



agency for persons with disabilities
State of Florida

Rick Scott
Governor

September 29, 2015



Barbara Palmer
Director

Melinda Miguel
Chief Inspector General
Executive Office of the Governor
2103 The Capitol
Tallahassee, FL 32399-0001



State Office



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RE: OIG Annual Report for FY 2014-15

Dear Ms. Miguel:



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Enclosed is the Office of Inspector General's Annual Report for Fiscal Year 2014-15.



Toll Free:

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Feel free to contact me should you have any comments, questions or concerns.

Sincerely,

/s/ Carol Sullivan

Carol Sullivan, MBA, CIA, CIGA, CIG
Inspector General

CS: ma

Enclosure



Barbara Palmer
Director



Carol Sullivan
Inspector General

AGENCY FOR PERSONS WITH DISABILITIES
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT
FY 2014-2015



BILLY JOE RISH RECREATIONAL PARK IS A BEAUTIFUL GETAWAY OWNED AND OPERATED BY THE AGENCY FOR PERSONS WITH DISABILITIES. LOCATED ON THE ST. JOSEPH PENINSULA NEAR PORT ST. JOE AND CAPE SAN BLAS. THE PARK IS OPEN YEAR ROUND FOR PEOPLE WITH DISABILITIES, THEIR FAMILY MEMBERS, GUARDIANS, AND CAREGIVERS.

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INTRODUCTION

The Office of the Inspector General (OIG) is an integral part of the Agency for Persons with Disabilities (Agency). The purpose of the OIG is to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government. Section 20.055, Florida Statutes, requires the OIG to submit to the Agency head an annual report, no later than September 30 of each year. This report includes, but is not limited to:

- A description of activities relating to the development, assessment, and validation of performance measures;
- A description of significant abuses and deficiencies relating to the administration of programs and operations of the Agency disclosed by investigations, audits, reviews, or other activities during the reporting period;
- A description of the recommendations for corrective action made by the Inspector General during the reporting period with respect to significant problems, abuses, or deficiencies identified;
- The identification of each significant recommendation described in previous annual reports on which corrective action has not been completed; and
- A summary of each audit and investigation completed during the reporting period.

This annual report, presented to the Agency Director, summarizes the activities and accomplishments of the OIG for the 12-month period beginning July 1, 2014 and ending June 30, 2015.

MISSION AND RESPONSIBILITIES

The Agency's mission is to support persons with developmental disabilities in living, learning, and working in their communities. To achieve this mission, the Agency focuses on four priorities:

1. Fiscal Accountability – to operate within its appropriations.
2. Quality Services – to measure and track performance to ensure the highest quality care.
3. Employment – to assist persons with developmental disabilities who desire work to become competitively employed.
4. Waiting List – to adopt national and local best practices to serve people on the Agency waiting list efficiently and effectively.

The mission of the OIG is to protect and promote integrity, efficiency, and accountability within the Agency through audits and investigations that detect fraud, waste, and abuse, and ultimately assist the Agency to achieve its overall mission. The OIG provides an independent appraisal function within the Agency. We perform and report objective analyses of Agency operations thereby increasing assurances that Agency assets are safeguarded, operating efficiency is promoted, and compliance is maintained with prescribed laws and regulations. Section 20.055, Florida Statutes, defines the duties and

responsibilities of each Inspector General with respect to the state agency or department in which the office is established. The duties and responsibilities of the Inspector General include:

- Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs.
- Assess the reliability and validity of the information provided by the agency on performance measures and standards, and make recommendations for improvement.
- Review the actions taken by the agency to improve program performance, meet program standards, and make recommendations for improvement, if necessary.
- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the programs and operations of the state agency.
- Conduct, supervise, or coordinate other activities carried out or financed by that state agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations.
- Keep agency head informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication.
- Monitor the implementation of the agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance.
- Review agency rules and make recommendations concerning their impact.
- Recommend corrective action concerning fraud, abuse, and deficiencies in agency controls and report on progress made in implementing corrective actions.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.
- Receive complaints and coordinate Agency activities as required by the Whistle-blower's Act and/or the Chief Inspector General.

In order to address areas of significant risks and be responsive to the concerns of management, the OIG performs a periodic risk assessment of Agency activities to identify and rank those activities to be included in the OIG Annual Work Plan and considered for in future work plans.

To fulfill the responsibilities of the OIG, our priorities are to:

- Promote employee awareness and cooperation to identify fraud, waste, and abuse within the Agency;

- Respond to validated emergencies (these could be any type of serious situation that might arise but could also include requests by the Governor, Chief Inspector General or other parties);
- Execute approved individual assignments which are designed to answer questions about the effective, efficient, economical and legal operation of the Agency;
- Evaluate the internal controls over Agency assets and liabilities, core operations, and information systems to promote effectiveness, efficiency, economy, and compliance.

These priorities are interrelated and doing any one of them provides information useful in doing the others.

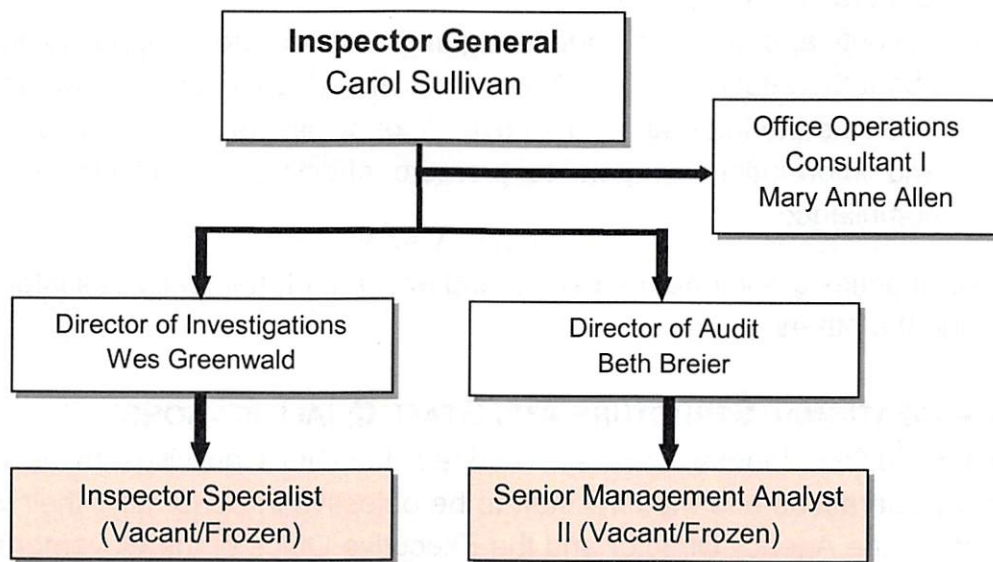
ORGANIZATIONAL STRUCTURE AND STAFF QUALIFICATIONS

Section 20.055, Florida Statutes, requires the OIG's activities to be independent of agency operations and the OIG staff to be objective in performing their work. The OIG reports to the Agency Director and the Executive Office of the Governor Chief Inspector General on Agency investigative and audit policy, investigative and audit findings, internal control issues, guidance issues, and other matters as directed. The OIG staff refrains from participating in any Agency operational activities that could compromise their independence and objectivity.

The OIG is organized into two sections: Internal Audit and Investigations. However, due to the small size of the organization, audit staff assists on investigations and investigative staff assists on audits. The OIG staff is highly qualified with a range of expertise and backgrounds that enhance the ability of the office to effectively audit, investigate, and review the complex programs within the Agency. Currently, the OIG has a staff of four professional/technical positions and two professional positions that are currently vacant. Due to Agency budget constraints, one position (Management Review Specialist) was eliminated in fiscal year (FY) 2013-2014 and the two current vacant professional positions are being held frozen. The Agency does not plan to hire these positions in FY 2015-16.

As of August 31, 2015, our organizational structure is provided in *Figure 1*.

Figure 1
OIG Organizational Structure



OIG staff members hold specialty certifications that relate to specific job functions within the OIG. These certifications include:

- Certified Inspector General (1)
- Certified Internal Auditor (2)
- Certified Inspector General Auditors (1)
- Certified Public Accountants (1)
- Certified Information Systems Auditor (1)
- Certified Inspector General Investigator (1)
- Certified Fraud Examiners (1)

In addition to maintaining professional certifications, OIG personnel are active in professional organizations that support audits and investigations. This participation assists staff in maintaining a high level of proficiency in their profession and areas of certification. OIG personnel are affiliated with the following professional organizations:

- The Association of Inspectors General (National and Local Chapters);
- The Institute of Internal Auditors (National and Local Chapters);
- ISACA (National and Local Chapters);
- The Association of Certified Fraud Examiners;
- The Association of Government Accountants (National and Local Chapters); and
- The American (and Florida) Institutes of Certified Public Accountants.

MAJOR ACTIVITIES AND FUNCTIONS

In performing its audit and investigative activities, the OIG follows the Association of Inspectors General's *Principals and Standards for Offices of Inspector General*, the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and the U.S. Comptroller General's *Government Auditing Standards*, as applicable.

Table 1 provides a summary of “cases” (cases include audit activities, investigative activities and other OIG activities) addressed by the OIG during the FY. **Table 2** provides a summary of cases closed by type during the FY.

Table 1
Summary of OIG Cases Addressed during FY 2014-2015

Cases	Count
Cases open at beginning of fiscal year	32
Plus cases opened during the year	90
Less cases closed during the year	(93)
Cases open at end of fiscal year	29

Table 2
Summary of OIG Cases Closed by Type during FY 2014-2015

Cases	Count
Audit Activities	18
Investigative Activities	68
Other OIG Activities	7

Chapter 20.055(2)(i), Florida Statutes, requires each OIG to ensure that an appropriate balance is maintained between audit, investigative, and other OIG activities. An OIG can achieve such a balance in a variety of ways. The Agency Inspector General achieves a balance of activities by monitoring the assignments of on-going and completed investigative and audit activities on a daily basis.

AUDIT ACTIVITIES

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization’s operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.” The mission of Internal Audit is to enhance and protect organizational value by providing risk-

based and objective assurance, advice, and insight. (Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*)

Pursuant to Section 20.055(6), Florida Statutes, the OIG prepared an annual work plan for FY 2014-2015 based on an agency-wide risk assessment. The Director of Audit was responsible for managing and performing audit activities during the FY, with assistance from OIG staff, as available. Additionally, during the year, the OIG provided formal and informal assistance to Agency personnel in their operational capacities. Table 3 below provides a summary of the completed audit activities (cases) by type performed in FY 2014-2015.

Table 3
Audit Activities Completed during FY 2014-2015

Type of Audit Activity	Number of Cases
Internal audits	4 (1)
Follow-up audits	1
Statutorily required activities	3
Management audit assistance	7
External audit assistance	3
Total audit activities	18

Note (1): The four internal audits resulted in 9 audit reports.

The following are summaries of completed internal audits; follow up audit activities; statutorily required activities; management audit assistance; and external audit assistance. Additionally, we included a description of significant outstanding recommendations described in prior annual reports on which corrective action has not been completed.

COMPLETED INTERNAL AUDITS

FAMILY CARE COUNCIL AUDITS

Family Care Councils were created in 1993 through the implementation of Section 393.502, Florida Statutes. Local Family Care Councils (FCC) are located within each of the Agency's six regions and are organized within those regions by area (there are 15 areas). Council members serve on a voluntary basis without payment for their services but are reimbursed for per diem and travel expenses as provided for in Section 112.061, Florida Statutes. Section 393.502(9), Florida Statutes, requires an annual financial review of expenditures of the FCCs. During FY 2014-15, the Internal Audit Section selected five FCCs to audit. These audits were conducted to determine whether the FCC expenditures complied with Florida Statutes, and other applicable state laws and rules. The results of the five FCC audits performed in FY 2014-2015 are presented below.

150108-01 AUDIT OF NORTHWEST REGION FCCs – AREAS 1 AND 2

AREA 1 FCC

Release Date: March 2015 (OIG #150108-01.1)

In the 2013-2014 FY, the Agency allocated \$9,000 of General Revenue to Area 1 FCC. Based on our review, the Northwest Region Area 1 FCC expenditures (\$8,745 total) and applicable procedures complied with Florida Statutes and other applicable laws and rules and were adequately supported.

AREA 2 FCC

Release Date: March 2015 (OIG #150108-01.2)

In the 2013-2014 FY, the Agency allocated \$9,000 of General Revenue to Area 2 FCC. Based on our review, the Northwest Region Area 2 FCC expenditures (\$7,484 total) and applicable procedures complied with Florida Statutes and other applicable laws and rules and were adequately supported.

150108-02 AUDIT OF NORTHEAST REGION FCCs – AREAS 3, 4, AND 12

AREA 3 FCC

Release Date: May 2015 (OIG #150108-02.1)

In the 2013-2014 FY, the Agency allocated \$4,000 of General Revenue to Area 3 FCC. Based on our review of the expenditures (eight payments totaling \$2,333) and applicable procedures, we noted that no payments complied with Agency policy requiring the Authorization to Incur Travel Expense Form to be submitted to the State Office FCC Liaison and approved by the Agency's Chief of Staff. Additionally, approvals for six payments involving travel to the 2013 Family Café conference were not documented in FCC Board meeting minutes. Recommendations were provided to Region Office staff to (1) work with Area 3 FCC to improve their operations and documentation; and (2) ensure submitted FCC expenditures include meeting minutes documenting FCC Board approval.

AREA 4 FCC

Release Date: May 2015 (OIG #150108-02.2)

In the 2013-2014 FY, the Agency allocated \$9,000 of General Revenue to Area 4 FCC. Based on our review of the expenditures (20 payments totaling \$9,357) and applicable procedures, we noted that 17 noncompliant payments related to travel reimbursements. After April 2014, a new Region FCC Liaison began working with Area 4 FCC and some improvements were observed, however, there was still the opportunity for additional improvements. For example, nine payments did not comply with Agency policy requiring the Authorization to Incur Travel Expense Form to be submitted to the State Office FCC Liaison and approved by the Agency's Chief of Staff. Recommendations were provided to Region Office staff to work with Area 4 FCC to ensure travel authorization and reimbursement documentation is signed, dated, completed, reviewed for accuracy, adequately supported, and approved; and

Agency management to re-assess the level of approvals required and communicate that expectation to the Region FCC Liaisons.

AREA 12 FCC

Release Date: May 2015 (OIG #150108-02.3)

In the 2013-2014 FY, the Agency allocated \$5,000 of General Revenue to Area 12 FCC. Based on our review of the expenditures (nine payments totaling \$2,374) and applicable procedures, we noted that no payments complied with Agency policy requiring the Authorization to Incur Travel Expense Form to be submitted to the State Office FCC Liaison and approved by the Agency's Chief of Staff. Recommendations were provided to Region Office staff to work with Area 12 FCC to review and ensure travel authorizations were properly approved; and Agency management to re-assess the level of approvals required and communicate that expectation to the Region FCC Liaisons.

140107-01 AUDIT OF DEVELOPMENTAL DISABILITIES DEFENDANT PROGRAM (DDDP) CLIENT TRUST FUNDS

Release Date: October 2014

We conducted an audit of the DDDP client trust funds to evaluate the internal controls and ensure the funds were properly accounted for and transactions were properly authorized, approved, processed, accurately reported, and in compliance with applicable laws, regulations, and policies and procedures during the period July 1, 2012 through May 15, 2014. We determined for the transactions tested there were adequate internal controls in place at DDDP and the Florida State Hospital (which provides accounting services for the funds) to ensure that reported deposit and withdrawal transactions were authorized, approved, processed, supported, and in compliance with applicable laws, regulations, and policies and procedures. The issues identified regarding the DDDP client trust funds included: (1) the funds were not recorded and reported in the Agency's financial records; (2) the funds were not monitored by Agency central office staff; and (3) access to view the DDDP client trust funds balances were not adequately limited to staff on a need to know basis. We provided recommendations to address the three identified issues, including amend the interagency agreement to provide information for Agency staff to monitor client trust fund activity; record the client trust funds year-end balance in the appropriate Agency financial account; and limit system access to client trust fund balances to only those employees who need to know.

140724-02 AUDIT OF HUMAN RESOURCE PRACTICES AT FOUR AGENCY LOCATIONS (CENTRAL OFFICE, TACACHALE DEVELOPMENTAL DISABILITIES CENTER, SUNLAND DEVELOPMENTAL DISABILITIES CENTER, AND SUNLAND DEVELOPMENTAL DISABILITIES DEFENDANT PROGRAM)

At each location, we reviewed selected Human Resource (HR) actions (including appointments, promotions, pay changes, demotions, suspensions, and dismissals), and selected leave and attendance records to determine compliance with laws, rules, policies

and procedures, and to ensure the actions and records were properly approved, documented, and reported. Below are the significant issues and recommendations from each of the reports.

CENTRAL OFFICE

Release Date: February 2015 (OIG #140724-02.1)

Recommendations to Central Office HR management included:

- Improve processes related to documenting and supporting HR actions.
- Utilize secure sectional file folders for storing employee personnel records and on-going filing should be completed in a timely manner.
- Revise leave audit procedures for separated employees to include administrative leave.
- Review and correct employee overtime eligibility indicators in People First system.
- Review and correct employee exemption indicators that protect an employee's personal information from public inspection.
- Implement a process with Information Technology Division to ensure terminated employees' system access is removed timely.
- Change security administrator in the FLAIR payroll component to assure segregation of duties and periodically review security roles in People First system.
- Standardize and streamline forms and required employee documentation;
- Review, update, remove, or develop personnel policies as needed.

TACACHALE DEVELOPMENTAL DISABILITIES CENTER (TACACHALE)

Release Date: February 2015 (OIG #140724-02.2)

At Tacachale, we determined that all 21 tested HR actions were properly approved, recorded, and documented; and employees correctly utilized and supervisors approved two types of administrative leave tested: 1) formal investigations and 2) authorized other. Recommendations to Tacachale HR management included:

- Review and limit how social security numbers are used and provide employees a written statement regarding how the social security numbers will be used.
- Take steps to correct employees' IRS W-2 form to accurately report the perquisite value for employees living in state-owned properties for 2012 and 2013, and ensure 2014 values are properly reported.

SUNLAND DEVELOPMENTAL DISABILITIES CENTER (SUNLAND) AND SUNLAND DEVELOPMENTAL DISABILITIES DEFENDANT PROGRAM (DDDP)

Release Date: February 2015 (OIG #140724-02.3)

At Sunland and DDDP, we determined that employees correctly utilized and supervisors approved two types of administrative leave tested: 1) formal

investigations and 2) authorized other. Recommendations to Sunland and DDDP HR management included:

- Improve documentation of pay changes and utilize delivery methods to ensure employees receive notice of final disciplinary actions.
- Ensure DDDP employees complete the Exemption from Public Inspection form.
- Review and limit how social security numbers are used and provide employees a written statement regarding how the social security numbers will be used.
- Take steps to correct employees' IRS W-2 form to accurately report the perquisite value for employees living in state-owned properties for 2011, 2012, and 2013, and ensure 2014 values are properly reported.

FOLLOW-UP AUDIT ACTIVITIES

141203-01 AUDITOR GENERAL REPORT 2015-055, OFFICE OF INSPECTOR GENERAL'S INTERNAL AUDIT ACTIVITY QUALITY ASSESSMENT REVIEW (DECEMBER 2014)

Release Date: June 2015

This report stated that the OIG internal audit activity was adequately designed and complied with during the review period July 2013 through June 2014 to provide reasonable assurance of conformance with applicable professional auditing standards. The report had two recommendations to enhance compliance with Section 20.055, Florida Statutes: 1) specify the resources to be devoted to the projects planned in the OIG Work Plan; and 2) better demonstrate that an appropriate balance is maintained between audit, investigative, and other accountability activities by tracking hours worked by project. This follow-up was performed and it was determined that acceptable corrective actions were taken for these findings.

STATUTORILY REQUIRED ACTIVITIES

140610-01 REVIEW OF PERFORMANCE MEASURES

Release Date: September 2014

In accordance with Sections 20.055(2)(b) and 20.055(8)(c)(1), Florida Statutes, the OIG was involved in the review and validation of the performance measures and related supporting documentation as reported in the Agency's Long Range Program Plan. Our review identified two measures needing correction and management reported they corrected these measures prior to submission. With the corrections made, the measures appeared to be both reliable and valid and supported by the appropriate documentation.

130702-02 RISK ASSESSMENT AND WORK PLAN (2014-2015)

Release Date: July 2014

In accordance with Sections 20.055(6)(i), Florida Statutes, the OIG performed a periodic risk assessment and developed its long term and annual audit plans based on results of the assessment.

140819-01 OIG ANNUAL REPORT (2013-2014)

Release Date: September 2014

In accordance with Sections 20.055(8)(a), Florida Statutes, the OIG prepared an annual report summarizing the activities of the office during the preceding FY.

MANAGEMENT AUDIT ASSISTANCE

During FY 2014-2015, the OIG provided assistance and advice to management on emerging issues and concerns. Examples of assistance included reviewing proposed policy and/or program changes, provider financial statements, and employee-prepared data analyses. Also during this year, the OIG began assisting on a two-year system implementation project described below.

140612-02 CLIENT DATA MANAGEMENT SYSTEM (CDMS) IMPLEMENTATION PROJECT

The OIG serves in an advisory role on the Agency's Executive Steering Committee for the CDMS Implementation Project. The CDMS will provide the Agency with an integrated enterprise client data management system that will automate manual processes, collect data at the client specific and provider specific level so analysis, tracking, reporting, fraud prevention and quality improvement processes can be improved. During the implementation project, the OIG will provide timely feedback to assist management to ensure adequate controls are developed within the system and processes.

EXTERNAL AUDIT ASSISTANCE

The OIG Director of Audit acted as the Agency's liaison on three audits and reviews conducted by outside organizations such as the Office of the Auditor General and the Federal Department of Labor, and other state and federal agencies. For these engagements, the OIG was copied on engagement letters, coordinated entrance conferences, and facilitated all relevant communication between the auditors and Agency program staff. At the conclusion of the audits, the OIG coordinated the exit conference and the Agency's response to the preliminary and tentative findings; and tracked progress on corrective action at the required intervals.

SIGNIFICANT OUTSTANDING RECOMMENDATIONS FROM PRIOR ANNUAL REPORTS

Management has taken corrective actions for all significant OIG audit recommendations identified in the FY 2013-2014 OIG Annual Report.

INVESTIGATIVE ACTIVITIES

The OIG conducts and coordinates investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government. Investigations may be initiated as a result of information received from any number of sources such as Agency managers and employees, whistle-blowers, providers, the general public, and other state agencies and business entities. The

Director of Investigations was responsible for managing and performing investigative activities during the fiscal year, with assistance from OIG staff as available.

Investigative activities include preliminary inquiries; whistle-blower determinations; referrals to other offices, agencies, or departments; and investigations. A preliminary inquiry is a fact-gathering process to determine whether to proceed with a substantive investigation. During the preliminary inquiry process it may be determined that the complaint should be referred to agency management or an external agency or department for resolution. While preliminary inquiries are not published, they do absorb a large portion of our investigative resources. Pursuant to Sections 112.3187-112.31895, Florida Statutes, whistle-blower determinations are performed during preliminary inquiries when required. During FY 2014-2015, the OIG performed 17 whistle-blower determinations.

Table 4 below provides a summary of completed investigative activities (cases) by type performed in FY 2014-2015.

Table 4
Investigative Activities Completed during FY 2014-2015

Type of Investigative Activity	Number of Cases
Investigations	2
Preliminary Inquiries	60
Referrals to management	3
Referrals to other agencies or departments, including law enforcement agencies	3
Total investigative activities	68

During the FY 2014-2015, referrals to law enforcement resulted in one known arrest and two known convictions.

Below are summaries of significant OIG investigative reports completed during FY 2014-2015.

INVESTIGATIVE REPORTS

During FY 2014-2015, two investigative reports were issued.

INVESTIGATIVE REPORT CASE #131122-01

Release Date: August 2014

The OIG received a complaint alleging 13 instances of wrongdoing by individuals at a provider of the Agency. The complaints ranged from undrinkable water to misuse of client funds to medication errors to improper medical care and staff abuse. None of the 13 allegations of wrongdoing was supported.

INVESTIGATIVE REPORT CASE #140820-01

Release Date: October 2014

The OIG received a complaint alleging an Agency employee: 1) was the owner of residential property currently being leased to a licensed group home; 2) was responsible for the placement of a client in that group home; and 3) had a conflict of interest due to the ownership and the employee's responsibilities for the client's placement. The investigation determined: 1) the employee was the owner of the property; 2) was not responsible for the placement, but did approve the form requesting the placement of a client in that group home; and 3) did not have a conflict of interest.

OTHER OIG ACTIVITIES

In addition to performing audits and investigations, the OIG also performs the following services and activities.

OIG REFERENCE CHECKS

A little-known time-consuming duty of the OIG is to perform personnel reference checks against OIG case files and documents for current and former employees. In FY 2014-2015, the OIG performed 232 reference checks for re-hires, promotions, and other personnel actions. This duty will continue to grow as the Agency and OIG case files continue to grow.

COMPUTER SECURITY INCIDENT RESPONSE TEAM (CSIRT)

The CSIRT responds to suspected computer security incidents by identifying and controlling incidents, notifying designated CSIRT responders, and reporting findings to agency management. The OIG is a core member of the CSIRT team for the agency.

ANTI-FRAUD ACTIVITIES

The OIG is responsible for coordinating the Agency's anti-fraud activities. The OIG is a member of and attends bimonthly Inter-Agency Medicaid Fraud and Abuse Meetings hosted by the Agency for Healthcare Administration. Other attendees include the Office of the Attorney General, the Department of Health, Medicaid Program Integrity, the Department of Financial Services, and the Department of Children and Families.

PUBLIC RECORDS REQUESTS

The OIG responded to one public records request under Chapter 119, Florida Statutes during FY 2014-2015.

OIG CONTACT INFORMATION

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