



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Developmental Disabilities Administration

Michael S. Chapman, Executive Director

## MEMORANDUM

**TO:** Executive Directors, Community Service Providers

**FROM:** Audrey S. Cassidy, Deputy Director  
Developmental Disabilities Administration *ABC*

**DATE:** August 19, 2009

**RE:** **FY2009 DDA/CSRRC Annual Wage and Benefits Survey**

The Administration is continuing to gather the annual wage and benefits survey. To accomplish that I am using the same Excel file and attestation from your independent CPA updated for 2009. With this survey, we are collecting overall expenditures data for the fiscal year, including fringe benefits, total payroll, bonuses, and money spent to increase wages and benefits. We are also collecting employee detail data, including wages and hours paid for the year for specific positions, number of employees, turnover, and tenure.

As with the previous surveys, an independent CPA must attest to the accuracy of this data. We are asking that the 2009 Annual Wage and Benefits Survey be completed by November 2, 2009. Attached are sample attestations statements with the MANDATORY language. All community services providers funded by the DDA are required to properly complete and return the survey in accordance with Health-General Article, §7-306.1(1), of the Annotated Code of Maryland. State law authorizes fiscal sanctions to be imposed on providers that do not submit this data timely.

Surveys must be returned in electronic form. The survey is available for download as an Excel file from the DDA website ([www.ddamaryland.org](http://www.ddamaryland.org)). From the DDA home page, click on the Forms & Resources for Providers button on the left side of the page, right click on "2009 Annual Wage Survey" in the Forms for Providers section, and save the file to your computer. Once you have entered the data into the spreadsheet, please save a copy for your records and send the completed file as an attachment to an email to [millerc@dhmh.state.md.us](mailto:millerc@dhmh.state.md.us). We will confirm in writing our receipt of this data.

If you have any questions, please do not hesitate to call Carrie Phillip at 410-767-5996. Thank you for your time in submitting this information.

cc: Michael S. Chapman  
Carrie Phillip  
Laura Howell  
Regional Directors

Attachments: Attestation Samples with MANDATORY Language