

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Quality Assurance Division – Version 3

DEPARTMENT DIVISION PROGRAM CONTACTS

The division director and chief financial officer for the department and their contact information are:

Division Administrator	Jeff Buska	406-444-5401	jbuska@mt.gov
Deputy Administrator	Roy Kemp	406-444-2868	rkemp@mt.gov
Chief Financial Officer	Bert Freeman	406-444-9354	bfreeman@mt.gov

WHAT THE DEPARTMENT, DIVISION, PROGRAM DOES

The role of the Quality Assurance Division (QAD) is to protect the safety and well-being of Montanans by monitoring and ensuring the integrity and cost-effectiveness of programs administered by the department. The division fulfills this role by:

- Licensing and/or certifying health care, child care, and residential services;
- Detecting and investigating abuse and fraud committed by recipients of Temporary Assistance to Needy Families (TANF), Medicaid and Food Stamp programs;
- Monitoring recipient overpayment claims for TANF, Medicaid and Food Stamps;
- Performing federally mandated quality-control reviews of the Medicaid and Food Stamp programs;
- Reducing Medicaid costs by identifying other insurers or parties responsible for paying a beneficiary's medical expenses;
- Providing internal and independent audits for DPHHS programs;
- Conducting retrospective reviews of Medicaid provider claims;
- Providing independent fair hearings for clients and providers participating in DPHHS programs;
- Monitoring and evaluating Health Maintenance Organizations for quality assurance and network adequacy;
- Maintaining a certified nurse aide registry;
- Approving and monitoring nurse aide training programs;
- Operating the Certificate of Need program; and
- Ensuring department compliance with the federal Health Information Portability and Accountability Act (HIPAA).

The division has field offices in Anaconda, Billings, Bozeman, Great Falls, Havre, Hinsdale, Kalispell, Livingston, Miles City, and Missoula.

Total 110.95 FTE Helena 79.75 FTE Field 31.2 FTE

STATUTORY AUTHORITY FOR DEPARTMENT, DIVISION, PROGRAM

As specifically assigned by the Department, the Quality Assurance Division is responsible to monitor programs authorized by various provisions of Titles 33, 50, 52, and 53, Montana Code Annotated. Many of the monitored programs for Medicare and Medicaid are indirectly based upon authority originating in Titles XVIII and XIX of the Social Security Act and Title 42 of the Code of Federal Regulations.

HOW SERVICES ARE PROVIDED

The Quality Assurance Division is organized into five bureaus with financial administration technical support staff:

Audit Bureau – (Carol Bondy, Bureau Chief) 7.0 FTE Helena

- Audit the compliance and financial stability of health and human service providers
- Audit the efficiency and compliance of DPHHS internal work processes

- Review A-133 Audits to provide DPHHS managers with financial and compliance information for program management
- Prevent and pursue fraud allegations

Certification Bureau – (Cleve Johnson, Acting Bureau Chief) 26.0 FTE Helena - 5.0 FTE Field

- Health Care Facility Certification for Medicare & Medicaid
- Assist new facilities in obtaining certification
- Conduct on-site surveys to ensure compliance with federal health and life safety code regulations and recommend enforcement procedures
- Conduct complaint investigations
- Approve Nurse Aide Training programs and maintain Certified Nurse Aide Registry
- Conduct surveys and maintain data base for clinical laboratories

Licensure Bureau – (Becky Fleming-Siebenaler, Acting Bureau Chief) 12.75FTE Helena – 18.2 FTE Field

- State licensure of health care, residential care and community residential care providers
- State licensure, or registration, of child day care facilities
- Facility inspections for licensure, renewals, and complaints
- Operate Certificate of Need (CON) Program
- Monitor and evaluate HMOs for Quality Assurance and Network Adequacy
- Operate Medical Marijuana registry

Office of Fair Hearings – (Bobbie Conrady, Bureau Chief) 6.0 FTE Helena

- Adjudicate issues related to public assistance, child care, and public health activities
- Research statutes, rules, and court cases to determine the applicable law and apply the law to the facts to reach conclusions of law
- Review and analyze medical information, health policies, medical records, property records and financial documents
- After weighing the evidence and evaluating the testimony, prepare and issue written decisions that are binding, unless appealed to the Board of Public Assistance, Director or district court
- Conduct Informal Dispute Resolution conferences and render recommendations after determining the outcome of each disputed deficiency and the scope and severity level based upon the factual basis of the citations and the application of federal and state laws governing the survey and certification processes

Program compliance Bureau – (Russ Hill, Bureau Chief) 24.0 FTE Helena – 7.0 FTE Field

- Recover overpayments to clients for Medicaid, TANF, and Food Stamps (Program Integrity)
- Audit Food Stamp and Medicaid cases to assess accuracy of eligibility determination and approved benefits (Program Integrity)
- Monitor use of the Medicaid program by providers and recover overpayments (Surveillance Utilization Review)
- Identify other parties responsible to pay expenses for Medicaid recipients (Third Party Liability)
- Responsible for overall compliance by DPHHS with The Health Insurance Portability & Accountability Act (HIPAA)

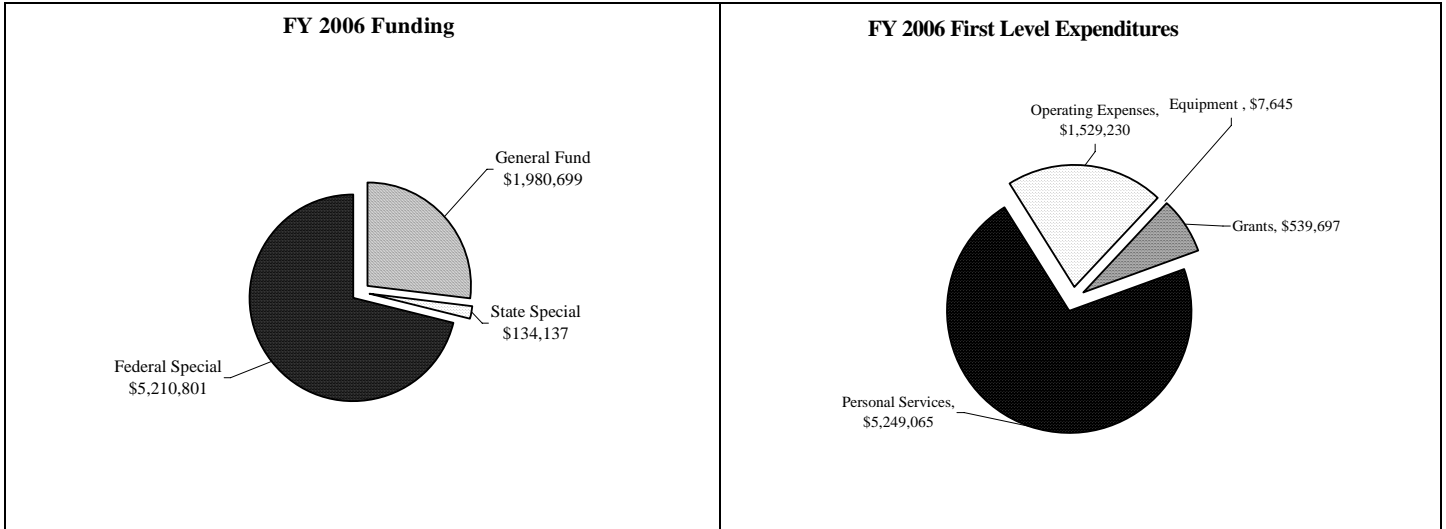
Administration Support Staff 5.0 FTE Helena

Chief Financial Officer – (Bert Freeman)

Data and Systems – (Albert Niccolucci)

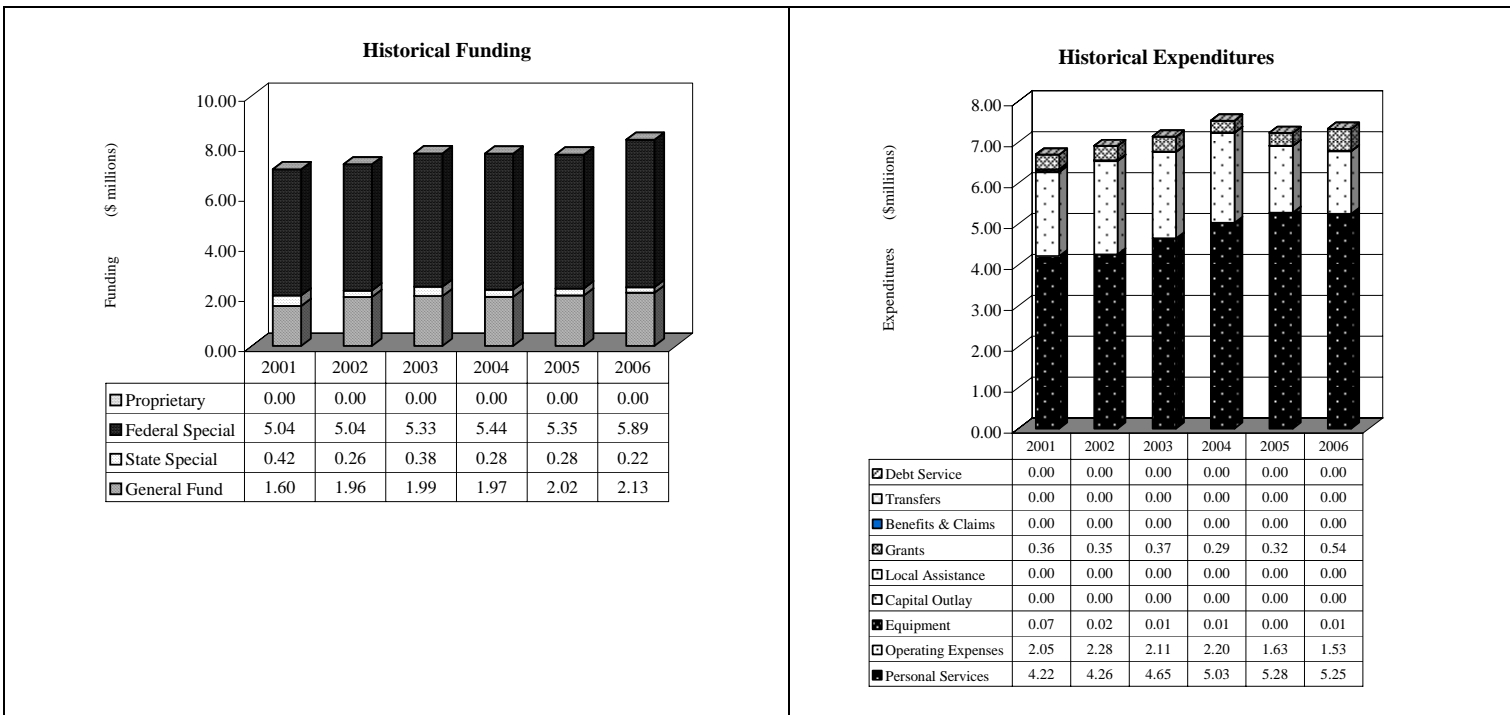
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Quality Assurance Division. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.



The above information does not include administrative appropriations. The division does not utilize administrative appropriations from other agencies.

The following figures show funding and expenditures from FY 2001 through FY 2006, for HB 2 funding.



See Attached Chart: QAD Funding

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

The division implemented the Medical Marijuana program in the 2007 biennium. The Medical Marijuana Program was implemented in January 2005.

FTE

The legislature approved appropriations for an additional 8.25 FTE in the 2007 Biennium. This included 8.00 FTE in the Medicaid Payment Error Rate Program (PERM), and .25 FTE in the Medical Marijuana Program.

2007 Biennium FTE Hire Dates	FTE	Date
Medicaid Payment Error Rate Program (PERM), DP 190	8.00	
Medical Marijuana Program, DP 3210	.25	

The PERM positions are .75 FTE each during FY 2006 and 1.00 each during FY 2007. PERM FTE and the funding were one time only (OTO) appropriation(s) for each year of the biennium contingent on Montana being selected to participate in PERM during the FY 2007 biennium. The Centers for Medicare and Medicaid Services (CMS) did not finalize PERM regulations until August 28, 2006 and under those new regulations Montana will be required to implement PERM on October 1, 2007 (FFY 2008). Therefore, not all of the FTE will be hired during the FY 2007 Biennium. The Department plans on hiring at least one FTE to develop the program requirements and sampling plan for CMS late in SFY 2007 to prepare for 10/1/2007.

The Medical Marijuana program was budgeted for both years of the biennium. The Medical Marijuana program position was set up at .25 FTE. This position has not been filled, however approximately 37.5% of an existing position is charged to the Medical Marijuana program fund.

On 6/08/2006, .25 FTE from the Medical Marijuana position and .25 FTE from another position were added to a half time position to make a 1.00 FTE. Position classified under PP 20 as Deputy Administrator and filled 1/1/2007.

CORRECTIVE ACTION PLANS

The Quality Assurance Division had three audits or reviews reports received and responded to during the 2007 biennium.

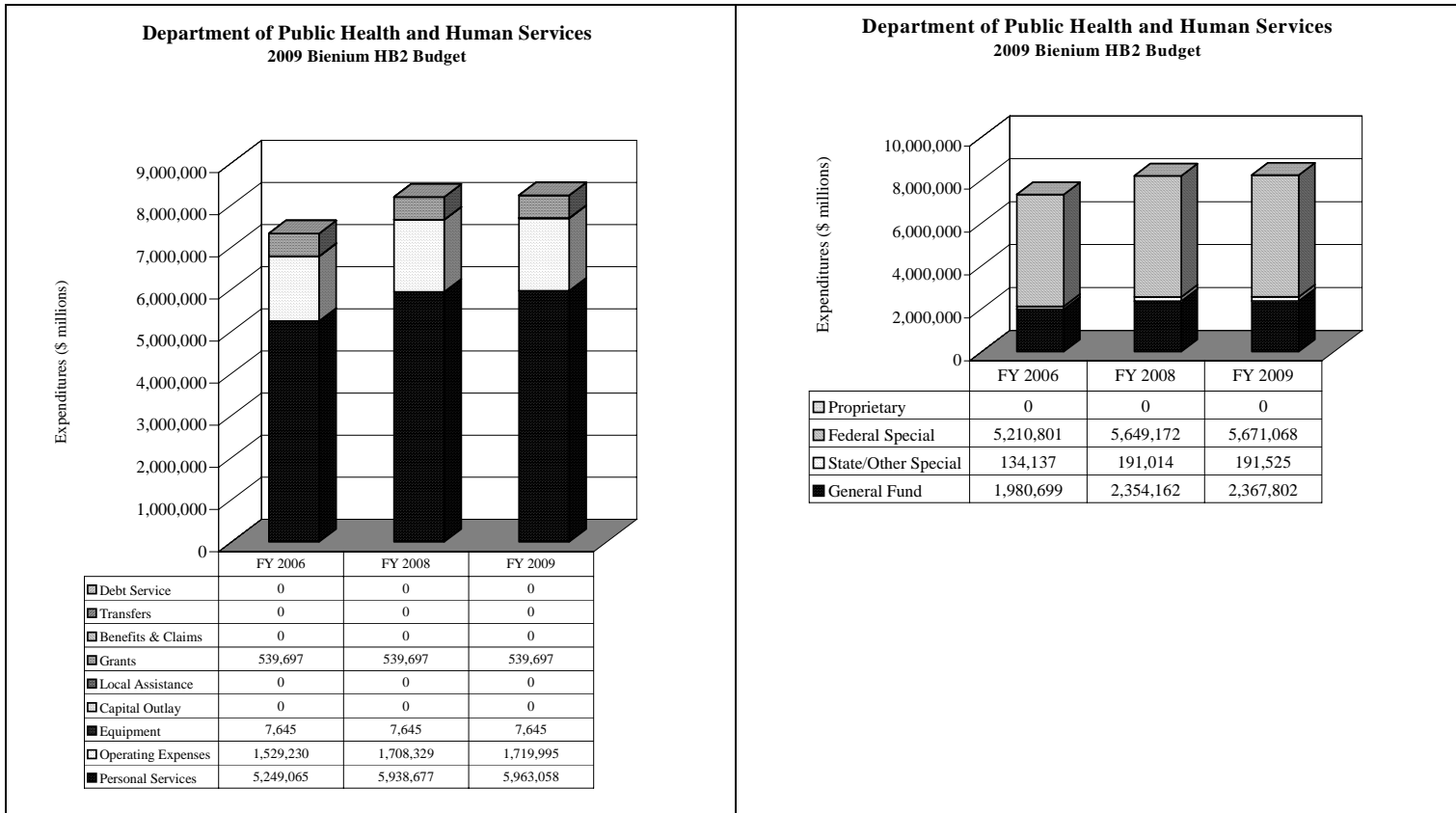
Department of Health and Human Services / Centers for Medicare and Medicaid Services – Review of State Medicaid Program Integrity Procedures – Dated September 2005

Department of Health and Human Services / Office of Inspector General – Review of Montana’s Accounts Receivable System for Medicaid Provider Overpayments for the Period October 1, 2002 through September 20, 2004 – Dated March 2006.

United States Department of Agriculture / Food and Nutrition Service / Food Stamp Program – Fiscal Year 2006 State Agency Operations Review – Dated November 2006.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



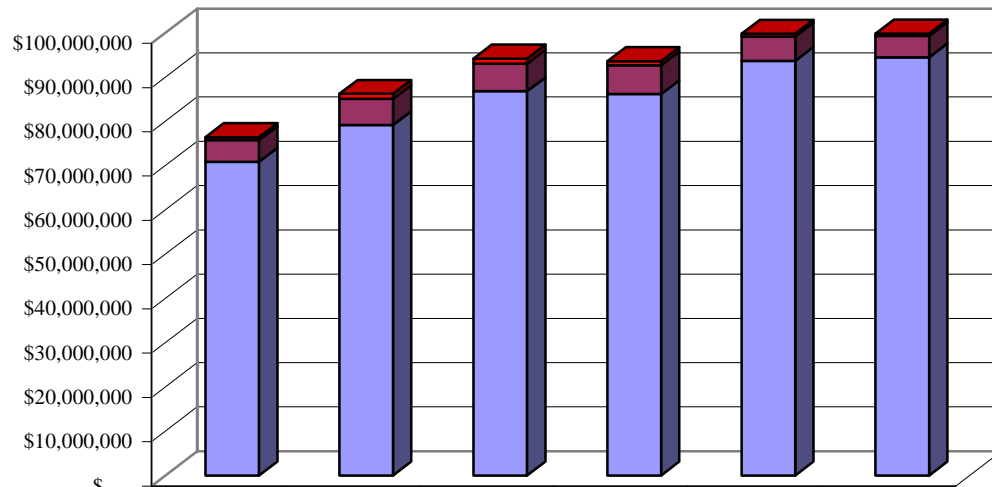
Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Department of Public Health and Human Services Quality Assurance Division		
Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current status of Measures
Investigate referrals and disqualify individuals from the food stamp program who are found guilty of food stamp fraud.	<ul style="list-style-type: none"> • Continue to investigate referrals made for potential food stamp eligibility fraud and maintain an 80 percent disqualification rate. • Collect on 80 percent of all overpayments by pursuing recoveries from individuals found guilty of food stamp fraud through all available channels. • Avoid misspending future benefits by removing individuals found guilty of food stamp fraud from the program. 	<p>82% of cases investigated result in disqualification from the food stamp program.</p> <p>86% of overpayments are collected from individuals found guilty of food stamp fraud.</p>

Increase by 50 percent the number of SURS Medicaid provider reviews conducted.	<ul style="list-style-type: none"> • Conduct claims reviews on at least 40 percent of all newly enrolled providers within their first year of enrollment. • Implement use of provider self audits for error-based billing practices that appear to be non-fraudulent in intent. 	106 FY 2006 SURS caseload.
Increase cost avoidance for Medicaid through increasing participation in the Health Insurance Premium Payment (HIPP) Program.	<ul style="list-style-type: none"> • Evaluate the potential of system improvements to improve efficiency of operations and breakdown barriers for recipient participation. • Increase the number of recipients participating in the HIPP by 10 percent. • Increase the cost avoidance related to these recipients in proportion to the increase in HIPP participation. 	220 FY 2006 recipients participate in HIPPS. \$330K cost avoided
Provide timely and impartial hearings and decisions for adversely affected parties disputing facts and/or law involving DPHHS administered programs.	<ul style="list-style-type: none"> • Maintain fair and impartial Office of Fair Hearings decisions within state and federal statutory guidelines. • Maintain a 90% timely decision percentage for all administrative hearing decisions within the statutory timelines each fiscal year. 	Appeals Received FY 2005 – 968 FY 2006 – 1171 Hearing decision/order rendered in timely manner FY 2005 – 78% FY 2006 – 91%
Provide timely and impartial Informal Dispute Resolution (IDR) conferences and recommendations for nursing home facilities disputing DPHHS-cited deficiencies.	<ul style="list-style-type: none"> • Maintain fair and impartial Office of Fair Hearings IDR decisions within state guidelines. • Maintain a 90% timely decision percentage for all IDR recommendations within statutory timelines for the calendar year. 	IDRs Received CY 2005 – 20 CY 2006 – 24 IDRs completed timely CY 2005 – 28% CY 2006 – 90%
Provide timely inspections of family day-care homes and group day-care home providers registered in Montana.	<ul style="list-style-type: none"> • Maintain compliance of the 20 percent mandatory inspection rate for family day-care and group day-care providers in Montana. • Ensure that all of the Governor’s planning regions (services areas) of Montana maintain compliance of the 20 percent mandatory inspection rate for family day-care and group day-care providers annually. 	FY 2006 Required inspections 195 / Completed inspections 398. FY 2006 All service areas in compliance. Range 21% - 66% inspections completed.
Take all reasonable measures as required under the Social Security Act to ascertain the legal liability of “third parties” for health care items and services provided to Medicaid recipients.	<ul style="list-style-type: none"> • Evaluate the potential of system improvements to improve efficiency of operations. • Ensure that health care costs are avoided by requiring other health insurance to pay on claims before Medicaid. • Pursue recovery of health care costs by billing other third party insurers for health care costs paid by the Medicaid program. 	FY 2006 Cost Avoided TPL Recoveries See Chart Below

**Quality Assurance Division Program Compliance Bureau
Cost Avoidance and Recovery**



	SFY 2001	SFY 2002	SFY 2003	SFY 2004	SFY 2005	SFY 2006
Provider Overpayment Recovery - Medicaid	\$684,667	\$1,175,351	\$1,174,194	\$978,893	\$602,009	\$557,656
TPL Recoveries - Medicaid	\$4,889,269	\$5,890,958	\$6,258,119	\$6,483,190	\$5,486,285	\$4,784,494
Cost Avoidance - Medicaid	\$70,875,807	\$79,160,973	\$86,779,579	\$86,162,364	\$93,706,666	\$94,493,047

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the (department, division, program) budget submission to the Governor’s Office.

DP 80002 – QAD Rent Increase (Page B-112, LFD Budget Analysis for the 2009 Biennium)

This request is for \$34,086 total funds with \$12,330 general fund in FY 2008 and \$43,969 total funds with \$15,472 general fund in FY 2009. Rent is increasing between 2%-3% per year. In addition department staff will be moving into a new building in Kalispell in FY 2008. This is the additional cost in FY 2008 and FY 2009 for the same amount of space that was used in FY 2006 for the Quality Assurance Division.

DP 80007 – Leased Vehicles (2) for Field Staff (Page B-112, LFD Budget Analysis for the 2009 Biennium)

This request is for a reduction of **(\$4,396)** total funds and **(\$2,984)** general fund for each year of the biennium to lease two motor pool cars. There are three people in Missoula and two people in Great Falls driving their own cars, who are reimbursed more than the cost of motor pool leased cars. Each motor pool leased car is projected to be driven 15,000 miles each year. Currently, the reimbursement to those who drive their own cars is substantially higher, therefore, resulting in the above listed savings to the state.

DP 80008 – Additional Lien and Estate Recovery Costs (Page B-112, LFD Budget Analysis for the 2009 Biennium)

This request is for \$183,080 total funds and \$91,540 state special revenue funds in each year of the FY 2009 biennium for additional Lien and Estate recovery costs. As a result of these recovery efforts, the department estimates an increase in Lien & Estate State Special Revenue (SSR) collections of \$253,840 in FY 2008 and \$258,800 in FY 2009.

The Department has outstanding lien and estate cases that need legal assistance. The Department has used limited legal services from the Department of Justice (DOJ) to assist in the resolution of lien & estate cases. The

Department proposes to enhance these legal services through DOJ. It is anticipated that the resolution of these cases will be more difficult than the normal cases and as such legal fees will increase. Additionally, it is very likely that Department will have to initiate probate in order to finalize these cases. Initiating probate and preparing property to be sold will also result in additional expenses for the Department. Such as property-related expenses of repairs, utilities, lawn cleaning, ongoing maintenance and insurance. As a result of incurring these expenses, it is anticipated the Department will recover funds that would not otherwise be recovered.

The Department estimates that 40 cases per year at a property value less real estate fees, closing costs, mortgage amount and back taxes would amount to an average recovery of \$20,000 per case or \$800,000 per year. The Department is required to return the federal share back to Centers for Medicare Medicaid Services (CMS) which represents approximately 68% of the net sales proceeds. The net revenue would be put into the Senior and Long Term Care Division (SLTC).

DP 80009 – Child Care Licensing Increase 1 FTE (Page B-113, LFD Budget Analysis for the 2009 Biennium)

This decision package is a request to convert 1.00 FTE, modified to a permanent position for each year of the Biennium as an Administrative Assistant in the Quality Assurance Division (QAD), Child Care Licensing program that will be located in the Billings office. Administrative and technical support for the Child Care Licensing program is currently provided through 1.00 FTE modified. Converting this FTE to a permanent position will allow better management of workload and assignment of duties associated with the Child Care Licensing program. No additional funds are requested.

DP 80010 – TPL Funding Adjustment (Page B-113, LFD Budget Analysis for the 2009 Biennium)

This adjusts the funding in the TPL Unit. It was originally funded at 25% general fund and 75% federal funds. It is now a 50% general fund program. This decision package requests \$58,231 in general fund with a reduction of equal amount in federal funds for FY 2008 and \$58,340 in general fund with a reduction of equal amount in federal funds for FY 2009.

SIGNIFICANT ISSUES EXPANDED – PERM

(DP0011 PER OBPP 1/8/07 LETTER)

Major LFD Issue (Page B-108, LFD Budget Analysis for the 2009 Biennium)

The most significant issue to be addressed by the Quality Assurance Division (QAD) will be the implementation of the Payment Error Rate Measurement (PERM) targeted for FFY 2008 (10/1/2007-9/30/2008). QAD does not have a budget item included in the division budget submission for the Governor's Office because the full impact on the state was not known until October 2006. Between August 2004 and October 2006 CMS issued several proposed regulations, interim rules, and procedural guides to implement PERM. Some of the procedural guidelines indicated the possibility to substitute existing Medicaid Eligibility Quality Control (MEQC) activities with PERM during the required PERM review period. This option looked favorable and would have resulted in our ability to perform PERM functions with existing staff with little or no fiscal impact. However, this option was later determined by CMS to be unallowable and thus resulted in the State being required to maintain the MEQC activities as well as implement the new PERM activities.

In addition, PERM is not expected to provide significant cost savings for Medicaid and CHIP as was originally expected during the budget development for the 2005 legislature. During the 2005 legislative session \$579,608 was appropriated to fund PERM, use of these funds was contingent on being required to implement PERM during this biennium. A cost savings was also estimated at \$0.3 million in FY 2006 and \$1 million in FY 2007. This estimate was based upon a projected recovery rate of 0.15 percent of total Medicaid expenditures which were projected to be \$715 million for FY 2006 and \$751 million for FY 2007. The FY 2007 savings were significantly higher than FY 2006 savings, due to the expected implementation of October 1, 2005 and a six-month lag in collections. This amount was removed from the department budget over the biennium. Since we have not been required to implement PERM in this biennium the PERM funds have not been expended and the savings have not been realized in the base.

The budget implications for SFY 08 and SFY 09 will depend on decisions regarding options for implementing the PERM requirements. The options include: contracting with outside firm to do the reviews; hire temporary staff to do only PERM reviews; or hire permanent staff to do PERM and other QC reviews. The estimated costs for each are included in the “Budget implications” table below.

Due to the requirements of the new PERM functions DPHHS does not anticipate significant cost savings for the 2009 biennium other than incidental savings due to required implementation of a plan of correction regarding specific claims and or policies and procedures governing the administration of the Medicaid program.

PERM Requirements

- Federal Mandate.
- States will be reviewed every three years, Montana is Federal Fiscal Year 2008 (10/1/07).
- Review Medicaid and SCHIP separate.
- Federal contractors will review 800 claims for Medicaid and SCHIP, each.
- States will review 500 active eligibility cases and 200 inactive for Medicaid and SCHIP, each.
- The error rates will not result in recoveries or overpayments, except for specific errors; therefore there are no significant savings that will be realized. There maybe individual claim adjustments, or possible process improvement changes.
- Costs will apply to the SCHIP administrative cost cap.

Budget implications

Option	1 st Biennial cost Total and State funds 2 nd Biennial cost Total and State funds	Pro’s	Con’s
Contract with outside firm to do reviews	\$1,470,965 \$511,698 \$1,132,634 \$392,316	<ul style="list-style-type: none"> ▪ Limited hiring of state employees ▪ Issues of rent and equipment are the responsibility of the contractor 	<ul style="list-style-type: none"> ▪ Most costly option ▪ Does not eliminate the need for state employees entirely
Hire temporary staff to do only PERM reviews	\$564,235 \$194,343 \$349,218 \$118,120	<ul style="list-style-type: none"> ▪ Least costly alternative ▪ No staff expense for the time when PERM is not required 	<ul style="list-style-type: none"> ▪ Difficult recruiting staff and higher turnover for temp hires ▪ Issues of available space
Hire permanent staff to do PERM and other QC reviews	\$713,696 \$266,366 \$824,796 \$355,909	<ul style="list-style-type: none"> ▪ Ease some of the difficulties in employee recruiting and retention ▪ Staff would be available for other reviews (problem focused) 	<ul style="list-style-type: none"> ▪ More expensive than temp hires ▪ Requires permanent positions ▪ Will have expense for non-PERM years

SIGNIFICANT ISSUES EXPANDED

PERSONAL SERVICES QUESTIONS – STATEWIDE PRESENT LAW ADJUSTMENTS

1. Has the division implemented a broad band pay plan, agency-wide or for selected jobs?
 - QAD has implemented a limited move to pay plan 20 affecting primarily two Bureaus (Audit Bureau and Certification Bureau), and two positions in the Administrator's Office. It is planned that by the end of fiscal year 2007 that all positions within the division will be moved to the alternative Pay Plan 20.

If so, when was it implemented and what were the estimated cost increases in the year of implementation?

- Audit Bureau staff was moved to PP 20 during SFY 2004, and Certification Bureau staff was placed under PP 20 during SFY 2002. There were cost increases when the positions were moved to pay plan 20. The estimated cost in the Audit Bureau was \$36,000 and the Certification bureau was \$153,000.

How were these costs funded (by holding vacant positions open, appropriations for other purposes that were unexpended, etc)?

- QAD funded the Audit Bureau increase by utilizing the savings from a vacant position. The vacant position was later reclassified to a half time FTE due to available funding in the Bureau. The Certification Bureau increase was also funded by vacancy savings in addition to federal matching dollars under Title 18 and Title 19.

2. At what percentage of market are new employees paid?
 - The response to this question is being developed agency-wide. See Director's Office Template Dated 1/22/2007.

3. Did the division have vacant positions for a significant portion (6 months or more) of FY 2006?
 - Yes

If yes, how many and why were these vacant?

- QAD had 3.5 FTE positions vacant for more than 6 months. Three positions are Facility Surveyor's in the Certification Bureau and they were vacant due to difficulties in hiring qualified staff. The bureau advertised and interviewed several times to fill these positions. Two positions were filled in November 2006 and one remains vacant. The vacant position is an aggregate position that allows the bureau to hire multiple staff under one FTE as long as the hours do not exceed 2080 per year. In June 2006 the half time position was combined with a .25 FTE from the Medical Marijuana program and .25 FTE from another position to make a 1.00 FTE. This position was filled in January 2007 as the Deputy Administrator.

How did the vacancies impact division operations?

- QAD uses several approaches to address problems that may occur as a result of vacant positions. The division has hired temporary or emergency staff, reassigned tasks within the bureaus, or prioritized projects. Some lower priority projects then take longer to complete or simply do not get done. This prioritization requires coordination with interested parties and increased workload and stress for remaining staff and management.

4. Did the division have authorized pay exceptions for pay plan 60 positions?
 - QAD authorized three (3) pay exceptions during FY2006.

If yes, why?

- A couple of the pay exceptions were authorized under Rule 1827 (1) to mitigate difficult recruitment problems. This was required in order to hire qualified candidates with specific clinical experience. For these positions, the Division is competing with hospitals and other health care providers for qualified staff. In order to attract and hire qualified candidates we maybe required to exercise this authority to compete with the private sector labor market. QAD has also authorized pay exceptions under Rule 1827(2). These pay exceptions are authorized to retain employees who had competing offers from other employers. The

staff is valued for their unique knowledge, skills, and abilities which was deemed essential to the operations of vital agency services.

5. Did the division have authorized position upgrades or downgrades for pay plan 60 positions?
- Yes

If yes, why?

- During the 05-06 fiscal years QAD had three (3) positions re-classified to reflect changes in assigned job duties. This was completed on vacant positions prior to recruitment and resulted in downgrading two (2) positions and one (1) position received an upgrade. The division reviews all vacated positions to update the position description and if necessary request a reclassification to reflect expected job duties.

6. What challenges does the division face in recruiting and retaining staff?

- QAD faces significant challenges in recruiting and retaining qualified staff. Offering a competitive salary is one of the primary challenges; it is difficult to meet the high salaries offered by private sector business in this job market. Often individuals who have specific skills and experience do not accept positions with the division because we are unable to provide pay rates that compare with the private sector companies that pay higher salaries.

What actions has the division taken to address recruitment and retention issues?

- QAD has attempted pay exceptions on some positions with little success. Often positions are re-advertised with pay band offered to provide more flexibility in the pay rate than hiring at entry level.
- QAD has utilized training assignments for staff that may not have the complete skill sets required for the position.
- QAD has moved two bureaus to PP 20 to address recruitment and retention issues. Pay scales in these units are provided to address competition issues with the private market. The audit Bureau has maintained consistent staffing with all positions filled since May 2005. The Certification Bureau staffing still remains a challenge even though all positions, except for administrative staff, are in PP 20. Significant travel of 50% or more is required of staff in this bureau. Accommodations have been made with alternative flex schedules (4/10 days), which has helped. The division is looking at the flexibility provided by Pay Plan 20 and will begin to design and implement progressive 'career ladders' within related positions and units to allow for growth opportunities.

Is the division competing with other state agencies or the public sector for staff?

- Yes, QAD competes with private sector business as well as other state agencies that have more money and can provide higher salary ranges.

7. a. Are division staff members represented by collective bargaining units?

- Yes

- b. How many of the division staff are impacted by collective bargaining unit agreements?

- 93.95 FTE represented by MPEA. This includes the 8 PERM FTE that have not been filled.

- c. What provisions are included in bargaining unit agreements?

- Typically, these provisions are included: union and management rights, non-discrimination, labor-management committees, pay and hours, insurance, overtime and compensatory time, the various leaves, workers compensation, grievances and arbitration, employee rights, job posting, health and safety, use of private automobiles, retirement, payroll deductions, not strike/no lockout, term of the agreement, and pay schedules.

- d. How often are these agreements negotiated?

- Bargaining unit agreements are negotiated by the agency Human Resources Office and the agency Human Resources, Chief Personnel Officer. These agreements are negotiated for a two-year period. Occasionally, agreements are "rolled over" without any negotiation being conducted. Usually the agreements are opened and the parties negotiate a new contract every two years.

QAD FUNDING	Federal Percentage	State Special Revenue Percentage	General Fund Percentage
ADMINISTRATORS OFFICE	60%		40%
AUDIT BUREAU	71%	6%	23%
CERTIFICATION BUREAU	87.5%		12.5%
LICENSURE BUREAU			
Child Care	88%		12%
Certificate Of Need			100%
Chemical Dependency		100%	
Health Facilities			100%
Mental Health	50%		50%
Residential Community	25%		75%
Medical Marijuana		100%	
OFFICE OF FAIR HEARINGS	60%		40%
PROGRAM COMPLIANCE BUREAU			
SURS	75%		25%
TPL	50%		50%
Program Integrity	60%		40%