



MONITORING REPORT

Fiscal Year 2017-2018

Provider Name: Marlyn Behavioral Health Systems, Inc.
Contract Number: LS031
Report Date: March 29, 2018

LSF Health Systems Monitoring Team:

- Buffy M. Reeder, MBA, Director of Compliance
- Linda Wilson, LCSW, Clinical Care Manager Team Lead
- Kristine Ferrer, MPH, Director of Network Management
- Samantha Zarnes, Student Intern
- Elizabeth Maxwell, Network Manager
- Bryan Mingle, CADC II, CQI Specialist

Representatives of Marlyn Behavioral Health Systems, Inc. participating in monitoring visit:

- Mark Ulerie, Chief Executive Officer
- Jerolynn Ulerie, Chief Operations Officer
- Dawn Bellamy, Accounting Manager
- Audris Lewis, Human Resources Manager

Monitoring Dates:

- Entrance: March 13, 2018
- Exit: March 14, 2018
- Interviews: Various
 - Finance conducted a Compliance Interview regarding 65E-14 Financial Rule and Financial Audit requirements with Mark Ulerie, CEO and Dawn Bellamy, Accounting Manager, on 3/14/2018 for the financial compliance section.

Summary of Items Requiring Improvement for Compliance

The following items were reviewed and found to be outside of regulation, contractual requirement or governance standards.

- MBHS must ensure that all I-9 form list B identity documents have a photo.
- Employees must fully complete section 1 of the I-9 form.

Summary of Recommendations for Best Practice

LSFHS recommends the following improvements as best practices or areas to improve quality which are not mandated by regulation or contract.



- MBHS should add a consumer signature date line, a staff signature line and a staff signature date line to the sliding fee attestation form. The dated signature completes the document and allows for an effective start date. The staff signature attests to MBHS due diligence to ensure that all consumers billed to LSFHS have met the financial eligibility requirements.
- The Respite covered service was designed to sustain the family or other primary care giver by providing time-limited, temporary relief from the ongoing responsibility of care giving per the 65E-14.021 (4) (ee) F.A.C. Per the Incorporated Document 22, Crisis Diversion Respite Services an average respite stay is three to five days. LSFHS noted that some consumers stay for periods of 10 days up to 22 days. LSFHS noted the “Certification of Need” form has a prefilled parameters answer for estimated length of stay that states 1-7 days, if there is a deviation in the length of stay it should be annotated on this form and on a progress note in the consumer chart in addition to the “Respite Extended Stay” form that is sent to the contract manager.
- Lack of structured therapeutic activities opportunities documented in the chart a minimum of three hours per day.
 - (J.C., 746) Date of admission is 12/22/2017 and discharge 12/27/2017 however there was only one PSR note for 12/26/2017.
 - (L.M., 549) Date of admission is 10/12/2017 and date of discharge is 10/19/2017 however there is a lack of PSR note for 10/19/2017 although the Transitional Behavioral Progress Note indicates the client was in PSR.
- Consent to exchange information form does not contain the Person/Organization receiving/communicating the information.(T.S., 581) (C.H., 731) (L.S., 636) (J.J., 542) (A.B., 645)
- Progress notes not completed and signed within best practice timeframes.
 - (J.M., 250) All progress notes are signed and approved 3/12/2018 however the services were completed 9/28/2017-10/09/2017.
 - (L.S., 636) Progress notes are signed and approved 3/12/2018 however the services were completed 1/11/2018-1/22/2018.
 - (A.B., 645) Progress notes are signed and approved 3/12/2018 however the services were completed 8/1/2017- 8/9//2018.
 - (L.M., 549) Progress notes are signed and approved 3/12/2018 however the service was completed 10/13/2017.
- MBHS should set an annual reminder for the entire agency to complete the HIPPA and Deaf and Hard-of-Hearing (DHoH) trainings modules.

Summary of Items Pending

LSFHS is waiting on the following items to complete the required criteria to be monitored for contract compliance.



- Financial Audit Package for the year ended December 31, 2017.
- Four required audit schedules per 65E-14 for the year ended December 31, 2017.

Technical Assistance Provided On-site During Monitoring

LSFHS provided the following technical assistance:

- The Director of Compliance sent the 65E-14.003 required audit schedules spreadsheet to Dawn Bellamy, Accounting Manager, on March 14, 2018 and discussed how to complete each tab at year end.

Summary of Points of Excellence

During the visit, LSFHS observed the following outstanding or innovative items occurring at the provider agency.

- Staff is always very accommodating and willing to correct or solve areas of discrepancy.
- The consumer charts had original medication administration records to validate dates of stay.
- Consumer chart notes had consumer names, client ID's and staff signatures as required for 65E-14 F.A.C. compliance. The chart notes have improved significantly from the FY15-16 full audit! Great work!
- MBHS has very thorough HIPPA policies and has all agency policies consolidated in a central location in its administrative office area.

List of Items Monitored in the Scope of this Monitoring Visit

A comprehensive list of areas reviewed by the monitoring team for compliance is as follows:

- Network Management
 - Attachment I
 - Employee Eligibility
 - Level 2 Background Screening
 - HIPAA
 - Deaf and Hard-of-Hearing
 - National Voter Registration Act
 - Subcontract
- Clinical
 - ASA Crisis Respite Services
 - IRAS
 - Quality Improvement (QI)
- Finance
 - Florida Administrative Code 65E-14



- LSFHS Standard Contract
- Data Validation per 65E-14
- Fiscal Management
- Audited Financial Statement Package
- Consumer Relations
 - Interviews with consumers, included herein as Exhibit “A”.

Conclusion

Specific results of monitored items are provided in the detail reports attached hereto. A report of interviews conducted with Marlyn Behavioral Health Systems, Inc.’s staff and clients is attached hereto as Exhibit “A” to the monitoring report.

A corrective action plan has not been issued as the result of this visit. Questions regarding this report may be directed to Elizabeth Maxwell, Network Manager, at elizabeth.maxwell@lsfnet.org and (904) 337-4050 and Buffy Reeder, Director of Compliance, at buffy.reeder@lsfnet.org and (904) 337-4059.

Authority and Governance for Agency Monitoring:

Attachment I, B.1.a.(3) of the LSFHS Contract with Marlyn Behavioral Health Systems, Inc.

Attachment I, B.7.c. of the LSFHS Contract with Marlyn Behavioral Health Systems, Inc.

Attachment III of the LSFHS Contract with Marlyn Behavioral Health Systems, Inc.

§394.741, Fla. Stat.

§402.7305, Fla. Stat.

65E-14.014, Florida Administrative Code

DCF CFOP 75-8



EXHIBIT "A"

Provider Name: Marlyn Behavioral Health Systems, Inc.
Contract Number: LS048
Report Date: March 15, 2018

Quality Improvement Interview

An interview was conducted with Jerolynn Ulerie, Vice President/COO. QI encompasses the entire agency. QI outcomes focus on effectiveness, efficiency, quality, accessibility and client satisfaction. The QI committee meets monthly and is comprised of supervisory level staff. The QI committee reviews grievances, incident reports and QI trends indicated in the chart reviews. Jerolynn conducts chart reviews and a 90% or above are the compliance goals. Clients receive a booklet that explains the grievance process. Staff members receive training in staff meetings monthly, the Medical Director offers training, Clinical Director arranges trainings and interdisciplinary team meetings offer feedback as applicable. QI goals in the future consist of moving towards telehealth for psychiatric and therapeutic services, opening a permanent supportive housing program with full wraparound services and opening a drop-in resource center that will be open on the weekends.

MOST™ Audit Detail Report

Name (Date): Financial MBHS FY17-18 (03/14/2018)

People:

Tags: Marlyn Behavioral Health Services (Provider);
Finance (Program)

Scope: Unanswered are Omitted / 'N/A' are Omitted

Comments:

Reviewers

Reeder, Buffy

Normal / Clinical & Non-Clinical

Jimison, Zachary

Normal / Clinical & Non-Clinical

Maxwell, Elizabeth

Normal / Clinical & Non-Clinical

Financial 65E-14 Audit

MBHS-LS031 FY17-18

Yes No Rate

Custom Questions

23 10 69%

No Notes

No

Financial Audit Org 65E-14 (02) -- Did the NSP engage an independent auditor to perform an annual single or program specific audit? (Help: Audited financial package MUST be submitted to Managing Entity within 180 days after the end of the state's fiscal year or within 180 days of the end of the entity's funding period, whichever occurs sooner. This includes the four schedules listed below.) **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (03) -- Was a single audit submitted and accepted by the Federal Data Clearing House located at <https://harvester.census.gov>? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (04) -- Did the NSP submit the CF-MH 1034, Schedule of State Earnings? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (05) -- Did the NSP submit the CF-MH 1035, Schedule of Related Party Transaction Adjustments? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (06) -- Did the NSP submit the CF-MH 1036, Schedule of Bed-Day Availability Payments? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (07) -- Did the NSP submit the CF-MH 1037, Schedule of Actual Expenses and Revenues? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (08) -- Did the NSP have any findings? If so, was an audit findings letter sent to their executive management? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (09) -- Did the NSP address their MATCH requirements in their audit footnotes or in a MATCH memo? (Help: NOTE: for covered services that do not require a local MATCH see the FAC 65E14.005(3)(a)-(d).) **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (10) -- If NSP received a Federal or State Single audit, skip this section. If NSP did not receive a Federal or State Single audit, do they have a policy to address the criteria for Property as outlined in F.A.C. 65E-14.010? **(Comments: AUDIT PENDING)** No

Financial Audit Org 65E-14 (21) -- All SAMH-Funded Entities shall use the accounting standards established by 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C., to account for the expenditure of funds. **(Comments: AUDIT PENDING)** No

Financial Contract Compliance

MBHS-LS031 FY17-18

Yes No Rate

Custom Questions

8 0 100%

No Notes

No Answers

Financial SAPTBG Audit	MBHS-LS031 FY17-18	Yes	No	Rate
Custom Questions		0	0	n/a
No Notes				

No Answers

Financial Data Validation	645 AB	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	739 SB	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	472 MF	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	709 MS	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	748 MC	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	542 JJ	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	563 EW	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	749JL	Yes	No	Rate
Custom Questions		8	1	88%
No Notes				

No

Financial Data Validation Cx DV (01) -- Did the consumer record have the correct client ID# per the LSFHS sample from the Five Points invoice data? No

Financial Data Validation	744 DH	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	713 NC	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	733 BG	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	712 DD	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	690 AF	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	708 GD	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	636 LS	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	725 DB	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	741 MD	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	751 JS	9	0	100%
No Notes				

No Answers

Financial Data Validation	250 JM	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	352 BS	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	731 CH	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	695 NS	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	703 CM	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation	662 LS	Yes	No	Rate
Custom Questions		9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	710 AR	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	735 CG	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	581 TS	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	729 JG	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	711 BW	9	0	100%
No Notes				

No Answers

Financial Data Validation		Yes	No	Rate
Custom Questions	745 CB	9	0	100%
No Notes				

No Answers

MOST™ Audit Detail Report

Name (Date): Marlyn_CrisisRespite_03132018 (03/13/2018)

People:

Tags: Marlyn Behavioral Health Services (Provider);
Clinical (Program)

Scope: Unanswered are Omitted / 'N/A' are Omitted

Comments:

Reviewers

Wilson, Linda

Normal / Clinical & Non-Clinical

Maxwell, Elizabeth

Normal / Clinical & Non-Clinical

Crisis Respite Service		Yes	No	Rate
Custom Questions	L.S., 662	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	C.H., 731	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	L.M., 549	13	1	92%
No Notes				

No

Crisis Respite Services Cx Therapeutic Env. -- 8. Provide a minimum of 3 hours daily of structured therapeutic activity opportunities (i.e. psychosocial rehabilitation, life skills training, individual therapy, support groups etc.) addressing symptom awareness, symptom management techniques, stress reducing techniques, medication compliance, effective communication, personal care and basic living skills. No

Crisis Respite Service		Yes	No	Rate
Custom Questions	J.C., 746	13	1	92%
No Notes				

No

Crisis Respite Services Cx Therapeutic Env. -- 8. Provide a minimum of 3 hours daily of structured therapeutic activity opportunities (i.e. psychosocial rehabilitation, life skills training, individual therapy, support groups etc.) addressing symptom awareness, symptom management techniques, stress reducing techniques, medication compliance, effective communication, personal care and basic living skills. **(Comments: (J.C., 746) Date of admission is 12/22/2017 and discharge 12/27/2017 however there was only one PSR note for 12/26/2017.)** No

Crisis Respite Service		Yes	No	Rate
Custom Questions	A.B., 645	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	M.S., 709	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	J.J., 542	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	L.S., 636	14	0	100%
No Notes				

No Answers

Crisis Respite Service		Yes	No	Rate
Custom Questions	J.M., 250	0	14	0%
No Notes				

No

Crisis Respite Services Cx Eligibility -- In order to be eligible for CRS, the Network Service Provider shall ensure that the consumer meets the following eligibility criteria: *No*

1. Consumer is age 18 and over;
Currently experiencing a mental or emotional crisis;
2. Assessed as being able to function with some independence and who do not present a threat to their own or others' safety; and
3. Agrees to actively participate in voluntary services.

Crisis Respite Services Cx Program Req -- 1. Provide a comfortable, residential, non-institutional setting that serves as a respite while preparing consumers to return to their community; *No*

Crisis Respite Services Cx Program Req -- 2. Provide recovery-focused support and care to consumers experiencing a mental or emotional crisis; *No*

Crisis Respite Services Cx Program Req -- 3. 24 hour structured supervision and observation; *No*

Crisis Respite Services Cx Program Req -- 4. Supervised medication intake; *No*

Crisis Respite Services Cx Program Req -- 5. An intake evaluation and assessment is completed prior to or within 24 hours of admission. The assessment shall include the following with the consumer's input: a. Medical history; b. Presenting problem; c. Current and potential strengths; d. Relationship with family members, significant others and social supports; e. Service agencies with whom the consumer is involved;	No
Crisis Respite Services Cx Orientation -- 6. An orientation prior to or upon admission into CRS. The orientation shall include the following: a. A description of services to be provided while in CRS; b. Applicable fees; c. Information on client rights; d. Limits of confidentiality; e. Information about the Network Service Provider's infection control policies and procedures; f. Program rules; g. Consumer grievance procedures; h. Consent for release of information as applicable;	No
Crisis Respite Services Cx Service Plan -- 7. An individualized service plan is developed within 24 hours of admission. The individualized service plan shall contain the following with the consumer's input: a. Current needs and strengths; b. Achievable, observable, measurable goals and objectives; c. Actions needed to attain the goals;	No
Crisis Respite Services Cx Therapeutic Env. -- 8. Provide a minimum of 3 hours daily of structured therapeutic activity opportunities (i.e. psychosocial rehabilitation, life skills training, individual therapy, support groups etc.) addressing symptom awareness, symptom management techniques, stress reducing techniques, medication compliance, effective communication, personal care and basic living skills.	No
Crisis Respite Services Cx Progress Notes -- 9. Document individual's attendance and progress in therapeutic activities. Progress notes shall contain the following: a. Contact dates with consumer, family, friends, or services agencies; b. Progress, or lack thereof, relative to the service plan; c. Progress notes shall indicate justification of non participation in therapeutic activities when a consumer does not participate in a minimum of 3 hours per day (i.e. consumer working, consumer refused to attend due to medical illness, consumer had a conflicting appointment etc.);	No
Crisis Respite Services Cx Transportation -- 10. Transportation shall be provided or coordinated for consumers in need of services that are provided at other facilities while participating in CRS;	No
Crisis Respite Services Cx Skill Develop. -- 11. Facilitate socialization opportunities that promote the learning of life skills, foster community and create new support systems;	No
Crisis Respite Services Cx Linkages -- 12. Assist consumers with reintegration into the community by providing direct linkages to community-based services including the following: a. Clinical services; b. Case management services; c. Public assistance; d. Social security and disability benefits; e. Health homes; f. Probation and post-sentencing assistance; g. Transportation services; h. Substance abuse meetings and support groups; i. Chemical dependency rehabilitation services;	No
Crisis Respite Services Cx Discharge -- 13. Discharge planning to community resources and supports are provided. The discharge summary shall include the following: a. Evaluation of the impact of CRS services on client's goals and objectives; b. Date and signature of individual preparing report; and	No

c. If there is a referral, a reason for the referral must be noted.

Crisis Respite Service		Yes	No	Rate
Custom Questions	T.S., 581	14	0	100%
No Notes				

No Answers

MOST™ Audit Detail Report

Name (Date): CQI IRAS_Marlyn Behavioral_March 2018
(03/13/2018)

Reviewers

Mingle, Bryan
Normal / Clinical & Non-Clinical
Wilson, Linda
Normal / Clinical & Non-Clinical
Ferrer, Kristine
Normal / Clinical & Non-Clinical
Maxwell, Elizabeth
Normal / Clinical & Non-Clinical

People:

Tags: Marlyn Behavioral Health Services (Provider);
Clinical (Program)

Scope: Unanswered are Omitted / 'N/A' are Omitted

Comments:

CQI IRAS	Yes	No	Rate
Custom Questions	15	1	93%
No Notes			

Yes
CQI IRAS TOOL Critical Incid 21 -- Does the provider's incident reporting policy include language requiring timely phone notification to the Managing Entity in the event of an on-site death or any incident involving media or potential media involvement, as required by contract? Yes
CQI IRAS TOOL Critical Incid 10 -- Do provider procedures require that client guardians, representatives, or relatives be notified of incidents as applicable? Yes
CQI IRAS TOOL Critical Incid 04 -- Are staff able to identify what a critical incident is? Yes
CQI IRAS TOOL Critical Incid 05 -- Do provider internal policies and procedures address the critical incident types described in CFOP 215-6 and applicable to the provider? (Help: Critical incident types include: child-on-child sexual abuse, child arrest, death, elopement, employee arrest, employee misconduct, escape, missing child, security incident - unintentional, significant injury to client, significant injury to staff, suicide attempt, sexual abuse/battery, other.) (Comments: In next revision of policy (GUEST AND STAFF SAFETY) 103.00, LSFHS recommends inserting a reference to DCF CFOP 215-6.) Yes
CQI IRAS TOOL Critical Incid 06 -- Does the provider's procedure require that the discovering employee's first obligation is to ensure the health, safety, and welfare of all individuals involved? Yes
CQI IRAS TOOL Critical Incid 07 -- If services to clients are provided under this contract, has the provider designated an individual to serve as Incident Coordinator and manage the notification process? Yes
CQI IRAS TOOL Critical Incid 09 -- Are there internal procedures for reporting incidents to the Incident Coordinator or designee? Yes
CQI IRAS TOOL Critical Incid 11 -- Do provider procedures require employees to report incidents in some manner to the Incident Coordinator? Yes
CQI IRAS TOOL Critical Incid 12 -- Do provider procedures require reporting of critical incidents defined in CFOP 215-6 into IRAS within 24 hours? Yes
CQI IRAS TOOL Critical Incid 18 -- Is staff making abuse registry calls as appropriate? Yes
CQI IRAS TOOL Critical Incid 14 -- Does the provider have a follow-up process to ensure needed actions are implemented? Yes
CQI IRAS TOOL Critical Incid 15 -- Does a review of the provider's internal incident database or binder show that CFOP 215-6 defined incidents are being reported into the DCF IRAS system? (Help: Reporting incidents that meet critical incident criteria regardless of payor source is mandatory as a condition of DCF licensure.) (Comments: Attestation Letter of zero incidents meeting CFOP 215-6 definitions requested) Yes
CQI IRAS TOOL Critical Incid 16 -- Does staff know when to make an abuse registry call? Yes

CQI IRAS TOOL Critical Incid 17 -- Do provider procedures require reporting to the abuse hotline when the incident involves suspected abuse, neglect, or exploitation?	Yes
CQI IRAS TOOL Critical Incid 19 -- Has a review of the provider's policies and procedures regarding abuse registry calls been conducted?	Yes

No

CQI IRAS TOOL Critical Incid 13 -- Does the provider have an established system for reviewing critical incidents to determine what actions, if any, need to be taken to prevent future occurrences? (Comments: A review of Joe Heller Respite Home's and agency policies and procedures did not find a process documented for follow-up and prevention of another occurrence. LSFHS recommends adding a description of such a process into a p&p.)	No
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MOST™ Audit Detail Report

Name (Date): Marlyn Behavioral Health NM FY 17-18

Reviewers

Maxwell, Elizabeth
 Normal / Clinical & Non-Clinical
 Ferrer, Kristine
 Supervisor / Clinical & Non-Clinical

People:

Tags: Marlyn Behavioral Health Services (Provider);
 Network Management (Program)

Scope: Unanswered are Omitted / 'N/A' are Omitted

Comments:

Attachment I Compliance	Jerolynn Ulerie, Vice President / COO	Yes	No	Rate
Custom Questions		6	0	100%
No Notes				

No Answers

DHoH Services Compliance - Organization	Jerolynn Ulerie, Vice President / COO	Yes	No	Rate
Custom Questions		20	0	100%
No Notes				

No Answers

Employee Eligibility - Organizational Tool	Audris Lewis, HR Manager	Yes	No	Rate
Custom Questions		13	0	100%
No Notes				

No Answers

HIPAA Privacy/Data Security - Organization	Audris Lewis, HR Manager	Yes	No	Rate
Custom Questions		35	0	100%
No Notes				

No Answers

National Voter Registration Act	Jerolynn Ulerie, Vice President / COO	Yes	No	Rate
Custom Questions		3	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Mark Ulerie	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	LaVon Gainey	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Alane Anthony	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Michaela Cahill	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Wendy Aleksiewicz	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Shaniqua King	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Jerolynn Ulerie	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

DHoH Services Compliance - Personnel	Audris Lewis	Yes	No	Rate
Custom Questions		4	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool	Mark Ulerie	Yes	No	Rate
Custom Questions		13	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool	LaVon Gainey	Yes	No	Rate
Custom Questions		14	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool	Alane Anthony	Yes	No	Rate
Custom Questions		15	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool	Michaela Cahill	Yes	No	Rate
Custom Questions		13	1	92%
No Notes				

No
 Employment Eligibility Pers I-9 -- Did the employee fully complete section 1 of the form? (Comments: Michaela Cahill No
 The Alien Resident Number/USCIS Number wasn't completed under section 1. But it was completed in section 2.)

Employee Eligibility - Personnel Tool		Yes	No	Rate
Custom Questions	Wendy Aleksiewicz	14	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool		Yes	No	Rate
Custom Questions	Shaniqua King	14	0	100%
No Notes				

No Answers

Employee Eligibility - Personnel Tool		Yes	No	Rate
Custom Questions	Jerolynn Ulerie	12	1	92%
No Notes				

No
 Employment Eligibility Pers -- Did the provider ensure that all I-9 form list B identity documents have a photo? *No*
 (Comments: Jerolynn Ulerie

There is a copy of the drivers license but no copy of the social security card.)

Employee Eligibility - Personnel Tool		Yes	No	Rate
Custom Questions	Audris Lewis	15	0	100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool		Yes	No	Rate
Custom Questions	Mark Ulerie	1	0	100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool		Yes	No	Rate
Custom Questions	LaVon Gainey	2	0	100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Alane Anthony	Yes 2	No 0	Rate 100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Michaela Cahill	Yes 1	No 0	Rate 100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Wendy Aleksiewicz	Yes 1	No 0	Rate 100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Shaniqua King	Yes 2	No 0	Rate 100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Jerolynn Ulerie	Yes 3	No 0	Rate 100%
No Notes				

No Answers

HIPAA Privacy/Data Security Personnel Tool Custom Questions	Audris Lewis	Yes 3	No 0	Rate 100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Mark Ulerie	10	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	LaVon Gainey	11	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Alane Anthony	11	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Michaela Cahill	11	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Wendy Aleksiewicz	12	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Shaniqua King	10	0	100%
No Notes				

No Answers

Level 2 Background Screening		Yes	No	Rate
Custom Questions	Jerolynn Ulerie	10	0	100%
No Notes				

No Answers

Level 2 Background Screening

Audris Lewis

Yes	No	Rate
10	0	100%

Custom Questions

No Notes

No Answers

Standard Contract Tool

**Jerolynn Ulerie, Vice
President / COO**

Yes	No	Rate
9	0	100%

Custom Questions

No Notes

No Answers

Subcontract Monitoring Tool

**Jerolynn Ulerie, Vice
President / COO**

Yes	No	Rate
4	0	100%

Custom Questions

No Notes

No Answers