# 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.
References Used: WV Code §12-4-14 & Legislative Rule §148-18			
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.			
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.			
1. Does the report identify the following: {Legislative Rule 148-18-3 3.1}			
a Amount of state grant award?	$\boxtimes$		
b. Receipts of funds?	$\boxtimes$		
c. Expenditures of funds?			
d. Time period being reported?			
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)			
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)	$\boxtimes$		A
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)			A

Reference	Notes
А	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.

### SULLIVANWEBB, PLIC

CERTIFIED PUBLIC ACCOUNTANTS
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HUNTINGTON, WEST VIRGINIA 25727-2745
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BRUCE I SULI IVAN, CPA CHARLES D WEBB, MBA, CPA 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.

DEC 1 0 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.
- 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.

DEC 1 0 2012

• 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

Sughtoliebt, Auc.

DEC 1 0 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

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\$146,518.00			to June 30, 2010		

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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.S0
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
		Tota	al 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		
ndirect Cost		
	Total Grant Expenditures	\$146,518.00

Materials and Supplies		Office Supplies, Postage, Training	\$11,025.44
Professional Service Cost	ts.	Contracts, Consultants	
Rental Costs		Office Space, Equipment	\$9,000.00
Other		Telephone, Utilities	\$24,136.56
Subgrants			
Indirect Cost			
	<del></del>	Total Grant Expenditures	\$146,518.00
	Ending	Funds Balance (Receipts – Expenditures)	
the best of my knowledg expenditure of funds gra Starlight Beho	e and belief, sald statement repre nted by the State of West Virginia vioral Health Services	ant Receipts and Expenditures submitted herewith an isonts all financial activities related to the receipt, us i, Department of Health and Human Resources to and that the expenditures reported were for the pui	e and rposes Inten <del>de</del> d
and in compliance with the	he applicable laws, regulations an	nd terms and conditions of the grant documents. The	
	penditures is presented on the and related documentation.	CASH basis of accounting and is	supported
Authorized Signature:	ange One	Date: 8	9-12
Printed Name and Title:	Amy Inglés-CEO		
Taken, sworn and subscri	bed before me this day of	August 20/1)	(ANY Allestee

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DEC 1 0 2012

My Commission Expires HARAGE INTO CO

NOTARY PUBLIC OFFICIAL SEAL Carlos Bradley Blackburn Starlight Behavioral Heelth Sarvices State of West Virginia My Commission Expires February 26, 2020 5317 Cherry Lown Road Hunfington, WY 25705

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

GRANTEE NAME	: Starlight Behavioral H	ealth Service	PURCHASE ORDER NUMBER	
	Orion Crisis Center		COMMITMENT #	
REMITTANCE ADDRESS	: 5317 Cherry Lawn Roa	<u>d</u>	INVOICE NUMBER	
	Huntington, WV 25705		FEIN #	20413697
			WVFIMS VENDOR #	50320
	DATES OF SERVICE	FROM:		
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STATE AC	COUNT NUMBER		TOTAL CURRENT BILLING	
1	XXXX-219-252/258 RAL REVENUE		22,288.27	
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	MUNITY PLACEMENT	- 1	2,586.33	
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Revised 3/09

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

GRANTEE NAME	Starlight Behavioral	Health Sei	vices PURC	CHASE	ORDER NUMB	ER	
	Orion MR/DD Crisis	Center	_		COMMITMEN		
REMITTANCE ADDRESS	: 5317 Cherry Lawn R	oad	_		INVOICE NUMB		
	Huntington, WV 2570	)5	_		FEII	N#2	20413697
			-	M	VVFIMS VENDO	R#	50320
	DATES OF SERVICE	FROM:	08/01/2009	to	08/31/2009		
STATE AC	COUNT NUMBER		TOTA	AL CU	RRENT BILLING	3	
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### WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME	Starlight Behavioral I		ice∉ PURCH.			
	Orion MR/DD Crisis C				COMMITMENT # C	326080
REMITTANCE ADDRESS:				IN/	OICE NUMBER_	
	Huntington, WV 2570:	5			FEIN#	20413697
				₩VF	IMS VENDOR #	50320
	DATES OF SERVICE	FROM:	9/01/2009	to	9/30/2009	
STATE AC	COUNT NUMBER		TOTAL	CURR	ENT BILLING	
0525-2010-	XXXX-219-252/258					
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	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 Servi	ices PURCHAS		
	Orion MR/DD CRU			COMMITMENT #	
REMITTANCE ADD	RESS: 5317 Cherry Lawn Ro			INVOICE NUMBER	
	Huntington, WV 2570	5		FEIN#	
				WVFIMS VENDOR #	503204
	DATES OF SERVICE	FROM:	10/01/2009	to 10/31/2009	
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0525	-2010-XXXX-219-252/258				
1	GENERAL REVENUE			13,484.67	
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	Special Projects		İ		
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	NAME			TITLE	DATE
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B.H.H.F. APPROVAL					
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Revised 3/09			INVOICE C	OVER SHEET FY10	

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

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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	
NTEE:	12/2/200
Amy E Ingles CEO	
NAME TITLE C	DATE

Revised 3/09

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

GRANTEE NAME: Start	ight Behavioral He	alth Serv	ices PURC	HASE OR	DER NUMBER	G100058
	n MR/DD Crisis Cer				MMITMENT #	6
REMITTANCE ADDRESS: 5317		<u> </u>		IMAC	ICE NUMBER	204136974
Hunt	Ington, WV 25705	<del>,_,</del>			FEIN#	503204
 DATE	S OF SERVICE	FROM: 1	12/01/2009		AS VENDOR # 31/2009	303204
STATE ACCOU	IT NUMBER		TOTA	L CURRE	NT BILLING	
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	204 2521259				<u> </u>	
0525-2010-XXXX FAMILY SU						
0525-2010-XXXX RENAISSANCE				<u> </u>		
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8793-2010-XXXX-0 SUBSTANCE ABUSE	96-128-16746 BLOCK GRANT					
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GRAND TO	OTAL /		Д		29,324.23	
GRANTEE. Amy E-1	lity L	H	0			1/5/2010
	NAME			TITLE		DATE
I HEREBY CERTIFY THAT THE	SERVICES HAVE	BEEN RE	CEIVED			
B.H.H.F. APPROVAL						
	NAME			TILE		DATE

Revised 3/09

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

GRANTEE NAME	: Starlight Behavioral i		vices PURC			
	Orion MR/DD Crisis C		-	COMI	WITMENT # (	326080
REMITTANCE ADDRESS				INVOICE	E NUMBER	1
	Huntington, WV 2570	5			FEIN#	204136974
				₩VFIMS	VENDOR#	50320-
	DATES OF SERVICE	FROM:	12/01/2009	TO: 12/31/2	009	
STATE AC	COUNT NUMBER		TOTA	L CURRENT	BILLING	
1	-XXXX-219-252/258 RAL REVENUE				0.00	
. ·	XXXX-221-252/258 LY SUPPORT			tien in the trace of Australia		
					<b>⊕</b>	
1	XXXX-804-252/258 ANCE PROGRAM					
	- 4					
0525-201	0-XXXX-803-252/258					
	LAC CRISIS				96.39	
5158,2010.	XXXX-335-252/258			Name of the second		
	ENERAL REVENUE					
Les de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Cons						
1	XXX-096-128-16746					
SUBSTANCE A	BUSE BLOCK GRANT					
8794_2010_Y	XXX-096-128-16747	<u> جيما جي پورون</u>	45 47-4-5 44-5	Albert estrent	<u>,</u>	
	LTH BLOCK GRANT					
8723-2010	)-XXXX-096-128					
CATEGO	RICAL GRANTS	or a single color of			San one and the sand	
0703 20	10-XXXX-099-128					
	TEAD PLANNING					
CEMO!	EAD I BANNING				7.5	
5207-2010	-XXXX-099-252/258	The second second		State Charles and Artist		
Speci	al Projects					
	10-XXXX-208-258 L OLYMPICS				Ì	
SPECIA	L OLIMPICS		****	a e e e e e e e e e e e e e e e e e e e		
<u> </u>				<u> </u>		
ni vije sijen antigar ji dan	and the first of t			Telephological benefities		
GRAN	D TOTAL			ga - January II. Bergang ya	96.39	
GRANTEE:						
A	my E. Ingles	CE	<u> </u>			7/15/2010
	NAME			TITLE		DATE
HEREBY CERTIFY THAT	THE SERVICES HAVE	BEEN REC	<b>E</b> IVED			
ı.H.H.F						
PPROVAL						
	NAMÉ			TITLE		DATE

INVOICE COVER SHEET FY10

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

GRANTEE NAME			ce≼ PURC⊦	LASE ORDER NUMBER	G100058
	Orion MR/DD Crists C			COMMITMENT #	C326080
REMITTANCE ADDRESS				INVOICE NUMBER	7
	Huntington, WV 2570	5		FEIN#	204136974
				WVFIMS VENDOR #	503204
	DATES OF SERVICE	FROM: 0	1/01/2010	TO: 01/31/2010	
		, 110iii. U		TO. THOMESTO	
STATE AC	COUNT NUMBER		TOTAL	CURRENT BILLING	
0525-2010-	XXXX-219-252/258				
GENER	RAL REVENUE			4,452.25	
1	XXXX-221-252/258				
PARR	LY SUPPORT				
0525 2010.	XXXX-804-252/258	<u> </u>		A Company of the Comp	
	ANCE PROGRAM				
TO THE PARTY OF TH	TOP I NOOTO IN				
0525-201	0-XXXX-803-252/258			e generalistica (filosoficios de filosoficios filosoficios e en el distribuido	
	IMUNITY PLACEMENT			3,611.29	
N. A. S. Cala					
5156-2010-2	CXXX-335-252/258				
HOSPITAL G	ENERAL REVENUE				
	CXX-096-128-16746				
SUBSTANCE A	BUSE BLOCK GRANT		N 7 - 11 - 12 - 12 - 12	ne to very second of the Alexander of the	
2704 2040 V	(VV 004 400 40747	d decrees and		As the Market State of the Control o	
	CXX-096-128-16747				
MENIAL REAL	LTH BLOCK GRANT		i Nggangan		
8723,2010	-XXXX-096-128			CASCASSING CARREST CARROLL	
	RICAL GRANTS				
8723-20	10-XXXX-099-128	entras esta de territoria.	emorti ar ustrajija ji	and the material and an experience of the	
OLMST	EAD PLANNING				
	7.8				
5207 2010	-XXXX-099-252/258				
Specia	al Projects				
	10-XXXX-208-258				
SPECIAL	LOLYMPICS				
a the say with a street on the case.	Mark Commence	respective services.	a and a same		
	ni nga silangga na pangganggan silanggan		a santa incertante de la compa		
	D TOTAL		en ésta		
GRAN	ID TOTAL	<del>//</del> 2		8,063.54	
	Muso Cl	A Da	<b></b>		
RANTEE:	ny E Ingles	CEO	_		2/8/2010
- <del></del>					
	NAME			TITLE	DATE
HEREBY CERTIFY THAT	THE SERVICES HAVE I	BEEN RECE	IVED		
H.H.F.					
PPROVAL					
	NAME			TITLE	DATE
				1 4   N.A.,	

INVOICE COVER SHEET FY10

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

GRANTEE N.		Services PURCHASE ORDER NUMBER	
DEMITTÁNCE ADDO	Orion MR/DD Crisis Center		
REWITTANCE ADDR	ESS: 5317 Cherry Lawn Road	INVOICE NUMBER	
	Huntington, WV 25705	# FEIN # WVFIMS VENDOR #	
			303204
	DATES OF SERVICE FRO	OM: 2/01/2010 TO: 2/28/2010	
STAT	E ACCOUNT NUMBER	TOTAL CURRENT BILLING	
0525-2	010-XXXX-219-252/258		
1	NERAL REVENUE	0.00	
		0.00	
0525-2	010-XXXX-221-252/258		
F.	AMILY SUPPORT		
0525-20	010-XXXX-804-252/258		
RENA	ISSANCE PROGRAM		
	-2010-XXXX-803-252/258		
C.A.C.	COMMUNITY PLACEMENT	2,970.50	
	910-XXXX-335-252/258		
HOSPITA	IL GENERAL REVENUE		
0702.204	A VVVV AAG 400 46746		
	0-XXXX-096-128-16746 E ABUSE BLOCK GRANT		
SUBSTANC	E ABUSE BLUCK GRANT		
8794201	0-XXXX-096-128-16747		
	HEALTH BLOCK GRANT		
	in the second of		
8723-2	2010-XXXX-096-128		
CATE	GORICAL GRANTS		
872	3-2010-XXXX-099-128		
OL	MSTEAD PLANNING		
5207-2	2010-XXXX-099-252/258		
Տլ	pecial Projects		
	5-2010-XXXX-208-258		
SPE	CIAL OLYMPICS		
<u> </u>	RAND TOTAL	2,970.50	
	Mur D	when -	
RANTEE:	Amy E. Ingles	CEO	3/5/2010
	NAME	TITLE	DATE
HEREBY CERTIFY TH	HAT THE SERVICES HAVE BEEN	RECEIVED	
H.H.F			
PROVAL			
	NAME	TITLE	DATE

INVOICE COVER SHEET FY10

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

REMITTANCE ADDRESS: 5317 Cherry Lawn Road Huntington, WV 25705	GRANTEE NAME:		Services PURCHASE ORDER NUMBER	G100056
Huntington, WV 25705		Orion MR/DD Crisis Center		
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-804-252/258 FAMILY SUPPORT  0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM  0525-2010-XXXX-804-252/258 C.A.C. COMMUNITY PLACEMENT 3, 233.88  5156-2010-XXXX-305-252/258 HOSPITAL GENERAL REVENUE  8793-2010-XXXX-98-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-999-120 OLMSTEAD PLANNING  5207-2010-XXXX-999-120 OLMSTEAD PLANNING				
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-804-252/258 FAMILY SUPPORT  0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM  0525-2010-XXXX-804-252/258 C.A.C. COMMUNITY PLACEMENT 3,233.88  5166-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE  8793-2010-XXXX-996-128 SUBSTANCE ABUSE BLOCK GRANT  8793-2010-XXXX-096-128 CATEGORICAL GRANTS  8723-2010-XXXX-096-128 CATEGORICAL GRANTS  8723-2010-XXXX-099-128 CLMSTEAD PLANNING  5207-2010-XXXX-099-252/258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  WHEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED		Huntington, WV 25705		
0525-2010-XXXX-219-252/258 GENERAL REVENUE 0525-2010-XXXX-221-252/258 FAMILY SUPPORT 0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM 0525-2010-XXXX-804-252/258 C.A.C. COMMUNITY PLACEMENT 3,233,88  5156-2010-XXXX-335-252/258 HOSPITAL GENERAL REVENUE 8793-2010-XXXX-996-128-16746 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-099-252/259 Special Projects 0525-2010-XXXX-099-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233,88  GRAND TOTAL 3,233,88  GRAND TOTAL 4,220  MAME TITLE 0ATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED		DATES OF SERVICE FRO	,	503204
GENERAL REVENUE  0525-2010-XXXX-21-252/258 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-986-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128-16747 MENTAL HEALTH BLOCK GRANT  8723-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-096-128 COLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-XXXX-099-128 OLMSTEAD PLANNING  6723-2010-XXXX-099-128 OL	STATE AC	COUNT NUMBER	TOTAL CURRENT BILLING	
0525-2010-XXXX-201-252/258 FAMILY SUPPORT  0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM  0525-2010-XXXX-403-252/258 C.A.C. COMMUNITY PLACEMENT 3,233,88  5156-2010-XXXX-333-252/258 HOSPITAL GENERAL REVENUE  8793-2010-XXXX-096-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-096-128 CATEGORICAL GRANTS  8723-2010-XXXX-096-128 CATEGORICAL GRANTS  8723-2010-XXXX-096-128 CATEGORICAL GRANTS  8723-2010-XXXX-099-128 OLMSTEAD PLANNING  5207-2010-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  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	0525-2010-2	(XXX-219-252/258		
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-996-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128 CATEGORICAL GRANT  8723-2010-XXXX-996-128 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  GRAND TOTAL  3,233.88  GRAND TOTAL	GENER	AL REVENUE	0.00	
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-996-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128 CATEGORICAL GRANT  8723-2010-XXXX-996-128 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  GRAND TOTAL  3,233.88  GRAND TOTAL				
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-093-128 OLMSTEAD PLANNING  5207-2010-XXXX-093-128 OLMSTEAD PLANNING  5207-2010-XXXX-208-258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL  3,233.88  GRAND TOTAL  3,233.88  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	0525-2010-)	XXX-221-252/258		
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-996-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128-16747 MENTAL HEALTH BLOCK GRANT  8723-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-999-128 OLMSTEAD PLANNING  5207-2010-XXXX-999-128 OLMSTEAD PLANNING  5207-2010-XXXX-208-258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  GRAND TOTAL 3,233.88  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	FAMIL	Y SUPPORT		
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-996-128-16746 SUBSTANCE ABUSE BLOCK GRANT  8794-2010-XXXX-996-128-16747 MENTAL HEALTH BLOCK GRANT  8723-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-999-128 OLMSTEAD PLANNING  5207-2010-XXXX-999-128 OLMSTEAD PLANNING  5207-2010-XXXX-208-258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  GRAND TOTAL 3,233.88  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
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-996-128-16746 SUBSTANCE ABUSE BLOCK GRANT 8794-2010-XXXX-996-128-16747 MENTAL HEALTH BLOCK GRANT 8723-2010-XXXX-996-128 CATEGORICAL GRANTS  8723-2010-XXXX-996-128 OLMSTEAD PLANNING 5207-2010-XXXX-999-128 OLMSTEAD PLANNING 5207-2010-XXXX-999-252/258 Special Projects 0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  GRANTEE  ANY E TOTAL 3,233.88  A1270  A	1			
### CA.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  GRAND TOTAL  3,233.88  #################################	RENAISSA	NCE PROGRAM		
### CA.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  GRAND TOTAL  3,233.88  #################################		VVVV 000 050/050		
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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  GRAND TOTAL  GRAND TOTAL  SPANTEE  NAME  TITLE  DATE  CEO  4/1270  CHILLE PPROVAL	NO INTEREST	MEIOLE MEVENOL		
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  GRAND TOTAL  GRAND TOTAL  SPANTEE  NAME  TITLE  DATE  CEO  4/1270  CHILLE PPROVAL	8793-2010-XX	XX-096-128-16746		
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  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
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  GRAND TOTAL  GRAND TOTAL  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	KALOT I			
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  GRAND TOTAL  GRAND TOTAL  GRAND TOTAL  MAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	8794-2010-XX	XX-096-128-16747		
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  GRAND TOTAL 3,233.88  FRANTEE  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	MENTAL HEAL	TH BLOCK GRANT		
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  GRAND TOTAL 3,233.88  FRANTEE  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
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  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED			· ·	
OLMSTEAD PLANNING  5207-2010-XXXX-099-252/258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  GRANTEE:  NAME TITLE  CATE  CHILF PPROVAL	CATEGOR	ICAL GRANTS		
OLMSTEAD PLANNING  5207-2010-XXXX-099-252/258 Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL 3,233.88  GRANTEE:  NAME TITLE  CATE  CHILF PPROVAL	and the second second			
SPECIAL OLYMPICS  GRAND TOTAL  GRAND TOTAL  SPECIAL OLYMPICS  GRAND TOTAL  Any E logies  CEO  M1270  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
SPANTEE  GRAND TOTAL  GRAND TOTAL  SPANTEE  Anny E logies  CEO  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	OLMST	The second process of the second process of		
Special Projects  0525-2010-XXXX-208-258 SPECIAL OLYMPICS  GRAND TOTAL  3,233.88  SRANTEE  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	5207, 2040	The state of the s		
GRAND TOTAL  GRAND TOTAL  GRAND TOTAL  3,233.88  GRANTEE  Any E logiles  CEO  MILITA  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	*			
GRAND TOTAL  GRAND TOTAL  3,233.88  GRANTEE  Any E logies  CEO  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	Opecia	Trojects		
GRAND TOTAL  GRAND TOTAL  3,233.88  GRANTEE  Any E logies  CEO  NAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	0525-201	0-XXXX-208-258		
GRAND TOTAL  3,233.88  GRANTEE  Any E logiles  CEO  MANUE  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
GRAND TOTAL  3,233.88  GRANTEE  Anny E. Inglies  CEO  MAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
GRAND TOTAL  3,233.88  GRANTEE  Anny E. Inglies  CEO  MAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED			THE STATE OF THE S	
GRAND TOTAL  3,233.88  GRANTEE  Anny E. Inglies  CEO  MAME  TITLE  DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED				
HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED	GRAM	D TOTAL	3.233.88	
Any E logies CEO 41270  NAME TITLE DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED  I.H.H.F. PPROVAL				
Any E logies CEO 41270  NAME TITLE DATE  HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED  I.H.H.F. PPROVAL	PANTEE:	1449 J G		
HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED		E Ingles	CEO	W12/2010
HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED  H.H.F. PPROVAL	(	NAME	TITLE	DATE
.H.H.F PPROVAL	•			
PPROVAL	HEREBY CERTIFY THAT	THE SERVICES HAVE BEEN	RECEIVED	
PPROVAL				
NAME TITLE DATE	PPROVAL	no		
		NAME	TITLE	DATE

Revised 3/09

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

GRANTEE NAME:	Starlight Behavioral Health	Services PURCHASE (	ORDER NUMBER (	3100058
0,0,11,122,17,1112	Orion MR/DD Crisis Center		COMMITMENT # C	
REMITTANCE ADDRESS:			VOICE NUMBER	
	Huntington, WV 25705		FEIN#	20413697
	Transaction, 144 25, 05	wv	FIMS VENDOR #	50320
	DATES OF SERVICE FR	<del></del> О <b>М</b> : 04/01/2010 ТО: 0	4/30/2010	
STATE AC	COUNT NUMBER	TOTAL CUR	RENT BILLING	
			MENT BILLING	
	XXXX-219-252/258 RAL REVENUE		0.00	
0525-2010-	XXXX-221-252/258		**************************************	
FAMIL	Y SUPPORT			
	XXXX-804-252/258			
RENAISSA	NCE PROGRAM			
	0-XXXX-803-252/258		0.500.47	
	MUNITY PLACEMENT	All the second s	3,598.17	
	(XXX 225 252)250	times in the state of the state		
	(XXX-335-252/258 ENERAL REVENUE			
HOSFITAL GI	THE COLUMN TWO IS NOT THE OWNER.			
	XX-096-128-16746		Software Material Automorphism Charles	
	BUSE BLOCK GRANT			
8794-2010-XX	XX-096-128-16747		1930	
MENTAL HEAL	TH BLOCK GRANT			
8723-2010	-XXXX-096-128			
CATEGOR	RICAL GRANTS			
	10-XXXX-099-128			
CLI K NEVE CONTROL STORYMAN OF THE STORY OF THE STORY	EAD PLANNING			
Constitution and Constitution of the Constitution of				
	-XXXX-099-252/258			
Specia	al Projects			
Control of the contro	0-XXXX-208-258			
	OLYMPICS			
SPECIAL	OLIMPICS			
	All Marie Control of the Control of			
GRAN	D TOTAL		3,598.17	
DANITEE	•			
RANTEE An	ny E. Ingles	CEO		5/7/2010
_ <del>_</del>	NAME	πη	E	DATE
HEREBY CERTIFY THAT I	THE SERVICES HAVE BEEN			
H.H.F.				
PROVAL				
	NAME	שות	E	DATE

INVOICE COVER SHEET FY10

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

GRANTEE NAME: Starlight Behavioral Health Service	•	
Orion MR/DD Crisis Center	COMMITMENT #	
REMITTANCE ADDRESS: 5317 Cherry Lawn Road	INVOICE NUMBER	20.442.507
Huntington, WV 25705	FEIN#	20413697 50320
	wvfims vendor#」	30320
DATES OF SERVICE FROM. 04.	101/2010 TO 04/30/2010	
STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING	
0525-2010-XXXX-219-252/258	200	
GENERAL REVENUE	0.00	
	Charles in the Charles of Charles in the Charles of Charles in the Charles of Charles in the Charles of Charles in the Charles of Charles in Charles of Charles in Charles of Ch	
0525-2010-XXXX-221-252/258		
FAMILY SUPPORT		
0.505 2040 XXXX 204 252/352		
0525-2010-XXXX-804-252/258 RENAISSANCE PROGRAM		
RENAISSANCE PROGRAM		
0525-2010-XXXX-803-252/258		
C.A.C. COMMUNITY PLACEMENT	2,358.89	
C.A.C. COMMONTH FLACEMENT	2,555.55	
5156-2010-XXXX-335-252/258		
HOSPITAL GENERAL REVENUE		
HOSPITAL GENERAL REVENUE	The same of the sa	
8793-2010-XXXX-096-128-16746	A STATE OF THE STA	
SUBSTANCE ABUSE BLOCK GRANT		
SUBSTANCE ABUSE BEOCK GRANT		
8794-2010-XXXX-096-128-16747	1. 251 (251) [003-02-02-03-04-03-03-03-03-03-03-03-03-03-03-03-03-03-	
MENTAL HEALTH BLOCK GRANT		
MENTAL TILACTIO DECOR GIVANT		
8723-2010-XXXX-096-128	2502-5036-7-6-7-50-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6-9-10-0-7-6	
CATEGORICAL GRANTS		
8723-2010-XXXX-099-128	Parita A Maria Carlo and Association Control of the	
OLMSTEAD PLANNING		
5207-2010-XXXX-099-252/258	BUTTER TO THE THE PROPERTY OF	
Special Projects		
0525-2010-XXXX-208-258		•
SPECIAL OLYMPICS		
	ACCOUNTS AND ACCOU	
	2 250 00	
GRAND TOTAL	2,358.89	
Oma Marke		
RANTEE: MY E GAG		E/7/2046
Army E/Ingres CEO		6/7/2010
NAME	TITLE	DATE
HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECE	IVED	
H.H.F		
PPROVAL		
NAME.	DTI S	DATE

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

GRANTEE NAME		ervices PURCHASE ORDER NUMBER	
	Orion MR/DD Crisis Center	COMMITMENT #	
REMITTANCE ADDRESS	5: 5317 Cherry Lawn Road	INVOICE NUMBER	
	Huntington, WV 25705	FEIN #	
		WVFIMS VENDOR #	503204
	DATES OF SERVICE FROM	M: 6/01/2010 TO: 6/30/2010	
STATE A	CCOUNT NUMBER	TOTAL CURRENT BILLING	
1	-XXXX-219-252/258 RAL REVENUE	0.00	
GENE	RAL REVENUE	0.00	
0525-2010	-XXXX-221-252/258		
	ILY SUPPORT	. !	
· Puss	21 40.7 011.		
0525-2010	-XXXX-804-252/258		
)	ANCE PROGRAM		
0525-20 <sup>-</sup>	10-XXXX-803-252/258		
	C.A.C CRISIS	. 1,604.65	
	XXXX-335-252/258	1	
HOSPITAL G	SENERAL REVENUE		
0702 0040 V	XXX-096-128-16746		
SUBSTANCE A	BUSE BLOCK GRANT		
9704 2010 Y	XXX-096-128-16747		
	LTH BLOCK GRANT		
MENTAL HE	ETT DECON CIO-11		
8723-201	0-XXXX-096-128		
	RICAL GRANTS		
8723-2	010-XXXX-099-128		
OLMS	TEAD PLANNING		
7 T T T T T T T T T T T T T T T T T T T			
	0-XXXX-099-252/258		
Spec	ial Projects		
	1,600,078	and the second second second second second	
	110-XXXX-208-258		
SPECIA	L OLYMPICS		
			4
GRA	ND TOTAL	1,604.65	
	Work ATTO and an		
RANTEE (	TO THE COLUMN THE COLU	CEO	7/5/2010
	uny E Trigles U		
	NAME	TITLE	DATE
HEREBY CERTIFY THAT	THE SERVICES HAVE BEEN R	ECEIVED	
u u c			
.H.H.F. PPROVAL			
	NAME	TID 6	DATE
	1 mm/m/c	TITLE	OF 1 I C

INVOICE COVER SHEET FY10

### **Grant Listing by WVFIMS # and SFY**

WVFIMS Vendor#

503204

Starlight Behavioral Health Services

DBA:

Huntington

WV 25705 Grantee FYE 12/31

2nd Address Exists?

FSPB? No

Nο

5317 Cherry Lawn Road

For-Profit Organization

Contact Name: Amy Ingles

Contact Title: Director/Co-owner

Fax: 3043027260

Phone: (304) 302-2078

FEIN: 204136974

Affiliated Grantee WVFIMS # 0

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:

**Current Federal Amount** 

\$ 0

Current State Amount Current Total Grant Award

\$ 146,518.00

\$ 146,518.00

**Total Grantees** 

**Total Grants Awarded** 

1

12/10/20