

## Medical Review Program

### Audit Report 201213-21

December 18, 2013

### Executive Summary

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The Department of Highway Safety and Motor Vehicles (Department) is authorized in Section 322.221, Florida Statutes, (F.S.), to require a licensed driver to submit medical reports regarding their physical or mental condition to the Department's Medical Advisory Board if the Department has reason to believe that the licensed driver is physically or mentally unqualified to operate a motor vehicle.

The Department established the Medical Review Program to evaluate a driver's mental and physical ability to operate a motor vehicle safely. The Medical Review Program reviews approximately 12,000 new cases each year and currently there are approximately 100,000 active medical review cases.

The purpose of this audit was to evaluate the Medical Review Program to determine compliance with Florida Statutes, Florida Administrative Code (F.A.C.), and Department policies and procedures. The scope of this audit included medical review cases initiated during the three month time frame of August, September, and October 2012.

Our audit identified the following issues which require management attention:

- A licensed driver determined incapable of operating a motor vehicle has not had their license revoked more than a year after the determination;
- A licensed driver not complying with required re-examination did not have their license revoked for eleven months;
- The Division of Motorist Services did not timely revoke licenses for failure to submit the requested medical information;
- The Division of Motorist Services did not always render a decision on licensure within 90 days as required by F.A.C.;
- Unauthorized personnel have access to confidential records;
- Medical restrictions on reported driver licenses were not properly added and removed based on the Department's determination;
- Medical review cases were not submitted to the required Board member for review; and
- The Medical Review Section has inconsistent record keeping systems.

Motorist Services management generally agreed with the findings and recommendations and has begun corrective action. A follow-up review will be conducted in six months.

## Background and Introduction

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The Department is authorized in Section 322.221, F.S., to require a licensed driver to submit medical reports regarding their physical or mental condition to the Department's Medical Advisory Board if the Department has reason to believe that the licensed driver is physically or mentally unqualified to operate a motor vehicle.

The Department established the Medical Review Program to conduct medical reviews on drivers who may be unsafe to drive due to a mental or physical condition, including; seizure disorders, blackouts or loss of consciousness, drug or alcohol addiction, progressive neurological disorders, psychiatric disorders, cognitive impairments, vision impairments, or dementia. The Medical Review Program includes medical review specialists, a Medical Advisory Board (the Board) comprised of 11 voluntary members, and a Department employed Board chairman. All Board members as well as the Board chairman are licensed doctors. The Medical Review Program reviews approximately 12,000 new cases each year and currently there are approximately 100,000 active medical cases. The medical review section uses Expert, an electronic case management system, to track interaction with citizens who are under medical review and maintains medical reports and other documentation in paper files (charts).

Section 322.126, F.S., authorizes any physician, person, or agency, including; courts, doctors, law enforcement officers, relatives, concerned citizens, and driver license examiner personnel, having knowledge of any licensed driver or applicant's mental or physical disability to drive, to report such knowledge to the Department.

Reports from third-party sources, such as a family member or concerned citizen, are forwarded to the Department's Bureau of Administrative Reviews to determine the credibility of the report before further action is taken. Information from a professional source, such as a law enforcement officer or a physician, is accepted without investigation. Once a report is determined credible, the Department requests that the licensed driver submit a physician completed medical report regarding their physical or mental condition to the Medical Review Section within 45 days.

Medical reports received by the Department are assigned to a medical specialist based on the driver's last name. Medical specialists consider all information at their disposal, make an appropriate recommendation, and forward the report and their recommendation to the Board for review.

After the Board has reviewed the case it will provide the Department with a recommended course of action based on the physician completed medical report and the driver's ability to drive safely. Based on the Board's recommendation, the Department will suspend or revoke the driver license, permit the driver to retain their license, or permit the driver to retain their license subject to a re-examination or periodic

follow-up reviews. The Department immediately notifies the driver of the intended action.

## Findings and Recommendations

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Our audit identified the following issues which require management attention:

### *Revocation Never Issued*

Section 322.221(3), F.S., states upon the conclusion of an examination to determine competence and driving ability, the Department shall take action as may be appropriate and may suspend or revoke the license of such person.

The Drivers Operations Manual requires the Medical Review Section to revoke the driving privilege when the driver's medical condition makes it unsafe for them to drive.

The Medical Review Operations Manual states if the Board recommends denial of the driving privilege, the Department will immediately notify the driver of any intended agency action under Chapter 120, F.S.

During our review, we noted one instance where the Board and the Department agreed on October 4, 2012 that a licensed driver was incapable of operating a motor vehicle. More than a year after the determination, the license has not been revoked and a letter notifying the driver of the outcome has not been mailed.

Licensed drivers who have been determined incapable of operating a motor vehicle and are still doing so could be a serious danger to the health, safety, and welfare of the residents of Florida.

### **Finding 1**

A licensed driver determined incapable of operating a motor vehicle has not had their license revoked more than a year after the determination.

### **Recommendation**

We recommend the Division of Motorist Services revoke the license of the driver determined incapable of operating a motor vehicle on October 4, 2012.

## Management Response

The driver has been revoked, effective 12/15/13 for incapable of operating a motor vehicle. The revocation was never issued due to mishandling of the individual file. The error was addressed directly with the employee and additional training was provided.

## *Revocation for Re-Examination*

Section 322.221(3), F.S., states refusal or neglect of the licensed driver to submit to a re-examination to determine competence and driving ability shall be ground for suspension or revocation of his or her license.

Chapter 15A-1.017(3), F.A.C., Re-examinations, states all drivers determined by the Department to require a re-examination as provided in Section 322.221, F.S., shall be notified by the Department at least 5 days prior to the date of the required examination. The license of any driver failing to be re-examined shall be automatically suspended and shall not be reinstated except as provided in subsection (1) of this section.

During our review, we noted one instance where a licensed driver did not comply with the re-examination required by the Department and the license was not revoked until after OIG inquiry; eleven months after the re-examination was required.

## Finding 2

A licensed driver not complying with required re-examination did not have their license revoked for eleven months.

## Recommendation

We recommend the Division of Motorist Services establish a review process to ensure the timely revocation of a driver license when the driver has failed to receive the required re-examination.

## Management Response

In October of 2012, once a driver was set up for a re-exam, the Bureau would notify the local office and their staff would contact the customer to set up an appointment. If the customer failed to keep the appointment, the local office would suspend for Failed to Report. If the local office did not complete the Failed to Report process then the suspension would not get added to the record.

Today the suspension is added within the Medical Review Unit. Bureau staff review the exam screen to see if the customer has passed the testing requirements, if they have not taken the exam or have failed the exam they are then suspended.

To avoid human error and alleviate manual processing, the Bureau plans to automate the suspension process and create system generated suspension orders that automatically suspend the driving record if no action is taken.

### ***Failure to Submit Requested Medical Information***

Section 322.221(3), F.S., states refusal or neglect of the licensed driver to submit to an examination or re-examination to determine competence and driving ability shall be ground for suspension or revocation of his or her license.

The Division of Motorist Services Florida Examiner's Manual, Sanctions/Revocations section, states drivers failing to submit the medical report in the required time period will result in a revocation of their license for Failure to Submit a Medical Report.

The Medical Review Operations Manual requires the medical report to be completed by a physician of the driver's choice and returned to the Department by the physician within 45 days.

Form letters mailed to licensed drivers expressing concerns about their ability to drive safely because of a potential medical condition contain a requirement for the driver to submit requested medical information within 45 days from the date of the letter and failure to provide the requested information will result in the revocation of the driver's license.

Our review determined that for 113 of 220 medical cases (51%), the driver did not submit the requested medical information within the requested timeframe and the driver's license was not timely revoked for failure to submit. For 95 of the cases the driver's license was not revoked from 7 to 182 days after the requested medical information was due. For 18 of the cases the driver's license was never revoked, but medical information was eventually received and the case was reviewed by the Board.

Licensed drivers that may be incapable of operating a motor vehicle and are still doing so could be a serious danger to the health, safety, and welfare of Florida residents.

### **Finding 3**

The Division of Motorist Services did not timely revoke licenses for failure to submit the request medical information.

## Recommendation

We recommend the Division of Motorist Services timely revoke the license of a driver who has refused or neglected to submit required medical information.

We also recommend the Division of Motorist Services establish a process to alert when a driver's timeframe for submitting medical information has elapsed.

## Management Response

The Bureau has assigned a staff member who is now responsible for the timely revocation of non-compliant clients. This member will verify daily that revocations are added and update the client files and Expert system with the revocation information. This will ensure that all cases are processed timely and that revocations are instituted on the revocation date.

To avoid human error and alleviate the above manual process, the Bureau plans to automate all revocation letters to take effect if no response is received on the date of revocation. This automation will allow a shift in effort to the incoming mail in an effort to ensure that all incoming documentation is processed timely to prevent revocations occurring on received information.

## *Department Decision Not Rendered Within 90 Days*

Chapter 15A-5.002(2), F.A.C., requires the Department render a decision on licensure within 90 days following receipt of the affected driver's medical report.

Medical review staff indicated cases are to be submitted to the Board within 30 days of receiving the medical information to ensure the Board has sufficient time to review the case.

During our review of 131 cases submitted to the Board, we noted for approximately 17% the Department's decision on licensure was not rendered within 90 days, contrary to administrative code. Several of the cases included drivers who were determined incapable of operating a motor vehicle.

We also noted numerous instances where action to prepare the case for the Board's review was not taken within 30 days of receiving the driver's medical information. Although not required by administrative code, medical review staff indicated cases are to be submitted to the Board within 30 days of receiving the medical information to ensure the Board has sufficient time to review the case.

## Finding 4

The Division of Motorist Services did not always render a decision on licensure within 90 days.

## Recommendation

We recommend the Division of Motorist Services develop a process to monitor and ensure the Department's decision on licensure is rendered within 90 days following receipt of the affected driver's medical report.

## Management Response

The Medical Review Section faced a tremendous backlog in 2010 due to staff shortages and an increase in the overall number of cases received annually. In 2011, the Section was able to fill vacancies and with the Motorist Services realignment additional Specialist were added.

The 90 day turnaround on licensure decision will continue to improve and with a full staff of trained Specialists the decisions will be processed well within the 90 day timeframe. This will have also become a performance measure for all Medical Review Specialists.

## *Access to Confidential Records*

Section 322.126(3), F.S., states reports of disability to the Department are confidential and exempt from the provisions of Section 119.07 (1), F.S., and shall be used solely for the purpose of determining the qualifications of any person to operate a motor vehicle on the highways of this state.

Section 322.125(4), F.S., states reports received or made by the Board or its members for the purpose of assisting the Department in determining whether a person is qualified to be licensed are for the confidential use of the Board or the Department and may not be divulged to any person except the licensed driver or applicant or used as evidence in any trial and are exempt from the provisions of Section 119.07(1), F.S.

We compared a list of users who currently have access rights to view medical information in Expert to a list of current medical review staff and determined nine non-medical review staff had access to medical information in Expert.

We also observed Department members who were not medical review staff using the Medical Review file room to access other offices.

Without proper user access controls the Division of Motorist Services cannot ensure access to confidential medical information is limited to medical review staff and confidential information is not used or disclosed inappropriately.

## **Finding 5**

Unauthorized personnel have access to confidential records.

## **Recommendation**

We recommend the Division of Motorist Services strengthen Expert user access privileges and establish a documented process for the periodic review and confirmation of user accounts, access controls, and privileges.

We also recommend the Division of Motorist Services limit access to the Medical Review file room and confidential medical reports to medical review staff only.

## **Management Response**

The Medical Review Section has spoken with the designer of the Expert system and is now utilizing a specific method to close access to the information for those employees no longer working in the unit. For those employees identified by the Inspector General, the access to Expert was removed on 11/17/2013 by Program Manager, William Graves. A new internal policy is being created to address utilizing this process in the future and it will become a part of the separation checklist

A quote to install SMART Readers on all doors which lead to the Medical Section has been obtained and is currently being reviewed for funding. The Medical Review Section has placed "Authorized Personnel Only" labels on each door to deter entry from outside members.

## ***Medical Restrictions Improperly Added and Removed from the Driver Record***

The Medical Review Operations Manual includes instructions for adding a medical restriction to a driver's driving record in the process for screening and sending the initial letter to the driver. The manual is out of date, it was last revised July 1, 1996, and the instructions are for a system no longer used.

Standard practice is to place a medical restriction on the record of drivers who are under medical review to alert driver license examiners not to renew or issue a license to those particular drivers. Upon the Department and the Board's decision, those drivers approved with no follow-ups should have medical restrictions removed.

During our review, we noted medical restrictions were not properly added when the case was initiated or properly removed once the Department's decision was finalized.

Without medical restrictions, there is an increased risk drivers may be able to renew a license while under medical review. Without the timely removal of medical restrictions, drivers who have been cleared to drive would be improperly restricted from renewing their license without the examiner contacting the Medical Review Section to determine medical clearance. As a result, both examiner and medical review staff time would be ineffectively used.

## **Finding 6**

Medical restrictions on reported driver licenses were not properly added and removed based on the Department's determination.

## **Recommendation**

We recommend the Division of Motorist Services establish a process to ensure medical restrictions are properly added and removed from a driver's record.

## **Management Response**

The Bureau has assigned the task of adding and removing the Check Medical Requirement flags to the individual Medical Specialist at the time of case determination. This will ensure that the restriction information is current and in accordance with the Medical Review Board determination.

## ***Medical Advisory Board***

Chapter 15A-5.002(2), F.A.C., states all vision and neurological cases shall be submitted directly to the appropriate vision or neurology specialists without initial review by the chairman. If the chairman recommends withdrawal or denial of licensure or if he determines that the case does not fall clearly within these guidelines, the medical reports shall be submitted to a member of the Board in the medical discipline covering the disability of the affected driver. This member shall have the primary responsibility for recommendation to the Department.

Our evaluation of medical review cases submitted to the Board disclosed that all 11 neurological cases we reviewed were not submitted directly to the neurology specialist for review, as required by administrative code. The cases were instead only reviewed

by the Board chairman. Furthermore, only 1 of the 130 cases which were submitted to the Board was reviewed by a member of the Board other than the chairman.

Board member knowledge is not being effectively used to provide competent medical advice concerning physical, mental, emotional, and neurological conditions of the motoring public.

## **Finding 7**

Medical review cases were not submitted to the required Board member.

## **Recommendation**

We recommend the Medical Review Section follow Chapter 15A-5.002, F.A.C., and directly submit neurological cases to the Board member that is a neurology specialist without initial review by the Board chairman.

## **Management Response**

The Bureau plans to revise Chapter 15A-5.002, F.A.C, to give the chairman of the Medical Advisory Board discretionary authority prior to submitting each case to a neurologist. Due to the current caseload, referring all neurological disorders directly to the volunteer neurologists on the Medical Advisory Board would create a bottleneck and prompt action on each case would be unobtainable. The Chairman would make the determination on which cases needed review by the neurologists and all others would be processed internally.

## ***Inconsistent Record Keeping Systems***

The Medical Review Section maintains that Expert is the primary system used to track case progression, and the chart is used to hold medical information received from the driver under review since Expert does not have scanning capabilities.

In our review of medical review cases, we found the following differences between Expert and the case files:

- Two cases where the chart for a case initiated in Expert was not able to be located.
- Information including dates medical information was received was not documented in Expert.

- For 44% of the cases reviewed, the date records were created, letters mailed, medical documentation received, and charts were submitted to the Board did not agree.
- Reporting sources did not agree.

The Medical Review Section lacks a single system to track and maintain case documentation, which has led to an inefficient and ineffective manual process for documenting case progress and supporting documentation. Unreliable or inaccurate dates may lead to delays revoking licenses, processing cases, and cause licensed drivers to be provided inaccurate or conflicting information related to their case.

## Finding 8

The Medical Review Section has inconsistent record keeping systems.

## Recommendation

We recommend:

- The Division of Motorist Services ensure medical review case information in Expert is complete and accurate.
- The Division of Motorist Services establish clearly defined expectations and procedures for reviewing medical review cases.
- The Division of Motorist Services formally evaluate systems to include an electronic document management system to help keep track of documents, reports, and correspondence in the Medical Review Section.

## Management Response

The Bureau will be taking the following actions to ensure that current record keeping methodology is accurate and reflective of all steps taken:

- The Human Services Administrator will create a detailed training on updating both manual records and the current Expert system so that all information is consistent within the case file and Expert system. During case review, the Section Supervisor will review the cases in an effort to evaluate each member and determine if retraining is necessary. All new Medical Review Specialist will be trained upon hire on these processes.

- The Bureau has an established position that will be finalizing the Operations and Procedures Manual which will outline all expectations and procedures for case processing.
- The Bureau has been exploring a detailed document management system that would fully automate the entire medical review process. A digital imaging process that allows quick access of client files and a detailed history of each client interaction with the Medical Review Section would greatly improve timeliness of case processing and reduce the error that are present with the existing manual processes. We have been in contact with the department's IT division regarding the Bureau's needs.

## **Purpose, Scope, and Methodology**

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The purpose of this audit was to evaluate the Medical Review Program to determine compliance with Florida Statutes, Florida Administrative Code and Department policies and procedures.

The scope of this audit included medical review cases initiated during the three month time frame of August, September, and October 2012.

The methodology included:

- Reviewing Federal and Florida Statutes related to medical review;
- Reviewing Department policies, procedures, and processes;
- Reviewing the Medical Review Operations Manual;
- Interviewing appropriate Department personnel;
- Reviewing Medical Review Board membership and qualifications;
- Reviewing medical correspondence in Expert;
- Reviewing medical case files; and
- Reviewing other applicable documentation.



## Distribution, Statement of Accordance, and Project Team

### Distribution

Julie L. Jones, Executive Director

Copies distributed to:

Diana Vaughn, Deputy Executive Director  
Terry Rhodes, Chief of Staff  
Boyd Walden, Director of Motorist Services  
Steven Fielder, Deputy Director of Motorist Services  
Julie Gentry, Bureau Chief Motorist Compliance  
Ray Graves, Program Manager

Melinda M. Miguel, Chief Inspector General  
David W. Martin, Auditor General

### Statement of Accordance

Section 20.055, Florida Statutes, requires the Florida Department of Highway Safety and Motor Vehicles' Inspector General to review, evaluate, and report on policies, plans, procedures, accounting, financial, and other operations of the Department and to recommend improvements. This audit engagement was conducted in accordance with applicable *The International Standards for the Professional Practice of Internal Auditing* published by the Institute of Internal Auditors and Principles and Standards for Inspectors General published by the Association of Inspectors General.

### Project Team

Engagement conducted by:  
Megan Frink, Auditor  
Erin Mook, Auditor

Under the supervision of:  
David Ulewicz, Audit Director

Approved by:

  
Julie M. Leftneris, Inspector General

## ATTACHMENT - Management Response



**Julie L. Jones**  
Executive Director

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### MEMORANDUM

DATE: December 18, 2013  
TO: David Ulewicz, Audit Director  
FROM: Steven Fielder, Deputy Director of Motorist Services  
SUBJECT: Management Response to the Medical Review Audit (201213-21)

The following is our response to the findings and recommendations presented in the report:

#### **Finding 1- *Revocation Never Issued***

A licensed driver determined incapable of operating a motor vehicle has not had their license revoked more than a year after the determination.

#### **Recommendations**

We recommend the Division of Motorist Services revoke the license of the driver determined incapable of operating a motor vehicle on October 4, 2012.

#### **Management Response**

The driver has been revoked, effective 12/15/13 for incapable of operating a motor vehicle. The revocation was never issued due to mishandling of the individual file. The error was addressed directly with the employee and additional training was provided.

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**Finding 2- *Revocation for Re-Examination***

A licensed driver not complying with required re-examination did not have their license revoked for eleven months.

**Recommendation**

We recommend the Division of Motorist Services establish a review process to ensure the timely revocation of a driver's license when the driver has failed to receive the required re-examination.

**Management Response**

In October of 2012, once a driver was set up for a re-exam, the Bureau would notify the local office and their staff would contact the customer to set up an appointment. If the customer failed to keep the appointment, the local office would suspend for Failed to Report. If the local office did not complete the Failed to Report process then the suspension would not get added to the record.

Today the suspension is added within the Medical Review Unit. Bureau staff review the exam screen to see if the customer has passed the testing requirements, if they have not taken the exam or have failed the exam they are then suspended.

To avoid human error and alleviate manual processing, the Bureau plans to automate the suspension process and create system generated suspension orders that automatically suspend the driving record if no action is taken.

**Finding 3- *Failure to Submit Requested Medical Information***

The Division of Motorist Services did not timely revoke licenses for failure to submit the request medical information.

**Recommendation**

We recommend the Division of Motorist Services timely revoke the license of a driver who has refused or neglected to submit required medical information.

We also recommend the Division of Motorist Services establish a process to alert when a driver's timeframe for submitting medical information has elapsed.

**Management Response**

The Bureau has assigned a staff member who is now responsible for the timely revocation of non-compliant clients. This member will verify daily that revocations are added and update the client files and Expert system with the revocation information. This will ensure that all cases are processed timely and that revocations are instituted on the revocation date.

To avoid human error and alleviate the above manual process, the Bureau plans to automate all revocation letters to take effect if no response is received on the date of revocation. This automation will allow a shift in effort to the incoming mail in an effort to ensure that all incoming documentation is processed timely to prevent revocations occurring on received information.

**Finding 4- Department Decision Not Rendered Within 90 Days**

The Division of Motorist Services did not always render a decision on licensure within 90 days.

**Recommendation**

We recommend the Division of Motorist Services develop a process to monitor and ensure the Department's decision on licensure is rendered within 90 days following receipt of the affected driver's medical report.

**Management Response**

The Medical Review Section faced a tremendous backlog in 2010 due to staff shortages and an increase in the overall number of cases received annually. In 2011, the Section was able to fill vacancies and with the Motorist Services realignment additional Specialist were added.

The 90 day turnaround on licensure decision will continue to improve and with a full staff of trained Specialists the decisions will be processed well within the 90 day timeframe. This will have also become a performance measure for all Medical Review Specialists.

**Finding 5- Access to Confidential Records**

Unauthorized personnel have access to confidential records.

**Recommendation**

We recommend the Division of Motorist Services strengthen Expert user access privileges and establish a documented process for the periodic review and confirmation of user accounts, access controls, and privileges.

We also recommend the Division of Motorist Services limit access to the Medical Review file room and confidential medical reports to medical review staff only.

**Management Response**

The Medical Review Section has spoken with the designer of the Expert system and is now utilizing a specific method to close access to the information for those employees no longer working in the unit. For those employees identified by the Inspector General, the access to Expert was removed on 11/17/2013 by Program Manager, William Graves. A new internal policy is being created to address utilizing this process in the future and it will become a part of the separation checklist

A quote to install SMART Readers on all doors which lead to the Medical Section has been obtained and is currently being reviewed for funding. The Medical Review Section has placed "Authorized Personnel Only" labels on each door to deter entry from outside members.

**Finding 6- Medical Restrictions Improperly Added and Removed from the Driver Record**

Medical restrictions on reported driver's licenses were not properly added and removed based on the Department's determination.

**Recommendation**

We recommend the Division of Motorist Services establish a process to ensure medical restrictions are properly added and removed from a driver's record.

**Management Response**

The Bureau has assigned the task of adding and removing the Check Medical Requirement flags to the individual Medical Specialist at the time of case determination. This will ensure that the restriction information is current and in accordance with the Medical Review Board determination.

**Finding 7- Medical Advisory Board**

Medical review cases were not submitted to the required Board member.

**Recommendation**

We recommend the Medical Review Section follow Chapter 15A-5.002, F.A.C., and directly submit neurological cases to the Board member that is a neurology specialist without initial review by the Board chairman.

**Management Response**

The Bureau plans to revise Chapter 15A-5.002, F.A.C, to give the chairman of the Medical Advisory Board discretionary authority prior to submitting each case to a neurologist. Due to the current caseload, referring all neurological disorders directly to the volunteer neurologists on the Medical Advisory Board would create a bottleneck and prompt action on each case would be unobtainable. The Chairman would make the determination on which cases needed review by the neurologists and all others would be processed internally.

**Finding 8- Inconsistent Record Keeping Systems**

The Medical Review Section has inconsistent record keeping systems.

**Recommendation**

We recommend:

- The Division of Motorist Services ensure medical review case information in Expert is complete and accurate.
- The Division of Motorist Services establish clearly defined expectations and procedures for reviewing medical review cases.
- The Division of Motorist Services formally evaluate systems to include an electronic document management system to help keep track of documents, reports, and correspondence in the Medical Review Section.

**Management Response**

The Bureau will be taking the following actions to ensure that current record keeping methodology is accurate and reflective of all steps taken:

- The Human Services Administrator will create a detailed training on updating both manual records and the current Expert system so that all information is consistent within the case file and Expert system. During case review, the Section Supervisor will review the cases in an effort to evaluate each member and determine if retraining is necessary. All new Medical Review Specialist will be trained upon hire on these processes.

- The Bureau has an established position that will be finalizing the Operations and Procedures Manual which will outline all expectations and procedures for case processing.
- The Bureau has been exploring a detailed document management system that would fully automate the entire medical review process. A digital imaging process that allows quick access of client files and a detailed history of each client interaction with the Medical Review Section would greatly improve timeliness of case processing and reduce the error that are present with the existing manual processes. We have been in contact with the department's IT division regarding the Bureau's needs.