reported not meeting survey requirements in ALU because of an insufficient number of trained surveyors, staff retirements, industry growth, and competing mandates.

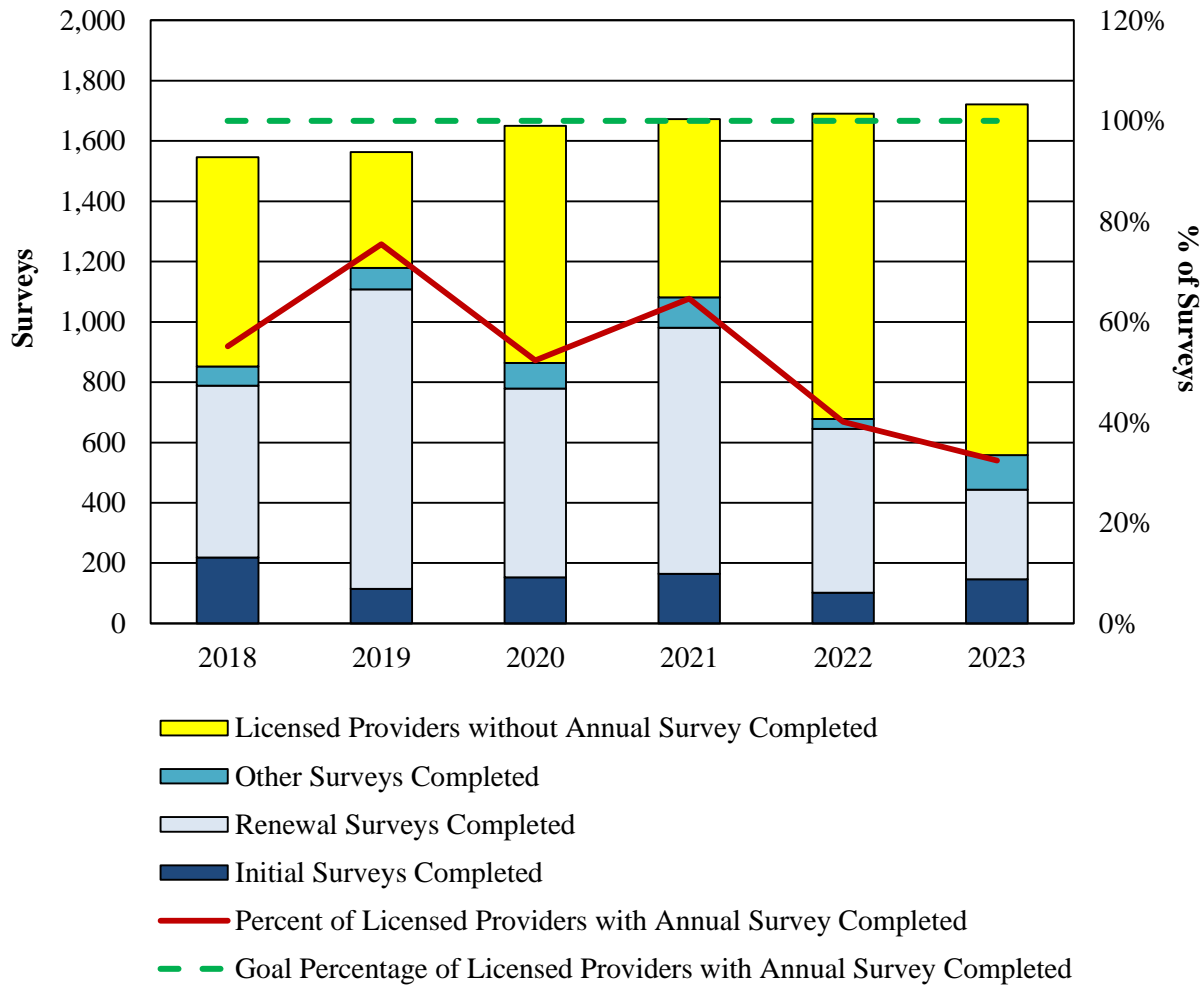
**Exhibit 5**  
**Developmental Disabilities Unit Annual Survey Activities**  
**Fiscal 2018-2023**



Source: Office of Health Care Quality



**Exhibit 6**  
**Assisted Living Unit Survey Activities**  
**Fiscal 2018-2023**

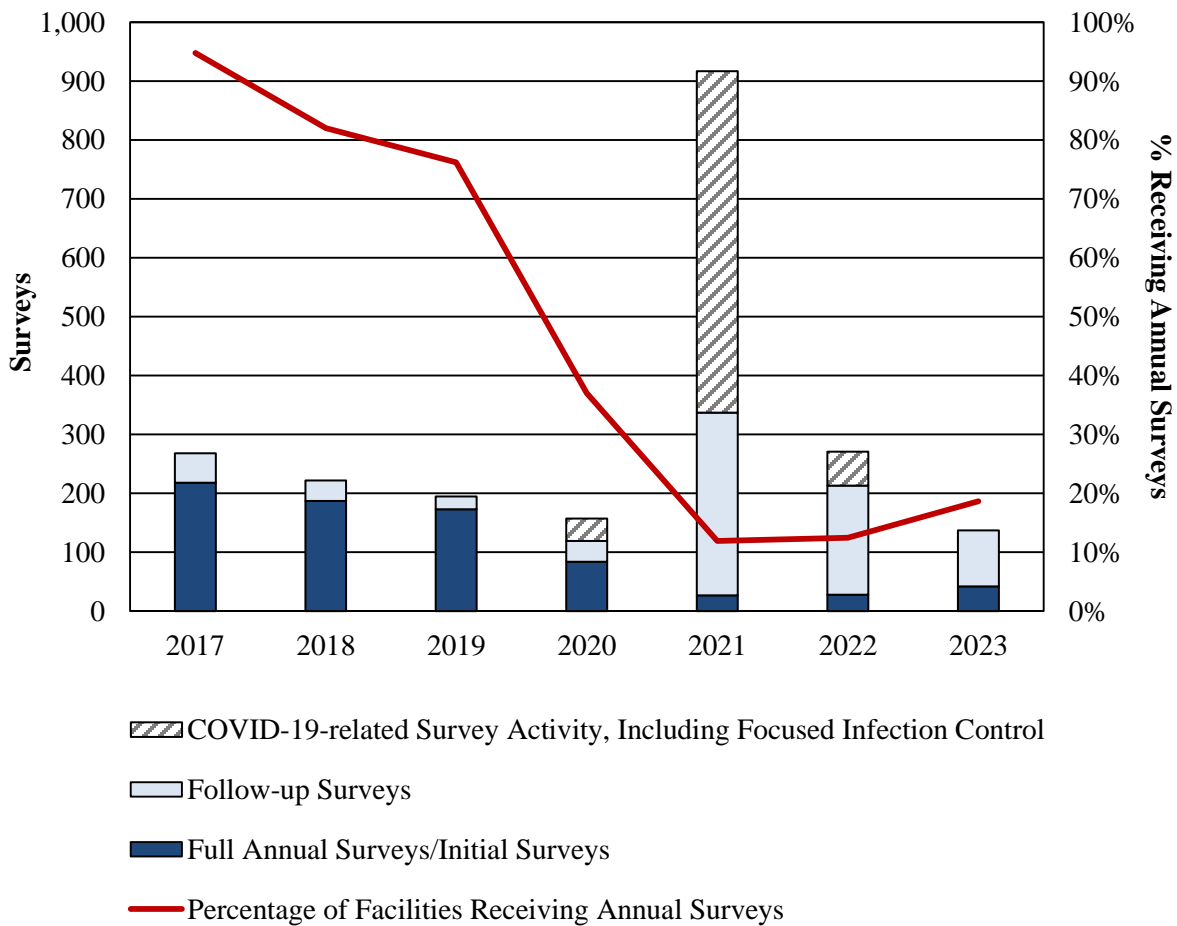


Source: Office of Health Care Quality

**Exhibit 7** displays the Long Term Care Unit’s nursing home survey activities in the past seven years, showing an overall decrease in full annual surveys that were completed between fiscal 2017 and 2021 followed by a slight increase in full annual surveys completed in fiscal 2022 and 2023. For annual surveys, OHCQ surveyors must follow the Centers for Medicare and Medicaid Services (CMS) federal prioritization of survey activities that are structured into four tiers, with tier 1 having the highest priority and tier 4 having the lowest priority. CMS guidelines specify that all nursing homes in the state must be surveyed once per year on average, and that no more than 15.9 months may elapse between completed surveys for any particular nursing home.

For complaint surveys, OHCQ’s goal is to initiate on-site investigation of complaints alleging immediate jeopardy within two working days. The number of full annual surveys completed increased between fiscal 2021 and 2023 due to OHCQ restoring access to ASPEN following the ransomware attack. The unit’s other survey activities increased significantly in fiscal 2021 due to the focus on new mandated surveys related to the COVID-19 pandemic, such as the Focused Infection Control (FIC) surveys. In fiscal 2022, OHCQ specified that it received 58 FIC surveys, and 100% were initiated in the required time frame. The mandate from CMS that required FIC surveys expired as of May 11, 2023, with the termination of the COVID-19 public health emergency. Thus, OHCQ did not complete any FIC surveys in fiscal 2023.

**Exhibit 7**  
**Long Term Care Unit Survey Activities**  
**Fiscal 2017-2023**

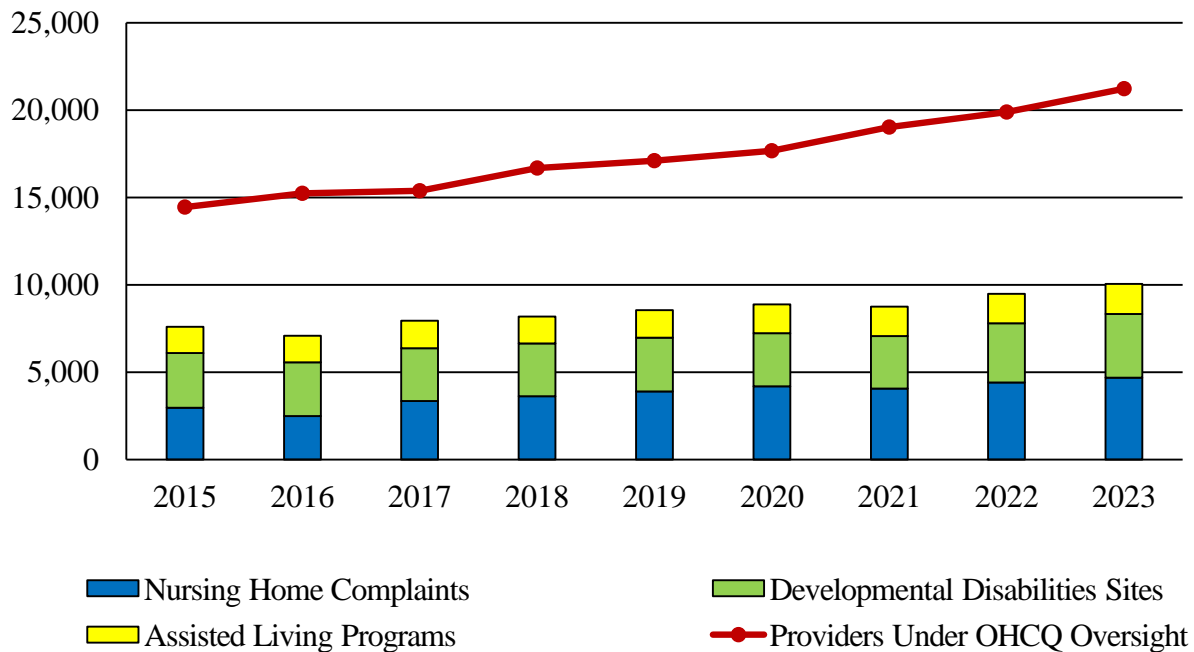


Source: Office of Health Care Quality

## Increases in Providers and Office of Health Care Quality Vacancies Contribute to Low Survey Completion Rate

OHCQ has reported that its ability to meet federal and State mandates is proportional to the number of fully trained and certified surveyors employed by the office. In addition to vacancy challenges, OHCQ has also reported an increase in the number of providers under OHCQ oversight in fiscal 2023, thus increasing the office’s workload. As shown in **Exhibit 8**, OHCQ reported increases in the number of nursing home complaints received, the number of licensed assisted living programs, and the number of Developmental Disabilities providers. From fiscal 2015 to 2023, the number of providers under OHCQ oversight increased by 46.8%, or 6,766 providers. Mandated surveys of licensed providers and sites are completed by surveyors that are assigned to a licensure survey, certification survey, or complaint investigation and are reviewed by coordinators. The increased number of providers increases the number of surveys to be completed per surveyor. This increased workload coupled with the challenges in filling vacancies has contributed to OHCQ’s inability to meet survey requirements.

**Exhibit 8**  
**Providers Under OHCQ Oversight**  
**Fiscal 2015-2023**



OHCQ: Office of Health Care Quality

Source: Office of Health Care Quality

## **Efforts to Improve Percentage of Completed Required Annual Surveys in the Developmental Disabilities Unit and the Assisted Living Unit**

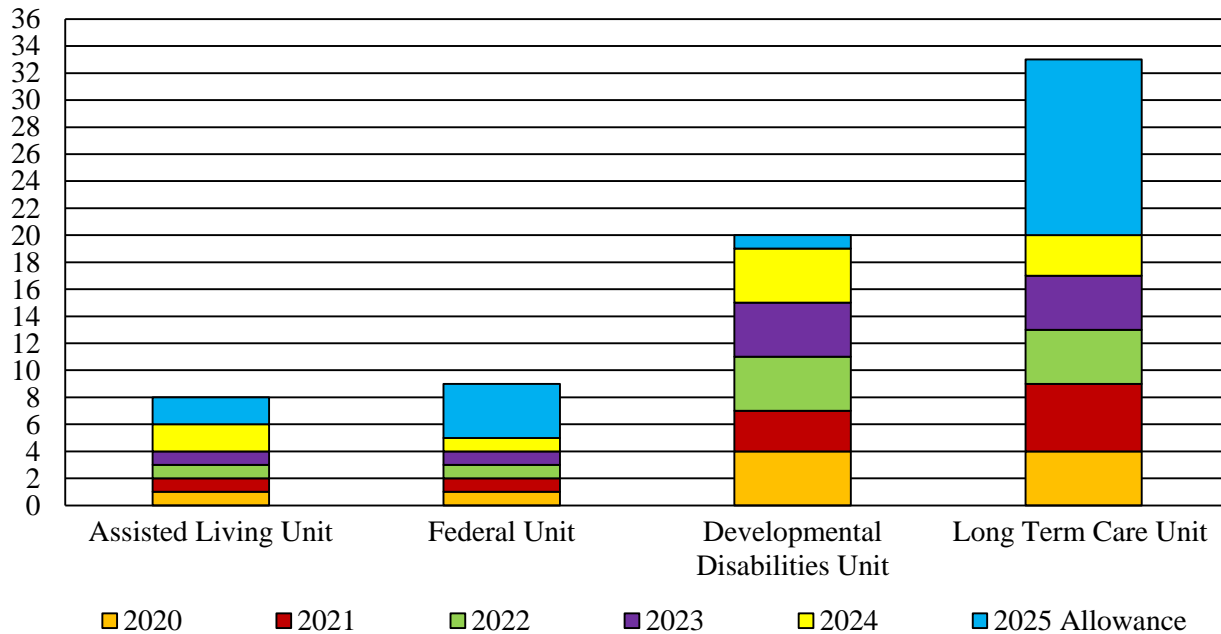
OHCQ reported several efforts to improve the percentage of required annual surveys completed in DDU and ALU, including emphasizing recruitment, hiring, retention, and training. OHCQ reported that because of these efforts, they have hired 66 new surveyors in fiscal 2023 and 20 new surveyors in fiscal 2024 year to date. According to preliminary fiscal 2024 survey data from July 2023 through mid-December 2023, OHCQ estimated that it will complete 10% to 15% more required annual DDU surveys and 5% to 10% more required ALU annual surveys compared to fiscal 2023.

## **2. Office of Health Care Quality Mandated Staffing Support to Assist in Meeting Agency Goals Ends in Fiscal 2025**

Chapter 454 of 2018 (Maryland Nursing Home Resident Protection Act) required the addition of 10 new positions annually from fiscal 2020 through 2024. These positions were intended to assist the office in meeting mandated inspection goals. As of January 16, 2024, OHCQ reported that 38 of the 50 new regular positions are currently filled. Out of the 12 vacant positions, OHCQ reported that 3 have new employees starting in February and March 2024. The remaining 9 vacancies include 7 positions provided in fiscal 2024 and 2 positions provided in fiscal 2023. MDH reported that it will identify and develop new ways to increase staffing levels to maintain adequate survey activity levels but did not elaborate on specific measures being taken.

**Exhibit 9** shows the distribution of the 50 new positions added between fiscal 2020 through 2024 and an increase of 20 new positions in fiscal 2025 across monitoring units by the fiscal year in which they were added. The Long Term Care Unit and DDU received the largest personnel allocation from the mandated staffing effort, adding a total of 20 and 19 new positions from fiscal 2020 to 2024, respectively.

**Exhibit 9  
Distribution of 50 Mandated and 20 Discretionary New Positions by Unit  
Fiscal 2020-2025**



Note: Chapter 454 of 2018 required 10 new positions annually from fiscal 2020 to 2024. Positions shown for the fiscal 2025 allowance do not include contractual conversions.

Source: Department of Budget and Management; Maryland Department of Health

The exhibit also demonstrates new positions added in each unit in fiscal 2025. Although no new positions were mandated, OHCQ receives a total of 20 new positions, with 6 of those positions being contractual conversions. Notably, new positions in fiscal 2025 are not evenly distributed across units as the Long Term Care Unit receives 13 new positions. Of the remaining positions, 4 support the Federal Unit, 2 support ALU, and 1 supports DDU. Regarding the contractual conversions, 2 are in the Federal Unit, 2 are in DDU, 1 is in the Long Term Care Unit, and 1 is in ALU. **OHCQ should comment on the Long Term Care Unit’s ability and planned strategies to fill 13 new positions in fiscal 2025.**

**Long Term Care Program Receives \$3.9 Million for Staffing Support Contract**

In addition to receiving 13 new merit positions in fiscal 2025, the Long Term Care Unit receives \$3.9 million for subcontractor nurse surveyors to conduct overdue complaint surveys in nursing homes. MDH reports that the additional nurse contractor surveyors are needed because the

Long Term Care Unit has insufficient nurse surveyor positions to complete State and federal mandates, and that despite the additional merit positions received in recent years, there is still an insufficient number of nurse surveyors to complete current and pending surveys. Of the 13 new positions in fiscal 2025 in the Long Term Care Unit, 11 are for nurse surveyor positions, 1 is for a contractual conversion of a nurse surveyor position, and 1 is for a coordinator position.

MDH reported that the nurse surveyor subcontractors will complete pending complaint surveys, while the merit positions will conduct annual surveys. MDH stated that the nurse surveyor subcontractors provide additional support, because they are certified and able to independently survey nursing homes immediately, while a newly hired merit position must complete a year of training and pass a national exam to become certified. As of January 28, 2024, MDH reported that there are 189 overdue annual nursing home surveys in Maryland but did not provide the number of overdue complaint surveys. OHCQ reported that it is working in collaboration with MDH's Office of Contract Management and Procurement to develop an invitation for bid (IFB) to select a vendor, and that the IFB will allow for bids of 12 to 28 surveyors concurrently for varying lengths of time. **OHCQ should provide the number of complaint surveys in nursing homes that are currently overdue and their impact on agency and nursing home operations. OHCQ should also explain the planned use of these funds, including the timeline for choosing a vendor and awarding a contract, and plan for resolving overdue complaint surveys.**

### **3. Proposed Federal Rule on Staffing Requirements in Nursing Homes and Assisted Living Facilities**

In September 2023, CMS proposed the Minimum Staffing Standards for Long Term Care Facilities and Medicaid Institutional Payment Transparency Reporting rule, proposing to set federal requirements for staffing levels at nursing homes. If finalized, the rule would mandate that nursing home facilities implement the following staffing standards:

- a registered nurse (RN) onsite 24 hours a day, 7 days a week;
- nursing homes to provide at least 0.55 hours (33 minutes) per resident day of care from RNs and 2.45 hours (2 hours and 27 minutes) per resident day of care from nurse aides; and
- enhanced facility assessment requirements, including requiring facilities to use evidence-based methods, assess specific needs of each resident in the facility, include the input of facility staff, and develop a staffing plan to maximize recruitment and retention.

According to CMS, current requirements specify that nursing homes must have at least 1 RN for at least 8 straight hours, 7 days a week and either a licensed practical nurse or licensed vocational nurse on duty for 24 hours a day. CMS indicated that the minimum staffing proposals build on existing requirements to reduce the risk of unsafe and low-quality care in facilities, as the current minimum standards do not reduce the risk of avoidable resident safety events when there

is no RN onsite, especially during evenings, nights, weekends, and holidays. A factsheet issued by the President Joseph R. Biden Administration on September 1, 2023, reported that under the proposal, 22% of nursing homes would have to hire RNs to meet the requirement to have a RN onsite for 24 hours a day, 7 days a week.

The September 2023 White House statement also indicated that the proposed minutes per resident day of care from RNs would exceed current staffing standards in nearly all states as well as in all states for the minutes per resident day of care from nurse aides. The Biden Administration estimated that, to be in compliance with the hours per resident day standard under the proposal, 36% of nursing homes would have to hire RNs after accounting for RNs hired for the 24/7 requirement, and 68% of nursing homes would have to hire nurse aides. CMS reported that these increases in staffing minimums would improve the level of care in long-term care institutions and would promote resident health and safety. If the rule is finalized, OHCQ would likely be required to increase its capacity to monitor providers' compliance with the new staffing standards.

In addition to increased staffing requirements, the proposed rule includes increased requirements for facility assessments. According to CMS, facility assessments currently require long-term care facilities to conduct, document, and review a facilitywide assessment annually to determine resources that are needed to care for residents. CMS reported that the enhanced facility assessment requirements would ensure that facilities are utilizing the assessments as intended by making thoughtful, person-centered staffing plans and decisions focused on meeting resident needs. **OHCQ should provide estimates for the number and share of licensed providers in Maryland that do not currently meet the minimum staffing levels required in the proposed CMS rule. These estimates should specify the number and share of providers that do not meet the proposed staffing level requirements and serve Medicaid participants. The office should also discuss the projected operational impact of ensuring provider compliance with the proposed rule, including any additional staff that would be needed.**

## ***Operating Budget Recommended Actions***

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1. Concur with Governor's allowance.



## Appendix 1 2023 Joint Chairmen’s Report Responses from Agency

The 2023 JCR requested that OHCQ prepare three reports. Electronic copies of the full JCR responses can be found on the Department of Legislative Services Library website.

- **Survey Activities and Reporting Following Ransomware Attack:** The committees requested that OHCQ provide a status update on survey activities, including the fiscal 2022 actual survey data reported in their annual Managing for Results submission and the timeline for restoring office operations and meeting reporting requirements following the December 4, 2021 ransomware attack affecting MDH systems. OHCQ lost access to several IT systems, including ASPEN, the software used to collect data to complete survey activities in OHCQ. Further discussion of this data can be found in Key Observation 1 of this analysis.
- **Medication and Diagnosis Reporting in Nursing Homes and Assisted-living Facilities:** OHCQ submitted a report on data collection and medication and diagnosis reporting practices in nursing homes and assisted-living facilities. The report highlighted that the rate of antipsychotic medication use in Maryland was approximately 14% in assisted-living programs and 13.5% in nursing homes in calendar 2017. OHCQ provided an overview of various State and federal systems that contain data related to diagnosis and medication usage in nursing homes and assisted-living programs in Maryland. The report highlighted three states that recently passed statutory and regulatory changes relating to medication usage in nursing homes and assisted-living facilities, including California, New Jersey, and Oklahoma. OHCQ provided recommendations for nursing homes, including (1) educating interested parties about available data; (2) continuing the focus on initiatives to decrease inappropriate use of antipsychotics in nursing home residents; and (3) continuing to have long-term care surveyors follow federal survey processes. Recommendations for assisted-living programs included (1) educating stakeholders about the Health Care Quality Account Grant Program; (2) encouraging stakeholder associations to continue prioritizing relevant awareness, education, and training; and (3) encouraging consulting pharmacists to expand relevant education and training programs.
- **Regulations for Assisted-living Programs:** The committees requested that OHCQ submit a report providing an update on meetings convened with stakeholders regarding revising assisted-living program regulations and adopting regulations incorporating Alzheimer’s special care unit requirements. OHCQ reported on their stakeholder engagement, including posting responses to comments from stakeholders on its website and three public meetings for stakeholders to provide input. In addition, OHCQ reported that beginning on October 1, 2024, an individual must be licensed by the State Board of Long Term Care Administrators to be able to practice as an assisted-living manager. OHCQ indicated that it continues to follow the board’s implementation of this new requirement.

**Appendix 2  
Object/Fund Difference Report  
MDH Office of Health Care Quality**

<u>Object/Fund</u>	<u>FY 23 Actual</u>	<u>FY 24 Working Appropriation</u>	<u>FY 25 Allowance</u>	<u>FY 24 - FY 25 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	240.00	250.00	270.00	20.00	8.0%
02 Contractual	7.81	14.00	2.50	-11.50	-82.1%
<b>Total Positions</b>	<b>247.81</b>	<b>264.00</b>	<b>272.50</b>	<b>8.50</b>	<b>3.2%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 25,809,044	\$ 29,080,043	\$ 32,842,317	\$ 3,762,274	12.9%
02 Technical and Special Fees	701,342	971,540	391,646	-579,894	-59.7%
03 Communication	294,268	267,433	276,027	8,594	3.2%
04 Travel	379,188	168,418	240,242	71,824	42.6%
06 Fuel and Utilities	0	1,873	1,873	0	0%
07 Motor Vehicles	133,029	123,380	243,504	120,124	97.4%
08 Contractual Services	143,828	66,214	4,026,693	3,960,479	5981.3%
09 Supplies and Materials	40,409	41,052	38,959	-2,093	-5.1%
10 Equipment – Replacement	201,199	0	17,500	17,500	N/A
11 Equipment – Additional	6,807	17,500	30,000	12,500	71.4%
12 Grants, Subsidies, and Contributions	114,880	506,388	506,388	0	0%
13 Fixed Charges	973,149	955,874	1,008,332	52,458	5.5%
<b>Total Objects</b>	<b>\$ 28,797,143</b>	<b>\$ 32,199,715</b>	<b>\$ 39,623,481</b>	<b>\$ 7,423,766</b>	<b>23.1%</b>
<b>Funds</b>					
01 General Fund	\$ 20,109,654	\$ 22,494,791	\$ 29,536,493	\$ 7,041,702	31.3%
03 Special Fund	167,440	619,974	592,862	-27,112	-4.4%
05 Federal Fund	8,520,049	9,084,950	9,494,126	409,176	4.5%
<b>Total Funds</b>	<b>\$ 28,797,143</b>	<b>\$ 32,199,715</b>	<b>\$ 39,623,481</b>	<b>\$ 7,423,766</b>	<b>23.1%</b>

Note: The fiscal 2024 appropriation does not include across-the-board reductions. The fiscal 2025 allowance does not include cost-of-living adjustments.