



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

FINANCIAL INCIDENT REPORT for DDA Licensed Agencies

Name of Agency: _____

I attest that the information given below is true and accurate. I understand that, pursuant to Code of Maryland Regulations (COMAR) 10.22.17.05D-E and 10.22.03, the failure to provide notice to DDA of the following financial issues may result in (a) a corrective action plan; (b) suspension of payments; (c) suspension of placements; (d) removal of placements; or (e) a revocation of licensure.

Date: _____
(Executive Director's Signature)

Date: _____
(Chief Financial Officer's Signature)

Date: _____
(Board President's Signature)

In the last 6 months, between November 1, _____ and April 30, _____, has the above-named agency experienced any of the following financial issues?

Financial Issue	Yes	No
Example Only: Bankruptcy filing		X
Bankruptcy filings (includes parent company and subsidiaries). Please specify.		
Tax liens from the local jurisdiction in which the agency is located, the State of Maryland, or the Internal Revenue Service		
Receipt of a going concern, adverse, disclaimer, or qualified audit opinion during an annual audit of financials conducted by a Certified Public Accountant (CPA)		
Receipt of a liability offset notice from the Comptroller of Maryland or the Maryland Department of Human Resources		
Receipt of a cancellation notice for an insurance policy the agency is obligated under DDA's Provider Agreement to maintain		
Payroll, corporate, unemployment, or any other state or federal taxes more than 30 days in arrears		
Lease, rent, or utility payments more than 30 days in arrears		
Any other adverse financial issues directly related to the agency's fiscal solvency or to compliance with the financial standards established in the agency's agreement/contract with DDA or by State or federal laws and regulations		

If you responded "YES" to any of the above, please attach relevant documentation (e.g., tax lien notice). Also attach any plans the agency has to remediate any issues identified through this form. Note: DDA expects all agencies licensed by or under contract with DDA to report bankruptcy filings to the Chief Financial Officer of DDA and the Provider Relations office within 24 hours of the filing. All agencies must also report the presence or absence of a bankruptcy filing in this periodic report. **Please complete and return the attached form electronically to DDA at dda.reconciliations@maryland.gov with the subject header "FINANCIAL INCIDENT REPORT FORM."**