

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Internal Control and Policy Development
Division of Compliance and Monitoring

REPORT COVERSHEET
WV Code §12-4-14(d)(3) & CSR §148-18-7.5

Name of Organization:	WVFIMS Vendor
Starlight Behavioral Health Services	503204
Type of Report / Communication:	
Agreed-Upon Procedures	
Grantee's Fiscal Year:	
12/31/10; Report is based on the grant period ended June 30, 2010	
State Fiscal Year:	
2010	
Grant and Commitment Numbers:	
G100058 (C326080)	
Date Report Received by DHHR:	
12/10/2012	
Date Audit Received by DHHR, if applicable:	

Comments:

Review Item	Yes	No	Ref.
<p>References Used: WV Code §12-4-14 & Legislative Rule §148-18</p> <p><i>The reviewer should respond to each question with a check mark in the appropriate column. A "Yes" response is considered favorable and generally means the report complies with the reporting requirements. A "No" response is considered unfavorable which could possibly require action to correct the reporting deficiency and should be referenced in the Notes section of this review checklist.</i></p> <p><i>This checklist is neither all-inclusive nor intended to cover all reporting requirements that may be applicable to a particular WV Code §12-4-14 report.</i></p>			
<p>1. Does the report identify the following: (Legislative Rule 148-18-3 3 1)</p> <p>a. Amount of state grant award?</p> <p>b. Receipts of funds?</p> <p>c. Expenditures of funds?</p> <p>d. Time period being reported?</p>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. Does the report identify the scope of the report, which is to show that state grants were spent for the intended purposes? (WV Code §12-4-14(b)(3) and Legislative Rule §148-183.2)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>3. Do the findings include any matters that could negatively affect or have a negative result on administration of the state grant and/or related program? (Legislative Rule §148-18-7.5)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A
<p>4. Does the report contain any evidence of a reportable condition, significant deficiency, or violation, including deficiencies in internal control; illegal acts; violation of the provision of a contract or grant agreement; errors, or abuse that are required to be reported to the West Virginia Legislative Auditor within 30 days of receipt by the grantor? (WV Code 12-4-14(d)(3) & Legislative Rule §148-18-7.5)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A

Reference	Notes
A	<p>There were several instances in which documentation was not maintained to support expenditures billed to the DHHR. The report provides breakdowns but for summary purposes it totaled \$1,038.73. Additionally, the organization overbilled \$2,634.06 of Crisis Specialists salaries in November. Management advised that this was to compensate for Crisis Specialist salaries not billed in September.</p>

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MEMBERS
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
WV SOCIETY OF CERTIFIED PUBLIC
ACCOUNTANTS

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED UPON PROCEDURES

Board of Directors
Starlight Behavioral Health Services
5317 Cherry Lawn Road
Huntington, WV 25705

We have performed the procedures enumerated below, which Starlight Behavioral Health Services, Inc. (FEIN number 20-4136974) has specified, listed in the West Virginia Code §12-4-14, *Accountability of Persons Receiving State Funds or Grants, Sworn by Volunteer Fire Departments, Criminal Penalties*, (the Procedures), for the state grant year ended June 30, 2010. This engagement is solely to assist Starlight Behavioral Health Services, Inc. and the grantor(s) of state grant funds in review of compliance with the Procedures. Starlight Behavioral Health Services, Inc. is responsible for compliance with the procedures. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows:

Grant Agreement Review

We reviewed selected state grant agreements (as listed on the attached monthly statements of grant receipts and expenditures) and any related documents (e.g. statements of work, budgets, change orders, program directives, regulation, etc.) for the grant year ended June 30, 2010 to ascertain the purpose for which the funds were awarded and the terms and conditions associated with the state grants.

The procedures require that the grantee prepare a sworn statement and include all of the elements referenced in CSR Section 148-18-5, *Sworn Statements of Expenditures Made Under Grants*. This statement has been prepared by management (see attached). We noted that expenditures reported on the sworn statement for June 2010 exceeded amounts reported on grant billings for that month. Management has advised that this was resultant from allowable utility expenditures from December 2009 which were not presented for reimbursement until June 2010.

Receipt of Grant Funds

We verified that the funds received under the grants (as reported on the attached monthly statements of grant receipts and expenditures) were correctly authorized, recorded and deposited into the appropriate organizational accounts.

We noted no exceptions.

DHHR - Finance

DEC 10 2012

Date Received

Review of Expenditures

We reviewed all costs (as listed on the attached monthly statements of grant receipts and expenditures) and related transactions associated with the grants to verify whether:

- a. Costs were approved by the grantor, if required.
- b. Costs conform to the allowability of costs provisions or limitations in the program agreement, program regulations, or program statute
- c. Costs represent charges for actual costs, not budgeted or projected amounts.
- d. Costs are given consistent treatment within and between accounting periods. Consistency in accounting requires that costs incurred for the same purpose, in like circumstances, be treated as either direct costs only or indirect costs only with respect to final cost objectives.
- e. Costs are net of all applicable credits (e.g. volume or cash discounts, insurance recoveries, refunds, rebates, trade-ins, adjustments for checks not cashed, and scrap sales).
- f. Costs are not included as both a direct billing and as a component of indirect costs.
- g. Costs are supported by appropriate documentation (e.g. approved purchase orders, receiving reports, vendor invoices, cancelled checks, and time and attendance records), and correctly charged as to account, amount and period.

We noted the following exceptions:

- The grantee did not include the grant number on grant billings in July and August 2009. Management has advised us that the grant number was not supplied by the State until September, and that they were directed to submit the grant billings without the grant number.
- Sufficient documentation was not maintained to support \$46.10 of \$402.48 of repairs and maintenance in July. Management has advised that this is labor for repairs and maintenance and is included in the employee's payroll.
- Sufficient documentation was not maintained to support \$150.00 of rec/emergency funds reported in July.
- Sufficient documentation was not maintained to support \$25.00 of testing materials reported in July.
- Sufficient documentation was not maintained to support \$150.00 of rec/emergency funds reported in August.
- Sufficient documentation was not maintained to support \$50.00 of testing materials reported in August.
- Sufficient documentation was not maintained to support \$28.68 of \$241.40 of repairs and maintenance in September. Management has advised that this is labor for repairs and maintenance and is included in the employee's payroll.
- Sufficient documentation was not maintained to support \$150.00 of rec/emergency funds reported in September.
- Sufficient documentation was not maintained to support \$150.00 of rec/emergency funds reported in October.

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Date Received

- Starlight Behavioral Health Services, Inc. overbilled \$2,634.06 of Crisis Specialist salaries in November. Management advised us that this was to compensate for Crisis Specialist salaries not billed in September.
- Sufficient documentation was not maintained to support \$109.15 of \$150.00 of rec/emergency funds reported in November.
- Sufficient documentation was not maintained to support \$179.80 of \$3,030.62 of repairs and maintenance in December. Management has advised that this is labor for repair and maintenance and is included in the employee's payroll.

Status of Funding, Contingencies, and/or Other Deficiencies

We inquired of management as to the status of funding, contingencies, and/or other deficiencies during the current engagement or described in any prior agreed-upon procedures report (if applicable) that could negatively affect administration of the grants and related program/project.

Management has not indicated knowledge of any occurrence that could negatively affect administration of the grants and related program/projects. We have noted exceptions from the current engagement in the previous section of this report.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters may have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of Starlight Behavioral Health Services, Inc. and grantor(s) of state grant funds and is not intended to be and should not be used by anyone other than these specified parties.



August 9, 2012

DHHR - Finance

DEC 10 2012

Date Received

**West Virginia Department of Health & Human Resources
Sworn Statement of Grant Receipts and Expenditures**

(Please see the instructions for Completion of the Sworn Statement of Grant Receipts and Expenditures located in the Grantee Audit Compliance Guide as Attachment D)

G100058	Starlight Behavioral Health Services		
20-4136974	503204	(304) 302-2078	
5317 Cherry Lawn Road Huntington, WV 25705			
\$146,518.00	July 1, 2009 to June 30, 2010		

Invoice Number	Invoice Period Covered	Invoice Amount	Date Received	Amount Received
1	07/01/09-07/31/09	\$24,874.60	10/19/09	\$24,874.60
2	08/01/09-08/31/09	\$16,785.05	10/19/09	16,785.05
3	09/01/09-09/30/09	\$12,273.22	10/28/09	12,273.22
4	10/01/09-10/31/09	\$16,046.38	12/01/09	16,046.38
5	11/01/09-11/30/09	\$25,288.50	12/09/09	25,288.50
6	12/01/09-12/31/09	\$29,324.23	01/21/10	\$29,324.23
7	1/1/10-1/31/10	\$8,063.54	02/22/10	\$8,063.54
8	2/2/10-2/28/10	\$2,970.50	03/17/10	\$2,970.50
9	3/1/10-3/31/10	\$3,233.88	04/20/10	\$3,233.88
10	4/1/10-4/30/10	\$3,598.17	06/11/10	\$3,598.17
11	5/1/10-5/31/10	\$2,358.89	07/19/10	\$2,358.89
12	6/1/10-6/30/10	\$1,701.04	07/20/10	\$1,701.04
Total Grant Receipts				\$146,518.00

Expenditures	Description/Examples	Amount Expended
Personnel	Salaries and Wages	\$102,356.00
Fringe Benefits		
Equipment and Other Capital Expenditures		
Materials and Supplies	Office Supplies, Postage, Training	\$11,025.44
Professional Service Costs	Contracts, Consultants	
Rental Costs	Office Space, Equipment	\$9,000.00
Other	Telephone, Utilities	\$24,136.56
Subgrants		
Indirect Cost		
Total Grant Expenditures		\$146,518.00

Ending Funds Balance (Receipts - Expenditures)

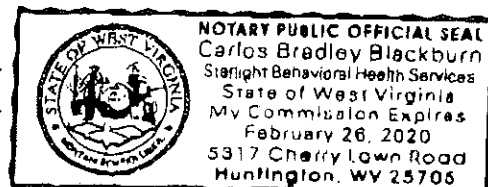
This is to certify that I have reviewed the Statement of Grant Receipts and Expenditures submitted herewith and, to the best of my knowledge and belief, said statement represents all financial activities related to the receipt, use and expenditure of funds granted by the State of West Virginia, Department of Health and Human Resources to Starlight Behavioral Health Services and that the expenditures reported were for the purposes intended and in compliance with the applicable laws, regulations and terms and conditions of the grant documents. The Statement of Grant Receipts and Expenditures is presented on the CASH basis of accounting and is supported by our financial records and related documentation.

Authorized Signature: *Amy Ingles*
 Printed Name and Title: Amy Ingles-CEO

Date: 8-9-12

Taken, sworn and subscribed before me this 9 day of August 2012

Notary Public Signature: *Carlos Bradley Blackburn*
 My Commission Expires DHARACF0000



DEC 10 2012

Date Received

INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER _____
<u>Orion Crisis Center</u>	COMMITMENT # _____
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER <u>1</u>
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM:

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	22,288.27
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,586.33
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	24,874.60

GRANTEE: Amy Ingles CEO/Crisis Director 8/21/2009

NAME	TITLE	DATE
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I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED.

B.H.H.F
APPROVAL

NAME	TITLE	DATE
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INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER _____
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # _____
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER _____
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WVFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 08/01/2009 to 08/31/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	14,402.47
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,382.58
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	16,785.05

GRANTEE: Amy E. Ingles CEO 9/5/2009

NAME TITLE DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F.
APPROVAL

NAME TITLE DATE

INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # <u>C326080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER _____
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WVFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 9/01/2009 to 9/30/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	9,380.87
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,892.35
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	12,273.22

GRANTEE: _____
 Amy E. Ingles _____ CEO _____ 10/5/2009
 NAME TITLE DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F. APPROVAL _____
 NAME TITLE DATE

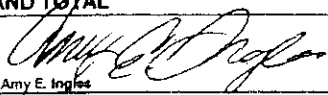
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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: Starlight Behavioral Health Services PURCHASE ORDER NUMBER G100058
Orion MR/DD CRU COMMITMENT # C326080
 REMITTANCE ADDRESS: 5317 Cherry Lawn Road INVOICE NUMBER _____
Huntington, WV 25705 FEIN # 204136974
 WVFIMS VENDOR # 503204

DATES OF SERVICE FROM: 10/01/2009 to 10/31/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	13,484.67
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,561.71
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	16,046.38

GRANTEE:  CEO 11/2/2009

NAME TITLE DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F.
APPROVAL

NAME TITLE DATE

INVOICE

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD CRU</u>	COMMITMENT # <u>C326080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER _____
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 11/01/2009 TO: 11/30/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	21,820.67
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	3,467.83
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	25,288.50

GRANTEE: Amy E Ingles CEO 12/2/2009

NAME TITLE DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F
APPROVAL

NAME TITLE DATE

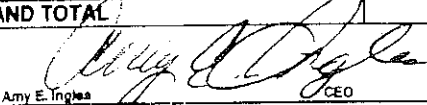
INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # <u>C328080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER <u>6</u>
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WVFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 12/01/2009 to 12/31/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	24,170.80
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	5,153.43
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	29,324.23

GRANTEE:  1/9/2010
 Amy E. Ingles CEO
 NAME TITLE DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F. APPROVAL _____
 NAME TITLE DATE

INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # <u>C326080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER <u>11</u>
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WVFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 12/01/2009 TO: 12/31/2009

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C CRISIS	96.39
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	96.39

GRANTEE: Amy E. Ingles CEO 7/15/2010

NAME	TITLE	DATE
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I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F
APPROVAL

NAME	TITLE	DATE
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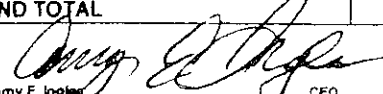
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**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # <u>C326080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER <u>7</u>
<u>Huntington, WV 25705</u>	FEIN # <u>204138974</u>
	WV FIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 01/01/2010 TO: 01/31/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	4,452.25
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	3,611.29
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	8,063.54

GRANTEE: 
 Amy E. Ingles CEO 2/8/2010

NAME	TITLE	DATE
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I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED

B.H.H.F. APPROVAL

NAME	TITLE	DATE
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INVOICE

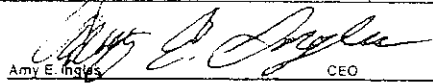
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: Starlight Behavioral Health Services PURCHASE ORDER NUMBER G100058
Orion MR/DD Crisis Center COMMITMENT # C326080
 REMITTANCE ADDRESS: 5317 Cherry Lawn Road INVOICE NUMBER 7
Huntington, WV 25705 FEIN # 204136974
 WVFIMS VENDOR # 503204

DATES OF SERVICE FROM: 2/01/2010 TO: 2/28/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,970.50
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	2,970.50

GRANTEE:


 Amy E. Ingers CEO

3/5/2010

NAME

TITLE

DATE

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APPROVAL

NAME

TITLE

DATE

Revised 3/09

INVOICE COVER SHEET FY10

INVOICE

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: Starlight Behavioral Health Services PURCHASE ORDER NUMBER G100058
Orion MR/DD Crisis Center COMMITMENT # C326080
 REMITTANCE ADDRESS: 5317 Cherry Lawn Road INVOICE NUMBER 7
Huntington, WV 25705 FEIN # 204136974
 WV FIMS VENDOR # 503204

DATES OF SERVICE FROM: 3/01/2010 TO: 3/31/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	3,233.88
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	3,233.88

GRANTEE:  Amy E. Ingles CEO 4/12/2010

NAME TITLE DATE

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APPROVAL

NAME TITLE DATE

INVOICE

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: Starlight Behavioral Health Services PURCHASE ORDER NUMBER G100058
Orion MR/DD Crisis Center COMMITMENT # C326080
 REMITTANCE ADDRESS: 5317 Cherry Lawn Road INVOICE NUMBER 7
Huntington, WV 25705 FEIN # 204136974
 WVFIMS VENDOR # 503204

DATES OF SERVICE FROM: 04/01/2010 TO: 04/30/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	3,598.17
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	3,598.17

GRANTEE: Amy E. Ingles CEO 5/7/2010

NAME TITLE DATE

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B.H.H.F.
APPROVAL

NAME TITLE DATE

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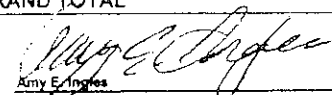
INVOICE

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: Starlight Behavioral Health Services PURCHASE ORDER NUMBER G100058
Orion MR/DD Crisis Center COMMITMENT # C326080
 REMITTANCE ADDRESS: 5317 Cherry Lawn Road INVOICE NUMBER 11
Huntington, WV 25705 FEIN # 204136974
 WVFIMS VENDOR # 503204

DATE OF SERVICE FROM: ^{4/4} 04/01/2010 TO: 04/30/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	2,358.89
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	2,358.89

GRANTEE:  Amy E. Ingles CEO DATE 6/7/2010

NAME TITLE DATE

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 NAME TITLE DATE

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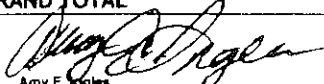
INVOICE

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES**

GRANTEE NAME: <u>Starlight Behavioral Health Services</u>	PURCHASE ORDER NUMBER <u>G100058</u>
<u>Orion MR/DD Crisis Center</u>	COMMITMENT # <u>C326080</u>
REMITTANCE ADDRESS: <u>5317 Cherry Lawn Road</u>	INVOICE NUMBER <u>11</u>
<u>Huntington, WV 25705</u>	FEIN # <u>204136974</u>
	WVFIMS VENDOR # <u>503204</u>

DATES OF SERVICE FROM: 6/01/2010 TO: 6/30/2010

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2010-XXXX-219-252/258 GENERAL REVENUE	0.00
0525-2010-XXXX-221-252/258 FAMILY SUPPORT	
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2010-XXXX-803-252/258 C.A.C CRISIS	1,604.65
5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT	
8794-2010-XXXX-096-128-16747 MENTAL HEALTH BLOCK GRANT	
8723-2010-XXXX-096-128 CATEGORICAL GRANTS	
8723-2010-XXXX-099-128 OLMSTEAD PLANNING	
5207-2010-XXXX-099-252/258 Special Projects	
0525-2010-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	1,604.65

GRANTEE:  Amy E. Ingles CEO 7/5/2010

NAME	TITLE	DATE
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B.H.H.F. APPROVAL

NAME	TITLE	DATE
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Grant Listing by WVFIMS # and SFY

WVFIMS Vendor #

503204 **Starlight Behavioral Health Services**

DBA:

Grantee FYE 12/31

2nd Address Exists? No

FSPB? No

5317 Cherry Lawn Road

Huntington

WV 25705

Contact Name: Amy Ingles

Contact Title: Director/Co-owner

For-Profit Organization

Phone: (304) 302-2078

Fax: 3043027260

Affiliated Grantee WVFIMS # 0

FEIN: 204136974

G100058

Commitment # C326080

DHHR Spending Unit Bureau for Behavioral Health & Health Facilities Office of Behavioral Health Services

Grant Period: 07/01/2009 to 06/30/2010

GACFED Results Under

Org. Fed Amount	Org. State Amount	Original Total Grant Award	Change Order #	Change Order Fed Amt	Change Order State Amt
\$ 0.00	\$ 146,518.00	\$ 146,518.00	0	\$ 0	\$ 0

Revised Grant Period: to

Current Federal Amount
\$ 0

Current State Amount
\$ 146,518.00

Current Total Grant Award
\$ 146,518.00

Total Grantees 1 Total Grants Awarded 1