



STATE OF MARYLAND

DHMH

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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

Audrey S. Waters, Acting Director

## MEMORANDUM

**TO:** Executive Directors  
Community Service Providers

**FROM:** Audrey S. Waters, Acting Director  
Developmental Disabilities Administration

**DATE:** August 27, 2007

**RE:** **2007 DDA/CSRRC Annual Wage and Benefits Survey**

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The 2007 Annual Wage and Benefits Survey combines both the annual and previously requested February pay-period wage surveys. We no longer require the February pay-period survey. 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 2007 Annual Wage and Benefits Survey by November 1, 2007. Attached are examples of 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.

Because of errors that occur with paper submission, we are asking that all surveys 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 "2007 Annual Wage Survey" in the Forms for Providers section, and save the file to your computer's hard drive. Once you have entered the data into the spreadsheet, please save a copy for your records and send the completed file to me as an attachment to an email at [wagesurvey@dnhm.state.md.us](mailto:wagesurvey@dnhm.state.md.us). We will confirm in writing our receipt of this data.

If you have any questions, please do not hesitate to call Ms. Audrey Waters at 410-767-5600. Thank you for your time in submitting this information.

cc: Brenda Fischer  
Laura Howell  
Leslie McMillan  
Regional Directors

Attachments: Sample Attestation with MANDATORY Language