

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL**

**DEPARTMENT OF HEALTH:  
HEALTH REGULATION AND LICENSING  
ADMINISTRATION**

**REPORT OF SPECIAL EVALUATION**

**September 2013**



**CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



September 24, 2013

**Via Hand Delivery**

Joxel Garcia, M.D.  
Acting Director  
D.C. Department of Health  
899 North Capitol Street, N.E.  
Washington, D.C. 20002

Dear Dr. Garcia:

Please find enclosed the Office of the Inspector General's (OIG) *Report of Special Evaluation of the Department of Health's Health Regulation and Licensing Administration* (13-I-0057HC). The OIG conducted this special evaluation in response to a November 14, 2012, letter sent via email from your predecessor, Dr. Saul M. Levin. In his letter, Dr. Levin indicated that he was in receipt of a "Fact Sheet of Illegal and Unethical Behavior in DOH [Department of Health] and HRLA [Health Regulation and Licensing Administration]," which raised serious allegations regarding the integrity of HRLA's daily operations.

Dr. Levin felt that DOH lacked the resources to properly examine the accusations and requested that the OIG evaluate them. The OIG's Inspections and Evaluations (I&E) division began its special evaluation in March 2013. The objectives of this special evaluation were to assess HRLA's: 1) compliance with all of the funding and reporting requirements related to grant funds HRLA received for criminal background checks (CBC) from the Centers for Medicare and Medicaid Studies (CMMS); 2) implementation of the CBC program as indicated in its response to Management Alert Report 10-I-004, issued by the OIG on August 30, 2010; and 3) protocols for handling, tracking, auditing, and reporting check payments and revenue.

The enclosed report contains findings and recommendations that DOH/HRLA should address. Compliance forms will be sent to DOH for this report. I&E will coordinate with DOH on verifying compliance with the recommendations in this report over an established period. In some instances, follow-up activities by and additional reports from the OIG may be required.

Letter to Joxel Garcia, M.D.  
September 24, 2013  
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If you have any questions, please contact Gabrielle Aponte Henkel, Director of Planning and Inspections, Inspections and Evaluations Division, at (202) 727-9527 or [gabrielle.henkel@dc.gov](mailto:gabrielle.henkel@dc.gov).

Sincerely,



Charles J. Willoughby  
Inspector General

CJW/gah

Enclosures

cc: The Honorable Yvette Alexander, Chairperson, Committee on Health, Council of the District of Columbia  
Mr. Christopher Murphy, Chief of Staff, Executive Office of the Mayor  
Mr. Allen Y. Lew, City Administrator, District of Columbia  
Ms. Beatriz Otero, Deputy Mayor for Health and Human Services  
Ms. Shawn Stokes, Director, Department of Human Resources  
Mr. Irvin Nathan, Attorney General, Office of the Attorney General for the District of Columbia  
Mr. Shaun Snyder, Chief Operating Officer, Department of Health

**Inspections and Evaluations Division**  
**Mission Statement**

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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**ACRONYMS  
AND ABBREVIATIONS**

## ACRONYMS AND ABBREVIATIONS

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<b>CBC</b>	Criminal Background Check
<b>CMS</b>	U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services
<b>CY</b>	Calendar Year
<b>D/DOH</b>	Director/Department of Health
<b>DCMR</b>	D.C. Municipal Regulations
<b>DOH</b>	Department of Health
<b>FBI</b>	Federal Bureau of Investigation
<b>FTE</b>	Full-time Equivalent
<b>FY</b>	Fiscal Year
<b>GAO</b>	U.S. Government Accountability Office
<b>HHA</b>	Home Healthcare Aide
<b>HORA</b>	Health Occupations Regulation Act
<b>HPLA</b>	Health Professional Licensing Administration
<b>HRLA</b>	Health Regulation and Licensing Administration
<b>I&amp;E</b>	Inspections and Evaluations Division
<b>IT</b>	Information Technology
<b>L2K</b>	License 2000
<b>LPN</b>	Licensed Practical Nurse
<b>LTC</b>	Long-term Care Facility and Provider
<b>MAR</b>	Management Alert Report
<b>MOU</b>	Memorandum of Understanding
<b>MPD</b>	Metropolitan Police Department

## ACRONYMS AND ABBREVIATIONS

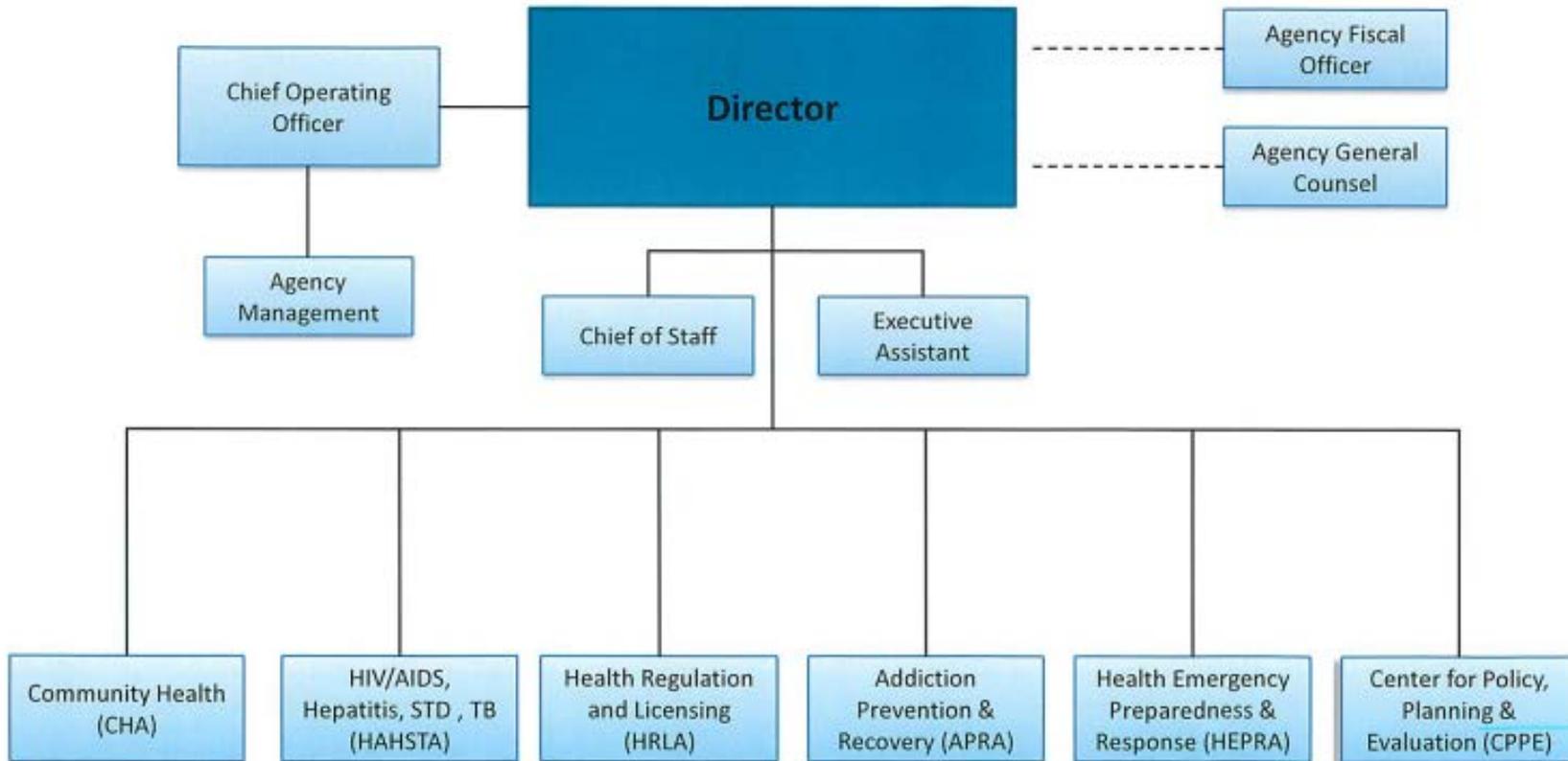
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<b>NBCP</b>	National Background Check Program
<b>OCFO</b>	Office of the Chief Financial Officer
<b>OFT</b>	Office of Finance and Treasury
<b>OIG</b>	Office of the Inspector General
<b>SOAR</b>	System of Accounting and Reporting

**ORGANIZATION CHART**

# ORGANIZATION CHART

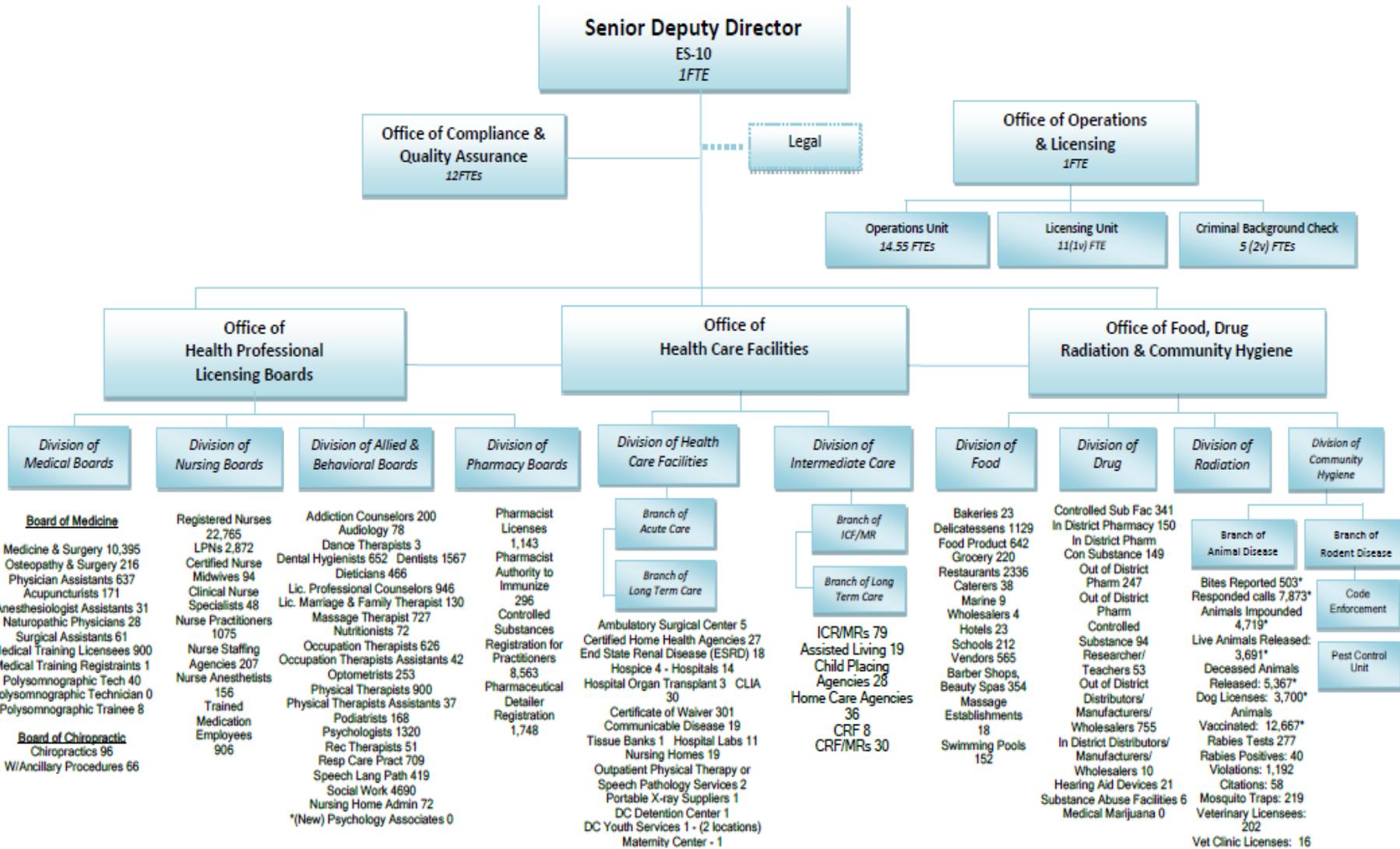
## DC Department of Health Organization Structure



Source: Obtained from the Department of Health in March 2013.

# ORGANIZATION CHART

## Health Regulation and Licensing Administration ORGANIZATIONAL STRUCTURE



Source: Obtained from the Department of Health in March 2013.

**EXECUTIVE SUMMARY**

## EXECUTIVE SUMMARY

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### Background and Objectives

In response to a request from the Interim Director of the Department of Health (DOH), the Inspections and Evaluations Division (I&E) of the Office of the Inspector General (OIG) conducted a special evaluation from March-June 2013 of operational concerns in the DOH Health Regulation and Licensing Administration (HRLA). The objectives of this special evaluation were to assess: 1) compliance with all of the funding and reporting requirements related to grant funds HRLA received for criminal background checks (CBC) from the Centers for Medicare and Medicaid Studies (CMS); 2) implementation of the CBC program as indicated in its response to Management Alert Report 10-I-004, issued by the OIG on August 30, 2010; and 3) protocols for handling, tracking, auditing, and reporting check payments and revenue.

### Scope and Methodology

This report assesses HRLA's grant administration, CBC practices, and payment processing. The I&E team interviewed current and former HRLA employees and employees of the Metropolitan Police Department (MPD), Office of the Chief Financial Officer (OCFO), CMS, and third-party contractors. The team also observed CBC and fee payment processes; reviewed applicable District and federal regulations; surveyed DOH board members and attorneys; and reviewed 20 randomly selected case files to determine whether CBC documentation was present in accordance with D.C. Municipal Regulations (DCMR).

OIG inspections and evaluations comply with standards established by the Council of the Inspectors General on Integrity and Efficiency and pay particular attention to the quality of internal control.<sup>1</sup>

### Summary of Findings and Recommendations

This report contains three findings and five recommendations. (See Appendix 1 for a listing of findings and recommendations in this report.) The most significant findings address deficiencies in HRLA's payment handling process. The team observed unsecured checks and instances where months elapsed before payments were deposited. The team noted that many of the payment-handling issues resulted from lack of internal controls and management oversight. The team also found that HRLA made significant strides in implementing the CMS grant, but noted obstacles in implementing "rap back,"<sup>2</sup> CBC data discrepancies, and a lack of board-specific procedures for analyzing CBC information.

The team recommended that HRLA address most of these findings by developing, promulgating, and adhering to policies and procedures. Additionally, the team recommended

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<sup>1</sup> "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (November 1999).

<sup>2</sup> "Rap back" is a system that would allow MPD to store applicant fingerprints and alert HRLA when an employee is convicted of a criminal offense. Because MPD saves the fingerprints, employees do not have to be fingerprinted each time a CBC is required.

## EXECUTIVE SUMMARY

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working with the Council of the District of Columbia (Council) to identify and resolve legislative obstacles pertaining to rap back, and ensuring that all CBC information is properly stored and all health professionals receive timely CBCs.

### Areas of Concern

This report contains two areas of concern and two recommendations that address grant reporting requirements and boards' access to licensure applications. Areas of concern are issues that warrant DOH's attention but do not rise to the level of a finding.

***HRLA's "dashboard"<sup>3</sup> lacks capabilities to report required CMS data elements.*** CNA,<sup>4</sup> a CMS subcontractor, is assisting HRLA with developing an information technology (IT) system that supports the National Background Check Program (NBCP). The system is referred to as the D.C. Automated Background Check System ("dashboard"), and it launched in June 2012; however, as of May 2013, the system did not record information for 12 of the 30 background check data elements required by the CMS grant. An HRLA official reported that CNA's goal is to modify the dashboard so that it captures the required data elements by the end of the grant term in December 2013. It is important that HRLA records data for the 30 elements so that both HRLA and the federal government can thoroughly evaluate the NBCP successes and weaknesses. During the grant term, CNA is responsible for ensuring that the dashboard performs identified functions and meets user needs. Once the grant ends, HRLA will assume this responsibility. ***Recommendation:*** That the Director of the Department of Health (D/DOH) coordinate with CNA to update the dashboard to record all required data elements prior to the December 2013 grant expiration date.

***Health profession licensing board members reported that original licensure applications are not readily available for review.*** The team issued a survey to 72 board members and attorneys in April 2013. When asked to provide additional information about evaluating CBCs and how HRLA can assist boards in CBC-related processes, several respondents reported a need to access and review initial application records for licensees. Board members can then compare the application to the CBC results and determine whether applicants fully disclosed their criminal background histories. The team received the following comments:

- One major issue has been the inability to access, in some instances, the initial application if more than a few years [have elapsed,] and the record is in storage. In one or two instances, because the initial application could not be located, the board was unable to determine how the applicant replied to questions related to misdemeanor (other than traffic violations) or felony charges. If the applicant was not truthful on the application . . . and the issue was only identified in the CBC, we had no way of

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<sup>3</sup> The "dashboard" is an IT system that allows long-term care facilities and providers (LTCs) to enter applicants' data, search registries for convicted offenses, and review HRLA's decision on applicants' employment eligibility.

<sup>4</sup> CMS offers free technical assistance, via CNA, to all grantees during the design and implementation phases of the grant. CNA is a not-for-profit research and analysis organization. CNA is not an acronym. See <http://www.cna.org/about> (last visited May 30, 2013).

## EXECUTIVE SUMMARY

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determining the applicant's veracity. If the applicant had knowledge and signed the application falsely, in the instances cited above, the board may have had grounds to revoke the license.

- [HRLA can assist the board b]y making records of licensees from past years more readily available to our board's staff so we can confirm whe[ ]ther or not an applicant withheld information on earlier applications that might prove essential in de[ ]cision making.
- The most problematic issue that our board has encountered is the fact that initial application records for licensees are, in some cases, very difficult to find. It [ ] appears that records have not been properly maintained to allow access to important information/documenta[ ]tion down the road when it may be needed.

***Recommendation:*** That the D/DOH coordinate with board attorneys and board members to ensure that board members have access to original licensure applications, when necessary, to analyze whether applicants self-reported criminal histories.

### **Compliance and Follow-Up**

The OIG special evaluation process includes follow-up with DOH on findings and recommendations. Compliance forms will be sent to DOH along with this report. I&E will coordinate with DOH on verifying compliance with recommendations agreed to in this report over an established period. In some instances, follow-up activities and additional reports may be required.

**INTRODUCTION**

## INTRODUCTION

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### The Department of Health (DOH)

DOH's mission "is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia."<sup>5</sup> It "provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management."<sup>6</sup> DOH's fiscal year (FY) 2013 budget was \$269,394,379, and there were 707.8 full-time equivalent (FTE) positions. The agency has seven divisions: Health Emergency Preparedness and Response Administration; HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration; Center for Policy, Planning, and Evaluation; Community Health Administration; Agency Management; Agency Financial Operations; and Health Regulation and Licensing Administration (HRLA).

HRLA ensures that District health professionals applying for licensure, registration, or certification pay a fee for and undergo a criminal background check (CBC) in accordance with D.C. Code § 3-1205.22 (2001). HRLA administers licensure of approximately 50,000 health professionals in the District of Columbia. Health professionals include: acupuncturists, addiction counselors, chiropractors, dance therapists, dental assistants, dentists, dieticians, massage therapists, naturopaths, nurses, nursing home administrators, occupational therapists, optometrists, pharmacists, physician assistants, physicians, podiatrists, psychologists, and social workers. HRLA supports 18 health occupation boards.<sup>7</sup> It advises these boards on the development of rules and regulations for health professionals and can take enforcement action to compel health professionals to comply with District and federal law. HRLA also provides additional services such as license verifications<sup>8</sup> and examinations.

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<sup>5</sup> [Http://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/hc\\_doh\\_chapter\\_2014.pdf](http://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/hc_doh_chapter_2014.pdf) (last visited June 5, 2013).

<sup>6</sup> *Id.*

<sup>7</sup> The 18 boards include: Board of Dentistry, Board of Dietetics and Nutrition, Board of Medicine, Board of Nursing, Board of Nursing Home Administration, Board of Occupational Therapy, Board of Optometry, Board of Pharmacy, Board of Physical Therapy, Board of Podiatry, Board of Psychology, Board of Social Work, Board of Professional Counseling, Board of Respiratory Care, Board of Massage Therapy, Board of Chiropractic, Board of Marriage and Family Therapy, and the Board of Audiology and Speech-Language Pathology.

<sup>8</sup> Health professionals request verifications as proof that their licenses are current and in good standing.

**FINDINGS AND RECOMMENDATIONS**

## FINDINGS AND RECOMMENDATIONS

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*Objective 1: Did HRLA comply with all of the funding and reporting requirements related to grant funds it received from the Centers for Medicare and Medicaid Studies (CMS) for CBCs?<sup>9</sup>*

The Patient Protection and Affordable Care Act (Affordable Care Act) (P.L. 111-148) established the National Background Check Program (NBCP), which mandates CBCs for prospective direct patient access employees<sup>10</sup> of long-term care facilities and providers (LTCs).<sup>11</sup> CMS oversees the NBCP, and administers the “National Criminal Background Check for Long Term Care Facilities” grant, which aids states<sup>12</sup> in complying with NBCP requirements.<sup>13</sup>

**1. The team found that HRLA appears to have complied with CMS grant funding and reporting requirements; however, legislative obstacles and poor planning may impede implementation of an automatic criminal conviction alert system by the end of the grant term.**

*a. HRLA made significant progress in implementing the NBCP, and its funding expenditures complied with grant requirements.*

**Criteria:**<sup>14</sup> The NBCP grant requires that states design and implement a comprehensive CBC program for direct patient access applicants seeking employment at LTCs,<sup>15</sup> develop an IT system that supports the program, establish an appeal process for applicants who contest CBC results, and implement a rap back system that alerts employers when an employee is convicted of a crime post-hiring. NBCP grant awards range between \$1.5 and \$3 million, and states must provide 25 percent in matching funds (e.g., if the total grant amount is \$4 million, the federal funding component is \$3 million and the state-funded portion is \$1 million). The grant notes that funds may be used for the following:

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<sup>9</sup> According to its website, CMS “administers the Medicare program, providing healthcare security and choice for aged and disabled people in this country . . . . CMS’ mission, though complex in execution, is simply stated: We assure healthcare security for beneficiaries.” <http://aspe.hhs.gov/infoquality/guidelines/cms-9-20.shtml> (last visited June 28, 2013).

<sup>10</sup> A “direct patient access employee” is “any individual who has access to a patient or resident of a long-term care facility or provider through employment or through a contract with such facility or provider and has duties that involve (or may involve) one-on-one contact with a patient or resident of the facility or provider . . . .” <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/nbgcpgmsoli.pdf> (last visited June 14, 2013).

<sup>11</sup> LTCs are entities that receive payment for services under title XVIII or XIX of the Social Security Act (i.e., Medicare and Medicaid), and examples include: skilled nursing and nursing facilities; home health agencies; hospice and personal care providers; long-term care hospitals; residential care providers arranging for or providing long-term care services; and intermediate care facilities for individuals with intellectual disabilities.

<sup>12</sup> D.C. was eligible to apply for the grant even though it is not a state.

<sup>13</sup> See <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/BackgroundCheck.html> (last visited May 30, 2013).

<sup>14</sup> “Criteria” are the rules that govern the activities evaluated by the team. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

<sup>15</sup> This process entails: 1) a Federal Bureau of Investigation (FBI) fingerprint-based CBC; 2) a state CBC for each state in which the applicant lived or worked; and 3) a search of abuse registries of all known states in which the applicant lived.

## FINDINGS AND RECOMMENDATIONS

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- Costs of data collection and transmission which may include the costs of dedicated computers, software, IT support, and data transmission costs as they relate to the NBCP . . . [;]
- Costs of electronic fingerprint collection and transmittal systems . . . [;]
- Costs of rap-back systems that reduce the need for repeated full background checks of individuals by providers . . . [;]
- Personnel costs, which may include program support staff and contracts . . . [;]
- Travel costs as they pertain to the administration and implementation of the grant . . . [;]
- Direct costs of conducting background checks (e.g., fees paid to law enforcement) . . . [;]
- Training costs for state agencies, providers and human resources personnel participating in the implementation of the [NBCP; and]
- Indirect and overhead costs . . . .<sup>[16]</sup>

Grantees must submit quarterly progress and financial reports detailing: 1) the use of grant funds; 2) program progress; 3) barriers; and 4) measurable outcomes.

HRLA applied for the grant on August 6, 2010, and requested \$2,674,097 in federal funding over a 3-year period; D.C. would provide \$891,366 in funding to meet the 75:25 percent match funding requirement. HRLA's grant application mandated CBCs for all LTC applicants with direct patient access, and the funding would be used to: 1) develop an IT infrastructure to support the NBCP program; 2) implement rap back; and 3) pay the \$50 CBC fee for unlicensed LTC applicants (licensed applicants would pay for their own CBCs). CMS approved the application on December 23, 2010, and the grant period was for 2 years – December 31, 2010 to December 31, 2012. The grant was subsequently extended for 1 year to December 31, 2013.

**Condition:**<sup>17</sup> Overall, HRLA made significant progress in implementing the CBC program. HRLA spent the first year of the grant (calendar year (CY) 2011) in a developmental stage and: 1) secured a contractor to assist with fingerprinting; 2) hired FTEs to implement the program; 3) worked with CMS' subcontractor CNA to implement the dashboard;<sup>18</sup> and 4) selected LTCs to participate in a pilot program. HRLA expended only 2.65 percent (\$94,368.61)<sup>19</sup> of the total grant budget, which included personnel costs, fringe benefits, equipment and software, travel,<sup>20</sup> and indirect costs.

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<sup>16</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services "Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers" Ninth Announcement CFDA # 93.506, 13.

<sup>17</sup> The "condition" is the problem, issue, or status of the activity the team evaluates.

<sup>18</sup> The dashboard is an IT system that allows LTCs to enter applicants' data, search registries for convicted offenses, and review HRLA's decision on applicants' employment eligibility.

<sup>19</sup> This figure includes federal and local grant expenditures.

<sup>20</sup> Two DOH representatives attended a CNA conference held in Missouri to obtain updates on the progress toward implementation of the Affordable Care Act.

## FINDINGS AND RECOMMENDATIONS

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During year 2 of the grant (CY 2012), HRLA spent \$483,518.21;<sup>21</sup> this spending covered expenses for personnel, fringe benefits, equipment and software, supplies, MorphoTrust's<sup>22</sup> contract, travel, and indirect costs. HRLA transitioned the CBC program into an "operational phase," implemented CBC policies and procedures, and developed an appeal process. (See Appendix 2 for an overview of the CBC process for LTC applicants.)

Despite significant progress, the team identified two deficiencies during its review of HRLA's financial reports. It observed that at the end of 2012, HRLA had not expended funds in accordance with the 75:25 ratio. A total of \$577,886.82 was expended; 80.4 percent was charged to the federal grant and 19.6 percent was charged to the District. An HRLA accounting officer reported that the distribution of expenses would be reallocated to comport with the 75:25 ratio once the 1-year grant extension was completed in December 2013. The team also observed an instance when HRLA erroneously charged \$141,093.50 against the grant for fingerprinting and consulting services. These expenditures were used for some non-grant related activities in FY 2012. An HRLA manager promptly identified the mistake and reimbursed the federal government during the first quarter of FY 2013.

**Cause:**<sup>23</sup> HRLA implemented several grant-related activities and provided sufficient fiscal oversight as of April 2013.

**Effect:**<sup>24</sup> At the end of its 2-year grant term, HRLA made progress in implementing the NBCP requirements, but was not fully compliant. HRLA had a balance in federal funding and CMS approved a no-cost, 1-year grant extension for \$1,893,346. HRLA is using this grant extension to finalize the IT infrastructure for rap back, implement CBC requirements for the remaining LTC groups, and pay for unlicensed prospective LTC applicants' CBCs. Although the team notes grant-related success, it questions whether rap back will be fully implemented by the grant deadline. (See Finding 1b below for additional detail.)

**Accountability:**<sup>25</sup> Five FTEs are funded through the grant; these employees have overseen implementation of and compliance with grant requirements.

**Recommendation:** None.

**b. *Legislative obstacles and poor planning may impede HRLA's implementation of rap back, an automated criminal conviction alert system, by the end of the grant term.***

**Criteria:** The Affordable Care Act requires that grant recipients implement a rap back system as part of the NBCP. Under this system, a law enforcement agency must notify the

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<sup>21</sup> This figure includes federal and local grant expenditures.

<sup>22</sup> HRLA selected MorphoTrust, a third-party contractor, to provide fingerprinting services, and tested MorphoTrust's website to ensure that providers could schedule fingerprinting appointments for prospective employees online.

<sup>23</sup> The "cause" is the action or inaction that brought about the condition the team evaluates.

<sup>24</sup> The "effect" is the impact of the condition the team evaluates.

<sup>25</sup> "Accountability" is a description of who is responsible for the condition evaluated.

## FINDINGS AND RECOMMENDATIONS

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grantee when an employee is convicted of a crime after the pre-employment background check is completed. The state must then immediately notify the LTC. The CMS grant solicitation includes implementation of a rap back system as a key requirement of the grant and notes that the state must “describe and test methods to reduce duplication of fingerprinting including ‘rap back’ capabilities . . . .” Title 22 DCMR § B4701.4 also references implementation of rap back, noting:

An employee or a contract worker shall be required to undergo a subsequent criminal background check every four (4) years after the date of his or her initial background check, provided that if the name of the employee appears in the [Federal Bureau of Investigation] FBI databank when the ‘rap back’ system is implemented, the employee shall not be required to have a subsequent criminal background check performed.

**Condition:** Currently, MorphoTrust destroys fingerprint images once it communicates CBC results to HRLA; these images are not sent to the Metropolitan Police Department (MPD). A key requirement of rap back is that MPD retain fingerprints collected during an employee’s initial CBC. If that employee is convicted of a crime following his/her initial CBC and the employee’s fingerprints match the prints on file with MPD, MPD would receive immediate notification and communicate this information to HRLA. HRLA then would immediately inform the employer of the conviction.

**Cause:** According to MPD and HRLA employees, the D.C. Code may not grant third-party contractors or District agencies authority to retain fingerprint images, and HRLA did not timely identify and address potential legislative and administrative impediments pertaining to rap back. An MPD representative reported that HRLA approached MPD regarding rap back on two occasions – once during fall 2012 and again in April 2013. During the initial meeting, MPD’s general counsel and another MPD representative met with an HRLA employee. In this meeting, the general counsel recommended that DOH research whether District law grants MPD legislative authority to retain fingerprints from MorphoTrust. As of the second meeting, DOH had not resolved this issue, and MPD could not proceed with rap back implementation. The MPD representative intimated that HRLA lacked an implementation plan and structure for the system. This individual noted that once legislative issues are resolved, implementing the technical components is relatively simple.

DOH is addressing the legislative component to ascertain whether: 1) the District has already established laws pertinent to rap back; and 2) there are laws prohibiting MPD’s retention of fingerprints that need to be repealed or revised. If no law exists, the Council may need to enact legislation governing fingerprint retention, which agencies would have authority to retain them, and how they will be safeguarded.

**Effect:** Without rap back, the onus is on LTC employees to report convictions of criminal offenses. If they do not, the information may not be disclosed until as many as 4 years later when the next required CBC cycle is conducted. Client safety is compromised when such a

## FINDINGS AND RECOMMENDATIONS

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lapse occurs. Implementing rap back may reduce the chances of unreported criminal activity and the District's risk of liability.

According to HRLA, rap back may not be implemented until 2014, which is after the grant expires. Consequently, HRLA may have to use District funds to complete the project. While CMS has authority to reduce federal funding for failure to make the necessary legislative amendments to implement rap back, two CMS representatives reported that they would not take such action.

**Accountability:** HRLA is responsible for ensuring compliance with grant requirements and working with MPD, the Council, and other involved parties to implement rap back.

**Recommendation:**

That the D/DOH: a) work with MPD and the Council to identify and resolve any legislative obstacles delaying rap back implementation; b) develop protocols defining the roles and responsibilities of each involved agency; c) implement rap back prior to the grant's expiration; and d) identify a funding source to sustain rap back.

***Objective 2: Did HRLA implement the CBC program as indicated in its response to Management Alert Report (MAR) 10-I-004, issued by the OIG on August 30, 2010?***

On March 6, 2007, the Licensed Health Professional Criminal Background Check Amendment Act of 2006 became D.C. Law 16-222 (codified at D.C. Code § 3-1205.22 (2001)), which states:

- (a) No license or registration shall be issued to a health professional before a criminal background check has been conducted for that person . . . .
- (b) The criminal background check shall be obtained by the Department of Health from the U.S. Department of Justice, or from a private agency determined by the Department of Health. The results of the criminal background check shall be forwarded directly to the appropriate health licensing board.

In August 2010, the OIG issued a MAR entitled *DOH Not Complying With District Law That Requires Health Professional License Applicants to Undergo a Criminal Background Check*, noting HRLA's deficiencies in implementing this law.<sup>26</sup> This section of the report addresses HRLA's current compliance with the MAR's recommendation and whether its implementation of the CBC program met HRLA's stated goals and milestone dates. Our review found that DOH was partially in compliance with the MAR in that DOH fully addressed 6 of our 10 follow-up questions. (HRLA had not achieved compliance for one area, partially achieved

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<sup>26</sup> See <http://app.oig.dc.gov/news/view2.asp?url=release10%2F1%2DIG%2DMAR%2D10%2DI%2D0042%2Epdf&mode=iande&archived=0&month=00000&agency=53> (last visited June 12, 2013).

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compliance in another area, and two follow-up inquiries were no longer applicable due to changed factual circumstances. Appendix 3 contains a summary of HRLA's compliance with the OIG's MAR recommendation and supplemental information requests.)

When HRLA implemented the CBC requirement in 2010, MPD fingerprinted health professional applicants, but it could not handle the volume of applicants and reportedly took 4 weeks to provide CBC results. Therefore, HRLA contracted with MorphoTrust, which provided CBC results within 48 to 72 hours. MorphoTrust began fingerprinting health professionals in December 2011 and currently fingerprints the majority of District health professionals.<sup>27</sup> Once it fingerprints an applicant, the fingerprint image is sent to the FBI for a federal CBC, and the applicant's demographic information is sent to Edge,<sup>28</sup> a subcontractor that conducts state CBCs. CBC results are automatically transmitted to HRLA via a secure server.

HRLA management informed the team that it piloted a CBC program with addiction counselors in November 2010 and starting January 1, 2011, all new applicants for healthcare professional licenses received CBCs after submitting an application, and renewal applicants received CBCs in accordance with a renewal schedule. (See Appendix 4 for a brief chronology of events and Appendix 5 for a table of the number of CBCs conducted per year.)

During the special evaluation, the OIG team identified two inadequacies regarding the implementation of the CBC process; not all health professionals received CBCs in 2011 and CBC information may not be thoroughly and objectively reviewed due to a lack of training and policies and procedures.

2. **The team was unable to confirm whether DOH fully implemented D.C. Law 16-222 for CBCs and some boards lack established clear protocols or training on reviewing CBCs.**

- a. *The team could not confirm whether all health professionals received CBCs due to changing data numbers; some renewal applicants did not receive timely CBCs; and some CBC information may not have been analyzed, impeding DOH's ability to prevent persons with applicable criminal convictions from gaining licensure.*

**Criteria:** According to the Licensed Health Professional Criminal Background Check Amendment Act of 2006 (D.C. Law 16-222), all health professional applicants must receive CBCs.<sup>29</sup> The DCMR further dictates that healthcare professionals must renew their licenses every 2 years and obtain a CBC every 4 years.<sup>30</sup>

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<sup>27</sup> According to an HRLA employee, MPD still offers fingerprinting services but applicants generally prefer MorphoTrust because of its accessibility (MorphoTrust has 15 locations across D.C., Maryland, and Virginia.)

<sup>28</sup> According to its website: "Edge Information Management, Inc., (Edge) . . . has been furnishing employers with accurate background screening and drug testing information at cost-effective rates."

[Http://www.edgeinformation.com/company/about-us](http://www.edgeinformation.com/company/about-us) (last visited July 18, 2013).

<sup>29</sup> D.C. Code § 3-1205.22 (2001).

<sup>30</sup> See 17 DCMR §§ 4006.1 and 8501.5.

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**Condition:** HRLA reported to the OIG that as of January 1, 2011, all new applicants for healthcare professional licenses received CBCs after submitting an application, and renewal applicants received CBCs in accordance with a biannual renewal schedule. (See Appendix 6 for a copy of the renewal schedule.) However, during its analysis of CBC data for CYs 2011 – 2013, the team had difficulty confirming that all CBCs were conducted because HRLA provided the team with multiple iterations of data. According to HRLA employees, there were 64,256 healthcare professionals granted licenses between 2011 and March 2013. However, as indicated in Tables 1 and 2 below, the team received conflicting sets of data for this same timeframe concerning the number of CBCs conducted, making analyzing the data (and determining whether every licensee received a CBC) difficult.

**Table 1: Data Received by the OIG Detailing the Number of CBCs Conducted by MorphoTrust**

Data Source	Number of CBCs Conducted by MorphoTrust From November 2011 Through March 2013
April 3, 2013, email from HRLA employee	44,511
April 26, 2013, email from MorphoTrust employee	46,280
August 16, 2013, email from HRLA employee	46,325

**Table 2: Data Received by the OIG Detailing the Number of CBCs Conducted by MPD**

Data Source	Number of CBCs Conducted by MPD From November 2011 Through March 2013
April 3, 2013, email from HRLA employee	13,251
April 26, 2013, email from HRLA employee	13,919
May 23, 2013, email from HRLA employee	13,922
June 25, 2013, email from HRLA employee	11,959
August 16, 2013, email from HRLA employee	12,581

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Therefore, the team was unable to determine conclusively whether all CBCs were conducted. The team also observed that some renewals did not receive CBCs in accordance with the renewal schedule, and some CBC data may not have been timely analyzed.

The team reviewed renewal data, and found that some applicants did not receive CBCs in accordance with the renewal schedule, as purported by HRLA management. For example, licensed practical nurses (LPNs) were scheduled for renewals in April 2011, but 61 did not receive a CBC until 2012. In total, the team observed 602 renewal applicants who received CBCs in the “off year” of 2012, even though their professions were scheduled to renew in 2011. Therefore, the team presumes that these professionals received their renewal licenses according to the renewal schedule, even though CBC results were not completed until the following year.

In addition to discrepancies in data for new and renewal applicants, some boards may not have analyzed CBC results prior to issuing licenses. The team reviewed 30 survey responses from board members and attorneys in May 2013, and in response to the question, “When were criminal background check results for healthcare professionals first communicated to your board?” received the following responses:

- “About 4 months ago . . . [prior to April/May<sup>31</sup> 2013].”
- “I want to say we implemented this component . . . [2] years ago.”
- “In the past few months [prior to April/May 2013].”
- “December 2011.”
- “[D]uring renewal cycle period and new license review.”
- “2012.”

These responses indicate that some boards may not have timely received CBCs to analyze prior to licensure determinations.

**Cause:** HRLA may have provided the OIG with discrepant CBC data because data are not properly recorded and stored or CBCs were not conducted timely

With regard to the renewals that occurred in the “off-year,” an HRLA manager explained that renewal applicants may receive their licenses after providing proof of fingerprinting. According to an HRLA manager, a renewal applicant may receive his/her renewal prior to the return of CBC results to HRLA and the board’s decision on any positive CBC results. HRLA follows this process for renewals because licensed healthcare professionals are entitled to “due process” and should not have their license revoked due to a delay in CBC processing.<sup>32</sup> Renewal

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<sup>31</sup> The survey was disseminated to board members and attorneys in April 2013, and the deadline for the responses was in May 2013.

<sup>32</sup> The team notes that the practice of issuing applicants renewal licenses without CBC results may not comport with the DCMR and D.C. Code. D.C. Code § 3-1205.22(a) states that no license will be issued before a CBC has been conducted. The DCMR dictates that healthcare professionals must renew their licenses every 2 years; however, applicants are only required to obtain a new CBC every 4 years. Therefore, renewal applicants are required to obtain CBCs every 4 years prior to receiving a renewal license. This issue will be rendered moot once rap back is implemented for health professional licensees because HRLA will be automatically notified of potential criminal issues.

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licensees may have been fingerprinted during their renewal year, but CBC results may not be available until the following year. According to an HRLA employee, MorphoTrust provides CBC results in 48-72 hours; therefore, this explanation does not fully explain why some of the 602 individuals did not receive timely CBCs in 2011.<sup>33</sup>

**Effect:** Data discrepancies reduce accountability and make it difficult to ensure that all CBCs are conducted as required. Any delays in implementing and analyzing CBCs for all health professionals impedes DOH's ability to prevent persons with applicable criminal convictions from gaining licensure, places a vulnerable population at risk of victimization, and places the District at risk of liability.

**Accountability:** DOH is responsible for adhering to the CBC requirement for licensing health professionals.

**Recommendation:**

That the D/DOH ensure that: a) CBC information is properly stored and easily obtainable; b) all health professional applicants in the District, including renewals, receive timely CBCs; and c) CBC information is transmitted and timely analyzed by appropriate boards.

*b. Some boards lack clear protocols or training on reviewing CBCs, which may lead to inconsistent licensure determinations for healthcare professionals.*

**Criteria:** There are 18 licensing boards in the District. Board attorneys assist boards by reviewing and analyzing rap sheets<sup>34</sup> and conveying the criminal information to board members. Board members then make licensure determinations in accordance with the Health Occupations Regulation Act (HORA), as codified in the D.C. Code.<sup>35</sup> In addition to statutory guidance, the Government Accountability Office (GAO) offers best practices, which recommend that “[a]ppropriate policies, procedures, techniques, and mechanisms exist with respect to each of [an] agency’s activities” and that “[c]ontrol activities described in policy and procedures manuals are actually applied and applied properly.”<sup>36</sup> Control activities should be “regularly evaluated to ensure that they are still appropriate and working as intended.”<sup>37</sup>

**Condition:** Interviewees and survey respondents reported that the HORA does not clearly identify which crimes should exclude health professionals from licensure. A board attorney noted that other jurisdictions provide clearer statutory language that dictates the

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<sup>33</sup> For example, LPNs were scheduled to renew in April 2011 while pharmaceutical detailers were scheduled to renew in December 2011. Therefore, a short delay in obtaining or analyzing CBC results may explain why some pharmaceutical detailers received renewal licenses without a CBC, but would not be a suitable explanation for why LPNs who renewed 8 months before the end of the year would not have received CBC results.

<sup>34</sup> According to the Merriam-Webster dictionary, a “rap sheet” is a police arrest record. See <http://www.merriam-webster.com/dictionary/rap%20sheet> (last visited June 13, 2013).

<sup>35</sup> See D.C. Code § 3-1205.22.

<sup>36</sup> U.S. GEN. ACCOUNTING OFFICE INTERNAL CONTROL STANDARDS 34, GAO-01-1008G (Aug. 2001).

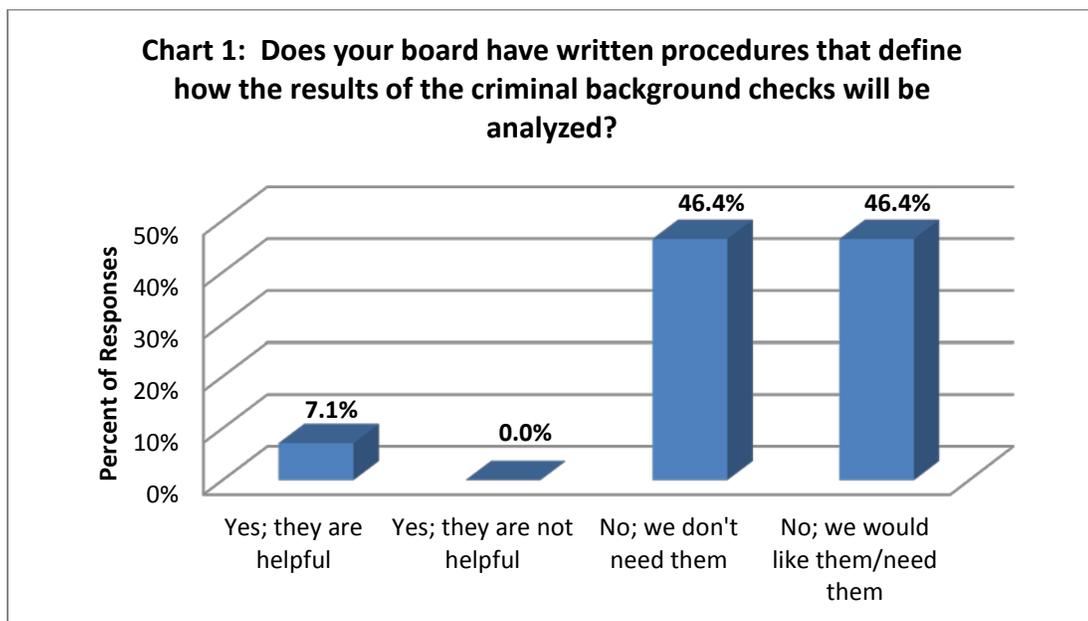
<sup>37</sup> *Id.*

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consequences of certain categories of crimes. For example, this attorney asserted that pursuant to Georgia law, certain categories of license applicants who commit a felony or misdemeanor crime of moral turpitude will have their license denied.<sup>38</sup>

In addition to statutory guidance, some (but not all) board members rely on internal policies and procedures regarding assessment of CBC results in making licensure determinations. For example, the Board of Medicine uses a tiered system in evaluating CBCs, taking into account the seriousness and the timeframe of a crime in making licensure decisions. However, boards set their own standards and some have not established protocols for assessing CBCs.

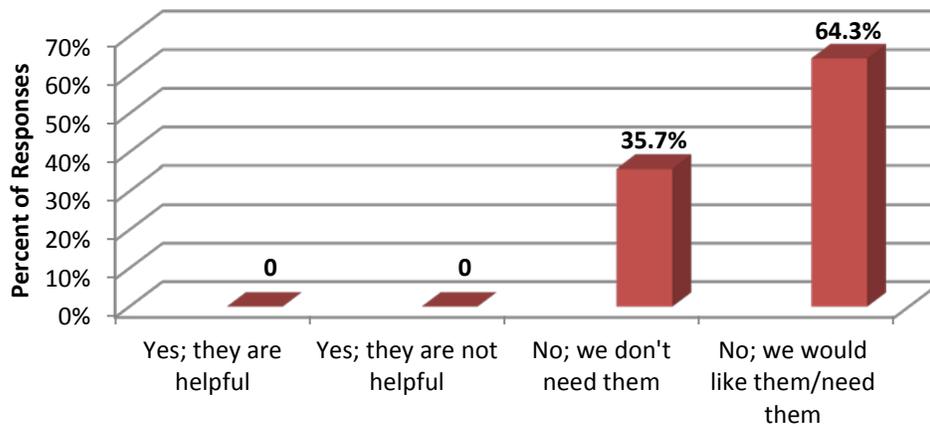
The team sent a survey to 72 board members and received 30 responses. Charts 1-4 detail the survey responses as follows:



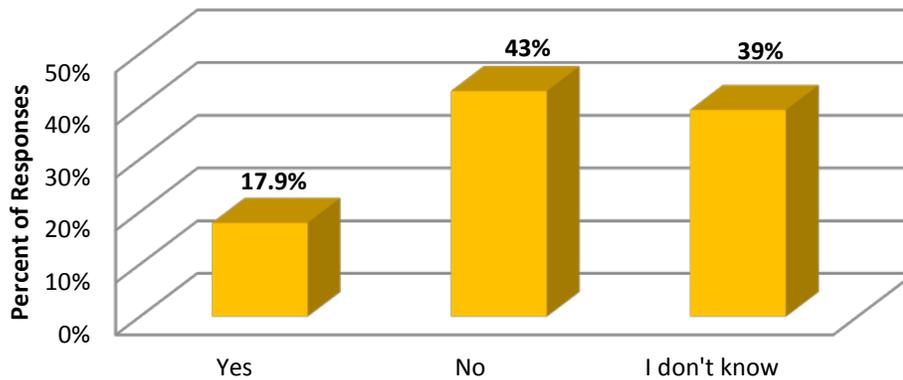
<sup>38</sup> See Ga. Code Ann. § 43-11-47(a)(3) (2013).

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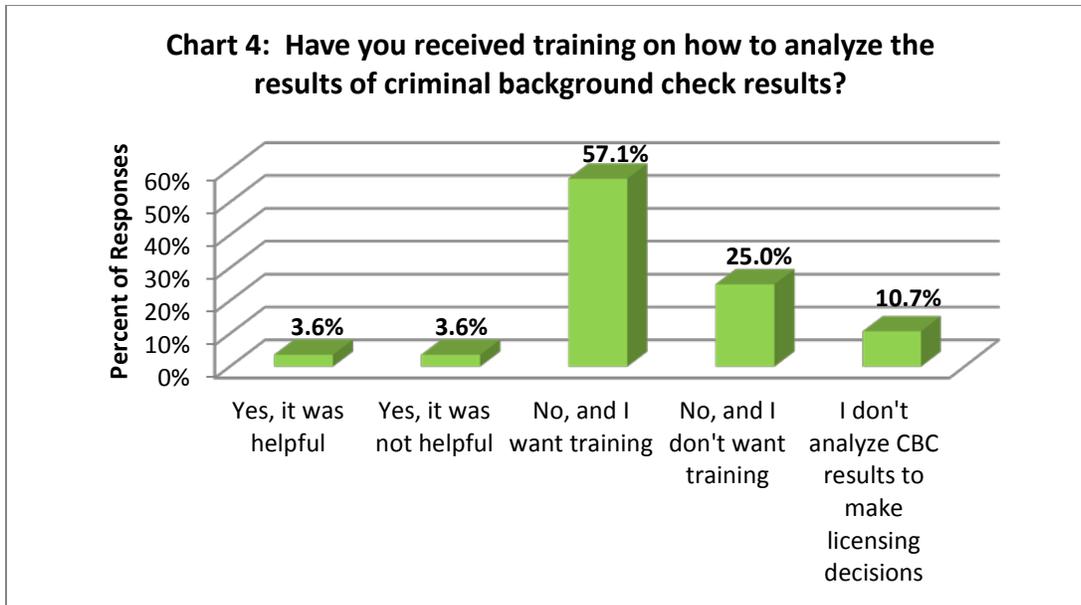
**Chart 2: Does your board have written procedures that define how criminal background check results will be securely stored?**



**Chart 3: Did DOH/HRLA work with your board to implement procedures that define how it should evaluate the results of criminal background checks?**



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Board members also provided the following comments about the need for procedures in reviewing CBC results:

- “Well, I do feel that our board is sometimes all over the place with how we ‘judge’ peoples moral turpitude, so I think some guidelines would be good. Even if our board itself comes up with some internal guidelines about how we ‘judge’ people.”
- “I believe having standard guidelines would eliminate the human tendency to place personal judgement [sic] of the applicant[']s suitability.”
- “It would be helpful to have a set of criteria for accepting or rejecting a licensure application based on criminal background.”
- “If there are procedures regarding criminal background checks, I don't know about them. I think this would be helpful.”
- “They [internal board protocols] are actually being worked on right now.”
- “I think there should be a written standard guideline on how to triage the CBCs.”
- “Guidance would be good.”
- “Provide customary procedures. Used or best practices.”
- “I would like written guidelines for each specific board.”

Although 46.4 percent of board members reported a need for policies and procedures for reviewing CBCs, the same percentage reported that they did not want or need this guidance. However, the team believes that best practices support the need for policies and procedures. Protocols could be created by DOH or by the boards. At least one respondent expressed hesitation about DOH-provided guidance, noting that DOH/HRLA should consult with board members before it imposes any regulations on a profession or how to evaluate CBCs.

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Board members also provided the following comments regarding training for reviewing CBC results:

- “The security of a rap sheet[,] whether paper or electronic[,] is of great importance for the protection of the licensee . . . . Training in this area and written guidelines would be very useful.”
- “[A]n overall education of the Board about the [CBC] process and how the system works [would assist the Board].”
- “Training on the security of the rap sheet and/or electronic records for fyi purposes [would assist the Board].”
- “It would be nice to know how to read one [rap sheet] and what the language means, maybe a cheat sheet for the lingo that shows up on the rap sheet.”
- “Train us in CBC analysis & laws concerning them.”
- “Formal training would be helpful.”
- “A template of what level [] of crime is unacceptable for licensing [would be helpful].”
- “Cross board training [would be helpful].”

**Cause:** Boards have autonomy to establish standards and some have done so, but this process did not occur across all boards. According to one board attorney, there are no standardized board protocols because each board assesses CBCs differently; no board wants to be bound by another board’s procedures. For example, the Board of Medicine may need different standards than the Board of Massage Therapists because there may be certain crimes that the latter judges differently than the former (e.g., a 10-year-old solicitation of prostitution charge may be more serious for massage therapists than physicians).

Training on the general CBC process, rap sheet security, and analyzing rap sheets may not be available because some HRLA employees do not perceive a need for board member training in these areas.<sup>39</sup> A board attorney told the team that he/she did not think that board members needed training to assist them in CBC reviews because board attorneys are responsible for analyzing, explaining, and shredding rap sheets. However, a majority of survey respondents reported contrary information, noting that they wanted training.

**Effect:** Standardized protocols and training help ensure that board members understand how to: 1) review CBC information when making licensure determinations; 2) objectively and consistently analyze CBC results; and 3) appropriately secure rap sheets. In turn, sensitive information (e.g., criminal dispositions, social security numbers, addresses, etc.) is not compromised and uniformity in judging CBC histories is achieved. The lack of protocols and training may also place a vulnerable population at risk of victimization and the District at risk of liability.

**Accountability:** The boards are ultimately responsible for making licensure determinations, and HRLA is responsible for supporting the boards. In a September 15, 2010, letter to the OIG, the former D/DOH explained that “[i]n making a decision as to whether a person should be licensed . . . the board[]s do not have a ‘laundry list’ of criminal infractions . . . [E]ach person is judged on an individual basis [by the boards].” In a October 7, 2010, letter to

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<sup>39</sup> A board attorney noted that the FBI provides criminal background check training to board attorneys and HRLA CBC Unit employees, but not board members.

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the OIG, the D/DOH further elaborated that “the boards have not in past nor foresee any reason in the future for informing the licensing agency, HPLA, what their criteria is for making licensing, certification, or registration decision . . . HPLA’s primary role is to provide support to the boards.” An interviewee further elaborated to the team that the boards have their own metrics and policies on how to use the CBC information that HRLA provides. However, because HRLA provides support to the boards, it could help each board in the development of policies and procedures.

### **Recommendation:**

That the D/DOH support the boards to ensure that: 1) each board implements board-specific policies and procedures for evaluating CBC records; and 2) board members are trained on general CBC information, the security of rap sheets, and analyzing rap sheets.

### ***Objective 3: Is HRLA applying proper protocols for handling, tracking, auditing, and reporting check payments and revenue?***

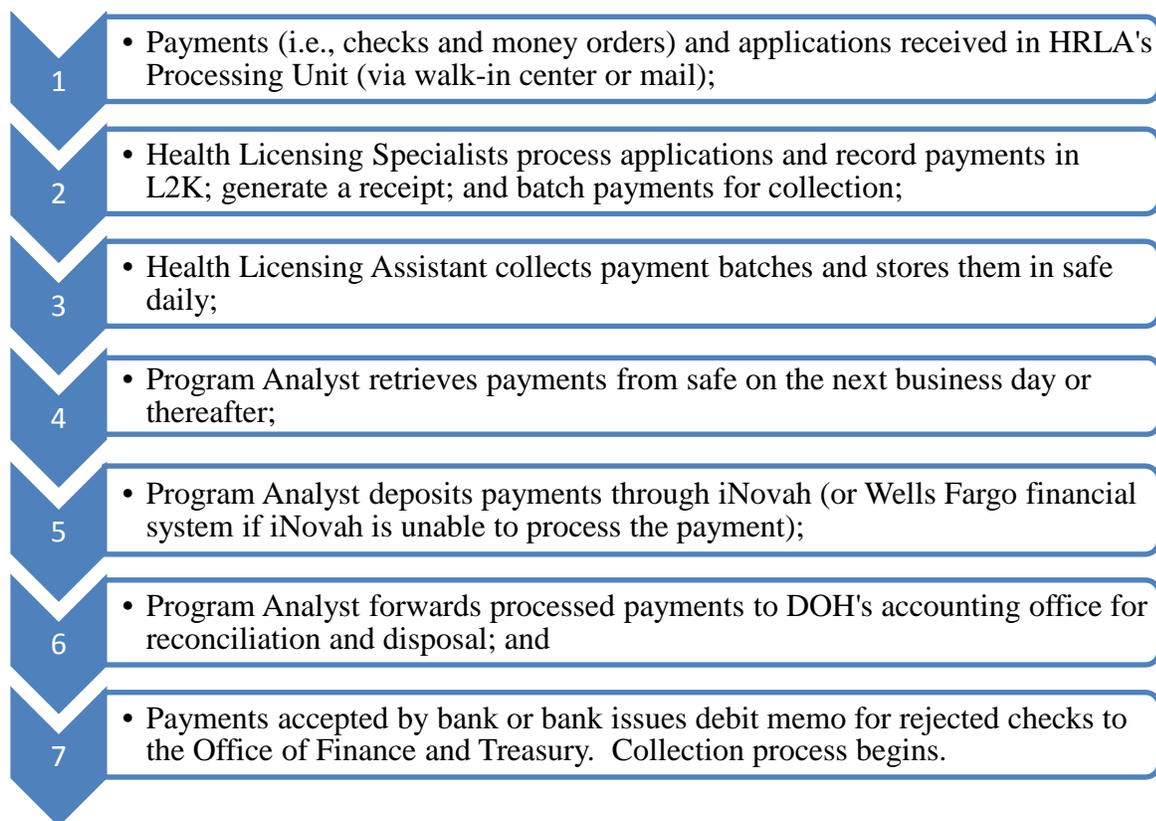
HRLA’s Office of Operations and Licensing accepts payment for healthcare professional licenses, certifications, registrations, fines, settlement agreements, and verifications. This office has 35.55 FTEs who work within 3 units: 1) Operations; 2) Licensing; and 3) Criminal Background Check. Clients who apply for licensure within the District must complete an application and submit it with payment to HRLA for processing. (See Chart 5 below.) Clients can mail their application and payment or submit it in person by visiting HRLA’s walk-in center. Fees vary (e.g., medical doctors pay an \$805 license fee while home healthcare aides (HHAs) pay a \$50 certification fee), and HRLA accepts checks, money orders, and credit cards as forms of payment; however, all credit card payments must be administered through PayPal.<sup>40</sup>

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<sup>40</sup> According to its website, PayPal is: “The safer, easier way to pay.”  
<https://www.paypal.com/webapps/mpp/what-is-paypal> (last visited May 23, 2013).

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Chart 5: Payment Process Diagram<sup>41</sup>



**3. HRLA's payment process lacks adequate internal controls for tracking and depositing payments and processed payment information is not safeguarded or destroyed timely.**

***a. HRLA's payment process lacks adequate internal controls and management oversight for documenting incoming payments and depositing them timely.***

**Criteria:** HRLA's Cash Management Procedures note that "[t]he purpose of these policies and procedures is to ensure that all collected fees are properly collected, safeguarded, documented, and reported."<sup>42</sup> Payments must be: 1) recorded in License 2000, also referred to as L2K, each day; 2) collected at the end of each day; and 3) stored in a safe until the following day's pick up and deposited in iNovah.

<sup>41</sup> According to its website, "iNovah is a browser-based software package that manages the payment collection and processing activities from all your collection sources to all your accounting and information systems." [Http://inovah.com/inovah.htm](http://inovah.com/inovah.htm) (last visited June 10, 2013). Per its website: "MyLicense Office [also known as L2K and formerly known as License 2000] is an all-inclusive rules-based licensing and enforcement system, with a proven record of success. As an end-to-end system for regulation management, MyLicense Office combines an agency's licensing and enforcement functions into one integrated application."

[Http://www.systemautomation.com/MyLicenseOffice.html](http://www.systemautomation.com/MyLicenseOffice.html) (last visited July 18, 2013).

<sup>42</sup> DISTRICT OF COLUMBIA OFFICE OF THE CHIEF FINANCIAL OFFICER FINANCIAL POLICIES AND PROCEDURES MANUAL, HRLA Cash Management Procedures, § .20 (Effective Oct. 1, 2009).

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**Condition:** HRLA collects and deposits a substantial amount of revenue as a result of its licensing activities. According to one HRLA official, the agency collected \$1,419,718 in licensing payments during one quarter in 2013. HRLA's mail handler is not required to thoroughly document each license-related payment received as soon as the mail is opened. This employee retrieves and processes HRLA's incoming mail once a day and records the total number of payments received on a mail distribution sheet. (See Appendix 7 for example of mail distribution sheet.) However, this sheet does not detail important payment-related information such as: (1) name of payment issuer; (2) form of payment; (3) date of issuance; and (4) payment identification number (e.g., check number or money order number), which could impact accurate payment recordation and reconciliation. The mail handler then distributes the payments received to as many as 21 respective health licensing specialists who enter the payment information noted above into each payee's L2K profile. However, health licensing specialists may or may not record payment-related information in L2K on that same day (depending on his/her workload), which could also impact accurate payment recordation.

Additionally, several HRLA employees, as well as an Office of Finance and Treasury (OFT), Office of the Chief Financial Officer (OCFO) employee, reported that payments are not deposited timely. As mentioned previously, 21 employees may process payments, which impacts HRLA's ability to effectively track payments. The team learned that payments were often misplaced and left inside a desk drawer and safes for long periods of time.

The team conducted an observation on May 9, 2013, and confirmed employees' reports. For example, the team reviewed a batch of payments received on April 3, 2013, and discovered a cashier's check dated October 9, 2012, which indicates that the check was deposited approximately 6 months after date of issue. Another batch received April 18, 2013, contained a check dated January 4, 2013, in the amount of \$100 and a money order dated January 7, 2013, in the amount of \$75. Similarly, the team reviewed batches of unprocessed payments stored in a safe despite the fact that the checks were dated between 46 and 147 business days prior.<sup>43</sup> (See Table 3 on the next page.)

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<sup>43</sup> The team acknowledges the limitations of the documentation. Sometimes people date checks prior to the date of submission.

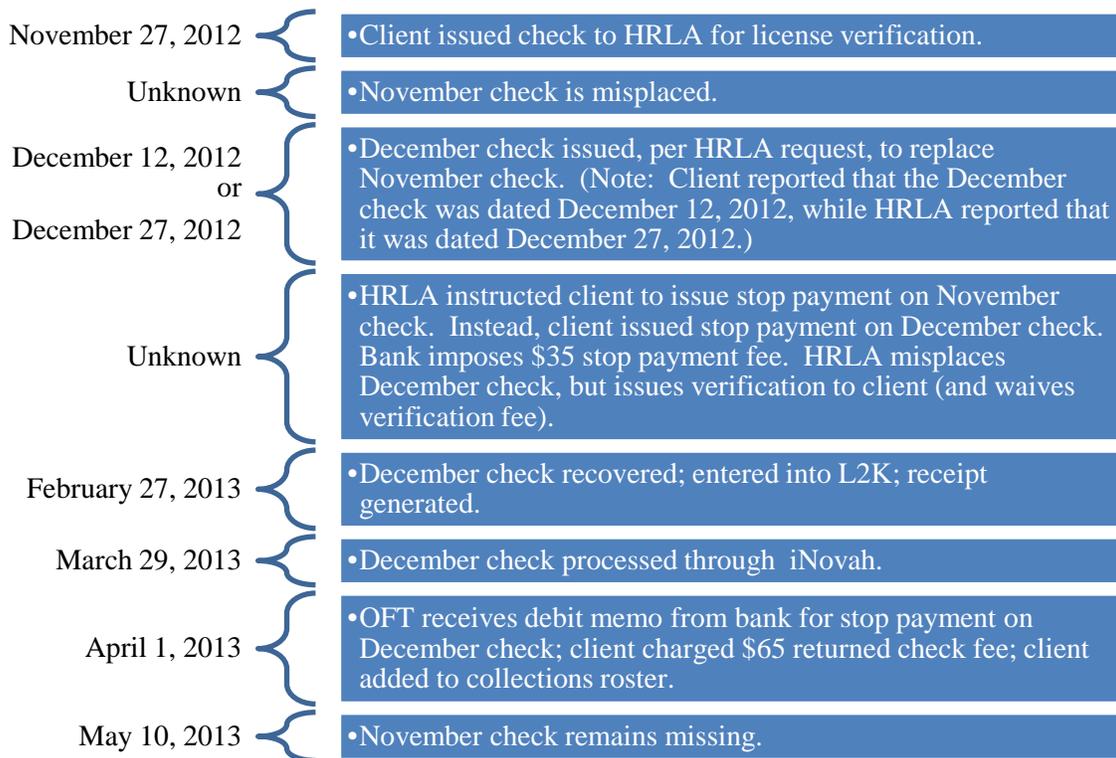
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**Table 3: Number of Business Days That Sampled Checks Remained Unprocessed**

Batch Date	Check Date	No. of Elapsed Business Days
May 24, 2013	January 25, 2013	86
	February 19, 2013	69
	March 22, 2013	46
May 28, 2013	November 5, 2012	147
	December 20, 2012	114
	December 26, 2012	110
	December 26, 2012	110
	January 7, 2013	102
	January 14, 2013	97
	January 25, 2013	88
	January 29, 2013	86
	February 11, 2013	77
	February 20, 2013	70
	February 27, 2013	65

Moreover, the team uncovered a check that was not properly tracked and took nearly 4 months to process. In this instance, a client issued two checks that were misplaced. For details concerning this mishandled check, see the timeline in Chart 6 below.

**Chart 6: Timeline of Mishandled Check**



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Following the events detailed above, the client was removed from the collections list and did not have to pay the \$65 returned check fee. The client noted that he/she is reluctant to issue another stop payment for the November check because he/she does not want to incur additional bank fees. Although the client paid a \$35 stop payment fee to the bank, he/she never incurred a verification fee due to HRLA's mishandling of the check. A third check was not issued because the individual received verification.

**Cause:** There is a lack of: 1) internal controls and policies and procedures for processing mailed payments; and 2) key management oversight for administering and depositing checks.

**Effect:** HRLA may not serve its clients effectively when payments are not processed thoroughly or deposited timely and clients may be subject to adverse consequences such as stop payment fees, returned check fees, and stale-dated checks that the client must reissue. Clients may also be placed on the District government's collections list due to no fault of their own. For example, in the case detailed above, the client reported that he/she did not receive timely verification even though it was noted urgent. This delay may have negatively impacted his/her employment eligibility with current and potential employers. Further, HRLA did not receive payment for the verification issued to the client, which may impact HRLA's reported revenue.

**Accountability:** The OCFO delegated revenue collection to DOH/HRLA, and, hence, DOH/HRLA must comply with its own cash management procedures.

### **Recommendations:**

That the D/DOH: 1) update HRLA's cash management procedures to define the mail handler's responsibilities for documenting more detailed information about payments on the mail distribution sheet; 2) establish a chronological log of the location of payments; and 3) establish compliance and auditing duties and activities to ensure payments are processed and deposited timely. The updated policy should reflect the party responsible for compliance monitoring; the frequency with which compliance activities will occur; how the compliance activities will occur; and how and when compliance and auditing activities should be documented and reported.

*b. Client account information is not properly safeguarded or timely destroyed and may be compromised.*

**Criteria:** According to the OCFO, "[t]here is a high risk associated with transactions involving cash,"<sup>44</sup> and "all cash receipts must be promptly recorded into a District system of record, [and] handled with proper controls and security . . . ."<sup>45</sup> Additionally, OFT's policies

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<sup>44</sup> The OCFO defines cash as "[c]urrency, coin, checks, warrants, postal and express money orders and bankers' drafts on hand or on deposit with an official or agent designated as custodian of cash and bank deposits." DISTRICT OF COLUMBIA OFFICE OF THE CHIEF FINANCIAL OFFICER FINANCIAL POLICIES AND PROCEDURES MANUAL Vol. I – Glossary 3 (Effective Oct. 1, 2009).

<sup>45</sup> DISTRICT OF COLUMBIA OFFICE OF THE CHIEF FINANCIAL OFFICER FINANCIAL POLICIES AND PROCEDURES MANUAL Vol. I – Cash 1 (Effective Oct. 1, 2009).

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and procedures require that employees retain checks in a secure location (vault or locked drawer) for 21 business days,<sup>46</sup> and “[c]hecks that have been successfully captured must be shredded in house physically after 21 business days.”

**Condition:** Once deposited by HRLA’s program analyst, payments are batched and submitted to DOH’s accounting office to: 1) ensure that the amount of revenue deposited equals the total amount of payments; 2) upload confirmed revenue to the District’s System of Accounting and Reporting (SOAR); and 3) dispose of processed payments.

The team observed instances when DOH’s accounting office did not properly secure or timely destroy processed checks. On April 8, 2013, the team observed HRLA’s payment operations and discovered numerous unsecured processed checks in an OCFO employee’s office and in an unlocked desk drawer outside of his/her office. (See photographs below.)



Although OFT procedures dictate that processed payments must be disposed after 21 business days, according to a DOH employee, payments are disposed of every 30 days. However, on May 9, 2013, the team observed boxes of processed payments that were not destroyed within the required 21-day timeframe or the reported 30-day timeframe.

**Cause:** An employee noted that because the checks were already processed, they could not be deposited again. Therefore, this individual did not think that checks contained sensitive information and did not foresee an issue with checks located in his/her office or in the unlocked desk drawer located outside his/her office. This individual also stated that the desk drawer did not have a key and payments could not be secured in this location.

**Effect:** Although this employee recognized that the checks could not be re-deposited, he/she did not consider accessibility and potential misuse of personal and account information (e.g., routing and account numbers) on checks. Moreover, this information remained accessible for longer periods of time than required by OFT policies and procedures because it was not

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<sup>46</sup> “Office of Finance and Treasury Wells Fargo Desktop Deposit Capture Policies and Procedures” revised Apr. 11, 2013.

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destroyed timely. This practice may increase the risk of District liability if personal and account information is obtained and misused.

**Accountability:** DOH is responsible for ensuring that sensitive account information is properly secured and destroyed.

**Recommendation:**

That the D/DOH coordinate with the CFO to ensure adherence with the OCFO/OFT policy for securing checks and destroying them timely.

## APPENDICES

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# APPENDICES

## APPENDICES

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**Appendix 1:** List of Findings and Recommendations

**Appendix 2:** Flowchart of Pre-employment CBC Process for LTC Applicants

**Appendix 3:** Summary of HRLA's Compliance With OIG MAR Recommendation and Supplemental Request for Information

**Appendix 4:** Chronology of Health Professional CBC Implementation

**Appendix 5:** Number of CBCs Conducted Per Year for each Healthcare Profession

**Appendix 6:** Health Professional License Renewal Schedules

**APPENDIX 1**

List of Findings and Recommendations:

1. **The team found that HRLA appears to have complied with CMS grant funding and reporting requirements; however legislative obstacles and poor planning may impede implementation of an automatic criminal conviction alert system by the end of the grant term.**

a. *HRLA made significant progress in implementing the NBCP, and its funding expenditures complied with grant requirements.*

None.

b. *Legislative obstacles and poor planning may impede HRLA's implementation of rap back, an automated criminal conviction alert system, by the end of the grant term.*

That the Director of the Department of Health (D/DOH): a) work with MPD and the D.C. Council to identify and resolve any legislative obstacles delaying rap back implementation; b) develop protocols defining the roles and responsibilities of each involved agency; c) implement rap back prior to the grant's expiration; and d) identify a funding source to sustain rap back.

2. **The team was unable to confirm whether DOH fully implemented D.C. Law 16-222 for CBCs and some boards lack established clear protocols or training on reviewing CBCs.**

a. *The team could not confirm whether all health professionals received CBCs due to changing data numbers; some renewal applicants did not receive timely CBCs; and some CBC information may not have been analyzed, impeding DOH's ability to prevent persons with applicable criminal convictions from gaining licensure.*

That the D/DOH ensure that: a) CBC information is properly stored and easily obtainable; b) all health professional applicants, including renewals, in the District receive timely CBCs; and c) CBC information is transmitted and timely analyzed by appropriate boards.

b. *Some boards lack clear protocols or training on reviewing CBCs, which may lead to inconsistent licensure determinations for healthcare professionals.*

That the D/DOH support the boards to ensure that: 1) each board implements board-specific policies and procedures for evaluating CBC records; and 2) board members are trained on general CBC information, the security of rap sheets, and analyzing rap sheets.

3. **HRLA's payment process lacks adequate internal controls for tracking, safeguarding, and depositing payments.**

*a. HRLA's payment process lacks adequate internal controls and management oversight for documenting incoming payments and depositing them timely.*

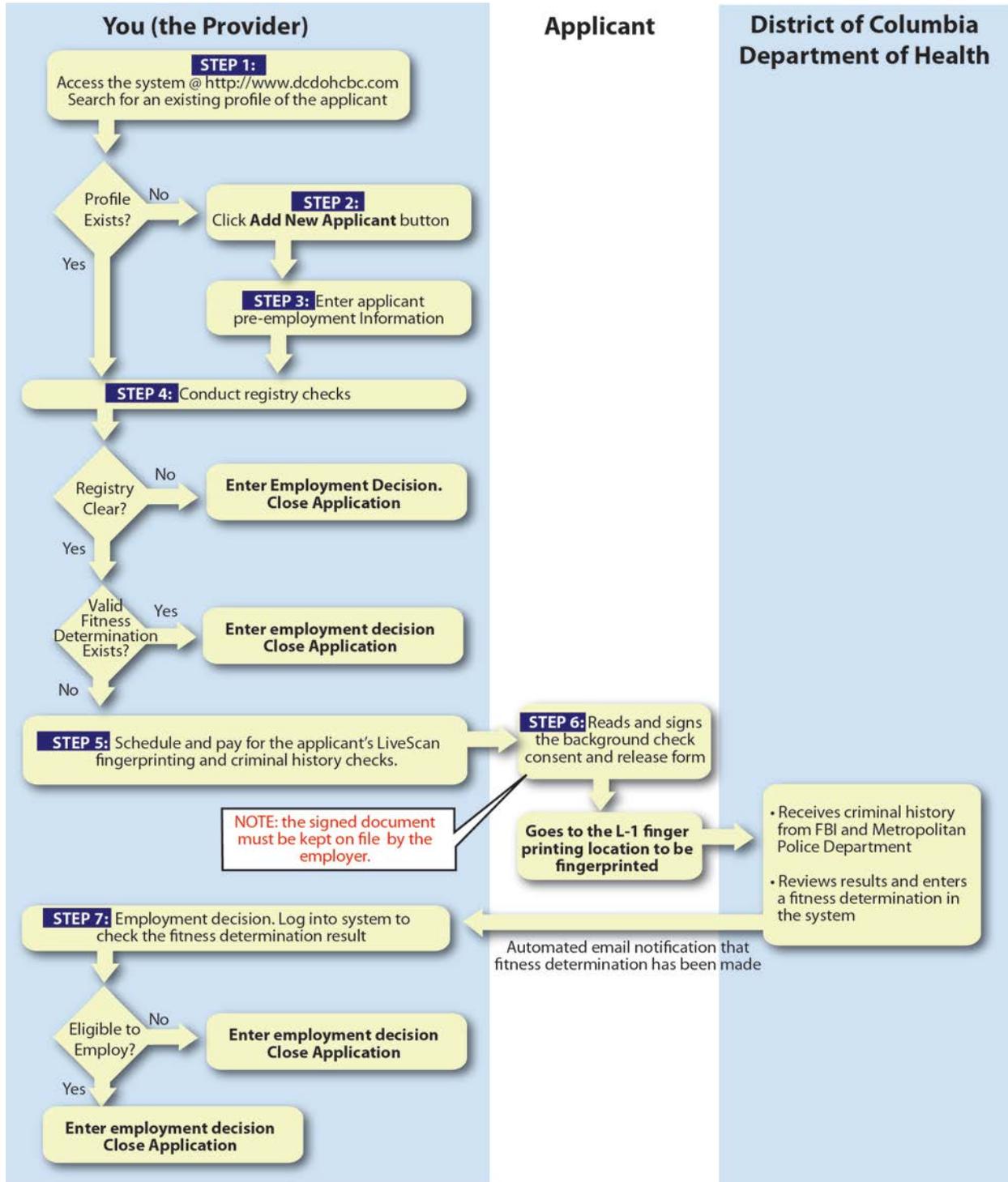
That the D/DOH: 1) update HRLA's cash management procedures to define the mail handler's responsibilities for documenting more detailed information about payments on the mail distribution sheet; 2) establish a chronological log of the location of payments; and 3) establish compliance and auditing duties and activities to ensure payment are processed and deposited timely. The updated policy should reflect the party responsible for compliance monitoring; the frequency with which compliance activities will occur; how the compliance activities will occur; and how and when compliance and auditing activities should be documented and reported.

*b. Client account information is not properly safeguarded or timely destroyed and may be compromised.*

That the D/DOH coordinate with the CFO to ensure adherence with the OCFO/OFT policy for securing checks and destroying them timely.

**APPENDIX 2**

Chart 7. Flowchart of Pre-employment CBC Process for LTC Applicants.



Source: DOH/HLRA provided this chart in April 2013.

**APPENDIX 3**

## Summary of HRLA's Compliance With OIG MAR Recommendation and Supplemental Request for Information

**OIG MAR Recommendation:** That the D/DOH, in close coordination with the Chief of the MPD, create a detailed criminal background check requirement implementation plan that fully addresses the conditions cited in this MAR and ensure that HRLA expeditiously completes all tasks necessary to comply with the requirements of D.C. Law 16-222. **Status: Partially Achieved.** HRLA management reported to the team that “[a] formal implementation plan was not created.” However, HRLA management provided the team with a written action plan that assisted HRLA in implementing CBCs. According to the date stamp on the document copies the team reviewed, the document appeared to be first created in October 2010. Finding 1b of this report addresses deficiencies in implementing CBC requirements.

**OIG MAR Follow-Up:** Will DOH provide new written procedures to its employees regarding the handling and processing of applicants' payments of criminal background check fees? **Status: No Longer Applicable.** Applicants currently pay MorphoTrust and MPD directly for fingerprinting.

**OIG MAR Follow-Up:** Will DOH establish written procedures that define how the results of criminal background checks will be safeguarded at DOH? **Status: Achieved.** HRLA's preliminary policies<sup>47</sup> were replaced by CBC policies and procedures;<sup>48</sup> the new policy states that FBI results will be channeled to the DOH server via a VPN tunnel, and the state results will be accessed by a state website. A secure server stores the positive results, and attorneys and investigators have individualized usernames and passwords to view these results. This written policy states that FBI results are for viewing only, cannot be saved or stored, and all printouts should be shredded. However, the team surveyed HRLA's board members and attorneys, and they reported a need for written procedures that define how criminal background check results will be securely stored. (See Chart 2 in Finding 2b.)

**OIG MAR Follow-Up:** When and how will the DOH employees who will be responsible for administering the criminal background check process be trained on their new duties and responsibilities and related policies and procedures? **Status: Achieved.** Through interviews and from HRLA management, the team learned that six HRLA employees and board attorneys received CBC training from the FBI. Additionally, HRLA employees receive on-the-job training.

**OIG MAR Follow-Up:** Will DOH establish written procedures that define how the results of the criminal background checks will be communicated to the health occupation boards? **Status: Achieved.** HRLA policies and procedures state that board attorneys access FBI and state criminal background check results, noting that: “1. A secured ftp server has been

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<sup>47</sup> On October 7, 2010, the (then) Director of DOH responded to the OIG's supplemental request with a brief outline of the policies regarding how CBC results would be safeguarded at DOH, noting that reports prepared by MPD and the FBI would be tendered to either the Chief Compliance Officer or Supervisory Investigator and that reports would be placed in a locked room only accessible by these two individuals.

<sup>48</sup> According to HRLA management, these policies and procedures were promulgated “after December 2011.” Upon questioning what this meant, an HRLA manager stated that this policy was created in December 2011, but it is a living document and is continuously updated.

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created to store the positive criminal history records[;] 2. Board attorneys will be provided with user name [sic] and password to access both the FBI and State Results[;] 3. FBI records are only for viewing and cannot be saved or stored. All printouts should be shredded.”<sup>49</sup> According to a board attorney, board attorneys are then responsible for conveying CBC information to board members.

**OIG MAR Follow-Up:** Will DOH work with health occupation boards to implement procedures that define how the boards should evaluate the results of criminal background checks and document the licensure decisions they subsequently make? **Status: Partially Achieved.** DOH and boards have established processes to document licensure decisions;<sup>50</sup> however, DOH has not worked with the boards to implement procedures for analyzing CBCs, as noted in Finding 2b.

**OIG MAR Follow-Up:** The July 2009 rulemaking states that health professional license applicants who reside out of the metropolitan Washington area should mail their completed fingerprint cards to DOH’s Health Professional Licensing Administration. Your response, however, indicates that the out-of-jurisdiction law enforcement center that takes an applicant’s prints will forward the fingerprint package to the Federal Bureau of Investigation for processing. Please clarify which procedure will be followed. **Status: Achieved.** The team interviewed HRLA employees and reviewed HRLA policies and procedures and learned that out-of-jurisdiction applicants are fingerprinted at their police department or other entity authorized to fingerprint (e.g., an embassy) and mail the fingerprint card directly to MorphoTrust, or they can go directly to MorphoTrust for fingerprinting if there is a location near them.

**OIG MAR Follow-Up:** What efforts have DOH and/or the Council made to secure the funding DOH needs in order to fully implement the criminal background check requirement for health professional license applicants? **Status: No Longer Applicable.** An HRLA manager reported that “HRLA is not providing any funding for criminal background checks for healthcare professionals. MorphoTrust’s FTEs are employees of MorphoTrust. Healthcare professionals pay individually for background checks through arrangement with MorphoTrust or MPD.”

**OIG MAR Follow-Up:** Please cite the authority that would permit DOH to issue a temporary license to an applicant who has not yet undergone a criminal background check and who is not licensed, registered, or certified and in good standing to practice in another jurisdiction. **Status: Achieved.** On October 7, 2010, the (then) Director of DOH responded to the OIG’s supplemental request and stated that D.C. Code § 3-1203.02(12) states that “the Mayor may periodically determine [it] to be necessary to protect the health and welfare of the citizens of the District, for the temporary licensure for a period of time not to exceed 90 days and under conditions to be prescribed by the Mayor by rule, . . . .” This response then notes that these “rules” are found in 17 DCMR § 4007.

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<sup>49</sup> HRLA Policies and Procedures Relating to Criminal to Criminal Background Checks for Licensed Health Care Professionals, at 4.

<sup>50</sup> According to a board attorney, boards must ratify licenses for the licenses to be printed. At board meetings, when the board approves a license, this information is relayed to HRLA administrative employees who update the license status in L2K. If a person is not getting a license, then the board will not approve the license.

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An HRLA manager described two processes for CBCs: 1) new applicants do not receive licenses until they are fingerprinted, the CBC results come back, and the applicable health professional board makes its licensure decisions (including evaluating positive CBC results); and 2) renewal applicants can receive their licenses after proof of fingerprinting. According to an HRLA manager, renewal applicants are able to receive their renewals prior to the receipt of CBC results by HRLA and the board making its decision on any positive criminal history results. According to a HRLA employee, this process is followed for renewals because licensed healthcare professionals are entitled to due process. Title 17 DCMR § 4007.4 allows a board to issue a temporary license “only” where the applicant is applying for licensure by reciprocity or just needs to take the next scheduled examination. It does not allow renewal applicants this grace period. Renewal licensees may have been granted renewals without receiving CBCs.

**OIG MAR Follow-Up:** Provide a copy of HRLA’s Memorandum of Understanding (MOU) with MPD for conducting fingerprinting for CBCs. **Status: Achieved.** The team obtained copies of HRLA’s MOUs with MPD for FYs 2011 and 2012. According to HRLA managers, HRLA does not have a FY 2013 MOU with MPD because MorphoTrust now acts as a third-party contractor and fingerprints the majority of healthcare professionals. MPD still conducts some fingerprints, but according to an HRLA manager, the number of fingerprints conducted at present does not require an MOU.

**APPENDIX 4**

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### Chronology of Health Professional CBC Implementation

March 6, 2007	The Licensed Health Professional Criminal Background Check Amendment Act of 2006 became D.C. Law 16-222 (D.C. Code § 3-1205.22 (2001)).
April 27, 2009	A Notice of Final Rulemaking was published in the District of Columbia Register notifying the public that the cost of a CBC was \$50.
July 31, 2009	The D/DOH published a notice of final rulemaking in the D.C. Register that established DOH's CBC procedures for individuals who are governed by Title 3 of the D.C. Code (healthcare professionals), at Title 17 DCMR Chapter 85.
November 6, 2009	MPD received an MOU detailing the agreement between HRLA and MPD to implement the CBC program. According to this MOU, individuals paid a \$50 fee to HRLA and obtained a "Live scan Fingerprint Request" form to take to MPD. According to HRLA management, HRLA's budget/funding prevented the execution of this MOU with MPD.
August 30, 2010	The OIG published MAR 10-I-004 entitled <i>DOH Not Complying With District Law That Requires Health Professional License Applicants to Undergo a Criminal Background Check</i> . This MAR noted that:  HRLA needs to develop, disseminate, and train its employees on clear, comprehensive written procedures pertaining to the criminal background check process, and provide health professional license applicants with relevant information. HRLA must take steps to ensure that: (1) health professional license applicants understand the criminal background check requirement as well as the process by which HRLA will conduct the checks; (2) HRLA analyzes and safeguards the results, and informs applicants of actions taken, if any, by HRLA and/or a health occupation board in response to information identified through the checks; and (3) criminal background

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check requests are processed by MPD and the results are returned expeditiously to HRLA.

Accordingly, the OIG recommended:

That the Director of the Department of Health, in close coordination with the Chief of the Metropolitan Police Department, create a detailed criminal background check requirement implementation plan that fully addresses the conditions cited in this MAR and ensure that HRLA expeditiously completes all tasks necessary to comply with the requirements of D.C. Law 16-222. Such a plan should include milestone completion dates for key tasks and identify any additional staff, equipment/resources, and/or input and cooperation from all relevant health occupation boards and other District agencies necessary to not only comply with the law but also to adequately meet the projected demand for criminal background checks.

September 9, 2010	MPD was originally tasked with conducting all fingerprinting for HRLA. On this date, MPD reportedly informed HRLA that the turn-around time to provide CBC results would be approximately 4 weeks (originally MPD informed HRLA that the timeframe for scanning and generating a CBC report would be 48 to 72 hours).
September 15, 2010	The D/DOH wrote a letter to the OIG responding to the MAR. This letter detailed steps HRLA planned to take to comply with the CBC law.
September 22, 2010	The OIG sent a letter to the D/DOH requesting a supplemental written response regarding whether DOH will create a detailed implementation plan for the CBC process. This letter also asked DOH to provide responses to specific questions.
September to October 2010	HRLA's MOU with MPD (for the period October 1, 2010 - September 30, 2011) was signed.
October 7, 2010	The D/DOH responds to the OIG's supplemental request. (See Appendix 3.)
November 1, 2010	HRLA initiated a pilot program to implement CBC requirements. According to HRLA management, this pilot program focused on addiction counselors because it was the first time these counselors

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had to be certified under District law. Therefore, as part of the certification process, the pilot program required that these individuals get fingerprinted and receive CBCs.

- November 16, 2010 The OIG sent a letter to Mayor Fenty requesting him to “direct DOH to immediately discontinue its practice of issuing permanent health professional licenses to applicants who have not successfully completed criminal background checks.”
- November 19, 2010 The D/DOH emailed HRLA’s Senior Deputy Director requesting the agency to “immediately discontinue your practice of issuing permanent health professional licenses to applicants who have not successfully completed criminal background checks.”
- November 22, 2010 OIG employees met with HRLA employees to discuss the MAR. During this meeting, HRLA discussed the need for additional employees to implement the CBC program.
- December 21, 2010 The OIG sent a letter to the D/DOH requesting “(1) an update as to whether HRLA has discontinued the practice [of giving licenses to health professionals without criminal background checks], and (2) detailed information on any actions DOH has taken and/or plans to take in order to comply fully with the Licensed Health Professional Criminal Background Check Amendment Act of 2006.”
- December 27, 2010 The (then) D/DOH wrote a letter to the OIG stating, “Please be advised that effective immediately, no new applicants will be issued a permanent license, registration, or certification by the Health Professional Licensing Administration until they have undergone [a] criminal background check.”
- January 2011 According to HRLA management, full implementation of the CBC program began, requiring new applicants to undergo CBCs. According to HRLA management, healthcare professionals renewing licenses had to obtain CBCs as well (according to the renewal schedule).
- January 7, 2011 The OIG sent a letter to the D/DOH requesting clarification regarding whether applicants seeking renewal, reinstatement, or return to active status of their license, registration, or certification were required to obtain a CBC before their applications were approved. This letter was sent because the D/DOH’s December 27, 2010, letter and the information on HRLA’s website appeared to imply that any applicant seeking: 1) a renewal license, registration, certification; 2) the reinstatement of a license, registration, or certification; or 3) transition from inactive status to

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active status will not be subjected to a CBC. Note: During the time of fieldwork, HRLA's website was still unclear, as it stated "IF YOU HAVE COMPLETED A CBC FOR THE PURPOSE OF LICENSURE WITH DC HPLA YOU ARE NOT REQUIRED TO COMPLETE ANOTHER CBC."<sup>51</sup> (Emphasis in original).

January 21, 2011

The (then) Acting D/DOH responded to the OIG, noting that all new, renewal, reinstatement, and inactive applicants who wish to become active are subject to a CBC.

December 2011

Due to MPD's limited capacity, DOH submitted a request to the FBI to have MorphoTrust act as a third party vendor and serve as an FBI channeler. This request was approved around December 2011.

December 2011

According to HRLA management, it created CBC policies and procedures in December 2011; however, this policy is a living document and is updated periodically.

June 2012

HRLA's MOU with MPD (for the period October 1, 2011 - September 30, 2012) was signed.<sup>52</sup>

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<sup>51</sup> [Http://doh.dc.gov/service/criminal-background-check](http://doh.dc.gov/service/criminal-background-check) (last visited June 5, 2013).

<sup>52</sup> This MOU was signed late. The team followed up with HRLA management who informed the team that it was signed late because MPD was "holding" the contract. However, an HRLA manager noted that its first MOU with MPD had option years to extend it more than 1 year, but that this MOU still should have been timely signed.

**APPENDIX 5**

**APPENDICES**

**Table 4: Number of CBCs Conducted Per Calendar Year by Healthcare Profession by MorphoTrust<sup>53</sup>**

<b>License type</b>	<b>Number of CBCs processed by MorphoTrust in 2011</b>	<b>Number of CBCs processed by MorphoTrust in 2012</b>	<b>Number of CBCs processed by MorphoTrust from January 1, 2013 - April 23, 2013, as reported by HRLA/<b>and from January 1, 2013 - March 31, 2013, as reported by MorphoTrust<sup>54</sup></b></b>
<b>ACUPUNCTURIST</b>	0	92 (22 new applicants and 70 renewals) <sup>55</sup>	37 (7 new applicants and 30 renewals)/ <b>35</b>
<b>ADVANCED PRACTICE REGISTERED NURSE</b>	4	980 (173 new applicants and 807 renewals)	55 (49 new applicants and 6 renewals)/ <b>49</b>
<b>ANESTHESIOLOGIST ASSISTANT</b>	0	32 (13 new applicants and 19 renewals)	2 (1 new applicant and 1 renewal)/ <b>2</b>
<b>AUDIOLOGIST</b>	1	77 (23 new applicants and 54 renewals)	11 (5 new applicants and 6 renewals)/ <b>10</b>
<b>CERTIFIED ADDICTION COUNSELOR I</b>	0	26 (19 new applicants and 7 renewals)	3 (2 new applicants and 1 renewal)/ <b>2</b>
<b>CERTIFIED ADDICTION COUNSELOR II</b>	1	27 (13 new applicants and 14 renewals)	4 (1 new applicant and 3 renewals)/ <b>4</b>
<b>CHIROPRACTOR</b>	0	60 (12 new applicants and 48 renewals)	19 (4 new applicants and 15 renewals)/ <b>19</b>
<b>DANCE THERAPIST</b>	0	3 (1 new applicant and 2 renewals)	0
<b>DENTAL ASSISTANT</b>	0	584 (564 new applicants and 20 renewals)	32 (29 new applicants and 3 renewals)/ <b>26</b>
<b>DENTAL HYGIENIST</b>	40	101 (82 new applicants and 19 renewals)	12 (11 new applicants and 1 renewal)/ <b>9</b>
<b>DENTIST</b>	165	289 (198 new applicants and 91 renewals)	41 (41 new applicants and 0 renewals)/ <b>31</b>
<b>DIETICIAN</b>	11	98 (86 new applicants and 12 renewals)	18 (18 new applicants and 0 renewals)/ <b>14</b>

<sup>53</sup> These numbers represent an iteration of data that the team received from MorphoTrust and HRLA. As noted in finding 2, the team received discrepant data. As such, we cannot assure the accuracy of data in Tables 4 or 5.

<sup>54</sup> Variations in reported numbers are most likely due to the differences in the days that HRLA versus MorphoTrust ran these reports.

<sup>55</sup> HRLA provided the breakdown of new versus renewal applicants to the team. Reinstatement and reactivation applicants are grouped in with the new and renewal applicants; these numbers represent the universe of individuals who have received CBCs.

**APPENDICES**

<b>License type</b>	<b>Number of CBCs processed by MorphoTrust in 2011</b>	<b>Number of CBCs processed by MorphoTrust in 2012</b>	<b>Number of CBCs processed by MorphoTrust from January 1, 2013 - April 23, 2013, as reported by HRLA/and from January 1, 2013 - March 31, 2013, as reported by MorphoTrust</b>
<b>GRADUATE SOCIAL WORKER</b>	7	241 (236 new applicants and 5 renewals)	151 (150 new applicants and 1 renewal)/124
<b>HOME HEALTH AIDE</b>	0	1042 (957 applicants and 85 renewals)	4789 (4679 new applicants and 110 renewals)/3872
<b>INDEPENDENT CLINICAL SOCIAL WORKER</b>	3	95 (84 new applicants and 11 renewals)	31 (28 new applicants and 3 renewals)/24
<b>INDEPENDENT SOCIAL WORKER</b>	0	7 (6 new applicants and 1 renewal)	6 (6 new applicants and 0 renewals)/8
<b>LICENSED MARRIAGE AND FAMILY THERAPIST</b>	2	63 (15 new applicants and 48 renewals)	27 (3 new applicants and 24 renewals)/26
<b>LICENSED PRACTICAL NURSE</b>	41	451 (390 new applicants and 61 renewals)	135 (122 new applicants and 13 renewals)/109
<b>LICENSED PROFESSIONAL COUNSELOR</b>	4	632 (116 new applicants and 516 renewals)	219 (36 new applicants and 183 renewals)/209
<b>MASSAGE THERAPIST</b>	5	283 (174 new applicants and 109 renewals)	418 (90 new applicants and 328 renewals)/401
<b>MEDICAL MARIJUANA PROGRAM CAREGIVER</b>	0	0	1 (1 new applicants and 0 renewals)/1
<b>MEDICAL MARIJUANA PROGRAM FACILITY APPLICANT</b>	0	4 (0 new applicants and 4 renewals)	23 (22 new applicants and 1 renewal)/21
<b>MEDICINE AND SURGERY</b>	29	9059 (2442 new applicants and 6617 renewals)	1670 (493 new applicants and 1177 renewals)/1464
<b>NATUROPATH PHYSICIAN</b>	0	20 (6 new applicants and 14 renewals)	8 (4 new applicants and 4 renewals)/7
<b>NURSING HOME ADMINISTRATOR</b>	2	53 (11 new applicants and 42 renewals)	7 (6 new applicants and 1 renewal)/6
<b>NUTRITIONIST</b>	2	9 (7 new applicants and 2 renewals)	3 (3 new applicants and 0 renewal)/3
<b>OCCUPATION THERAPY ASSISTANT</b>	0	13 (10 new applicants and 3 renewals)	3 (3 new applicants and 0 renewal)/3

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<b>License type</b>	<b>Number of CBCs processed by MorphoTrust in 2011</b>	<b>Number of CBCs processed by MorphoTrust in 2012</b>	<b>Number of CBCs processed by MorphoTrust from January 1, 2013 - April 23, 2013, as reported by HRLA/and from January 1, 2013 - March 31, 2013, as reported by MorphoTrust</b>
<b>OCCUPATIONAL THERAPIST</b>	2	105 (92 new applicants and 13 renewals)	30 (30 new applicants and 0 renewal)/20
<b>OPTOMETRIST</b>	4	212 (88 new applicants and 124 renewals)	5 (4 new applicants and 1 renewal)/3
<b>OSTEOPATHY AND SURGERY</b>	0	143 (45 new applicants and 98 renewals)	27 (11 new applicants and 16 renewal)/21
<b>PHARMACEUTICAL DETAILERS</b>	121	873 (615 new applicants and 258 renewals)	82 (78 new applicants and 4 renewal)/70
<b>PHARMACIST</b>	4	412 (226 new applicants and 186 renewals)	1040 (112 new applicants and 928 renewal)/966
<b>PHARMACIST INTERN</b>	4	42 (41 new applicants and 1 renewal)	17 (17 new applicants and 0 renewal)/12
<b>PHYSICAL THERAPIST</b>	4	423 (149 new applicants and 274 renewals)	378 (44 new applicants and 334 renewal)/368
<b>PHYSICAL THERAPIST ASSISTANT</b>	1	36 (24 new applicants and 12 renewals)	18 (5 new applicants and 13 renewal)/16
<b>PHYSICIAN ASSISTANT</b>	2	416 (116 new applicants and 300 renewals)	91 (40 new applicants and 51 renewal)/82
<b>PODIATRIST</b>	1	129 (37 new applicants and 92 renewals)	1 (1 new applicant and 0 renewal)/1
<b>POLYSOMNOGRAPHY</b>	0	64 (61 new applicants and 3 renewals)	6 (6 new applicants and 0 renewal)/6
<b>PSYCHOLOGIST</b>	153	185 (129 new applicants and 56 renewals)	26 (26 new applicants and 0 renewal)/22
<b>PSYCHOLOGY ASSOCIATE</b>	0	4 (4 new applicants and 0 renewals)	9 (9 new applicants and 0 renewal)/8
<b>RECREATION THERAPIST</b>	2	45 (15 new applicants and 30 renewals)	1 (1 new applicant and 0 renewal)/1
<b>REGISTERED NURSE</b>	135	17,278 (3,929 new applicants and 13,349 renewals)	1177 (1052 new applicants and 125 renewal)/950

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<b>License type</b>	<b>Number of CBCs processed by MorphoTrust in 2011</b>	<b>Number of CBCs processed by MorphoTrust in 2012</b>	<b>Number of CBCs processed by MorphoTrust from January 1, 2013 - April 23, 2013, as reported by HRLA/<b>and from January 1, 2013 - March 31, 2013, as reported by MorphoTrust</b></b>
<b>RESPIRATORY CARE PRACTITIONER</b>	0	419 (144 new applicants and 275 renewals)	252 (61 new applicants and 191 renewal)/ <b>249</b>
<b>SOCIAL WORK ASSOCIATE</b>	7	164 (148 new applicants and 16 renewals)	24 (23 new applicants and 1 renewal)/ <b>20</b>
<b>SPEECH-LANGUAGE PATHOLOGIST</b>	2	337 (131 new applicants and 206 renewals)	92 (29 new applicants and 63 renewal)/ <b>81</b>
<b>SURGICAL ASSISTANT</b>	0	51 (13 new applicants and 38 renewals)	9 (2 new applicants and 7 renewals)/ <b>6</b>
<b>TRAINED MEDICATION EMPLOYEE</b>	7	346 (324 new applicants and 22 renewals)	49 (48 new applicants and 1 renewal)/ <b>44</b>
<b>UNSPECIFIED</b>	0	28	0/ <b>35</b>
<b>Grand Total</b>	766	36,053 (11,991 new applicants; 24,034 renewals; and 28 unspecified individuals)	11,059 (7413 new applicants and 3,646 renewals)/ <b>9460</b>

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**Table 5: Number of CBCs Conducted Per Calendar Year by MPD**

<b>License type</b>	<b>Number of CBCs processed by MPD in 2011, as reported by HRLA</b>	<b>Number of CBCs processed by MPD in 2012, as reported by HRLA</b>	<b>Number of CBCs processed by MPD/ MorphoTrust from January 1, 2013 - March 31, 2013, as reported by HRLA</b>
<b>UNSPECIFIED</b>	11,815	143	1

**APPENDIX 6**

**APPENDICES**

**Table 6: Renewal Schedule 2011**

<b>License Type</b>	<b>Renewal Date</b>
Nursing (LPN)	4/1/2011
Graduate Social Worker	5/1/2011
Independent Social Worker	5/1/2011
Independent Clinical Social Work	5/1/2011
Social Work Associate	5/1/2011
Occupational Therapist	7/1/2011
Occupational Therapist Assistant	7/1/2011
Trained Medication Employee	8/1/2011
Dietician	8/1/2011
Nutrition	8/1/2011
Dentist	10/1/2011
Dental Hygienist	10/1/2011
Psychologist	10/1/2011
Veterinarians	10/1/2011
Dance Therapist	12/1/2011
Recreation Therapist	12/1/2011
Pharmaceutical Detailers	12/1/2011

**Table 7: Renewal Schedule 2012**

<b>License Type</b>	<b>Expiration Date</b>	<b>Renewal Begins (Mail 90 days prior to expiration date)</b>
Optometrist	3/31/2012	1/1/2012
Podiatrist	3/31/2012	1/1/2012
Marriage and Family Therapist	12/31/2012	10/2/2012
Nursing Home Administrator	6/30/2012	4/1/2012
Nursing (registered nurses)	6/30/2012	4/1/2012
Addiction Counselor	12/31/2012	10/2/2012
Professional Counselor	12/31/2012	10/2/2012
Acupuncturist	12/31/2012	10/2/2012
Chiropractor	12/31/2012	10/2/2012
Physician Assistant	12/31/2012	10/2/2012
Osteopath & Surgery	12/31/2012	10/2/2012
Medical & Surgery	12/31/2012	10/2/2012
Anesthesiologist Assistant	12/31/2012	10/2/2012
Audiology	12/31/2012	10/2/2012
Speech-Language Pathology	12/31/2012	10/2/2012
Naturopathic Physicians	12/31/2012	10/2/2012
Surgical Assistants	12/31/2012	10/2/2012

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Massage Therapist	1/31/2013	11/2/2012
Physical Therapist	1/31/2013	11/2/2012
Physical Therapist Assistants	1/31/2013	11/2/2012
Respiratory Care	1/31/2013	11/2/2012
Pharmacist	2/28/2013	11/30/2012

**Table 8: Renewal Schedule 2013**

License Type	Expiration Date	Renewal Begins (Mail 90 days prior to expiration date)
Nursing (LPN)	6/30/2013	4/1/2013
Graduate Social Worker	7/31/2013	5/2/2013
Independent Social Worker	7/31/2013	5/2/2013
Independent Clinical Social Work	7/31/2013	5/2/2013
Social Work Associate	7/31/2013	5/2/2013
Occupational Therapist	9/30/2013	7/2/2013
Occupational Therapist Assistant	9/30/2013	7/2/2013
Trained Medication Employee	10/31/2013	8/2/2013
Dietician	11/1/2013	8/3/2013
Nutrition	11/1/2013	8/3/2013
Dentist	12/31/2013	10/2/2013
Dental Hygienist	12/31/2013	10/2/2013
Psychologist	12/31/2013	10/2/2013
Veterinarians	12/31/2013	10/2/2013
Dance Therapist	2/28/2013	11/30/2012
Recreation Therapist	2/28/2013	11/30/2012
Pharmaceutical Detailers	2/28/2013	11/30/2012

**APPENDIX 7**

