

Office of Inspector General

Annual Report *Fiscal Year 1999*



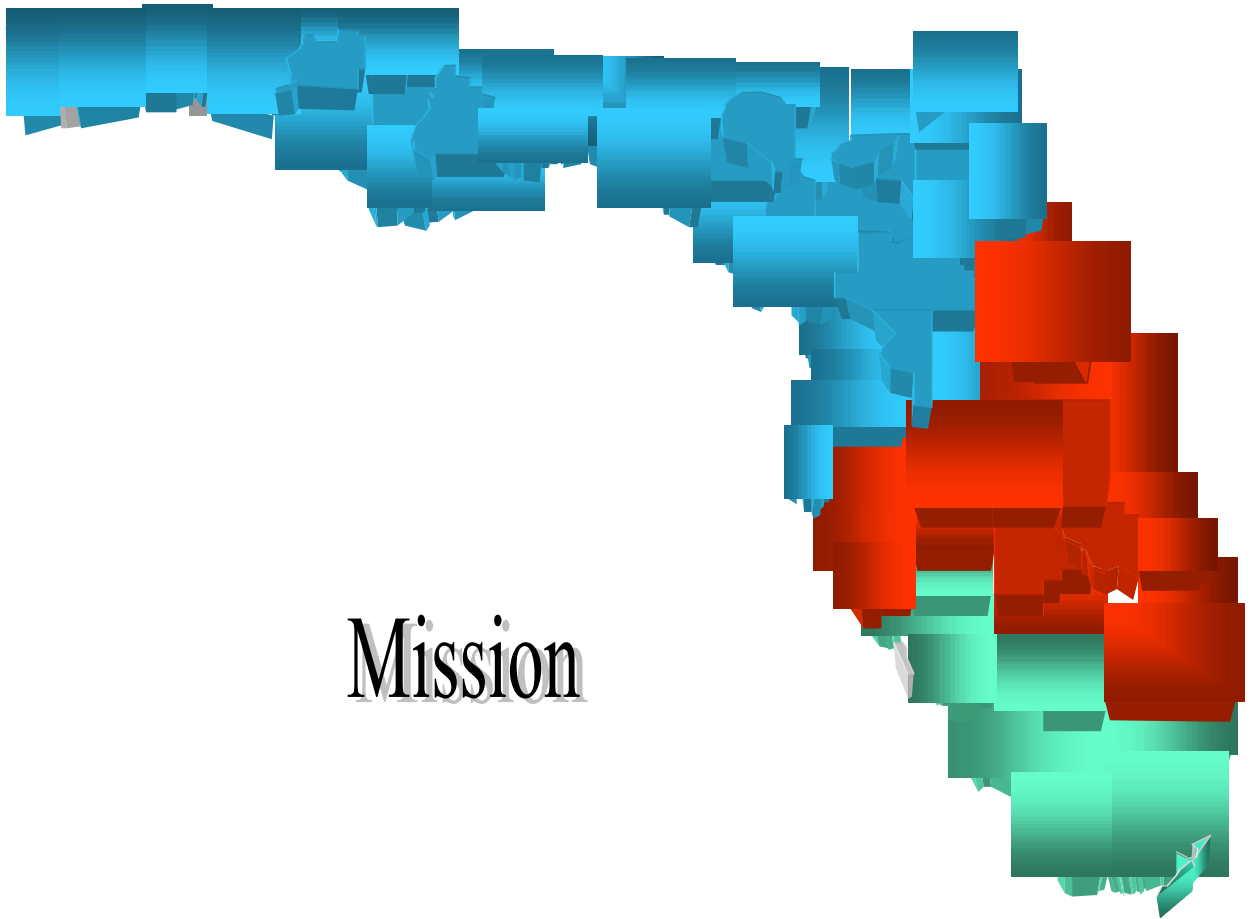
Accountability
Efficiency
Integrity

Committed to working in partnership with local communities to ensure safety, well-being, and self-sufficiency for the people we serve.

Secretary
Judge Kathleen A. Kearney

Inspector General
Guiseppe A. Betta

Office of Inspector General



Mission

*To provide a central point
for coordination
and responsibility of efforts
that enhance accountability, efficiency,
and integrity and deter criminal activities
in the Department of Children and Families.*

The Office of Inspector General Employee's



Code of Ethics

As the central point for coordination and responsibility of activities that enhance public accountability in the Department, every member of the Office of Inspector General (OIG) is personally committed to legally fulfilling the true spirit and intent of the goals and objectives required by §20.055, F.S.

The OIG plays a significant role in the accountability arena, even more so with a Secretary who is totally committed to accountability, as well as the prevention of fraud, waste, and abuse in state government. Public accountability requires demonstrating to taxpayers that their resources are safeguarded and spent according to legal mandates and limitations, that their programs operate economically and efficiently; and, more importantly, that the taxpayer's desired results are obtained. Moreover, the Secretary's mandate to

every employee is that strict adherence to the leadership traits, as promoted by the Department's Leadership Program, is vital to the sustained maintenance of accountability in this Agency.

Since perceptions of the OIG can be as damaging as reality, the professional ethics and personal behavior of OIG staff are issues of great significance. Each employee must maintain unassailably high moral standards, faithful obedience to the law; a strict avoidance or even the appearance of unethical behavior; and an unrelenting self-discipline for independent and objective thoughts and work habits that emulate integrity in every sense of the word. Though it is important for every employee to understand that integrity, objectivity and independence are precursors for accountability in the OIG, or in any agency for that matter, they must also believe in it!

Compromise any of this and the need for an OIG no longer exists!

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Executive Summary

During the past fiscal year, the Office of Inspector General (OIG) eagerly embraced the Secretary's new Department mission: *"The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve."* This mission focuses on greater accountability, efficiency, integrity, and effectiveness for the Department, the clients we serve, and the taxpayers. The OIG will continue to focus on the partnership/teamwork concept.

To validate the philosophy of **partnerships and teamwork**, this office organized task forces with other departments and agencies to combine our expertise, experience, resources, and authority to overcome the ever increasing capability of those who indulge in fraud, waste, and abuse of taxpayer dollars.

This **team approach** was utilized in examining billing irregularities by Nova Southeastern University and investigating fiscal issues and the provision of services to foster children by Lake County Boys Ranch and Outreach Broward. In addition, the auditors utilized the multiple state agency task organized "**team audit concept**" whereby two or more state departments or agencies combine their talents to eradicate fraud, waste, and abuse of state funds. In conjunction with the Department's mission, the Audit and Investigation Units worked jointly with the Office

of the Attorney General, Office of the Comptroller, Office of State Attorney in various judicial circuits, Agency for Health Care Administration, Department of Juvenile Justice, and the United States Department of Justice.

Of particular significance this year was the conception of the **Provider Self-Disclosure Protocol** (Protocol) which will be offered to all contract providers to implement a self-reporting program that may minimize both civil and criminal liability (see **Appendix I**). The Protocol encourages providers to conduct periodic self-assessments of the delivery of services to Department clients, disclose any irregularities noted during the self-assessment, and facilitate the resolution of these irregularities.

The Auditor General conducted a quality control review on the OIG, Office of Internal Audit (OIA), for the period July 1997 through June 1998. The Auditor General report dated September 16, 1998, indicated that the OIA was generally adequate to reasonably ensure compliance with applicable professional auditing standards, OIG policies and procedures, and specific provisions of §20.055, F.S.

In addition, the OIG's Operations Center became fully functional this fiscal year. Its primary goal is to develop a formal training program and provide statistical information and trend analysis data to facilitate management's decision-making processes.

The Operations Center processed reference checks for 4,071 current or former personnel to determine if they had ever been under investigation by this office. Also a total of 437 notifications of alleged serious wrongdoing to include criminal activity by Department employees were processed and tracked statewide. Finally, 197 public records requests were processed for information contained within official OIG files.

The Operations Center also processed 1,656 complaints, letters, or other correspondence. Each document was reviewed and either answered by this agency or referred to another agency or the appropriate district or headquarter's office for action as deemed appropriate; was resolved via telephone or letter; or did not contain enough information to pursue.

The Investigations Unit opened 149 preliminary inquiries and full investigations and completed a total of 138. Of the 138 completed, 30 were preliminary inquiries that did not warrant a full-scale investigation by this office. Reasons included, but were not necessarily limited to, a determination that the issue had already been investigated by another entity, were referred to law enforcement or to another jurisdiction as appropriate.

The Office of Appeal Hearings provides administrative hearings for applicants or recipients of public assistance programs. These hearings are designed to provide due process for individuals who may not be represented and who are not familiar with the administrative hearing process. These hearings provide a cost-effective method to resolve disputes between

individuals and the Department. The office, during this fiscal year, received three additional positions from the Economic Self-Sufficiency Program to address past growth. With these positions, the office was able to complete hearing requests within federal program deadlines.

The Office of Quality Control measures accuracy of public assistance programs through statistical sampling. In the coming year, Quality Control will review over 3,000 cases for accuracy of the Department's eligibility and payment determinations. In addition, Quality Control will review over 300 TANF disability determinations for compliance with the requirements of the settlement agreement reached pursuant to the Spencer v. Bush lawsuit.

As a result of a Medicaid waiver requested by the state, Quality Control will also review Medicare cases to determine if the participants are eligible for Medicaid assistance with their premiums. The Office of Quality Control anticipates being directed by U.S.D.A., Food and Nutrition Service, to review the accuracy of agency disqualifications of food stamp recipients.

The OIG will continue its focus on the concept of partnerships and teamwork utilizing task forces within our own Department and with other departments and agencies. The benefits from this partnership were revealed during the Nova Southeastern University investigation, which resulted in a reimbursement of \$4,149,555 in cash and in-kind services from the contract provider.

Section A: Introduction

This report, as required by §20.055(7), F.S., summarizes the Office of Inspector General's (OIG) authority for FY 1999.

The mission of the OIG, the Department of Children and Families, is to *provide a central point for coordination and responsibility of efforts that enhance accountability, efficiency, integrity, and effectiveness, and deter criminal activities in the Department.* The basic duties and responsibilities of the OIG are to:

- Advise in the development of performance measures, standards, and procedures for the evaluation of the Department's programs.
- Assess reliability and validity of the information provided by the Department on performance measures and standards, and make recommendations for improvement, if necessary.
- Review the actions taken by the Department to improve program performance and meet program standards and make recommendations for improvement, if necessary.
- Direct, supervise, and coordinate investigations, audits, and reviews related to management and operations.
- Conduct, supervise, or coordinate other activities carried out or financed by the Department for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud, waste, and abuse in its programs and operations.
- Keep the Department Secretary informed concerning fraud, waste,

abuses, and deficiencies relating to programs and operations of the Department.

- Recommend corrective action concerning fraud, waste, 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; review as appropriate, rules relating to programs and operations and make recommendations concerning their impact.
- Ensure an appropriate balance is maintained between audit, investigative, and other accountability activities; develop long-term and annual audit plans based upon the findings of periodic risk assessments.

The OIG continues to project the Secretary's intent to improve accountability, efficiency, integrity, and effectiveness by being pro-active. Throughout FY 1999, the OIG continued to realign its personnel resources to enhance the OIG's ability to carrying out its responsibilities.

The OIG realigned regional resources into management teams centrally located into three regional areas. This focuses on positioning OIG staff throughout the state strategically to: extend management out to where the action is; maximize administrative and logistical resource sharing among OIG personnel in Investigations, Quality Control,

Appeal Hearings, and Internal Audit offices; and enhance the potential for synergism among OIG personnel through co-location and consolidation.

The regional supervisors' responsibilities are to provide supervision and feedback to investigators; keep the IG, Chief of Investigations, and district administrators informed; develop investigative plans; provide administrative training support; create an OIG awareness throughout their respective regions; establish cross-training, i.e., Institutional, Child Welfare, Substance Abuse, and Contract Management knowledge; provide input to the OIG fraud, waste, and abuse data system; coordinate task forces and inspection programs; and facilitate communications and understanding of OIG programs and issues.

Effective January 1, 1999, the office finalized consolidation and the regional supervisors assumed administrative responsibility for all regional OIG personnel to include Quality Control, Appeal Hearings, and operational control of investigative personnel.

The investigative regions are staffed as follows:

North Region: Gainesville

1. Regional Inspector Supervisor (1)
2. Regional Inspector (1) Gainesville
3. Regional Inspector (3) Tallahassee
4. Regional Inspector (1) Jacksonville
5. Regional Inspector (1) New Port Richey

Central Region: Orlando

1. Regional Inspector Supervisor (1)
2. Regional Inspector (2) Orlando
3. Regional Inspector (2) West Palm Beach
4. Regional Inspector (1) Tampa

South Region: Miami

1. Regional Inspector Supervisor (1)
2. Administrative Assistant (1) Miami
3. Regional Inspector (2) Miami
4. Regional Inspector (1) Ft. Myers
5. Regional Inspector (1) Ft.Lauderdale

Operations Center

The Operations Center, under the cognizance of the Chief of Investigations, coordinates the activities of three regional supervisors, six information systems/administrative personnel, and fifteen inspectors as included in **Figure A.1:**

1. Chief of Investigations (1)
2. Operations Supervisor (1)
3. Management Review Specialist (1)
4. Operations and Management Consultant II (1)
5. Senior Management Analyst I (1)
6. Administrative Assistant II (1)
7. Administrative Assistant I (1)
8. Regional Inspector Supervisors (3)
9. Regional Inspectors (15)

Office of Inspector General

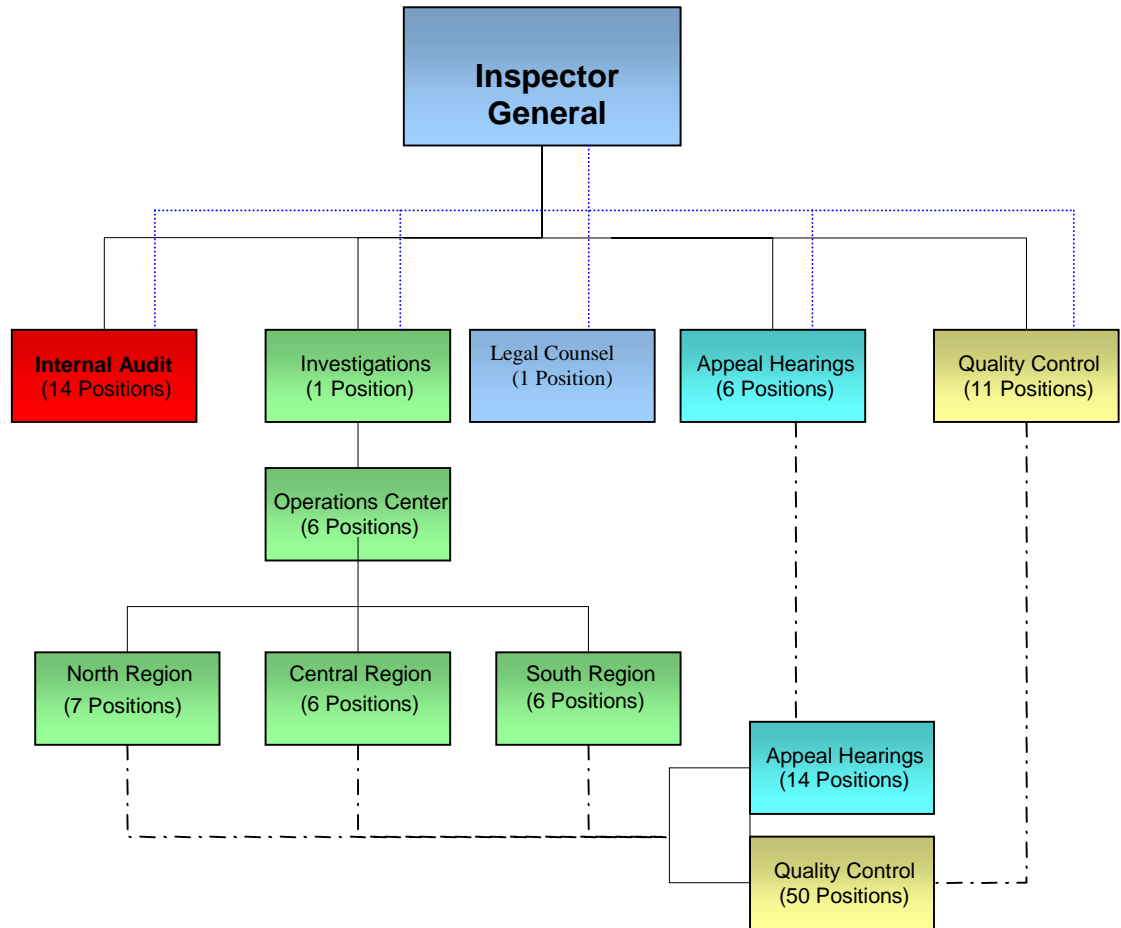


Figure A.1

- Administrative
- Operational
- Legal Counsel

Section B: Office of Investigations

The Operations Center is primarily responsible for correspondence and complaint intake, processing, and tracking. The information is logged into the tracking system and screened for referral to the proper entity for handling. This may include the investigative staff, Department managers, or other agencies. The Operations Center also is tasked with coordinating responses of personnel reference checks on current and former employees who apply for positions within the Department; logging and tracking criminal allegations and dispositions involving Department employees; logging, tracking and responding to public records requests; and logging, updating, and tracking of corrective actions taken on preliminary as well as full investigations. Additionally, the Operations Center is responsible for

collecting, analyzing, and disseminating data for management.

During FY 1999, the Operations Center received a total of 1,656 complaints, letters, or other correspondence for processing. As summarized in **Figure B.1**, the types of written communication included Requests for Investigation from Department Managers, Assignments from the Governor's and Secretary's Offices, Public Records Requests, Serious Incident/Miscellaneous Criminal Activity Notifications, Comptroller Get Lean Hot Line Complaints, and General Complaints from a variety of sources requesting investigations, reviews, or assistance. Sources include, but are not limited to, employees, clients, family members, and private citizens via telephone calls, letters, and personal visits.

Information Received in the Operations Center

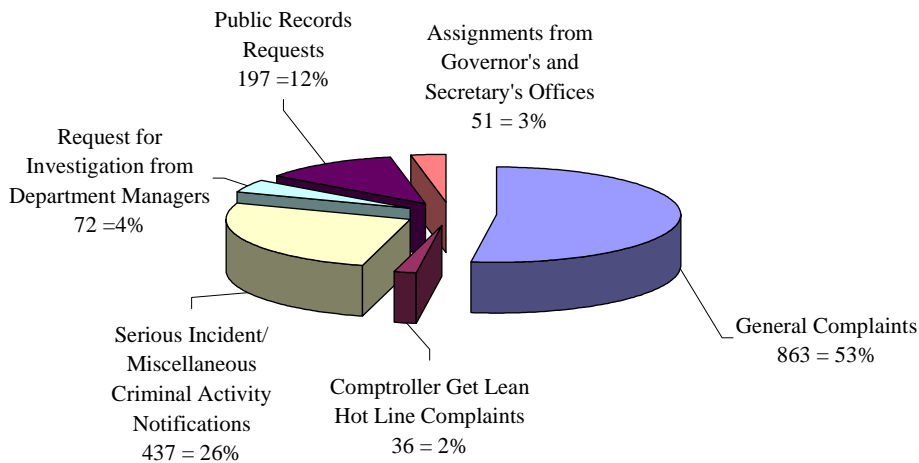


Figure B.1

Note: 1,656 requests for assistance were received by the Office of Investigations

Source: Office of Investigations

Processing of the 1,656 pieces of correspondence occurred in one or more of the following ways: referrals to the Investigations unit for completion of reviews, preliminary inquiries and full investigations; referrals to Department managers for review and response to the Investigations Unit; referrals to other agencies or the appropriate district or headquarters office for handling as deemed appropriate; and resolved via telephone or letter or did not contain enough information to pursue. Of the referrals to Department managers for review and response, each response was reviewed by the Investigations Unit to ensure the complainant’s concerns were adequately addressed and to determine if additional investigative activity was warranted.

The Operations Center processed 4,071 personnel reference checks, **Figure B.2**. The OIG conducts these reference checks on current or former employees prior to rehiring or promotion to determine if they were ever the subjects of an investigation. Additionally, a total of 437 notifications of alleged serious wrongdoing, including criminal activity by Department employees statewide, was reported and tracked. These notifications remain open in the unit until the Department managers report the outcome of the final criminal or administrative actions to the Operations Center. Finally, 197 public records requests were processed for information contained within official OIG records.

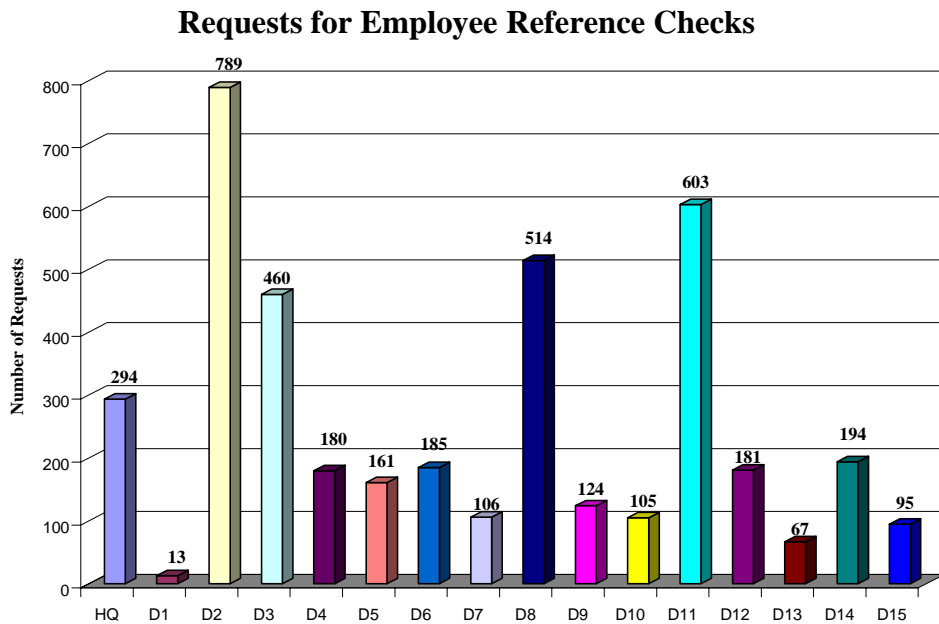


Figure B.2
Source: Office of Investigations

After the Operations Center logs correspondence and complaints, the Chief of Investigations reviews the information for assignment and follow-up to the appropriate regional supervisor for local handling and coordination. Regional staff are responsible for providing assistance to federal, state, and local law enforcement agencies on cases related to possible and actual criminal violations; serve as Department liaison to law enforcement agencies, work in conjunction with other state agencies and administrative entities involving employee or provider misconduct; and to present fact-finding reports of inquiries and investigations for information or action by management.

Requests for assistance or investigations are received via telephone, letters, and office visits. These requests come from a variety of sources such as the

Governor’s Office, the Chief Inspector General’s Office, and other OIGs; legislators; the Department Secretary, managers, administrators and employees; clients; or anyone with a concern about the integrity of the Department’s operations or employees.

During FY 1999, the investigations unit opened 149 preliminary inquiries and full investigations and completed a total of 138. The 138 closed cases consisted of 300 total allegations. **Figure B.3** depicts a breakdown of the types of allegations investigated. Of the 138 completed, 30 were preliminary inquiries that did not warrant a full-scale investigation by this office. Reasons included, but were not limited to, determinations that the issues were already investigated by another entity, were more appropriately referred to law enforcement or another jurisdiction.

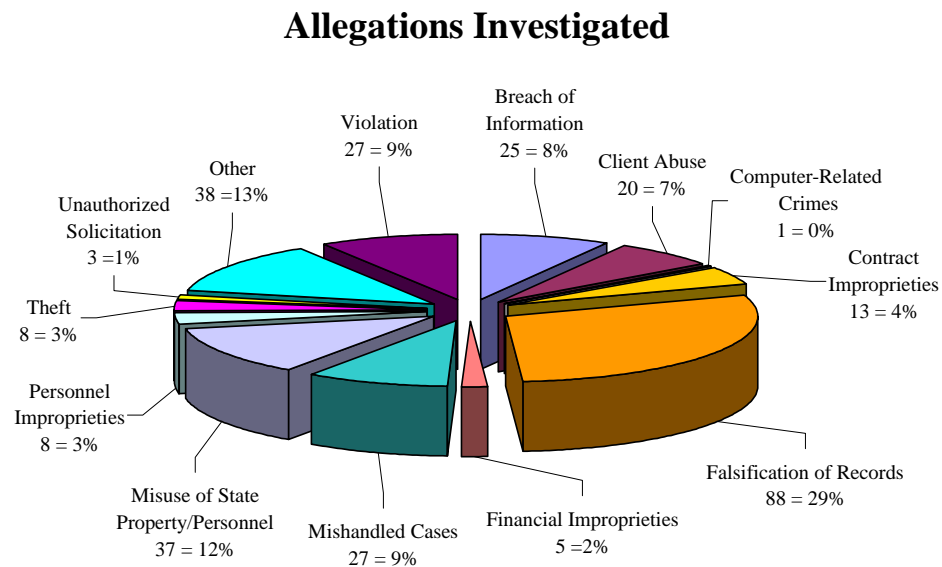


Figure B.3
 Note: Total cases investigated equals 138. Number of allegations for those cases equals 300.
 Source: Office of Investigations

Figure B.4 depicts the regional distribution, including the Operations Center, of

complaints and investigations initiated and completed.

Complaints & Investigations* by Region

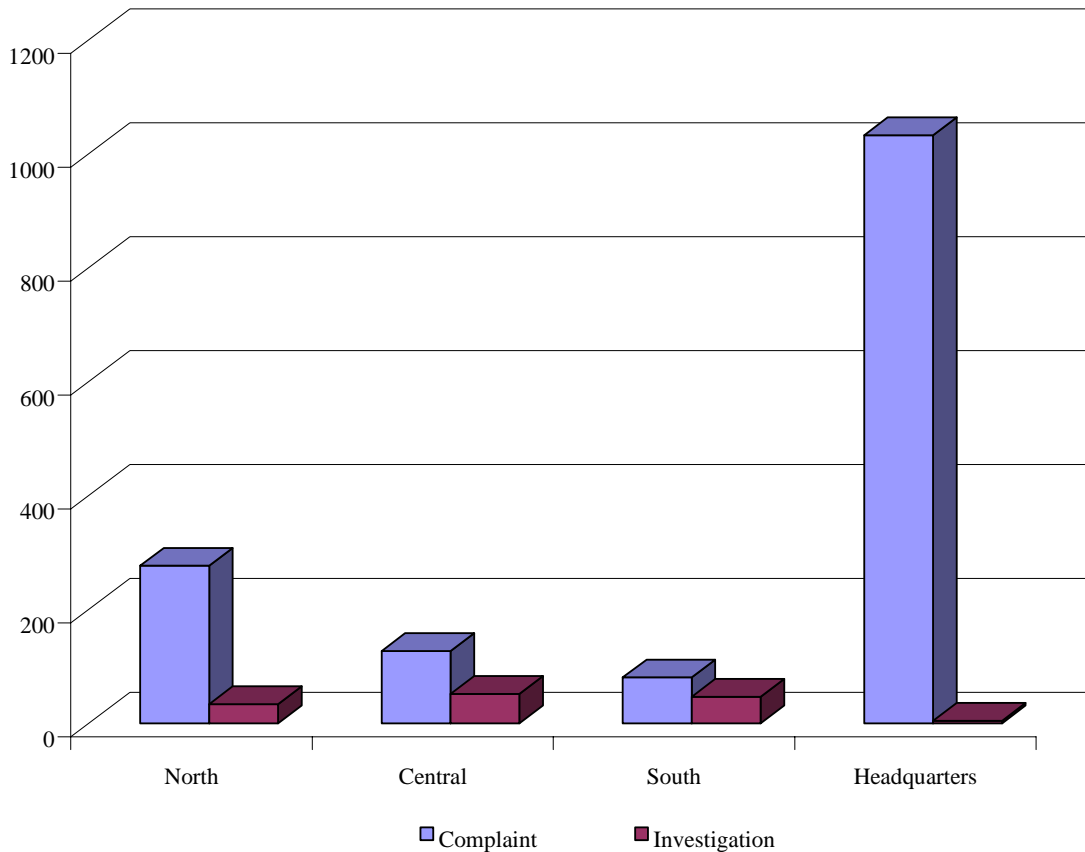


Figure B.4

Note: *Includes preliminary inquiries and full investigations

Source: Office of Investigations

Investigations Highlights

As previously stated, a total of 138 inquiries and investigations were closed by OIG inspectors during FY 1999. A complete listing of those inquiries and investigations is provided at **Appendix II**. Detailed reports of investigations can be provided upon request. The following summaries are preliminary inquiries or full investigations, which represent a

broad spectrum of case types investigated by this office.

Headquarters--Tallahassee, Florida (Inspector General Case #98-0094)

Based upon the results of an employee satisfaction survey conducted by the Economic Self-Sufficiency Services Program Office, an investigation was initiated to determine if a secretary in the

Program Policy Bureau falsified attendance and leave records, and if the secretary's supervisor, a program administrator, condoned the falsifications.

The information obtained supported the allegations. Three coworkers separately documented absences by the secretary during a 90-day period, but the secretary's attendance and leave records did not reflect all of the absences resulting in a variance of 102 hours.

In addition, a comparison of the secretary's attendance and leave records with the timecards of a second employer, police files, and court records disclosed discrepancies totaling 28.5 hours. During the investigation, the inspectors received additional allegations.

The information obtained from law enforcement and court records also supported the allegation that the secretary was arrested and convicted of felony charges involving the theft of merchandise from her second employer. At the time of her arrest on Department property, the secretary was in possession of an unauthorized weapon that was identical to a weapon that she had allegedly used to threaten employees of her second employer.

The information further indicated that the allegations that the secretary and another administrative employee were arrested for other criminal charges were not reported to the OIG as required.

The information obtained supported the allegations that the secretary, her supervisor, and another secretary each made personal, long-distance telephone calls via the state telephone system.

The Department terminated the secretary and her supervisor. The other secretary resigned before the Department could take disciplinary action.

**District 1--Pensacola, Florida
(Inspector General Case #98-0074)**

This investigation was initiated by a complaint received from staff of the headquarters Family Safety and Preservation Program Office. It was alleged that a child care center, under contract with District 1, was billing for services to children who were not in attendance. A client alleged that the child care center was paid for child care services for the entire year of 1997 (approximately \$23,000), even though the client stated her children attended for only two months during that year.

The information did not support the complainant's allegation and reflected that the client's children received child care services for ten months in 1997 and for approximately two months in 1998 at the day care center in question. In addition, it was determined that the client appeared to have "falsely" reported child care expenditures to her food stamp caseworker. A recommendation was made for appropriate staff to review this issue for possible public assistance fraud and appropriate follow-up.

**District 2--Chattahoochee, Florida
(Inspector General Case #98-0065)**

This investigation was initiated at the request of the Florida State Hospital Administrator as a result of allegations relating to theft or diversion of state property, misuse of state property, and the misuse of position and violations of rules pertaining to utilization of inmate labor from the collocated River Junction Correctional Institution.

It was alleged that hospital employees used hospital supplies and equipment for personal use. It was also alleged that hospital employees attempted to induce, alter, or withhold witness information and that one employee threatened fellow employees who reported information. It was further alleged that a contracted employee misused hospital staff and equipment at his private residence; that an employee misused the welding shop resources, including inmate labor, and falsified time sheets; and that this same employee committed theft and misused other state equipment.

The findings of the investigation supported the allegations that attempts were made to induce witness statements or alter and influence information provided to the inspectors and that one employee threatened fellow employees. The investigation determined that hospital employees diverted hospital supplies and equipment for the purpose of constructing personal items. The information did not support the allegations relating to the use of inmate labor or falsified time sheets.

As a result of this investigation, disciplinary actions ranged from documented counseling to suspensions and proposed

dismissals. In addition, a review of Florida State Hospital purchasing and inventory procedures was initiated along with an increased training of staff in a variety of areas.

**District 3--Gainesville, Florida
(Inspector General Case #99-0011)**

This investigation was initiated based upon information provided by a purchasing agent relating to purchasing procedures undertaken in the warehouse at the Tacachale Center. The allegations included purchasing outside of the state contract without authority, sending unsigned purchase orders to vendors, and purchasing large quantities of mattresses that did not meet State Fire Codes. In addition, it was alleged that Tacachale Center management failed to officially notify the purchasing staff that the warehouse supervisor was given authority to sign purchase orders. The authority that was given created administrative problems in purchasing procedures at the Tacachale Center.

The inquiry revealed that management failed to advise staff in the Purchasing Department that the warehouse supervisor was authorized to sign purchase orders and that this failure resulted in unnecessary confusion over purchasing issues. It also revealed that the warehouse supervisor failed to comply with the rules contained in the Florida Administrative Code relating to off-state-contract purchases. The inquiry did not substantiate allegations regarding the purchases of mattresses that did not meet the applicable State Fire Codes.

As a result of this investigation, the warehouse supervisor's authorization to

sign purchase orders was rescinded and a formal procedure for off-state-contract purchases is being developed which includes quarterly audits by the accounting department.

**District 4 -- St. Augustine, Florida
(Inspector General Case #99-0032)**

Based upon an anonymous complaint, an investigation was initiated to determine if a family services counselor falsified a predisposition study by forging her supervisor's signature and failed to obtain the required signatures on a case plan filed with the court.

The information obtained supported the allegations. The counselor admitted that she signed her supervisor's name on the predisposition study while the supervisor was in a meeting. The supervisor previously approved the predisposition study and was aware that the documents would be filed with the court. The counselor also said that this was a common practice when a supervisor was not available. The counselor also admitted that she did not obtain the required signatures on the case plan, but stated that this was because the clients required to sign the case plan refused to do so.

The counselor was not disciplined because this had been an accepted practice. All district administrators were directed to immediately end the practice of counselors signing for their supervisors.

**District 5 -- St. Petersburg, Florida
(Inspector General Case #99-0042)**

This investigation was initiated as a result of allegations that Christmas gifts

intended for clients of the Department were being misappropriated by a family services counselor supervisor for personal use. Allegedly, the supervisor felt that, due to a clerical error, a Department client was going to receive too many gifts and offered a fellow employee a Christmas gift that was intended for that client.

Due to contradictory statements given during interviews of witnesses, the information obtained did not support or refute the allegation. According to the witnesses' statements, clients who were to have received the donated Christmas gifts received them. However, since the donated gifts were wrapped and mixed with gifts intended for numerous clients, it was not possible to determine which client was to receive any specific gift.

**District 5--St. Petersburg, Florida
(Inspector General Case #99-0012-P)**

This case was initiated as a result of allegations that two family services counselors misappropriated donated Christmas gifts intended for Department clients. According to the complainant, she contacted the employees for assistance to identify needy Department clients (children) and what gifts they would like to receive for Christmas.

The complainant requested that only children who could actually attend the Christmas party be on this list. The employees provided the complainant a list of alleged Department clients including gifts the clients had requested. Only 20 of the expected 80 children actually attended the Christmas party.

The employees contacted the complainant and picked up the undistributed Christmas gifts the following day.

The complainant became suspicious that the gifts weren't distributed by the employees and notified District 5 staff. The district initiated an investigation and determined some of the children who received gifts from employees were not Department clients and some of the gifts distributed did not match the gifts collected by the employees. The district then requested assistance from the OIG. The Pinellas County Sheriff's Office was advised of the allegations and initiated a criminal investigation. The OIG provided assistance to the Pinellas County Sheriff's Office when it was requested.

One family services counselor resigned and the other was dismissed by the District 5 Administrator. Both counselors were arrested by the Pinellas County Sheriff's Office and charged with grand larceny and dealing in stolen property.

**District 7 -- Orlando, Florida
(Inspector General Case #98-0064)**

Based upon an anonymous complaint to the district administrator, an investigation was initiated to determine if a family services counselor supervisor used state-funded metered postage for personal use and changed a field assessment test for a favored employee.

During the investigation, two additional allegations were identified to include that the supervisor created a hostile work environment and the supervisor and a family services counselor falsified

records by taking extended lunch breaks and not claiming the additional time on their time sheets.

The information obtained supported the allegations that the supervisor used state-funded metered postage for personal use, created a hostile work environment, and that she and the counselor took extended lunch breaks and did not claim the additional time on their time sheets. The information obtained did not support the allegation that the supervisor changed a field assessment test for a favored employee.

As a result of the investigation, the supervisor received a written reprimand for disruptive conduct and misuse of state property. The supervisor also repaid the state for postage used. Also, the sub-district administrator was to develop a more accountable system for the use of flex time.

**District 7 -- Orlando, Florida
(Inspector General Case #99-0037)**

This investigation was based upon a request from the District 7 Administrator, who alleged an employee had verbally and physically abused a client who was attending a drug rehabilitation program.

The employee admitted to touching the client while pushing the client away when the client attempted to hug the employee. However, two witnesses supported the client's allegation. In addition, the investigation determined that the client's case was not properly transferred to the appropriate district.

As a result of the investigation, the district's program operations administrators were instructed to adhere to the Department's policy regarding case transfers. The employee involved in this investigation resigned.

**District 8 -- Fort Myers, Florida
(Inspector General Case #98-0060)**

This investigation was initiated based upon a complaint from the District 8 Fiscal Department. It was alleged that an operator of a licensed group foster home was submitting multiple travel vouchers to the Department for travel mileage. The billings occurred when the operator transported foster care children to their medical and other appointments.

The information obtained supported the allegation that the expense vouchers were duplicative in miles claimed, and in several instances, reflected overlapping mileage and times.

The investigation also revealed that District 8 paid foster care parents for mileage that should have been submitted to Medicaid for payment. These payments were made contrary to the Department's policy, which states that the Department would not reimburse foster care parents for Medicaid-related travel.

It was recommended that the Family Safety and Preservation Program Office establish and publish a uniform state-wide policy and procedure which all districts must follow regarding Medicaid travel for foster care children.

**District 8--Sarasota, Florida
(Inspector General Case #99-0036)**

This investigation was based upon a request from the Acting District 8 Administrator. An anonymous letter and a fax included a myriad of allegations against employees and supervisors of the Sarasota and Venice Service Centers. These alleged that a family services counselor used state equipment and time to view sexually explicit videos, books and magazines; a supervisor used threatening and abusive language toward employees; employees falsified official documents and conducted personal business on state time; and supervisors failed to accommodate an employee's medical restrictions, showed favoritism with employees, and failed to provide adequate training for employees.

The investigation determined that the workers viewed the administration and supervisors as their enemy, rather than an ally to achieve Department goals, and there were very distinct factions in the two service centers. A significant number of employees believed that administrators and supervisors did little to assist the investigators in their jobs or in rectifying their complaints. Many of the employees who were interviewed believed they proved their allegations, while the administrators and supervisors denied that they did anything wrong or that all employee concerns were not addressed.

The investigation also determined that three of the allegations were supported by the information received by the

inspectors. As a result, disciplinary actions ranging from demotions to terminations were recommended by the district. Also, management changes were made in the district to address the issues and improve employee morale.

**District 9--West Palm Beach, Florida
(Inspector General Case #99-0016)**

This investigation was requested by a District 9 Labor Relations Specialist based upon an allegation that an employee falsified and misrepresented his medical leave request. The employee previously requested and was denied time off for specific dates to attend training for his secondary employer.

This investigation confirmed that during the time period that the employee stated he was under medical supervision, he was “conducting training” for his secondary employer in another state. The employee resigned his position with the Department before disciplinary action could be taken.

**District 10 -- Ft. Lauderdale, Florida
(Inspector General Case #98-0013-P)**

In October 1997, the OIG created a partnership/task force with the Office of the Comptroller, the Medicaid Fraud Control Unit of the Office of the Attorney General, and the Agency for Health Care Administration in order to enhance quality control for large contracts entered into by the State of Florida.

Pursuant to its authority under Chapter 17, F.S., the Office of the Comptroller requested the assistance of the task force and initiated an investigation into alleged billing irregularities in regards to

the contract between the Department and Nova Southeastern University for the provision of mental health services. During the course of this investigation, the task force forwarded to the OIG a list of findings regarding improper contract language, monitoring, and management issues for the Department to address.

The issues involved in this task force investigation were also the subjects of a qui tam legal action subsequently filed in the United States District Court for the Southern District of Florida in March, 1998. On August 19, 1999, the parties to the suit (State of Florida, United States of America, Alan Kent, and Nova Southeastern University) signed a Settlement Agreement under which the University agreed to reimburse \$4,149,555 in cash and in-kind services.

**District 10 -- Ft. Lauderdale, Florida
(Inspector General Case #98-0087)**

This investigation was initiated based upon a complaint received by former Secretary Feaver’s office to determine if the former District Administrator had provided the former Secretary false or misleading information.

The information obtained during the investigation did not support the allegations. However, the information obtained supported that the district failed to maintain records in accordance with the law, policies, and procedures. The district hindered the investigation by making records that were necessary to thoroughly investigate the allegations unavailable for review.

The information obtained during this investigation served as a reminder that

administrators must set the example of ethical conduct and avoid even the perception of any improper relationship with a client or provider. Additionally, administrators must not place themselves in a situation where it appears that their private interest leads to the disregard of their public duty. It was stressed that the Code of Ethics was created because the Florida Legislature determined, *“It is essential to the proper conduct and operation of government that public officials be independent and impartial and that public office not be used for a private gain other than the remuneration provided by law.”*

**District 11--Miami, Florida
(Inspector General Case #98-0105)**

This investigation was initiated based upon an anonymous complaint received by the Office of the Comptroller’s Get Lean Hotline. The complainant alleged that two District 11 employees were providing tests to public assistance specialists in advance of the exam and falsifying typing certificates for their friends. Although information obtained during this investigation did not support the allegations, the investigation did reveal additional information pertaining to improper hiring and promotion practices.

As a result of the investigation, District 11 updated the Knowledge, Skills, and Abilities library to support the recruitment and selection process. In addition, the recruitment for public assistance specialists, interviewing clerks and clerk specialists was centralized. A rotating trained pool of employees from all staff levels will be established to participate in the hiring panels. The Human Resources Division will select the hiring

panels through a random selection process. All human resources staff will receive retraining in confidentiality, personnel rules and procedures, and office protocol.

**District 11 -- Miami, Florida
(Inspector General Case #98-0093)**

At the request of a District 11 employee, an investigation was initiated to address allegations that a program operations administrator (POA) committed improprieties and abused her position. The complainant provided 12 allegations and 7 additional allegations were identified during witness interviews. The investigation substantiated eight allegations and seven allegations were referred to district management for review and appropriate action(s). Four allegations could not be substantiated.

The investigation revealed numerous abuses by the POA. The abuses included directing employees to perform personal errands; directing a transfer of leave time against employees’ wishes; falsification of leave and attendance records; directing employees to destroy official records; and other acts against Departmental policy and procedures.

The POA was suspended for 45 days and was demoted to a lower position with a 15 percent reduction in salary.

**District 13--Tavares, Florida
(Inspector General Case #99-0002)**

This investigation was based upon information provided by the Department’s headquarters’ quality assurance staff following the death of a child.

Twenty discrepancies were noted between Department records, contractor protective services records, and child protection team records. The investigation determined that in seven instances the contractor's records were falsified or inaccurate. No information indicated that Department records or child protection team records were falsified.

As a result of the investigation, the matter was referred to the Office of the State Attorney. Information obtained during the inquiry was subsequently used to evaluate the contractor's performance as a factor in contract renewal.

**District 13--Lake County, Florida
(Inspector General Case #99-0040)**

Based upon a citizen complaint to a Florida Senator, an investigation was initiated to determine if a privatization contractor was negligent in providing protective services to foster children in Lake County. A second private citizen made similar complaints against both the contractor and the Department.

The investigation supported the allegations that falsification of records by the contractor's program supervisor resulted in inappropriate services to one foster child; that the supervisor was negligent in handling services for two other foster children; and that the supervisor failed to make the required notification to the Department regarding dual employment with the contractor while the supervisor was working for the Department.

Other supported allegations included placement of a child into an unsafe foster home by the contractor and the Department, false reporting of therapeutic services for a foster child by a con-

tractor employee, negligent handling of a foster child's trust fund by the Department, unauthorized taking of money from a foster child's relative by a Department employee, and deficient child abuse investigations by Department employees.

As a result of this investigation, the contractor's program supervisor resigned. All but one Department employee involved either resigned or were terminated for negligence in connection with other cases completed before this investigation was conducted.

**District 14 -- Lakeland, Florida
(Inspector General Case #99-0059)**

At the request of the District 14 Administrator, this investigation was conducted to determine if a family services counselor had sexually harassed a fellow employee while both employees were on their own time away from the workplace, and if management failed to take the proper action in response to the complaint. It was also alleged that the same family services counselor threatened mothers of children on his case load to obtain sexual favors.

During the course of this investigation, no independent information surfaced supporting or refuting the allegation of sexual harassment of the fellow employee. There were no witnesses to the incident. The victim employee insisted the incident occurred, while the subject employee said it did not.

The investigation determined that, although management took corrective action in response to the complaint, the program operations administrator incorrectly advised supervisors that no

disciplinary action could be taken for misconduct off the job. The investigation determined that two mothers and a relative of children on the employee's caseload reported that the employee "made them feel uncomfortable" in his presence, but no threats or demands for sexual favors were made of them.

The investigation determined that two other employees had made sexual harassment complaints against the employee prior to the incident resulting in this investigation. In each instance, the victims chose not to file an EEOC complaint. Again, each incident had no witnesses and the employee denied any wrongdoing. Management failed to recognize the incidents as a possible pattern of misconduct and failed to identify the need for a thorough civil rights

investigation.

As a result of this investigation, District 14 sought the assistance of the Office of Civil Rights to provide civil rights training to all staff. A quality assurance review was conducted on closed cases of five clients who were on the employee's caseload to determine if his conduct put others ill at ease and to ensure that no inappropriate behavior occurred. The responses from the clients were either neutral or positive.

This investigation also identified differing statements made on employment applications filed by the employee. Therefore, a review of the applications was conducted. Falsification of records could not be supported.

Section C: Office of Internal Audit

The Office of Internal Audit (OIA) had responsibility for nine major functions during FY 1999: performance audits, contract audits, information system audits, financial audits, single audit function, coordination of responses to external audit reports, assessment of performance measures, preparing a Department risk assessment, and conducting management reviews. These functions are authorized pursuant to Chapter 20, F.S. In addition, internal audits of the security program for data and information technology resources are required by §282.318, F.S.

The Internal Audit Function of the OIG undergoes a **peer review** every three years by the Auditor General. Pursuant to §20.055(5)(f), F.S., the Auditor General is required to review a sample of each agency's internal audit reports to evaluate the extent of compliance by the OIA with current standards for the Professional Practice of Internal Auditing or, if appropriate, generally accepted government auditing standards.

The Office of Internal Audit is managed by a director of auditing, who reports directly to the Inspector General. During FY 1999, the office was composed of 14 positions, all located in Tallahassee. In addition to the Director of Auditing, four of the positions were assigned to conduct performance audits, three for management reviews, one for contract audits, four for information systems audits, and one for staff support. A breakdown of positions by title is shown in **Table C.1**.

INTERNAL AUDIT POSITIONS

Position Title	Number of Positions
Director of Auditing	1
Computer Audit Supervisor	1
Senior Management Analyst Supervisor	2
Senior Management Analyst II	1
Audit Administrator	1
Professional Accountant Specialist	1
Computer Audit Analyst	2
Senior Management Analyst I	3
Senior Professional Accountant	1
Administrative Assistant II	1

Table C.1

Staff certifications are as follows:

- 4 Certified Public Accountants
- 1 Certified Information Systems Auditor
- 2 Certified Internal Auditors
- 1 Certified Public Manager

In addition, three of the employees took the November 1998 and May 1999 Certified Internal Auditor Examination. Also, one employee took the June 1999 Certified

Information System Auditor Examination. Four employees have post-graduate degrees and four have over ten years of auditing experience.

All employees, except the Administrative Assistant II, are members of the Institute of Internal Auditors, participate in various other professional organizations, and attend training seminars to maintain proficiency as an auditor to comply with the continuing education requirements of Government Auditing Standards.

Figure C.1 shows the total staff months available to each unit within the Office of Internal Audit, compared to the total staff months the positions were filled. On a consolidated basis, the Office of Internal Audit had staff positions filled for 114 of the total 143 available staff months. This results in an overall vacancy rate of 20 percent for FY 1999.

As stated in §20.055(5)(h), F.S., “The inspector general shall develop long-term and annual audit plans based upon the

findings of periodic risk assessments.” The risk assessment was completed during FY 1999. The analyses identified 1,166 auditable units that were ranked in order of assessed risk exposure.

The audit plan was used as the basis for audit selection and assignments. Staff assignments were allocated to each functional area in proportion to the number of assigned staff.

The peer review, as previously mentioned, was completed by the Auditor General in September 1998. The Auditor General found that the system of quality control related to the OIG and the internal audit function was generally adequate to reasonably ensure compliance with applicable professional auditing standards, OIG policies and procedures, and specific provisions of §20.055, F.S., which relate to the operation of state agencies’ offices of inspectors general and internal audit functions for the period July 1, 1997, through June 30, 1998.

Total Staff Months Available vs Staff Months Filled

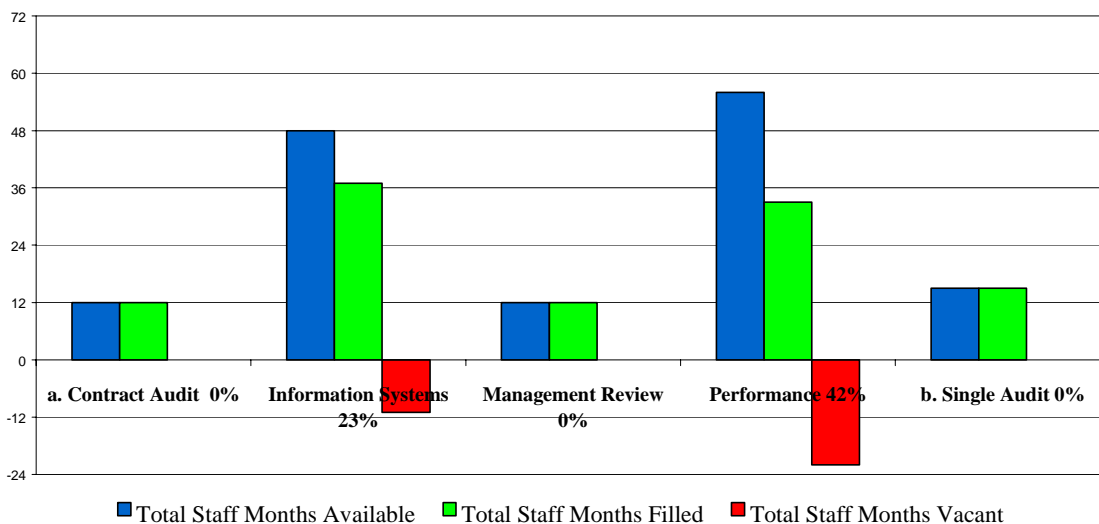


Figure C.1

Notes: a. Contract Audit Unit was established and staffed as of March 1999

b. Single Audit Unit was transferred from Office of Internal Audit during December 1998

Source: Office of Internal Audit

During this fiscal year, OIA conducted ad-hoc assignments originating from the Central Office, districts, the Auditor General, the Legislature, and Federal auditors. **Figure C.2** shows the internal and external customers served through the ad-hoc request process.

The work done in response to ad-hoc requests provided broad range audit coverage to the Department's programs. Distribution of requests by program is shown in **Figure C.3**.

Ad-Hoc Customers Served

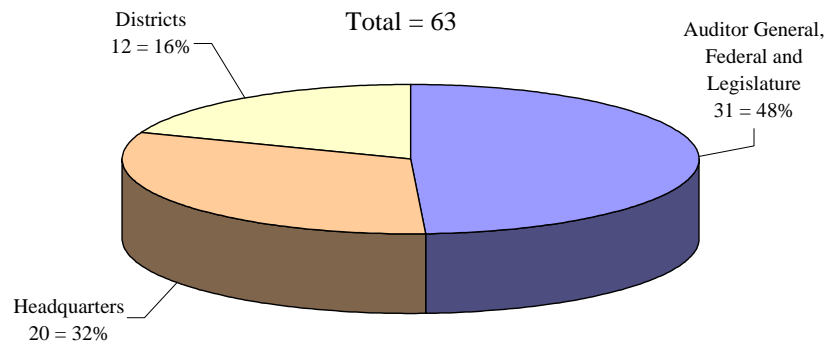


Figure C.2
Source: Office of Internal Audit

Ad-Hoc Requests by Program

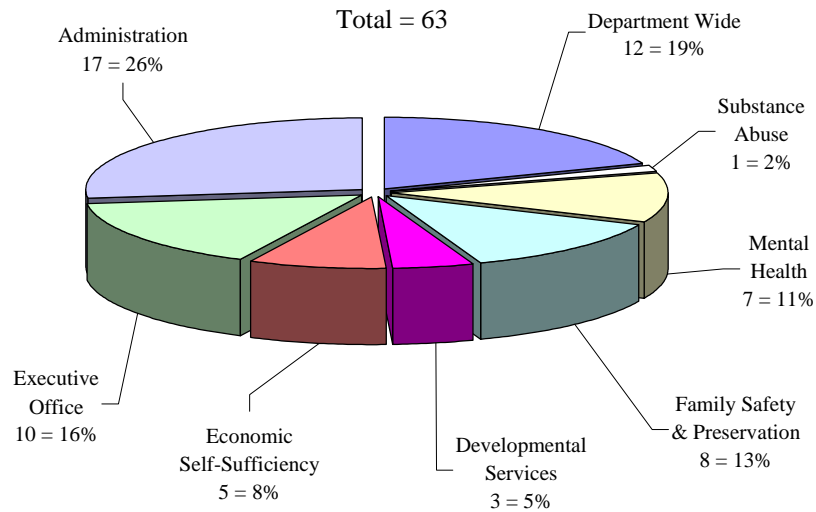


Figure C.3
Source: Office of Internal Audit

Contract Audit

The contract audit function is responsible for conducting audits or reviews of Central Office and district client services' contracts.

Periodic Department risk assessments or specific written requests from management are the primary means through which programs or specific contracts are identified for audit or review. During FY 1999, there were approximately 2,400 contracts outstanding, (not including general service contracts), which awarded a total of approximately \$2 billion to providers and vendors. One position was assigned to this function.

Contract Audit and Review Highlights

The following are highlights of major projects that the contract auditor participated in during FY 1999.

Audit of the use of the Innovation Investment Program for Energy Conservation in State Facilities Grant by South Florida State Hospital (SFSH) for the period July 1, 1996, through June 30, 1998 (A-99-01)

Due to staff shortages in the performance audit unit, the contract auditor conducted this financial and performance audit. The audit was initiated based upon allegations that SFSH had inappropriately spent Mental Health Institutions Grants and Donations Trust Fund (G&DTF) money not allocated to it. Moreover, it was alleged that SFSH had inappropriately spent funds received from the Innovation Investment Program for Energy Conservation in State Facilities Grant.

The audit found that SFSH spent monies from the G&DTF based upon its budget

authority without verifying whether adequate cash was available to it and whether the monies were spent in accordance with the approved purpose. As a result, for the period July 1, 1996, through June 30, 1998, SFSH used \$346,676.07 of its Innovation Energy Grant Cycle I monies for purposes other than for which they were approved. Moreover, during that period, SFSH spent \$206,510.90 of Florida State Hospital's and \$27,301.95 of G. Pierce Wood Memorial Hospital's Innovation Energy Grant monies, as well as \$26,758.66 of various other grant monies in the G&DTF for purposes other than for what they were approved.

The audit determined that the following causes contributed to SFSH inappropriately spending the G&DTF money: (1) although included as a source of revenue for FYs 1997 and 1998 in SFSH's G&DTF approved operating budget, monies received from tenants were not always recorded to the G&DTF; (2) SFSH's G&DTF approved operating budgets for FYs 1997 and 1998 included as sources of revenue, receipts from tenants for which sublease or service agreements either could not be located, or were not executed; and (3) tenants identified as having utilized space on the campus of SFSH were not always included as a G&DTF source of revenue in SFSH's approved operating budgets for FYs 1997 and 1998, nor were the tenants' remittances always recorded to the G&DTF.

As a result of the audit, the Office of the Assistant Secretary for Administration has taken or agreed to take steps designed to implement procedures to minimize the risk of trust funds being spent for purposes other than for what they were approved. Additional funds were also made available to the affected mental health institutions so that they could complete their approved Innovation Energy Grant projects.

Participation in a Task Force Investigating Certain Allegations Against Lake County Boys Ranch (LCBR)

Initiated and coordinated through the Office of the Attorney General Medicaid Fraud Control Unit (MFCU), the Department's contract auditor participated in a task force, that also included staff from the Office of the Comptroller. OIA provided assistance with eight specific tasks that covered the following areas: obtaining descriptions of client services purchased; reconciling payments recorded in the Florida Accounting Information Resource to spreadsheet detail prepared by MFCU staff; obtaining Family Safety and Preservation program policy regarding foster care; reviewing contract procurement methodology; and identifying possible payments made in advance of service delivery. In June 1999, an interim report was issued to the MFCU.

Management Review of District 10 Administration (99-01-M)

Upon removal of the district administrator, the Secretary requested a review of District 10 Administration. Areas reviewed included: payroll, budget, conflicts of interest, and local area network security. The review team identified eight pay increases approved by the former district administrator, which lacked prior approval by appropriate district management and were of a questionable nature. The new acting district administrator temporarily reversed these pay increases, and followed-up to resolve this and several additional findings of the review team.

Contract Audit Reorganization

In order to maintain objectivity and independence, the three positions assigned to the Single Audit Function were transferred to

the Office of Financial Management in December 1998.

Information Systems Audit

The broad objectives of the information systems audit unit are: (1) to provide an independent appraisal of the Department's information systems security and operational control and (2) to assist management by monitoring information systems for compliance with statutes and administrative code. These objectives are accomplished through audits of statewide and district information systems and the organizational units with oversight.

Information Systems Audit Highlights

The following are highlights of the audits and special projects that the information systems audit staff participated in during FY 1999.

Compliance Audit of General Information Security of District 1 Information Systems (A-98-02)

The Office of Internal Audit (OIA) conducted a general compliance audit of information systems security in District 1. The findings and recommendations were as follows:

HRSP 50-18, *Data Security Guide*, is not being used by security officers in each district program.

OIA recommended that the Office of Information Systems at Central Office complete the review and update of HRSP 50-18, *Data Security Guide*. The district should keep and use the current version of HRSP 50-18 until replaced by an official revision. All information systems security policy and procedures should be confirmed through the

Central Office Information Systems Security Officer. The CFOP 5-1, *Publication Index*, should not be relied on solely. OIA also recommended that current written policies and procedures relative to system security that are program-specific and disbursed in a variety of manuals and procedures be consolidated into a master security plan for the district.

The district office lacked a developed and on-going security awareness program that is maintained across all programs.

OIA recommended that continued security awareness be promoted through the district management systems director's office. This may be accomplished through security articles in a district newsletter, the circulation of posters reminding staff of security requirements, as well as other means.

Instances were found in which employees' users IDs were still active after they terminated employment with the Department.

OIA recommended district management comply with operating procedures and Information Resources Security Standards and the Data Security Guide for user ID revocation. Supervisors should be advised during in-service training of the importance of informing the appropriate district security officer of an employee's termination. As a back-up to this process, the district personnel office should ensure that each program's district security officer is provided a copy of COPES EKL255L1, *Terminated Employees Report*, on a biweekly basis in order to verify employee terminations and revoke user IDs of terminated employees.

The district had a 100 percent compliance rate for employee security screening

including fingerprinting, background screening, and signed acknowledgment forms.

Audit Assistance with the Investigation of the "Toys for Tots" Cash Account Control in District 8, Sarasota County.

OIA reviewed a bank account established in District 8 that included "HRS/Toys For Tots" in its name but was preceded by, and in care of, a district employee. The account was a personal account giving this individual sole control. OIA found there was no statutory authority permitting the establishment of an account in behalf of the Department in this manner.

OIA was not provided the necessary documentation to have a basis for a total review of the account. OIA staff reviewed the data available and summarized the results. Available documents indicated that the individual did not maintain accountability of this account. OIA staff could not conclude an overall opinion about how much was received and spent due to the scope limitation.

OIA staff reviewed documents from three years - 1998, 1997, and 1996.

In December 1998, a donation of \$10,000 was made to the Department. The audit disclosed that the donation was not deposited into an authorized Department account, and was not within the Department's control.

HRS Regulation 55-2, *Financial Management Donations* and the Department's Accounting Procedures Manual – Volume 11, Chapter 1, *Clearing Funds and Cash Receipts* – District Procedures provides procedures for establishing clearing accounts and for handling deposits of cash receipts.

Compliance Audit of General Information Security of District 6 Information Systems (A-99-02)

OIA conducted a general compliance audit of information systems security in District 6. The finding and recommendation were as follows:

Signed Security Agreement Forms were not found in 19 out of 65 (29 percent) employee files reviewed.

OIA recommended that the personnel office staff ensure that Security Agreement Forms are signed and retained in each employee's personnel file.

Contract Audit of the Mental Health Association of Greater Tampa Bay, Inc., Drop-In Centers (A-99-03)

OIA conducted a contract audit of The Mental Health Association of Greater Tampa Bay, Inc. (MHA), and its operation of two drop-in centers. Allegations were made, and the Regional Office of Investigations asked for OIA's assistance in looking into consumer complaints that MHA was improperly running two drop-in centers. There were allegations that the state's money was not being spent in accordance with the contract.

The findings and recommendations were as follows:

OIA determined that MHA did not meet 1) the number of days of cash on hand and 2) the current ratio (current assets/current liabilities) requirements of Section 9-4 of the *Guide to Performance Contracting for Alcohol, Drug Abuse and Mental Health Services, 4th Edition*.

OIA recommended that District 5 evaluate the current liquidity position prior to entering into a new contract for delivery of mental health services. OIA also recommended that if District 5 enters into a contract with MHA for the FY 2000, District 5 monitor MHA's liquidity position on a monthly basis to ensure that the MHA improves their ability to meet short-term obligations. Most importantly, OIA recommended that District 5 monitor to ensure MHA maintains sufficient staff to operate the facility and ensure that normal repairs and maintenance are made timely.

MHA did not prepare their financial statements in accordance with generally-accepted accounting principles, as required in the contract.

OIA recommended that MHA prepare its financial statements on an accrual basis consistent with generally accepted accounting principles.

Performance Audit

The objective of the performance audit unit is to provide independent appraisals of management's performance and compliance with applicable laws, rules and regulations in meeting the mission of the Department's programs, operations, functions and activities. Appraisals are furnished to assist management in carrying out duties and responsibilities in the most efficient, effective, and productive manner.

The scope of internal auditing encompasses the examination and evaluation of the adequacy and effectiveness of the organization's system of internal control and the

quality of performance. To this end, internal auditors review the following: the reliability and integrity of financial and operating information, the systems established to ensure compliance with required guidelines, the means of safe-guarding assets, and the economy and efficiency with which resources are employed.

The objective is accomplished by conducting financial related audits, compliance audits, performance audits, and other activities.

The performance audit unit is comprised of four positions: senior management analyst supervisor, professional accountant specialist, senior management analyst I, and a senior professional accountant

Performance Audit Highlights

The following are highlights of major projects the performance audit unit participated in during FY 1999.

Energy Verifications

The Department was awarded approximately \$1.8 million by the Department of Management Services under the Innovation Investment Program for Energy Conservation in State Facilities for seven state facilities participating in the program. The money was awarded for the purchase and installation of energy cost reduction measures and improvements resulting in lower energy costs or greater energy efficiency. The program required the Department to commit for five years and reinvest each year in additional energy reduction measures an amount at least equal to the amount saved the previous fiscal year. The program

required the OIG to validate the energy savings. In completing the verifications, the performance audit unit worked closely with the local utility companies.

The performance audit unit initiated energy verifications for Sunland Marianna, Landmark Learning Center, G. Pierce Wood Hospital, and Marianna Service Center - four facilities awarded a total of \$825,544. The unit completed the verification for Marianna Service Center, which was awarded \$9,300. The review found an estimated annual energy savings of \$278 and 4,277-kilowatt hours. The projected savings that contributed to winning the award was overstated by 89 percent as compared to the estimated dollar savings found.

Assessment of Performance Measures

At the beginning of the fiscal year, the position dedicated to performance-based program budgeting activities was located in the performance audit unit. This position was transferred to the management review unit in March 1999.

OIA staff and staff from the former Office of Standards and Evaluations (now Mission Support and Planning Team) worked together to assess the performance measures in the Mental Health and Substance Abuse Programs. Central Office and district program staff, as well as staff from the three largest provider agencies in those districts were interviewed, and sampled case files in four districts were reviewed. In general, the review determined that improvements should be made with several Mental Health and Substance Abuse measures, the standard setting process, and the use of client assessment instruments.

Risk Assessment

Section 20.055(5)(h), F.S., requires the development of annual audit plans based on the findings of periodic risk assessments. Standards for the Professional Practice of Internal Auditing recommend that risk assessments be used to identify auditable activities and relevant risk factors and assess their relative significance.

The majority of the risk assessment was completed during FY 1998, but finalization and issuance occurred on July 29, 1998, under the direction of the performance audit unit. OIA utilized the risk assessment as a tool for prioritizing future audits. It was divided into four components including program services, provider contracts, and district and statewide information systems, to include 1,166 auditable units identified from program and functional areas. Each auditable unit was evaluated by district and Central Office staff based on a set of predetermined risk factors. Units were ranked according to weighted factors agreed upon by senior management. Auditable units were prioritized and scheduled based upon the highest ranking of assessed risk exposure.

The responsibility for generating the risk assessment was reassigned to the newly created management review unit in March 1999.

The performance audit unit is responsible for effective coordination with the Office of the Auditor General, Office of Program Policy Analysis and Governmental Accountability, and federal agencies, such as, the U.S. Department of Health and Human Services, and the U.S. Department of Agriculture-Food and Nutrition Services.

During this fiscal year, the performance audit unit coordinated 31 external audit liaison activities. These activities included: attending entrance and exit conferences; coordinating, reviewing, and preparing responses to audit recommendations for the Secretary's signature; monitoring corrective action plans; preparing six-month and eighteen-month status reports; preparing the Summary Schedule of Prior Audit Findings; preparing a Report of Major Audit Findings and Recommendations for Legislative Budget Issues.

Although unfinished at the close of FY 1999, audit staff spent considerable time and resources on two audits: Florida State Hospital Internal Control of Cash Handling, District 2; and Home and Community-Based Services Waiver Program Administered by the Developmental Services program office in District 4. Although both audits were near completion, vacancies created by the departure of the lead auditors on both projects stalled completion.

Management Review

In March 1999, the OIG established a management review unit within the OIA as part of its responsibility for activities that promote accountability, efficiency, and integrity. The specific responsibilities of the unit are conducting management reviews, preparing department-wide risk assessments, and assessing the reliability and validity of performance measures. The unit is staffed with a senior management analyst supervisor, a senior management analyst II, and a senior management analyst I.

Section 20.055, F.S., mandates that the OIG assess the reliability and validity of the Department's performance measures and standards.

As previously mentioned, this function was transferred in March 1999 from the performance audit unit. An assessment of the reliability and validity of the Family Safety and Preservation Programs' performance measures was initiated during June 1999.

Management Review Highlights

The following are highlights of major projects the management review staff participated in during FY 1999.

Management Review of the Florida Abuse Hotline (99-02-M)

This management review was based upon a complaint and an investigation of the Abuse Hotline concerning an alleged breach of confidentiality. The objective of this review was to assess management's effectiveness in implementing appropriate internal controls in accordance with applicable Florida Statutes and rules contained in the Florida Administrative Code to achieve Abuse Hotline objectives. The scope was September through December 1998.

The review disclosed the following:

The Abuse Hotline did not have a formal security awareness program for employees who have been granted access to confidential client information.

Employee social security numbers were used inappropriately as user identification codes for access to the Florida Abuse Hotline Information System.

The Abuse Hotline did not receive quality assurance monitoring from the Family Safety and Preservation Program Office.

The Department's Confidentiality Statement was not found in 35 percent of the official employee personnel files reviewed.

User identification numbers were active for 19 percent of terminated Abuse Hotline employee files reviewed.

Counselors received no training to maintain or enhance their assessment skills and overall performance.

Management Review of the Mental Health Program: Allegations Concerning Salaries and Contracts (99-03-M)

This management review was based upon written allegations received in the OIG regarding a poor work environment in the Mental Health Program Office due to management practices. The objectives of this review were to determine the validity of the allegations by evaluating management's practices in controlling the salary budget in 1998 and managing contracts with the Florida Alliance for the Mentally Ill during FYs 1997 and 1998.

The review disclosed the following:

The salary budget was in deficit during the first half of calendar year 1998; however, budget amendments provided for pay actions for certain OPS and career service employees.

Pay actions for certain OPS and career service employees were properly justified and documented.

The Florida Alliance for the Mentally Ill did not meet the terms of the contract in that a minimum of 50 participants did not attend the forums.

Deliverables for the FY 1997 amended contract with the Florida Alliance for the Mentally Ill were documented as completed timely.

Use of State contract funds for lobbying could not be substantiated in the Florida Alliance for the Mentally Ill's audited finan-

cial statements nor the contract file.

Risk Assessment

In June 1999, the management review unit developed a planning document for completing the FY 2000 Departmental risk assessment.

Section D: Office of Appeal Hearings

The Office of Appeal Hearings has responsibility for conducting administrative hearings and making a determination of a final agency action for issues related to an individual's entitlement or receipt of benefits, disqualification from participation in a program or discharge/transfer from a licensed nursing facility.

The office operates pursuant to the following legal authorities:

- §409.285, F.S., Opportunity for Hearing and Appeal.
- Chapter 120, F.S., the Administrative Procedures Act, §120.80, F.S., Exceptions and special requirements; agencies.
- §400.0255, F.S., Resident hearings of facility decisions to transfer or discharge.

The administrative rules for the Department's fair hearing procedures appear in Rule 65-2.042, et seq., Florida Administrative Code, Applicant/Recipient Hearings.

The major controlling federal regulations are as follows:

Temporary Assistance to Needy Families
Personal Responsibility and Work
Reconciliation Act of 1996

Medicaid
42 CFR §431.200, Fair Hearings for Applicants and Recipients

Food Stamps
7 CFR §273.15, Fair Hearings
7 CFR §237.16, Disqualification for intentional Program violation

For independence purposes, the office reports directly to the Inspector General. Federal regulations require a hearing officer to be a state-level employee.

The office has 20 full-time positions and is staffed with an administrator, 2 supervisors, 14 hearing officers and 3 support employees.

In order to deliver services on a statewide basis in the most timely and cost-effective method, the hearing officers are located in different geographical areas. Two each are located in Jacksonville, Ft. Lauderdale, and Miami. One each is located in Tallahassee, Gainesville, Lakeland, St. Petersburg, Orlando, Tampa, West Palm Beach, and Crestview.

All administrative costs for hearings are funded at 50 percent federal administrative trust funds and 50 percent general revenue.

FAIR HEARINGS

The Department is required by the federally-funded assistance programs to offer a "fair" hearing prior to an action to terminate assistance which meets basic due process requirements as contained in Goldberg vs. Kelly, (1970). The Administrative Procedures Act, Chapter 120, F.S., sets forth the state procedural requirements the Department must meet in resolving issues which affect the substantial interest of individuals. The Office of Appeal Hearings has been delegated the authority to complete final agency actions on a variety of issues arising out of most of the federally-funded programs.

The Office of Appeals Hearings holds fair hearings for:

Economic Self Sufficiency

- Temporary Assistance to Needy Families
- Food Stamps
- Medicaid Eligibility
- Refugee Assistance Program
- Individual and Family Grant Program
- Institutional Care Program
- Optional State Supplementation

Medicaid Benefits

Others

- Special Supplemental Food Program for Women, Infants and Children
- Certain Social Services Block Grant Programs
- Certain Child Support Enforcement issues for the Department of Revenue

The following chart, **Figure D.1**, shows the reversal rate for hearing decisions by district.

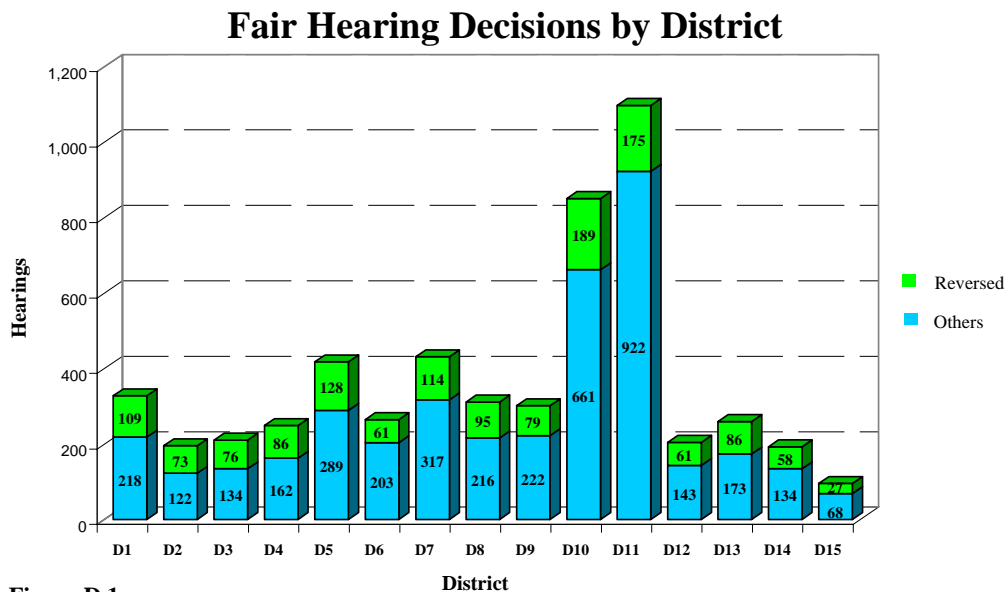


Figure D.1
Source: Office of Appeal Hearings

**NURSING HOME TRANSFER/
DISCHARGE HEARINGS**

The office also conducts hearings to determine whether or not a nursing facility’s decision to transfer or discharge a patient was correct. The facility may only discharge an individual based up on conditions set forth in law. These hear-

ings often involve expert medical testimony on complex medical issues. The hearing officer has the authority to prohibit the discharge of the resident or require the facility to readmit the resident if he/she has already been discharged.

ADMINISTRATIVE DISQUALIFICATION HEARINGS

The Department has the authority to disqualify an individual from receiving cash assistance and food stamp benefits when that individual has been found, through the administrative hearing process, to have committed an intentional program violation. Intentional program violations are such acts as making false or misleading statements, or misrepresented, concealed or withheld facts. The disqualification is for one year for the first offense, two years for the second offense and a lifetime for the third offense.

In addition to the disqualification hearing

requests that result in a hearing, the office tracks cases in which the individual agrees to accept the disqualification penalty and waive his/her right to a hearing. The office processed 7,305 disqualifications for Temporary Assistance for Needy Families or Food Stamp benefits based on signed waivers in FY 1999.

The following chart, **Figure D.2**, shows the amounts of claim dollars that were established by district for intentional program violations. The Department pursues these claims in an effort to recover these funds.

Dollars of Overpayment Associated with Disqualifications

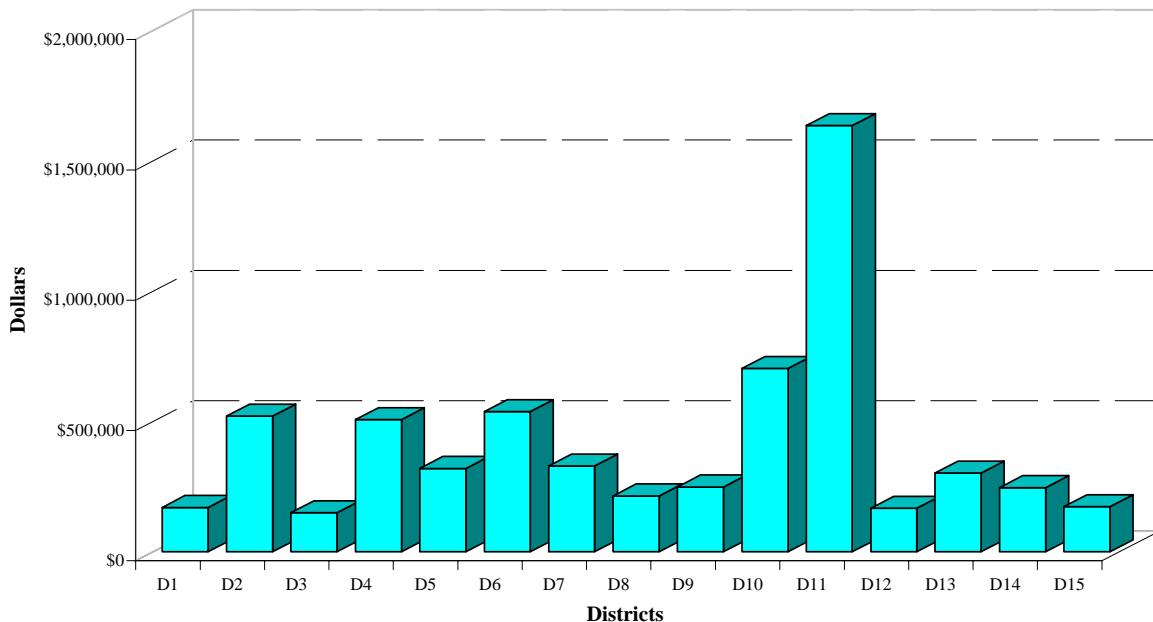


Figure D.2
Source: Office of Appeal Hearings

The following, **Figure D.3**, shows the number of months of program disqualifica-

tion for the cash assistance and Food Stamp Programs.

Months of Program Disqualifications for Intentional Program Violations

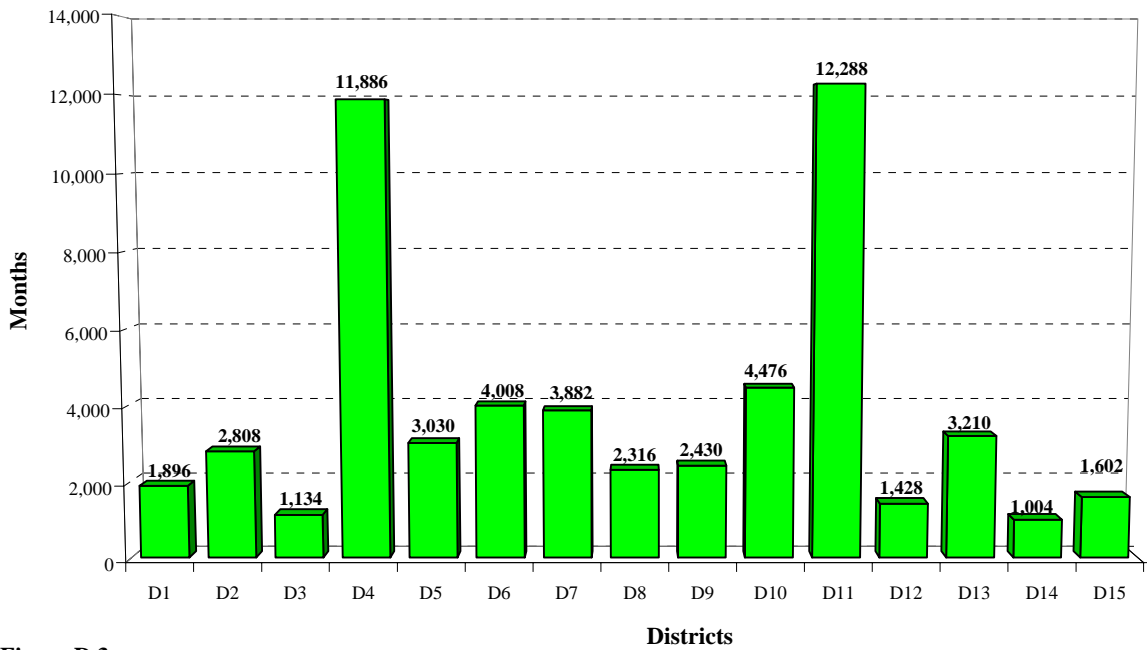


Figure D.3
Source: Office of Appeal Hearings

Section E: Office of Quality Control

The Office of Quality Control is responsible for conducting federally mandated reviews based upon statistically reliable samples of public assistance cases. Reviews provide state and federal administrators with information regarding erroneous payments in public assistance. In addition, findings are used to establish corrective action plans and to correct consistent problems in determining benefits. The federal agencies also use quality control statistics to determine the integrity of the public assistance programs.

State plans for the administration of the Food Stamp and Medicaid programs must provide for a system of quality control in accordance with federal statutes and regulations.

With the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Aid to Families with Dependent Children (AFDC) was replaced by the Temporary Assistance to Needy Families (TANF). Although TANF does not require quality control reviews, Florida is continuing payment accuracy reviews of all programs.

Federal statutes and regulations that provide for quality control are:

Food Stamp Title XIII, Public Law 95-113, 91 §958, Food Stamp Act of 1977, 7 CFR Chapter II, 275.10, Subpart C - **Quality Control Reviews**

Medicaid Title XIX, Social Security Act, 42 CFR Chapter IV, 431.800 Subpart P - **Quality Control Reviews**

ADMINISTRATION OF QUALITY CONTROL

The Office is managed by the Chief of Quality Control who reports directly to the Inspector General. The office is composed of 61 positions located in 7 offices throughout the state. Each unit is supervised by a quality control supervisor with a staff of four to seven analysts and a secretary. The seven offices are located in Jacksonville, Panama City, St. Petersburg, Orlando, Tampa and Miami (two). Headquarters staff is located in Tallahassee. Quality Control is funded at 50 percent federal and 50 percent general revenue for all administrative costs.

PROGRAMS REVIEWED

Quality Control reviews the following program areas:

- Temporary Assistance to Needy Families (TANF)
- Food Stamps (FS)
- Medicaid (Eligibility and Claims)

During FY 1998, Quality Control conducted reviews on 1,440 active food stamp cases, 1,416 active TANF cases and 676 active Medicaid cases. Negative reviews (closures and denials) were completed on 815 food stamp cases, 666 TANF cases and 315 Medicaid cases.

THE REVIEW PROCESS

The quality control review is an in-depth study, which focuses on the accuracy of benefits being paid to a sample of public assistance cases. The majority of cases require a field visit and full-scale review of up to 50 elements of eligibility. Each element must be individually documented using acceptable standards of evidence. In addition to regulations, the federal agencies issue manuals of instruction and other written guidelines to ensure all states operate quality control uniformly. A Report On Findings for each case reviewed is sent to the District Administrator and to the headquarters staff of Economic Self-Sufficiency.

Each review will result in one of the following findings: (1) Correct, (2) Underpayment, (3) Overpayment, (4) Totally Ineligible, or (5) Dropped from the sample. Medicaid reviews have the additional findings of (6) Liability Understated and (7) Liability Overstated.

The U.S. Department of Agriculture re-reviews one-third of the quality control selected food stamp cases to validate the quality control process. Differences in the re-reviews are used in a regression formula to determine the regressed error rate. The regressed error rate is used in determining sanctions imposed against the state.

ERROR RATES

The error rates reflect the percentage of public assistance money that is misspent by the state of Florida. For federal FY 1998, the error rate for Food Stamps was 12.72

percent (Figure E.1) and TANF was 8.11 percent (Figure E.2).

MEDICAID

Medicaid eligibility is determined by the Department, while the Medicaid program is administered by the Agency for Health Care Administration. Quality Control determines the Medicaid error rate and reports this information to the Agency for Health Care Administration. The error rate has been below the 3 percent national tolerance level for several years.

REPORTS AND CORRECTIVE ACTION EFFORTS

Quality Control produces a monthly statistical report which contains information that should help reduce erroneous payments. This report identifies areas of eligibility that contain errors, plus an analysis of what caused the errors. The report further breaks down district and agency-caused errors versus client-caused errors. It also presents trend information comparing the current year with last year. Numerous ad-hoc reports are provided as needed. An annual report is completed at the end of the federal fiscal year which provides additional in-depth district level information

Quality Control staff participate on a statewide Quality Service Committee which meets quarterly to share error rate information and error rate reduction ideas. Quality Control staff is also available to the districts to assist in providing training on topics such as interviewing skills and error reduction techniques.

ERROR RATE SUMMARY FOOD STAMPS

- Statewide Error Rate (FFY 1998) - 12.72%
- Agency errors accounted for 35.32% of the error rate
 - Failed to Act - 61.25%
 - Policy Incorrectly Applied - 35.07%
 - Arithmetic - 3.68%
- Clients Errors Accounted for - 64.68% of the error rate
 - Information Not Reported - 63.06%
 - Willful Misrepresentation - 26.97%
 - Information Incorrect - 9.97%
- Most error prone eligibility element:
 - Household Earnings 52.95%
- 316 error cases of 1,230 cases completed

Food Stamp 5 Year Trend

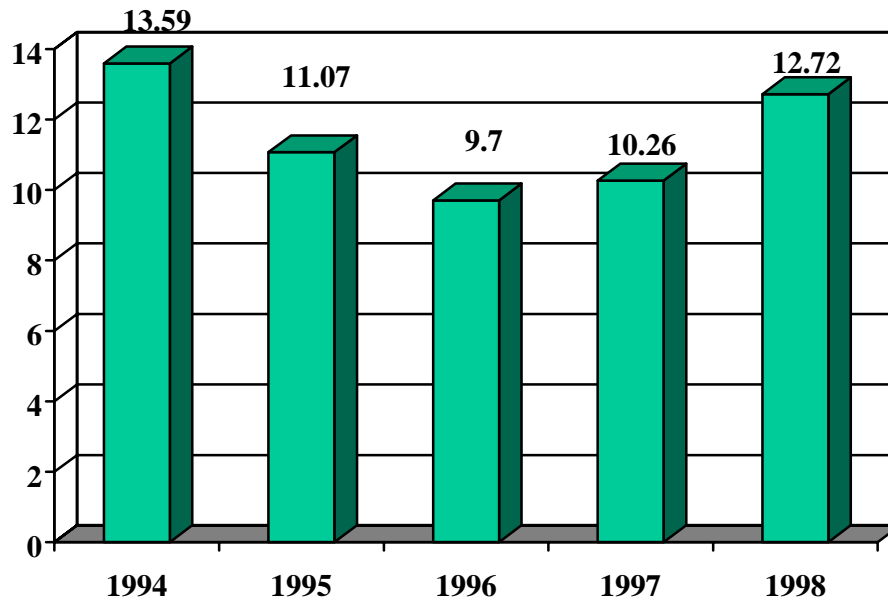


Figure E.1
Source: Office of Quality Control

ERROR RATE SUMMARY TANF

- Statewide Error Rate (FFY 1998) - 8.11%
- Agency errors accounted for 46.71% of the error rate
 - Failed to Act - 52.28%
 - Policy Incorrectly Applied - 39.82%
 - Other - 6.07%
 - Arithmetic - 1.83%
- Client errors accounted for 53.29% of the error rate
 - Information Not Reported - 64.13%
 - Willful Misrepresentation - 32.42%
 - Information Incorrect - 3.45%
- Most error prone eligibility element Household Earnings - 29.45%
- 153 error cases of 1234 cases completed

TANF/AFDC 5 Year Trend

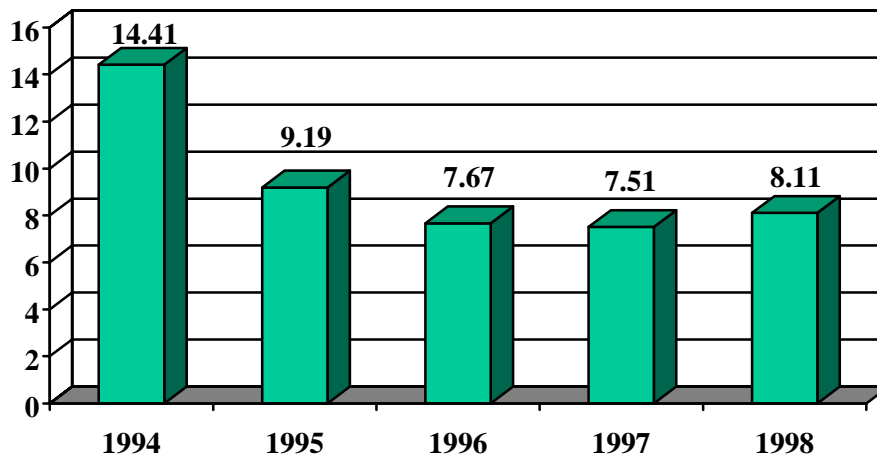


Figure E.2
Source: Office of Quality Control

APPENDIX I

PROVIDER SELF-DISCLOSURE PROTOCOL OFFICE OF INSPECTOR GENERAL DEPARTMENT OF CHILDREN AND FAMILIES

I. INTRODUCTION

The Department's mission says, “. . . committed to working in partnership with local communities to ensure the safety, well being and self-sufficiency for the people we serve.” Clearly, the Department relies heavily upon private providers for many of our clients' services to accomplish this mission. More than \$1.24 billion of the Department's \$3.36 billion budget is expended on contracts and agreements with providers. As the provider of services for the mentally ill, developmentally disabled, and victims of domestic violence, neglect, abuse, exploitation, and unemployment, contractors have a legal, as well as, moral responsibility to ensure integrity when administering these programs on behalf of the taxpayer.

In accordance with §20.055, F.S., the Office of Inspector General (OIG) is the central point for coordination and responsibility of activities that promote accountability, efficiency, and integrity in government. Therein, the OIG is tasked with the responsibility of keeping the Department Secretary informed of fraud, waste, abuses, and deficiencies that relate to programs and operations conducted or financed by the Department. From a proactive perspective, the OIG is also committed to recommending corrective actions to assist providers in instituting measures to identify and report fraud, waste, and abuse. By founding this Protocol, the OIG illustrates a commitment to promote an environment of openness and cooperation.

The purpose of this Protocol is to provide guidance to providers who decide to disclose irregularities that they identify during the fulfillment of these programs. Providers will be encouraged to conduct voluntary self-evaluation and to provide viable opportunities for employees' self-disclosure. There are no pre-disclosure requirements, applications for admission, limitations, or qualifying characteristics that must be met; however, the disclosure must be made in good faith.

II. THE PROVIDER SELF-DISCLOSURE PROTOCOL

The advantage of having a self-disclosure program is to minimize civil and criminal violations. This is done by requiring employees to take an active role to ensure that they increase their efficiency and effectiveness by complying with federal and state laws and improving their image with a self-disclosure program that may also reduce the extent to which authorities attribute criminal intent. This not only improves positive attitudes among employees, but also influences the state's determination to file or not file charges, or to proceed with civil proceedings. When a reasonable effort is displayed by a provider to prevent problems, penalties for noncompliance can be minimized or perhaps totally avoided with timely reporting.

The Provider Self-Disclosure Protocol is intended to facilitate the resolution of matters that, in the provider's reasonable assessment, potentially violate state or federal criminal, civil or administrative laws. Providers who follow this Protocol assist the OIG's verification process and thus diminish the time it takes before a matter can be formally resolved. Matters that exclusively involve overpayments or errors that do not suggest that violations of law have occurred should be brought directly to the attention of the appropriate contract manager. The contract manager will review the circumstances surrounding the overpayment. If a contract manager concludes that an overpayment raises concern about the integrity of the provider the matter will be referred to the OIG.

The OIG is not bound by any findings made by the disclosing provider under the Provider Self-Disclosure Protocol and is not obligated to resolve the matter in any particular manner. Nonetheless, in an effort to coordinate steps or activities that are deemed appropriate to reach an effective and prompt resolution, the OIG will work closely with providers that structure their disclosures in accordance with the Provider Self-Disclosure Protocol. It is important to note that, upon review of the provider's disclosure submission or report, the OIG may conclude that the disclosed matter warrants referral to the Florida Department of Law Enforcement or to the Office of the Attorney General for due consideration by civil or criminal authorities. Alternatively, the provider

may request participation with a representative of these agencies in settlement discussions to resolve any potential liability. In either case, the OIG will report on the provider's involvement and level of cooperation throughout the disclosure process to any other government agency affected by the disclosed matter.

III. VOLUNTARY DISCLOSURE SUBMISSION

The disclosing provider will be expected to make a submission as follows:

A. **EFFECTIVE DISCLOSURE:** The disclosure must be made in writing and must be submitted to the Florida Department of Children and Families, Office of Inspector General, 1317 Winewood Blvd., Building 1, Room 301H, Tallahassee, FL 32399-0700. Submissions by telecopier, facsimile or other electronic media will not be accepted.

B. **BASIC INFORMATION:** The submission should include the following:

1. The name, address, provider identification number(s), contract number and tax identification number(s) of the provider. If the provider is an entity-owned, controlled or is otherwise part of a system or network, include a description or diagram describing the pertinent relationships and the names and addresses of any related entities, as well as any affected corporate divisions, departments or branches. Additionally, provide the name and address of the disclosing entity's designated representative for purposes of the voluntary disclosure.
2. Indicate whether the provider has knowledge that the matter is under current inquiry by a government agency. If the provider has knowledge of a pending inquiry, identify any government entity or individuals involved. The provider must also disclose whether it is under investigation or another inquiry for any other matters relating to a state program and provide similar information relating to those other matters.

3. Provide a full description of the nature of the matter being disclosed, to include: type of claim; monetary impact with supporting documentation, transaction, or conduct giving rise to the matter; names of entities and individuals believed to be involved; an explanation of their roles in the matter; and the relevant periods involved. Include any substantiating or corroborating evidence collected or developed in arriving at conclusions.
4. The type of provider and any provider billing numbers associated with the matter disclosed. Include a list of all state programs affected.
5. The reason(s) why the disclosing provider believes that a violation of state or federal criminal, civil or administrative law may have occurred.
6. A complete description of any actions taken by the provider to stop the unacceptable conduct, as well as disciplinary action taken against corporate officials, employees and agents as a result of the disclosed matter.
7. A certification by the provider or, in the case of an entity, an authorized representative of the disclosing entity, stating that, to the best of the individual's knowledge, the submission contains truthful information and is based on a good faith effort to bring the matter to the Department's attention for the purpose of resolving any potential liabilities to state or federal government.

C. **SUBSTANTIVE INFORMATION:** As part of its participation in the disclosure process, the provider will be expected to conduct an internal review and report its findings to the OIG. The internal review may occur after initial disclosure.

IV. THE OIG'S VERIFICATION

Upon receipt of a provider's disclosure submission, the OIG will begin its verification of the information provided. Matters uncovered during

the verification process, which are outside of the scope of the matter disclosed to the OIG, may be treated as new matters outside the Provider Self-Disclosure Protocol.

As stated in the core contract, the Department shall have full access and right to examine provider contracts and related records and documents without the assertion of privileges or limitations on the information produced. In the course of verification the OIG may request documents or other materials which the OIG may believe are critical to resolving the disclosure. The OIG is prepared to discuss with provider's counsel ways to gain access to underlying information without the need to waive the protections provided by an appropriately asserted claim of privilege.

V. COOPERATION AND REMOVAL FROM THE PROVIDER SELF-DISCLOSURE PROTOCOL

The disclosing entity's diligent and good faith cooperation throughout the entire process is absolutely essential. Accordingly, the OIG must receive data and information from the entity that relate to the disclosed matter without a need to resort to compulsory methods. If the provider fails to work in good faith with the OIG to resolve the disclosed matter, a lack of cooperation will be considered when the OIG assesses appropriate resolution to the matter. Finally, submission of false, misleading, or otherwise untruthful information or intentional omission of relevant information will be referred to the appropriate agency for review and action, as they deem appropriate.

Questions about this document should be directed to Inspector General Guiseppe A. Betta at (850) 488-1225.

APPENDIX II

INVESTIGATIONS BY DISTRICT

FY 1999

<u>DISTRICT</u>	<u>ALLEGATION</u>
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DISTRICT 1

- | | | |
|-----------|-----------|--|
| 1. | 98-0034-P | IMPROPRIETIES BY DISTRICT 1 DEPARTMENT EMPLOYEES |
| 2. | 98-0051 | FAMILY SERVICES COUNSELORS INTENTIONALLY MISSTATED THE ABUSE VICTIM'S STATEMENTS |
| 3. | 98-0074 | CHILD CARE CENTER PAID FOR SERVICES NOT PROVIDED |

DISTRICT 2

- | | | |
|------------|-----------|--|
| 4. | 98-0038 | PERSONNEL NEGLECTED TO REPORT SUSPECTED CHILD ABUSE, MISCONDUCT OF MANAGEMENT STAFF AND BREACH OF CONFIDENTIALITY |
| 5. | 98-0045 | BREACH OF CONFIDENTIALITY |
| 6. | 98-0065 | MISAPPROPRIATION OF STATE PROPERTY, RETALIATION AGAINST EMPLOYEES, MISUSE OF STATE EQUIPMENT, FALSIFICATION OF LEAVE AND ATTENDANCE RECORDS AND IMPEDING INVESTIGATION BY ALTERING OF INFORMATION PROVIDED TO INSPECTORS |
| 7. | 98-0072-P | CONFLICT OF INTEREST AND POSSIBLE FRAUD |
| 8. | 99-0005-P | EMPLOYEES ACCEPTING GIFTS FROM A CONTRACTING FIRM |
| 9. | 99-0019 | PERSONNEL IMPROPERLY ESTABLISHED A CHILD CARE CENTER |
| 10. | 99-0025 | BREACH OF CLIENT CONFIDENTIALITY |

11. 99-0052-P MISCONDUCT BY FAMILY SERVICES COUNSELORS

DISTRICT 3

12. 98-0047 BREACH OF CONFIDENTIALITY
13. 98-0078 UNFAIR HIRING AND PROMOTION PRACTICES TO INCLUDE FALSIFICATION OF RECORDS
14. 99-0011 FAILURE BY MANAGEMENT TO ADVISE DEPARTMENTS OF AUTHORIZED PURCHASING AUTHORITY AND FAILURE TO UTILIZE STATE CONTRACTS FOR PURCHASES

DISTRICT 4

15. 98-0085 A DISTRICT EMPLOYEE UTILIZED OTHER EMPLOYEE'S PERSONAL DATA AND FRAUDULENTLY OBTAINED CREDIT TO PURCHASE ITEMS
16. 98-0086 MISUSE OF COMPUTER SYSTEM TO OBTAIN INFORMATION FOR PERSONAL USE AND FAILURE TO REPORT ALLEGED CHILD ABUSE IN ANOTHER STATE
17. 99-0026-P BREACH OF CONFIDENTIALITY
18. 99-0031 DISTRICT EMPLOYEES FALSIFIED A LEGAL DOCUMENT
19. 99-0032 DISTRICT EMPLOYEE FALSIFIED DOCUMENTS, COMMITTED FORGERY AND FAILED TO COMPLETE A CASE PLAN AS REQUIRED
20. 99-0033 DISTRICT EMPLOYEE MISREPRESENTED OFFICIAL POSITION BY PROVIDING A REFERENCE FOR A FORMER EMPLOYEE THAT SHE DID NOT SUPERVISE
21. 99-0045 BREACH OF CONFIDENTIALITY AND IMPROPER RELATIONSHIP BETWEEN EMPLOYEE AND CLIENT

DISTRICT 5

22. 98-0040 EMPLOYEE OBTAINED CONFIDENTIAL INFORMATION ON FORMER SPOUSE

- 23. 98-0041-P EMPLOYEE FAILED TO PROPERLY COMPLETE A FOSTER CARE ASSESSMENT
- 24. 98-0073 DISTRICT EMPLOYEE REMOVED DOCUMENTATION FROM THE CLIENT'S FILE, DELETED INFORMATION FROM THE FLORIDA ABUSE HOTLINE INFORMATION SYSTEM AND FALSIFIED MILEAGE CLAIMS
- 25. 99-0012-P DISTRICT EMPLOYEES COMMITTED GRAND THEFT AND DEALT IN STOLEN PROPERTY
- 26. 99-0042 DISTRICT EMPLOYEE TOOK CLIENT'S PROPERTY OR FUNDS WITHOUT AUTHORITY
- 27. 99-0043 DISTRICT EMPLOYEE MISUSED POSITION AND FAILED TO PROPERLY INVESTIGATE A CHILD ABUSE CASE
- 28. 99-0044 BREACH OF CONFIDENTIALITY

DISTRICT 6

- 29. 98-0019 FINANCIAL IMPROPRIETIES BY A CONTRACTED SERVICE PROVIDER, FRAUDULENT BILLING PRACTICES AND IMPROPER EXPENDITURE OF FUNDS
- 30. 98-0059 FALSIFICATION OF EMPLOYMENT APPLICATION

DISTRICT 7

- 31. 95-0070 DISTRICT EMPLOYEE COMMITTED FINANCIAL IMPROPRIETIES AND THE REPORTING EMPLOYEE WAS FORCED TO RESIGN AND WAS REFUSED RE-EMPLOYMENT
- 32. 98-0032 BREACH OF CONFIDENTIALITY
- 33. 98-0039 DISTRICT EMPLOYEE UNJUSTLY ENRICHED A SPOUSE BY PLACING A CHILD IN HER DAY CARE FACILITY
- 34. 98-0044-P DISTRICT EMPLOYEE HAD A WEAPON IN THE OFFICE
- 35. 98-0052 BREACH OF CONFIDENTIALITY

36. 98-0054 DISTRICT EMPLOYEE FALSIFIED CASE STUDY DOCUMENTS, FILED A FALSIFIED COURT PETITION, BREACHED CONFIDENTIALITY AND MADE LIBELOUS STATEMENTS ABOUT THE COMPLAINANT
37. 98-0055 BREACH OF CONFIDENTIALITY-CHILD ABUSE CASE
38. 98-0056 BREACH OF CONFIDENTIALITY-CHILD ABUSE CASE
39. 98-0057 BREACH OF CONFIDENTIALITY-CHILD ABUSE CASE
40. 98-0058 BREACH OF CONFIDENTIALITY BY DISTRICT EMPLOYEE AND SUPERVISOR REGARDING A MENTAL HEALTH CLIENT
41. 98-0064 MISUSE OF STATE PROPERTY, FALSIFICATION OF RECORDS AND EMPLOYEE CREATED A HOSTILE WORK ENVIRONMENT
42. 98-0066 FALSIFICATION OF COURT PETITIONS, FALSIFICATION OF CHILD ABUSE INVESTIGATIVE RECORDS AND FAILURE OF STAFF TO NOTIFY THE CLIENT OF REQUIRED CHILD SUPPORT PAYMENTS
43. 98-0075 CONFLICT OF INTEREST, ABUSE OF POSITION, MISCONDUCT, FRAUD, AND OTHER IRREGULARITIES IN PROCESSING STATE ECONOMIC AID FOR CLIENTS, ONE OF WHICH HE IMPREGNATED
44. 98-0077 EMPLOYEE MISCONDUCT, INAPPROPRIATE TOUCHING OF A CLIENT
45. 98-0088-P SUPERVISOR ENGAGED IN DISCRIMINATION, FAVORITISM AND UNETHICAL HIRING PRACTICES
46. 98-0089 NEGLIGENCE, FALSIFICATION OF DOCUMENTS AND CLIENT ABUSE BY A DISTRICT EMPLOYEE
47. 98-0092-P BREACH OF CONFIDENTIALITY-CHILD ABUSE
48. 98-0099-P FALSIFICATION OF TIME SHEETS
49. 98-0100-P FALSIFICATION OF TIME SHEETS AND IMPROPER PERSONAL RELATIONSHIP WITH A CLIENT
50. 98-0106 BREACH OF CONFIDENTIALITY-CHILD ABUSE

51. 99-0001-P PROGRAM ADMINISTRATOR WAS RESPONSIBLE FOR CLIENTS RECEIVING NEGLIGENT CARE AND ALLOWED STAFF TO FALSIFY ATTENDANCE AND LEAVE RECORDS
52. 99-0006-P DISTRICT EMPLOYEES FALSIFIED COURT DOCUMENTS IN REGARD TO PLACEMENT OF CLIENT'S NEW BORN BABY
53. 99-0009 IMPROPER NOTIFICATION TO AUTHORITIES IN REGARD TO MISSING CLIENT FUNDS
54. 99-0014 BREACH OF CONFIDENTIALITY-CHILD ABUSE
55. 99-0015 BREACH OF CONFIDENTIALITY-CHILD ABUSE
56. 99-0020 BREACH OF CONFIDENTIALITY-ADULT EXPLOITATION
57. 99-0030 BREACH OF CONFIDENTIALITY-CHILD ABUSE
58. 99-0034 FALSIFICATION OF RECORDS, MISCONDUCT, ABUSE OF POSITION AND NEGLIGENCE IN PROVIDING TIMELY ACTIONS TO ENSURE MEDICAL CARE FOR CLIENTS
59. 99-0037 DISTRICT EMPLOYEE WAS VERBALLY AND PHYSICALLY ABUSIVE TO A CLIENT
60. 99-0047 SUPERVISOR ALLOWED EMPLOYEE TO MISUSE STATE PROPERTY AND THE PROGRAM ADMINISTRATOR CONDONED THE EMPLOYEE'S ACTIONS
61. 99-0048 SUPERVISORY PERSONNEL ABUSED POSITIONS, CONDONED MISUSE OF STATE PROPERTY AND EMPLOYEES FALSIFIED CASE FILES AND DESTROYED DOCUMENTS FROM THE FILES
62. 99-0051-P DISTRICT EMPLOYEE MADE TWO FALSE ABUSE REPORTS IN AN ATTEMPT TO OBTAIN STATE PUBLIC ASSISTANCE FUNDS
63. 99-0054 MISUSE OF FLORIDA COMPUTER SYSTEM TO OBTAIN INFORMATION FOR PERSONAL USE
64. 99-0055 EMPLOYEE MISCONDUCT-INAPPROPRIATE PERSONAL RELATIONSHIP WITH A CLIENT

65. 99-0064-P FALSIFICATION OF LEAVE AND ATTENDANCE RECORDS

DISTRICT 8

66. 98-0043-P IMPROPER OPERATION AT RIVERSIDE BEHAVIORAL CENTER

67. 98-0060 FALSIFICATION OF TRAVEL VOUCHERS BY PROVIDERS

68. 98-0067 FALSIFICATION OF RECORDS BY G. PIERCE WOOD MEMORIAL HOSPITAL EMPLOYEE

69. 98-0070 MISCONDUCT BY G. PIERCE WOOD MEMORIAL HOSPITAL EMPLOYEES, PROVIDING CONTRABAND TO CORRECTIONAL INMATES, AND FAILURE TO FOLLOW PROCEDURES IN THE HANDLING OF AN INVESTIGATION

70. 98-0082 MISAPPROPRIATION OF STATE PROPERTY AND ABUSE OF POSITION AND STATE TIME

71. 98-0090 FALSIFICATION OF ATTENDANCE AND LEAVE RECORDS

72. 98-0103 EMPLOYEE USED THREATS, NAME CALLING AND INAPPROPRIATE TOUCHING, AND FORGED THE COMPLAINANT'S NAME ON DOCUMENTS

73. 99-0003 DISTRICT EMPLOYEE ESTABLISHED A PERSONAL BANK ACCOUNT IN THE DEPARTMENT'S NAME, COLLECTED FUNDS, AND FAILED TO ACCOUNT FOR THE FUNDS

74. 99-0024 BREACH OF CONFIDENTIALITY-CHILD ABUSE

75. 99-0036 EMPLOYEE MISCONDUCT, ABUSE OF POSITION, FALSIFICATION OF DEPARTMENTAL RECORDS, FILING FRAUDULENT TRAVEL VOUCHERS, FALSIFYING CASE FILE NOTES, FALSIFYING TIME AND DATES OF APPOINTMENTS, FAILURE TO FOLLOW SUPERVISOR'S INSTRUCTIONS, FAVORITISM IN PROMOTIONS, CASE ASSIGNMENTS AND OVERTIME USAGE

76. 99-0057 FALSIFICATION OF DOCUMENTS

77. 99-0073-P MISMANAGEMENT AND MISCONDUCT BY HOSPITAL EMPLOYEES

DISTRICT 9

- 78.** 98-0027 INAPPROPRIATE COMMENTS AND ABUSE OF POSITION
- 79.** 98-0046 BREACH OF CONFIDENTIALITY, CLOSING CASES WITHOUT JUST CAUSE AND MISUSE OF STATE PROPERTY AND TIME
- 80.** 99-0016 FALSIFICATION AND MISREPRESENTATION OF REQUEST FOR LEAVE
- 81.** 99-0023 ABUSE OF POSITION AND FALSIFICATION OF CASE FILE DOCUMENTS AND TRAVEL VOUCHERS
- 82.** 99-0038 ABUSE OF POSITION, BREACH OF CONFIDENTIALITY AND VERBAL THREATS TO CLIENTS
- 83.** 99-0039 FALSIFICATION OF CASE FILES AND TRAVEL VOUCHERS AND ABUSE OF POSITION

DISTRICT 10

- 84.** 98-0003 FINANCIAL MISCONDUCT-MANIPULATION OF INVOICES TO STAY BELOW THE BIDDING THRESHOLD
- 85.** 98-0013-P CONTRACTED PROVIDER KEY STAFF IMPROPERLY BILLED FOR MENTAL HEALTH SERVICES, FAILED TO CORRECT KNOWN BILLING ERRORS AND FAILED TO REPORT OVERBILLING TO THE STATE
- 86.** 98-0037-P CONTRACTED PROVIDER PERMITTED FINANCIAL IMPROPRIETIES BY FAILURE TO REMOVE NAMES FROM PROGRAM ATTENDANCE SHEETS RESULTING IN PAYMENTS FOR SERVICES NOT PROVIDED.
- 87.** 98-0048-P DISTRICT EMPLOYEE MADE FALSE STATEMENTS DURING COURT TESTIMONY AND MISMANAGED HIS CASE FILES
- 88.** 98-0063 BREACH OF CONFIDENTIALITY-CHILD ABUSE
- 89.** 98-0087 DISTRICT ADMINISTRATOR AND DEPUTY DISTRICT ADMINISTRATOR COMMITTED IMPROPRIETIES, ABUSE OF POSITION, MAINTAINED IMPROPER RELATIONSHIP WITH CONTRACT PROVIDERS AND PROVIDED FALSE AND MISLEADING INFORMATION TO THE SECRETARY

- 90.** 98-0096-P EMPLOYEE SEXUAL MISCONDUCT, DEROGATORY REMARKS AND RACIAL SLURS AGAINST CLIENT
- 91.** 98-0097 EMPLOYEE FAILED TO PROPERLY INVESTIGATE CHILD ABUSE CASE
- 92.** 98-0098 DISTRICT EMPLOYEES FAILED TO NOTIFY LAW ENFORCEMENT OF CHILD ABUSE CASES AS REQUIRED
- 93.** 98-0102 DISTRICT STAFF FAILED TO RESPOND TO PUBLIC RECORDS REQUEST, FAILED TO ADDRESS A COMPLAINT AND WITHHELD FALSE INFORMATION TO THE COURT CONCERNING AN ABUSE INVESTIGATION
- 94.** 98-0104 ABUSE OF POSITION FOR PERSONAL FINANCIAL GAIN
- 95.** 99-0013 ABUSE OF POSITION BY DISTRICT ADMINISTRATOR
- 96.** 99-0021 MISUSE OF STATE EQUIPMENT BY FIVE EMPLOYEES
- 97.** 99-0028 ABUSE OF POSITION AND FALSIFICATION OF TIME SHEETS
- 98.** 99-0061 CONTRACT PROVIDER IMPROPERLY SOLICITED DONATIONS FROM CLIENTS' FAMILY MEMBERS

DISTRICT 11

- 99.** 94-0076 FAILURE TO MAINTAIN INTERNAL CONTROLS FOR THE INDIVIDUAL FAMILY GRANT PROGRAM
- 100.** 98-0031-P MISAPPROPRIATION OF STATE OFFICE FURNITURE
- 101.** 98-0036 EMPLOYEE MISCONDUCT AND ABUSE OF POSITION
- 102.** 98-0050-P FABRICATION OF A DOCUMENT BY DISTRICT EMPLOYEE
- 103.** 98-0062 ABUSE OF POSITION BY FORCING AN EMPLOYEE TO RESIGN
- 104.** 98-0076 ABUSE OF POSITION, MISCONDUCT AND FRAUD BY MISUSING AGENCY RESOURCES FOR PERSONAL BUSINESS

105. 98-0079 ABUSE OF POSITION, MISHANDLING OF AN INVESTIGATION AND FAILURE TO RESPOND TO A COMPLAINANT
106. 98-0081-P CONFLICT OF INTEREST WITH A CONTRACT PROVIDER
107. 98-0084 ABUSE OF POSITION, CONFLICT OF INTEREST AND FINANCIAL MISCONDUCT
108. 98-0093 MISUSE AND ABUSE OF POSITION, CONDUCT UNBECOMING AND FALSIFICATION OF RECORDS
109. 98-0095 LANDMARK LEARNING CENTER SECURITY STAFF ABUSED THEIR POSITIONS BY ALTERING AND FALSIFYING RECORDS
110. 98-0101 THEFT OF GOVERNMENT PROPERTY-COMPUTERS
111. 98-0105 ABUSE OF POSITION AND FALSIFICATION OF RECORDS
112. 99-0004 ABUSE OF POSITION BY USING INTIMIDATION TACTICS TO SOLICIT FOOD, MONEY AND DONATIONS
113. 99-0022 MISUSE OF STATE EQUIPMENT FOR PERSONAL GAIN
114. 99-0029 ABUSE OF POSITION AND CONFLICT OF INTEREST
115. 99-0050 ABUSE OF POSITION AND ENGAGING IN IMPROPRIETIES BY ACCEPTING MONEY AND OTHER GRATUITIES
116. 99-0065-P CONFLICT OF INTEREST
117. 99-0067 ABUSE OF POSITION BY SOLICITATION OF MONEY IN EXCHANGE FOR PLACING CLIENTS
118. 99-0079-P MISCONDUCT AND USE OF DRUG AND ALCOHOL DURING WORK HOURS

DISTRICT 12

119. 98-0035 MISUSE OF STATE RESOURCES, ABUSE OF POSITION AND CONFLICT OF INTEREST
120. 98-0080 CONFLICT OF INTEREST BETWEEN DISTRICT EMPLOYEE AND A CONTRACT PROVIDER

121. 99-0035 ABUSE OF POSITION AND MAKING THREATENING TELEPHONE CALLS.
122. 99-0041 ABUSE OF POSITION AND CONFLICT OF INTEREST, INAPPROPRIATELY PLACING A CHILD WITH UNLICENSED CARE GIVERS WHO WERE FRIENDS OF THE EMPLOYEE
123. 99-0068 DISTRICT LEGAL DEPARTMENT ABUSED THEIR POSITIONS, FRAUDULENTLY FALSIFIED AND DESTROYED RECORDS, COMMITTED MALPRACTICE, WILLFULLY PARTICIPATED IN AN IMPROPER COURSE OF CONDUCT WHICH INCLUDED ARBITRARY AND CAPRICIOUS ACTS, ILLEGALLY USED STATE COMPUTER FACILITIES, USED THREATS OF PHYSICAL VIOLENCE TO COERCE AN EMPLOYEE AND COMMITTED SLANDEROUS AND CULPABLE ACTS OF MISCONDUCT.

DISTRICT 13

124. 99-0002 CONTRACT PROVIDER FALSIFIED CHILD CARE CASE FILES BY PROVIDING INACCURATE INFORMATION AND LACK OF DOCUMENTATION
125. 99-0008 EMPLOYEE MISCONDUCT
126. 99-0040 PROVIDER SERVICES INSUFFICIENT FOR CLIENTS, FALSE REPORTS, FAILURE TO PROVIDE THERAPEUTIC SERVICES, MISAPPROPRIATION OF CLIENTS' TRUST FUNDS AND FAVORITISM SHOWN BY DEPARTMENT EMPLOYEES WHO INVESTIGATED THE PROVIDER

DISTRICT 14

127. 98-0071 THEFT OF FOOD STAMPS BY PERSONS UNKNOWN
128. 99-0018 BREACH OF CONFIDENTIALITY AND INAPPROPRIATE CONDUCT
129. 99-0059 EMPLOYEE SEXUALLY HARASSED THE COMPLAINANT, THREATENED COMPLAINANT TO OBTAIN SEXUAL FAVORS AND DISTRICT MANAGEMENT FAILED TO TAKE ACTION WHEN MADE AWARE OF THE HARASSMENT

DISTRICT 15

130. 98-0069-P HARASSMENT BY DEPARTMENT OF JUVENILE JUSTICE EMPLOYEES

HEADQUARTERS

131. 98-0042 CONSPIRACY TO CONCEAL MISSING STATE EQUIPMENT
132. 98-0053-P FALSIFICATION OF EMPLOYMENT APPLICATION AND FALSE NOTARIZED WRITTEN STATEMENT
133. 98-0068 ABUSE HOTLINE BREACH OF CONFIDENTIALITY
134. 98-0083 ABUSE HOTLINE SECURITY BREACH
135. 98-0094 FALSIFICATION OF ATTENDANCE AND LEAVE RECORDS, SUPERVISOR CONDONED MISAPPROPRIATION OF STATE PROPERTY, EMPLOYEES FAILED TO REPORT ARRESTS, UNAUTHORIZED WEAPON ON STATE PROPERTY AND MISAPPROPRIATION OF STATE PROPERTY
136. 99-0007 ABUSE OF POSITION AND MISUSE OF STATE PROPERTY
137. 99-0062-P MANAGEMENT MISCONDUCT TO INCLUDE INAPPROPRIATE EXPENDITURES OF FUNDS, UNFAIR DISTRIBUTION OF SALARY INCREASES, MISMANAGED PROGRAMS AND SEXUAL HARASSMENT
138. 99-0077 BREACH OF CONFIDENTIALITY AND MISHANDLING OF AN ABUSE INVESTIGATION