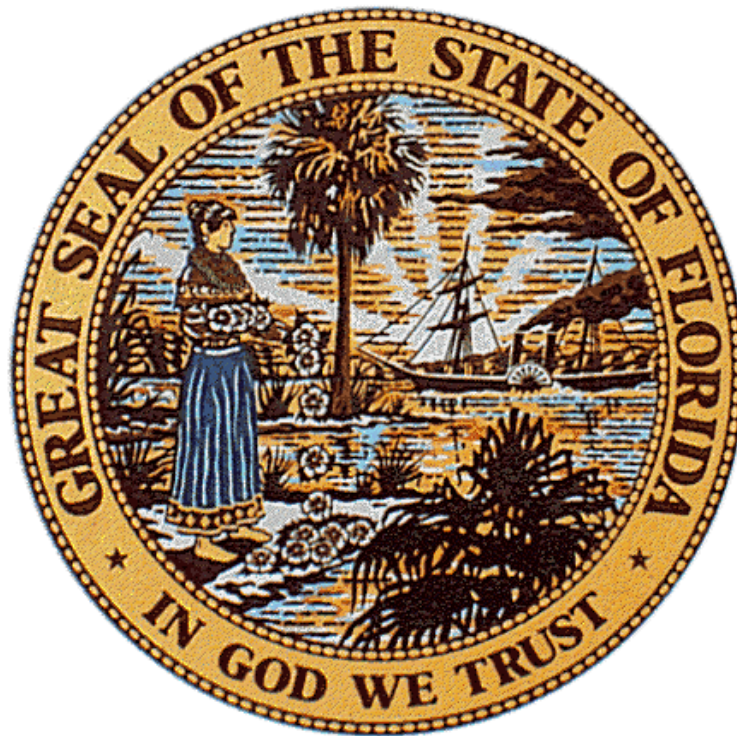




Office of the Inspector General

"Indispensable contributions!"



July 1, 2002 - June 30, 2003

Annual Report

Linda A. Keen, R.N., M.S., J.D.
Inspector General

Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary of Health

September 30, 2003



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

September 30, 2003

John O. Agwunobi, M.D., M.B.A.
Secretary
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, Florida 32399-1700

Dear Secretary Agwunobi:

I am pleased to submit the 2002-2003 Annual Report for the Office of the Inspector General as required by §20.055, *Florida Statutes*.

The members of the HIG team have made significant additions to the overall value of the Department of Health for the people of Florida. This report is a reflection of that value added. Your support of our work has been significant, and is sincerely appreciated. Consistent with the Department of Health's recent Sterling Quality Challenge, we prepared this report following the seven Florida Sterling criteria.

If you have any questions about the contents of this report, please allow me to discuss them with you. We look forward to sharing another productive year.

Respectfully,

Linda A. Keen, R.N., M.S., J.D.
Inspector General

LAK
Attachment

Department of Health
Office of the Inspector General
"Indispensable Contributions!"

Annual Report
Fiscal Year 2002-2003

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Preface to the 2002-2003 Annual Report

Office of the Inspector General, Florida Department of Health

Department of Health Background

The Department of Health (Department) is a state governmental agency, lead by Secretary, John O. Agwunobi, M.D., M.B.A. Appointed by Florida's Governor, the Secretary of Health serves as Florida's State Health Officer. As Florida's public health agency, the Department promotes and protects the health status of Floridians; diagnoses and investigates public health problems; and mobilizes local communities to address health related issues.

The Department originated as Florida's State Board of Health, created February 20, 1889 as a result of multiple epidemics in the seaport cities of Jacksonville, Key West, Tampa and Pensacola. In 1996, the Florida Legislature created the Department.

Employing 14,000 full time employees, the Department's organizational structure operates from a Central Office located in Tallahassee, Florida. The Department includes Children's Medical Services (18 field offices), Medical Quality Assurance, Emergency Medical Services and Community Health Resources, Administration, Information Technology, Family Health Services, Disease Control, Environmental Health Services, Disability Determination, 67 county health departments [CHDs], A. G. Holley Hospital, the Division of Laboratories, and Vital Statistics.

Purpose of the Annual Report

This report is submitted in compliance with Section 20.055, *Florida Statutes* (F.S.) that requires that each inspector general prepare an annual report summarizing the preceding year's activities. This report summarizes the activities and accomplishments of Department's Office of Inspector General (HIG) for the twelve-month period beginning on July 1, 2002 and ending June 30, 2003.

Format of Report – Florida Sterling Criteria

HIG is committed to sustaining organizational excellence through our processes and activities. The format for this report is based on *The 2002 Sterling Criteria for Organizational Performance Excellence*. The seven *Sterling* categories serve as benchmarks for common management practices found in world-class organizations. Presentation of HIG operational information in the *Sterling* format provides meaningful feedback for the Department's use while assisting HIG in determining operational imperatives that may guide improvements in our capabilities and performance in areas key to even greater organizational success. This is the second Annual Report in which HIG has chosen to employ the *Sterling* format.

Executive Summary

Chapter 20.055, Florida Statute, establishes an Office of the Inspector General in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity and efficiency in government. The Department of Health Inspector General (HIG), Linda Keen, was appointed to the position on October 1, 2000 by the Department Secretary. HIG conducts financial, compliance, performance and system audits and reviews and evaluates internal controls necessary to ensure the fiscal accountability of the Department. Lynn H. Riley was selected as Director of Auditing in March 1997. HIG serves as an impartial fact finder in the investigation of complaints designed to detect, deter, prevent and eradicate fraud, waste, mismanagement, misconduct and other abuses in state government. Charles Van Page was selected as Director of Investigations in June 1999. In 2000, Kenneth R. Sasser, Supervisor of the Child Care Food Audit Program and his audit staff joined the HIG staff. During the reporting year, HIG staff numbered 33 employees.

Achievements in this fiscal year demonstrate the added value provided by the Office of the Inspector General to the Department. While the number of complaints from our public and Department employees remained generally constant (214 complaints with 112 investigations and inquiries completed), the nature of offenses has changed. The detection of economic crime has increased. Likewise, HIG has recognized an increase in the misuse of Department's automation assets and has acquired the resources necessary to investigate these incidents with 21 inquiries and investigations in this reporting period. Nine major internal audits were completed covering over \$39,147,282 in program costs and resulting in 21 program specific recommendations for improvement. The

Child Care Food Program closed 94 audits from the previous fiscal year recovering \$192,630 and completed 316 audits this year recovering \$49,725 for a total recovery of \$242,355 collected this year. Additionally, the HIG continued the Management Review Team initiative and completed two significant organizational reviews in this reporting year.

HIG will continue to seek feedback from our customers as to the quality and effectiveness of our work products. We will strengthen investigative and audit capabilities in the coming fiscal year to meet the evolving challenges. We shall sustain the superb commitment to the Child Care Food Program and seek resources sufficient to conduct two or more management reviews. Additionally, we will develop a fiscal accountability component within the Public Health Preparedness program, a federally funded program receiving 67 million dollars this fiscal year. We will be guided by a strategic focus that envisions our work as making "**indispensable contributions**" to the Department's success.

Leadership

Duties and Responsibilities:

Chapter 20.055, F.S., establishes the Office of the Inspector General in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government. The four leadership positions within the HIG section are staffed with individuals of impeccable character, diverse experience and highly regarded credentials. Likewise, the 14 members of the HIG headquarters staff and 14 field auditors reflect these attributes. The HIG's combined personnel resource allowed us to professionally perform our statutory duties and meet our responsibilities during this reporting year.

HIG leadership in fiscal year 2002-2003:

- Linda A. Keen, R.N., M.S., J.D. Nursing experience of 10 years. Health law experience of 17 years. Appointed Inspector General on October 1, 2000.
- Lynn H. Riley, C.P.A. Audit experience of 16 years. Director of Auditing since March 1997.
- Charles V. Page, B.S., C.I.G., Investigative experience of 32 years. Director of Investigations since June 1999.
- Kenneth R. Sasser, C.P.A., C.I.A. Audit experience of 17 years. Child Care Food Audit Program Supervisor since October 1997.

In 2001-2002, the Department's leadership set a strategic direction with the vision of providing quality services and promoting healthy communities and valuing our customers and partners in the campaign to become the Nation's leading public health organization. During reporting year 2002-

2003, HIG made a concerted effort to insure that employees were not only aware of the Department's vision, but that each employee was afforded the opportunity to actively participate in defining HIG's commitment to this worthwhile endeavor. HIG employees embraced this challenge by helping formulate internal plans that guided HIG's contribution to the Department's fiscal year 2002-2003 success.

The outcome of this work was the deployment of an HIG strategic plan. The HIG Strategic Plan clarified critical organizational values and established a framework by which each HIG directorate prioritized their work and measured the effect of their output. HIG operational directorates completed self-assessments and revised organizational plans. Realistic, focused and progressive HIG activities were efficiently and effectively directed through the careful allocation of our valued resources.

The linkage between the employees' work, the HIG mission and the Department's mission and vision was strengthened. HIG employees were motivated, and none were reluctant, to assume leading roles in combining their talents and abilities in the pursuit of excellence in their work and in their participation in their respective communities. This resulted in the following impressive achievements:

Investigations and inquiries completed: 112

Internal Audits completed: 9

Child Care audits completed: 316

(Note: Additional details may be found in the business results category of this report.)

One example of a leadership initiative implemented during the reporting year was a customer satisfaction rating system for our investigative and audit work products. Our customers, including some subjects of the

investigations and audits, were offered the opportunity to grade the quality of HIG work products. This feedback program resulted in approximately 92% of respondents giving superior ratings, with lower grades coming from the subjects of investigations, as might be expected. HIG observes not only the documented success reflected in these rating statistics, but acknowledges the opportunity for continuing our attention toward self-improvement.

By providing fair and impartial work products, HIG staff consistently achieved superior performance despite an increasing workload. Without question, HIG continued to meet statutory responsibilities while contributing significantly to the Department's success by investigating complaints, completing program and system audits and advancing best management practices.

HIG has efficiently implemented liaison with external auditors that facilitated establishment of Corrective Action Plans and follow-ups as required by Chapter 20.055(5)(g).F.S. Audit liaison with external auditors resulted in initiation of 14 Corrective Action Plans; ten 6-month follow-ups; three 12-month follow-ups; and two 18-month follow-ups.

The Child Care Food Program audits resulted in recovery of \$192,630 in prior year funds and \$49,725 in reporting year funds for a total of \$242,355.

In confirming HIG's direction for fiscal year 2002-2003, the HIG continued the emphasis placed on self-assessment, process improvements and organizational tailoring. By empowering all HIG staff to participate in the strategic planning process, the HIG team committed to the following:

HIG Mission

"Trusted agents providing independent, objective and useful products to facilitate the Department's success."

HIG Vision

"Indispensable contributions in achieving excellence."

HIG Values

- *Integrity- a commitment to honesty, fairness, loyalty, trustworthiness and our customers.*
- *Professionalism- a commitment to specialized study, demonstration of superior skills and being the subject matter expert.*
- *Independence- a commitment to self-reliance.*
- *Objectivity- a commitment to the facts uninfluenced by personal prejudices or emotions.*
- *Timeliness- a commitment to promptness.*
- *Teamwork- a commitment to collaboration in achieving common goals.*

HIG Leadership Activities

HIG recognizes the traditional organizational leadership activities. We also recognize the leadership roles performed by highly experienced and talented HIG employees as employee-leaders in the Department work environment. Yet, another dimension of HIG leadership activities may be found in our personal involvement within the communities in which we reside which embraces the leadership challenges advanced by the Governor and our Secretary. Some examples of these three dimensions of HIG leadership activities during the reported period were:

HIG leader activity:

- 1st V.P., Florida Public Health Association.
- Past Parliamentarian & Silent Auction Chair, 1997 to present, FPHA.
- Community Volunteer – Second Harvest Food Bank.
- Church Religious Education Instructor.

- Board Member, Florida Academy of Healthcare Attorneys.
- Department Quality Management & Demonstration Project Selection Team.
- Year 12 National Public Health Leadership Institute.
- Department Health Insurance Portability and Accountability Act (HIPPA) Implementation Team.
- Department Organizational Performance Excellence Team (OPET).
- Department Director of Nursing/Administrators Nursing Transitional Leadership Team.
- Member, Domestic Violence and Health Care Florida Leadership Team.
- Board of Directors, National Association of Inspectors General.
- Board of Directors & Executive Committee Members, Florida Association of Inspectors General, Tallahassee Chapter.
- Mediator for Executive Direction.
- Audit Round Tables.
- County Health Department Client Task Force.
- Information Technology Tier 2 Governance Committee.

Employee leadership activity.

- Unit leaders in implementing the Read Florida Program within HIG.
- Chairperson for the Department Computer Security Incident Response Team.
- Advised Children's Medical Service (CMS) in improving contract provider compliance and performance.
- Assisted numerous Department contract managers in their review of audited financial statements.
- Technical assistance in running and interpreting automated reports.
- Briefings to new CHD Directors/Administrators.
- Team leaders and members of the HIG Management Review Team (MRT)

- Participating members, Association of Inspectors General, Tallahassee Chapter.
- Attendees, 2002 Conference, National Association of Inspectors General.
- Beta Tester, Microsoft Office 2003 & Outlook.
- Members, National Association of Executive Secretaries & Administrative Assistants.
- Eight Notary Publics.

Employee leadership activity within our communities:

- Chairman, Middle School Advisory Council.
- Coordinator for Teacher Appreciation Committee.
- Time Keeping Official, ATAC Swim Club, Tallahassee.
- Church Stewardship Committee
- Sunday School Teachers X3.
- Church Youth Leadership Instructor X3.
- Soccer Coach.
- Member, Board for Neighborhood Health Services.
- Tutor, American Reads Program for elementary school children.

Strategic Planning

The Department's mission is: *'To promote and protect the health and safety of all people in Florida through the delivery of quality public health services and health care standards.'* The Department's vision is: *'By providing quality services and promoting healthy communities, we are valued by those we serve and our partners as the leading public health organization in the nation.'* Department of Health values are: **Excellence** - quality out-comes; **Commitment to Service** - dedicated services; **Accountability** - taking full responsibility; **Empowerment** - employees exercising their judgment and initiative;

Integrity - commitment to honesty, fairness, loyalty, trustworthiness and our customers;

Respect - diversity appreciated and contributions honored; **Teamwork** - collaboration in achieving common goals.

In fiscal year 2001-2002, The Florida Department of Health developed goals to align with the Governor's goals **to help the most vulnerable among us and enhance Florida's environment and quality of life.**

In support of these noble intentions, HIG leadership focused employees toward expanding their awareness of the aforementioned intentions and developing a commitment to achieving excellence. Employees collectively agreed to a vision of making: **Indispensable contributions in achieving excellence.** 'Indispensable contributions...' became the theme for our 2002-2005 strategic focus.

HIG is a central point for coordination and responsibility for activities that promote accountability, integrity, and efficiency in the Department of Health. The HIG is a special staff officer under the general supervision of the Secretary. Inspector General duties are established by Chapter 20.055, F.S. The HIG initiates, conducts, supervises and coordinates audits and investigations designed to detect, deter, prevent and eradicate fraud, waste, mismanagement, misconduct and other abuses within the Department.

In 2001-2002, HIG joined with the Department's leadership in establishing a strategic direction. During fiscal year 2002-2003, HIG made a concerted effort to ensure that employees were not only aware of the Department's vision, but that each employee was afforded the opportunity to actively participate in defining HIG's commitment to the vision. HIG employees embraced this challenge by helping with the formulation of our internal plans that guided HIG's contribution to the Department's success this past year. With an eye on the

future, each operational branch, including the Management Review Team "out-of-hide" asset, of the HIG established the following direction for the coming year:

HIG Auditing:

- Mission Statement: To provide the Department management with independent analysis of its programs, services and contracting process through audits and other audit related products.
- Focus Areas for 2003-2004: Contracting Process and Contract Monitoring
- Objectives:
 1. Design a contract monitoring model specific to the Bioterrorism Preparedness and Response funding.
 2. Identify skill sets required, obtain qualified auditors and provide additional training necessary for them to perform monitoring in the form of Agreed Upon Procedures statewide.
 3. Coordinate the statewide monitoring process.
 4. Design a review process to determine successes and identify opportunities for improvement in the monitoring process.
- Mission Goal: Plan, create, and evaluate a risk assessment tool to monitor compliance.
- Enabling Goals:
 1. Acquisition of additional full time equivalents (FTEs) and provision of training necessary for them to evaluate, risk assess and audit the contracting process.
 2. Training to enhance current staff's abilities to identify, audit, review and make recommendations to minimize or mitigate agency risk.
- Key Strategies: Enabling staff to excel in identifying risks to the

- agency and opportunities for making recommendations for improvement.

HIG Investigations:

- Mission Statement: To provide management with timely and accurate information upon which to base decisions that promote and protect the health of all people in Florida.
- Focus Areas for 2003-2004: To improve the timeliness of our investigative products and to tie investigative recommendations to improved program performance.
- Objectives: Make investigative recommendations that improve program area performance by tying substantiated allegations to insightful recommendations.
- Mission Goal: To promote accountability, integrity and efficiency in the Department by insuring that 90% of investigations are reported to management within 90 days.
- Enabling Goals: Increase investigative capabilities by sustaining the current workforce while converting one position to a sworn law enforcement officer billet.
- Key Strategies:
 1. Investigations: Investigative preliminary reviews will be accomplished within 10 duty days of receipt. Investigative plans will be reviewed within 15 days of the complaint. First draft of investigative reports will be completed within 45 days from receipt of the complaint with the final report approved for release within 60 days of complaint receipt.
 2. Inquiries: Preliminary reviews will be accomplished within 10 duty days of receipt. Inquiry reports will be complete within 30 days and the final report approved for

release within 45 days of complaint receipt.

3. Referrals: Complaint review will be completed within five days of receipt to identify issues and referred not later than seven days from receipt.

HIG Child Care Food Audit Program:

- Mission Statement: Promote accountability and integrity of the Child Care Food Program (CCFP) by monitoring the performance of sub-grantees of the Bureau of Child Nutrition Programs.
- Focus Areas for 2003-2004: Perform audit confirmations, obtain and review audit reports conducted by independent auditors, and conduct agreed-upon procedures reviews of sub-grantees of the Bureau of Child Nutrition Programs.
- Objectives:
 1. Perform audit confirmations for CCFP sub-grantees within five working days of receipt of request for confirmation.
 2. Obtain a copy of all independent audits of CCFP sub-grantees required under OMB Circular A-133 within the timeframes imposed by the circular.
 3. Review all independent audits of CCFP sub-grantees within five working days of receipt of the audit and perform any necessary follow-up procedures.
 4. Conduct the number of agreed-upon procedures reviews of CCFP sub-grantees required by federal regulations.
 5. Ensure that agreed-upon procedures review reports are accurate and timely
 6. Serve as an expert witness at all informal hearings resulting from agreed-upon procedures reviews.
 7. Develop follow-up agreed-upon procedures reviews for sub-

- grantees with significant deficiencies identified during an agreed-upon procedures review.
8. Develop customer satisfaction survey for agreed-upon procedures reviews.
- Mission Goal: Perform audit confirmations, obtain and review audit reports conducted by independent auditors, and conduct agreed-upon procedures reviews of CCFP sub-grantees required by federal regulations.
 - Enabling Goals: Hire and retain sufficient professional and support staff with the knowledge, skills and abilities necessary to achieve our objectives.
 - Key Strategies:
 1. Obtain an additional professional position to conduct fieldwork and an additional professional supervisory position to review and supervise field staff due to the increased numbers of reviews required by program growth and to issue reports on a timely basis.
 2. Work with the BCNP to decrease the scope of the agreed-upon procedures reviews and to institute follow-up agreed-upon procedures reviews for sub-grantees with significant deficiencies identified during an agreed-upon procedures review.
 3. Develop customer satisfaction survey for agreed-upon procedures reviews.

- Focus Areas for 2003-2004: The evolutionary nature of the HIG MRT function requires continued self-assessment and tailoring to the needs of each scheduled event. Senior Department leadership feedback continues to indicate a need for the MRT. There are four focus areas: (1) Revise the MRT employee survey; (2) Revise the MRT employee interview; (3) Streamline the MRT report format; (4) Establish the MRT program as an integral HIG capability.
- Objectives: Assess three county health departments in each calendar year. Assess one headquarters staff element (bureau or division) in each calendar year.
- Mission Goal: Use the Sterling Criteria for Organizational Performance Excellence to establish and deploy a categorical framework for assessment of the Department organizations. Provide results and meaningful feedback to the Department managers. Sustain MRT success in identifying areas for improvement.
- Enabling Goals: Establish MRT section within the HIG and obtain authorization for a dedicated staff.
- Key Strategies: Sustain the MRT program "out-of-hide" until dedicated staff is approved; integrate Sterling revisions into the MRT methodology; revise MRT assessment tools and the report; schedule MRT visits for 2003 & 2004.

Special Program - Management Review Team (MRT):

- Mission Statement: Assess management practices, work environment and business outcomes to identify opportunities for improvement and recommend performance improvement measures.

TIMELINE: Each HIG directorate plan established a timeline consistent with the strategies and goals identified. At the close of fiscal year 2002-2003, HIG directorate plan timelines were being consolidated and synchronized in a master HIG events schedule for 2003 and 2004.

MEASURES OF SUCCESS: Each HIG directorate began work to identify measures

for success and established benchmarks for measuring success.

MAKING IT HAPPEN - Vision to Reality.

HIG's success is assured through the skills, talents, experience, technological know-how, capabilities and commitment of highly professional staff led by an informed, involved and determined management team. HIG stated the commitment to sustaining our most valued resource - a quality work force - through the hiring of applicants with impeccable character, credentials and experience, and by affording professional training opportunities to our staff. HIG values are reflected in all of the work performed during the past year. HIG's commitment to self-assessment and planning in the past year provided a sound foundation for the coming year and reflects a serious commitment to a continuous improvement journey.

Customer and Market Focus

A key consideration for promoting accountability, integrity and efficiency in government is recognition of the need to adjust organizational resources and priorities to meet the ever changing and evolving character of our State and the customers we serve. In meeting our Chapter 20.055 (2), F.S. responsibilities, it was necessary to adjust our focus to meet the abundant challenges confronting us. The foundation for HIG adjustments in 2002-2003 was the implementation of customer feedback mechanisms and our careful attention to the issues identified by trending our customer concerns and Department program needs.

HIG considered 214 complaints and completed 112 investigations and inquiries of these complaints. Nine (9) internal program audits were completed. Three hundred and sixteen (316) Child Care Food Program audits were completed. Additionally, two Management Reviews were conducted, with this meaningful and

helpful program resourced by HIG employees "out-of-hide."

HIG staff provided briefings to the Secretary and his Executive Staff during the Quarterly Performance Reviews, and provided case updates monthly. HIG staff participated in the weekly conference calls among CHD Directors, and other levels of management to better understand the diverse areas of concerns, and the opportunities for service. HIG staff also attended all statewide CHD director and administrator meetings. When investigations were warranted, HIG staff provided timely responses to our customer's needs. HIG investigative and audit reports provided substantive recommendations for program improvements and enforcement of policy, rules and statutes. HIG investigative and audit reports often facilitated informed decision making, corrective action, and, in some cases, provided the facts needed for disciplinary actions by Department supervisors or referred to Law Enforcement for criminal prosecution.

A significant evolving trend resulted from the Department's effort to modernize and electronically connect each health entity which also increases the opportunity for computer related abuse. HIG recognized this threat and continued its commitment to acquiring the needed capabilities, expertise, and technology to quickly analyze suspected computer hard drives and respective servers and render accurate reports of findings. HIG's improved focus on computer abuse resulted in 21 investigations and inquiries of computer related offenses. These cases ranged from computer theft to verification of computer related abuse such as pornography and gambling.

Given our State's cultural diversity, there is a ever increasing need for multi-lingual capabilities in the HIG. To meet the growing demand for interpretation and translation services for Florida's large Hispanic population, HIG provided invaluable language translation and interpretation service to HIG investigators.

Additionally, interpretative services were provided to the Governor's Office, the Executive Staff, and to local law enforcement. These services included translation of brochures and various other documents, and the translation of customer complaints. To further enhance HIG's capabilities, additional training was acquired by one HIG employee in the Basic Instruction for Interpretation Services Program and Cultural and Linguistic Competency Training. This employee is now a certified translator in the Hispanic language.

Throughout the reporting period, HIG staff maintained contact with other Executive Branch and law enforcement agencies in meeting the challenges of the changing environment. HIG shall continue the commitment to understand customer requirements and focus on the expanding market for our services.

Department of Health
Office of the Inspector General
Closed Complaints 2002-2003

| Number | Type | Alleged Subject | Disposition |
|--------|------|---|---|
| 01-065 | MA | Alleged disability comp fraud | Referred to Management |
| 01-164 | MA | Alleged harassment by supervisor | Referred to Management |
| 02-005 | PI | Alleged time card fraud | Referred to Volusia CHD & School Board |
| 02-022 | IN | Alleged computer misuse/abuse, pornographic web sites | Sustained |
| 02-031 | IN | Alleged mismanagement of contract funds | Sustained |
| 02-036 | IN | Alleged wrong doing by CHD staff | Unsustained |
| 02-038 | IN | Alleged wrong doing by Lab technician | Unsustained |
| 02-068 | MA | Alleged abuse of state time | Referred to Management |
| 02-069 | MA | Alleged sleeping on state time & nepotism | Referred to Management |
| 02-075 | IN | Alleged Internet abuse/misuse | Sustained |
| 02-076 | IN | Alleged waste of state funds | Sustained |
| 02-077 | PI | Alleged abuse of state time | Referred to Osceola CHD |
| 02-078 | WB | Alleged retaliation | Unsustained |
| 02-079 | MA | Alleged abuse of public funds | Referred to Management |
| 02-080 | IN | Alleged abuse of state time and misuse of state vehicle | Unsustained |
| 02-081 | IN | Alleged misuse of state computer | Sustained |
| 02-084 | IN | Alleged employee interference in investigation | Sustained |
| 02-089 | MA | Alleged free services and permits/poor management | Referred to Management |
| 02-090 | MA | Alleged failure to complete performance evaluations | Referred to Management |
| 02-091 | NF | Possible threat | Monitored through FDLE |
| 02-095 | PI | Alleged destruction of licensure file & non-issuance of permanent nursing license | Referred to MQA |
| 02-098 | IN | Alleged computer misuse/abuse; pornographic web sites | Unsustained |
| 02-099 | IN | Alleged computer misuse/abuse | Sustained |
| 02-101 | IN | Alleged computer misuse/abuse; pornographic web sites | Sustained |
| 02-102 | MA | Alleged inadequate services provided by ODD | Referred to Management |
| 02-104 | PI | Alleged military criminal record | Unsustained |
| 02-107 | PI | Alleged misfeasance & malfeasance | Complaint addressed in previous IN report |
| 02-108 | MA | Alleged abuse of state time | Referred to Management |
| 02-109 | MA | Alleged abuse of state time & equipment | Referred to Management |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|--|---|
| 02-110 | PI | Alleged misuse of state computer | Employee resigned during investigation |
| 02-111 | IN | Alleged falsification of timesheets & misuse of state vehicle | Unsustained |
| 02-112 | IN | Alleged mismanagement | Sustained |
| 02-113 | IN | Alleged falsification of client financial records | Unsustained |
| 02-114 | INA | Alleged stolen laptop | Assisted Pensacola Police Department |
| 02-115 | PI | Alleged purchase of state equipment for personal use | Management review was done |
| 02-117 | PI | Alleged theft of confidential information | Unsustained |
| 02-118 | PI | Alleged inappropriate behavior of state employee | Referred to MQA |
| 02-120 | PI | Alleged compromise of HIV & client identities | Unsustained |
| 02-121 | PI | Alleged retaliation resulting in termination of employment | Unsustained |
| 02-123 | RF | Alleged compromise of confidential information | Referred to DCF |
| 02-124 | PI | Alleged gross mismanagement | Complainant dropped allegations |
| 02-125 | IN | Alleged failure to provide EI services | Unsustained |
| 02-126 | IN | Alleged misuse/abuse of state computer | Sustained and referred to FDLE |
| 02-127 | MA | Alleged solicitation | Referred to Management |
| 02-128 | MA | Alleged hostility & verbal abuse | Referred to Management |
| 02-129 | PI | Alleged improper use of state email | Sustained |
| 02-131 | PI | Alleged falsification of record | Sustained |
| 02-132 | PI | Alleged theft of drugs from Adult HIV Clinic Refrigerator | Referred to local Law Enforcement |
| 02-133 | IN | Alleged possible breach of confidentiality | Unsustained |
| 02-134 | NF | Alleged information security | Information recorded for possible future assistance |
| 02-135 | IN | Alleged mismanagement of funds | Sustained |
| 02-136 | PI | Alleged refusal of services by CHD | Referred to West Palm Beach CHD |
| 02-137 | PI | Allege retaliation by DOH/EH | Unsustained |
| 02-138 | RF | Alleged medical misconduct, falsification of documents & wrong diagnosis | Referred to MQA |
| 02-139 | MA | Alleged incomplete inspection of hot tub | Referred to Management |
| 02-140 | PI | Alleged retaliation | Unsustained |
| 02-141 | RF | Alleged falsification of qualifications by MD | Referred to MQA |
| 02-142 | PI | Alleged retaliation | Complaint did not meet the criteria as a Whistle-blower |
| 02-144 | IN | Alleged identity theft | Sustained |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|---|---|
| 02-145 | IN | Alleged illegal promoting of Florida KidCare Program | Assisted Sheriff's Department |
| 02-146 | PI | Alleged retaliation | Complaint did not meet the criteria as a Whistle-blower |
| 02-147 | PI | Alleged breach of confidential medical information | Unsustained |
| 02-148 | MA | Alleged unfair usage of vehicles due to employee abuse of arrival times | Referred to Management |
| 02-149 | RF | Alleged billing dispute | Referred to MQA |
| 02-150 | MA | Alleged computer misuse/abuse | Referred to Management |
| 02-152 | PI | Alleged poor services by CMS | Referred to CMS |
| 02-153 | PI | Alleged intentional spreading of HIV | Referred to Law Enforcement |
| 02-154 | PI | Alleged mismanagement of UMAC funds | Sustained |
| 02-155 | RF | Alleged altering of medical document | Referred to MQA |
| 02-156 | IN | Alleged breach of patient confidentiality | Unsustained |
| 02-157 | RF | Alleged fraud and conspiracy to commit fraud | Referred to AHCA |
| 02-158 | PI | Alleged improper award of contract | Unsustained |
| 02-159 | PI | Alleged harassment & discrimination | Complainant referred to EEO |
| 02-160 | PI | Alleged unnecessary requirement to upgrade septic system | Sustained |
| 02-161 | PI | Alleged incorrect information regarding size of septic system | Unsustained |
| 02-162 | PI | Alleged computer misuse/abuse | Sustained |
| 02-163 | IN | Alleged theft of Publix coupons | Sustained |
| 02-164 | PI | Alleged inadequate medical care | Unsustained |
| 02-165 | PI | Alleged email abuse | Sustained |
| 02-166 | MA | Alleged retaliation | Referred to Management |
| 02-167 | MA | Alleged inappropriate use of state equipment | Referred to Management |
| 02-168 | MA | Alleged retaliation | Referred to Management |
| 02-169 | PI | Alleged harassment by ODD Office | Unsustained |
| 02-170 | RF | Alleged Welfare/Medicaid fraud | Referred to WIC |
| 02-171 | IN | Alleged conflict of interest | Sustained |
| 02-172 | IN | Alleged harassment, discrimination & retaliation | Unsustained |
| 02-173 | MA | Alleged unfair termination of employment | Referred to Management |
| 02-174 | RF | Alleged breach of confidential HIV/AIDS information | Referred to AHCA |
| 02-175 | PI | Alleged refusal to be added to list of private Medical providers | Closed due to possible forthcoming legal action |
| 02-176 | PI | Alleged inappropriate Medical billing | Referred to AHCA |
| 02-177 | NF | Alleged dumping of confidential medical files | Information recorded for possible future use |
| 02-178 | RF | Alleged retaliation by Pasco County personnel | Referred to DCF |
| 02-179 | IN | Alleged mismanagement | Sustained |
| 02-180 | PI | Alleged computer misuse/abuse | Unsustained |
| 02-181 | IN | Alleged peer to peer usage | Sustained |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|--|---|
| 02-182 | PI | Alleged computer misuse/abuse | Employee resigned |
| 02-183 | MA | Alleged unaddressed complaints | Referred to Management |
| 02-184 | MA | Alleged timesheet fraud | Referred to Management |
| 02-185 | RF | Alleged dirty emergency room & unprofessional staff | Referred to AHCA |
| 02-186 | RF | Alleged breach of confidential medical information | Referred to SSA |
| 02-187 | PI | Alleged criminal history | Sustained |
| 02-189 | IN | Alleged computer misuse/abuse | Sustained |
| 02-191 | IN | Alleged breach of confidential medical information | Sustained |
| 02-192 | MA | Alleged inappropriate purchasing procedures | Referred to Management |
| 02-193 | PI | Alleged harassment | Referred to PSC |
| 02-194 | MA | Alleged erratic driving | Referred to Management |
| 02-195 | PI | Alleged misfeasance by Environmental Administrator, Charlotte CHD | Referred to Management |
| 02-196 | RF | Alleged violations on the part of the VNA Hospice, Vero Beach, FL | Referred to MQA |
| 02-197 | MA | Alleged received incoming fax with confidential information | Referred to Management |
| 02-198 | PI | Alleged blood in State Lab canister | Sustained |
| 02-199 | PI | Alleged compromise of client information | Sustained |
| 02-201 | PI | Alleged mismanagement | Unsustained |
| 02-202 | PI | Alleged building security | No changes made in office security investigation done by Duval SO |
| 02-204 | IN | Alleged using background checks for personal use | Sustained |
| 02-205 | MA | Alleged slanderous & unprofessional statements by state employees | Referred to Management |
| 02-206 | PI | Alleged conflicting medical information | Unsustained |
| 02-207 | PI | Alleged gross mismanagement by DOH | Unsustained |
| 02-208 | PI | Alleged cancellation of Hep C | Unsustained |
| 02-209 | PI | Alleged identity theft & discrimination | Sustained |
| 02-210 | MA | Alleged no response from CHD | Referred to Management |
| 02-211 | MA | Alleged misuse of designated state funds | Referred to Management |
| 02-212 | PI | Alleged breach of confidential information & false report of abuse/neglect | Sustained |
| 02-213 | PI | Alleged confidential files missing | Unsustained |
| 02-214 | PI | Alleged computer misuse/abuse | Employee resigned during inquiry |
| 02-215 | PI | Alleged computer misuse/abuse | Unsustained |
| 03-001 | PI | Alleged TB Lab error report | Sustained |
| 03-002 | IN | Alleged corruption and abuse by administrator | Unsustained |
| 03-003 | RF | Alleged race discrimination & harassment | Referred to EEO |
| 03-004 | PI | Alleged improper treatment of TB patient | Unsustained |
| 03-005 | MA | Alleged computer misuse/abuse | Referred to Management |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|--|-------------------------------|
| 03-006 | MA | Alleged falsification of time direct | Referred to Management |
| 03-007 | MA | Alleged unprofessional behavior of state employee | Referred to Management |
| 03-008 | MA | Alleged non-payment of settlement agreement | Referred to Management |
| 03-009 | MA | Alleged abuse of state time | Referred to Management |
| 03-011 | MA | Alleged wrong decision regarding level of care | Referred to Management |
| 03-012 | IN | Alleged breach of confidential information | Sustained |
| 03-016 | PI | Alleged unit conditions & treatment | Partially sustained |
| 03-018 | PI | Alleged collusion by CHD inspectors to close business | Unsustained |
| 03-020 | IN | Alleged hostile work environment | Unsustained |
| 03-021 | IN | Alleged coding discrepancies | Sustained |
| 03-022 | PI | Alleged potential abuse of phone | Sustained |
| 03-023 | MA | Alleged email misuse | Referred to Management |
| 03-024 | MA | Alleged misconduct & unsanitary conditions | Referred to Management |
| 03-025 | RF | Alleged implementation of experimental protocol | Referred to AHCA |
| 03-027 | PI | Alleged inappropriate standard of care | Unsustained |
| 03-028 | MA | Alleged fraudulent prescriptions | Referred to Management |
| 03-029 | MA | Alleged unfair & illegal employment practices | Referred to Management |
| 03-030 | IN | Alleged patient confidentiality breach | Sustained |
| 03-031 | NF | Alleged corruption & abuse of power | Recorded for information only |
| 03-032 | MA | Alleged incomplete medical examination/falsification of written medical report | Referred to Management |
| 03-033 | NF | Alleged discrepancies with handling of predetermination conference | Recorded for information only |
| 03-035 | MA | Alleged missing medical records and rudeness | Referred to Management |
| 03-036 | PI | Alleged vandalism | Outside of DOH jurisdiction |
| 03-037 | IN | Alleged misuse of state computer | Sustained |
| 03-038 | MA | Alleged unfair medical conclusion by physician | Referred to Management |
| 03-039 | PI | Alleged threat against State Government Employee | Sustained |
| 03-040 | IN | Alleged wrongful termination | Unsustained |
| 03-041 | IN | Alleged "imposter" taking the CAN certification examination | Sustained |
| 03-042 | MA | Alleged delay in EMS investigation | Referred to Management |
| 03-043 | MA | Alleged unprofessional behavior | Referred to Management |
| 03-044 | INA | Alleged misconduct n CMS | Assisted FDLE |
| 03-046 | PI | Alleged sell of vaccines to patients | Unsustained |
| 03-047 | INA | Alleged computer misuse/abuse | Assisted CMS |
| 03-048 | MA | Alleged inappropriate storage of medical files | Referred to Management |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|---|---|
| 03-049 | IN | Alleged misuse of state computer | Unsustained |
| 03-050 | IN | Alleged malfeasance | Sustained |
| 03-051 | PI | Alleged falsification of application | Sustained |
| 03-052 | RF | Alleged Medical fraud | Referred to AHCA |
| 03-053 | MA | Alleged violation of Florida Statutes | Referred to Management |
| 03-054 | PI | Alleged unjustly disqualification of bid | Unsustained |
| 03-055 | IN | Alleged computer misuse/abuse | Unsustained |
| 03-056 | IN | Alleged computer misuse/abuse by IT employee | Sustained |
| 03-057 | MA | Alleged falsification of timesheets | Referred to Management |
| 03-058 | MA | Alleged self-referral of medical services | Referred to Management |
| 03-059 | RF | Alleged fraudulent billing for services | Referred to MQA |
| 03-060 | RF | Alleged over billing/malpractice against Bonati Institute | Referred to MQA |
| 03-061 | IN | Alleged prescription fraud | Sustained |
| 03-062 | MA | Alleged pattern of inefficient management and power abuse | Referred to Management |
| 03-063 | MA | Alleged inappropriate required travel by clerical staff | Referred to Management |
| 03-065 | IN | Alleged computer misuse/abuse and unauthorized software on state computer | Sustained |
| 03-066 | MA | Alleged breach of confidentiality | Referred to Management |
| 03-067 | IN | Alleged misuse of state vehicle and P-card | Sustained |
| 03-068 | MA | Alleged violations in biomedical waste disposal procedures | Referral to Management |
| 03-069 | NF | Alleged employee is unqualified for position | Employee already terminated. Information file only. |
| 03-070 | INA | Alleged criminal use of personal identification/RN | Assisted Orlando Police Department |
| 03-072 | MA | Alleged timesheet fraud & abuse of state time | Referred to Management |
| 03-073 | PI | Alleged retaliation & discrimination | Unsustained |
| 03-074 | PI | Alleged favoritism in processing permits | Referred to Management |
| 03-075 | IN | Alleged conflict of interest | Sustained |
| 03-077 | MA | Alleged abuse of state time | Referred to Management |
| 03-078 | MA | Alleged difficulty obtaining SS determination | Referred to Management |
| 03-079 | MA | Alleged violation of policy | Referred to Management |
| 03-082 | PI | Alleged confidentiality breach | Unsustained |
| 03-083 | MA | Alleged problem with release of medical records | Referred to Management |
| 03-084 | RF | Alleged HIIPPA violation | Referred to Management |
| 03-087 | MA | Alleged infestation of rats at drug store | Referred to Management |
| 03-090 | PI | Alleged unlicensed practitioner | Unsustained |
| 03-091 | MA | Alleged failure to respond to patient's medical needs | Referred to Management |
| 03-092 | MA | Alleged illegal parking of county vehicle | Referred to Management |
| 03-095 | MA | Alleged use of illegal substance by employee | Referred to Management |

| Number | Type | Alleged Subject | Disposition |
|---------------|-------------|--|------------------------|
| 03-096 | MA | Alleged theft by state employees | Referred to Management |
| 03-097 | MA | Alleged unfair labor practices | Referred to Management |
| 03-098 | MA | Alleged abuse of time & money | Referred to Management |
| 03-099 | MA | Alleged physicians' involvement in termination of employment | Referred to Management |
| 03-100 | MA | Alleged waste of state funds | Referred to Management |
| 03-103 | MA | Alleged unhealthy conditions at health & rehab center | Referred to Management |
| 03-104 | PI | Alleged deviation from standard operating procedures | Unsustained |
| 03-105 | MA | Alleged dental treatment without parental permission | Referred to Management |
| 03-108 | MA | Alleged unfair treatment and computer misuse | Referred to Management |
| 03-110 | MA | Alleged alcohol consumption at a state function during normal work hours | Referred to Management |

Information and Analysis

The Office of the Inspector General (HIG) responds to requests for service, complaints and information from management. Additionally, independently HIG exercises its statutory authority to promote integrity, accountability, and efficiency in state government through investigations, audits, management reviews, and other accountability activities. The information and analysis of the services provided is reported to the Secretary of Health on a continuous and as needed basis. The investigations and audits conducted by the HIG during FY 2002-03 are summarized below.

INVESTIGATIONS

Investigation #02-022 Alleged Misuse of Computer And Accessing of Pornographic websites

This investigation was predicated on a report originating from the Bureau of Finance and Accounting allegedly that at least two Department computers in that bureau had been used to access pornography.

The allegations were substantiated. The two examined computer hard drives showed they had been used to access pornography. The two assigned users of the computers in question did not log off and shut down as their security training advised them to, nor did they use password protected screensavers. The violations of the Department Internet policy occurred during the evening times, when both employees were absent. There is reasonable assumption that two former custodial workers in the Bureau of Finance and Accounting used the workstations to access the pornography. Neither of the custodians were employed by the Department's contractor at the time of investigation.

RECOMMENDATIONS

- Management should take appropriate action to clearly train employees on security policies and guidelines. Management should also take appropriate disciplinary action.

Investigation #02-036 Alleged Acceptance of a Bribe

This investigation was predicated on information received from Legal Counsel, Alachua County that alleged that an employee of the Environmental Health section of the Bradford County Health Department accepted a bribe in the performance of his official duties.

The allegation of bribery was unsubstantiated. However it appeared that the employee was dishonest during the HIG interview and only admitted receiving money away from the CHD under sworn testimony.

RECOMMENDATIONS

- Appropriate disciplinary action to address Subject's conduct during his HIG interview.
- Management should consult and determine a standard set of procedures concerning handling money away from their respective place of business.
- Management should incorporate the new standard into both their annual training requirements and as part of the training provided to new employees during their probationary status.
- Management should consider reviewing and revising, as necessary, any procedural manuals dealing with actions taken by employees during on site inspections.

**Investigation #02-031
Alleged Failure to Account for State Funds**

The Department of Health (DOH) has contracted for several years with Gadsden Citizens for Healthy Babies, Inc. (GCHB) and provided administrative funds to GCHB under the contract "solely for the operation of the coalition and the management of contracts for service delivery".

GCHB contracted with Florida State University (FSU) to provide staff for GCHB as well as payroll, purchasing, accounting and other administrative services. FSU advanced the operating funds to GCHB, billing GCHB in arrears.

In March 2002, GCHB staff advised FSU that it had no funds to pay the latest billing from FSU. FSU sent an auditor to review the GCHB financial records and prepare a preliminary report.

The preliminary report of expenditures made by GCHB indicated that numerous items which appeared to be of a personal nature had been purchased by GCHB. Many of the items were purchased through a GCHB Visa account.

Because it appeared that GCHB staff (FSU employees) may have been involved in the misuse of State funds and possible criminal activity, the FSU Inspector General took possession of the available books and records of GCHB and, in conjunction with the FSU Police Department, DOH and FDLE, reviewed the available information.

Financial records were constructed, to the extent possible, from bank statements, cancelled checks and VISA statements.

Available records indicated that during the period from July 1997 through February 2002, DOH had made payments totaling \$889,166.23, to GCHG. Of that amount, \$375,253.74 was paid to reimburse FSU under its contract for administrative services. These payments were pre-audited

and paid through the normal payment process at FSU. There was no evidence that the remaining payments (approximately \$513,912) were subjected to any type of pre-audit or compliance review.

Failure of GCHB to properly account for State funds, misuse of State funds and theft of State funds was substantiated.

On the basis of a criminal investigation by the FSU Police Department, the State Attorney charged the former executive director and the former assistant executive director of GCHB grand theft. Those criminal cases are pending.

RECOMMENDATIONS

- In the absence of an accounting system and adequate internal controls over State funds and because theft of State funds has been documented, we recommend that the Division of Family Health Services require GCHB to provide documentary evidence that all funds except those disbursed by FSU were expended for purposes authorized by the contract.
- In the absence of a complete accounting, DOH should begin the necessary and appropriate proceedings to recover from GCHB and/or the individual members of its board of directors all funds for which an accounting is not provided.

**Investigation #02-038
Alleged Wrongdoing by Lab Technician**

This investigation was predicated on a complaint received by the HIG that a Laboratory Technician in the Bureau of Laboratories in Jacksonville had allegedly manipulated test results on an infant to indicate a false negative when testing for Congenital Adrenal Hyperplasia, a routine birth defect test. The complaint further alleged that the Technician tampered and

destroyed incriminating and supporting documentation in an attempt to conceal their actions.

This allegation was unsubstantiated. It was determined that during the processing of the specimen from which the false negative results were received, a mistake was made. The employee notified her supervisor of the questionable specimen and received permission to begin anew. However, the first set of data was not purged from the computer completely. An abnormal result was then received and the technician and her supervisor manually deleted the flagged test result.

HIG also noted all the technicians in the testing process had different methodologies for their work, leaving room for error.

RECOMMENDATIONS

- Management should take action to address the discrepancies noted in this report.
- Management should consult with software company to see if changes can be made to it.
- Management should standardize the testing process for technicians.
- Technicians should be monitored and their activities documented.
- Management should contact other state labs and see if they are having similar software-related issues.
- Management should establish standardized procedures to address abnormal test results.

This investigation also produced two other findings. HIG found that CMS failed to properly accomplish performance standards measurement as prescribed by the contract and that residents in some rural counties did not receive adequate EIP case management.

Investigation #02-075 Alleged Internet Abuse/Misuse

This investigation was predicated on a complaint referred by a Department Data Processing Manager who reported a potential hacker problem in a County Health Department (CHD) network.

The allegation was substantiated. Over a period of several months a commercial Security Guard brought in his personal laptop and used the CHD network to access the Internet during his work hours. The Security Guard also used a computer owned by the CHD to locate and set up access to a state-owned printer. The security guard used a CHD Clerk Typist's password to log on to the system. The Clerk Typist Specialist was aware of the Security Guard's activities.

RECOMMENDATIONS

- As the Security Guard was never a Department/BCHD employee and was no longer assigned to the building that housed the South Regional Medical Center, no further action was recommended.
- The BCHD should conduct its own investigation into whether the Clerk Typist Specialist deliberately allowed the Security Guard to use her computer to achieve unauthorized access of state resources or whether the Clerk Typist Specialist failed to secure her workstation by leaving her computer unattended while still logged on to the network. Appropriate disciplinary action was recommended.

Investigation #02-076 Alleged Waste of State Funds

A Sanitation and Safety Specialist employed by a County Health Department (CHD) reported that students working in the CHD Environmental Health section as part of a summer youth employment program had

used his computer to access inappropriate Internet web sites.

HIG substantiated that unspecified students had accessed pornographic/sexually explicit web sites from three computers (PCs) located in the Environmental Health section. The students obtained Internet access by using PCs that had been left logged on and unattended by authorized users.

RECOMMENDATIONS

- As the students were no longer employed by the CHD, no further action was recommended. However, HIG recommended that in the future, any students employed by the CHD receive individual user IDs and passwords.
- The CHD should remind all staff that the Department policy holds each user responsible for activities that take place under their user ID and employees should not share their passwords with anyone nor permit anyone else to work under their user ID.
- The CHD should consider the feasibility of utilizing Internet management software to monitor and record live Internet usage.

Investigation #02-078 Alleged Violation of Whistle-Blower Act

This investigation is predicated on a March 16, 2002, whistle-blower complaint filed by a former employee of the Childbirth Education Association (CEA) of Jacksonville, Inc., a contractor with the Duval County Health Department (DCHD).

The complainant filed allegations with the Florida Commission on Human Relations (FCHD case # 2201560). The complainant alleged that she was fired by CEA in reprisal for reporting document falsification by CEA coworkers.

The complainant stated that on February 11, 2002, she submitted a written and signed statement conveying the allegations against her employer and gave it to the DCHD Healthy Start Coordinator, who serves as the contract manager. The complainant alleged that this confidential information was disclosed to the CEA through the DCHD, resulting in her termination on February 12, 2002.

The allegation that the DCHD Healthy Start Coordinator, failed to protect the identity of a whistle-blower informant resulting in the employee's dismissal was unsubstantiated.

The allegation that an unknown member of the DCHD staff failed to protect the identity of a whistle-blower informant resulting in the employee's dismissal was also unsubstantiated.

Additional issues were noted in regards to possible fraudulent activities. The complainant stated that she first observed what appeared to be the misuse of her employee number by a male coworker, in January of 2002. The complainant stated that she confronted the coworker on several occasions regarding this matter and other issues pertaining to code interpretation. The complainant stated that the CEA Executive Director was aware of the coworker's miscoding activities. The complainant also alleges impropriety in the coworker's accounting for the costs associated with bras for clients. The DCHD audit report of February 12, 2002, substantiates numerous deficiencies in CEA's administration. The coworker's alleged actions may constitute records falsification with the intent to defraud the government. The Executive Director's alleged awareness of these actions may make her culpable.

The complainant was terminated from employment with the CEA by the Executive Director on the afternoon of February 12, 2002, for suspicion that she had taken client records and failed to sign a confidentiality form as directed by the Executive Director.

No evidence was found to indicate that the complainant's identity, or the specific nature of her complaint, was released by any DCHD employees or other persons who may have had that knowledge.

RECOMMENDATIONS

- The Chief Inspector General should convey the State's appreciation to the complainant for her courage in reporting what she believed to be inappropriate conduct and possible fraud by her employer.
- The evidence collected in this investigation indicating possible violation of criminal statutes, i.e. records falsification and fraud, should be forwarded to a law enforcement agency, either the Florida Department of Law Enforcement (FDLE) or the Duval County Sheriff's Department (DCSD), for further investigation.
- The Department of Management Services should review the need for including a whistle-blower statement in all state contracts to assure that contractors are made aware of employee rights to file whistle-blower complaints and the accompanying statutory safeguards.
- The Department of Health should refresh employee knowledge regarding whistle-blower rights, the rights of contractor employees to file whistle-blower complaints, and the duty of supervisors and program managers to protect the identity and information reported to them by a prospective whistle-blower, whether a Department or contractor employee.
- The Chief Inspector General should effect the actions established in Chapter 112.3189, (6), (b).
- The Chief Inspector General should notify the State of Florida Auditor General of the alleged fraud involving State funds.

Investigation #02-080 Alleged Abuse of State Time and Misuse of State Vehicle

This investigation was predicated on a report originating from a CHD Administrator. It was alleged that the CHD Nursing Director and an Accountant III in the Division of Nursing falsified time and attendance reports; borrowed a CHD vehicle for personal use; and viewed available real estate for personal property acquisition together during normal working hours.

The allegations were not substantiated, but other misconduct was noted. The investigation found no evidence that the two employees falsified their time and attendance reports. It was noted that besides the complainant, other employees supported the allegation, but were unable to provide specific evidence. No evidence supported that the two employees used a CHD vehicle for personal use.

During the investigation, it was asserted that the two employees maintained a personal relationship that has hindered the Nursing Director from addressing consistent errors in the Accountant III's job performance. Evidence did support that the Nursing Director, with an admitted lack of fiscal knowledge, could not provide supervisory guidance, which likely contributed to the Accountant III's poor job performance.

It was also determined that the Accountant III failed to follow policy and notify his supervisor and complete or update a Notification of Additional Employment Outside of State Government form.

RECOMMENDATIONS

- Management should require the Accountant III to expand his activity levels in TimeDirect, and thus report his specific activities within pay periods. Management should closely monitor this employee until it has

been determined that he does not abuse time and attendance.

- CHD employees should be careful not to facilitate the perception of unauthorized vehicle use.
- Management should consider comparing the Accountant III's advanced position requirements to his job performance, and determining if he has met the higher expectations commensurate with his position, and also consider taking appropriate action based on the comparison results.
- Management should consider having the Accountant III report to a supervisor in line with his position responsibilities.
- The Accountant III should complete or update his Notification of Additional Employment Outside of State Government form.
- Additionally, CHD Management should ensure that all purchasing is performed within the provisions of Florida Statute, Florida Administrative Code and the Department policy. Vendors should not be present when administrative decisions are being made concerning purchases.

***Investigation #02-081
Alleged Misuse of State Computer***

The owner of a mobile x-ray service complained that none of the four general radiographers she hired, all four licensed by the Department, could take x-rays, and she had been forced to terminate their employment. The owner said that all four individuals were of Cuban ancestry, and that one of these former employees told her that the Cubans shared the answers to licensure exam questions and helped them pass the State general radiography exam. She was not able to provide any details of how that was accomplished.

The allegation was unsubstantiated. At the time of the investigation, the licensed

general radiographers in question had been licensed from 5 to 18 years. The Department records indicated they met licensure requirements at the time and passed the appropriate exam before they were licensed. No evidence was found to support the allegation that licensure subjects improperly provided answers to exam questions. Examination procedures in use made it unlikely that applicants could obtain the answers for the exam each time it was given. Each of the four licensees passed either the State exam or a national registry exam at a different time, which meant that the exam questions were different for each of the four individuals.

***Investigation #02-098
Alleged Computer Misuse/Abuse and
Accessing of Pornographic Websites***

This investigation was predicated upon the written complaint received from a patient's spouse, who alleged that a clinic staff member examined his wife at the direction of the Division of Disability Determination (DDD), that his wife was examined by an employee who had "no apparent credentials for such an exam", and that the clinic performed an un-requested urinalysis, or what he believed was a drug screen, on his wife and billed DDD.

The allegations were unsubstantiated. The investigation determined that the clinic properly utilized a Physician's Assistant to conduct the patient's examination. Subsequent to the alleged improper, unnecessary testing, DDD changed its procedures and the clinic will no longer perform urinalysis testing unless specifically authorized by DDD. Furthermore, it was determined that physicians contracted with DDD are allowed to perform additional tests, as deemed necessary, in order to thoroughly evaluate a disability applicant. The additional testing must be pre-approved by DDD, otherwise DDD will not reimburse the clinic for the procedure(s). The patient's file indicated that the clinic was not

reimbursed for the urinalysis test. No further action was required.

***Investigation #02-099
Alleged Computer Misuse/Abuse***

An employee at a local business alleged that an Unlicensed Practice Investigator from the Office of the General Council acted in an unprofessional manner during the execution of a search warrant at the business by officers of the local police department. Other allegations included that the investigator seized blank business checks without providing a receipt for them or listing them on the search warrant.

The investigator provided a video to a local news station of the businesses interior during the search and did an on site interview as well as temporarily seized a business client's driver's license as identification. The investigator also told the business owner she could not provide services, only manage her offices, allegedly causing her to lose client revenue.

The investigation concluded the investigator's statements and actions during the service of the search warrant were perceived as "inappropriate and rude". HIG also determined the following. The aforementioned checks were in the custody of the local police department. The subject did provide a local television news reporter the videotape the investigator made during the search and conducted an audio-only interview without consulting the lead agency (local police department) or the local Office of the State Attorney. The press release was also done without consulting the Department Communications Office. The subject did not have the authority to temporarily seize items for identification. The subject determined that the business owner was not licensed with either the Department or regulated by the Department of Business and Professional Regulation and the subject acted "in good faith" by telling her she could not continue to perform services.

RECOMMENDATIONS

- Appropriate disciplinary action was recommended.
- Unlicensed Activity (ULA) investigators should request permission from assisting law enforcement agencies, and the local Office of the State Attorney, before notifying the media of a criminal investigation and ensure that press releases are fact-based and authorized before release.
- Management should reconsider the practice of non-law enforcement investigators carrying and/or displaying badges.

***Investigation #02-101
Alleged Computer Misuse/Abuse and
Accessing of Pornographic Websites***

This investigation was predicated on a complaint received from a Senior Public Health Nutritionist Supervisor in the WIC and Nutrition Program, at the Miami-Dade County Health Department (MDCHD). While assisting an employee with a malfunctioning computer she observed what appeared to pornographic/sexually explicit references in the computer's Internet history. The references were associated with the network user ID of one employee, a Senior Public Health Nutritionist.

The allegation was that the Senior Public Health Nutritionist allegedly abused/misused state computer resources by accessing pornographic web sites.

Based on the investigative findings, the allegation was partially substantiated. While the Senior Public Health Nutritionist did not appear to have been proactively searching for and viewing pornographic materials, his Internet browsing habits reflect a definite pattern, one that repeatedly resulted in his accessing these types of images, perhaps inadvertently.

The Department policy specifically forbids using email or the Internet for installing, introducing, downloading, accessing, or distributing sexually explicit, pornographic, or vulgar material. Based on the investigative findings, the Senior Public Health Nutritionist abused Internet privileges and abused/misused state computer resources by viewing pornographic/sexually explicit images on multiple computers on different dates.

RECOMMENDATION

- Appropriate disciplinary action was recommended.

Investigation #02-111 Alleged Falsification of Timesheets And Misuse of State Vehicle

This investigation was predicated upon information received from an anonymous complaint. The complaint alleged that a Department employee at the Wakulla County Health Department (WCHD) improperly removed and distributed resources intended for use in the WCHD's area of responsibility to individuals residing outside of the State of Florida. The allegation, if true, would be in violation of the Department's Unauthorized Use of State Property, Equipment or Personnel; HRSR 60-10 and Unauthorized Taking; as specified in the Department Handbook, dated August 1999.

The allegation was unsubstantiated. The HIG found no supporting documentation or evidence to give merit to the allegation. The Department employee in question acknowledged his previous actions (investigated under HIG 00-055). However, the employee stated that no property or supplies from WCHD were used on subsequent trips after the initial inquiry.

Investigation #02-112 Alleged Mismanagement

The investigation was predicated upon a letter that stated that employees in the Miami-Dade County Health Department were dissatisfied with the performance of their Director. Allegations in the letter included lack of leadership, inappropriate travel, and discrepancy in time and attendance, misuse of employees, discrimination and misuse of Department equipment.

The Investigator was provided with evidence by DCHD employees that, if substantiated, would have validated many of the accusations. The Director notified the HIG that he intended to resign; thereby resolving any of the complaints received relating to his alleged mismanagement.

Investigation #02-113 Alleged Falsification of Eligibility

This investigation was predicated upon a referral from the Department of Banking and Finance to HIG, of an anonymous complaint. The complaint alleged that two specific CHD's falsified eligibility determinations, resulting in clients receiving services to which they were not entitled.

HIG found no evidence of intentional falsification, and concluded that the employees had made mistakes in calculating income. However, HIG identified potential problems in the eligibility determination process that could result in abuse of the system. Specifically, the clinic card applicants did not have to prove their reported income under certain circumstances, and Presumptive Eligibility for Pregnant Women (PEPW) applicants did not have to prove their incomes at all. Employee testimony indicated that applicants lie about their income with no repercussions, and may be receiving services to which they are not entitled.

RECOMMENDATIONS

- Management review current criteria for determining eligibility for clinic cards; modify criteria as needed to ensure accurate verification of income; institute procedures for identifying employee mistakes and potential client fraud; institute procedures for correcting mistakes, and recovering lost fees due to mistakes; and retrain all financial counselors in the use of criteria.
- Management require all financial counselors to develop and maintain calculator tape or a spreadsheet as an attachment to face sheet to serve as evidence of figures used to determine applicant income.
- The Department management study the issues of clinic cards and PEPW; determine what disparities exist among county health departments in the implementation of these programs; and propose procedural changes that would improve the implementation of the clinic card and PEPW programs, including, but not limited to, legislative action as necessary.

Investigation #02-125 Alleged Violation of Individuals with Disabilities Education Act (IDEA), and Children's Medical Services Infants & Toddlers Early Intervention Program (EIP) Plan and Operations Guide (PPOG)

This investigation was predicated on a series of complaints alleging misfeasance by an Early Intervention Program, a contracted service provider, and Children's Medical Services, Division of Prevention and Intervention.

The complainant was the parent of a child with special health care needs and established medical conditions that put the child at risk of developmental delay. The child was enrolled in the Infants and

Toddlers Early Intervention Program (EIP). The parent made the following allegations:

- CMS had failed to address previous complaints filed by the parent pertaining to EIP services for the child.
- CMS failed to adequately supervise an EIP contractor, resulting in inadequate service delivery to the child.
- CMS took inadequate measures to correct contractor deficiencies.
- EIP authorizations were not being approved for doctor ordered nursing care.
- The EIP Regional Planning Council (RPC) was non-responsive to the needs to the EIP community. Meetings are not announced. Board members are not responsive to issues submitted by EIP families.
- Family Support Plan (FSP) meetings resulted in inconsistencies in authorized services and failed to respond to the parental identified needs, resulting in the child's losing language skills, losing gross motor and fine motor skills, and developing new inappropriate behaviors.
- A specific CMS EIP program manger argued interpretation of PPOG guidelines with parent and was wrong in interpretation of said guidelines. This behavior indicated bias favoring the contractor representative, a contracted entity regulated and managed by the CMS EIP office.
- Specific CMS staff failed to meet the requirements under PPOG 8.0 (c), by failing to inform the Statewide Parent Consultant about complaints.
- The identification of the family and child's everyday routines, activities and places should be incorporated into the flow of the discussion during first contacts along with identification of concerns, priorities and resources, but this has not occurred.

These nine (9) allegations were unsubstantiated. A tenth allegation was substantiated:

- The EIP contractor for the county did not have a behavioral therapist nor a sufficient provider pool to serve EIP clients in their natural environment.

HIG observed that the parent's complaints resulted in some positive outcomes for the EIP; however the allegations and the parent's uncompromising behavior also placed excessive stress on EIP resources, including staff. The complainant appeared to be focused more on changing the EIP system than working cooperatively within the EIP to establish agreements needed for services to the child.

The child received excellent medical services from the CMS network; however, the parents uncompromising demands caused CMS to make extraordinary efforts to meet expectations. While commendable on the one hand, this management by exception may impose unnecessary stress on the medical system, providers, and CMS staff. The evidence demonstrated that the CMS Division of Prevention and Intervention, i.e., the lead agency, had on each occasion thoroughly and properly addressed the parent's complaints.

RECOMMENDATIONS

- That the Director, CMS Prevention and Intervention Division, review the EIP procedural safeguards to determine if changes are needed. This recommendation envisioned coordination with the respective federal agencies in development of a policy that, in effect, would entitle an EIP complainant to have only one procedural safeguard (including formal complaint) active at anyone period of time.
- That the Director, CMS Prevention and Intervention Division, obtain the complainant's decision about participation in the EIP with the understanding that the program is

voluntary, and that cooperation and partnership with EIP is essential in obtaining the appropriate EIP developmental services for the child.

- That the Director, CMS Network Division, extend an appropriate level of services consistent with the child's medical needs and the resources available. Services to the child should be based on medical necessity and provided at the same level of care that is provided to all other clients.
- A medical review of the facts associated to the complainant's behavior should be conducted to determinate if mental health assessment is appropriate and to identify options available for obtaining psychiatric services, if appropriate.

Investigation #02-126 Alleged Misuse and Abuse of State Computer

This investigation was predicated on a complaint received by a Data Processing Manager in the Division of Information Technology, who reported that he had received an email from an individual claiming to be a representative of the Motion Picture Association of America, which asserted that an employee of the Florida Department of Health, a Clerk Typist Specialist, had either offered or obtained downloads of a copyrighted motion picture via an Internet "peer-to-peer" service. The allegation was that the employee was misusing state computer resources in the downloading of copyrighted motion pictures files via the Internet.

Based on the investigative findings, the allegation that the Clerk Typist Specialist abused/misused state computer resources by downloading copyrighted motion picture files via the Internet was substantiated, with other misconduct noted. The Department computer usage policy states: Employees shall respect the legitimate proprietary

interests of intellectual property holders and obey copyright law that prohibits the unauthorized use or duplication of software. The investigative findings indicated that the Clerk Typist Specialist regularly and repeatedly violated this policy in his use of the BearShare application to obtain television and movie files.

The Department computer usage policy prohibits accessing personal web-based email accounts (such as AOL, Yahoo, Hotmail, etc.) on Department computers. The investigative findings indicated that the Clerk Typist Specialist repeatedly accessed a web-based email account from his state-assigned computer.

The Department policy specifically forbids using email or the Internet for installing, introducing, downloading, accessing, or distributing: instant messaging software, software not licensed to the Department or its affiliates, or sexually explicit, pornographic, or vulgar material. The investigative findings indicated that the Clerk Typist Specialist repeatedly violated policy in regards to all three provisions.

RECOMMENDATIONS

- Appropriate disciplinary action is recommended.

Investigation #02-133 Alleged Breach of Confidentiality

This investigation was predicated upon information received from the Security Coordinator at the Palm Beach County Health Department concerning an alleged breach of patient confidentiality.

A Laboratory Health Technician I, West Palm Beach Health Center, Palm Beach County Health Department, West Palm Beach, FL, allegedly provided confidential patient information concerning HIV / AIDS to family members of a PBCHD client. If confirmed, this would be in violation of Section 384.29 F.S., 2001, – Confidentiality;

the Department's Unauthorized Disclosure of Information or Materials; HRSR 60-10; and Confidential Information and Information Security Policy as specified in the Florida Department Employee Handbook, dated August 1999.

The allegation was unsubstantiated. The HIG found no evidence or witness testimony to support the allegations as asserted by the Complainant.

RECOMMENDATIONS

- No corrective action deemed necessary based on the finding in this report.

Investigation #02-135 Alleged Failure to Collect Funds

This investigation was predicated on an anonymous report indicating a CHD was failing to pursue collection of funds in an effort to hide cash from the Department and the Florida Legislature.

The allegation was substantiated. The CHD collected a monthly pro-rata share of the annual contribution from the respective county from October 1997 through September 2002. Beginning in October 2002, the billings were sometimes delayed per instructions from the CHD Accounting Services Supervisor II. Billings totaling \$1,215,787.50 for the five-month period from February through June 2002 were delayed until July 1, 2002. This receivable was omitted from the June 30, 2002, financial statement reports provided to the Department and certified as correct by the CHD Accounting Services Supervisor II.

RECOMMENDATIONS

- Management should establish procedures to ensure that funds due from the county are collected timely.
- Management should take appropriate disciplinary action against the employee responsible for

failing to follow the Department policy as set forth in the Department Accounting Procedures Manual, and for knowingly filing and certifying incorrect financial statement reports with the Department.

***Investigation #02-144
Alleged Misuse of Applicant Information***

This investigation was predicated on a report originating from a citizen of Florida who had previously applied and interviewed for a specific position within Children's Medical Services (CMS). After the interview, the applicant began receiving credit card applications and other related mail at her home, addressed to the attention of the CMS interviewing employee. It was alleged that the applicant's information had been misused by the Department.

As evidence the applicant provided three credit account applications enclosed in envelopes addressed as described. A credit check revealed no suspect charges had been made in the applicant's name.

The allegation was not substantiated. The investigation concluded that a nexus between the mail delivered to the applicant and the CMS employee did exist, however, it was not determined if the nexus was an attempted fraud by an unknown party or whether an error occurred within the Department of Health's custody and control of applicant information.

***Investigation #02-156
Alleged Breach of Patient Confidentiality***

This investigation was predicated on a complaint from a resident of Escambia County, alleging that a second Escambia County resident had obtained a list of HIV positive persons from a local HIV/AIDS services provider.

The allegation was unsubstantiated. While evidence was found that indicated that it

was not impossible that such a breach took place at the time indicated, by the persons indicated, and as described by the complainant, no evidence that such a list ever existed could be found. No corroborating testimony or evidence could be found to support the complainant's assertions.

RECOMMENDATIONS

- There were no recommendations and no further action by this office was required.

***Investigation #02-163
Alleged Theft of Food Coupons***

This investigation was predicated on a report originating from the Bureau Chief of the Bureau of Tuberculosis and Refugee Health (TBRH), who indicated that missing food coupons had been redeemed at businesses in Tallahassee.

The Bureau of Tuberculosis and Refugee Health (TBRH) administers an Enabler/Incentive program that provides clients with food coupons to encourage compliance with care and treatment recommendations by physicians treating their medical conditions. McDonald's restaurants, Publix, and Winn Dixie grocery store chains are among the vendors the state of Florida purchases coupons from for the program. The coupons are maintained at headquarters and are mailed to the local sites after a written request has been received.

According to the Bureau Chief, one CHD, on or about June 7, 2002, requested coupons for McDonald's (\$160.00), Publix (\$200.00), and Winn Dixie (\$200.00). The CHD employees reported the Publix coupons were never received.

During the investigation, HIG determined that the coupons became unaccounted for between the time a specific TBRH headquarters employee took possession of

them to mail and the time the package arrived at the CHD. Clerical errors and internal policy violations were noted and will be addressed by management.

RECOMMENDATIONS

- Unaccounted for coupons should be reported immediately to TBRH for referral to the HIG and law enforcement to eliminate the loss of evidence, to wit: videotaped transactions.
- All CHDs should ensure immediate accountability to headquarters for food coupons received.
- Management should review and consider taking appropriate action against the employees who failed to follow policy relevant to the issuance and receipt of the food coupons.

Investigation #02-171 Alleged Conflict of Interest

This investigation was predicated on an anonymous report. It was alleged that an employee/contractor of Physician's Recovery Network (PRN) was involved in a personal relationship with a client and failed to report the client to the Board of Medicine when the client left a treatment facility against medical advice.

The allegation was not substantiated. HIG found no evidence that the employee/contractor had a relationship with the client that impacted the integrity and credibility of the PRN.

RECOMMENDATION

- The Florida Medical Foundation should conduct training of all current and future PRN management and staff, regarding potential conflicts of interest with PRN clients.

Investigation #02-172 Mismanagement Allegations

An employee of an STD clinic affiliated with a CHD made the following allegations against clinic management:

- Falsification of Official Records
- Failure to Obtain Signed Consent Forms before Testing of Clients
- Failure to Provide Timely Notification to Patients Testing Positive Hostile Work Environment and Sexual Harassment
- Retaliation and Intimidation

The allegations of Falsification of Official Records and of Failure to Obtain Signed Consent Forms before Testing of Clients, were both partially substantiated in that some deficiencies were found during a review of patient records.

The allegation of Failure to Provide Timely Notification to Patients Testing Positive was not substantiated.

The allegations of Hostile Work Environment/Sexual Harassment and of Retaliation and Intimidation were referred to the CHD Equal Opportunity Coordinator, and to the Florida Commission on Human Relations, respectively.

Investigation #02-179 Alleged Misuse of Position

This investigation was predicated on a report of misuse of position identified in a Management Review of the Bureau. The alleged improper activity was a physician's official endorsement of a private entity's product for the purposes of marketing said product.

The allegation was sustained. HIG found that the physician wrote an official letter endorsing a Creutzfeldt-Jakob Disease (CJD) video, which was produced by a private entity; signed a contract prohibiting use of the Department of Health logo to

endorse the CJD video; received advice from the legal office consistent with the contract; received an electronic message from an employee warning against the use of his letter for commercial purposes; and received several electronic messages from the video's executive producer, stating that his letter was needed to promote the CJD video. HIG further found that the cost of the video was \$29.95 and the physician was given several videos without payment for the videos.

RECOMMENDATION

- Department management take the appropriate action toward the physician consistent with the Department ethics policies and State law.

Investigation #02-189 Alleged Computer Misuse and Abuse

This investigation was predicated on a complaint received from a Data Center Director at a County Health Department. The Data Center Director relayed that he had received a report that a CHD employee was observed using unauthorized computer software.

The allegation was that a CHD employee allegedly abused/misused state computer resources by using unauthorized computer software.

Based on the investigative findings, the allegation was substantiated.

The Department policy specifically prohibits using email or the Internet for installing, introducing, downloading, accessing, or distributing software not licensed to the Department or its affiliates. The CHD employee repeatedly accessed the web-based software at www.siegesurfer.com and www.anonymizer.com from his state-assigned computer. The employee then used this software to conceal his Internet

activity from The Department/CHD network administrators.

The Department computer usage policy also states: web browsing/searching leaves "footprints" of all the web sites accessed on the Internet, thereby providing the Department the capability to track and trace all web sites visited. Employees are not permitted to erase, destroy, or hide (or attempt to erase, destroy, or hide) these audit trails; local systems administrators are the only authorized employees that may remove these footprints as a result of performing their assigned tasks.

By deliberately circumventing the normal departmental Internet activity tracking and monitoring resources, the CHD employee was in direct violation of this policy.

RECOMMENDATIONS

- Disciplinary action is within the prerogative of management.

Investigation #02-191 Alleged Breach of Confidential Medical Information

This investigation was predicated on a report originating from an Incident Report submitted by a CHD Information Security Officer. It was alleged that several citizens in a community mentioned a client's confidential medical information to the client prior to doctor notification of said client.

The allegation was substantiated. HIG concluded that, based on the preponderance of the evidence, a specific CHD employee committed the breach of confidentiality.

RECOMMENDATION

- Management should take appropriate disciplinary action.

**Investigation #02-204
Alleged Personal Use of Background Checks**

This investigation was predicated on a report originating from a Bureau Chief, indicating one employee, and possibly others, used the Auto Track XP Public Records Retrieval Service for personal investigations.

The allegation was partially substantiated. A former EMS investigator stated that he did use Auto Track for personal reasons, but had asked his supervisor if personal usage was allowed, and had been advised it was, if he reimbursed the State for any personal usage, as is the policy relative to personal usage of a Department cell phone. The employee said he did not keep track of the personal usage; his supervisor brought him a list of Auto Track charges which he reviewed, identifying approximately \$100 in personal usage charges, for which he wrote a check to reimburse the Department. The employee stated that he was not provided a copy of the Bureau policy prohibiting personal use of Auto Track until after he had made the reimbursement. The supervisor is no longer employed by the Department.

A review of procedures used to approve billings for use of the Auto Track XP Public Records Retrieval Service indicated that prior to December 2002, the charges were not verified prior to approval of payment; the Bureau was receiving and approving for payment a monthly statement of charges rather than an itemized invoice. Subsequently, the procedure was revised to include a review of itemized charges.

Although it was rumored that other employees may have used the service for personal reasons, all employees who had access to the service denied any personal usage of the service. No evidence was found to indicate any other inappropriate usage.

RECOMMENDATION

- The Bureau should review the detailed usage and billing information and verify that all of the charges paid by the Bureau relate to official State business. If additional improper charges are identified, the Bureau should require the originator of the charges to repay the Department and take appropriate disciplinary action against any such employee.

**Investigation #03-002
Alleged Corruption and Abuse**

This investigation was predicated on a report originating from an employee in the Office of Emergency Operations (OEO), conveying allegations of corruption and abuse. Preliminary review revealed that two perquisite issues required investigation. These two allegations pertain to use of state vehicles and clothing purchases:

- The Chief of OEO failed to define the use of new vehicles, which resulted in employees improperly using official vehicles for personal transportation.
- The Chief of OEO improperly authorized the purchase and use of "uniforms" for his staff.

The first allegation was unsubstantiated. HIG found that the OEO On Call and Vehicle Assignment Policy was consistent with the Department Policy 250-12-03, Chapter 60B-1, F.A.C., and Chapter 287.17, F.S, and was properly approved. The Chief appropriately coordinated and established policy related to vehicle use and the assignment of Regional Coordinator residence as their "official headquarters."

The second allegation was partially substantiated. OEO purchased clothing with CDC grant funds, including 500 double-knit polo shirts with an identifying logo, 315 such shirts were issued. The clothing appeared to

be appropriate to the intended use with the possible exception of the polo shirts. The Chief stated that there were some problems in defining “perks” and that he had met with the Department staff, including a Deputy Secretary, about the issue, and he did not consider the clothing “perks.” The Chief indicated he emailed guidance to the OEO staff, clarifying the use of personal protective equipment (PPE) and requiring clothing and equipment issued to the “Central Office staff” be kept in the supply room and issued out to staff at such times as they either responded to a field event or a training event. It was observed that the Chief’s email directive had not been fully complied with by all staff. One employee was observed wearing the polo shirt at issue on that day, a normal work day.

RECOMMENDATIONS

- The Chief should accomplish an inventory of clothing and certify that all clothing purchased for OEO staff and adjunct/auxiliary staff use is controlled according to his email directive.
- The Chief, in coordination with the Deputy Secretary for Health, should resolve the employee-manager conflict that exists in OEO.
- Human Resources Management, in coordination with the Chief of Finance and Accounting and the Chief of General Services, should take staff lead in reviewing the Internal Revenue Service requirement referenced in this report and clarifying the guidance.
- Human Resources Management, should take staff lead in notifying the Department staff and county health departments on the Internal Revenue Service reporting requirement.
- HIG should schedule a compliance audit for the fringe benefit reporting process (DBF-BP-26) within the Department.

Investigation #03-012 Alleged Breach of Confidential Information

This investigation was predicated on a report originating from an Incident Report submitted by a CHD employee. It was alleged that a Registered Nurse telephoned an ex-daughter-in-law, and relayed information about the medical condition of that woman’s child.

The allegation was partially substantiated. No technical breach of confidentiality was found, but the findings did include unprofessional conduct, and failure to follow instructions and protocol. HIG concluded that the Registered Nurse did receive confidential medical information about her grandson that was intended for another CHD, and she failed to forward the information so it could receive appropriate handling and follow-up, instead, the Registered Nurse stated that she destroyed the information. The Registered Nurse also failed to contact the physician, as required by CHD protocol, prior to contacting the patient, or the patient’s family, and releasing the medical information.

RECOMMENDATIONS

- Management should take appropriate disciplinary action.
- Management of both CHDs should develop consistent written protocols that address the handling of erroneously received medical information, and the notification of test results to CHD patients.

Investigation #03-020 Alleged Hostile Work Environment

This investigation was predicated on an anonymous letter received by HIG, containing allegations against a Program Operations Administrator and a Regulatory Supervisor at the Board of Nursing. In all, six allegations were made:

- The Regulatory Supervisor harassed and intimidated foreign nurse applicants. The Regulatory Supervisor grabbed, violently shook, and then pushed a specific employee against a wall.
- The Regulatory Supervisor called the same employee at home and threatened her, to wit, telling her that he had her address and knew she lived alone with her son.
- The Program Operations Administrator of the Board of Nursing threatened employees by warning them that anyone who complained would be sorry.
- The Program Operations Administrator and the Regulatory Supervisor conspired to the above-referenced employee out of the Board of Nursing before her last day to prevent her from giving a notebook allegedly containing the names of applicants harassed or intimidated by the pair.
- The Board of Nursing work environment permitted sexual jokes and offensive comments related to race, nationality, and gender.

The investigation did not find evidence to support the allegations. A reasonable effort was made to contact the specific employee referenced in the letter, but without success; the employee no longer works for the Board of Nursing.

Interviews and survey results indicated the Board of Nursing overcame a significant challenge related to the relocation and reorganization of the unit while succeeding in meeting daily workload while simultaneously resolving extensive backlogs. The work environment had been stressful, but management appeared to be innovative in meeting the workload challenge through structural and procedural changes that are, from employee accounts, effectively reducing the stress level. The survey revealed a few areas for improvement including the need for a management assessment of the effect that certain employee attitudes may be having on the staff.

RECOMMENDATIONS

- The Director, Board of Nursing, should evaluate the findings presented in this report, including the employee survey, and identify actionable issues that should be addressed.
- The Director, Board of Nursing, should share the survey feedback obtained in this investigation with the employees.

Investigation #03-021 Alleged Improper Issuing of Permits

This investigation was predicated on a complaint from the Director of the Escambia County Health Department that had suspicion that there was corruption within the Onsite Sewage Treatment and Disposal System in the ECHD. The Director requested Inspector General investigative assistance in interviewing the subjects and assessing their involvement in the issuing of two permits. It was alleged that three permits for repairs were issued by staff improperly.

Two of the three allegations were substantiated, as it was found that OSTDS issued two permits improperly. The third allegation, that OSTDS staff improperly approved a permit for a local contractor for unknown reasons, was unsubstantiated. No evidence of a conspiracy between the subjects was found.

It appeared that the strict codes and policies of the Department of Health did not afford local staff to make decisions based upon objective observation. A recurring issue in OSTDS cases is the alleged difficulty encountered in using CENTRAX and the errors produced by the system. Management stated it had envisioned a new system but lacked the funds.

RECOMMENDATIONS

- The Director, ECHD, in consultation with the OSTDS Bureau Chief and a legal representative, should review the violations of Chapter 64E-6, F.A.C. identified in this report and determine appropriate corrective actions.
- The ECHD Environmental Health Division, OSTDS Section, should not accept permit applications signed by a non-authorized person.
- The Director, ECHD, should review OSTDS organizational strength to determine if additional Environmental Specialists are needed to meet operational requirements.
- The Director, ECHD, should review the content of this investigative report and determine if disciplinary action is appropriate.
- The Chief, Bureau of Onsite Sewage Treatment and Disposal Systems, should review the additional issues related to CENTRAX and OSTDS inspector authority, and take appropriate action.

Investigation #03-030 Alleged Breach of Patient Confidentiality

This investigation was predicated upon information received during Management Review, HIG 03 01MR, conducted by the HIG during January 2003. Complainant alleged that a employee of the Health Care Center (HCC), Monroe County Health Department (MCHD), obtained Victim's medical information from unknown sources and disclosed the information to various parties to include Victim's place of employment.

The allegation was substantiated. An employee at the HCC, MCHD, obtained Victim's confidential medical information and disclosed said information to parties that did not have a valid need to know. This was in violation of Section 384.29 F.S.,

2001, – Confidentiality; the Department's Unauthorized Disclosure of Information or Materials; HRSR 60-10; and Confidential Information and Information Security Policy as specified in the Florida Department Employee Handbook, dated August 1999.

The HIG found that the HCC employee exceeded the scope of any implied authorization when she disclosed medical information to representatives of AIDS Help, Inc., and to two local medical providers. In this case, the Victim did not have a current medical release form in her medical records, nor was she a client of the HCC.

RECOMMENDATIONS

- Management should take action deemed appropriate, consistent with the findings of this investigative report.
- Management should review "all" active medical records to determine if the records contains a current, valid Department medical information release form, and update if the form is either missing or out of date.
- Management should ensure all employees are familiar with current policy and guidance covering what medical information is releasable, to whom, and under what circumstances. Management should stress, and incorporate into recurring training the necessity of periodic review of the medical release form, prior to communicating protected health information.
- Management should emphasize to employees the proper channels to address concerns, when circumstances warrant questioning current guidance. When deviations occur Management should be prepared to appropriately address such occurrences.

***Investigation #03-037
Alleged Misuse Computer***

This investigation was predicated upon a complaint received by the HIG's office that a Monroe County Health Department employee sent a personal, slanderous e-mail to 200 people using a state/county owned computer. The e-mail related to a dispute or miscommunication about the proceeds of a choir performance in Key West. The complainant said that this is the third such email that the employee has sent.

The employee was interviewed and admitted sending the email in question. The email did not contain a message, but an attachment that was composed by a community gospel choir member. The attachment related to a dispute between that choir and another choir.

The subject employee was cooperative and forthcoming during the investigation. It did not appear that he intended to harass or slander the recipients of the e-mail, but rather to convey his side of a private disagreement with the complainant.

The allegation was substantiated, as the employee admitted sending the email, on his State Computer, that was the source of annoyance of the complainant, and was unrelated to his State responsibilities, which violates the Department policy on computer abuse and misuse.

RECOMMENDATIONS

- Management should take appropriate disciplinary action against the subject employee for the misuse of his State computer.

***Investigation #03-040
Alleged Wrongful Termination***

This investigation was initiated based on a complaint received by the CIG's Office from a former employee stating that his employment had been wrongfully

terminated by Duval CHD because he refused to install pirate software that was given to him by a contractor. He further alleged that Duval CHD was allowing a contractor to develop copyrighted software under contract for Duval CHD. The complainant had eleven allegations in his complaint altogether. The CIG referred this complaint to the HIG to investigate whether or not it met the statutory criteria for a Whistle-Blower complaint.

It was determined that the complaint did not meet the requirements to be considered a Whistle-blower complaint. The complainant was contacted and asked to provide additional documentation of his allegations. The complainant did provide one document that showed that the contractor has copyrighted software developed for Duval CHD, but no documents to support any of the other allegations. The contractor provided a reasonable explanation and corrective action plan for what he indicated was an inadvertent oversight.

The allegations were unsubstantiated.

***Investigation #03-041
Alleged "Imposter" at Certified Nursing Assistant Examination***

This investigation was predicated on a report originating from a Medical Quality Assurance (MQA) Division employee, who alleged an imposter took the Certified Nursing Assistant (CNA) examination at a Department contractor facility in Gainesville, Florida. HIG was provided the names of five suspect applicants who were believed to have been involved with imposters and the following two allegations were made:

- Some applicants were conspiring with imposters to take the Certified Nursing Assistant examination and attempting to obtain licensure through misrepresentation and cheating, a violation of Chapters 456.067, F.S. and 817.29, F.S., a felony in the third degree.

- Certain persons were conspiring with applicants to take the Certified Nursing Assistant examination for applicants through misrepresentation, forgery and uttering. This is a violation of Chapters 456.067, 817.568 and 831.02. F.S., and a felony in the third degree.

Both allegations were substantiated. HIG identified nineteen (19) applicants suspected of conspiring with imposters. One applicant was arrested.

One applicant's sister was arrested at a test site. Two CNAs were arrested following completion of the CNA examination for applicants who paid them. Two other CNAs were identified and believed to be associated with the test taking fraud. Evidence indicates the probability of an organized effort associated primarily to helping Haitian applicants obtain CNA certification.

RECOMMENDATIONS

- The Director of Medical Quality Assurance should evaluate the findings presented in this report and determine the actions to be taken against suspected CNAs and CNA applicants named in this investigation.
- The Director of Medical Quality Assurance should review the mission of the investigative unit and determine if expanding the unit's mission to include investigation of suspected criminal activity by applicants for health care examinations.
- The Director of Medical Quality Assurance, with the assistance of the Department's General Counsel, should consult with the Office of the Statewide Prosecutor to determine the best way to prosecute applicants and imposters identified during the investigation.
- The Department contractor should construct a checklist tool containing the characteristics of the fraudulent indicators identified in the recent months.
- The Director of Medical Quality Assurance, in consultation with the Department General Counsel and the contractor, develop a Florida statute reference tool that outlines potential citations. The tool can be issued to test site proctors who would provide a copy to law enforcement officers in arrest situations to eliminate confusion in constructing criminal charges.

Investigation #03-049 Alleged Misuse of State Computer

This investigation was predicated on a complaint referred by an Inspector Supervisor in the Office of the Inspector General for the Florida Department of Corrections (DOC). On February 7, 2003, the Inspector Supervisor reported that the DOC had received an email from a Department of Health employee, requesting a personal service. The allegation was that a Department employee used the Department email system to send an unauthorized email.

Based on the investigative findings, the allegation was unsubstantiated.

Although the Department employee did use the Department email system to send an email requesting a personal service of the DOC, such use of the Department email system is not a violation of the Department Computer Usage Policy. Under this policy employees are allowed to send brief personal emails as long as their email usage does not interfere with their job duties or the normal functionality of the Department's system.

**Investigation #03-050
Alleged Malfeasance: Violation of Florida
Public Records Law**

This investigation was predicated on a report which indicated that a CHD Administrator allegedly told a news reporter for the Daytona Beach News Journal that, at the direction of a Department Office of General Counsel Senior Attorney, he did not have to comply with her public records request until the reporter provided the request formally, in writing, with an explanation of the intended use of the information.

The allegations against the Administrator were substantiated. HIG determined that the Administrator had been directed by the Office of General Counsel to release the information to the reporter. It was also determined that the Administrator, when directed to provide the information to the reporter, hesitated, instead asking the Deputy General Counsel if he had to comply, giving the appearance of insubordination.

HIG found that the Administrator never spoke to a HIG member or to the Senior Attorney about the request, and the Administrator, whether in fact or appearance, further postponed the release of public records by creating requirements for the news reporter, a violation of Chapter 119, Florida Statutes, (Public Records) Section 112.313, Florida Statutes, (Standards of conduct for public officers, employees of agencies, and local government attorneys).

RECOMMENDATIONS

- Management consider appropriate disciplinary action against the Administrator.
- Management should ensure that the CHD responds to public records requests in a timely manner without question, and that the CHD complies with the laws governing such requests.

**Investigation #03-061
Alleged Prescription Fraud**

This investigation was predicated on a report that a physician at a CHD submitted a prescription to the CHD pharmacy for a sibling, who was not a client of the CHD.

HIG sustained the allegation. The physician ordered the prescription, knowing that the sibling was not a CHD client, and having been informed of the requirements and process for client eligibility for primary care services. HIG concluded this based upon the physician's own admissions, documentation of the actual prescription, and witness accounts.

RECOMMENDATIONS

- Management take the appropriate action against the physician.
- Management ensure that all doctors and nurses who serve clients at the facility are familiar with client eligibility for services and document that familiarity in their official personnel files.

**Investigation #03-055
Alleged Computer Misuse/Abuse**

This investigation was predicated on a complaint received from a Regulatory Supervisor in the Department of Health (Department) Division of Medical Quality Assurance (MQA), who reported that she had found an inappropriate/sexually-explicit image on a network printer in her area and that a Regulatory Specialist I she supervised admitted to printing the image from her state assigned work computer.

The allegation was that the Regulatory Specialist I may have abused/misused state computer resources by accessing pornographic/sexually explicit materials on more than one occasion.

Based on the investigative findings, the allegation was not substantiated, but other misconduct was noted.

The investigative findings indicate that the Regulatory Specialist I did not access pornographic/sexually explicit materials via the Internet. Also no other instances of email abuse were observed.

The Department policy specifically forbids using email for installing, introducing, downloading, accessing, or distributing sexually explicit, pornographic, or vulgar material. Based on the investigative findings, the Regulatory Specialist I admitted to her supervisor that she received the offending image via her Department email account and printed the image using a Department network printer. This was a misuse of state computer resources. The Regulatory Specialist I also refused to answer her supervisor's questions about the source of the email, another violation of the Department policy.

RECOMMENDATIONS

- Disciplinary action within the prerogative of management.

Investigation #03-056 Alleged Computer Misuse/Abuse

This investigation was predicated on a complaint referred to this office by the Department of Health (Department), Bureau of Human Resources, which received the complaint from the Manatee County Health Department (MCHD). It was reported that on both Friday, 3/21/2003, and on Saturday, 3/22/2003, the MCHD Information Technology supervisor found a Telecommunication Specialist I present in the building during non-work hours engaged in questionable non-work activities involving the MCHD/Department computer network.

The allegation was that there was alleged computer misuse/abuse by an IT employee.

Based on the investigative findings, the allegation that the Telecommunication Specialist I abused/misused state computer resources by using the MCHD computer network during non-work hours for non-work purposes was substantiated, and other misconduct was noted.

RECOMMENDATIONS

- Appropriate disciplinary action was recommended.
- A Security Audit and Analysis of the Manatee County Health Department computer Domain was also recommended.
- If and when the next change in MCHD IT staff occurs, it is recommended that the locks on the server room door be replaced, and new keys issued to appropriate staff. Also, when these employees receive their keys it should be made clear on the *Key and Security Code Assignment* form they are required to sign, that each staff member understands they may only access the MCHD during work hours and must have the IT supervisor's pre-approval before accessing the building during non-work hours.

Investigation #03-065 Alleged Computer Misuse/Abuse

This investigation was predicated on a complaint received on 4/14/2003 from the Human Resources Manager at the Collier County Health Department (CCHD), who reported that the CCHD had concerns regarding the improper use of a computer by one of their employees; specifically that the employee had installed a "hacking tool" on his state-assigned computer and had used this unauthorized software tool on the computer system.

The allegation was that a Department employee allegedly abused/misused state computer resources by installing and using

unauthorized “hacker” software on a government-owned computer.

Based on the investigative findings, the allegation was substantiated, with other misconduct noted.

The Department policy specifically forbids installing, introducing, downloading, accessing, or distributing sexually explicit, pornographic, or vulgar material. The investigative findings indicated that the Office Automation Specialist II repeatedly violated this provision over a three-year period.

RECOMMENDATION

- Appropriate disciplinary action was recommended for both the substantiated allegation and the other misconduct noted.

Investigation #03-067 Alleged Misuse of State Resources

This investigation was predicated on a complaint originating from a CHD. It was alleged that a CHD employee had misused his state-issued cellular telephone and gas card by making personal calls and personal charges.

HIG sustained the allegation, determining that the employee had been informed of applicable policies and procedures through the new employee orientation process and in writing as part of the cellular telephone usage certification approval. The HIG concluded this based upon the employee’s own admissions, billing statements of his calls and gas card usage, applicable policies and procedures, and witness accounts.

RECOMMENDATIONS

- Management take the appropriate disciplinary action against the employee, consistent with the findings of this report, and ensure all

money owed the state has been collected.

- Management provide the designated authorities with the responsibility to monitor, audit, and, where necessary, revoke usage of all levels of employee cellular telephone and gas card.

Investigation #03-075 Alleged Conflict of Interest

This investigation was predicated on a report alleging that a CHD employee loaned money to septic tank contractors whom he regulated, causing a conflict of interest.

HIG sustained the allegation. Contractual documents and canceled checks showed that the employee made loans in the amounts of \$10,000 and \$5,000 to principals in septic tank businesses and that he had an expectation of interest payments. The CHD employee had regulatory authority by law and by the Department policy over these businesses. Ethics laws and policies prohibit a contractual relationship with or accepting anything of value from regulated entities.

RECOMMENDATIONS

- Management, in conjunction with the Deputy State Health Officer, take the appropriate disciplinary action against the employee, consistent with state law and the findings and conclusions of this HIG report.
- Management refer this case to local law enforcement for further investigation of the employee’s activities for potential criminal violations.

AUDITS

AUDIT #AC-02-004 MERLIN REPORTING SYSTEM

Chapter 381.003 Florida Statutes directs the Department of Health to conduct a communicable disease prevention and control program as part of fulfilling its public health mission. Communicable disease is defined as any disease caused by transmission of a specific infectious agent, or its toxic products, from an infected person, an infected animal, or the environment to a susceptible host, either directly or indirectly. The statute further states that the communicable disease program should include programs for the prevention, control, and reporting of diseases of public health significance. The Division of Disease Control, and the Bureau of Epidemiology specifically, have been charged with the statewide surveillance, investigation, intervention, monitoring, and coordinated reporting of communicable diseases with the exception of tuberculosis, sexually transmitted diseases, and HIV/AIDS. To this end, the Bureau of Epidemiology (Bureau) has developed the Merlin Reporting System.

The Department of Health Office of the Inspector General conducted an internal audit of the Merlin Reporting System for the period ending September 27, 2002 and selected controls through April 11, 2003. Our audit focused on the effectiveness of selected information systems functions, including application controls, access controls, and systems development and maintenance controls. With the exception of the deficiencies listed below, the selected information technology controls related to the Merlin Reporting System appear to be operating effectively in promoting and encouraging the achievement of management's objectives of compliance with controlling laws, administrative rules, and other guidelines; the reliability, integrity, and availability of data; the effective and efficient operation of information technology functions; and the safeguarding and

confidentiality of information resources. No instances of errors, fraud, abuse, illegal acts, or other noncompliance were noted. The audit disclosed the following deficiencies in the management controls related to the Merlin Reporting System.

SUMMARY OF FINDINGS

- Deficiencies were noted in the security controls protecting the Merlin Reporting System information resources.
- Instances were noted where users were not entering communicable disease cases into the Merlin Reporting System in a timely manner.
- Instances were noted where user input controls regarding the input and review of client profile, basic case, and laboratory data entered into the Merlin Reporting System were not operating effectively.
- Deficiencies were noted in the systems development and modification control procedures related to the documentation of management's authorization of change requests and approval of programming modifications prior to the modifications being implemented.
- The Bureau of Epidemiology did not have a documented business continuity / disaster recovery plan in place to ensure that disease surveillance, analysis, tracking, and reporting services can be continued in the event of a disaster or an information technology outage.
- Instances were noted where programmed input controls within the Merlin application were not present, or were not operating effectively.

RECOMMENDATIONS

- We recommend that appropriate security controls be implemented or strengthened in order to enhance the security of the Merlin Reporting System information resources.
- We recommend that management take the appropriate steps to ensure that Merlin case data is entered and reported in a timely manner.
- We recommend that management ensure each case entered at the county health departments is reviewed for completeness and correctness prior to being reported to headquarters. Further, management should also implement a quality assurance function to assist the county health departments in ensuring that the case information in Merlin remains complete, accurate, and reliable.
- The Merlin system owners should review all change requests to ensure that the required items on the checklist have been completed as required. In addition, they should develop formal policies to ensure that the appropriate documentation is maintained for each change request.
- We recommend that management enhance the programmed data input controls within the Merlin application to ensure that the data input into the system remains complete, accurate, and valid.
- We recommend that, in order to ensure continuous business services in the event of a disaster or prolonged IT downtime, the Bureau of Epidemiology develop and document its business continuity / disaster recovery plan. After the plan has been documented, it should be tested and updated on a regular basis.

AUDIT #AC-02-012 ADMINISTRATIVE MONITORING

The Office of the Inspector General performed an audit of Administrative Monitoring for the period January 1, 2000 through December 31 2001 to determine whether steps of the process are 1) adequate to allow the Department to objectively evaluate the non-programmatic terms and conditions of its contracts; and, 2) are adequately and timely performed.

The primary objective of Administrative Monitoring is to ensure the Provider's administrative records are complete and the Provider is complying with the administrative terms of the contract. The purpose of on-site Monitoring is to (1) determine whether the fiscal and administrative activities of the provider are adequate to manage and administer Department funds pertaining to the contract under review; (2) give the Department an assurance that the funds contracted for the purchase of services were used appropriately; (3) determine whether documentation exists to support charges against the state; and (4) determine whether the provider required technical assistance regarding its fiscal and administrative activities. During the two (2) years in the audit period, Monitoring at Headquarters produced one (1) Corrective Action Plan.

Providers are not required to be monitored annually and may be exempt from monitoring. Of 2,076 contracts initiated between January 1, 2000 and December 31, 2001, 764 contracts (37%) included exclusion codes denoting they were exempt from monitoring. According to FLAIR, 126 contracts received Administrative Monitoring. Of Department's more than 600 Providers for FY 2002-2003, Office of Contract Administration reviewed 8 Providers on-site in calendar year 2002 through November 27th.

SUMMARY OF FINDINGS

- The Administrative Monitoring process needs to be strengthened.
- The process of planning, coordinating, and reporting of Administrative Monitoring was not always complete.
- The Contract Information File of FLAIR contains inaccurate and/or incomplete data regarding Administrative Monitoring.

RECOMMENDATIONS

- Management should implement one of several alternatives, including:
 1. Improve the current process, including updating the Administrative Monitoring Checklists to adequately address the objectives of Administrative Monitoring, ensuring staff is adequately trained to perform such procedures, and monitoring the effective use of the Checklist;
 2. Initiate a process of requiring independent accountants to perform agreed-upon procedures on Providers designed to review and assess the objectives of Administrative Monitoring; or,
 3. Develop an alternative procedure that provides the agency assurance regarding the administrative/fiscal component of Providers.
- We also recommended Office of Contract Administration:
 1. Ensure all items on the Administrative Monitoring Checklists are fully completed so that conclusions on items reviewed may be later understood;
 2. Invest more time at each Provider's office to fully address the objectives of Monitoring and conclude regarding audits and records, the provider's accounting system, sampling invoices to determine whether

- expenditures are supported by appropriate documentation, insurance, compliance with statutory requirements regarding travel and lobbying, review subcontracts (if any), review documentation of purchasing, and review documentation to determine whether payroll and withholdings are appropriately handled. Add a review of board minutes to the Checklist;
3. Re-design on-site visits to be more in-depth for providers who are new entities;
 4. Develop a policy documenting the process of corrective action from original identification through follow-up to ultimate resolution;
 5. Further develop and formally document the risk assessment tool to include determining which Providers are at greatest risk and should receive most immediate Monitoring and the justifications for those assessments;
 6. Annually determine which Providers receive on-site monitoring based on a score on the risk assessment;
 7. Add a component to the annual risk assessment that includes an opportunity for input from contract managers regarding any concerns of which they may be aware;
 8. Reevaluate its process of distributing *Administrative Summary Reports* to Contract Managers and Providers to ensure that all effected parties receive a copy; and,
 9. Develop a control state-wide (between its office and the CHD Contract Administrators) to ensure that data relating to Administrative Monitoring is accurately input into the *Contract Information File* of FLAIR.

**AUDIT #AC-03-003
OFFICE OF EQUAL OPPORTUNITY AND
MINORITY HEALTH'S REDUCING
RACIAL AND ETHNIC HEALTH
DISPARITIES: CLOSING THE GAP
GRANT PROGRAM**

The Office of the Inspector General audited the *Reducing Racial and Ethnic Health Disparities: Closing the Gap* Grant Program for the period July 1, 2000 through June 30, 2002.

Objectives included determining whether Office of Equal Opportunity and Minority Health administered the grant program to ensure:

1. Uniform data reporting requirements were developed to evaluate the performance of grantees and demonstrate improved health outcomes in accordance with Section 381.7353(2)(c), *Florida Statutes*;
2. Monitoring was in place to evaluate progress toward meeting grant objectives in accordance with Section 381.7353(2)(d), *Florida Statutes*;
3. Grantees' proposals included the required elements described in Section 381.7355, *Florida Statutes*;
4. Grantees' deliverables were sufficient to meet legislative intent described in Section 381.7352(2), *Florida Statutes* and such deliverables are documented; and,
5. Payments were supported by appropriate documentation.

The Department's responsibilities included developing data reporting requirements and a monitoring process to evaluate progress toward meeting grant objectives. Although baseline data was required by the *Grant Application Package* to be included in proposals at the beginning of the grant program, it did not require baseline data by region, county or community level. The Department contracted with Perceptive Market Research, Inc. to develop, receive and report results.

SUMMARY OF FINDINGS

- Some proposals did not address all required elements.
- Management did not request a waiver for contracts providing for and making advance payments.
- Procedures did not sufficiently address approval of payments of contractual services via Purchase Orders.

RECOMMENDATIONS

We recommended management develop a control mechanism to document and ensure all statutorily-required elements are included in all *Closing the Gap* grant applications accepted for evaluation in the next grant cycle beginning July 1, 2003 and any future cycles.

Office of Equal Opportunity & Minority Health should coordinate annually with Office of Contract Administration to ensure a waiver from the Office of the Comptroller is requested for any advance payments to be made related to the *Closing the Gap* Grant Program.

Division of Administration should develop a written policy that addresses the inconsistency of approval of payments of contractual services through a Purchase Order, as compared to a Written Agreement.

**AUDIT #AC-03-010
FOLLOW-UP REVIEW OF ACQUISITION
OF INFORMATION TECHNOLOGY
CONSULTANTS**

The Office of the Inspector General coordinated with the Chief Inspector General, Executive Office of the Governor during 2000 to perform an audit of the practices and controls for the acquisition and use of information technology [IT] consultant agreements of \$25,000 or more for the period July 1, 1998 through April 30, 2000.

This follow-up evaluation for the period January 1 through December 31, 2002 was performed to determine whether controls have been implemented pursuant to corrective action plans submitted in response to the initial audit, *Acquisition of Information Technology Consultants*.

We identified 86 contracts totaling \$15,742,685 procuring IT Consultant services during the calendar year 2002. We examined 25 contracts of those contracts totaling \$9,029,423 (57% of dollars).

In reviewing 16 POs purchased off of State Term Contract in one test, we determined Division of Information Technology appropriately negotiated a price lower than that quoted in the State Term Contract price sheet for each of them.

SUMMARY OF FINDINGS

- Some Contract Managers have not maintained their certification. Those not currently re-certified managed contracts worth \$6,192,258 (69% of contracts we examined).
- Although Management did not develop written policies to address the following issues as originally planned, contracts reviewed included (where applicable) language regarding licenses, source code, and a provision for the Department to receive system documentation including end-user and system administrator manuals.
- We originally recommended as a "best practice" that Management perform reference checks. Management has elected to not regularly perform reference checks on either the Consultant firm or their employee(s) working on the Department projects. Management accepts this risk. Accordingly, we will no longer follow this issue.

RECOMMENDATIONS

As a follow-up audit, we did not make additional recommendations, but continue to track the original corrective action plan.

AUDIT REPORT #AC-03-013 REVIEW OF COMPUTER SANITIZATION PROCEDURES

The Office of the Inspector General performed a limited scope audit of the internal controls surrounding computer sanitization processes and procedures within the Bureau of General Services and the Division of Information Technology for the period January 1, 2003 through June 27, 2003.

The objective of this review was to determine the effectiveness of computer sanitization processes and procedures in promoting and encouraging the achievement of management's objectives of compliance with controlling laws, administrative rules, and other guidelines; the reliability, integrity, and availability of data; the effective and efficient operation of information systems functions; and the safeguarding and confidentiality of information resources.

Our audit revealed no significant deficiencies that would prevent computers from being sanitized. The selected information technology controls related to computer sanitization appear to be operating effectively.

REVIEW #AR-03-001 REVIEW OF THE HIV/AIDS REPORTING SYSTEM (HARS)

We performed a limited scope review of HARS to gain an understanding of system's functionality and development; input, processing, output and access controls; and, formulate preliminary assessments of the data reliability relating to performance-based budgeting output and outcome

indicators. The database supports one agency performance-based budgeting indicator (AIDS Case Rate Per 100,000 Population).

Generally, based on interviews with the staff in the Bureau of HIV/AIDS Surveillance Section, controls relative to the processing of data for the HIV/AIDS Reporting System were in place and adequately designed. No detailed testing was performed.

**REVIEW #AR-03-002
REVIEW OF THE DENTAL ACTIVITIES
DATABASE**

The Office of the Inspector General performed a limited scope review of the Dental Activities Database to gain an understanding of the Dental Activities Database's functionality and development, gain an understanding of the input, processing, output and access controls surrounding the Dental Activities Database; and, formulate preliminary assessments of the data reliability relating to performance-based budgeting output and outcome indicators.

The applicable PB² measures for this database are:

- Number of adults and children receiving county health department sponsored professional dental care annually.
- Percent of targeted low-income population receiving dental program services from a county health department.

Generally, based on interviews with Office of Dental Health staff, controls relative to the input, processing, and output of data for the Dental Activities Database were in place and adequately designed. We did not perform detailed testing.

**REVIEW #AR-03-003
REVIEW OF CLIENT RECEIVABLES AT
COUNTY HEALTH DEPARTMENTS**

The Office of the Inspector General reviewed client receivables balances as of October 31, 2002 at CHDs, and how long these receivables have been due (called "aging"). We did not audit these amounts.

A total of \$13,081,640 was due from third-party payers for client services provided as of October 31, 2002. The amount most likely collectable is \$3,080,733 (24%) that was due for less than 31 days.

Medicaid owes the Department the largest amount, \$7,522,359 (58%). Of the amount Medicaid owes the Department, \$3,521,309 (47%) has been due for longer than 120 days. This amount may be assumed as largely uncollectable.

When we looked at specific CHDs, 50% or more of total receivables at 11 counties (Alachua, Bradford, Calhoun, Columbia, Hamilton, Hardee, Jackson, Liberty, Okaloosa, Sumter, and Union) were older than 1 year. Notably, these amounts are likely uncollectable because of their age. Conversely, receivables older than 1 year were less than 1% at 12 CHDs' (Baker, Charlotte, Flagler, Gulf, Highlands, Holmes, Madison, Orange, Palm Beach, Pinellas, Taylor, and Volusia).

So we could compare receivables as of a certain point in time to amounts a CHD collected during a one-year period, we referred to FLAIR. CHDs recorded \$81,041,761 in client fees collected for the fiscal year ended June 30, 2002 per FLAIR. CHDs confirmed these amounts.

**REVIEW #AR-03-004
REVIEW OF 5 NEW PB² MEASURES**

Section 20.055 Florida Statute states that "It shall be the duty and responsibility of each inspector general, with respect to the state agency in which the office is established, to

assess the reliability and validity of the information provided by the state agency on performance measures and standards, and make recommendation for improvement, if necessary, prior to submission of those measures and standards to the Executive Office of the Governor pursuant to s. 216.0166.” To this end we reviewed 5 new or revised Long Range Program Plan [LRPP] measures and produced an Appendix K - Performance Measure Validity and Reliability Form for each measure.

Four previous measures had been revised:

- Percent of agency administrative costs and positions compared to total agency costs and positions.
- Percent of Emergency Medical Services providers found to be in compliance during licensure inspection.
- Number of tuberculosis medical management screenings, tests, test reads, nursing assessments, directly observed therapy and paraprofessional follow-up services provided.
- Number of birth, death, marriage, divorce, and fetal death records processed annually)

A fifth measure was created as a new measure this year:

- Information Technology Costs as a Percent of total agency costs.

We reviewed the five measures and produced an Appendix K - Performance Measure Validity and Reliability Form for each measure. The 5 measures along with the Appendix K forms will be included in the Department of Health’s Long Range Program Plan document.

PRIOR YEAR FOLLOW-UP

Audit #AC-98-004

Children’s Medical Services Early Intervention Program Data System

The audit included an evaluation of selected computer application control activities over selected areas of input, processing, output, and manual follow-up and user control activities within the EIP Data System during the period of July 1, 1997 through March 31, 1998, and selected the Department actions taken through July 1998. During our audit, we identified internal control deficiencies surrounding the design and operation of the EIP Data System, which are directly related to the fact that the contract agreements with the University of Florida (UF) to maintain and operate the EIP Data System do not require that the UF EIP Data Center adhere to the Department information security policies or information technology business standards.

Recommendations on which corrective action had not been reviewed to determine completeness included:

- The UF EIP Data Center adhere to the Department’s Information Security Policies, Protocols, and Procedures, and information technology business standards in the delivery of their services related to the EIP Data System.
- Controls related to user access, data integrity, and monitoring be implemented in the EIP Data System to eliminate the identified weaknesses, and therefore prevent the programs and data from being inappropriately modified, disclosed, or destroyed, and not being detected in a timely manner.

In accordance with the office’s Annual Audit Plan, a follow-up audit is scheduled for FY 2003-2004.

Audit #AC-01-003
Bureau of Emergency Medical Services –
County Matching Grant Program

The Office of the Inspector General audited the Bureau of Emergency Medical Services County Matching Grant Program for the period July 1, 1999 through February 28, 2001. The objectives included reviewing the EMS County Matching Grant Review Team's review process; awarding of EMS County Matching Grant applications; and determining whether the Bureau of Emergency Medical Services [Bureau] adequately monitored performance of grantees' assurances stated in the grant document.

Recommendations on which corrective action has not been completed included the Bureau should consider the feasibility of a long-term review of completed grants on some limited basis, to determine whether grantees achieve projected outcomes. Such results may validate the importance of the program.

Audit Report #AC-02-002
Child Protection Team Information
System

Section 39.303, *Florida Statutes*, establishes Child Protection Teams within the Department, outlining duties to be performed by the teams. The Children's Medical Services Program in the Department is responsible for the development, maintenance, and coordination of the services provided by the teams. The role of the teams is to support program activities and to provide necessary and appropriate services to abused, abandoned, and neglected children upon referral. The Child Protection Team Information System (CPTIS) was designed to facilitate the capture and reporting of the information related to the child assessment activities.

The Office of the Inspector General conducted an audit of CPTIS for the period

ending December 21, 2001 and selected controls through March 29, 2002. The audit focused on the effectiveness of selected information systems functions, including application controls, access controls, and systems development and maintenance controls. With the exception of the deficiencies listed below, the selected information technology controls related to CPTIS appear to be operating effectively in promoting and encouraging the achievement of management's objectives of compliance with controlling laws, administrative rules, and other guidelines; the reliability, integrity, and availability of data; the effective and efficient operation of information technology functions; and the safe-guarding and confidentiality of information resources. No instances of errors, fraud, abuse, illegal acts, or other noncompliance were noted. The audit identified the following deficiencies.

Recommendations on which corrective action had not been completed included that to ensure continuous business services in the event of disaster or prolonged IT downtime, the Child Protection Unit should develop and formally document its business continuity plan. After the plan is documented, it should be tested and updated on a regular basis.

MANAGEMENT REVIEWS

HIG management reviews have identified significant workforce contributions, such as the outstanding work of the Bureau of Epidemiology with bio-terrorism and the nationally recognized Early Intervention Services Program of the Health Care Center at Monroe County Health Department. HIG management reviews have also helped management to overcome challenges with employee and organizational concerns.

Management Review 02-001-MR
Bureau of Epidemiology
Date of Report: 9/27/02

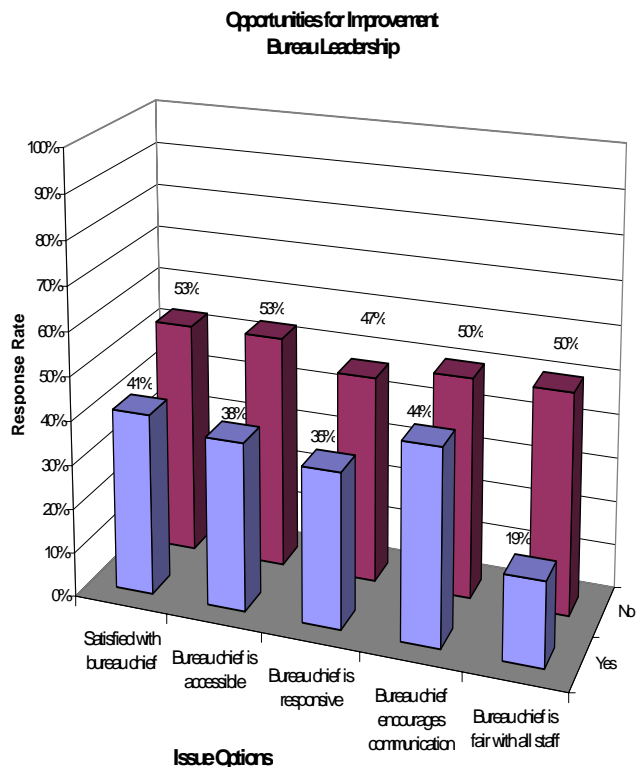
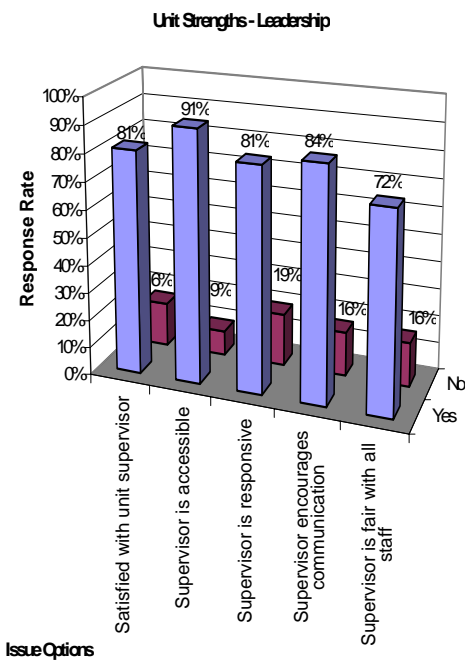
Background

This management review was initiated by the Department of Health, Office of the Inspector General (HIG), as a result of management changes, employee turnover, and workload issues in the Bureau of Epidemiology. The methodology involved administering an employee survey, conducting staff and management interviews, conducting external witness and stakeholder interviews, reviewing personnel data, and reviewing relevant documentation. The survey instrument and interview guides were developed using the Sterling Criteria for Organizational Performance Excellence.

that customers were receiving quality services.

The HIG found that significant numbers of employees, ranging from one-third to a majority, expressed dissatisfaction with the bureau chief, low morale, dysfunctional work environment, unfair treatment, and favoritism.

HIG verified that some functional areas within the bureau did not have written policies and procedures; there was no formal planning process incorporating staff feedback; and there was no customer feedback tracking system. The HIG confirmed alleged incidents of intimidation, such as yelling at staff and creating stressful working conditions for staff. The HIG concluded the proposed bureau reorganization could be contributing to employee perception of dysfunctional work environment.



Findings

The HIG found employees expressed confidence in their supervisors and their work environment at the unit level.

The majority of employees also believed that their efforts were customer-focused and

Recommendations

1. Division management work with bureau management to develop programmatic policies and procedures in all appropriate functional areas.
2. Division management, in conjunction with Bureau of Human Resource Management officials, take action to make current all bureau personnel performance reviews; to develop a corrective action plan for bureau management in this regard; and monitor implementation of employee performance reviews for the next 12 months to insure compliance.
3. Department and division management guide the proposed bureau reorganization process to ensure appropriate assignment of functions and appropriate utilization of existing expertise within the bureau.
4. Bureau management develop a customer feedback system for both internal and external customers that, at a minimum, provides for free exchange of information, tracking of customer concerns, and incorporation of customer feedback into a bureau planning process for improvement of bureau operations. As part of any planning process, bureau management should actively solicit staff involvement from all functional areas within the bureau.
5. Department and division management take the appropriate actions to alleviate the current employee perception of intimidation and hostile work environment in the bureau.

Management Review #03-001-MR Monroe County Health Department Health Care Center Date of Report 3/14/03

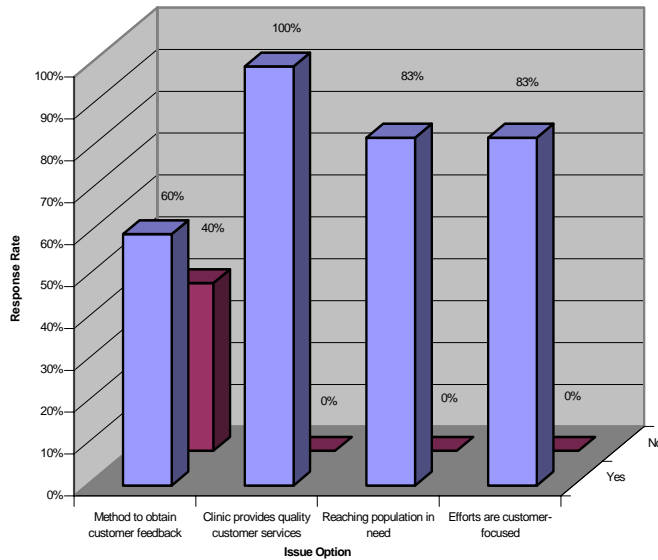
Background

The Director, Monroe County Health Department (MCHD), initiated this review as a result of employee and client complaints at the Health Care Center (HCC). The methodology involved administering an employee survey, conducting staff and management interviews, conducting external witness and stakeholder interviews, reviewing personnel data, and reviewing relevant documentation. The survey instrument and interview guides were developed using the Sterling Criteria for Organizational Performance Excellence.

Findings

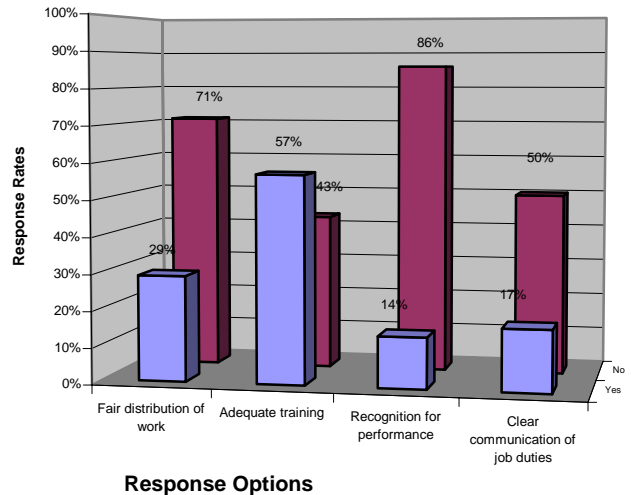
The Department of Health Office of Inspector General (HIG) found employees perceived that patients were receiving quality services and were satisfied with these services. Employee opinion was supported by the results of various customer surveys administered at the HCC.

**Strengths
Customer Focus**



The HIG found that employees expressed concerns about the leadership of the HCC Administrator, including how he handled the planning process, management communications, the fairness of work distribution, and management monitoring of services.

**Human Resources
Opportunities for Improvement**



Additionally, employees expressed concerns about poor morale, HCC employee treatment of clients, management favoritism, and pornographic materials.

HIG verified that staff, as a group, requested the removal of the HCC Administrator. During Calendar Year 2002, as many as six employees filed complaints about the HCC Administrator's management style, with some employees filing several complaints. HIG further verified that the HCC Administrator was counseled to improve his relations with HCC staff. On October 25, 2002, the MCHD Director officially removed HCC Administrator from direct management of the HCC.

Recommendations

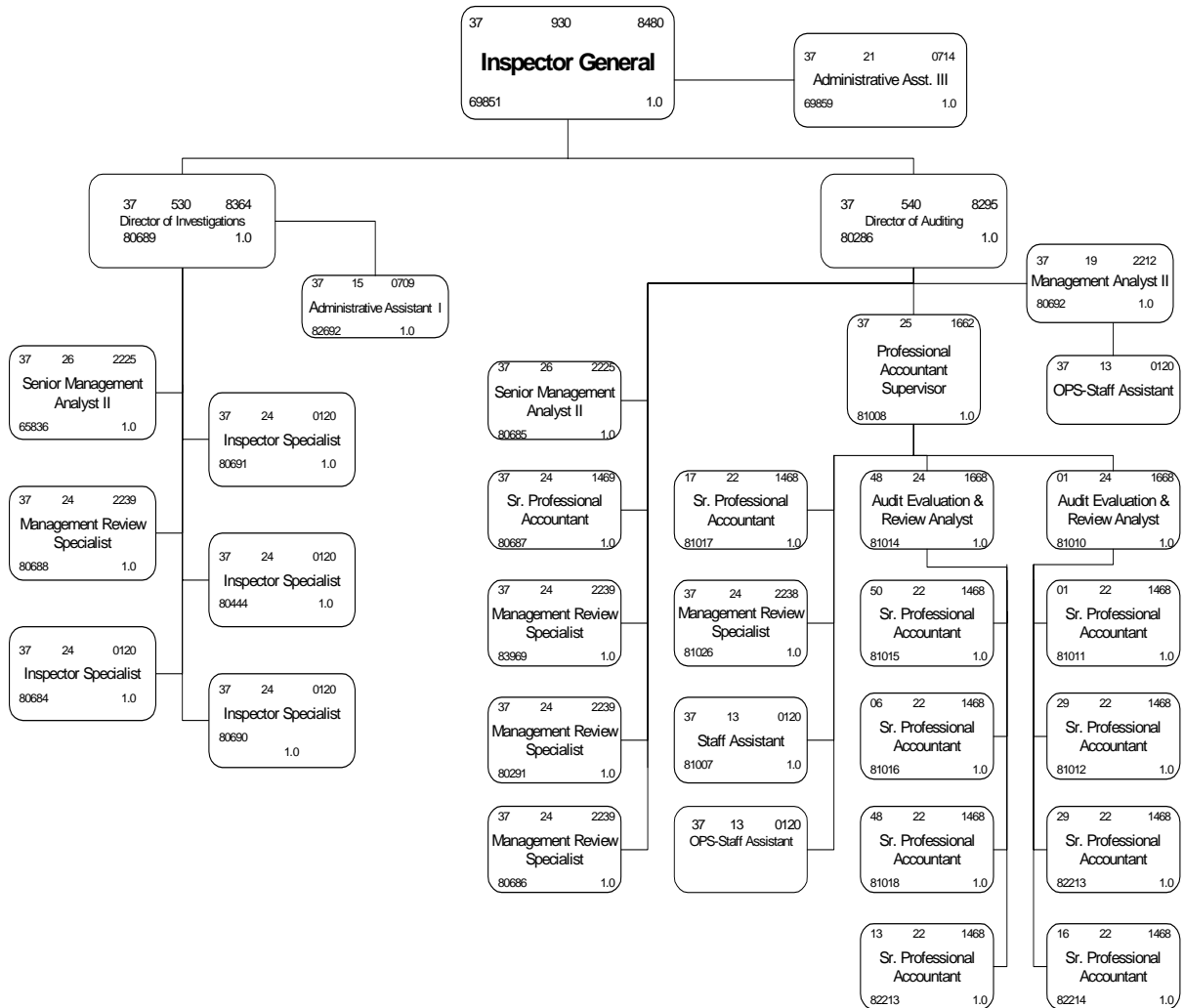
1. MCHD management take immediate action to correct the problems present in the HCC, consistent with the findings and conclusions of this report and previous concerns expressed by HCC staff.
2. MCHD management closely monitor the implementation of its Plan/Do/Check/Act System within the HCC and tie employee performance objectives to this model.
3. MCHD management afford all HCC employees the opportunity to actively participate in the planning process through the CQI Office and that management ensure the CQI goals and objectives are fully implemented by HCC management.
4. Investigative issues that were not appropriate topics for this management review, such as the alleged access and viewing of pornography at the HCC and alleged mistreatment of patients by HCC staff.

Human Resource Focus

Organization

HIG structure has remained unchanged during this reporting year. HIG has built and maintained a work environment and an employee support climate conducive to performance excellence and to personal and organizational growth. HIG's office functions with 33 full-time positions reflected in this organization chart.

Office of the Inspector General



Professional Competencies

HIG staff is rich with investigative, audit and management experience. Our investigators average 21.9 years of investigative work, and collectively hold 153 years of investigative experience. Audit staff averages 19 years of audit work, and collectively holds 338 years of audit experience. HIG work products and recommendations are the reflection of the professional and personal life experiences of our staff.

As of June 30, 2002, members of our staff additionally held the following professional certifications and licensure:

Certified Inspector General (3)
 Certified Law Enforcement (1)
Certified Public Accountant (6)
 Prior Law Enforcement Officers (3)
Certified Internal Auditor (2)
 Computer Forensics Investigator (1)
Certified Information Systems Auditor (1)
 Attorney (1)
Certified Government Financial Manager (1)
 Certified Unemployment Tax Auditor (1)
Certified Sterling Examiner (2)
 Registered Nurse (1)

Employee Recognition: In accordance with the Department's performance bonus distribution plan, HIG authorized disbursement of \$4,789 in bonus to employees who exceeded expectations. An additional \$300 was awarded as retirement gifts.

Turnover: The HIG turnover rate for the reporting year was 18.18% with the loss of six employees. Four employees were hired.

Training:

- Audit Staff: Cost Recovery Auditing; Understanding the New 2003 Yellow Book; Work-paper Techniques for Performing the 2003 Single Audit; Government and Non-profit

Accounting & Auditing Update; Building Consensus Solutions to Florida's Public Problems; Audit Governance; 2003 CISA Examination; CIA Examination; Certified Fraud Examinations; HIPPA Compliance; Facilitative Leadership; Technology Audit & Risk Assessment; Emerging Technology Issues.

- Investigation Staff: Creating and Managing CSIRT; Financial Forensic Techniques; Encase Intermediate Analytical Reporting; A+ Certification Training; Computer Forensics; Computer Forensics - FACCI and HIPAA Compliance.
- HIG other staff: Business Writing and Grammar Skills; Administrative Assistant Training; My Florida Market Place training; People First training; FLAIR (SAMAS) training.

Process Management

HIG's key processes are:

- Audits
- Investigations
- Management Reviews
- Administration

To sustain these processes, HIG organizational structure remained unchanged; although, the scope of work was amended for some employees to meet the evolving challenges such as economic crime and computer pornography. A key performance indicator was deployed this year in the form of a customer survey that obtained feedback from customers about the quality of our audit and investigative work products. The following is a synopsis of each process activity during fiscal 2002-2003.

Audits. The audit directorate was composed of 23 members. An audit plan for the reporting period resulted in completion of nine internal program audits covering costs of \$39,147,282. The audit plan is a five-year projection of work which allows for efficient allocation of staff time while also providing a framework for thorough attention to detail to program dynamics. Additionally, the five-year perspective allows for a holistic awareness of upcoming audit activities and accommodates the effect caused by shifts in priorities to meet mission needs. Twelve internal audits and 400 CCFP audits are planned for fiscal 2003-2004.

Investigations. Investigations are reactive to the complaint process. HIG has determined that the approximate annual complaints range between 200 – 225 with about one-half of these requiring investigation and inquiries. Investigations may vary in the length of time required to collect all relevant facts, evaluate the evidence and construct the report. HIG established the following milestones for investigations: Intake – five days; Preliminary Inquiry – 30 days; Investigation – 120 days. The exception to this time line is that established in Whistleblower criteria. Given a staff of six investigators, one administrative assistant and the bureau chief, the workload experienced in the reported year was substantial. To preserve independence, each investigator was allowed to work the elements of each case without interference. The investigator handbook provides the progressive tasks for conducting the investigative process. Investigations also require the careful and timely coordination of criminal activities with the appropriate law enforcement authorities. In this reporting year, four (4) cases were referred to law enforcement authorities. Five arrests were made with one conviction completed in the fiscal year and four more cases pending prosecution in fiscal 2003-2004.

Management Reviews. These reviews are generally reactive events based on the

Department leadership team's directions and priorities, although HIG has also independently initiated management reviews. Management reviews are focused on products, service delivery, core operational processes and support resources for the respective organization being assisted. Employee subjective assessments collected by survey are a valued component in the review process. Another component is the employee and supervisor/management interview. The management review process includes a thorough reading and assessment of the organization's operational environment, management guidance, and management practices. All work is a series of steps or mini-processes culminating with briefings to management with a need-to-know. The goal for Management Review reports is 45 days following completion of the on-site visit. In 2002-2003, HIG conducted two management reviews, both of Department central office staff elements.

Administration. HIG administration processes are derivatives of the Department headquarters staff procedures and Department policies. The administrative staff is extremely lean given the abundant work performed. Three full-time and one part-time employee managed to sustain support to the audit, investigation and management review requirements while sustaining other routine administrative requirements such as personnel actions. The retirement of HIG's senior administrative assistant occurred at year-end; however, the remaining staff teamed their energies to meet daily challenges.

Conclusion. HIG processes employed in fiscal 2002-2003 were effective in meeting the type work being performed. Changes in the nature of offenses, economic crime and computer abuse, has indicated the need to initiate new processes and consideration of selected employee job scope adjustments. HIG is poised to meet, if not exceed, mandated statutory responsibilities in the coming fiscal year.

BUSINESS RESULTS

The Mission of the Florida Department of Health is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. To this end, the Department envisions being the best public health organization in the nation.

In FY 2002-2003, the HIG helped the Department become the best public health organization in the nation by highlighting the important contributions of the Department workforce; recommending operational improvements; ensuring workforce adherence to the highest standards of quality and accountability; and safeguarding public expenditures. The results of our customer satisfaction survey accentuate the value of our work products.

Customer Satisfaction

The HIG received high ratings in all performance indicators.

The HIG surveyed managers responsible for implementing and/or monitoring the recommended actions to gauge their reaction to our investigative and audit products. On a scale of one to five, with one meaning strongly disagree and five meaning strongly agree, we asked managers to rate four performance indicators for our products. We wanted to know if our staff was professional and courteous; if our report was well organized and understandable; if our product will assist in improving performance; and if our product was timely.

Our audit products received an almost perfect overall rating, with a score of 4.88 out of a possible 5.

Our investigative products were also rated extremely high, with an overall score of 4.60 out of a possible 5.

Customer Satisfaction Ratings*

| Indicator | Audit | Investigate |
|--|-------|-------------|
| Professional and courteous staff | 5.00 | 4.88 |
| Well organized and understandable report | 5.00 | 4.88 |
| Product will assist with performance | 5.00 | 4.38 |
| Product was timely | 4.50 | 4.19 |

*Rating of 5 means strongly agree. Rating of 4 means agree. Rating of 1 means strongly disagree.

Quality and Accountability of the Department Workforce

HIG investigations promoted employee adherence to established programmatic standards; and promoted accountability in the provision of quality services to customers.

HIG Investigations* FY 2002-2003

| Description | Number |
|---|--------|
| Complaints opened | 214 |
| Investigations and Inquiries | 112 |
| Management Advisories | 68 |
| Cases referred for criminal investigation | 4 |
| Criminal convictions** | 1 |

* HIG Complaint Tracking System

**Four convictions anticipated in FY2003-2004

HIG audit staff activities also promoted accountability activities through input to policy and administrative forums.

One major standard of the Department is the confidentiality of patient medical information, which is also covered by the federal Health Insurance Portability and Accountability Act (HIPAA). The Department mandated annual HIPAA training for all employees who handle confidential patient information. All HIG staff completed the HIPAA training curriculum.

The Department designated HIG as the HIPAA complaint office. During FY 2002-2003, HIG opened 17 investigations of alleged breach of confidential patient information. Where allegations were sustained, HIG recommended immediate and appropriate disciplinary action. HIG audit staff contributed technically to the Department's HIPAA efforts by participating on the HIPAA security, privacy, and transactions and code sets task forces.

Another critical area of importance to the Department was computer security. Each Department employee with access to a computer was cautioned against inappropriate computer usage by automated warnings visible each and every time the employee logs on to a computer or handheld device.

HIG opened 21 investigations and inquiries on misuse or abuse of computer resources. Many of these cases involved accessing inappropriate Internet sites, which is strictly prohibited by the Department policy and could increase exposure of the Department computer systems to harmful viruses.

HIG audit staff contributed to computer security and overall systems issues through a specific projects and general forums. Audit staff participated in Information Security Coordinator and System Administrator calls; monitored the development of the new Department Vital Statistics Information System, created the

Department Corrective Action Plan database; and consulted in the development of the database as a web-based application; and participated in the Information Technology Governance workgroup at the Secretary's request.

Quality of service issues was the focus of 23 investigations. These cases involved such allegations as wrong level of client services, poor health care services for children, and unnecessary upgrade of a septic tank. HIG findings identified parties involved with these allegations and HIG recommendations helped to satisfactorily resolve these issues and improve the quality of the Department's customer service.

Safeguarding Public Expenditures in Health

HIG audits covered in approximately \$39 million in program expenditures. The HIG conducted 325 audits, including nine internal audits and 316 limited scope audits. The Child Care Food Program identified \$705,308 in questioned costs.

HIG Audits* FY 2002-2003

| Description | Number |
|--------------------------|---------------|
| I. Internal Audits | 9 |
| Covered Costs | \$39,147,282 |
| II. Limited Scope Audits | 316 |
| Questioned Costs | \$705,308 |
| Cases Closed | 80 |
| III. Total Audits | 325 |

** HIG Audit staff records*

From previous year audits in the Child Care Food Program, the HIG closed 94 audits, resulting in \$347,984 in questioned costs. Of these audits, \$192,630 was recovered through collections in FY 2002-2003.

The HIG also performed audit confirmations and reviewed audits performed by Certified Public Accountants for 134 Child Care Food Program Contractors covering an additional

estimated \$42,647,215 expended by the Department federally funded Child Care Food Program.

Other HIG audit efforts to protect public funds included assistance to the Division of Children's Medical Services in improving several providers' contract compliance and performance; assistance to the Department's contract managers in review of audited financial statements; assistance to the Bureau of HIV/AIDS in an audit of provider contract compliance and in review of audit documentation of an independent Certified Public Accountant (CPA) firm; and facilitation of the Department's contract managers' completion of checklist for compliance with Florida Single Audit Act.

As required by Florida Statute, the HIG performed prior year audit follow-ups for three audit reports, including Audit #AC-98-004, Children's Medical Services (CMS) Early Intervention Program Data System; Audit #AC-01-003, Bureau of Emergency Medical Services (EMS), County Matching Grant Program; and Audit #AC-02-002, Child Protection Team (CPT) Information System. These audit follow-ups highlighted that the recommendations or corrective actions have not been acted upon, thus providing the Department with an accountability measure for program or process improvements.

**Other HIG Audit Projects*
FY 2002-2003**

| Action | Program/Project |
|--|---|
| Reviewed and confirmed CPA audits | 134 Child Care Food Program Contractors |
| Assisted with contract compliance and performance | Children's Medical Services |
| Assisted contract managers in review of audited financial statements | Department Contract Managers |
| Facilitated completion of compliance checklist | Department Contract Managers – Florida Single Audit Act |
| Assisted in provider contract compliance | Bureau of HIV/AIDS |

* HIG Audit staff records

Prior Year Audit Follow-ups*

| Audit Number | Subject |
|--------------|--|
| AC-98-004 | CMS Early Intervention Program Data System |
| AC-01-003 | EMS County Matching Grant Program |
| AC-02-002 | CPT Information System |

* HIG Audit staff records. See actual findings and recommendations at end of Business Results Section.

Importance and Contributions of the Department Workforce

The HIG conducted management reviews in the Bureau of Epidemiology and the Monroe County Health Department, Health Care Center, which demonstrated major programmatic accomplishments at the state and federal levels.

The HIG found that the Bureau of Epidemiology had successfully coordinated and conducted surveillance of activities relating to bioterrorism and that bureau staff were making key contributions in educational awareness of the public. Bureau staff made presentations at the 2001 National Conference on Smoking or Health in New Orleans, and the 52th Annual Conference of the Florida Alliance for Health, Physical Education, Recreation, Dance and Driver Education. Bureau staff published articles in the Southern Medical Journal, Epi Update, Morbidity and Mortality Weekly Report, and the Journal of Pediatrics.

Meeting. The HCC team also joined five other high-performing teams for an IHI Synthesis Meeting to give input for a Ryan White Care Act Title I HAB/IHI collaborative and to produce the quality improvement manual going out nationwide to all Ryan White grantees. The HCC participants from Key West were featured throughout the manual.

Due to HCC's role as an exemplary program, four fledgling EIS groups have come to Key West to work at HCC and learn from their experiences and expertise within the last two years.

Program Strengths*

| Program | Strength |
|--------------------|-------------------------------------|
| Epidemiology | Work with bio-terrorism |
| Epidemiology | Public education and awareness |
| Health Care Center | Early Intervention Services Program |
| Health Care Center | Quality improvement activities |

** HIG Management Review reports*

Overcoming Operational Challenges

HIG management reviews identified opportunities for improvement, which provided management with the impetus for creating a better work environment in the Bureau of Epidemiology and the HCC.

Through the management review process, Division of Disease Control management adopted HIG recommendations for the Bureau of Epidemiology to establish and document programmatic policies and procedures; to better organize and utilize staffing resources; to establish a customer feedback system and include employees in the planning process; and to ensure a positive work environment.

The HIG found that the Monroe County Health Care Center (MCHCC) personnel were among 83 Early Intervention Services (EIS) program teams in the country participating in the HIV/AIDS Bureau(HAB)/Institute for Health- Care Improvement Collaborative (IHI) to Improve Care for Persons with HIV. Identified by IHI as a "high performing team," the HCC team joined selected teams for an IHI Advisory

Program Challenges*

| Program | Challenge |
|--------------------|--|
| Epidemiology | Need for written program policies and procedures |
| Epidemiology | Utilization of staffing resources |
| Epidemiology | Need for customer feedback system |
| Epidemiology | Improvement of management and employee relations |
| Health Care Center | Supervisory and staffing changes |
| Health Care Center | Complete implementation of Plan/Do/Check/Act |

* HIG Management Review reports

Monroe CHD management utilized the HIG management review to target improvements at the HCC that held management and employees accountable for their actions and their work performance. Improvements included needed staffing changes and stronger integration of the Plan/Do/Check/Act system of quality management.

CONCLUSION

“Endeavors succeed or fail because of the people involved. Only by attracting the best will you accomplish great deeds.” Colin Powell

Good people do good work. The work and progress chronicled in this report gives glowing testimony to the professional attributes and mature character of our auditors, investigators and support staff – the backbone of the HIG. The quality of the HIG work products and the substantial recommendations offered to our Department during this reporting year resulted in clarification of and adherence to Department policies, codes and statutes.

Two critical factors contributed to our success. First, the superb support and confidence provided by the Secretary. The HIG was allowed to function with complete independence and without impairment in all aspects of our work. Second, the Department allocated the necessary resources to HIG to support mission success. HIG did not encounter a situation where the performance of work was constrained by the lack of resource.

Fiscal 2002-2003 was a foundation year for HIG’s journey to excellence. We were able to obtain clear focus on our mission and make a commitment to a strategic direction for improvement. Tailoring our capabilities is a necessary component of readiness to meeting the dynamic character of our work environment. As we go forward, HIG shall adhere to the values established by our employees. We shall strive for excellence and fully uphold our statutory mandate to insure the efficiency, accountability and integrity of our Department.

Exemplary performance requires exemplary employees. This reported work year reflects the professionalism of the HIG team. Questioning the status quo, documenting and addressing opportunities for improvement and implementing constructive change is not work given to the

faint-hearted. Rather, this type work is entrusted to only to those employees most capable. Without question, HIG employees were empowered to perform their important work and the outcomes of this process were “indispensable contributions.” When collectively applied to the other good works of our Department, HIG is confident that our Department is truly on the way to becoming the best public health agency in the Nation.

Be Part
Of
The
Solution
Report waste,
fraud, and abuse

Office of the
Inspector General
“Indispensable contributions”



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