

Office of Inspector General

Annual Report

Fiscal Year 2000



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
Guiseppa A. Betta

The Office of Inspector General



Employee 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 is personally committed to legally fulfilling the true spirit and intent of the goals and objectives required by §20.055, F.S.

The Office of Inspector General 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 Office of Inspector General can be as damaging as reality, the professional ethics and personal behavior of Office of Inspector General 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 Office of Inspector General, they must also believe in it!

***Violate any of this and the integrity of the
Office of Inspector General is compromised!***

Secretary
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Executive Summary

Chapter 20.055, Florida Statutes, mandates that each state agency shall have an Office of Inspector General that serves as a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

The Office of Inspector General's 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.

Fiscal Year 2000 represented a year of organizational improvements within the Office of Inspector General. The four units within this office (Investigations, Internal Audit, Quality Control, and Appeals Hearings) initiated several operational changes to improve overall efficiency and responsiveness. Examples follow:

- The Office of Investigations redesigned its investigative report writing procedures and trained investigators in areas such as the difference between fact and opinion, attributing statements, interviewing techniques, citing quotations, and addressing allegations.
- The Office of Internal Audit made internal organizational changes to increase the efficiency and utilization of Internal Audit services.
- The Office of Quality Control provided all employees with access to computer networks, which allowed their procedures and instructions to be distributed via e-mail. Access to computers has greatly increased the accuracy and efficiency of all personnel.
- The Office of Appeal Hearings reassigned a supervisory position to the southern region to provide onsite supervision for staff.

The Inspector General continued to emphasize a partnership concept to assure that state agencies work cooperatively to resolve common concerns such as abuse, fraud, and misuse of state resources. This approach was validated when the office organized task forces with other agencies to combine expertise, resources, and authority to investigate and address quality of care and fiscal mismanagement issues in three children's residential services programs.

Though specific measurable accomplishments for each unit can be found within the text of this report, summary highlights follow:

- **Investigations:**
 - Responded to 1,651 complaints.
 - Completed 4,071 personnel reference checks.
 - Received 564 notifications of employee wrongdoing.
 - Processed 148 public records requests.
 - Opened 140 preliminary inquiries and full-investigations and completed 133.

Though it is important for every employee to understand that integrity, objectivity and independence are precursors for accountability in the Office of Inspector General, they must also believe in it!

➤ **Internal Audit:**

- Processed 2 information systems audits, 4 contract audits, 10 management reviews, and 11 performance reviews.
- Participated in Tobacco Settlement Audit with the Agency for Health Care Administration and the Departments of Elder Affairs and Health.
- Participated in a task force investigation resulting in the indictment of Lake County Boys Ranch.
- Participated in the Spencer v. Bush complaint alleging Medicaid applications were not processed in a timely manner. The proposed settlement directed the Office of Inspector General to monitor implementation of a corrective action plan until completed.

➤ **Quality Control:**

- Identified a 9.23 percent error rate for Food Stamps program, a five-year low. Determined that 38.4 percent of the errors were agency-generated; client errors accounted for 61.6 percent.
- Identified a 7.73 percent error rate for Temporary Assistance for Needy Families program, of which 40.3 percent were agency errors and 59.7 percent were client errors.

➤ **Appeal Hearings:**

- Completed 4,981 hearings, of which 721 rulings were made in favor of the client.
- Processed 7,305 disqualification's for Temporary Assistance for Needy Families or Food Stamp benefits with \$4,829,231 in associated overpayment claims.

Finally, the Office of Inspector General provided recommendations to Department program offices regarding problems or concerns identified during the investigation and audit process that require program office or agency resolution. This process will be expanded next year to reflect "best practice" findings identified during investigations and audits. Findings will be shared with the appropriate program managers for consideration and replication to improve efficiency, effectiveness, and accountability.

The following sections provide information on the organizational structure of the Office of Inspector General, definitions and explanations about the internal operations and achievements of the four internal units. Questions regarding the contents of this document may be directed to the Office of Inspector General, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, telephone (850) 488-1225.

Section A: Introduction

As mandated by Chapter 20.055, Florida Statutes, each state agency has an Office of Inspector General that serves as a central point for coordination of activities that promote accountability, integrity, and efficiency in government. The responsibilities of the office are as follows:

- Advises in development of performance measures, standards, and procedures for evaluation of programs.
- Assesses the reliability and validity of information provided on performance measures and standards, and makes recommendations when improvements are needed.
- Reviews actions taken to improve program performance and makes recommendations for improvement.
- Directs, supervises, and coordinates audits, investigations, and management reviews.
- Conducts, supervises, and coordinates activities that promote economy and efficiency and prevent or detect fraud and abuse.
- Keeps agency heads informed about fraud, abuses, and deficiencies and recommends corrective measures.
- Ensures effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies.
- Reviews rules relating to programs and operations and makes recommendations regarding their impact.
- Ensures appropriate balance is maintained between audit, investigative, and other accountability activities.

The Office of Inspector General achieved the above objectives in FY 2000 while embracing the Department of Children and Families' mission *to work in partnership with local communities to ensure the safety, well being, and self-sufficiency of the people we serve*. This report summarizes how the office accomplished these objectives and defines the philosophical direction to be pursued.

The Inspector General continued to stress the need for staff adherence to a Code of Ethics. During the fiscal year, staff participated in training on the following core values:

Honor:

- Staff are taught to be accountable for their professional and personal behavior and that it is a privilege to serve fellow citizens.
- Staff learn that Office of Inspector General employees are to conduct themselves in the highest ethical manner to:
 - be honest and truthful in dealings within and outside the Department;
 - encourage new ideas and deliver bad news forthrightly;
 - make honest recommendations and seek the same;
 - fulfill legal and ethical responsibilities in their public and personal lives;
 - abide by an uncompromising code of integrity;
 - take full responsibility for actions; and,
 - keep one's word.

Courage:

- Staff are taught that courage is the moral and mental strength to do what is right.
- Staff are taught to be loyal to state and fellow citizens by ensuring resources entrusted to them are used honestly, carefully, and efficiently to:
 - meet the demands of the profession and its mission;
 - overcome challenges while adhering to high standards of personal conduct and decency; and,
 - act in the best interest of the agency and citizens without regard to personal consequence.

Commitment:

- Staff work as a team and are expected to exhibit the highest degree of moral character, professional excellence, and competence. Staff are to:
 - show respect toward everyone without regard to race, religion, or gender;
 - strive for positive change and personal improvement; and,
 - foster respect within the organization.

Resource Management

Office of Inspector General resources are aligned into regional management teams centrally located throughout the State. This structure strategically positions staff to:

- Extend management out to where the action is.
- Maximize administrative and logistical resource sharing among personnel in Investigations, Internal Audit, Quality Control, and Appeal Hearings.
- Enhance the potential for synergism among personnel through co-location and consolidation.

Three regional inspector supervisors have administrative responsibility for all regional Office of Inspector General personnel, including Quality Control, Appeal Hearings, and operational control of investigative personnel.

Regional inspector supervisors:

- Provide supervision and feedback to investigators.
- Keep the Inspector General, Chief of Investigations, and District Administrators informed of investigations, happenings, and events.
- Develop investigative plans.
- Create an Office of Inspector General awareness throughout their respective regions.
- Provide input to the Inspector General's fraud, waste, and abuse data system.
- Coordinate task forces and inspection programs.
- Facilitate communications and understanding of Office of Inspector General programs and issues.

The current organizational alignment of the Office of Inspector General is shown in **Figure A.1**. For additional information regarding accomplishments of the

components of the Inspector General’s Office, please see the individual unit summaries in the text of this document.

Office of Inspector General

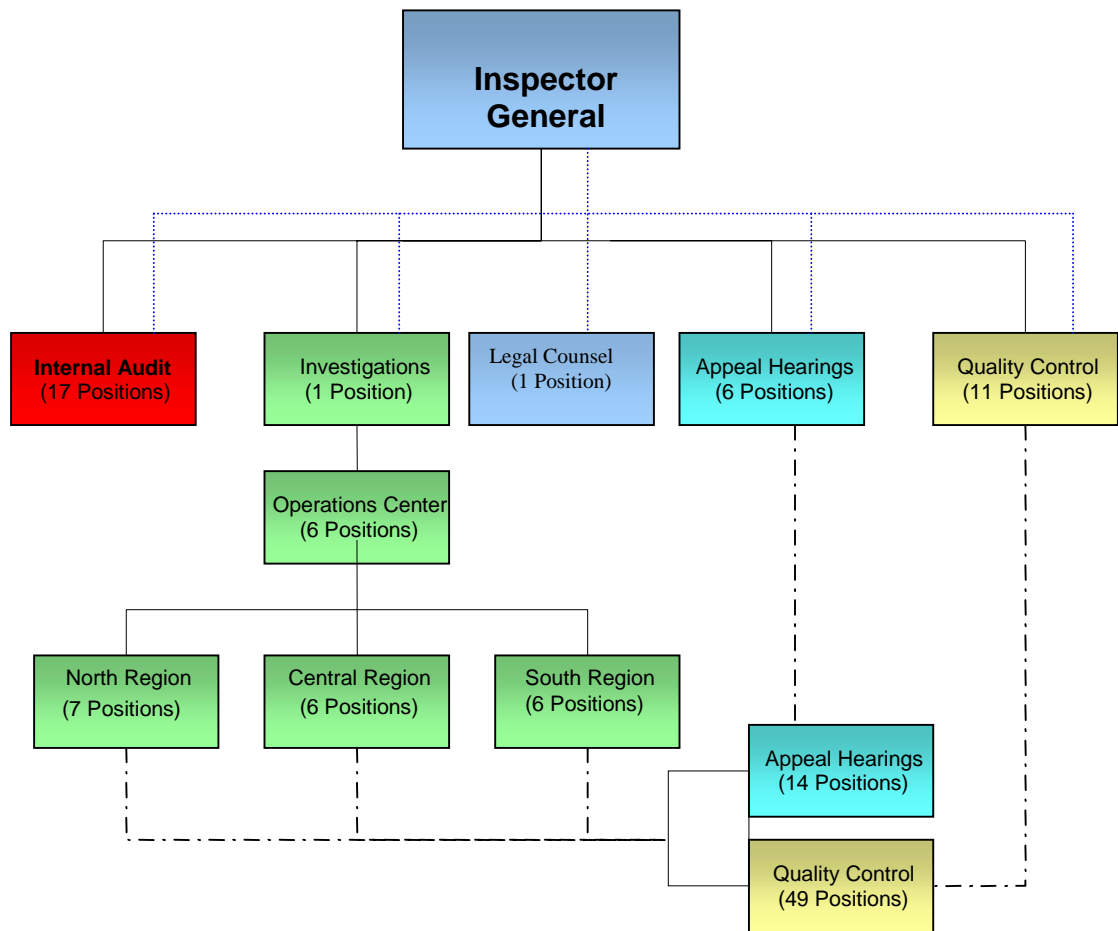


Figure A.1

Reporting Authority

- Administrative
- Operational
- Legal Counsel

Section B: Office of Investigations

The Office of Investigations is a distinct unit within the Office of the Inspector General and is under the direction of the Chief of Investigations. Staffing is as follows:

Chief of Investigations	(1)
Assistant Chief of Investigations	(1)
Management Review Specialist	(1)
Operations Management Consultant II	(1)
Senior Management Analyst I	(1)
Administrative Assistant II	(1)
Administrative Assistant I	(2)
Regional Inspector Supervisors	(3)
Regional Inspectors	(15)

The primary responsibilities of this office include receiving, responding to and investigating complaints alleging fraud, waste, abuse, employee misconduct, malfeasance, and misfeasance. Every complaint is assessed for investigative need and tracked through resolution, regardless of magnitude or severity.

During the assessment process, complaints are screened to determine if the facts suggest possible misconduct by a Department or private agency employee. If a complaint is accepted for full investigation, the office reviews records and interviews relevant witnesses. When completed, the Inspector General reports the findings to the Secretary, and under certain circumstances to the Governor, along with recommendations for discipline, systemic change, or sanctions. The office also monitors corrective actions. When recommendations focus upon a private agency, the Inspector General may work directly with the agency and its board of directors to ensure corrections.

To promote timely responses to the approximately 1,650 complaints received, the office is organized along functional areas of responsibility, intake and investigations. Intake is managed by the Operations Center in Tallahassee. Investigations are handled by regional offices.

Operations Center

The Operations Center is responsible for intake of correspondence and complaints. Each complaint is reviewed for thoroughness, assigned a tracking number, and entered into an automated tracking system. Although most complaints are received by the Operations Center, regional offices also receive complaints and, within seven days of receipt, forward the complaint with recommendations to the Operations Center.

As part of the intake process, the Operations Center evaluates each allegation and determines if an investigation is warranted. If so, the complaint is assigned to the appropriate regional office. In some cases, a preliminary inquiry is requested to determine if circumstances require a full investigation. Most of the complaints involve management practices or policy issues and are forwarded to Department managers for follow-up. In such cases, the manager is asked to provide a written summary of findings.

Other Operations Center responsibilities include: coordination of personnel reference checks; responding to public records requests; tracking corrective action(s); and tracking, analyzing, and disseminating statistical information.

During FY 2000, the Operations Center received a total of 1,651 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 or miscellaneous criminal activity notifications, comptroller get lean hotline complaints,

and general complaints from a variety of sources requesting investigation, management review, or assistance. Sources include, but are not limited to, employees, clients, family members, and private citizens via telephone calls, letters, and personal visits. Figure B.2 depicts the regional distribution, including the Operations Center, of complaints and investigations initiated and completed.

Information Received in the Operations Center

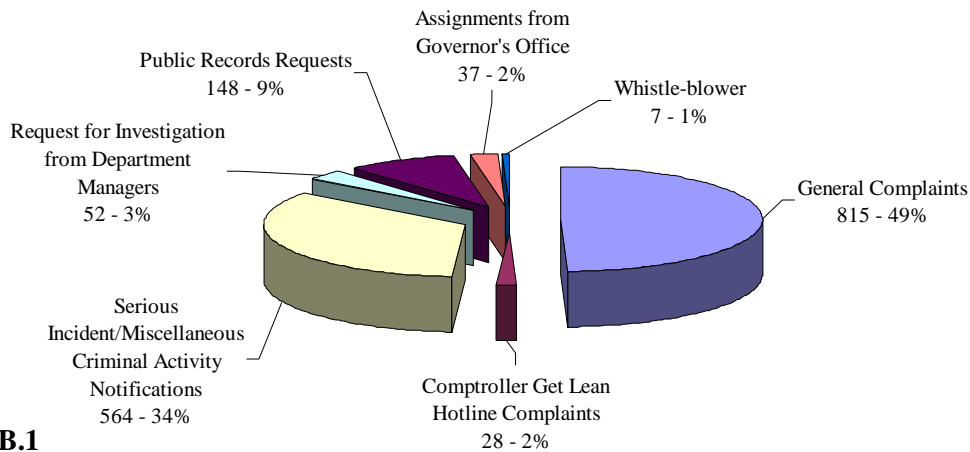


Figure B.1
Source: Office of Investigations

Complaints & Investigations* by Region

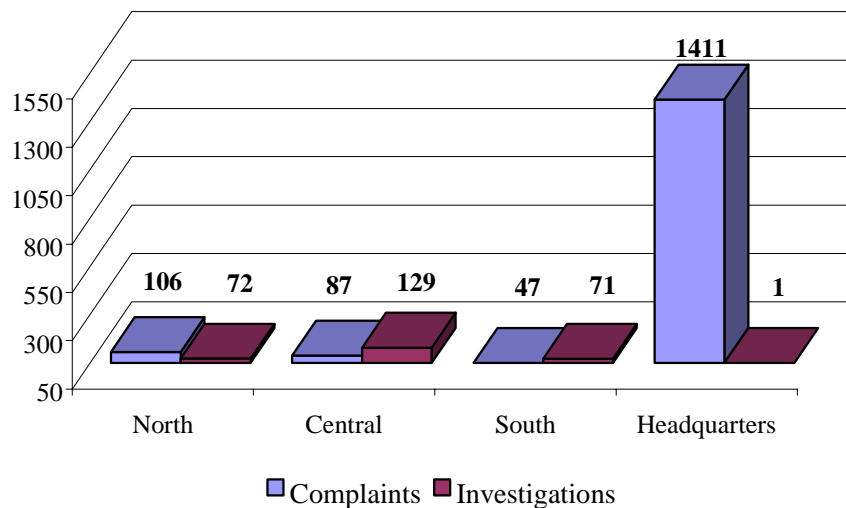


Figure B.2
*Includes preliminary inquiries and full investigations opened and closed during FY 2000
Source: Office of Investigations

Processing the **1,651** pieces of correspondence occurred in the following ways:

- referral to Investigations for completion of review, preliminary inquiry, or full investigation;
- referral to a Department manager for review and response;
- referral to another agency or the appropriate district or headquarters office for handling;
- resolved by telephone or letter; or, did not contain enough information to pursue.

Referrals to Department managers require review and a response to the Office of Investigations. Each response was reviewed by the Investigations Unit to ensure that the complainant’s concerns

were adequately addressed and to determine if additional activity was warranted.

The Operations Center also processed 4,071 personnel reference checks, Figure B.3. The checks were conducted on current or former employees prior to rehiring or promotion to determine if the individuals have ever been the subject of a complaint or investigation. Additionally, 564 notifications of alleged serious wrongdoing, including criminal activity by Department employees, were reported and tracked. These notifications remain open until Department managers report the outcome of the final criminal or administrative action. Finally, the office processed 148 public records requests for information contained within official Office of Inspector General records.

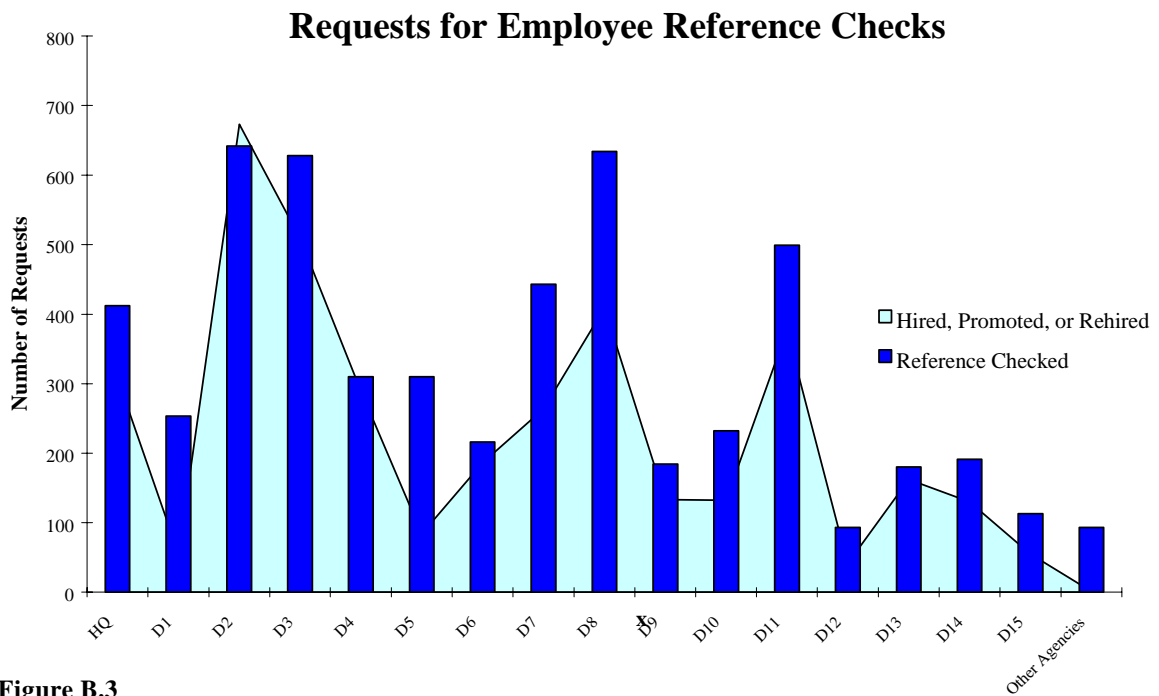


Figure B.3
 (Compares the number of personnel hired, promoted, or rehired against the number of reference checks conducted)
 Source: Office of Investigations

Regional Offices

The three regional offices (North, South, and Central) are staffed by fifteen inspectors and three supervisors who conduct full investigations and preliminary inquiries. Regional offices also provide some intake responsibilities in addition to investigating allegations of misconduct and wrongdoing.

Regional inspectors' responsibilities include:

- identifying corrective measures and developing recommendations based on their findings;
- providing assistance to federal, state, and local law enforcement on cases related to possible and actual criminal violations;
- serving as Department liaisons to law enforcement agencies;
- working in conjunction with other agencies and entities involving employee or provider misconduct;
- presenting fact-finding reports of inquiries and investigations for information or action;
- keeping the Inspector General, Chief of Investigations, and district administrators informed of findings; and
- contributing to, or creating, an Office of Inspector General awareness throughout the regions.

Staffing:

North Region: Tallahassee (7)

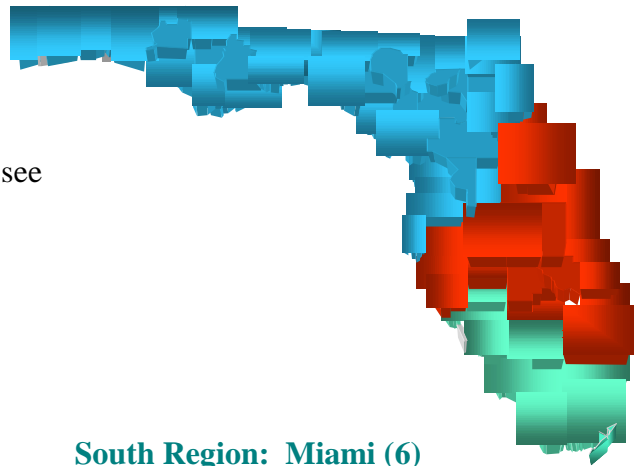
Regional Inspector Supervisor (1) Tallahassee
 Regional Inspector (1) Gainesville
 Regional Inspector (3) Tallahassee
 Regional Inspector (1) Jacksonville
 Regional Inspector (1) New Port Richey

Central Region: Orlando (6)

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

South Region: Miami (6)

Regional Inspector Supervisor (1) Miami
 Administrative Assistant (1) Miami
 Regional Inspector (2) Miami
 Regional Inspector (2) Hollywood (for the majority of the year one position was in Ft. Myers; however, it was moved for a better distribution of resources)



During FY 2000, the investigations unit opened 140 preliminary inquiries and full investigations and completed a total of 133. The 133 closed cases consisted of 294 allegations. Figure B.4 depicts a breakdown of the type of allegations investigated.

Of the 133 investigations completed, 25 were preliminary inquiries that did not warrant a full investigation. Reasons included determinations that the issues were already investigated by another entity, referred to law enforcement, or referred to another jurisdiction.

Allegations Investigated

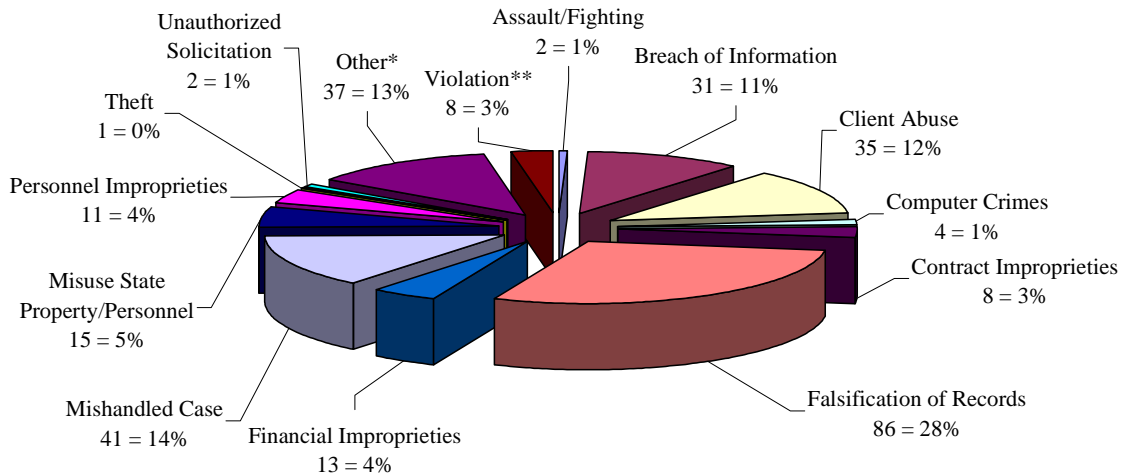


Figure B.4

Source: Office of Investigations

* Other allegations include gambling, excessive absences from work, reporting to work under the influence of alcohol or drugs, trading or trafficking with a client; and possessing, selling, drinking alcoholic beverages or non-prescribed drugs.

** Violation allegations include violations of ethics such as a conflict of interest; sexual harassment; civil rights; safety and security procedures; and statutes, rules, and regulations.

Allegations from the previous fiscal year reflect no significant change when compared to FY 2000 (**Figure B.5**). Note some decrease in the misuse of state property or personnel and in the violation category that consists of ethics, civil rights, safety, or breaches of security.

Please note some increase in the following types of allegations:

- client abuse,
- breach of information, and
- mishandling of case.

Comparison of Allegations Investigated

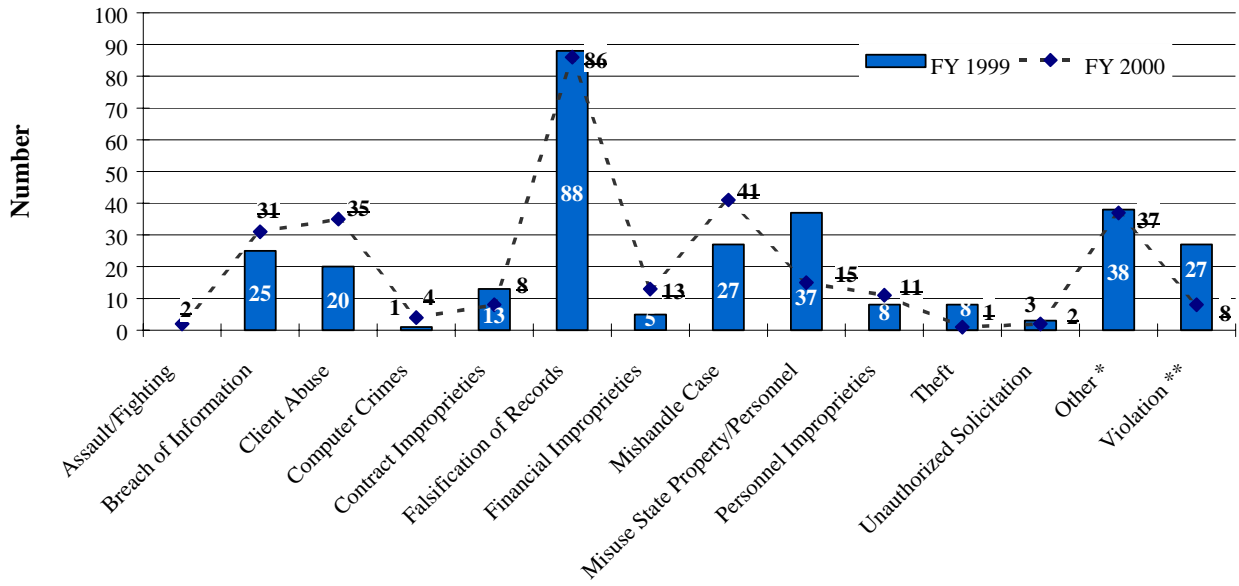


Figure: B.5

Source: Office of Investigations

* Other allegations include gambling, excessive absences from work, reporting to work under the influence of alcohol or drugs, trading or trafficking with a client; and possessing, selling, drinking alcoholic beverages or non-prescribed drugs.

** Violation allegations include violations of ethics such as a conflict of interest; sexual harassment; civil rights; safety and security procedures; and statutes, rules, and regulations or policies.

Investigations Highlights

A complete listing of the 133 inquiries and investigations is provided as **Appendix II**.

Though detailed reports of investigations can be provided upon request, the following summaries represent a broad spectrum of the types of cases investigated. Note: Identifying information has been removed to protect the confidentiality of the involved individuals.

Case #99-0058

Allegations: The complainant alleged she reported to district management that a family services counselor falsified his State of Florida Employment Application. The complainant further alleged the district's response was inadequate and the district failed to properly investigate the allegation. Additionally, that the same counselor provided a Department client with a falsified Florida High School Equivalency Diploma.

Investigative Findings: The district failed to properly investigate the allegation that the counselor falsified his employment application. District management reviewed the allegations and responded to the complainant that the counselor had a college degree, as required for employment, and any other degree claimed was irrelevant to the allegation. However, findings indicated the counselor stated in his 1993 state application and 1994 application for promotion, that he had earned a degree in secondary education in 1978 when, in actuality, he had received a Bachelor of Arts Degree in 1992.

The allegation that the counselor provided a Department client with a falsified Florida High School Equivalency Diploma was investigated and the information obtained, including statements and documentation, was provided to the County Sheriff's Office. The counselor was subsequently arrested for allegedly violating Florida Statutes by providing a Department client with a falsified document.

Inspector General Recommendations:

That appropriate corrective action be taken regarding the counselor and the district managers who ignored responsibilities for accountability.

Department Response: According to the district administrator, the counselor was terminated and district staff were admonished and advised to seek Departmental-level consultation when needed.

Case #99-0063

Allegations: Staff members of a children's residential program allegedly failed to report to the Florida Abuse Hotline Information System (FAHIS) an alleged sexual relationship between a resident and a staff member.

Investigative Findings: Staff failed to report an alleged sexual contact between a staff member and a resident of a children's residential program to FAHIS. However, the information obtained did not support the allegation that a staff member had engaged in a sexual relationship with a resident.

Another issue of significance that surfaced was: Existing policies and procedures

used by the residential program's staff to report suspected abuses are not consistent with statutory requirements.

Inspector General Recommendations: That the district administrator immediately ensure that abuse reporting policies are brought into compliance with §39.201, F.S., and that staff are properly trained regarding the requirements. Also, the inspector general noted that district management oversight is needed to ensure that the safety of the child is of paramount concern and should comply with existing statutory reporting requirements.

Department Response: The district administrator contacted the residential program and requested the facility complete a corrective action plan to ensure all staff are trained regarding the requirements of abuse reporting. The facility completed the corrective action plan and trained residential staff and supervisors as directed.

Case #99-0072

Allegations: A family services counselor, who worked the midnight shift, allegedly falsified timesheets.

Investigative Findings: The counselor admitted to falsifying timesheets. The counselor stated he received permission to "falsify" timesheets by a prior supervisor; however, that individual was not available for interview.

Inspector General Recommendations: That management take appropriate administrative action and implement stricter oversight regarding timesheets of employees who work on-call or other than an 8:00 a.m. to 5:00 p.m. shift.

Department Response: The counselor was given a written reprimand and a change in duties as a placement counselor. All employees were sent a directive on the importance of accurate time keeping. Employees who work shifts are now required to comply with a sign in/sign out procedure.

Case #99-0076

Allegations: A family services counselor allegedly made false statements in a shelter petition. Parents of two foster care clients alleged six statements contained in the shelter petition prepared by the counselor were false.

Investigative Findings: The counselor admitted to entering incorrect information in the shelter petition. The false information addressed the actions of the parents before and after the child clients were removed, the manner in which corporal punishment was administered, the criminal history of one parent, and the identity of one client.

Inspector General Recommendations: That the shelter petition be amended to correct the erroneous data and that supervisory personnel routinely follow-up with persons interviewed during an abuse investigation. Such follow-up would allow verification of accuracy of the information reported and would give the supervisor an opportunity to evaluate the caseworker.

This case exemplified the importance of ensuring accuracy in reporting, especially in documents that have a bearing on court decisions.

Department Response: The staff member was counseled and the district informed

the Court of the false information and provided written corrections.

Case #99-0098

Allegations: Allegedly, a family services counselor had inappropriate contact with Department child clients and their mother. The parents were divorced and the Department removed one of the children from the father’s custody. The father and his current wife alleged that the ex-wife and one of the children visited the counselor’s home at the invitation of the counselor, and also attended social events with the counselor.

Investigative Findings: The counselor admitted to hosting the Department child clients and their mother at a party in his home and to attending a social event with them. The activities took place while the counselor was investigating the child’s father for child abuse. The counselor’s actions discredited the decision-making process in this case.

Inspector General Recommendations: That the district administrator take appropriate corrective action, as well as, to include the “lessons learned” in the inspector’s findings in future training programs.

Department Response: The counselor was dismissed for conduct unbecoming a public employee and misconduct.

Case #99-0099

Allegations: A public assistance specialist allegedly falsified her educational background in a State of Florida Employment Application, failed to report an arrest for a felony criminal charge,

abused a client, improperly qualified a client for benefits, and stole state telephones.

Investigative Findings: The public assistance specialist falsified her educational background in her original state employment application and submitted fraudulent documents to support her falsehoods. The public assistance specialist also failed to notify the Department of her arrest for domestic violence. Due to the limited information available, the other allegations could not be supported.

Inspector General Recommendation: That the district administrator take appropriate corrective action.

Department Response: The public assistance specialist was dismissed for falsification of records and negligence. A Public Employees Relations Commission hearing officer upheld the dismissal.

Case #99-0108

Allegations: District family safety staff allegedly placed a Department client in an unsafe environment. After observing bruises on the client, the complainant alleged that staff were negligent for placing the client in a foster home where the client became a victim of excessive corporal punishment.

Investigative Findings: The foster parents had prior reports of allegedly abusing foster children. Three previous abuse reports against the foster parents concerning excessive corporal punishment were mishandled and insufficient investigations were conducted. One of the prior abuse reports was received two months before staff placed the client in the foster

home. No action was taken to revoke the alleged perpetrators' foster care license.

This case clearly demonstrates that the district lacked the internal controls necessary to constantly monitor efficiency, effectiveness, and accountability of foster homes. Poor record keeping, deficient investigations, and a lack of coordination all contributed to the situation.

Inspector General Recommendations: That joint training be conducted, inclusive of foster care workers and protective investigators, to ensure that staff understand the responsibilities of their respective jobs. It was also recommended that foster care workers not conduct abuse investigations.

Department Response: District administration prepared and implemented a corrective action plan with detailed procedures for handling of institutional abuse reports.

Case #99-0123

Allegations: This Whistle-blower case alleged contract irregularities by a developmental services provider. Six allegations against the provider's executive director and president of the board were made for mismanaging and wasting public funds, falsely reporting funds as stolen, directing the activation of illegal Food Stamp cards for employees, and complicity to violate contract requirements. Two other allegations were identified during the investigation and audit: overcharging for Medicaid services and breach of confidential information.

Investigative Findings: The allegation regarding overcharging for Medicaid services not provided was supported.

Information regarding the alleged breach of confidential information was inconclusive; however, it was determined that unauthorized persons may have gained access to client files. The other allegation was not substantiated.

Inspector General Recommendations: That the district immediately correct the over billing irregularities to comply with state requirements, and that measures be incorporated to ensure that the problem is non-recurring. In order to ensure client safety, the inspector general also recommended the district perform a follow-up inspection to confirm certain facility repairs (doors).

Provider Response: As a result of this investigation, the provider hired a financial director to prevent the reoccurrence of problems such as billing for services not rendered. The provider also implemented procedures for background checks on employees and internal security measures to ensure that only authorized persons have access to client files.

Case #99-0126

Allegations: A Department administrator allegedly failed to report child abandonment to the Florida Abuse Hotline Information System (FAHIS) and misused her position to obtain confidential information for her personal use.

Investigative Findings: The Department administrator failed to report child abandonment to the FAHIS and misused her position to obtain confidential information for personal use.

Also, family services counselors in two districts may have shared confidential information with the Department

administrator because the counselors believed the administrator was the paternal grandmother of the involved children.

Inspector General Recommendations: That district administration review the findings and take appropriate action. That both districts conduct appropriate training for their family services counselors regarding the confidentiality requirements of §39.202, F.S., and how the requirements relate to extended family members such as grandparents, stepgrandparents and ex-stepgrandparents.

It was also recommended that the Assistant Secretary for Family Safety ensure all Department counselors are aware of the confidentiality requirements regarding sharing of abuse information with grandparents and other relatives.

Department Response: The issue of confidentiality, particularly in relation to dealing with relatives, has been reinforced with staff as well as new employees during orientation.

Case #99-0135

Allegations: A senior attorney allegedly acted inappropriately by cursing a client's attorney over the telephone. The complainant stated that, at the conclusion of the conversation, the senior attorney called him an expletive and pounded and kicked the walls of her office. The complainant also stated that this conduct attracted the attention and concern of a number of Department employees.

Investigative Findings: The senior attorney acted inappropriately when communicating by telephone with the complainant

and by cursing in front of other Department employees.

Inspector General Recommendations: That the district administrator discuss the findings of this report with the Department's general counsel prior to issuing a corrective action report. That the district administrator's corrective action report include appropriate actions to show the Department will not tolerate such unprofessional behavior on behalf of staff.

Department Response: The district chief legal counsel counseled and advised the attorney of the appropriate conduct for professional public employees. The attorney assured district management that her behavior will conform to standards.

Case #99-0159

Allegations: An adult living facility administrator allegedly stated that a resident was in need of medical assistance; however, the client's spouse removed money from a joint savings account and refused to pay for the client's medical needs. Although the information was reported to the Florida Abuse Hotline Information System on three occasions, according to the administrator, the adult protective investigator visited the client only once and then closed the investigation because he could not determine when the client's spouse withdrew the funds.

The administrator informed the Office of Inspector General that he/she had concerns about other client cases as well. To date, the administrator has not provided the details as promised.

Investigative Findings: The adult protective investigator failed to conduct a

complete and thorough investigation regarding alleged exploitation of a Department client.

Inspector General Recommendations:

That management take immediate action to determine the welfare of this client and reopen the client’s case to conduct a thorough investigation regarding the client’s needs. It was also recommended that management take appropriate corrective action, including a review of the unit’s cases, for compliance with Florida Statutes.

Department Response: The case was reopened and assigned to another adult protective investigator. Actions are pending the result of this investigation. Additional sample cases have been pulled and reviewed.

Case #99-0167

Allegations: A family services counselor allegedly breached confidential information by identifying the reporter of a child abuse report to unauthorized persons. The complainant researched the reporting procedures for suspected child abuse through the internet, and from the guidance contained on the web page, believed he would remain anonymous if requested.

Investigative Findings: The reporter’s identity was released to police officers who were authorized to receive the information. However, the counselor was negligent by not following operating procedures when he suspected a false abuse report, and as a result, jeopardized the reporter’s anonymity.

Inspector General Recommendations: That the district administrator take corrective action to ensure staff follow proper

procedures when a false abuse report is suspected. Also, that Florida Abuse Hotline Information System management review the information contained on its web page to ensure that it is in full compliance with all statutory provisions and contains no misleading guarantees to anonymity. And, that reference to §415.504(1), F.S., on the web page be amended to provide the correct statutory reference of §39.202(4), F.S.

Department Response: The unit supervisor held a formal conference with the counselor and reminded each staff person about the established procedure for handling suspected false abuse reports. Staff were also provided a copy of the procedures. Management reviewed their portion of the Department’s website concerning abuse reports and eliminated the misleading information.

Case #99-0172

Allegations: The reporter of a child abuse report alleged that a family services counselor released her name to the alleged perpetrator. Additional allegations concerned the falsification of vicinity trip logs and chronological notes by the counselor.

Investigative Findings: The falsification of mileage on vicinity trip logs was substantiated. Four witnesses disputed entries in the counselor’s chronological notes concerning visits but the counselor admitted that only one entry was false.

Inspector General Recommendations: That management review all of the counselor’s cases to ensure child safety policies were adhered to and to validate actions claimed in each case. That the fiscal office examine all trip logs and

travel vouchers submitted by all unit employees. That the district administrator take appropriate corrective action.

Department Response: The district completed a review of counselor's current cases and an audit of travel. As a result, several inconsistencies were found in the counselor's case file documentation and travel expense reports on several cases. Counselor was terminated.

Case #99-0174

Allegations: That contract provider employees of an intensive in-home family services program allegedly forged signatures of clients and Department personnel, altered at least one case file, accepted payment for services that were not provided, falsified client records and travel reimbursement forms, and failed to provide services required by the contract.

Investigative Findings: Four provider employees admitted that they signed clients' parents' names on case file documents. One employee admitted adding several documents to one case file between monitoring actions by the district and documents were missing from the file.

The findings regarding travel reimbursement were inconclusive. Client and travel reimbursement forms were inaccurate and the dates of visits and travel reimbursement forms reflected different dates. The provider breached the contract related to services by failing to expend the flex funds designed for services other than therapy and counseling (hard services).

Employees with direct client contact responsibilities were not aware of how to access the flex fund. The allegation regarding improper payment for services was not substantiated.

Poor internal checks and balances by the provider resulted in a flawed audit trail that made reconciliation of some documents impossible.

Inspector General Recommendations: That the district administrator, in consultation with the Contracted Client Services Office and the Office of General Counsel, decide whether to continue the contract and recoup the funds. If not, consideration should be given to amending the contract to clearly define "intensive services." Also, a non-reimbursement clause should be added for services that are not properly documented, or are otherwise substandard.

Department Response: The service contract with the provider was terminated.

Case #99-0176

Allegations: That a family services counselor allegedly failed to conduct a thorough investigation of a child abuse report involving the complainant's child. Also, that the district's response to the allegation was inadequate and inaccurate. The district administrator verbally threatened the complainant during a telephone conversation.

Investigative Findings: The findings supported the allegation that the investigation of the abuse report was not thorough; however, it did meet the statutory criteria for a child abuse

investigation. The abuse report file did not contain the following information: police reports concerning allegations of domestic violence and child abuse; copies of pictures taken of the alleged injuries to the child; information related to the collateral contacts which provided the investigator with the name and information on how to locate contacts; and, medical releases for the investigator to explore information from the child's therapist and ex-spouse's doctor regarding the use of alcohol and medications.

Also, the findings substantiated the allegation that the district relied upon information from the person who improperly investigated the abuse report involving the complainant's child. The allegation that the district administrator threatened the complainant was not supported.

Inspector General Recommendations: That the district review the findings in the complainant's case to determine if the alleged maltreatment's were properly and completely investigated. Also, that the district randomly review several cases completed by the counselor for accuracy.

Department Response: The family safety program office completed an audit of the counselor's casework. There were some deficiencies; however, there were no indications of any attempt to deceive. The program operations administrator will randomly choose and review the counselor's casework.

Case #99-0177

Allegations: That a family services counselor allegedly falsified letters to a client; coerced the complainant to sign

documents; and, affronted the complainant, the client, and the father of the client's child with racial comments. The complainant alleged that a provider case manager falsified documents in order to defraud the Department. The complainant also insisted that the alleged falsified letters were "falsified" because visitation dates did not occur as stated.

Investigative Findings: The findings indicated some visitation dates were rescheduled due to unforeseen circumstances; however, the complainant was not informed of the revised visitation schedule.

The counselor did not recall incidents in which she allegedly attempted to coerce the client to sign a document by threatening to cancel the client's next visitation with her child, or that she threatened to obtain a court order to ensure compliance. Witnesses stated that they were present when the counselor requested the client's signature and claimed that the client was not coerced. Neither the inspector nor the counselors could locate a case file entry relating to the threat of a court order.

Witnesses did not recall the incidents and were not present when the counselor allegedly insulted the complainant, the client, and the father of the client's child with racial remarks. The counselor denied making such remarks.

A provider case manager requested client signatures when services were provided. However, there was no requirement in the Department's contract with the provider that the client signatures be collected to substantiate services provided.

Despite the initial complaint, in a subsequent interview, the complainant stated that she was neither coerced to sign nor did she sign anything acknowledging or denying that visitations occurred with the client's child.

Inspector General Recommendations:

That the Department and the provider's employees ensure that clients understand the reasons behind the requirement to sign documents. Future contracts should stipulate adequate documentation of contacts to substantiate reimbursement claims from the Department; and, that the district address issues relating to the retention of records as required in contracts.

Department Response: The Department administrator provided the recommendation to district staff. The program administrator will assure that the recommended items are included in future district contracts as appropriate.

Case #2000-0002

Allegations: That a family services counselor supervisor allegedly made errors throughout a shelter petition, home study, and case plan. The counselor also allegedly intimidated the complainant's daughter; made an inappropriate comment about the complainant's daughter; and retaliated against the complainant by requesting an emergency court hearing to deny him unsupervised visitation with his grandchild because he refused to undergo a home study.

Investigative Findings: The findings substantiate that the family services counselor supervisor inappropriately completed the shelter petition, home

study, and case plan in the following manner;

- 1) falsely reported the circumstances of a drug possession arrest of the complainant's daughter's paramour in the home study and case plan;
- 2) did not accurately report certain responses of the complainant's daughter and her paramour in the home study; and
- 3) falsified a part of the case plan that addressed the complainant's daughter's history with the Department.

The importance of ensuring accurate reporting, especially in documents having a bearing on court decisions, is exemplified in this case. Inaccurate reporting creates doubt as to the veracity of other information presented to the court. No room for error exists when documents such as shelter petitions, home studies, and case plans are involved.

Inspector General Recommendations:

That the court be advised of the erroneous information contained in the shelter petition, home study, and case plan. That the court be advised that the statement in the home study is erroneous if no employee is willing to step forward with evidence of its validity. Further, that the district administrator take corrective action regarding the employee who signed the document and later denied knowledge of its content. Due to the criminal history of the father, it is recommended that the Director of Family Safety determine if return of the child to the father was in the best interest of the child.

Department Response: The counselor resigned from the Department prior to

completion of the investigation. The importance of ensuring that all information provided to the court is true and accurate will be stressed at all operational levels and will be documented in meeting minutes at the unit and service center level.

A status report was completed and filed with the court. The report included the additional concern regarding the placement of the child with the father.

Case #2000-0019

Allegations: That a family services counselor allegedly failed to properly investigate two child abuse reports. The complainant alleged that after the first abuse report was completed, he was “indicated” for medical neglect of his child. The second abuse report listed the complainant’s former wife (the child’s mother) as the perpetrator for medical neglect, which was unfounded. The complainant also had concerns that appropriate interviews had not been conducted during the two investigations.

Investigative Findings: A quality assurance review determined that there were no issues of critical concern; and, that in both investigations the diagnostic procedures available to the investigator were used, and that intervention procedures implemented by the Child Protection Team were very appropriate. The findings of “some indicators” for the maltreatment of “medical neglect” in the first abuse report were accurate based upon the evidence gathered. As part of the second investigation, a Child Protection Team nurse reviewed the child’s medical records and determined that the mother rendered appropriate care and

demonstrated proper concern for the child.

Inspector General Recommendation: Since no wrongdoing was disclosed, no further action was recommended.

Case #2000-0020

Allegations: A senior clerk was allegedly selling satellite and antenna equipment while working on state time in a state facility.

Investigative Findings: Numerous employees working in the vicinity of the senior clerk were interviewed and asked if they had been approached to buy satellite or antenna equipment while at work. The employees interviewed said they had neither been approached to purchase nor did they purchase such equipment on state time at the state facility.

The supervisor of the senior clerk had approved the employee’s request to install satellite equipment as outside employment and a completed “Notification of Additional Employment Outside State Government” was on file as required. At monthly staff meetings, staff had previously been advised not to sell any items (i.e., candles, Girl Scout Cookies, Tupperware, etc.) on state time.

During the investigation, inspectors were informed that ongoing friction among units resulted in several anonymous complaints; all of which were unfounded.

Inspector General Recommendation: That management resolve the friction between the various units at the facility.

Department Response: Management moved one unit to another location.

Case #2000-0023

Allegations: That a family services counselor allegedly prepared a shelter petition and presented it to the court to have children under their grandfather's care removed and placed into foster care. The counselor believed that the children's placement in the grandfather's home was breaking down for several reasons. The complainant, who was the grandfather, alleged retaliation by the counselor.

Investigative Findings: Not investigated.

Inspector General Recommendations: The counselor no longer works for the Department. However, he appropriately followed the operating procedures by consulting with his supervisor and an attorney before taking action. Despite the objections of the Department, the children were returned to the complainant. No further investigation was warranted.

Case #2000-0040

Allegations: That a quality control analyst allegedly misused state computer equipment by accessing information about an individual paying child support to her paramour.

Investigative Findings: The analyst admitted accessing the child support payment history. According to the admissions of the employee and the employee's supervisor, they erroneously determined that employees are authorized to use state time and state equipment for personal use as long as the personal use is to obtain public information.

Inspector General Recommendations: That the Chief of Quality Control take corrective action to ensure that employees understand that computer hardware and software are provided to employees for use in connection with the performance of their official business only. That the Chief of Quality Control also advise employees about the statutory requirements governing confidentiality of certain information regarding child support recipients.

Department Response: The analyst received a written reprimand and a memo was sent to quality control units advising employees that accessing confidential data for personal reasons is an abuse of authority. Also, supervisors were directed to discuss the Standards for Disciplinary Action, Children and Families Employee Handbook with their employees twice per year.

Section C: Office of Internal Audit

Internal auditing encompasses the examination and evaluation of the adequacy and effectiveness of the organization's system of internal controls and the quality of performance. To this end, internal auditors review the:

- reliability and integrity of financial and operating information;
- systems established to ensure compliance with required guidelines;
- means of safeguarding assets; and,
- economy and efficiency with which resources are employed

During FY 2000, the Office of Internal Audit conducted:

- management reviews;
- performance audits;
- contract audits;
- information systems audits;
- financial audits;
- responses to external audit reports;
- assessments of performance measures; and,
- preparation of an Annual Department Risk Assessment and an Audit Plan.

Internal audits of the security program for data and information technology resources are required by §282.318, F.S. The remaining responsibilities are authorized pursuant to Chapter 20, F.S.

During FY 2000, the office was staffed at 17 positions, all located in Tallahassee. Four positions were assigned to conduct performance audits, three to management reviews, one to contract audits, seven to information systems audits, and one to staff support. A breakdown of positions 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
Audit Evaluation and Review Analyst	2
Management Review Specialist	1
Senior Professional Accountant	1
Administrative Assistant II	1

Table C.1

Internal Audit staff have the following certifications:

- Five are Florida Certified Public Accountants, four are Certified Internal Auditors, and one is a Certified Government Financial Manager.
- Seven have graduate degrees and six have ten plus years of auditing experience.
- All, except the administrative assistant II, are members of the Institute of Internal Auditors, participate in various professional organizations, and attend training seminars to comply with the continuing education requirements of the Government Auditing Standards and the Standards for the Professional Practice of Internal Auditing.

During FY 2000, Internal Audit conducted ad-hoc assignments from the Central Office, districts, Auditor General, Legislature, and Federal auditors. **Figure C.1** shows the internal and external customers served through the ad-hoc request process and the broad range of audit coverages provided to the Department. **Figure C.2** shows the distribution of requests by program area.

Audit Plans

As required by §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 Audit Plan is the basis for audit selection and assignments. Audit assignments are allocated to functional areas, such as performance, contract, or information systems audits, in proportion to the number of assigned staff.

The risk assessment portion of the Audit Plan will be completed during the first quarter of FY 2001 and the Audit Plan shortly thereafter.

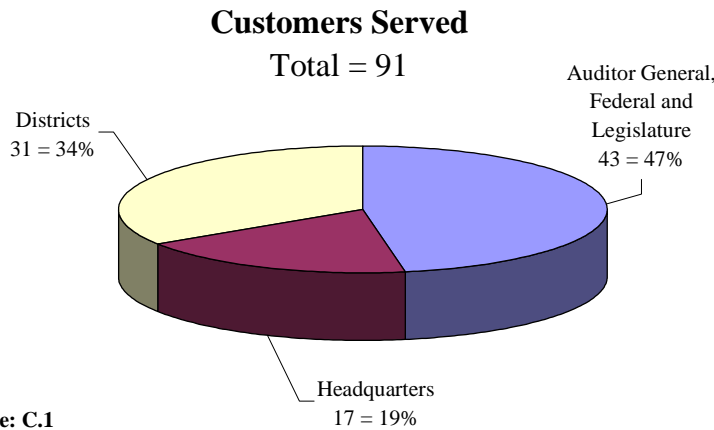


Figure: C.1
Source: Office of Internal Audit

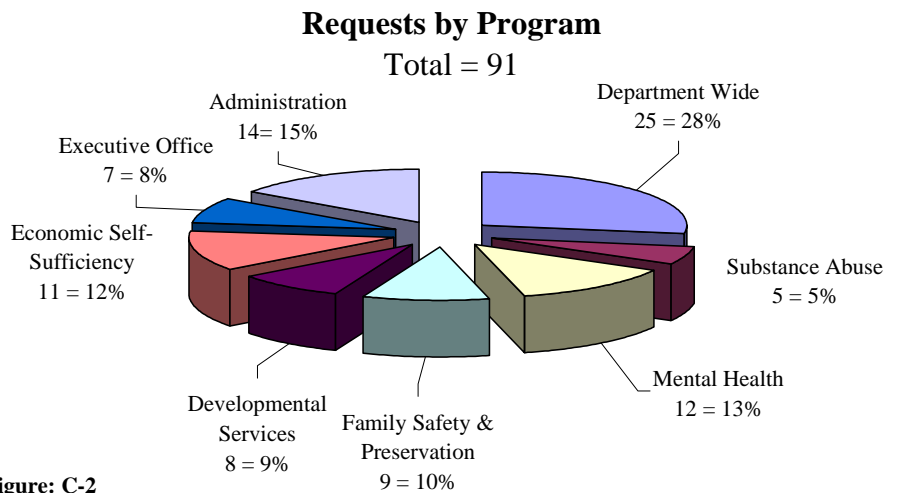


Figure: C-2
Source: Office of Internal Audit

Contract Audit

The contract audit function is responsible for audits and reviews of the Central Office as well as the district client services' contracts.

Periodic Department risk assessments and specific written requests from management are the primary means through which programs or contracts are identified for audit or review.

Contract Audit and Review Highlights

The following are highlights of major projects that the contract audit unit participated in during FY 2000.

Task Force Investigation: Lake County Boys Ranch

Allegations: The Office of the Attorney General Medicaid Fraud Control Unit initiated and coordinated a task force, which included the Department's contract auditor and staff from the Office of the Comptroller. Internal Audit provided assistance with the following specific tasks:

- Obtaining descriptions of client services purchased.
- Reconciling payments recorded in the Florida Accounting Information Resource system to detail prepared by Medicaid Fraud Control.
- Obtaining Family Safety program policy regarding foster care.
- Reviewing contract procurement methodology.
- Identifying payments made in advance of service delivery.

The Internal Audit report was issued in August 1999.

Investigative Findings: A Lake County Grand Jury indicted Lake County Boys Ranch in April 2000, on charges of Medicaid fraud and grand theft and charged the provider with taking more than \$3 million from taxpayers. The Agency for Health Care Administration suspended Medicaid payments, and the Department cancelled its remaining contracts with the provider.

Management Review: Lake County Boys Ranch

Allegation: A management review was requested to determine if excessive expenditures were being recorded against the contract. Accordingly, the review focused on payments by the Department against the contract for the period July 1, 1998 through February 28, 1999.

For a significant part of the review period, the provider was jointly licensed for residential group and emergency shelter care. Internal Audit tested payments charged against two contracts (residential group care facility and emergency shelter care facility) for the period July 1, 1998 through December 16, 1998.

Review Findings:

- The Department inappropriately allowed the placement of 77 children by the provider in foster family homes without the required written contract and inappropriately authorized \$456,855 in payments for placements.
- Eighteen children (at a cost of \$38,970) were not sheltered by the provider in accordance with the terms of the contract, and the per diem rate

paid for the shelter placements was approximately three times the Department’s base rate.

- Approximately, \$125,457 in payments to the provider were incorrectly coded as being reimbursable under Title IV-E of the Social Security Act (District 7 - \$102,743, District 3 - \$22,034, and District 13 - \$680).

Task Force Audit: Acquisition and Use of Information Technology Consultants

Purpose: The Chief Inspector General, Executive Office of the Governor, requested an audit concerning Acquisition and Use of Information Technology Consultants for the period July 1, 1998 through March 31, 2000. This was one of eight audits performed concurrently as part of a *multi-agency team effort*.

The audit commenced in May 2000, and was still on going at fiscal year end. A summary of findings from this audit will be consolidated with those of other participating agencies and presented to the Governor’s Office.

Coconut Grove Local Development Corporation, Incorporated

Allegation:. Allegedly, Coconut Grove was using the names and social security numbers of people who never received services to justify expenditures for financial assistance to clients. Specifically, the complaint alleged that such names were being used to cover fraudulent use of food vouchers and inappropriate payments of utility bills.

Audit Findings: The alleged fraud did not involve Department funds, nor was it of a material nature.

Other matters surfaced during the investigation concerning the management of the program and administration of its contract with the Department. A draft report is in review and will be issued during the first quarter of FY 2001.

Information Systems Audit

The broad objectives of the information systems audit unit are:

- to provide an independent appraisal of the Department’s information systems security and operational control and
- to assist management by reviewing information systems for compliance with applicable rules, regulations and procedures.

These objectives are accomplished through audits of statewide and district information systems.

Information Systems Audit Highlights

The following are highlights of the audits and projects that information systems audit staff participated in during FY 2000.

Audit A-99-04: General Information Systems Security at District 11

Purpose: To review management of information systems security at the district level.

Audit Findings:

- Duties for the District Management Systems Director lacked proper segregation to ensure adequate control over

separation of the Information Systems functions and portions of the Family Safety Program.

- An audit of eighty-one access revocations for terminated employees noted that forty-eight (59.3 percent) did not comply with IS SOP S-1 and the Office of the Governor's Information Resource Security Policies.
- Security agreement forms were not retained with employee personnel files.
- Documentation could not be located to determine if access to the Department's systems had been appropriately granted.
- Physical and environmental controls over information systems equipment and facilities required improvement.

Inspector General Recommendations:

- District management should determine if the District Management Systems Director is best suited for Information Systems or Family Safety Program duties and make changes accordingly.
- District management should ensure that information systems access is revoked upon termination of employment.
 - Procedures for a periodic comparison between the Cooperative Personnel Employment System baseline and actual revocation for terminated employees.
 - Procedures should be established to ensure all existing user-identification numbers are cancelled

simultaneously when employees possess multiple user-identification numbers.

- District management should address environmental and physical controls as soon as possible.
- Information systems should ensure that all Individual Security Information Forms are completed and retained.

Auditee Response:

- District 11 separated the District Management Systems Director from Family Safety.
- District 11 implemented a new policy mandating security officers be given monthly reports of terminated employees.
- District 11 required all employees to sign a security agreement during orientation and each time access is granted to a new system or a change in rights is implemented. A new agreement is signed after training on upgrades and the agreements are forwarded to Human Resources for inclusion in the respective personnel file.
- District 11 system managers now conduct walk-throughs of all sites that have a server room and evaluate physical and environmental condition, and changes are made as soon as possible.
- District 11 implemented a new procedure to ensure all individual security information forms are scanned and electronically stored for quick access and to avoid misplacement or loss.

Audit A-00-01: The Child Welfare Vouchering System

Purpose: To evaluate the adequacy and effectiveness of the Child Welfare Vouchering System's preventive, detective, and corrective controls and internal control system including input, processing, output and access controls.

Audit Findings:

- Fifteen of thirty-five (43 percent) current and former employees sampled had inappropriate access to the Child Welfare Vouchering System. The employees also had an improper level of access for their position, or their user codes had not been revoked upon termination of employment, transfer, or reassignment.
- Changes in report distribution for twenty-six of fifty-nine (44 percent) names contained on the Child Welfare Vouchering System Output Report Distribution List need to be made.
- The Child Welfare Vouchering System does not have edits or any other mechanism in the source code to detect duplicate entries.

Inspector General Recommendations:

- That Information Systems Software Development management strengthen and comply with required security controls for the revocation of terminated, reassigned, and transferred employees' user-identification numbers. Areas that should be addressed include the revocation of terminated or transferred employees and the timely notification of employee status changes by supervisors to security officers.

- That Department management consider the development of a Human Resource policy or standard operating procedure requiring managers to:
 - Comply with revocation of user-identification procedures upon termination, transfer or reassignment of personnel.
 - Make changes in report distribution for names on the Child Welfare Vouchering System Output Report Distribution List.
- That Data Support perform periodic verifications of report needs with recipients and communicate the importance of timely change notification.
- That Family Safety and Preservation and Financial Management work with Information Systems staff to develop an information systems service request to add edits to the source code to prevent duplicate entries in the development of the State Automated Child Welfare Information System; and, address this issue in the next Joint Application Design session.

Auditee Response:

- All employees listed on the usercode attributes listing were identified and user-identification numbers were revoked.
- All recipients of the Child Welfare Vouchering System will be required to monthly verify continued need for reports. If verification is not received, names will be removed from the list.
- An Information Systems Service Request is on file, which addresses the duplicate problem. Resources are currently dedicated to "release two" of

the State Automated Child Welfare Information System and should resolve the problem.

Management Review of Methadone Maintenance Treatment Program in Florida: Alleged over-billing of methadone providers.

Allegations: In response to allegations of wasteful spending by the Department for methadone treatment services, a review is being conducted. Accordingly, the review is focused on whether the Department’s rates of payment to providers for methadone treatment services accurately and appropriately reflect the cost of those services; whether the Department paid for methadone treatment services which were paid for by other funding sources such as Medicaid or private pay; and, evaluating the adequacy and effectiveness of District monitoring procedures to ensure that methadone treatment services paid for have been rendered. The review is ongoing.

Performance and Financial Audit

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

Performance Audit Highlights

The following are highlights of major projects of the performance audit unit during FY 2000.

Management Review 00-02-M: Advocating For The Rights of the Challenged (ARC) of Martin County

Purpose: To determine whether the:

- ARC was in compliance with Social Security Administration rules in establishing the Dream Vacation account and in executing the quitclaim deed;
- ARC commingled consumer and ARC funds;
- ARC accounted for consumers’ funds adequately and spent the funds appropriately;
- ARC accounted for a consumer’s Social Security settlement accurately;
- former ARC Residential Director mis-used electronic benefit transfer cards; and, whether a
- potential conflict of interest existed in the former Residential Director's guardianship of ARC consumers.

Review Findings:

- Consumer funds conserved for future needs were commingled with ARC funds and were not invested in accordance with §1619 of the Social Security Administration (SSA) Handbook.
- Consumer funds totaling \$2,802 were not disbursed upon a consumer’s departure from the ARC.
- ARC collected \$2,685 from seven consumers to pay for ARC/Florida convention expenses when sufficient funds were available in their Dream Vacation accounts.

- ARC did not consistently record a liability when obtaining funds from consumers.
- ARC collected an estimated \$4,273 in excess of expenses from consumers to attend the 1998/9 annual ARC/Florida convention.
- ARC executed a quitclaim deed to reinstate two consumers' Supplemental Security Income and Medicaid benefits. Upon executing the deed, the property was not recorded in the financial statements.
- ARC failed to record transactions in a consumer's account ledger; therefore, Internal Audit was unable to account for \$5,600.
- Evidence to support the misuse of electronic benefit transfer cards by the former ARC Residential Director was not found.
- Evidence to support a conflict of interest in the Residential Director's guardianship of ARC consumers was not found.
- book and take appropriate action to ensure that correct benefit amounts for former consumers are transferred to SSA.
- That ARC implement policies and procedures to ensure that conserved funds are used for consumers' current and foreseeable needs in accordance with §1619, SSA Handbook.
- That ARC advise consumers and guardians of their rights, privileges and usages of conserved funds in writing.
- That ARC ensure an annual financial audit is performed by an independent auditor in accordance with current Government Auditing Standards.
- That ARC implement written policies and procedures stating how management will budget and allocate convention expenses and how excess fees will be refunded. The policy and procedures should include language specifying how consumer funds are to be used for current and foreseeable needs. ARC should also take action to ensure that correct amounts are refunded to consumers.

Inspector General Recommendations:

- That ARC establish policies and procedures to ensure consumer funds are not commingled with ARC funds.
- That ARC establish an interest-yielding account exclusively for consumer funds to comply with §1619, SSA Handbook.
- That ARC take necessary action to distribute to the consumers proportionate shares of interest earned in the Money Market Restricted account.
- That ARC establish and implement policies and procedures to ensure compliance with §1621, SSA Hand-
- That ARC establish and implement policies and procedures to ensure compliance with §2127, SSA Handbook.
- That ARC return property to the consumers and assist them in the sale of their property.
- That ARC implement procedures to ensure that all accounting transactions are recorded and documented accurately in accordance with Generally Accepted Accounting Principles.

Audit A-00-02: Florida State Hospital Internal Control of Cash Handling

Purpose: To conduct a financial compliance audit of Florida State Hospital's internal controls for cash handling. Audit objectives were to determine whether:

- internal cash funds are managed in accordance with applicable procedures outlined in the Department's Accounting Procedures Manual;
- transactions were properly handled;
- internal cash fund balances were accurate; and whether
- internal controls used in managing internal cash funds were adequate.

Audit Findings:

- Financial Services did not reconcile the control accounts pertinent to trade card transactions. Florida State Hospital was unable to demonstrate or provide reasonable assurance that the correct unspent trade card balances were redeposited into residents' accounts.
- Florida State Hospital did not have written contracts with vending companies or written internal control procedures for vending operations.
- Florida State Hospital did not verify the accuracy of vending sales reports and vendors provided insufficient sales report information to determine the accuracy of commission payments.
- Procedures for handling mail receipts were inconsistent.
- Control weaknesses existed with pre-numbered receipt forms.

- Residents' accounts remained in the Florida State Hospital banking system after the residents' discharge or death.
- Employees were insufficiently trained in internal control procedures and processes for handling cash.
- Unannounced audits of petty cash were conducted at the same time each month, thereby diminishing their effectiveness.

Inspector General Recommendations:

- That Florida State Hospital develop and implement a more efficient and effective system for handling trade card balances. The new system should provide reasonable assurance that correct amounts are debited to residents' accounts and credited to the Welfare Trust Fund when balances remain on expired trade cards.
- That Florida State Hospital review current contracts with the vending companies to ensure that, upon renegotiation, they contain appropriate language and adequate controls to ensure that correct amounts of revenues are received from vending operations.
- That Florida State Hospital:
 - verify the accuracy of commission payments each month;
 - require vending contractors to report sales and commissions in a format that enables Florida State Hospital staff to verify the accuracy of the report;
 - provide proper staff training for achieving and maintaining accountability and control in vending machine operations;

- maintain a record of the number of vending machines located in the hospital;
 - require the vendors to report monthly sales activity for each machine;
 - ensure contracts clearly indicate the basis from which commissions should be derived; and,
 - discuss with vendors the improved controls for commission payments.
- That Florida State Hospital establish written internal control procedures for vending machine operations and incorporate these procedures in the Department's Accounting Procedures Manual.
- That Florida State Hospital provide employee-training sessions for receiving and handling resident mail receipts and to:
- require units to consistently follow procedures implemented for handling mail receipts;
 - log all mail receipts prior to dispersing to residents;
 - designate at least two employees to witness residents opening their mail;
 - reconcile the mail log to deposits; and,
 - record the check amounts in the mail log.
- That Florida State Hospital implement appropriate internal control procedures for pre-numbered receipt forms to eliminate control weaknesses, and train staff on the proper use and control techniques relevant to prenumbered receipt forms.
- That Florida State Hospital implement appropriate internal control procedures to ensure compliance with the Accounting Procedures Manual that requires resident accounts be removed from Florida State Hospital banking system within a month of the resident's discharge or death.
- That Florida State Hospital purge their banking system to eliminate all former residents with \$0.00 account balances.
- That Florida State Hospital follow internal control procedures noted in the report and provide adequate supervision and training to employees who handle cash.
- That Florida State Hospital require Financial Services to conduct unannounced audits of the petty cash funds in a more random manner and on a different date each month.

Auditee Response:

- Florida State Hospital is in the process of implementing an automated point of sale systems, which will record each resident's trade card as a prepaid sales account. Daily reports of prepaid sales accounts will be used to support the check request transferring unused balances back to the residents' personal account.
- Florida State Hospital has drafted a proposed two-party agreement with the vending companies, thereby providing for better accountability in sales revenue and maintenance.
- Florida State Hospital's canteen manager developed a *Procedure for Tracking Commission Payments from Sales of Vending Machines Located at*

Florida State Hospital to more effectively account for vending commissions and to maintain adequate control of vending operations.

- Florida State Hospital's financial services department has been complying with the recommendations for all checks and cash received at its locations. Florida State Hospital formed two workgroups (residential units and revenue generating programs) that are tasked with developing working procedures for the consistent handling of these duties throughout all areas of the hospital. The procedures address:
 - receipts of cash and checks;
 - use, accountability, and control of prenumbered receipts;
 - transport of funds to and from the cashier's office;
 - training of staff; and
 - quality reviews.
- Prenumbered receipts are tightly controlled. Staff are required to sign for receipt of the forms on a numerical log. A hospital financial services staff member, independent of the cash collection process, maintains the log. To ensure its consistency and maintenance, it is monitored monthly by the Resident Banking Services Supervisor.
- Resident banking reports were modified to ensure accounts were closed after discharge or death.
- Florida State Hospital food services cash register tapes are retained and bank bags are used to transport funds. Random audits of petty cash are conducted.

Whistle-blower Investigation: Advocating for the Rights of the Challenged (ARC) of Martin County

This is an investigation whereby our auditors worked with the Office of Investigations. The results were incorporated into an Office of Inspector General report submitted to the Office of the Governor.

Allegations: Alleged gross mismanagement, waste of public funds, and other irregularities by the President of the Board and the (Interim) Executive Director.

Investigative Findings:

- No material or unusual adjusting journal entries in the detailed general ledgers were noted for June 1999.
- The President of the Board managed only the investment account in which private citizens donated funds.
- Improprieties or violations in the issuance of the Honey Hill Lane Group Home's license were unfounded.

Foster Care/Residential Group Care Program in District 10 and Temporary Assistance to Needy Families (TANF) Program in District 7

As part of the Office of Internal Audit 1999-2000 Audit Plan, internal audit initiated performance audits of the Foster Care/Residential Group Care Program in District 10 and the TANF Program in District 7. These programs were selected for audit because they ranked second and fifth, respectively, on the annual assessment. These audits continue.

Disposition of Traffic Citations and Distribution of Penalties Paid

Allegation: After extensive research, a Leon County citizen sent letters to the Governor’s Office, the Department of Highway Safety and Motor Vehicles, and various trust fund managers alleging that all trust funds that receive revenue pursuant to §318.21(8), F.S., could have a shortfall equaling hundreds of millions of dollars. The alleged shortfalls were based upon the complainant’s calculated 42 and 43 percent shortages in the Department of Juvenile Justice’s Trust Fund and Department of Children and Families’ Child Welfare Training Trust Fund for Fiscal Years 1997 and 1998, respectively. Pursuant to §318.21(8), F.S., these two trust funds should receive \$1 for each paid non-criminal traffic civil penalty.

The Governor’s Office requested a review of the validity of this allegation. Other state and local governmental agencies were selected to assist in this review. The review continues.

Victory Living Program

Allegation: District 10’s Acting Developmental Services Program Administrator filed a formal complaint with the Office of Inspector General alleging that from 1994-1997 the Victory Living Program administration used one client’s Social Security Administration benefits in excess of the cost of care. The federal and state governmental agencies assisting the Internal Audit in this management review have provided untimely and sometimes incomplete responses. Several follow-up

questionnaires and meetings have been necessary to compensate for the incomplete information. Substantial delays and numerous follow-up procedures necessary to document relevant competent evidence have hindered the completion of the report. The review continues.

Other Performance Audit Activities

Coordination with External Auditors

The performance audit unit is responsible for coordination of efforts 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 43 external audit liaison activities, such as:

- 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.

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 this program. Monies were awarded for purchase and installation of energy cost reduction measures and improvements resulting in lower energy costs or greater energy efficiency. The program requires the Department to commit for five years and to reinvest each year in additional energy reduction measures an amount at least equal to the amount saved in the previous year.

The program also requires the Office of Inspector General to validate the energy savings for its seven facilities. The performance audit unit initiated energy verifications for Sunland Marianna, G. Pierce Wood Hospital, and Landmark Learning Center. These facilities were awarded a total of \$816,244. Since the Department of Management Services developed its Annual Energy Tracking System and Annual Report, Internal Audit has been required to change the reporting format and validation procedures used in prior years. The validation for these facilities is near completion and the program will come to conclusion at the end of FY 2001.

Spencer v. Bush Corrective Action Plan

Allegation: A lawsuit was filed alleging that the State of Florida was not processing applications for Medicaid in a timely manner. As a result of this lawsuit, a corrective action plan was proposed and implemented by the Department of Children and Families, the Department of Health, and the Agency for Health Care Administration.

According to the proposed settlement, the Office of Inspector General will issue a report showing whether the program is meeting the 92 percent compliance level of the cases processed each month in 90 days or less, excluding time tolled for unusual circumstances.

To perform this task, the Office conducts a random sampling of cases in the number necessary to reflect a 95 percent confidence level. The Inspector General is also responsible for ensuring that the corrective action plan is implemented timely. A report reflecting progress on the corrective action plan was issued on April 30, 2000, and is being updated monthly until all actions have been adequately implemented. The corrective action plan is approximately 67 percent complete.

Management Review and Performance Measures

Section 20.055, F.S., mandates that the Office of Inspector General assesses the reliability and validity of the Department's performance measures and standards. To achieve this, the Office of Inspector General established a management review unit within Internal Audit in March 1999 to conduct management reviews, prepare department-wide risk assessments, prepare annual audit plans and to assess the reliability and validity of performance measures. The unit was staffed with a senior management analyst supervisor, a senior management analyst II, and a senior management analyst I.

The fieldwork and draft report for the assessment of the reliability and validity of the Adult Services Child Care, and

Family Safety programs' performance measures is complete. The final report will be issued during the first quarter of FY 2001.

Management Review Highlights

The following are highlights of major projects the management review staff participated in during FY 2000.

Management Review 00-01-M: Practices Related to Quality Assurance Activities at G. Pierce Wood Memorial Hospital

Purpose: To examine quality assurance activities related to the investigation of adverse incidents at G. Pierce Wood Memorial Hospital, a residential mental health facility in Arcadia, Florida. The objective of this review was to determine the adequacy of the processes and procedures for investigations.

Review Findings:

- The hospital's process for conducting internal investigations include: gathering, categorizing, investigating, and distributing information. There are several different reporting mechanisms: resident occurrence reports, security incident reports, 24-hour resident care reports, hospital investigation reports, and special investigations by security. Staff indicate the risk manager conducts statutorily required risk management orientation and training. Required reports are being distributed to outside agencies per §395.0197, F.S.
- The hospital administrator's office tracks investigations and conducts follow-up on recommendations on

investigative reports. Upon review and approval, final responses are signed and dated by the administrator.

- Two investigators investigate incidents of abuse, neglect or exploitation of residents. During June 1999, they attended four days of training presented by Labor Relations Alternatives, Inc., on how to conduct incident investigations. Management plans to provide basic investigative training for at least eight more staff from the security and quality assurance offices. Advanced investigative training is also being considered.
- Risk management procedures and the resident occurrence report are being revised to include more detail and comprehensiveness. The project team also examined and compared procedures and reports currently in use at Florida State Hospital and Northeast Florida State Hospital for consistency, uniformity and sharing of best practices.
- Daily meetings are conducted to discuss resident care issues that occurred during the previous 24 hours. Department heads, service team members, and the risk manager attend the meeting, which is chaired by the clinical director.
- The risk manager reconciles resident occurrence reports with security incident reports to ensure accuracy and adequate investigative coverage.
- The risk manager also reviews and disseminates "Significant Reportable Events," which are minor incidents that occurred five or more times within a 30-day period, as well as, high-risk reviews.

Inspector General Recommendations:

- That a resident risk assessment be conducted in accordance with established Risk Assessment Administrative Guidelines using past incidents, recent behaviors, stressful events, threats, and other available risk factors to predict high-risk situations. The assessment should be a joint effort on behalf of clinicians, hospital management, the risk manager, and the district administrator.
- That a single position be established to ensure accountability of investigations. To ensure all incidents receive appropriate management attention this position should track the reporting priority, investigative action, feedback, and follow-up actions taken for management.
- That one policy regarding all types of investigations be implemented.
- That risk management be placed under the Office of Legal Services and have investigators report to the risk manager who reports directly to the legal counsel. Every investigator should report directly to the legal counsel or hospital administrator as deemed appropriate.
- That a risk management committee be formed to focus on risk management issues, to include department heads and administration. The committee should meet at least monthly and share best practices with other institutions.
- That resident occurrence reports be provided to the risk manager at the start of each business day, rather than 72 hours after an occurrence.
- That the practice of hospital investigators determining which cases meet investigative protocol for protective investigations be eliminated. The risk manager should prioritize assignments, review investigations for accuracy and thoroughness, and determine to whom the report should be distributed.
- That an additional investigator be assigned to handle all other types of major investigations; (i.e., drugs and contraband-related, escape attempts, and staff issues).
- That the hospital administrator's approval be required during normal "business hours," before removing and replacing staff. Decisions by investigators, after "business hours," to remove or replace staff should be made by the officer of the day and reviewed by the hospital administrator on the next workday.
- That the risk manager be designated as the single depository for incident investigative reports. Completed reports should be filed in the risk manager's office.
- That an on-going training program be initiated for investigators and security personnel.
- That a project team be formed to identify significant reportable events to reduce the frequency of non-incidents being reported as significant reportable events.
- That all security incident reports be signed by the chief of security and risk manager.
- That the root causes of significant incidents not being tracked or investigated be determined. Install a user-friendly, efficient database to replace the 1967 Massachusetts General

Hospital's Utility Multi-Programming System database.

Management Review 99-04-M: Brown Schools of Florida

Purpose: To examine the appropriateness of placements and care provided by the Brown Schools of Florida to Department clients. The Brown Schools of Florida is a residential facility that addresses multiple issues of emotionally disturbed adolescents, adjudicated dependent and delinquent youth and their families in a community-based setting. Although the review focused on the month of April 1999, certain documents and procedures from July 1, 1998 through April 1, 1999 also were reviewed.

Objectives were to determine whether:

- the placement protocol complied with Rule 65E-10 of the Florida Administrative Code (FAC);
 - the mix of children placed in Brown Schools was appropriate;
 - the overall treatment approach and its relationship with the use of manual and chemical restraints was adequate; and whether,
 - the Department counselors were thorough in investigating allegations.
- The school's manual and chemical restraint policies and procedures were designed to prevent restraints from being used for punishment, staff convenience, or as a substitute for treatment. However, the policies and procedures led to the inadvertent strengthening and worsening of the behaviors intended to treat. The frequencies of restraints were higher than expected.
 - Orders for the emergency use of specific medications were not always consistent with Rule 65E-5.180, FAC. There was no evidence that injectable drugs were used as a form of restraint.
 - Of 28 Florida Abuse Hotline Information System (FAHIS) reports and protective investigative files reviewed, many investigations were not thorough. Eight of eleven (72 percent) reports that were open at the time of the review had been open for more than sixty days.
 - No children with developmental disabilities were residing in the school.
 - Nursing assessments by licensed practical nurses were not reviewed or countersigned by a registered nurse.
 - The Brown School did not provide financial statements to the Department.

Review Findings:

- Eighteen of twenty-six (69 percent) placements did not comply with the requirement of Rule 65E-10.018, FAC. Seven of twenty-six children were placed by judicial court order of which six of the seven (86 percent) did not comply with Rule 65E-10.018, FAC.

Inspector General Recommendations:

- That District 10 Alcohol, Drug Abuse and Mental Health Program Office implement a totally new operating procedure for the Level of Care Review Committee to bring the district's procedures for case review and placement in residential treatment

- programs into compliance with Rule 65E-10.018, FAC, and §394.4781(3) (c), F.S.
- That District 10 program management develop a quality assurance and quality improvement program to regularly review the operations of the Level of Care Review Committee and to identify training and technical assistance needs.
 - That District 10 program management ensure that all children in the school have a multidisciplinary review. Children who do not meet the criteria expressed in Rule 65E-10, FAC, should be scheduled for early discharge.
 - That continuation of current joint management meetings occur between the school and District 10 program staff to address critical operational issues, regular review of new placements, and resolution of administrative or compliance issues that may result from new placements.
 - That District 10 and the school administration develop a plan to clarify the status of the school in the overall service system for children in Broward County. The feasibility of operating both program components simultaneously in the same milieu should be carefully examined, with a stronger emphasis on the post-discharge status of children admitted under each program.
 - That school staff receive training on how to interact with the complex needs of the children they serve in order to minimize crisis behaviors.
 - That the school adopt a crisis management system that is behaviorally oriented, combined with a substantial curriculum on the prevention of crisis behaviors.
- That the school implement a system to provide ongoing measurement of the changes in the behaviors of children in care to allow moment-to-moment assessments; thereby identifying the need to modify procedures and/or retrain staff.
 - That District 10 program management provide on-going, independent oversight of the program. A model for this type of system is in place within the Developmental Services Program. The school should practice minimal use of manual restraint and no use of chemical sedation unless there is clear documentation of its need and effectiveness in resolving crisis behaviors. Physical restraint applied on a regularly occurring basis should be used in the context of a functional analysis that provides a clear course of treatment for the behaviors in question. Treatment should involve teaching replacement behaviors and/or auxiliary skills aimed at preventing crisis behaviors.
 - That the school use crisis management procedures in the context of other treatment programs that are based upon functional assessments of problem behaviors.
 - That school therapists, supervisors, and other key staff be trained in fundamentals of behavioral approaches; and, District 10 management establish a mechanism for preparing staff to meet the eligibility requirements for certification as Associate Behavior Analysts or Behavior Analysts.
 - That school staff have the ability to track, analyze, and make program decisions based upon the short and long-term effects of any type of crisis management.

- That the school establish a protocol for use of medications that are ordered as needed. This protocol must clearly define and set specific parameters for the attending staff to implement according to the individual circumstances.
- That the school conduct nutritional assessments for children who have identified conditions requiring dietetic services, including nutritional counseling, when clinically indicated. The school should maintain clear evidence of direct registered nurse supervision and oversight if the facility elects to continue using licensed practical nurses. The pharmacist should have a more active role in advising the treatment team on pharmacological issues.
- That District 10 coordinate with the Professional Development Center to develop a curriculum for investigators and supervisors that focuses on institutional investigations. District 10 should reestablish a specialized institutional investigative unit.
- That Developmental Services professional staff participate in the Level of Care Committee multidisciplinary staffing for placements of children with dual diagnoses of mental illness and a developmental disability.
- That the school comply with the requirements of §216.349, F.S., and Attachment 1, item 7 (special audit requirements) of Contract Numbers SJHD2 and SJHM2.
- That District 10 compare the cost center budget detail submitted by the school against their audited financial statements and accompanying schedules of functional expenses and financial assistance to ascertain reasonable contract rates.
- That District 10 obtain from the school a detailed breakout of the budget line item “Medical and Pharmacy” to provide assurance that the Department is not reimbursing expenditures covered by other State agencies or funding sources.
- That the school submit to District 10 legal counsel the agreements entered into with Colonial Health Care Services, Inc., (or subsidiaries) to determine if they constitute an assignment transfer or subcontract.

Audit 00-01-S: Florida Tobacco Settlement Funds

Purpose: To audit Tobacco Settlement Proceeds received as a result of civil action by the State of Florida against several tobacco companies.

This audit was conducted under the direction of the Executive Office of the Governor. The scope of the audit was to assure appropriate use of tobacco settlement proceeds and included an evaluation of the adequacy and effectiveness of internal controls for ensuring proper administration, management, spending, and accountability of the funds. The audit covered tobacco funds appropriated for contracted services and fixed capital outlay projects from July 1, 1999 through June 30, 2000. The cut-off date for expenditures included in this audit was September 30, 1999. Two contracts had been executed, DISC (Drug Intervention Service Center) Village, Inc., and Pasco Adolescent Intervention Center, Inc. Tobacco funds had not been disbursed for FY 2000.

Objectives were to determine whether:

- the contracting process provided reasonable assurance that contracts were executed in accordance with State laws and regulations;
- contracts using tobacco proceeds were in accordance with appropriation objectives were expended in compliance with Legislative intent;
- the subcontracting process provided reasonable assurance of execution using prudent business practices; and,
- proper controls existed to reasonably ensure prudent use of State funds by contractors and subcontractors to accomplish the objectives of the contracts.

The following FY 2000 appropriations of the tobacco settlement were selected for this audit:

Grants and Aids for Fixed Capital Outlay for Substance Abuse/Mental Health Facilities

- 1. \$869,400 Village Families in Transition Program - District 11
- 2. \$600,000 Lock Town Community Mental Health Center - District 11
- 3. \$750,000 Family Emergency Treatment Center - District 6

Grants and Aids for Fixed Capital Outlay for Developmental Services Program Facilities

- 1. \$1,200,000 Manatee Association for Retarded Citizens - District 6 Grants and Aids for Fixed Capital Outlay Economic Self-Sufficiency Program Homeless or Farm-worker Housing
- 1. \$500,000 In the Pines, South - District 9
- Contracted Services for Substance Abuse or Mental Health Programs
- 1. \$1,000,000 Informed Families - District 11
- 2. \$975,000 Pasco Adolescent Intervention Center - District 5
- 3. \$600,000 DISC Village, Inc. - District 2

Audit Findings:

- Department contracting processes provide reasonable assurance that contracts are executed in accordance with Florida laws and regulations.
- The Department’s contract with DISC Village, Inc., provides services in accordance with the appropriation objectives.
- The Contract Management System for Contractual Services Manual (CFOP 75-2) provides procedures that reasonably assure subcontracts are properly executed in accordance with prudent business practices.
- The CFOP 75-2 provides adequate procedures to reasonably ensure prudent use of State funds by contractors and subcontractors to accomplish the objectives of the contracts.

Inspector General Recommendations:

- That adherence to CFOP 75-2 to ensure protection of funds disbursed, and compliance with applicable laws, rules, and regulations continue to be required. Management must ensure the manual is updated to comply with statutory changes.
- That tobacco proceeds continue to be expended in accordance with the intent of the Legislature to provide substance abuse and mental health services to improve the quality of children's lives.
- That the requirements and responsibilities of the contract manager and contract administrator positions be specified in approving subcontracts.
- That the policies and procedures in the CFOP 75-2 be provided, enforced, and maintained to promote continuous improvements.

Auditee Response:

- Auditees have up to six months to respond to all recommendations; therefore, some responses were still pending at the close of the annual report.
- The Office of Administration and the Substance Abuse Program Office will continue to require compliance with the CFOP 75-2 and the Guide for Performance Contracting Manual and to update the manuals as statutory changes occur.
- The Office of Administration and the Substance Abuse Program Office will continue to assure tobacco proceeds are used in accordance with Legislative intent.

- The Office of Administration will insure additional operating procedures to improve oversight and accountability for state funds, including ones related to contract monitoring and contract negotiations. Administration has also contracted for monitoring and negotiation training for district and central office staff.
- The District 5 program office, legal, and fiscal departments reviewed and approved contracts before execution to ensure compliance. Monthly, the district monitors and evaluates the contractor's invoices to ensure state funds are being expended in accordance with contract objectives.
- District 6 provided a subcontract review checklist as an example of how the district works to approve quality subcontracts.

Other Management Review Activities

Risk Assessment:

Management review staff are currently in the process of completing the FY 2001 Departmental Risk Assessment and Annual Audit Plan.

Internal Security Task Force:

Unit staff participated on a Departmental task force to enhance emphasis on strong internal controls in the Economic Self-Sufficiency Program. The goal of the task force was to establish procedures and practices to insure that internal security measures are in place to preclude the

possibility of employee fraud and to maximize the Department's ability to detect employee fraud.

Projects in progress

- Performance Measure Assessment of the Family Safety, Child Care Services, and Adult Services Programs.
- Management Review of Family Safety Issues in District 8.
- Development of a Provider Self-Disclosure Protocol (Appendix 1) designed to encourage providers to conduct self-evaluations and disclose irregularities identified when providing services to the Department's clients.
- Preliminary project planning for a validity and reliability review of the Developmental Services Program Performance Measures.

Prior Audits and Management Reviews For Which Corrective Action Has Not Been Completed

Audit A-99-01: Use of Innovation Investment for Energy Conservation in State Facilities by South Florida State Hospital for the Period July 1, 1996 Through June 30, 1998. Two recommendations required revision to the Department's budget procedures and are being followed-up by the auditee. Internal Audit will continue to track these recommendations until implemented.

Management Review 99-02-M: The Florida Abuse Hotline Information System (FAHIS). Development of a certification program for abuse hotline personnel is still in progress.

Management Review 99-03-M: The Mental Health Program's Salaries and Contracts. The remaining recommendation requires revision of contract language to address non-compliance with specific contract deliverables.

Audit 00-01-S: Florida Tobacco Settlement Funds. The remaining recommendation requires the Contract Management System for Contractual Services Manual to specify the requirements and responsibilities of the contract manager and contract administrator in approving subcontracts.

Section D: Office of Appeal Hearings

The Office of Appeal Hearings conducts administrative hearings and determines final agency action for issues related to 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.

Appeal Hearings has twenty full-time positions and is staffed with an administrator, three supervisors, thirteen hearing officers and three support employees.

In order to deliver services on a statewide basis and in the most timely and cost-effective method, 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 to offer a “fair” hearing prior to any action that terminates assistance. Per federal regulations, the hearing program must meet basic due process requirements as contained in Goldberg v. Kelly, (1970). Also, the Administrative Procedures Act, Chapter 120, F.S., sets forth state procedural requirements the Department must meet in resolving issues which affect the substantial interest of individuals. Appeal Hearings has been delegated the authority to complete final Department action on a variety of issues arising out of several federally-funded programs.

Appeal Hearings holds fair hearings for:

Economic Self Sufficiency

- Temporary Assistance to Needy Families (TANF)
- Food Stamps (FS)
- Medicaid Eligibility/Benefits
- 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.

Fair Hearing Results by District

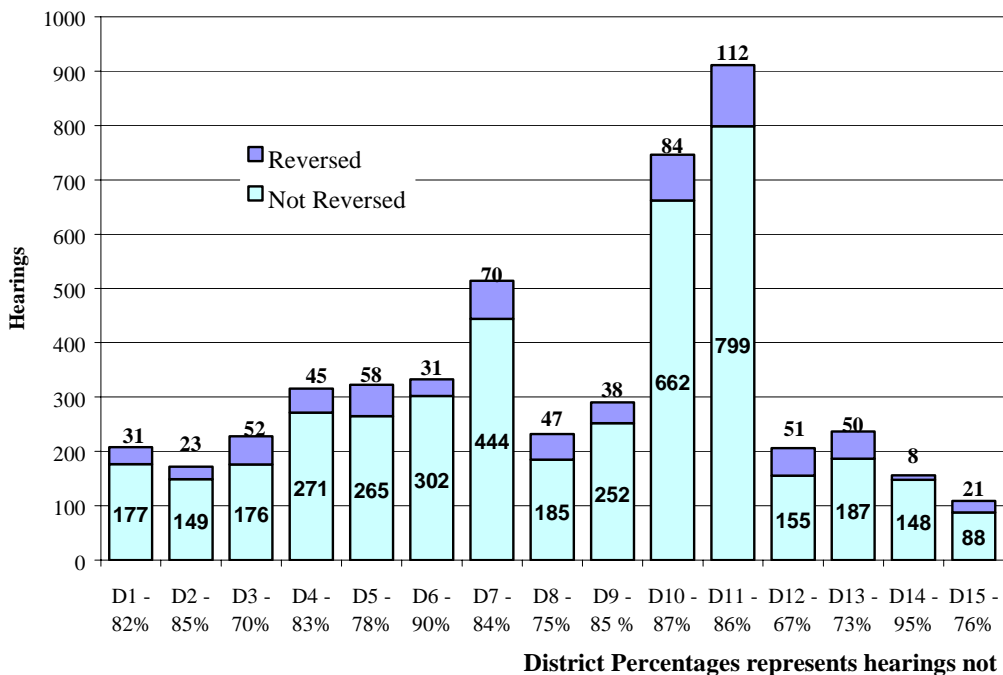


Figure: D.1
Source: Office of Appeal Hearings

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 Medicaid-funded patient was correct. The facility may only discharge an individual based upon conditions set forth in law.

These hearings often involve expert medical testimony on complex medical issues. The hearing officer has the authority to prohibit the discharge of the resident or may require the facility to readmit the resident.

Administrative Disqualification Hearings

The Department has the authority to disqualify an individual from receiving Temporary Assistance to Needy Families 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 acts such as withholding or concealing facts or making false statements that are misleading or misrepresented. The disqualification is one year for the first offense, two years for the second offense, and a lifetime for the third offense.

The office also tracks cases in which the individual agrees to accept the disqualification penalty and waive the right to a hearing. Based upon signed waivers in FY 2000, the office processed **7,305** disqualification's for Temporary Assistance for Needy Families or Food Stamp benefits.

The following chart, **Figure D.2**, shows, by district, the amount of claim dollars established for intentional program violations. The Department pursues these claims and does recoup portions of the funds.

Overpayments Associated with Disqualifications

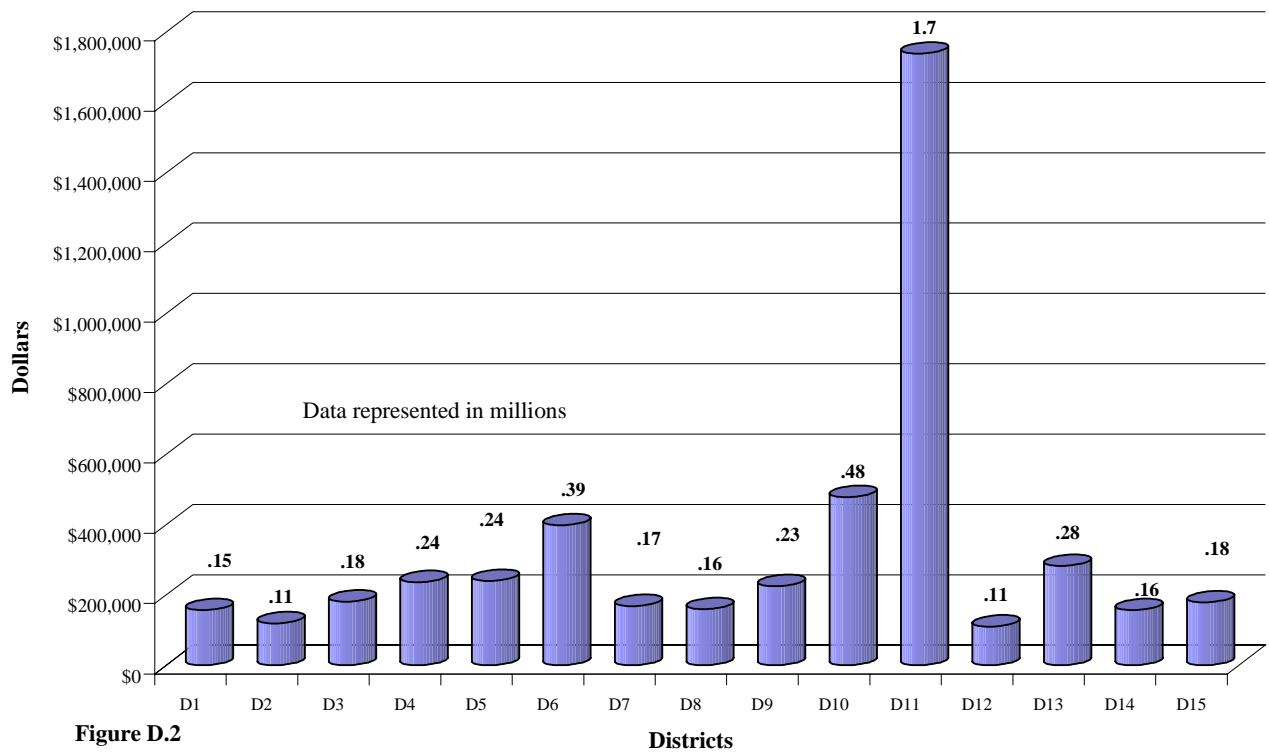


Figure D.2
Source: Office of Appeal Hearings

Figure D.3, displays the number of months of program disqualification

for the Temporary Assistance to Needy Families and Food Stamp Programs.

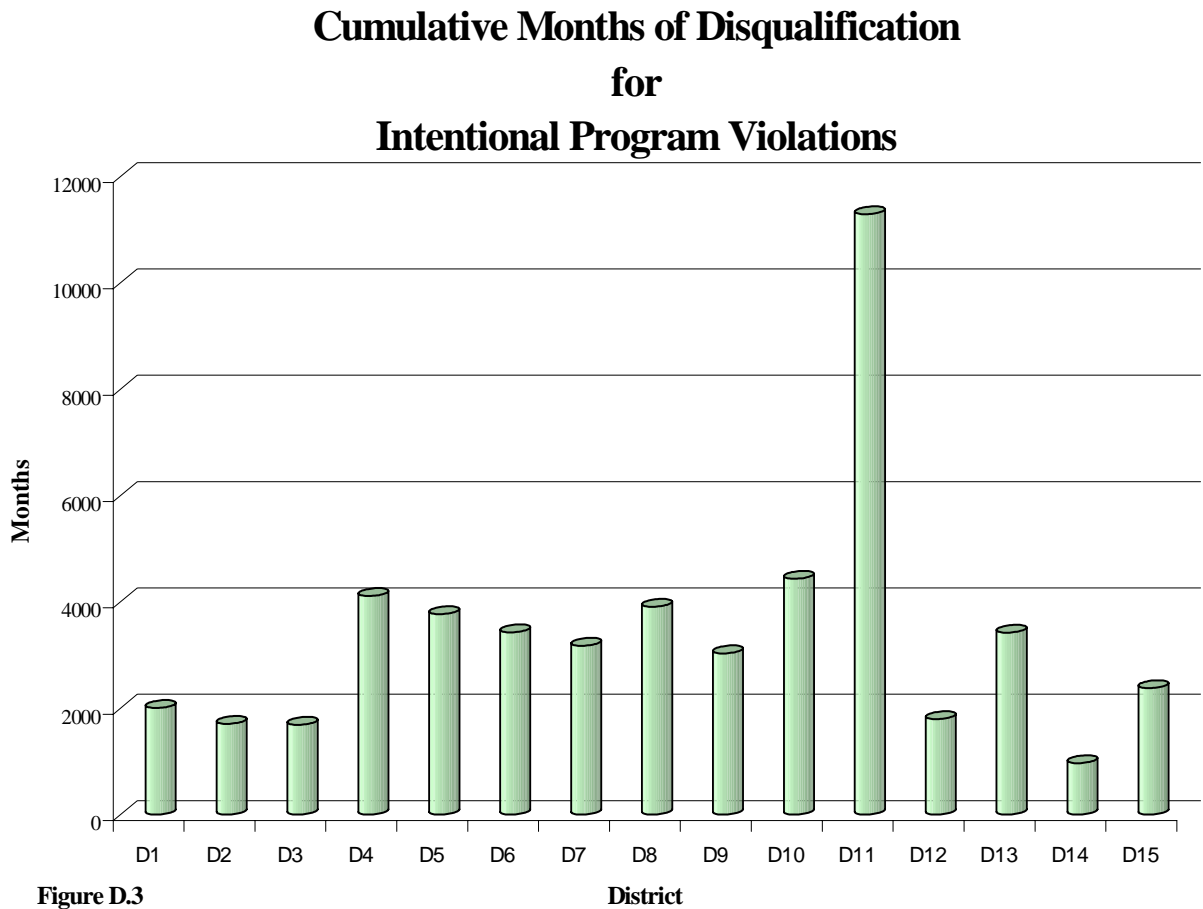


Figure D.3
Source: Office of Appeal Hearings

Section E: Office of Quality Control

Federal statutes require the state to have a system for quality control of the administration of Food Stamp and Medicaid programs. The Office of Quality Control conducts federally mandated reviews based upon statistically reliable samples of public assistance cases.

The reviews provide state and federal administrators information regarding erroneous payments in public assistance programs. Findings are used to establish corrective action plans for persistent problems in determining benefits. The federal agencies also use quality control data to evaluate the integrity of the public assistance programs.

With the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Aid to Families with Dependent Children was replaced by the Temporary Assistance to Needy Families (TANF). Although TANF does not require quality control reviews, Florida continues to provide payment accuracy reviews on this assistance program.

Federal statutes and regulations pertaining to the quality control program 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 headed by the Chief of Quality Control who, for independence purposes, reports directly to the Inspector General. Quality Control is composed of sixty positions located in seven offices throughout the state. A typical office is represented by a supervisor, with four to seven analysts and a secretary, in each unit. The seven offices are located in Tallahassee (with a satellite office in Panama City), Jacksonville, Orlando, St. Petersburg, Tampa, and Miami*. Headquarters staff are located in Tallahassee. Quality Control is funded by 50 percent federal and 50 percent general revenue funds.

*Two units in the Miami office.

Programs Reviewed

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

Each review results in one of the following findings: Correct, Underpayment, Overpayment, Totally Ineligible, or Dropped from the Sample. Medicaid reviews have the additional findings of Liability Understated and Liability Overstated.

During FFY 1999, the office conducted reviews on **1,504** Food Stamp cases, **1,388** Temporary Assistance to Needy Families cases and **705** Medicaid cases. Negative reviews (closures and denials) were conducted on **687** food stamp cases, **858** TANF cases, and **322** Medicaid cases.

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 review of as many as 50 elements of eligibility. Each element must be documented using acceptable standards of evidence. In addition to regulations, federal agencies issue manuals of instruction and other written guidelines to ensure that all states conduct the quality control system uniformly. A *Report On Findings* for each case reviewed is sent to the appropriate district administrator and Headquarters Staff of Economic Self-Sufficiency.

The U.S. Department of Agriculture re-reviews one-third of the Food Stamp cases from each state 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 to determine sanctions imposed against the state.

Error Rates

Error rates reflect the percentage of public assistance money misspent by the State of Florida. For federal FY 1999, the error rate for the Food Stamp Program was 9.23, percent (**Figure E.1**); the Temporary Assistance to Needy Families Program was 7.73 percent, (**Figure E.2**). This is the lowest Food Stamp rate since 1988.

Medicaid

Though the Medicaid program is administered by the Agency for Health Care Administration, the Department deter-

mines Medicaid eligibility. Consequently, 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 three percent national tolerance level for several years.

In October 1999, Florida was granted a waiver of the Medicaid error rate determination process. In its place, Florida has been approved to conduct a pilot project to identify Medicaid participants who are eligible for Medicare Buy-In, who are not receiving this benefit. The results of this project will be published by November 30, 2000.

Corrective Action Efforts

Quality Control produces a monthly statistical report, which contains information to help reduce erroneous payments. This report identifies areas of eligibility that contain errors, plus an analysis of the cause of the error. The report identifies district as well as agency-caused errors versus client errors. It also presents trends that compare the current year with the prior year's performance. Numerous other ad-hoc reports are provided as requested. An Annual Report also is completed each federal fiscal year, which provides in-depth information at the district level.

Quality Control participates in the state-wide Quality Service Committee, and in an effort to share error rate information and error rate reduction ideas, the staff make themselves available to the districts to assist in training, interviewing skills, and error reduction techniques.

FFY 1999 Statewide Error Rate - 9.23 percent.

- Agency errors accounted for **38.4** percent of the errs accordingly:
 - Failed to Act - **59.8** percent;
 - Policy Incorrectly Applied - **32.3** percent;
 - Mathematical - **4.9** percent.
- Client errors accounted for **61.6** percent of the error rate:
 - Information Not Reported - **76.6** percent;
 - Willful Misrepresentation – **19** percent;
 - Information Incorrect - **4.4** percent.
- Dominant error prone eligibility element: Wages and Salaries **44.72** percent.
Out of **1,325** cases, **282** were error cases.

Food Stamp 5-Year Trend

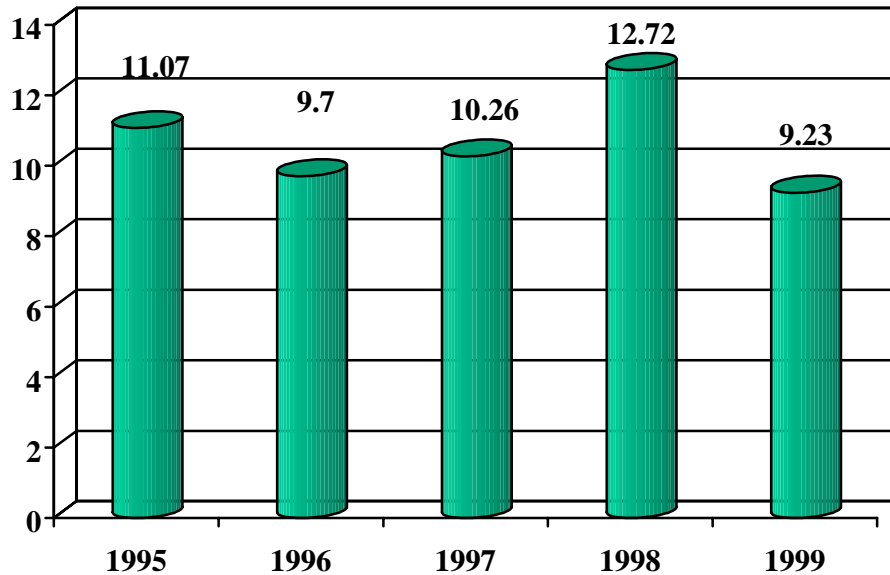


Figure E.1
Source: Office of Quality Control

Temporary Assistance to Needy Families Error Rate Summary

FFY 1999 Statewide Error Rate - 7.73 percent.

- Agency errors accounted for **40.3** percent of the error rate:
 - Failed to Act - **54.1** percent;
 - Policy Incorrectly Applied - **41.1** percent;
 - Other - **3.1** percent;
 - Arithmetic - **1.7** percent.
- Client errors accounted for **59.7** percent of the error rate:
 - Information Not Reported - **49.0** percent;
 - Willful Misrepresentation - **43.7** percent;
 - Information Incorrect - **7.3** percent.
- Dominant error prone eligibility element:
 - Wages and Salaries - **39.66** percent;
 - Out of **1,234** cases, **149** were error cases.

TANF/AFDC 5 Year Trend

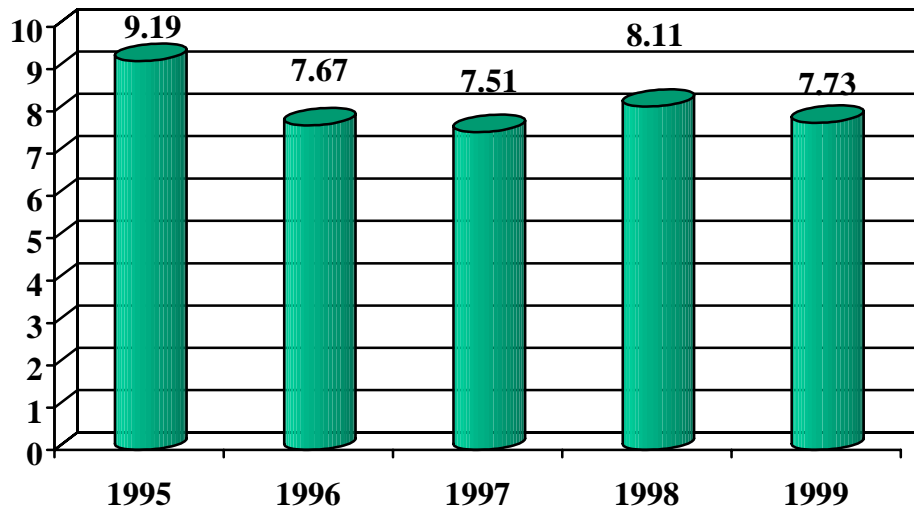


Figure E.2
Source: Office of Quality Control

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 is the central point for coordination and responsibility of activities that promote accountability, efficiency, and integrity in government. Therein, the Office of Inspector General is tasked with the responsibility of keeping the Department's Secretary informed of fraud, waste, abuses, and deficiencies that relate to programs and operations conducted or financed by the Department. The Office of Inspector General 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 Office of Inspector General illustrates a commitment to promote an environment of openness and cooperation.

The purpose of this Protocol, from a proactive perspective, 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 encourages 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 may 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 Office of Inspector General's verification process and thus diminish the time it takes for a matter to 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 or error. If a contract manager concludes that an overpayment or error raises concern about the integrity of the provider, the matter will be referred to the Office of Inspector General.

The Office of Inspector General 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 Office of Inspector General 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 Office of Inspector General 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 Office of Inspector General 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 5, Room 247, 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 Office of Inspector General. The internal review may occur after initial disclosure.

IV. THE OFFICE OF INSPECTOR GENERAL'S VERIFICATION

Upon receipt of a provider's disclosure submission, the Office of Inspector General will begin its verification of the information provided. Matters uncovered during the verification process, which are outside the scope of the matter disclosed to the Office of Inspector General, 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 Office of Inspector General may request documents or other materials which the Office of Inspector General may believe are critical to resolving the disclosure. The Office of Inspector General 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 Office of Inspector General 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 Office of Inspector General to resolve the disclosed matter, a lack of cooperation will be considered when the Office of Inspector General 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 deemed appropriate.

Questions about this document should be directed to the Director of Internal Audit at (850) 922-4573.

APPENDIX II

INVESTIGATIONS BY DISTRICT

FY 2000

<u>DISTRICT</u>	<u>ALLEGATION(S)</u>
<u>District 1</u>	
1. 00-0019	A family services counselor failed to properly investigate two abuse reports. <i>Not Substantiated.</i>
<u>District 2</u>	
2. 98-0091	A cost estimator failed to comply with purchasing procedures for a Florida State Hospital purchase order. <i>Substantiated.</i>
3. 99-0027-P	<p>Improper placement of child by the Department. <i>Not Investigated.</i> Complainant was notified via letter that without specifics and documentation, this office would not proceed with the complaint. The complainant did not provide the requested additional information.</p> <p>Falsification of records. <i>Not Investigated.</i> Complainant was notified via letter that without specifics and documentation, this office would not proceed with the complaint. The complainant did not provide the requested additional information.</p> <p>Falsification of records. <i>Not Investigated.</i> Complainant was notified via letter that without specifics and documentation, this office would not proceed with the complaint. The complainant did not provide the requested additional information.</p> <p>Unprofessional conduct by District 2 Attorney. <i>Not Investigated.</i> Complainant was notified via letter that without specifics and documentation, this office would not proceed with the complaint. The complainant did not provide the requested additional information.</p> <p>Improper personnel action. <i>Not Investigated.</i> Complainant was notified via letter that without specifics and documentation, this office would not proceed with the complaint. The complainant did not provide the requested additional information.</p>

4. 99-0046-P An Elder Care Services Medicaid provider was billing for hours not worked, at the direction of FSP/aging client. *Substantiated.*
5. 99-0080-P An employee of the district mental health program office informed staff at Florida State Hospital of impending investigations. *Not Substantiated.*
6. 99-0122 An employee was guilty of a breach of confidential information concerning an abuse report regarding an abuse investigation. *Not Substantiated.*
7. 99-0127 A Florida Abuse Hotline Information System counselor breached confidential information by providing an anonymous caller with information concerning a case. *Not substantiated.*
8. 99-0163 A family services counselor breached confidential information by identifying a client to unauthorized persons. *Not Substantiated.*

A family services counselor provided false information to the court. *Substantiated.*
9. 00-0027 An employee made inappropriate comments to a Department client. *Not Substantiated.*

District 3

10. 99-0070 A breach of confidential information occurred during a deposition. Names of abuse reporters, relating to a specific abuse report, were released in violation of Florida Statutes. *Substantiated.*

A family services counselor supervisor and family services counselor had improper personal relationships with paternal witnesses and Department management did nothing to address the situation. *Not Substantiated.*

A child was physically mishandled by a family services counselor in the presence of the complainant. *Not Substantiated.*

The Department mishandled the investigations of two abuse reports in a number of incidences. Numerous incidences, when viewed in totality, show mishandling. *Inconclusive.*
11. 99-0082 Anonymous calls were made to state hotlines indicating that an employee was telling coworkers that he had possession of a videotape that another person had taken from a facility which may show client abuse. *Substantiated.*

12. 99-0096 Reception area staff laughed at a client during an incident; leading the client to believe the Department had no concern for her needs. *Not substantiated.*
13. 99-0102 A family services counselor breached confidential information by discussing with a client, at the client's place of work, case details while other persons were present. *Not substantiated.*
14. 99-0114-P The Department mishandled a child abuse case by not considering alleged child abuse photographs taken by the maternal grandmother. *Not Substantiated.*
15. 99-0120 A family services counselor closed a child abuse investigation as unfounded because the parent of a Department client was doing sexual favors for him. *Not Substantiated.*
16. 99-0161 A general services specialist misused state equipment and supplies by giving a word processing systems operator a state-owned computer and monitor for her personal use. *Not Substantiated.*
17. 99-0168 An accountant I falsified the State of Florida Employment Application by claiming previous employment at a behavioral center. *Not Substantiated.*
- The complainant was directed by a supervisor to withhold information that an accountant I was under investigation by the division of public assistance fraud. *Substantiated.*
- An accountant I falsified an application for a parking permit when initially hired. *Not Substantiated.*
18. 00-0020 An employee sold prime time satellite and antenna equipment while working on state time in a state facility. *Not Substantiated.*
19. 00-0021-P An unknown person breached confidential information about a client to the media. *Not Substantiated.*

District 4

20. 99-0066 While inquiring into the death of a child, the district death review committee made contact with a Departmental contractor and learned that a letter indicating the child was at risk and pages of faxed material were missing from the original files. *Not substantiated.*

21. 99-0069-P A complainant alleged falsification of records concerning waivers requesting a fair hearing. *Not Substantiated.*
22. 99-0071 Employees (a program operations administrator and a family services counselor supervisor) requested another employee (a family services counselor supervisor) to fabricate a false abuse case against a foster home. *Not Substantiated.*
- Employees covered up or failed to disclose information relating to reported therapeutic training by foster home persons. Allegedly, the employer told two individuals the foster home persons did not receive training. *Not Substantiated.*
23. 99-0087 A public assistance specialist failed to reimburse the Department for payment received pursuant to a court order for restitution resulting from the breaking of a window by a client. *Substantiated.*
24. 99-0104-P A preliminary inquiry was initiated to determine if a public assistance specialist accessed the Florida Abuse Hotline Information System to obtain information concerning her daughter's child abuse cases. *Not Substantiated.*
25. 99-0173 A family services counselor supervisor perjured himself by making a false statement, during a deposition taken by the complainant's legal counsel. *Not Substantiated.*
- A family services counselor falsified a shelter petition by including, without proof, the statement that the child was a victim because the complainant sexually abused two family members, including the child's mother. *Substantiated.*
- A complainant alleged failure to sufficiently investigate a child abuse report by two family services counselors. *Not Substantiated.*
26. 99-0177 A family services counselor coerced the complainant to sign documents acknowledging visitations with the client's child when the visitations did not occur. *Not Substantiated.*
- A family services counselor falsified client letters which listed upcoming visitation dates between the client and the child. *Not Substantiated.*
- A family services counselor coerced the complainant into signing documents by threatening to obtain a court order ensuring compliance with her request. *Not Substantiated.*

A family services counselor attempted to coerce the client to sign a document by threatening to cancel the client's next visitation with the child. *Not Substantiated.*

On two occasions and in the presence of witnesses, a family services counselor insulted the complainant, the client, and the father of the client's child with racial remarks. *Not Substantiated.*

A provider case manger, in an attempt to defraud the Department, falsified the complainant's initials in a book, which stated that services were provided to the client when no services were provided. *Not Substantiated.*

District 5

27. 99-0058 A family services counselor provided a falsified State of Florida high school equivalency diploma to a client. *Substantiated.*

A family services counselor falsified employment applications for initial hire and a subsequent promotion by claiming to have completed a bachelor's degree in secondary education. *Substantiated.*

The district failed to properly address the complainant's allegations that a family services counselor falsified the State of Florida employment applications. *Substantiated.*

28. 99-0134 A hostile work environment exists in family safety units at two service centers because employees are intimidating and discrediting other employees. *Substantiated.*

Nine family services counselors and supervisors in family safety units at two service centers, violated Department rules, regulations, and policies. *Not Substantiated.*

District 6

29. 99-0119 The district failed to properly investigate a report of abuse of a client. *Not Substantiated.*

The district failed to comply with court ordered procedures in obtaining court appointed guardianships regarding clients. *Not Substantiated.*

30. 99-0143 A former child protective investigator supervisor and a child protective investigator removed a client from the complainant's home as a retaliatory act. *Not Substantiated.*
- A family services counselor verbally threatened the complainant. *Not Substantiated.*
31. 99-0148 A public assistance specialist reported to work late every day, took one-hour lunch breaks, and left early without documenting the absences on the attendance records. A program administrator knowingly allowed the falsifications. *Not Substantiated.*
32. 99-0155 A family services counselor abandoned a foster child on a city street rather than take the child to a juvenile shelter. *Not Substantiated.*
33. 99-0167 A family services counselor breached confidential information by giving confidential information from an abuse report to a police officer who then obtained the reporter's name and address through the 911 telephone directory. *Not Substantiated.*
34. 00-0018-P An employee failed to investigate the additional incidents of child-on-child sexual abuse. Client's case file was never located. The complainant refused to sign a waiver of confidentiality to interview the child's therapist. The complainant requested the inquiry be closed. *Not Investigated.*
- District 7
35. 98-0061 A public assistance specialist breached confidential information by revealing client information to her father. *Not Substantiated.*
36. 99-0074 A complainant alleged breaches of confidentiality by one or more employees. *Not Substantiated.*
37. 99-0084 A family services counselor used disrespectful language toward the complainant. *Substantiated.*
- A family services counselor was unfair in her handling of the case involving the complainant's children. *Not Substantiated.*
38. 99-0085 An employee was aware of and failed to report the physical abuse of her child. *Inconclusive.*
39. 99-0086 A family services counselor breached confidentiality by providing enough information about a call to the Florida Abuse Hotline Information System to an alleged perpetrator that allowed the alleged perpetrator to identify the reporter. *Not Substantiated.*

- A family services counselor supervisor behaved inappropriately toward a client in the Department lobby by pushing the client on her shoulders and touching the client while attempting to take back documents. *Not Substantiated.*
- A family services counselor failed to interview the alleged victim in the same case. *Substantiated.*
40. 99-0091 A family services counselor was arrested for domestic violence and failed to report the incident to the supervisor. *Not Substantiated.*
- A family services counselor took clients to his home and then falsified records by documenting that he visited the clients at their homes. *Not Substantiated.*
- A family services counselor had a felony criminal history that he failed to disclose before accepting employment with the Department. *Not Substantiated.*
41. 99-0098 An employee invited a client and the client's children to his home for "birthday parties and such" during his child abuse investigation of the complainant's spouse (the client's former spouse). *Substantiated.*
42. 99-0099 A public assistance specialist falsified an employment application by claiming to have earned a bachelor's degree. *Substantiated.*
- A public assistance specialist failed to report, to the supervisor, an arrest for domestic violence against the spouse. *Substantiated.*
- A public assistance specialist abused a client by coercing the client to give up articles of clothing in order to obtain benefits and purchase groceries for her with the complainant's food stamps. *Not Substantiated.*
- A public assistance specialist obtained temporary Medicaid for the complainant for a four-month period even though the complainant did not apply for supplemental security income. *Not Substantiated.*
- A public assistance specialist unlawfully took a telephone from service center and gave it to a complainant to use. *Not Substantiated.*
43. 99-0103 A secretary specialist released confidential information contained in a child abuse report regarding one foster parent to another foster parent. *Not Substantiated.*

44. 99-0107 A family services counselor misused her position by removing a child from the complainant's home as a favor for a friend (the child's mother). *Not Substantiated.*
45. 99-0109 A family services counselor promised the return of a child's custody to the parent in return for sexual favors from the client. Also, the family services counselor improperly touched and intimidated the client. *Not Substantiated.*
- A family services counselor made an inappropriate comment of a sexual nature to a client. *Not Substantiated.*
- A family services counselor's conduct toward an employee of a provider was improper. *Substantiated.*
46. 99-0115 A family services counselor falsified records and used improper investigative procedures during the investigation of a Florida Abuse Hotline Information System report. *Not Substantiated.*
47. 99-0124 A family services counselor falsified attendance records by leaving work early on almost a daily basis and claiming work for eight hours. *Not Substantiated.*
- A family services counselor falsified travel records by claiming excessive mileage. *Not Substantiated.*
48. 99-0125 A district program operations administrator falsified a shelter petition. *Not Substantiated.*
49. 99-0132 A family services counselor provided false information that contributed to the removal of a baby from the parent's custody. *Substantiated.*
- A family services counselor falsified information contained in other child abuse case files. *Substantiated.*
50. 99-0137-P An acting program administrator provided contracts and substantial amounts of state funds to providers managed by his former supervisor. *Not Substantiated.*
- The district administrator and program supervisor provided or arranged for a significant increase in the number and value of new state programs or state monies obtained by a private mental health program. *Not Substantiated.*

Acting program administrator diverted over \$200,000 that was committed to other programs to a private program that was administered by his former supervisor's paramour. *Not Substantiated.*

51. 99-0144 A family services counselor documented two false statements in a shelter petition filed with the court concerning an abuse report. *Substantiated.*

A child protection team assessment summary contained contradictory statements and was slanted against the complainant. *Not Substantiated.*

52. 99-0150-P A family services counselor improperly removed a foster child from the complainant's foster home. *Not Substantiated.*

53. 99-0153 A family services counselor breached confidential reporter information contained in a child abuse report. *Not Substantiated.*

54. 99-0162 Inappropriate behavior by a family services counselor with the alleged perpetrator in a child abuse investigation. *Not Substantiated.*

A family services counselor breached confidential information from a child abuse report. *Substantiated.*

55. 99-0164 A family services counselor supervisor violated a court order prohibiting contact between a couple and their children. *Substantiated.*

A family services counselor violated a court order prohibiting contact between a couple and their children. *Not Substantiated.*

A complainant alleged negligent care of a child client by a family services counselor and a family services counselor supervisor. *Not Substantiated.*

56. 99-0172 A family services counselor breached confidential information by releasing the name of a reporter of a child abuse report to the alleged perpetrator. *Not Substantiated.*

A family services counselor falsified chronological notes in the investigation of an abuse report. *Substantiated.*

A family services counselor falsified mileage on vicinity trip logs. *Substantiated.*

57. 00-0002 A family services counselor supervisor made errors throughout the shelter petition, home study, and case plan by not using the full name of the complainant's grandchild and by misspelling the first name of the complainant's daughter. *Substantiated.*
- A family services counselor reported the circumstances of a drug possession arrest of the complainant's daughter's paramour in a home study and case plan. *Substantiated.*
- A family services counselor incorrectly listed the role of the complainant's daughter for three prior abuse reports in the home study. *Not Substantiated.*
- A family services counselor did not accurately report certain responses of the complainant's daughter and her paramour in a home study. *Substantiated.*
- A family services counselor falsified a part of the case plan that addressed the complainant's daughter's history with the Department. *Substantiated.*
- A family services counselor fabricated parts of the shelter petition concerning the complainant's daughter's desire and motive regarding the custody of her second child. *Inconclusive.*
- A family services counselor supervisor intimidated the complainant's daughter. *Not Substantiated.*
- A family services counselor supervisor made an inappropriate comment about the complainant's daughter. *Not substantiated.*
- A family services counselor supervisor retaliated against the complainant by requesting an emergency court hearing to deny him visitation with his grandchild because he refused to undergo a home study. *Not Substantiated.*
58. 00-0004 A developmental services program administrator failed to provide adequate services to the complainant's son. *Not Substantiated.*
- A developmental services program manager mismanaged funds. *Not Substantiated.*
- A waiver support coordinator billed the department for services that he did not provide to the complainant's son. *Not Substantiated.*

59. 00-0014 A family services counselor breached confidential information by releasing the name of the reporter of a child abuse report to the child's parent. *Not Substantiated.*
60. 00-0016-P A family services counselor supervisor and a family services counselor made false statements at a hearing by saying that they knew in advance that the complainant's husband was going to take her children out-of-state. *Not Substantiated.*
61. 00-0017 A family services counselor falsified a verified petition for dependency. *Substantiated.*
62. 00-0025 A former family services counselor breached confidential information. *Not Substantiated.*
63. 00-0034 A family services counselor used marijuana with a perpetrator of a child abuse report. *Not Substantiated.*
64. 00-0036 Battery of a relative of clients by a secretary specialist. *Not Substantiated.*

District 8

- 65 99-0075 A family services counselor misused her position by accessing confidential files in a foster care/adoptions unit and used the confidential case number of a private adoption for personal reasons. *Substantiated.*
- 66 99-0113 Family services counselors failed to make home visits while investigating child abuse cases. *Not Substantiated.*
67. 99-0126 A regulatory program administrator misused her position to obtain confidential information in a child abuse case. *Substantiated.*
- A regulatory program administrator failed to report the alleged child abandonment by the children's mother to the Florida Abuse Hotline Information System. *Substantiated.*
68. 99-0138 A family services counselor failed to properly conduct an abuse investigation and wrote inaccurate statements in the investigative decision summary of an abuse report. *Substantiated.*
69. 99-0152 A family services counselor acted inappropriately by putting his arms around the complainant, attempting to kiss the complainant, and attempting to touch the complainant while investigating an abuse report. *Not Substantiated.*

70. 99-0157 An aging and adult protective services investigator acted inappropriately with a client by asking the client if the client was lonely and kissing the client. *Substantiated.*
71. 99-0170 A family services counselor misused the Florida Abuse Hotline Information System by calling in a false abuse report involving a child she was trying to adopt. *Substantiated.*
72. 99-0176 A family services counselor failed to conduct a thorough investigation of alleged abuse involving the complainant's child. *Substantiated.*
- The district's response to the complainant's concerns was inadequate and inaccurate. *Substantiated.*
- The district administrator threatened the complainant during a telephone conversation. *Not Substantiated.*
73. 00-0003 A family services counselor supervisor acted improperly, while off duty, by following the complainant's children, swearing and calling the children names, and threatening to take the children away from their parents. *Inconclusive.*
74. 00-0005 The district administrator opened a benefits case for a personal friend who was not eligible for benefits. *Not Substantiated.*
- Employee(s) inappropriately deleted a portion of a client's case narrative. *Not Substantiated.*

District 9

75. 99-0056-P District 9 administration deliberately misled a secretary and staff member about a former employee. Conflicting statements and lack of cooperation. *Inconclusive.*
- A complainant alleged inappropriate salary increases in District 9. *Inconclusive.* Insufficient information.
76. 99-0076 Statements made by a family services counselor that the family was called to a child's school and that the police spent two hours with the family at the school were false. *Substantiated.*
- Statements made by a family services counselor that the complainants said they wanted to give up custody of a child were false. *Not Substantiated.*

Statements made by a family services counselor that a complainant beat a child with a belt or a shoe were false. *Substantiated.*

Statements made by a family services counselor about a complainant confiscating a child's clothing from a relative's house were false. *Substantiated.*

Statements made by a family services counselor about a complainant being arrested for domestic violence were false. *Substantiated.*

A family services counselor incorrectly listed the surname of a child and falsely reported that a complainant is a biological parent of a child. *Substantiated.*

77. 99-0092 A public assistance specialist breached confidential information by referring clients to a healthcare marketing agent. *Not Substantiated.*

78. 99-0118 A senior public assistance specialist and three public assistance specialists breached confidential information by releasing client medical data to a healthcare marketing agent (benefits coordinator). *Not Substantiated.*

79. 99-0133 A public assistance specialist supervisor engaged in a conflict of interest by approving a relative for benefits. *Not Substantiated.*

80. 99-0158 A maintenance repairman improperly solicited money from clients. *Not Substantiated.*

District 10

81. 96-0010-P The complainant alleged an inadequate review of documents and records related to alleged neglect of five south Florida State Hospital patients which resulted in two of their deaths.

82. 99-0053 Staff provided incorrect information to a Federal Court regarding treatment's provided foster children. *Substantiated.*

Staff placed and maintained children in a foster home, which they knew or should have known, was a questionable environment. *Substantiated.*

Staff failed to comply with a court order issued following a hearing regarding alleged child abuse occurring in the foster home. *Substantiated.*

83. 99-0060 Provider staff failed to report to the Florida Abuse Hotline Information System an allegation of child-on-child sexual abuse. *Substantiated.*
84. 99-0063 Provider staff failed to make a report to the Florida Abuse Hotline Information System of an alleged sexual relationship between a minor resident and a staff member. *Substantiated.*
85. 99-0072 A family services counselor falsified records. *Substantiated.*
86. 99-0078-P A family services counselor failed to properly conduct an investigation of alleged child abuse. *Substantiated.*
- A family services counselor falsified case documents. *Substantiated.*
- Family services counselors did not make monthly home visits. *Substantiated.*
- Family services counselors did not provide child resource records to the foster parents as required. *Substantiated.*
- A provider promised foster parents they would be able to adopt a Department client. *Not Substantiated.*
- A family services counselor failed to place siblings in the same home. *Not substantiated.*
87. 99-0081 Employees violated a court order by allowing unsupervised visitation. *Substantiated.*
88. 99-0089 A family services counselor breached confidential information by releasing the name of an abuse reporter to the principal or a school, which resulted in the reporter being fired. *Not Substantiated.*
89. 99-0105 A public assistance specialist supervisor shared her Florida system user identification number and password with a co-worker. *Substantiated.*
90. 99-0111 Employees failed to report an allegation of child-on-child sexual abuse to the Florida Abuse Hotline Information System. *Substantiated.*
91. 99-0129 A family services counselor submitted false information in a report to the Broward County Circuit Court by stating that a provider was not a corporation with established bylaws in Florida. *Substantiated.*

A family services counselor reported false information to the court by stating that provider members harassed employees of another provider. *Substantiated.*

92. 99-0139

Three family services counselors physically abused a client. *Not Substantiated.*

A family support worker made religious statements during a supervised visitation in the presence of a client and the complainant. *Substantiated.*

A senior management analyst II and a family services counselor failed to notify the Florida Abuse Hotline Information System when becoming aware of allegations of child-on-child sexual and physical abuse of a client. *Substantiated.*

A former provider program director and an intervention specialist failed to notify the Florida Abuse Hotline Information System when they became aware of the allegations of child-on-child sexual and physical abuse of a client. *Substantiated.*

93. 99-0146

A family services counselor failed to report alleged child abuse to the Florida Abuse Hotline Information System when informed of the abuse. *Not Substantiated.*

A family services counselor placed clients in a dangerous setting by failing to properly screen the caregiver prior to the clients being placed. *Not Substantiated.*

A family services counselor failed to properly conduct an investigation by not interviewing the alleged victim. *Not Substantiated.*

District 11

94. 99-0010

Staff violated laws regarding personnel practices. *Substantiated.*

A secretary specialist sexually harassed other employees. *Not Substantiated.*

Former and current employees falsified information on Medicaid forms to transact improper payments, and other staff ignored the allegations. *Referred to the Attorney General's Office after investigation.*

A division director falsified leave and attendance records on behalf of a program administrator. *Not Substantiated.*

A former Department inspector general instructed district administrators not to have their personnel contact the office of inspector general regional inspectors, which is in violation of section 20.055, Florida Statutes. *Not Substantiated.*

The former employee hired an employee for a position that did not exist. *Substantiated.*

A community resources director was demoted three times in violation of policy, because of being recalled for military duties. *Substantiated.*

A former district administrator failed to act when informed that two employees accepted gifts from vendors and providers. *Not Substantiated.*

95. 99-0100 A district employee removed two children from the complainants' home without cause. *Not Substantiated.*

A family services counselor was disrespectful toward the complainants while at their home. *Not Substantiated.*

An employee provided altered documents to the court. *Not Substantiated.*

96. 99-0101 Two employees coerced and intimidated a client into terminating parental rights. *Not Substantiated.*

97. 99-0110-P A sub-district administrator and an operations management consultant provided financial assistance, by way of a grant, to the owner of the building where an emergency shelter for battered women is located. *Not Substantiated.*

98. 99-0117 A family services counselor solicited money from a client. *Not Substantiated.*

99. 99-0135 A senior attorney cursed at an attorney who was not employed with the Department. *Substantiated.*

A senior attorney cursed at another senior attorney in front of other department employees. *Substantiated.*

100. 99-0136-P An employee was on medical leave and working for a provider agency during the same time. *Not Substantiated.*
101. 99-0145 Funds raised at a provider facility were improperly used to pay for a credit card debt and vacation for the director. *Not Substantiated.*
- Provider staff altered financial records so those records would agree with the auditor's findings. *Not Substantiated.*
- Provider staff were not qualified to be substance abuse counselors. *Not Substantiated.*
- Provider staff falsified records and billed the department for the successful completion of programs by clients who actually dropped out of the program. *Not Substantiated.*
- A provider does not use a sliding prorated cost scale to qualify clients for treatment programs based upon the client's financial status and number of dependents. *Not Substantiated.*
102. 99-0154 A public assistance specialist and public assistance specialist supervisor failed to act when notified of forged signatures on a shelter verification for public assistance monies. *Substantiated.*
103. 99-0159 A protective investigator failed to conduct a complete and thorough investigation regarding the alleged exploitation of a department client. *Substantiated.*
104. 00-0045 A former human services counselor III used sick leave to have surgery and she did not have surgery. *Not Substantiated.*
- A senior human services counselor supervisor inappropriately approved a human services counselor's III sick leave for surgery because he was her paramour. *Not Substantiated.*

District 12

105. 99-0094 A family services counselor falsified parts of a predisposition study. *Not Substantiated.*
- A former family services counselor improperly placed a child client with an unqualified caregiver. *Substantiated.*
- A family services counselor failed to act on allegations that a caregiver supplied marijuana and cigarettes to a child client. *Substantiated.*

106. 99-0106-P A human services counselor showed inappropriate photographs of herself to a department developmental services client. *Inconclusive*. Unable to identify complainant and obtain sufficient information.
107. 99-0108 A family safety unit negligently placed a foster child in an unsafe environment. *Substantiated*.
108. 99-0156 A district administrator rehired a family services counselor against the recommendation of a program operations administrator and two trainers after the individual was previously terminated for having a criminal record. *Not Substantiated*.
- A district administrator hired a less qualified applicant for a supervisory position over an applicant who scored higher in the hiring process. *Not Substantiated*.
109. 99-0178 Adult protective investigators from District's 12 and 4 failed to conduct sufficient investigations of an elderly neglect and exploitation case. *Not Substantiated*.
110. 00-0013 A complainant alleged a breach of confidential information by an employee. *Not Substantiated*.

District 13

111. 99-0140 Staff violated client confidentiality by mailing a document related to one client to the home of another client. *Substantiated*.
112. 99-0149 An adult protective services investigator failed to properly investigate three adult protective investigations. *Not substantiated*.
113. 99-0151 A family services counselor provided false information to the court during a hearing. *Substantiated*.
- A family services counselor documented false information in a shelter order presented to the court. *Substantiated*.
- A family services counselor improperly placed the complainant's grandchildren in emergency shelter care when relatives were available. *Not substantiated*.
114. 00-0010-P An employee used state equipment to obtain confidential information about the client's life eligibility for various department programs. Case was already investigated by the district and action taken. *Inconclusive*.

An employee made disparaging remarks about the client and otherwise acted unprofessionally. Case was already investigated by the district and action taken. *Inconclusive.*

An employee released confidential information about the client to unauthorized persons. Case was already investigated by the district and action taken. *Inconclusive.*

District 14

115. 98-0049-P A complainant alleged state employees provided an abuse report to unauthorized persons. The Department has no jurisdiction since the employees were assigned to other agencies. *Not Investigated.*

A complainant alleged confidential information was provided to unauthorized persons. The Department has no jurisdiction since the employees were assigned to other agencies. *Not Investigated.*

116. 99-0083 A family services counselor breached confidential client information by discussing details of an abuse report with a foster parent who was not entitled to the information. *Substantiated.*

A family services counselor defied the court's order for the Department to set up support services for the pending placement of a child into the paternal grandmother's home. *Not Substantiated.*

A family services counselor documented false and inaccurate information in a shelter petition and predisposition study report submitted to the court in relation to an abuse report. *Substantiated.*

A family services counselor documented false and inaccurate information in a shelter petition in relation to an abuse report. *Inconclusive.*

Family safety and preservation employees worked together to sabotage the placement of a child with a relative and demonstrated a bad faith effort in the handling of both abuse investigations and protective services cases. *Not substantiated.*

117. 99-0093 An employee identified the reporter of an abuse report to the paramour of the alleged perpetrator, who is also the mother of the alleged victim. *Substantiated.*

When the complainant called a supervisor to report her suspicions of a breach of confidential information, the supervisor failed to take the appropriate action. *Not Substantiated.*

118. 99-0147 A family services counselor misused her position by warning an alleged perpetrator of an impending child abuse investigation. *Not Substantiated.*

119. 99-0174 Provider employees forged signatures of clients and a Department employee in client case files. *Substantiated.*

A provider family therapist altered a client case file between the time of initial department monitoring and the second monitoring. *Substantiated.*

A provider accepted payment for services that were not provided as required by the contract regarding the frequency of home visits and work outside of normal business hours. *Not substantiated.*

Provider employees falsified client records and travel reimbursement forms. Records were inaccurate, dates of visits and travel reimbursement forms reflected different dates. *Inconclusive.*

A provider breached the contract related to client services by failing to expend any of the flex funds designed for services other than therapy and counseling. Employees with direct client contact responsibilities were not aware of how to access the flex fund. *Inconclusive.*

120. 00-0023-P A Department employee retaliated against a relative of department clients. Employee followed accepted operating procedures prior to removing the children from the complainant's home. *Not Investigated.*

District 15

121. 99-0049 A family services counselor supervisor conducted an illegal search of a vehicle on behalf of a county sheriff's office. *Not Substantiated.*

A family services counselor supervisor was involved in investigating an abuse case while dressed as an auxiliary deputy sheriff. *Not Substantiated.*

A family services counselor supervisor was involved in a narcotics arrest while dressed as an auxiliary deputy sheriff and placed a child with a non-relative "without an abuse report being called in to HRS." *Substantiated.*

A family services counselor supervisor continued a child abuse investigation after the child informed her that no relative had sexually abused the child. *Not Substantiated.*

A family services counselor supervisor was involved in investigating a case involving a teacher having sexual contact with students without an abuse report being made. *Substantiated.*

A family services counselor supervisor was gone for most of the day investigating a criminal matter with a detective from the sheriff's office. *Not Substantiated.*

A family services counselor supervisor criticized the Department of Juvenile Justice in her testimony to the court, rather than informing the court of the child's safety in the child's current placement. *Not Substantiated.*

A family services counselor supervisor changed from civilian clothing and testified for the department in a court proceeding dressed as an auxiliary deputy. *Substantiated.*

A family services counselor supervisor conducted a strip search of a woman at the county sheriff's office while on state time. *Not Substantiated.*

A family services counselor supervisor ordered her secretary to call, while on state time, and inform a man's wife that she was not having an affair with her husband. (no dates or times were given). *Substantiated.*

A family services counselor supervisor was involved in a case regarding a juvenile having sex with other juveniles. The juvenile was not a caretaker. *Not Substantiated.*

122. 99-0116 A public assistance specialist and family services counselor misused their positions to obtain confidential information for personal use. *Substantiated.*

123. 99-0121 A Department employee provided confidential information to an unauthorized person(s). *Not Substantiated.*

124. 99-0123 Provider employees mismanaged and wasted public funds. *Not Substantiated.*

A provider made a false police report alleging stolen provider funds. *Not Substantiated.*

A provider took an unauthorized share from the return on invested provider funds. *Not Substantiated.*

A provider directed the activation of illegal food stamp cards for provider employees. *Not Substantiated.*

Complicity between provider and Department human services program specialist enabled a provider to violate certain contract requirements. *Not Substantiated.*

Provider was forced to resign from a position with another not-for-profit organization for misappropriating grant monies. *Not Substantiated.*

Provider overcharged for services under the Medicaid home and community-based waiver program. *Substantiated.*

Provider breached confidentiality mandates by granting unauthorized persons access to client files. *Inconclusive.*

125. 99-0130 A family services counselor and a family services counselor supervisor misused their positions with the Department by acting in complicity with members of the city sheriff's office to shelter a child, which a family safety unit from another jurisdiction detected was not at risk. *Substantiated.*

126. 99-0131 A provider alleged the district improperly awarded services contracts due to favoritism. *Not Substantiated.*

127. 99-0141 A family services counselor committed perjury during a child abuse investigation. *Not Substantiated.*

A family services counselor and family services counselor supervisor misused their positions by using the complainant's children against him, passing misinformation, and ignoring information that supported the complainant's position. *Not Substantiated.*

128. 99-0165 A family services counselor disclosed confidential information about the complainant's paramour to the complainant's former mother-in-law. *Not Substantiated.*

A family services counselor provided false information to the court regarding a child protection team doctor's report. *Not substantiated.*

129. 00-0007-P A complainant alleged billing irregularities by a district contract provider. *Referred to another agency for investigation.*

Headquarters

130. 99-0088 An employee worked unnecessary overtime hours. *Not substantiated.*

An employee was permitted to hire his friends into the Individual and Family Grant program. *Not Substantiated.*

131. 99-0090 An employee misused state equipment and state time by participating on internet chat rooms, talking to men, and sending e-mails with vulgar language. *Substantiated.*

132. 99-0097 An employee was directed to alter employee reference information obtained from previous employers. *Inconclusive.*

133. 00-0040 A quality control analyst misused state computer equipment by accessing information about an individual paying child support to her paramour. *Substantiated.*