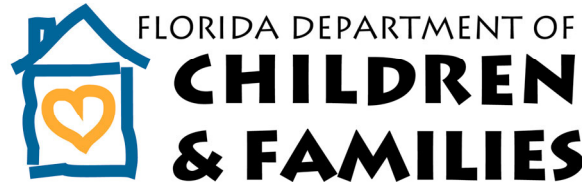


Governor  
Jeb Bush

Secretary  
Jerry Regier



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

# Office of Inspector General

*Integrity, Accountability & Efficiency*

*Annual Report  
Fiscal Year 2002-2003*



*Sheryl Steckler, Inspector General*

September 30, 2003

Dear Secretary Regier,

I am pleased to present to you the *Office of Inspector General Fiscal Year 2002-2003 Annual Report*. This report provides a detailed accounting of this past year's accomplishments by the sections within the Office of Inspector General (OIG): Investigations, Internal Audit, Appeal Hearings, and Quality Control. Our office has undergone many changes during this year from leadership (a new Inspector General, Director of Audit, and Chief of Investigations) to creating a new format for investigation and audit reports. Quality Control and Appeal Hearings were challenged with looking at their role with fresh eyes and new vision. Every staff member of the Inspector General's Office was also challenged to raise the bar in every aspect of their performance from timeliness, quality and quantity of work product to thinking outside the box.

As a result, the Inspector General's Office has been filled with many challenges as well as some obstacles. I also asked staff to take an internal look at the way we do business and how they interact with other offices within the Department of Children & Families. In addition, I placed emphasis on efficiency, effectiveness, and accountability and spent a considerable amount of time on team building. I have listened to input from leadership, district administrators, and program managers, combined with the historical knowledge from staff of the OIG and have begun to implement changes based on the feedback. Some of those changes include:

- Reorganized Internal Audit to improve the audit process and, as a result, complete more audits with fewer resources. A database-driven audit management system was designed to capture and track the flow of work and decrease or nearly eliminate paperwork. This system is nearing completion and will be operational by the end of 2003.
- Conducted a formal audit of our Investigations section, resulting in the reorganization of our business processes. This reorganization has begun to increase our efficiency and timeliness, and improve our ability to communicate with those we serve. Internal operating procedures are currently being rewritten to include these new changes.
- Appeal Hearings caseloads continue to rise. Legislation was developed this past session with Agency for Healthcare Administration (AHCA) for the transfer of the Medicaid benefit hearings. Unfortunately, the bill died on the House floor and the transfer did not take place July 1, 2003. Our office and AHCA share the vision of working together to best serve the client and the transfer of the benefit hearings will be done by cooperative agreement until the next Legislative session can take up the issue again.

---

**1317 Winewood Boulevard, Tallahassee, Florida 32399-0700**

*The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being, and self-sufficiency for the people we serve.*

- Quality Control, in cooperation with Economic Self-Sufficiency, has developed a new stratified sampling by district for the food stamp program. The increase of cases sampled will begin October 2003. Quality Control also conducted a nationwide (22 states responded) survey to determine where Quality Control resides within their organizations and how quality control interviews are conducted. Results are found in the Quality Control section of this report. Quality Control has also created a web-access database (*“go live” date October 1, 2003*) that will improve efficiencies in reporting to the Federal government.

As we continue to strive for service excellence, we look forward to the challenges of the next year. As the attached report demonstrates, this has been a successful year full of many accomplishments.

If you have any questions, please feel free to contact me at (850) 488-1225.

Sincerely,



Sheryl G. Steckler,  
DCF Inspector General

cc: Derry Harper, Chief Inspector General  
Alan Levine, Deputy Chief of Staff, Governor's Office  
Bev Whiddon, Staff Director for Senate Committee on Children and Families

This report is submitted in compliance with Section 20.055, Florida Statutes that requires each Inspector General to prepare an annual report summarizing the preceding year's activities. This report summarizes the activities of the Department of Children and Families Office of Inspector General (OSIG) for the twelve-month period July 1, 2002 through June 30, 2003.

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Questions regarding the contents of this report may be directed to the Office of Inspector General, 1317 Winewood Boulevard, Tallahassee, Florida, 32399-0700, telephone (850) 488-1225.

# Executive Summary

**Mission:** To promote public integrity and accountability within the Department through audits, investigations, quality control, and appeal hearings that detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses within the Department of Children and Families.

## ***HIGHLIGHTS***

### **↺ Investigations**

- Reviewed, assessed, and responded to 1,827 control assignments, resulting in 1,123 in-depth reviews of complaints and 2,432 allegations of wrongdoing.
- Responded to 257 public records requests.
- Tracked 359 incidents and criminal arrests.
- Completed 125 formal investigations.
- Conducted 5,036 personnel reference checks for Department managers.

### **↺ Internal Audit**

- Published 12 reports (500% increase), in which 102 recommendations were made and 5.5 million dollars in questioned costs, duplicate billings, and ineligible costs were identified. Provided audit assistance for an investigation of District 1 Finances.
- Coordinated the Department's responses to 15 external audit reports and coordinated 57 liaison activities for the Office of the Auditor General, Office of Program Policy Analysis and Government Accountability, and Federal agency requests for responses and information regarding audits and reviews.
- Prepared an Annual Audit Plan.
- Provided leadership in a multi-agency audit published by the Chief Inspector General, entitled *Road Map to Excellence in Contracting*.

### **↺ Appeal Hearings**

- Completed 6,472 Department fair hearings and 468 fair hearings for other agencies, representing an 11% increase over the previous year.
- Completed 718 disqualification hearings for Temporary Assistance for Needy Families or Food Stamp benefits.

### **↺ Quality Control**

- Identified a 9.61% error rate in the Food Stamp program; 44% were agency errors and 56% were client errors.
- Completed 1,314 food stamp active and 996 food stamp negative reviews.
- Completed an evaluation of 2,007 Medicaid patient claims to determine claim discrepancies between DCF and AHCA.
- Reviewed 381 Medicaid cases to determine if transfer of asset policy was correctly applied.
- Reviewed 391 Medicaid cases to evaluate the effectiveness of current transfer of asset policy.

**Note:** Specific measurable accomplishments can be found within the text of this report.

# *Section A: Introduction*

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## *Statutory Requirements*

The Office of Inspector General is established in each state agency to provide a central point of coordination and responsibility for promoting accountability, integrity, and efficiency in government. The statute requires the Inspector General to be appointed by, report to, and be under the general supervision of the agency head. The Office of Inspector General is organizationally located within the Office of the Secretary and the Inspector General reports directly to the Secretary.

The Office of Inspector General is statutorily charged with the following duties and responsibilities:

- ☞ 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 as 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, waste, 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 entities.
- ☞ Reviews rules relating to programs and operations and makes recommendations regarding impact.
- ☞ Ensures appropriate balance between audit, investigative, and other accountability activities.

This report, as mandated by Section 20.055, Florida Statutes, summarizes the Office of Inspector General activities for Fiscal Year 2002-2003.

## *OIG Staff Members Activities*

Pursuant to §20.55(5)(a), FS, during FY 2002-03, the Inspector General's audit and investigative staff completed 882 hours of training.

This office also participates in the following organizations:

- ❖ Institute for Internal Auditors
- ❖ Computer Security Incident Response Team (CSIRT)
- ❖ Tallahassee Chapter of the Association of Inspector Generals
- ❖ Association of Certified Fraud Examiners
- ❖ American Institute of Certified Public Accountants
- ❖ Florida Audit Forum

### ***“Guiding Principles”***

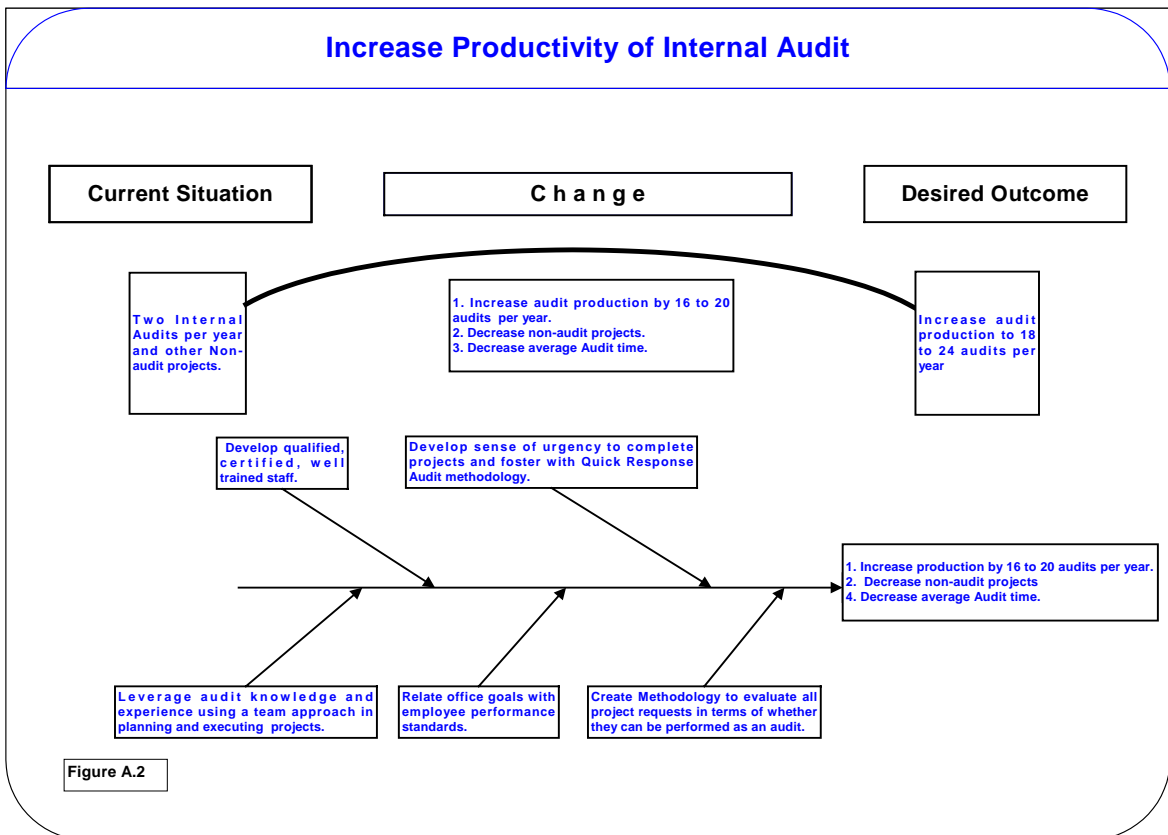
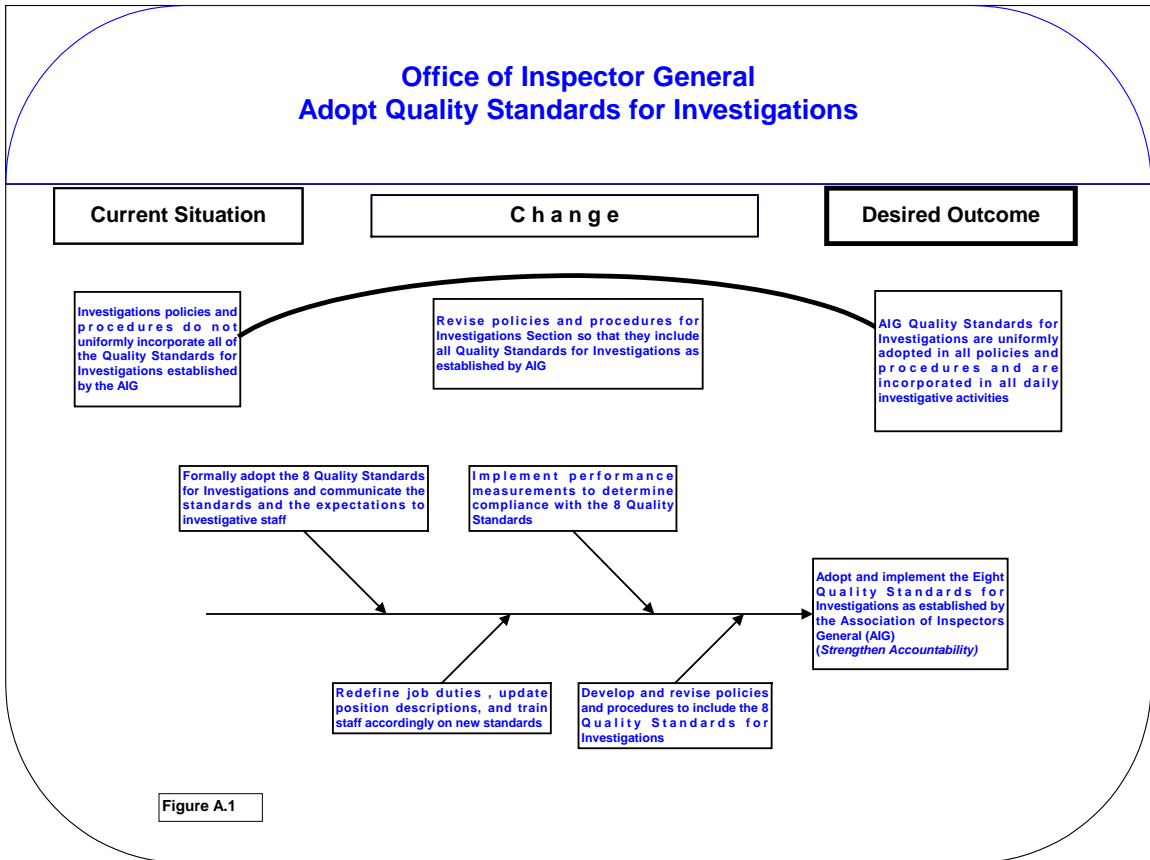
- ❖ **Strengthen Accountability.**  
*Add value to our daily work product and to those we serve.*
- ❖ **Establish and Maintain Effective Working Relationships.**  
*Continue to increase our communication at all levels of the Department.*
- ❖ **Be Flexible to Management’s Needs.**  
*Always keep an open mind and a willingness to change as the organization changes*
- ❖ **Develop Relationships with Federal, State, and Local Partners.** *Be willing to share new ideas, leverage resources, and grow from others.*
- ❖ **Collect the Facts, Evaluate the Information, and Recommend Course of Action.**  
*Maintain objectivity and independence in our work product.*
- ❖ **Ensure Production and Timeliness of Work Product.**  
*To address all projects and assignments with a sense of urgency.*

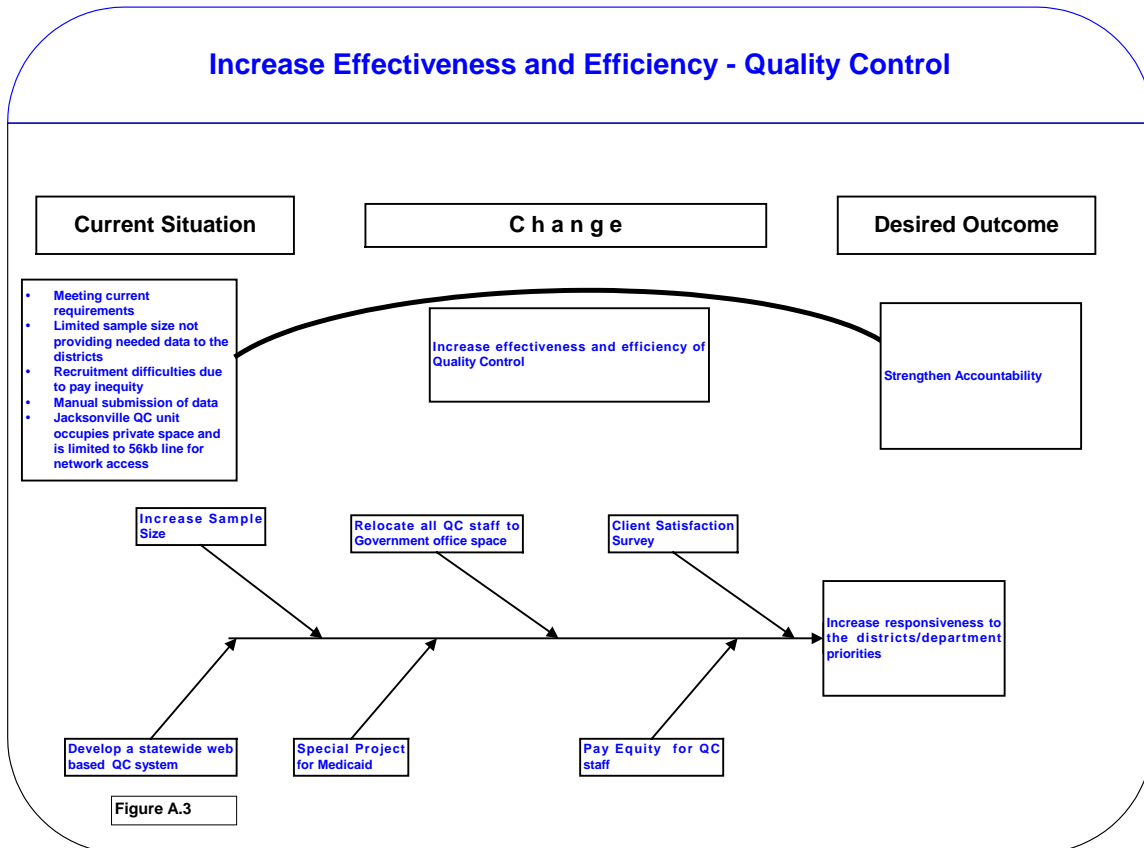
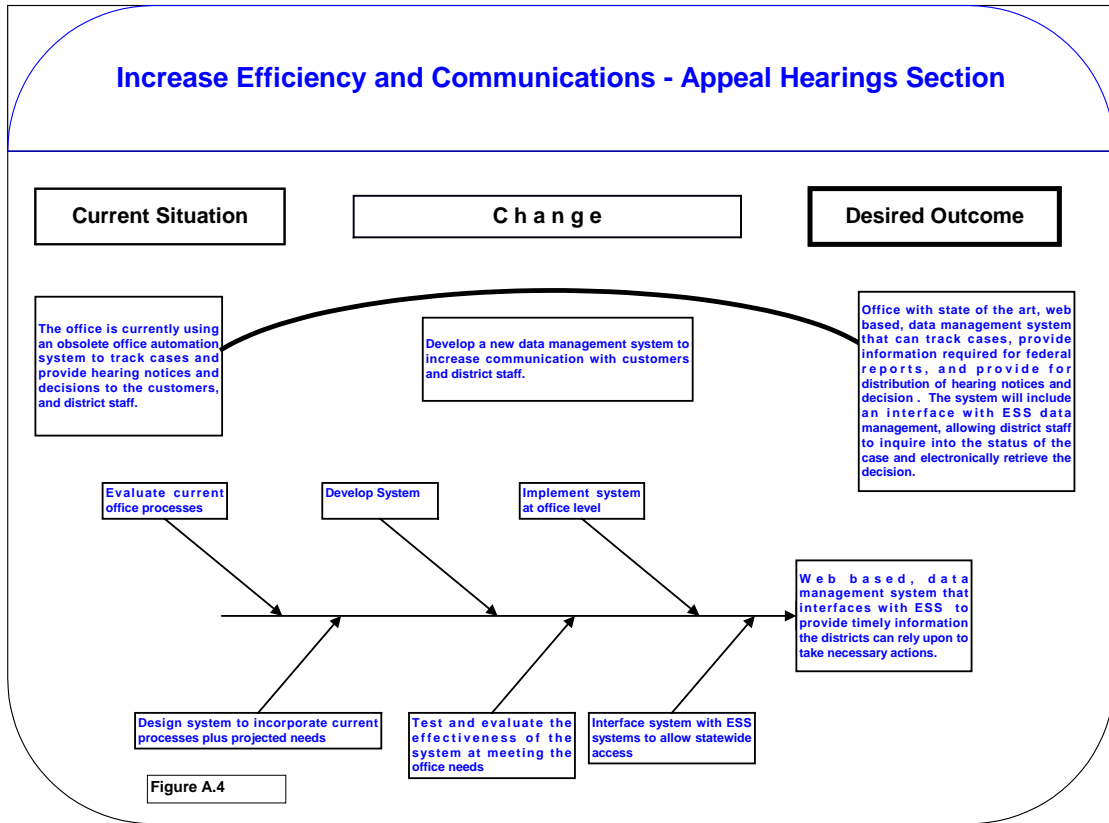
### ***OIG Priorities for FY 2003-04***

Our office is committed to assist in the Department’s mission of working in partnership with local communities to ensure safety, well-being, and self-sufficiency for the people we serve. In that role, we will continue to be an advocate for accountability, not only within the Department but with our community partners as well.

The Secretary formed a change team to assist in looking at DCF’s structure, culture, process, and people. The change methodology challenged us with defining our current status, desired state, and the delta (action steps necessary to achieve the desired state) for the next two and one-half years. That methodology is graphically illustrated in the following two pages.







# Office of Inspector General Organizational Alignment Fiscal Year 2002-2003

The Office of Inspector General is comprised of four sections: Investigations, Audit, Appeal Hearings and Quality Control, totaling 103 staff. Each section, with the exception of Audit are located throughout the State. See each respective section for an outline of locations.

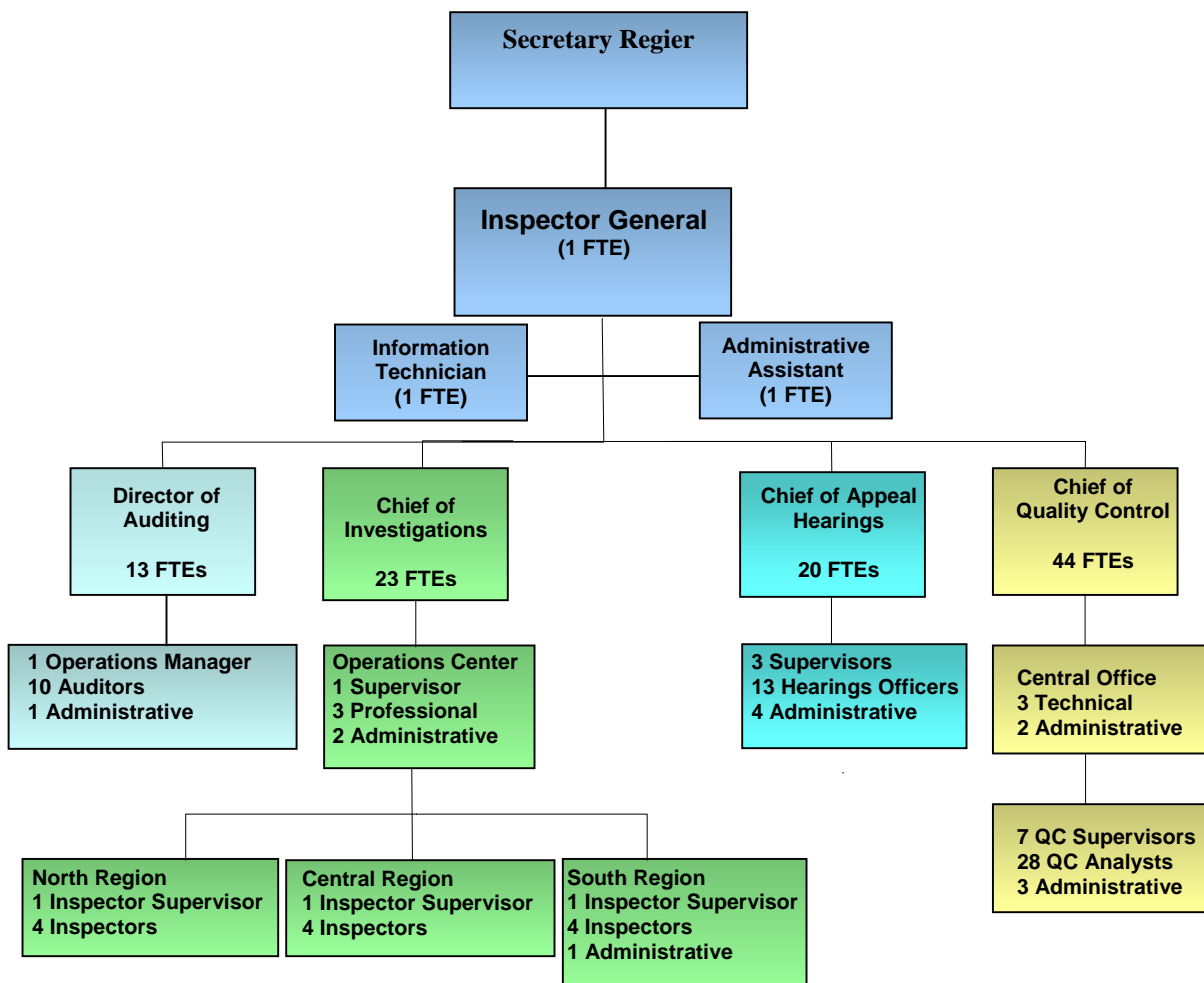


Figure A.5

## ***Section B: Investigations Section***

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***Investigations***, as authorized by Section (§) 20.055, Florida Statutes (FS), receives and coordinates all activities of the agency as required by Whistle-blower's Act pursuant to §112.3187-§112.31895, FS; receives and considers complaints and conducts, supervises, or coordinates such inquiries, investigations, or reviews as the inspector general deems appropriate.

### ***Investigations Staff***

During FY 2002-03, the section had 23 full-time positions, which included a Chief of Investigations, 4 Investigations Supervisors, 12 Investigators, and 6 Professional/Administrative support staff. Field offices are located in Tallahassee, Fort Lauderdale, and Orlando. Satellite offices for three of the twelve field investigators are located in Gainesville, Cocoa, and Tampa.

### ***Performance Workload***

During FY 2002-03, the Investigations' Section handled 1,827 assignments, of which 1,123 were complaints. A total of **120** cases, involving 413 allegations, were opened as investigations. A total of 167 (**40%**) of the 413 allegations had ***supported*** findings. A total of 13 (11%) of the investigations opened were Whistle-blower.

The section (IG Operations Center) also completed **5,036** personnel reference checks; **257** redaction reviews and public records requests; analyzed and

disseminated statistical information; and received and tracked through resolution **359** serious incidents or criminal arrest information on Department and contract provider employees.

### ***Intake Process***

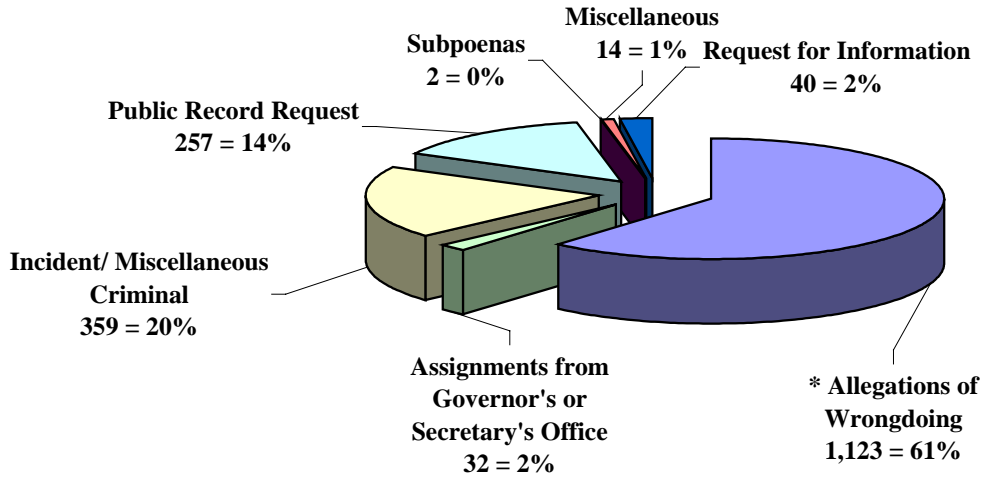
Each correspondence is given a tracking number and entered into an automated tracking data system. Complaints are read to determine the responsible office to handle the correspondence. Depending on the issue, the complaint is either assigned for investigation or forwarded to the appropriate entity for review and resolution.

If an investigation is opened, the complaint is assigned to the appropriate regional investigative office and an investigation is initiated. Complaints involving management issues are forwarded to Department managers for review and action. In some instances, the manager is asked to provide a written summary of the findings and the corrective actions taken.

Correspondence assignments for the fiscal year were as follows:

- ☞ IG Investigations Opened -- 11%
- ☞ IG Operations Center Assignments -- 31%
- ☞ Referred to Department managers for review and response -- 51%
- ☞ Referred to another agency for handling (i.e., law enforcement, Department of Health, etc.) -- 7%

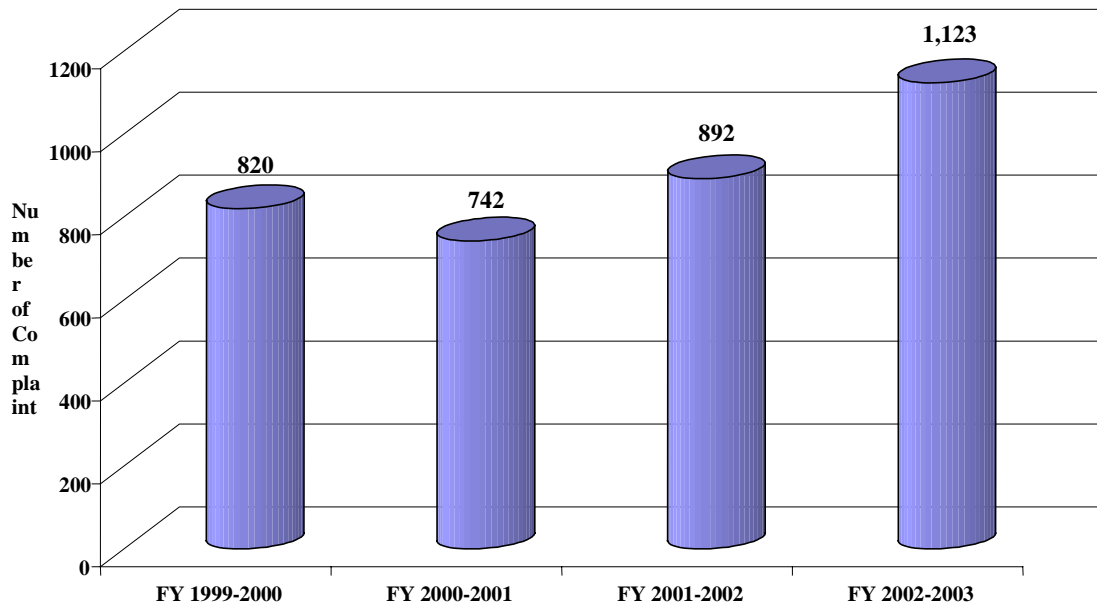
## Assignments Received by Type Fiscal Year 2002-2003 1,827



**Figure B.1**

\*Contains Whistle-blower, Request for Investigations, and Get Lean Hot Line.

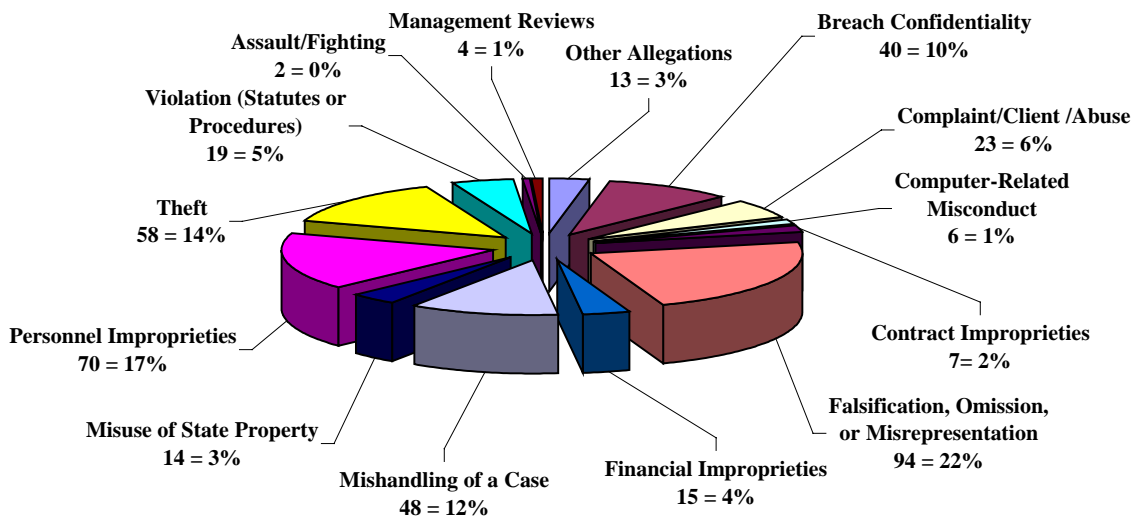
## Complaints (Allegations of Wrong Doing) Received 4-Year Comparison



**Figure B.2**

\*FY 02-03 = 21% increase from FY 01-02

### Inspector General Investigations by Allegation Fiscal Year 2002-2003



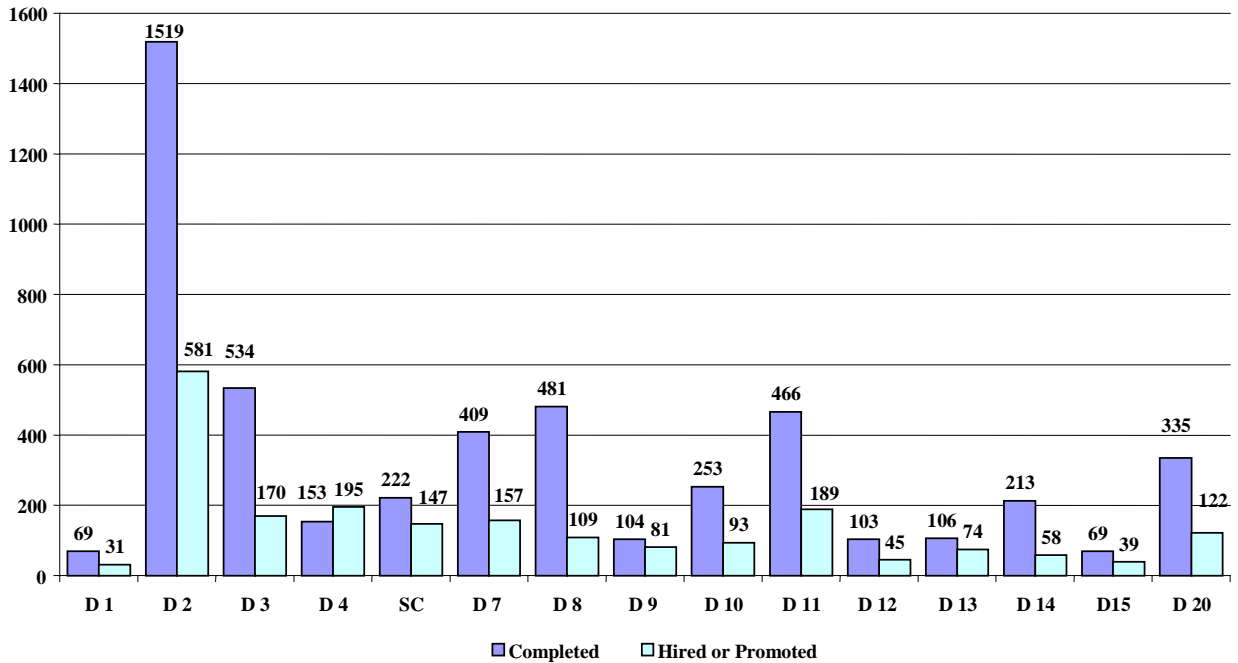
Total Investigations Completed = *125 with 413 allegations*  
*167 (40%) of 413 allegations supported*

Figure B.3

**IG Reference Checks**

1. The Investigations Section conducted 5,036 reference checks.
2. Reference checks are conducted before promotion or (re)hire to determine if the individual was ever the subject of an IG investigation or the subject of alleged serious wrongdoing, to include criminal activity.

**Requests for Employee Reference Checks Fiscal Year 2002-2003**



**Figure B.4**

(Compares the number of personnel hired, promoted, or rehired against the number of reference checks conducted)

Note: D4 claimed they were unaware of DCF policy to conduct IG reference checks on new/rehires and/or promotions.

## **Investigation Highlights**

The following summarizes four significant investigations and one management review. A complete listing of all investigations closed by district/region is provided in Appendix I.

### ***Case 2001-0060***

This investigation was initiated on July 2, 2001, at the request of the Office of the Chief Inspector General; following a criminal investigation by the Brevard County Sheriff's Office (BCSO) of the June 5, 2001, murder of District 7 employee Tracey Bagwell.

The BCSO criminal investigation determined that former District 7 Family Services Counselor Supervisor Candice T. Fiore stabbed and killed former Family Services Counselor Tracey L. Bagwell, either on the night of June 5, 2001, or in the early morning hours of June 6, 2001, at Merritt Island, Florida. Subsequently, the BCSO could not determine decisively whether Ms. Fiore's cause of death was suicide or due to an accident.

In February 2003, the Investigations Section concluded its investigation of the alleged embezzlement conducted concurrently with the BCSO murder/suicide case. Investigators reviewed thousands of records and interviewed or obtained information from 152 individuals concerning the trust funds for 53 disabled children in District 7. With the assistance of the Florida Department of Law Enforcement, the investigative team also obtained forensic handwriting and voice analysis.

The Inspector General's investigation determined that, from March 24, 2000, to May 30, 2001, Ms. Fiore embezzled a total of \$94,348.72 from the client trust funds of 43 children. It was determined, based on reviews of Check Disbursement Requests (CDR) submitted by Ms. Fiore and interviews with current or former DCF employees who stated their signatures on these forms were forged, that Ms. Fiore, and possibly other employees, forged signatures on the documents. Prior to her death, Ms. Bagwell told DCF supervisory staff that her signature had been forged on at least seven CDRs submitted by Ms. Fiore. Evidence that two other DCF employees were involved in diversion of funds was inconclusive. These two employees resigned from DCF during the investigation.

***Corrective Actions:*** In July 2001 former Secretary Kathleen Kearney ordered the Agency's Office of Financial Management (OFM) to conduct a separate independent review of the procedural controls in place at that time for the handling of SSI client trust fund accounts. The OFM concluded that DCF staff in District 7 failed to comply with existing procedures for the disbursement of client funds. This review was expanded to include all Districts within the Agency and was completed in June 2003. Efforts are currently underway by the Department to ensure client's trust fund accounts are made whole.

### ***Case 2002-0020*** **Whistle-Blower**

This case involved allegations concerning child protective investigators and counselors employed by a former



contracted provider, The Florida Task Force (FTF).

The complainant alleged multiple allegations of falsification of records, improper handling of child abuse investigations, and that FTF hired unsuitable employees.

FTF was founded on June 1, 2000, as a not-for-profit corporation, to complete the backlog of child abuse cases DCF. FTF operated in six different districts and DCF was its only funding source.

The Inspector General's investigation involved numerous allegations ranging from making fictitious entries regarding contacting clients to closing cases when child safety issues were still a concern. None of the allegations relating to case management were supported—mostly because of the lack of availability of witnesses with firsthand knowledge of the cases allegedly mishandled.

However, the investigation did support allegations that FTF management hired former DCF employees that had been terminated for unsatisfactory job performance. Several employees hired by FTF were terminated from DCF for various reasons including: falsifying documents, travel vouchers and time sheets, and overall poor performance.

Shortly after the investigation began, DCF terminated the FTF contracts in all districts. DCF also ordered a complete quality assurance review of all open child protective cases in the districts previously served under the FTF contracts.

***Corrective Actions:***

The districts recognized the need to have consistency with reference checks in light of the movement toward Community

Based Care (CBC). The districts identified the need to track the completion of the "Notice of Separation/Resignation" as a critical link to assuring a fair and objective reference check is provided to CBC providers. The districts have placed emphasis on this element during supervisory skills training.

***Case 2002-0050***

An investigation was conducted in the SunCoast Region involving a WTSP-TV reporter purchasing a box of confidential files concerning Department clients during an auction of state property at the W.T. Edwards Building in Tampa.

The W.T. Edwards Building was the site of the Department's District 6 headquarters and housed operational units; including Family Safety, Adult Services, and Developmental Disabilities. The building was vacated by district administration in 2001, and was used as storage space.

Due to the high volume of paper files in the days immediately prior to the auction, staff was instructed to box and label items to be shredded or trashed. The boxes were placed in the hallways for pickup—but no arrangements to have the boxes removed were ever made.

DCF General Services entered into a verbal contract with Premier Auctions, Incorporated to sell the excess office equipment, but it was never followed up with a signed and properly executed contract. Premier advertised the auction on the web and in the newspaper and also invited the media. DCF General Services staff had still not obtained a signed contract—but allowed the auction to proceed anyway. A few days prior to the auction, DCF General Services staff

conducted a room by room walk-through and failed to recognize the confidential boxed files—some inside file room cabinets earmarked for sale.

On May 30, 2002, Premiere held an auction of furniture and equipment at the W.T. Edwards building. It was presumed that some of the boxes of confidential information, which had been placed inside file cabinets, had been purchased during the auction.

WTSP-TV returned the documents—four boxes in all, containing one child abuse report (excluding reporter information) and legal documents for administrative hearings regarding a contract bid protest.

***Corrective Actions:***

As a result of the Inspector General’s investigation, two DCF General Services personnel resigned, in lieu of dismissal, and one manager was reprimanded.

***Case 2002-0092  
Whistle-Blower***

This case involved 52 children residing in 27 unlicensed foster homes. The Department contracted with Children’s Home Society (CHS) of Florida, Southeastern Division, to provide family foster care, adoptions, family counseling, emergency shelters, and group home services. The contract required CHS to submit a re-licensing study to the Department 60 days prior to the date of a foster home’s license expiration. CHS failed to meet the contract requirements and allowed 27 foster homes, with approximately 52 children residing in them, to continue to operate without a license.

Other aspects of the investigation revealed that:

- CHS did not bill Medicaid due to exceeding the Medicaid regulations of no more than 20 recipients or children per case manager.
- CHS failed to meet the training requirements for program staff as required by the contract.
- Numerous administrative problems existed within CHS to include finding qualified staff, staff retention, and not enough money to purchase equipment and supplies.

***Corrective Actions:***

Upon the commencement of the Inspector General’s investigation, CHS immediately took the appropriate action to re-license the homes. Twenty-three of the unlicensed foster homes were re-licensed within 30 days, two were re-licensed within 60 days, one was pending, and one was closed.

Other corrective actions include defining a “case” in CHS contract which will be consistent with CWLA (Child Welfare League of America) standards and monthly licensing activity reports which are to be reviewed by Family Safety to assist in determining districts with unlicensed homes.

***Management Review  
2003-0044***

A management review was conducted to address allegations that a District 3 Family Services Counselor Supervisor (FSCS) was rude and disrespectful to

Department employees and others who worked with the Department and engaged in discriminatory hiring practices.

The review and survey conducted disclosed the following issues meriting management's attention:

- 35% of the staff witnessed or were subjected to the FSCS's disrespectful attitude.
- 90% of the FSCS's peers or outside agency personnel stated they witnessed or were subjected to similar treatment.

The Inspector General recommended management:

- Assess the FSCS's continued role as a supervisor.
- Ensure the FSCS attends basic supervisory training or other appropriate training intended to enhance supervisory skills.

- Review the feasibility of implementing a volunteer or student intern program to assist counselors with time consuming paperwork duties.
- Consider hiring more support staff before filling counselor positions.

***Corrective Actions:***

The district scheduled the FSCS for Basic Supervisory Training in a one-to-one setting with the District's Human Resources Manager as well as in a group setting. Unit staff will be resurveyed in three-month increments regarding the FSCS's conduct and behavior. The FSCS was given a letter of counseling concerning the findings of the management review.

***Note:*** A listing of all closed investigations by District/Region can be found in the end of the annual report – Appendix A.

## ***Section C: Internal Audit Section***

---

***Internal Auditing***, as authorized by §20.055, FS, encompasses the examination and evaluation of the adequacy and effectiveness of the organization's system of internal controls and the quality of performance. To achieve this mandate, internal auditors ensure:

- The reliability and integrity of financial and operational information.
- Compliance with laws, regulations, and contracts.
- Safeguarding of assets.
- Resources are employed with economy and efficiency.
- Established objectives and goals for operations or programs are accomplished.

Office of Internal Audit performs the following activities:

- Conducts financial, compliance, performance, contract, and information systems audits.
- Conducts management reviews relating to program operations and assesses the reliability and validity of program performance measures.
- Prepares a Department-wide Risk Assessment and Annual Audit Plan.
- Coordinates all Department responses to external audits and tracks corrective actions through resolution.

- Conducts ad hoc assignments from management, Auditor General, Legislature, Federal Auditors, and the Chief Inspector General.

### ***Internal Audit Staff***

During FY 2002-2003, the office had 13 full-time positions, which included a Director of Auditing, 11 auditors, and one administrative staff support. All auditors are located in the Tallahassee office.

Staff had the following certifications: Florida Certified Public Accountant, Certified Internal Auditor, Certified Government Financial Manager, Certified Information Systems Auditor, Certified Inspector General.

The Department has a sustaining organization membership with the Institute of Internal Auditors. Staff participated in various professional organizations and attended training seminars to comply with the continuing education requirements of the Government Auditing Standards (at least 80 hours continuing education training every 2 years) and the Standards for the Professional Practice of Internal Auditing.

### Audit Plan

The Audit Plan for FY 2003-2004 was based on the risk assessment that was completed in FY 2002-2003, as well as requests by management, topics identified during prior audits and investigations, and statutory requirements. Figure C.1 shows a breakdown of the origin of audits completed in FY 2002-2003.

### Origin of Audits Completed

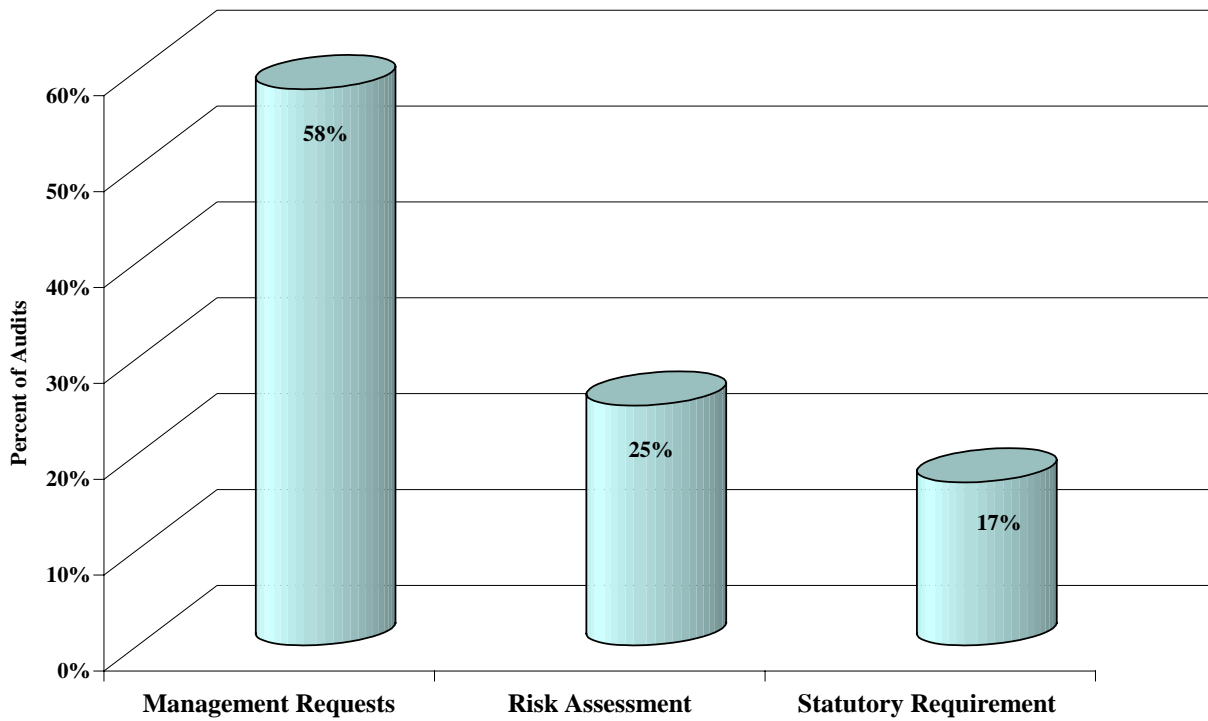


Figure: C.1

### 4-Year Comparison of Audits Produced

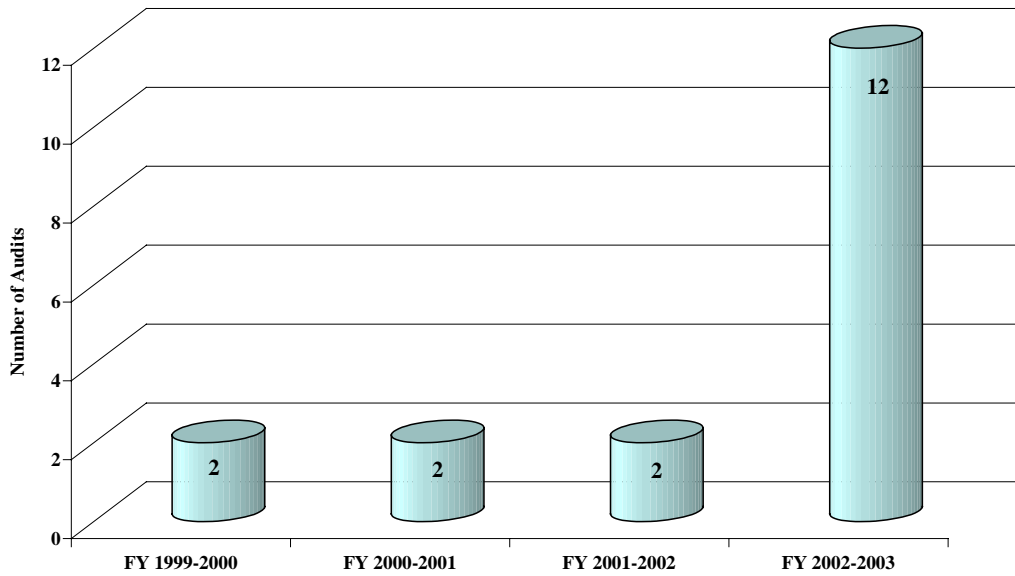


Figure: C.2

### Workload Distribution Fiscal Year 2002-2003

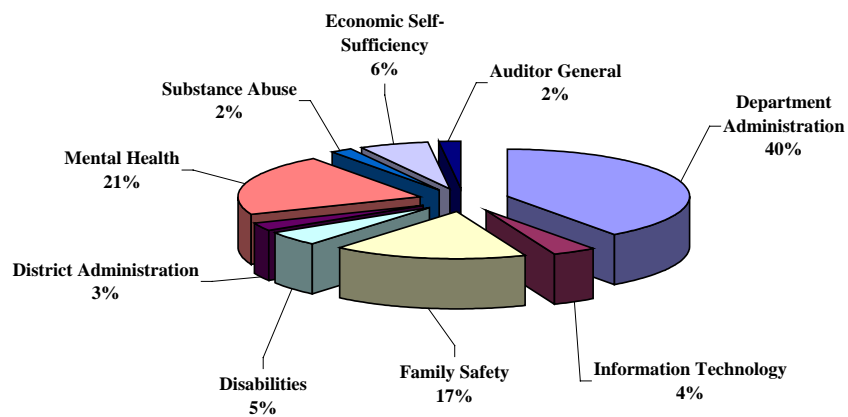


Figure: C.3. Shows audit coverage provided to the Department by program area.

### **Internal Audit Highlights**

The following summarizes three significant audits. A listing of all audits completed during FY 2002-03 is provided after these summaries.<sup>1</sup>

#### **Report A-03-06 Audit of Continuing Problems with the Department's Alcohol, Drug, and Mental (ADM) Health Contracts at Nova Southeastern University.**

This was an audit of past reports, inquiries, and management discussions regarding Nova and District 10's handling of the ongoing ADM overpayment and erroneous billing issue. DCF has overpaid Nova more than \$6 million. Of that amount, DCF is still owed over \$4 million and the risk of future overpayments has not been eliminated.

#### **Report A-03-10 Contracted Training Services at the Office of Education and Training.**

The purpose of this audit was to provide reasonable assurance that the Office of the Secretary, Education and Training program (OSET) has an adequate contract management process.

A summary of findings and recommendations is presented below:

- OSET does not have an adequate contract management process for acquiring and monitoring training services effectively and properly.

- As a result, OSET overpaid its providers by at least \$500,000 and has allowed for the purchase of almost \$550,000 in property that cannot be properly accounted for.

#### **Report A-03-11 Road Map to Excellence in Contracting (Executive Office of the Governor Report 2003-3 Released June 20, 2003)**

This inter-agency audit, directed by DCF Internal Audit Management and the Governors Office, was requested by the Governor's Chief Inspector General. It examined the effectiveness of existing controls over contracting measured by approximately one-hundred audits at seven Governor's agencies, identified the risks inherent to those controls, and offered recommendations for improving accountability and better protecting the state's interest. The risks and recommendations presented in this report were validated by procurement managers at the seven agencies.

A summary of findings and recommendations is presented below.

- There are piecemeal statutes and rules.
- There is a lack of statewide guidance.
- There is no statewide system to train or certify agency contracting personnel, nor are there incentives to encourage professional development.
- The state's corporate culture does not foster the sharing of best contracting practices among agencies.
- Agencies' use of different processes and procedures in awarding and

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<sup>1</sup> Entire reports are available at website [www5.myflorida.com/cf.web/myflorida2/healthhuman/admin/ig/publications.html#OIA](http://www5.myflorida.com/cf.web/myflorida2/healthhuman/admin/ig/publications.html#OIA)

- managing contracts causes the contract documents to vary considerably in format and content.
- Inadequate systems exist for monitoring and rating vendor performance.
  - A formal procedure for agencies to perform and document needs assessments has not been developed by DMS.
  - Lack of Expertise in Negotiating Contracts.

***List of Completed Audits for Fiscal Year 2002-2003***

***Report A-03-01*** Audit of State and District Plans for Assisted Living Facilities with Limited Mental Health Licenses (ALF-LMHL) for the Period July 1, 1998 Through June 30, 2000.

***Report A-03-02*** Follow-Up Audit To Task Force Case 99-0001 for the Period July 1, 2000 Through June 30, 2001.

***Report A-03-03*** Audit Of The Central Office Of Contracted Client Services (ASC) for the Period July 1, 2000 Through June 30, 2001 and Selected Actions Taken Through June 28, 2002.

***Report A-03-04*** Audit Assessment of Performance Measures for the Developmental Disabilities (DD) Program in Districts 6, 7, 11 and 12 for the period July 1, 1999 Through June 30, 2000.

***Report A-03-05*** Audit of The Florida Abuse Hotline Information System (FAHIS) for the Period January 1 Through June 30, 2001 and Selected Actions Taken Through August 30, 2002.

***Report A-03-06*** Audit of Continuing Problems with the Department's Alcohol, Drug, and Mental (ADM) Health Contracts at Nova Southeastern University.

***Report A-03-07*** Audit of District 8 Revenue Maximization Program for the Period July 1, 1999 Through June 30, 2001.

***Report A-03-08*** Audit of Community Intervention Center (CIC) Contract Numbers BHM11 and BHL12 for the Period July 1, 2002 Through June 30, 2002.

***Report A-03-09*** Audit of Sexually Violent Predator Program (SVPP) for the Period July 1, 2000 Through September 30, 2001.

***Report A-03-10*** Contracted Training Services at the Office of Education and Training.

***Report A-03-11*** Road Map to Excellence in Contracting (Executive Office of the Governor Report 2003-3 Released June 20, 2003).

***Report A-03-12*** Audit Assessment of Performance Measures for the Economic Self-Sufficiency (ESS) Program Districts 1, 2, 8 and 13 for the Period July 1, 2000 Through June 30, 2001.

\*See Appendix II for a summary of the remaining above mentioned audits.



## ***Coordination with External Auditors***

The Office of Internal Audit is responsible for coordination of efforts with the Office of the Auditor General, Office of Program Policy Analysis and Government Accountability, and Federal agencies, such as the U. S. Departments of Health and Human Services and Agriculture, Food and Nutrition Services. During FY 2002-03, the Internal Audit unit coordinated the Department's responses to 17 external audit reports and 59 liaison activities, such as:

- Participating in audit entrance and exit conferences.
- Coordinating, reviewing, and preparing responses to audit recommendations for the Secretary's signature.
- Monitoring corrective action plans.
- Preparing 6-month and 18-month status reports.
- Preparing the Summary Schedule of Prior Audit Findings.
- Preparing the Report of Major Audit Findings and Recommendations for Legislative Budget Issues.

### ***The external audit reports are listed below.***

#### **AUDITOR GENERAL REPORTS**

***Report 03-004*** Quality Assurance Review on Florida Department of Children and Family Services Office of Inspector

General/Internal Audit Function for the Period July 2000 Through June 2001.

***Report 03-017*** Department of Children and Family Services HomeSafenet Information Technology Audit for the Period July 1994 Through May 2002 With Selected Department Actions Taken Through June 2002.

***Report 03-020*** Operational Audit of Compliance with Section 15 of Chapter 2001-380, Laws of Florida, Limitation on Travel for the Period July 1, 2000 Through June 30, 2002.

***Report 03-043*** Operational Audit of Florida Department of Children and Family Services Pharmaceutical Inventories for the Period January 1, 2001, Through December 31, 2001, and Selected Transactions Through May 31, 2002.

***Report 03-051*** Operational Audit of Florida Department of Children and Family Services Mental Health and Substance Abuse Programs for the Period July 2000 Through January 2002, and Selected actions Through March 2002.

***Report 03-167*** State of Florida Federal Awards Programs for the Fiscal Year Ended June 30, 2002.

***Report 03-174*** Multi-Agency Operational Audit of Tobacco Settlement Funds for the Period July 1, 2001 Through December 31, 2002.

***Report 03-175*** Multi-Agency Operational Audit of Fixed Capital Outlay Appropriations – Uncommitted Appropriations at February 1, 2003.

**OFFICE OF PROGRAM POLICY  
ANALYSIS AND GOVERNMENT  
ACCOUNTABILITY (OPPAGA)  
REPORTS**

***Report 02-44*** Children’s Advocacy Centers Appear Beneficial But Have Limited Accountability.

***Report 02-46*** Progress Report: Mental Health Institutions Program Acted on Three OPPAGA Recommendations.

***Report 02-54*** Progress Report: Delays Reduced but Persist in the State’s Juvenile Competency Program.

***Report 02-61*** Progress Report: Child Care Program Implements Recommendations to Improve Licensing and Enforcement Activities.

***Report 02-65*** Progress Report: The Department Still Lacks Data Needed to Assess the Child Safety Administrative Review Process.

***Report 03-03*** Residential Mental Health Assessment Process Working Well with Minor Delays.

***Report 03-08*** Improvements Needed in the Department of Children and Families Adult Services Program.

***Report 03-09*** Child Protection Program Makes Needed Changes But Lacks Data for Evaluating Results of Initiatives.

***Report 03-13*** Progress Report: Child Support Program Has Adopted or Addressed Most Recommendations.

## ***Section D: Appeal Hearings Section***

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***Appeal Hearings*** provides administrative hearings for applicants or recipients of public assistance programs and individuals being transferred or discharged from nursing facilities. The office also provides disqualification hearings for individuals believed to have committed intentional program violations.

The office operates pursuant to the following legal authorities:

- Section (§)409.285, FS, Opportunity for Hearing and Appeal.
- Chapter 120, FS, the Administrative Procedures Act, §120.80, FS, Exceptions and special requirements; agencies.
- §400.0255, FS, 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 (FAC), Applicant/Recipient Hearings.

The major controlling federal regulations are:

- Temporary Assistance to Needy Families Personal Responsibility & 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.

### ***Appeal Hearings Staff***

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

For FY 2002-03, Appeal Hearings had 21 full-time positions, which included a Chief of Appeal Hearings, 3 Appeal Hearings Supervisors, 13 Appeal Hearings Officers, and 4 administrative staff.

In order to deliver services, on a statewide basis, in the most efficient and effective manner, hearing officers are located in several geographical areas. Two positions are located in Jacksonville, Fort Lauderdale, and Miami; one is in Gainesville, Lakeland, Saint Petersburg, Orlando, Tampa, West Palm Beach, and Crestview; and one supervisor position is in Broward County.

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

### ***Workload Performance***

Appeal Hearings completed 6,472 fair hearing requests and 718 intentional program violation hearing requests. Appeal Hearings completed 99% of the fair hearings within federal time standards.

In addition to disqualification hearing requests, the office tracks cases in which the individual agrees to accept the disqualification penalty and waive the right to a hearing. In FY 2002-03, Appeal Hearings processed 3,831 disqualifications for temporary assistance to needy families or food stamp benefits based on signed waivers.

## FAIR HEARINGS

The Department is required by the federally-funded assistance programs to offer a “fair” hearing prior to an action to terminate assistance which meets basic due process requirements as contained in Goldberg vs. Kelly, (1970). The Administrative Procedures Act, Chapter 120, FS, sets forth the 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 agency actions on a variety of issues arising out of most of the federally funded programs.

The Department recently settled a lawsuit related to Medicaid waivers and due process. As a result, the office has experienced an increase in Medicaid benefits hearings.

Appeal Hearings holds fair hearings for:

### Economic Self Sufficiency

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

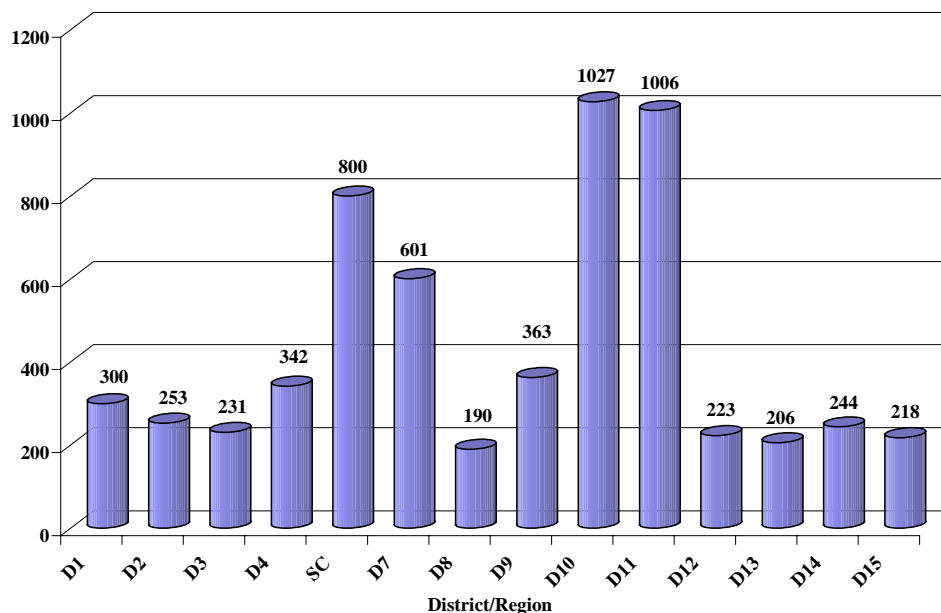
### Medicaid Benefits

### 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

**Figure D.1**, shows the number of Hearing Requests by district/region.

### Hearing Requests by District/Region



**Figure: D.1**

### **NURSING HOME TRANSFER/ DISCHARGE HEARINGS**

Appeal Hearings also conducts hearings to determine whether or not a nursing facility's decision to transfer or discharge a patient was correct. The facility may only discharge an individual based 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 or require the facility to readmit a resident if he/she has already been discharged.

### **ADMINISTRATIVE DISQUALIFICATION HEARINGS**

The Department has the authority to disqualify an individual from receiving cash assistance and food stamp benefits when that individual has been found, through the administrative hearing process, to have committed an intentional program violation.

Intentional program violations are such acts as making false or misleading statements, or misrepresented, concealed or withheld facts. The disqualification is for one year for the first offense, two years for the second, and lifetime for the third offense.

## ***Section E: Quality Control Section***

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***Quality Control (QC)*** was designed by the federal government to help states identify eligibility problems in the Food Stamp and Medicaid programs. Food Stamp and Medicaid benefits are intended for families and individuals who meet specific requirements. Unfortunately, benefits are sometimes given in the wrong amounts or to those who do not qualify. QC identifies unacceptable performance and ineffective policies so the agency can correct problems and improve the program. Additionally, QC monitors those eligibility decisions when clients are denied benefits or have had their cases closed.

The office operates pursuant to the following legal authorities:

- Food Stamp - Title XIII, Public Law 95-113.
- 91 Statute 958, Food Stamp Act of 1977, as amended.
- 7 CFR Chapter II, 275.10.
- Medicaid - Title XI X, Social Security Act.
- 42 CFR Chapter IV, 431.800.

### ***Quality Control Staff***

For independence purposes, Quality Control reports directly to the Inspector General. During FY 2002-03, QC had 44 full-time positions, which included one Chief of QC, 7 QC Supervisors, 28 QC Analysts, and 8 Professional/Technical support staff. Field offices are located in Tallahassee, Tampa, St. Petersburg, Jacksonville, Miami, and Orlando.

All administrative costs for Quality Control are funded at 50% trust funds and 50% general revenue.

### ***Performance Workload***

For Federal Fiscal Year (FFY) 2002, Quality Control completed 1,314 active food stamp reviews and 996 food stamp negative reviews.

Quality Control did not conduct Medicaid eligibility reviews for FFY 2002. Instead, QC conducted an approved Medicaid Pilot Project. The project consisted of the following:

1. QC field staff examined 2,007 nursing home cases to determine the patient payment responsibility for claims.
2. QC reviewed a sample of 381 nursing home cases where the patient had zero payment responsibility to determine whether correct policy was applied and to verify income and assets.
3. QC reviewed a sample of 391 cases that indicated a transfer of assets. Reviewers determined the type of transfer, to whom the transfer was made, the reason for the transfer, the policy that permitted the transfer, and the dollar savings that could be realized if policy was changed.

### ***QC Review Process***

Quality Control, on a monthly cycle, selects a statistically valid sample of cases to review. Guidelines for sampling, including sample size, are set by the United States Departments of Agriculture (USDA) and the Centers for Medicare and Medicaid Services (CMS). The samples are drawn monthly, beginning in October and ending in September of the following year (Federal Fiscal Year (FFY)).

The QC review is conducted to determine accuracy of eligibility determination by the caseworker. The eligibility caseworker is responsible for verifying certain eligibility requirements and there are over 40 elements of eligibility that can be verified. The QC analyst verifies every eligibility requirement. The USDA and CMS provide manuals that specify the acceptable verification for each requirement.

The QC review typically is a face-to-face interview with the client, whereby the client provides the QC analyst with as much verification as possible, including rent, utility bills, pay stubs, etc. To verify client's documents/information requires contact with several collateral sources. For example, a landlord or neighbors can confirm household composition. To verify income, the analyst will often write employers, the Social Security Administration, Veterans Administration, State Worker's and Unemployment Compensation agencies, retirement boards, absent parents, contributing relatives, schools (for grant and scholarship information), and/or other relevant sources.

Once the data is collected, the analyst compares this information to the case record. The QC analyst then determines the client's eligible benefit.

***Food Stamps:*** If the benefit amount is within \$25 of benefits the client is receiving, the case is considered *correct*. If the benefit amount differs by more than \$25, the case is considered *incorrect*.

***Medicaid:*** The Centers for Medicare and Medicaid Services permits states to conduct Medicaid pilot projects instead of eligibility reviews. The Medicaid areas to be included in the pilot projects are selected as an agreement between the Department and the Agency for Health Care Administration.

The results of these findings are sent to the District Administrator and to Economic Self-Sufficiency (ESS) headquarters staff. ESS uses the findings to take corrective action.

### ***Errors***

Errors are classified into two categories: agency errors and client errors.

- Agency errors occur when policy is incorrectly applied or there is a failure to take necessary action indicated by the case record.
- Client errors occur when the client's circumstances change and go unreported or the information supplied by the client is incorrect.

### ***Federal Re-reviews***

USDA validates the state's quality control process by selecting a statistically reliable sample of the cases that were previously sampled by the state. These cases are completely re-reviewed by the USDA. The purpose of the Federal re-review is to determine the accuracy of the state quality control findings. The Federal reviewer determines whether the state quality control reviewers correctly applied certification policy, properly and accurately applied quality control review procedures, accurately recorded results and findings, and adequately performed field investigations.

### ***Individual Corrective Action***

QC refers all sampled error cases to the appropriate program office for action and follow-up. The correction of errors on individual sample cases involves:

- Notifying the district of errors as reported by QC. At the conclusion of the quality control review, a Report of Findings is sent to the District Office and the respective Program Office(s). The district sets up an Accuracy Improvement Meeting (AIM), where staff from the Program Office and QC discuss why and how the error occurred and how to avoid recurrence.

- If there is a question concerning quality control findings, the district office, or state program office, can request reconsideration of the case. From these requests, QC reviews the questioned findings and if changes are made, "Corrected Findings" are sent to the affected parties. Most disagreements are settled informally. Weekly AIM meetings are conducted with Program Office and QC headquarters staff to discuss error and drop cases and to resolve related policy issues.

### ***Preparation and Distribution of Reports***

Statistical and analytical reports of findings are prepared at the headquarters office and distributed to state and district program administrators and federal agencies. These reports include:

- Monthly Food Stamp Report of Findings.
- The Quality Control Monthly Food Stamp Report that includes graphs and statistical tables on all case reviews completed for the entire state and by district.
- The Quality Control Annual Food Stamp Report which contains information by district plus 5-year trend information.
- The Quality Control Medicaid Pilot Project Report.



***Additional  
Quality Control Involvement***

In FFY 2003 Quality Control conducted a survey to determine how the operation of QC in Florida compared with other states. Responses were received from 22 states.

Survey results were as follows:

- 77.3% of the QC Offices are located organizationally separate from the program office.
- 72.7% of interviews take place in the client's home.
- 90.9% of states have a rebuttal process of QC findings they disagree with.
- 68.2% of states have the Chief of Quality Control make the final decision in the rebuttal process.

***New Activities for FFY 2004***

QC plans to increase the stratified sampling for the food stamp program beginning October 2003. This increased sample size, which will be geographically statistically valid by district client population, will provide an effective tool in promoting accountability and ownership of the error rates for food stamps at the district level.

Quality Control will be conducting a Medicaid Pilot Project instead of Medicaid eligibility reviews beginning October 1, 2003.

Also in FFY 2004, QC will be conducting a "customer satisfaction" survey for all households receiving food stamps. The purpose of this survey is to give the agency an indicator of how customer relations are perceived by public assistance households.

## ERROR RATE SUMMARY

### FOOD STAMPS

(Federal Fiscal Year: October 2001-September 2002)

**Statewide Error Rate – 9.61%**

(221 Error Cases of 1,314)

➤ Agency Error rate – 44.0%

- Failed to Act – 65.1%
- Policy Incorrectly Applied – 32.2%
- Arithmetic – 2.7%

➤ Client Error rate - 56.0%

- Information Not Reported – 51.7%
- Willful Misrepresentation – 41.9%
- Information Incorrect – 6.4%

(Most Client Error prone eligibility element: Wages and Salaries 40.8%)

### Five-Year Trend

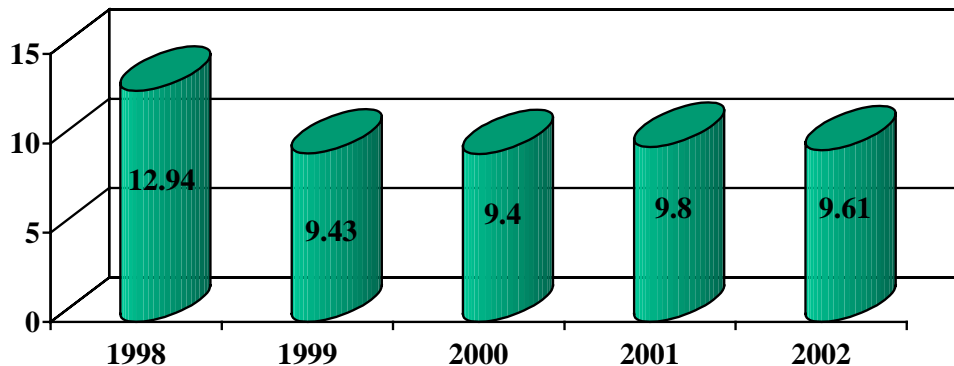


Figure: E.1

## APPENDIX I

LISTING OF CLOSED INVESTIGATIONS  
BY DISTRICT AND REGION

## Fiscal Year 2002-2003

## DISTRICT      ALLEGATIONS &amp; DISPOSITIONS

District 1

1. 2001-0115 Economic Self-Sufficiency (ESS) employees violated ESS policies and procedures. *Supported*
2. 2002-0019 A Family Services Counselor Supervisor (FSCS) created a hostile work environment. *Supported*  
  
Two FSCSs inappropriately used State employees and resources; a FSCS improperly closed an Abuse Report; a FSCS failed to update computer screens for two abuse reports leaving them open when they should have been closed; a FSCS demanded staff close abuse reports without conducting a thorough investigation; a FSCS made racial slurs to State employees. *Not Supported*
3. 2002-0047 A Distributed Computer Systems Analyst (DCSA) mishandled or threw State equipment. *Supported*  
  
A Data Processing Manager was aware of the DCSA's actions and ignored the misconduct. *Inconclusive*  
  
A DCSA falsified timesheets; a DCSA used State equipment for personal business; a DCSA made business trips to facilitate personal activities. *Not Supported*
4. 2002-0084 A Child Protective Investigator (CPI) falsified records; a CPI misused her position. *Not Supported*
5. 2002-0100 A District Manager for Administrative Services (DMAS) and a former Finance and Accounting Director (FAD) spent certified forward funds without the approval of the Executive Office of the Governor; a DMAS and a former FAD inappropriately spent certified forward funds from a previous year for contractual services, performed in the next fiscal year; a DMAS, a former FAD, and a Government Analyst I inappropriately authorized expending funds from the Child Care Regulation and Information budget entity; a DMAS split purchase

orders in order to circumvent the bid process. *Not Supported*

6. 2003-0029 A Senior Attorney falsified a court order; a Child Protective Investigator (CPI) falsified a Judicial Review Social Study. *Not Supported*

### **District 2**

7. 2002-0043 Two Family Services Counselors (FSC) breached confidential information. *Supported*
8. 2002-0074 A Clerk Typist Specialist breached confidential information. *Not Supported*
9. 2002-0098 A Superintendent misused State resources. *Not Supported*
10. 2002-0111 A CPI breached confidential information. *Not Supported*
11. 2003-0006 A Human Services Program Administrator (HSPA) hired workers because they voted for him when he ran for County Commissioner; a HSPA supervises relatives. *Not Supported*
12. 2003-0025 A Hospital Administrator, a Unit Treatment and Rehabilitation (UTR) Director, and a UTR Supervisor II required employees work unreasonable work schedules; a UTR Supervisor II failed to use appropriate management techniques when managing subordinates; an Assistant Institutional Superintendent was not responsive to the complainant's concerns; a UTR Director and a UTR Supervisor III were aware of management problems, but took no corrective action. *Not Supported*

### **District 3**

13. 2002-0028 An unknown Department employee breached confidential information; a CPI failed to protect a Department client. *Not Supported*
14. 2002-0037 A CPI failed to properly supervise a child. *Not Supported*
15. 2002-0056 A former FSC violated policy by using a personal vehicle for business travels; cases assigned to Protective Services sat for up to 6 weeks without being assigned a caseworker and contacting children; a FSC failed to visit children; a FSC Supervisor failed to ensure the FSC visited the children; a CPI did not timely visit the children after accepting the case and did not see them monthly as required; the Department failed to contact the reporter of an abuse report; the Department failed to investigate a supplemental abuse report; the

Department mishandled the investigation of an abuse report; a Family Services Counselor (FSC) took 6 weeks to visit a child regarding an abuse report; a FSC placed a child in a home without an approved home study; the Department mishandled the investigation and placement of children; a FSC failed to conduct monthly visits to children; there was no justification in the former Department employee's file for not being recommended for rehire; a FSC was paid extra duty for mentoring and failed to properly fulfill that role. **Supported**

A former FSC Supervisor (FSCS) failed to take action. **Inconclusive**

A District Administrator (DA) purposely provided inaccurate and misleading information to the Office of Program Policy Analysis and Government Accountability (OPPAGA) regarding average caseload statistics for child protective investigators; a DA terminated an employee on false grounds; a Senior Attorney, a former FSCS, and a FSC prevented sheltering children at the appropriate time; a FSC failed to notify parents regarding the runaway status of children; the Department mishandled the protective services following an abuse report; a former Department employee did not receive a Notice of Separation as requested; a former FSCS and a Program Administrator (PA) failed to adequately provide for the former FSC's professional development, on the job training, and mentor training requirements; State funds were wasted through a PA's and a former FSCS' mismanagement and poor supervision; without cause, a PA rejected a former FSC's request for a transfer or to be placed under another supervisor; a PA and a former FSCS led to provide a former FSC with a reasonable on-call schedule; a former FSCS showed favoritism to counselors; mismanagement prevented efficient cooperation between protective services and protective investigations units resulting in a waste of State funds; a former FSCS verbally degraded a former FSC in the presence of peers; a PA failed to take timely disciplinary action against a former FSCS resulting in a high staff turnover, a waste of State funds, and demoralizing staff; a PA wasted State funds and prevented the efficient operation of a protective investigations unit; a former FSC failed to receive requested information from the Department. **Not Supported**

Guardian Ad Litem were not contacting children. **Referred to another entity for investigation**

16. 2002-0058 A provider President and Vice President allowed clients to inappropriately attend substitute treatment; a provider President and Vice President failed to comply with the State standards for the Batterers' Intervention Program; a provider Vice President exploited clients; a

A provider President and Vice President misappropriated grant monies administered by Florida Department of Law Enforcement. ***Inconclusive***

A provider President and Vice President compromised victim safety by coercing victims of domestic violence to attend Batterers' Intervention Program sessions with the batterers. ***Not Supported***

17. 2002-0075 A Family Services Counselor (FSC) misused Department position by threatening to defy a trespass warning. ***Supported***

A FSC breached confidential information. ***Inconclusive***

A FSC was involved in a physical altercation with a stepparent of the clients in the presence of the clients. ***Not Supported***

18. 2002-0106 A FSC misused a Department position regarding the placement of a relative and the provision of information regarding the relative's location. ***Not Supported***

19. 2003-0026 An Operations Program Administrator (OPA) did not close backlogged cases and gave the job to a former FSC knowing the task could not be completed; an OPA failed to close risk assessments for cases assigned to his unit; the OPA closed a Protective Services case in 1993 or 1994 involving a child without further action because he was a friend of the alleged perpetrator; a Child Protective Investigator (CPI) did not follow proper Hospital Emergency Room Procedures regarding the abuse of a child in 1999; an OPA failed to provide adequate supervisory direction to the Child Protective Investigations Unit; a CPI did not close backlogged cases. ***Prior investigation/Referred back to district.***

20. 2003-0044 A management review conducted to address allegations of a FSC Supervisor (FSCS), who was allegedly rude and disrespectful to Department employees and others who worked with the Department. The management review revealed that 35 percent of the staff witnessed or were subjected to the FSCS's disrespectful attitude. Ninety percent of peers and/or outside agency personnel have witnessed or been subjected to similar treatment. ***Supported***

#### **District 4**

21. 2002-0027 A FSC failed to conduct monthly home visits of foster children; a FSC misused her authority as a caseworker by moving a child without authorization; a FSC provided inaccurate information to her supervisor; a FSCS failed to take appropriate disciplinary action

against the Family Services Counselor (FSC). **Supported**

A FSC attempted to prevent a Guardian ad Litem from having access to foster children; a FSC threatened foster parents; a FSC failed to timely respond to telephone calls. **Inconclusive**

22. 2002-0031 A Child Protective Investigator (CPI) made inappropriate statements to a client and shared personal information. **Supported**

A CPI provided false information to the court regarding a child's placement. **Not Supported**

23. 2002-0033 A CPI and a CPI Supervisor failed to follow up on client information provided to them by the complainant. **Supported**

A Program Administrator and a CPI Supervisor failed to take action. **Inconclusive**

A CPI allowed unsupervised visitation of a child in violation of a court order; a CPI breached confidential information; a CPI lied during an abuse investigation; a CPI was rude and appeared racist. **Not Supported**

24. 2002-0041 An out-of-town inquiry request was not acted upon appropriately or timely. **Supported**

Family Safety employees failed to conduct monthly home visits; employees were unable to keep track of a foster child's whereabouts. **Inconclusive**

Various Family Safety employees violated Florida Statutes regarding information to include in petitions for dependency, changed factual content of the petitions, and signed the petitions without the authorization and knowledge of the assigned CPI; a CPI Supervisor allowed children to remain in a home after a CPI verified abuse; a CPI Supervisor improperly changed an abuse investigation finding; a Professional Development Center Field Trainer failed to properly train a former CPI. **Not Supported**

25. 2002-0044 A CPI breached confidential information. **Not Supported**

26. 2002-0052 A FSC failed to conduct required in-home visits. **Supported**

A FSC Supervisor failed to ensure FSCs conducted required home visits and falsely reported that visits occurred. **Inconclusive**

27. 2002-0064 A management review was conducted and the result was a complex and sensitive set of complaints with a myriad of allegations that required extensive review by OIG. Alleges Department did not properly conduct an investigation in reference to placing her husband's child in a foster home that has years of abusive evidence. ***Partially Supported***
28. 2002-0093 A Mental Health Hospital Administrator failed to take action against an Operations and Management Consultant (OMC) II despite knowledge of an inappropriate relationship between the employee and a hospital resident. ***Inconclusive***
- A Mental Health Hospital Administrator inappropriately approved the OMC II's 1998 promotion. ***Not Supported***
29. 2002-0101 A Family Services Counselor (FSC) was negligent in the performance of duties regarding complaints and licensing deficiencies of a provider; an unknown employee breached confidential information. ***Not Supported***
30. 2002-0110 An Economic Self-Sufficiency Specialist I misused the position by requesting money from a client in exchange for approving public assistance benefits. ***Inconclusive***
31. 2002-0116 A FSC's actions concerning a child were inappropriate. ***Inconclusive***
- A FSC violated a court order by allowing a mother to have unsupervised contact with her child. ***Not Supported***

**SunCoast Region**

32. 2002-0015 A FSC failed to conduct a thorough child abuse investigation and reported false information in an abuse report; two FSCs failed to conduct thorough child abuse investigations; a FSC reported false and inaccurate information in an abuse report. ***Supported***
- Three FSCs reported false and misleading or inaccurate information in abuse reports; a FSC provided unsolicited personal information to the complainant. ***Inconclusive***
33. 2002-0034 A former provider Case Manager placed false information in official documents concerning the complainant's child that were submitted to the Circuit Court. ***Not Supported***



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34. 2002-0050 Employees failed to secure Department files resulting in a breach of confidential information. **Supported**
35. 2002-0059 Provider Case Managers (CM) placed children in and did not remove children from foster homes suspected of being abusive; provider CMs did not make arrangements for psychological evaluations of children suspected of being sexually abused; provider CMs failed to timely provide important children's documents to foster parents and other non-relative caregivers. **Supported**
- Provider CMs falsified information contained in judicial review reports. **Inconclusive**
- A provider Team Coordinator directed supervisors to instruct CMs not to make reports to the abuse hotline about foster parents suspected of abusing children or biological parents suspected of re-abusing their children; provider CM falsified information in case files; a provider CM instructed the operator of a daycare center not to report suspicions of child abuse to the Abuse Hotline; provider CMs falsified information reported in home studies; a provider CM failed to inform a foster caregiver of a child's psychological history and a psychiatrist's recommendation that this child not be placed with younger children; a CM failed to ensure a non-relative caregiver received timely financial assistance; a child was denied medical benefits because the CM failed to enter information into the Integrated Child Welfare Services Information System (ICWSIS); an unknown provider employee, who is also a foster care provider, improperly "swapped" foster children with another foster care provider without a change of placement approved by the Court. **Not Supported**
36. 2002-0063 A former Child Protective Investigator (CPI) falsified information in an abuse report in complicity with a CPI Supervisor and a Program Administrator (PA). **Not Supported**
37. 2002-0077 An Economic Self-Sufficiency Specialist Supervisor altered data regarding the eligibility dates for clients' benefits to lessen the percentage of delays attributed to the unit. **Supported**
- A PA knew that a subordinate inappropriately altered data, but failed to take corrective action. **Inconclusive**
38. 2002-0090 Three former Department employees breached confidential information; a former Family Services Counselor Supervisor breached confidential information. **Not Supported**

39. 2002-0094 A Program Administrator terminated the employment of a Child Protective Investigator (CPI) in order to change the findings of an abuse report; a former CPI was falsely accused of inappropriately refusing to travel to one district to transport a runaway child to another region; a CPI did not receive proper training and was later terminated for not properly handling the job. **Not Supported**
40. 2003-0018 A Senior Management Analyst Supervisor and a Manager of Contracts submitted a nomination containing false information for a Davis Productivity Award that was won by two subordinates. **Not Supported**
41. 2003-0024 An Economic Self-Sufficiency Specialist assisted a relative in obtaining public assistance benefits that the relative was not entitled to receive. **Not Supported**
42. 2003-0048 Provider employees failed to take action regarding information that one of a complainant's children was living in a potentially unsafe environment. **Supported**

A provider Family Specialist I breached confidential information. **Inconclusive**

A provider Case Manager reported false information in a judicial review report as a form of retaliation against a complainant; a provider Case Manager breached confidential information. **Not Supported**

### **District 7**

43. 2001-0060 A former Family Services Counselor Supervisor (FSCS) diverted Supplemental Security Income (SSI) from 43 children's SSI trust funds for personal use; a former FSCS provided SSI funds to a child who was not entitled to receive SSI. **Supported**
- A former FSCS diverted SSI from a child's trust fund for personal use and attempted to conceal her activities with the assistance of two former FSCs. **Partially Supported**
- A former FSCS accepted money for arranging adoptions; a former FSCS and a Program Operations Administrator diverted foster children's gifts for personal use; a former FSCS diverted a prospective adoptive parent's subsidy payments for personal use. **Not Supported**
44. 2002-0010 A Direct Services Aide (DSA) regularly falsified Attendance and Leave Records with the knowledge of two FSCSs. **Supported**

- A DSA claimed excessive mileage on Vouchers for Reimbursement of Traveling Expenses with the knowledge of a Family Services Counselor Supervisor (FSCS); a FSCS signed a blank Attendance and Leave Record for a DSA. **Not Supported**
45. 2002-0017 A Public Assistance Specialist breached confidential information. **Not Supported**
46. 2002-0022 A FSC breached confidential information. **Not Supported**
47. 2002-0029 A former Secretary Specialist breached confidential information. **Not Supported**
48. 2002-0032 A Senior Attorney, a Child Protective Investigator (CPI), and a FSC lied during a hearing. **Not Supported**
49. 2002-0036 A provider, in complicity with a Support Coordinator, falsely billed the Department for behavior services that were provided by other companies. **Referred to another entity for investigation**
50. 2002-0042 A FSC failed to make a child abuse report to the Abuse Hotline. **Supported**
51. 2002-0068 An Interviewing Clerk solicited and received money and an Economic Self-Sufficiency Specialist (ESSS) received gifts from clients in return for processing their applications for ESS benefits. **Not Supported**
52. 2002-0069 A CPI breached confidential information. **Supported**
- A CPI falsified child abuse records. **Not Supported**
53. 2002-0071 An Attorney Supervisor threatened to remove two children from their mother if she did not reunite with her spouse. **Not Supported**
54. 2002-0076 Two CPIs breached confidential information. **Not Supported**
55. 2002-0102 An ESSS Supervisor failed to cooperate with Department staff regarding the protection of a child; an ESSS Supervisor participated in activities and behaviors that were unbecoming a state employee. **Supported**
- An ESSS Supervisor inappropriately intervened in an abuse investigation; an ESSS Supervisor breached confidential information. **Not Supported**

56. 2002-0109 A Program Operations Administrator (POA) used her position for personal gain; an Economic Self-Sufficiency Specialist (ESSS) II, an ESSS I, and a former ESSS I failed to notify the Department of outside employment. **Supported**

A POA showed favoritism in hiring and promoting friends. **Inconclusive**

57. 2003-0001 A Child Protective Investigator (CPI) breached confidential information. **Not Supported**

58. 2003-0045 An Interviewing Clerk failed to notify the Case Manager of an increase in household income that affected her family's eligibility for ESS benefits. **Supported**

### **District 8**

59. 2002-0024 A Superintendent and an Assistant Superintendent caused a hostile work environment; A Superintendent and an Assistant Superintendent require employees to work beyond 8 hours a day; overtime payments at the center are at an all time high; the center's Superintendent misuses State equipment and personnel. **Supported**

A District Administrator (DA) failed to take action; a Superintendent and an Assistant Superintendent hire friends and provide them with free housing; if the employees refuse to work overtime, they would be fired; overtime payments are at an all time high due to employees calling in sick due to stress; the center is understaffed due to the cancellation of overtime; reports are altered so the center looks good; the Assistant Superintendent misuses State equipment, personnel, and time. **Not Supported**

60. 2002-0035 A former CPI Supervisor took a non-Department employee to the Child Protection Team office during an abuse investigation. **Supported**

61. 2002-0046 An Operations Management Consultant failed to make an abuse report. **Supported**

A former CPI breached confidential information. **Not Supported**

62. 2002-0065 A CPI removed and examined the complainant's outgoing mail in her United States Postal Service (USPS) mailbox. **Supported**

A CPI threatened to remove the complainant's child from her home

and place the child in shelter if the complainant did not file an Injunction for Protection against her then paramour; a Child Protective Investigator (CPI) provided false testimony to the court during a shelter hearing; the complainant believed the CPI's act of removing and examining her outgoing mail in her USPS mailbox was wrong. **Not Supported**

63. 2002-0104 A Family Services Counselor Supervisor (FSCS) instructed a former FSC to falsify her Leave and Attendance Reports; a trainer instructed 12 trainees to falsify their Leave and Attendance Reports. **Not Supported**
64. 2003-0004 A former CPI falsified case notes in eight abuse reports; a former CPI falsified case notes and a commencement screen for two abuse reports; a former CPI falsified case notes for three abuse reports and three Leave/Attendance/On-Call Records. **Supported**

### **District 9**

65. 2002-0008 A former Family Support Worker (FSW) fraudulently received funds from a federal grant; a former Family Involvement Coordinator fraudulently approved funds from a federal grant for a former FSW. **Not Supported**
66. 2002-0054 A CPI failed to conduct a proper child abuse investigation; A CPI failed to make a proper shelter placement; a CPI was intimidating and unprofessional during an abuse report investigation. **Supported**
- A CPI provided false information to law enforcement that was used in a police report; a CPI falsified Department and court records. **Not Supported**
67. 2002-0057 An Adult Protective Investigator (API) failed to conduct an adequate abuse investigation; an API failed to provide appropriate protective services. **Supported**
68. 2002-0062 A former FSC falsified Attendance and Leave Records. **Not Supported**
69. 2002-0073 An API made statements to a former API Supervisor, which contradicted information in the chronological case file notes. **Not Supported**
70. 2002-0089 A Senior Management Analyst II (SMA II) harassed the complainant; a SMA II told the complainant he is under investigation by the

Department and pulled the complainant's cellular telephone records. ***Not Supported***

71. 2002-0105 Five Child Protective Investigators (CPI) falsified Attendance and Leave Records. ***Supported***

A former Program Operations Administrator (POA) inappropriately instructed employees to claim three hours of overtime per case, regardless of hours worked. ***Inconclusive***

A former POA, two CPI Supervisors, and two CPIs falsified Attendance and Leave Records. ***Not Supported***

72. 2002-0113 A former Deputy District Administrator (DDA) influenced staff to make monetary contributions for former DA's birthday gift; a former DDA influenced the hiring and salary process of an employee position; a former DDA influenced a child abuse investigation by personally conducting an investigation of a district employee rather than referring the case to another district for investigation; a former DDA influenced the use of flex funds. ***Not Supported***

73. 2003-0021 Senior district staff failed to comply with a Department Salary Policy Memorandum and approved unfair or unwarranted pay actions for multiple employees. ***Inconclusive***

Senior district staff approved unfair and unwarranted personnel actions over the past two years. ***Not Supported***

74. 2003-0035 A CPI breached confidential information. ***Not Supported***

**District 10**

75. 2001-0092 A former Family Services Counselor Supervisor (FSCS) falsified expense vouchers. ***Supported***

A former FSCS falsified Attendance and Leave Records; a SMA II and a former POA approved the former FSCS's Attendance and Leave Records knowing they were false; a SMA II and a former POA approved the former FSCS' mileage reimbursements knowing they were false; a SMA Supervisor told a Secretary Specialist to "sanitize" the books of the service center; a SMA II forced a former POA to resign from the Department; the Department's rehiring of a former Human Resources Director with a new title "smacks of direct discrimination, racism, and a violation of due process rights as to disparate application, enforcement and disciplinary procedures;" District 10

retaliated against minorities; a Family Services Specialist was promoted to a position created to train mentors without the appropriate background for the position; a Deputy Administrator (DA) placed children in an unlicensed agency that mistreated children. When discovered, the children were placed in another unlicensed facility with the Department of Juvenile Justice, but the DA was not disciplined or reprimanded because of race. **Not Supported**

76. 2001-0114 Unknown Family Services Counselors (FSC) and Supervisors made or approved at-risk subsidized daycare assistance referrals for clients whose cases were closed, which violated Department policy. **Supported**

77. 2002-0007 Items donated to the provider for client use did not get to the clients. **Supported**

A provider Assistant Executive Director continues to fraudulently hire staff and put out false lists of per diem individuals; a provider Executive Director and an Assistant Executive Director continually deceive support coordinators and others who contact them regarding consumer issues; an Assistant Executive Directors' son received a pay-check every two weeks; however, he was never there; food purchased from the food bank for clients was taken to the Executive Director's residence. **Not Supported**

78. 2002-0045 A FSC gave false testimony to a Circuit Court Judge. **Not Supported**

79. 2002-0061 A FSC failed to conduct a home visit and then had the foster mother sign a blank home visitation form. **Not Supported**

80. 2002-0066 A FSC falsified Leave and Attendance records; a FSC abused accrued sick leave. **Not Supported**

81. 2002-0087 An Economic Self-Sufficiency Specialist (ESSS) entered false information into the complainant's computerized case file containing eligibility information. The investigation revealed that the ESSS accidentally documented the wrong information. **Supported**

An unknown employee allowed a copy of the complainant's Florida driver license and social security card to be removed from the case file. **Not Supported**

82. 2002-0114 An Operations and Management Consultant I provided false information to the State Fire Marshal's Office. **Not Supported**

83. 2003-0002 A Family Services Counselor (FSC) failed to conduct a required home visit and falsified the records. **Supported**

**District 11**

84. 2001-0075 Employees cheated on the Economic Self-Sufficiency/Quality Control Competency Based Assessment. **Not Supported**

85. 2001-0105 A Department provider Director of Administration told physicians and social workers to backdate clients' treatment records; a provider was billing DCF for services not provided to Department clients; a provider Executive Director committed Medicare and Medicaid fraud; a provider Vice-President, a provider Executive Director, and a Senior Management Analyst Supervisor knew a provider was fraudulently billing Medicare and Medicaid and failed to report it. **Not Supported**

86. 2002-0038 A former Program Operations Administrator breached confidential information. **Not Supported**

87. 2002-0070 A former Senior Attorney practiced law with a delinquent Florida law license. **Supported**

88. 2002-0083 A Support Coordinator/Trainer was under the influence of alcohol and had impaired faculties when arriving at the provider's office to train employees; a Support Coordinator/Trainer used vulgar language and made unprofessional comments during training; a Support Coordinator/Trainer sexually harassed provider employees during a training session; a Support Coordinator/Trainer had an open alcoholic beverage container in his vehicle while parked in the provider's driveway. **Supported**

Prior to completing the necessary training, a Support Coordinator/Trainer offered to send certificates of completion of Performance Outcome Measures to provider employees to keep them compliant with the Department's Support Coordinator's Handbook. **Not Supported**

89. 2002-0092 A provider Executive Director allowed placements of children in unlicensed foster homes; a provider Executive Director failed to provide required training to case managers; Numerous administrative problems exist within the provider facility; a provider Executive Director gave instructions to the provider's Medicaid biller not to send the August 2002 billing, and the director is in violation of Medicaid regulations by assigning more than 20 cases per case manager. **Supported**



A provider Executive Director overloaded case managers and adoption unit managers with more than 20 cases per month, in violation of their contract; a provider Executive Director assisted with an illegal adoption; a provider failed to provide donated clothing to foster children; a provider committed several hiring violations including the hiring of ineligible and unqualified individuals; a provider Foster Care Director falsified records by reporting home visits that were not conducted. **Not Supported**

90. 2002-0095 An Interviewing Clerk used the Family Assistance Information Reporting (FAIR) system for personal use. **Supported**
- An Interviewing Clerk used the FAIR system for personal use. **Not Supported**
91. 2002-0096 A Behavioral Program Associate used a client's social security number to obtain a private telephone account. **Not Supported**
92. 2002-0099 An Automated Specialist II (AS II) sold or otherwise misappropriated gift cards intended to purchase clothing for foster care clients; an AS II took Department-owned computer equipment and sold it for personal gain. **Not Supported**
93. 2002-0103 Home visit forms contained questionable signatures of the child's foster parent. **Supported**
94. 2002-0115 An Adult Protective Investigator (API) physically assaulted the complainant; an API breached confidential information. **Not Supported**
95. 2003-0008 A former Behavioral Program Associate used a client's Social Security Number to open a credit card account. **Not Supported**
96. 2003-0028 A Child Protective Investigator (CPI) violated Children and Families Operating Procedure 175-42 "Case Chronological Documentation" in two abuse reports. **Supported**

### **District 12**

97. 2002-0055 A CPI breached confidential abuse report information. **Supported**
98. 2002-0079 A CPI breached confidential abuse report information. **Not Supported**

**District 13**

99. 2002-0030 A former Family Services Counselor Supervisor (FSCS) and a FSCS violated Section 402.312, Florida Statutes, by closing a provider without seeking an injunction; a FSCS unjustly denied a provider a provisional license. ***Not Supported***
100. 2002-0039 An Adult Protective Investigator (API) made inappropriate comments regarding the elderly. ***Inconclusive***
- An API breached confidential information. ***Not Supported***
101. 2002-0040 A Child Protective Investigator (CPI) Supervisor and a CPI closed a child care facility without seeking a judicial injunction in violation of Florida Statutes. ***Supported***
- A former FSCS and a Program Administrator (PA) unjustly denied a provisional license to the owner of a child care facility. ***Not Supported***
102. 2002-0048 A former PA failed to properly dispose of Department records resulting in a breach of confidential information. ***Supported***
103. 2002-0085 A CPI breached confidential information; a CPI and a CPI Supervisor failed to make an abuse report concerning the alleged sexual abuse of the complainant's stepchildren by the complainant's stepmother-in-law. ***Supported***
- A CPI conspired with the complainant's stepmother-in-law to unjustifiably remove the complainant's stepchildren from the complainant's home. ***Not Supported***
104. 2002-0112 A CPI, a former CPI, a CPI Supervisor, a Family Services Specialist (FSS), and a Secretary Specialist accessed a child abuse report involving fellow employees without authorization; a Department employee made a false child abuse report against fellow employees; a FSS violated information security requirements by failing to secure a personal computer password. ***Supported***
- A former CPI and a CPI failed to protect confidential information. ***Partially Supported***
105. 2003-0014 A CPI breached confidential information. ***Not Supported***
106. 2003-0023 A CPI permitted an unauthorized trainee to have access to Florida

Abuse Hotline Information System (FAHIS); a Family Services Specialist (FSS) improperly assigned a large number of child abuse cases to a trainee; a Deputy District Administrator, an Operations Program Administrator, and a Child Protective Investigator (CPI) Supervisor removed a CPI from a child abuse case without just cause; a CPI omitted information from the Investigative Decision Summary of an abuse report that was relevant to the safety of the children. **Supported**

A FSS falsified information in a child abuse report and lied to child protection personnel in order to unjustly remove children from their parents'. **Not Supported**

107. 2003-0031 A CPI breached confidential information. **Not Supported**

108. 2003-0040 Illegal acts and violations of state and federal laws occurred at a service center. A complaint-driven management review of the Family Safety Office (FSO) was conducted. The review disclosed that FSO staff are dedicated employees who have the interest of clients at heart. However, half to one third of the staff interviewed reported gross distrust of management in the areas of retaliation and conspiracy against staff. Almost all staff (over 90%) rated the communication and interaction between colleagues, coworkers, peers, and other lateral staff as above average to excellent. More than 50% rated communication between them and other management as poor-to-average. Twenty-five percent rated communication between their supervisor as poor to average. **Management Review**

#### **District 14**

109. 2002-0082 A CPI breached confidential information; a CPI falsely accused the complainant of making a false child abuse report. **Supported**

A CPI made a contempt of court accusation against the complainant for having an unauthorized visit with her child. **Not Supported**

110. 2002-0097 A judicial review report submitted to the Court by a Family Services Counselor (FSC) contained false and incomplete information; a FSC failed to comply with a court order. **Supported**

A FSC committed perjury at a family court hearing; a FSC was not objective and showed favoritism. **Not Supported**

111. 2003-0007 A Management Analyst II and an Administrative Secretary sent and/or

received several electronic mail (e-mail) communications containing information of a personal nature. **Supported**

### **District 15**

112. 2002-0014 A Family Services Counselor (FSC) was not objective and showed favoritism. **Inconclusive**

A FSC used marijuana with one of the parents of a Department client. **Not Supported**

113. 2002-0051 A former Child Protective Investigator (CPI) had an inappropriate personal relationship with the mother of Department clients. **Inconclusive**

A CPI told the mother of Department clients that the Department was going to remove her children and gave her the opportunity to hide the children. **Not Supported**

114. 2002-0053 Confidential client information was improperly disposed of and placed in an outside trash bin by unknown person(s). **Supported**

115. 2002-0060 A FSC failed to perform the required position duties; a Date Entry Operator failed to perform the required position duties. **Supported**

116. 2002-0081 Economic Services staff falsified Attendance and Leave reports. **Not Supported**

117. 2002-0091 A former CPI conducted an improper child abuse investigation. **Supported**

A former CPI breached confidential information. **Not Supported**

118. 2002-0108 A CPI Supervisor coerced children into talking by making threats; a CPI Supervisor threatened parents of children. **Not Supported**

### **Headquarters**

119. 2002-0049 A Department contracted Computer Programmer released confidential information. **Supported**

A Systems Project Administrator failed to take action. **Not Supported**

120. 2002-0067 A Psychological Services Director misused a Department computer; a

Psychological Specialist misused the State telephone system. **Supported**

Allegedly various employees within the Sexually Violent Predators Program unit mishandled and falsified records; a Senior Psychologist failed to seek approval for additional employment outside the Department and inappropriately used State equipment; a Psychological Specialists and a Psychological Services Director failed to properly perform their work responsibilities. **Not Supported**

121. 2002-0072 A Senior Human Services Program Specialist misrepresented the circumstances under which a Fair Hearing was scheduled. **Supported**

122. 2002-0078 A Distributed Computer Systems Specialist improperly used the State e-mail system; a Distributed Computer Systems Specialist breached confidential information. **Supported**

123. 2002-0086 Complex and sensitive set of complaints with a myriad of allegations that required extensive review by Inspector General and the Chief Inspector General. **Partially Supported**

Inspector General Staff failed to maintain appropriate confidentiality of Whistle-blower complaints; workers who complained of illegal State activities and fraud were dismissed. **Not Supported**

124. 2002-0088 An unknown person or persons severely defaced Department property. **Not Supported**

### **Multiple Districts**

125. 2002-0020 A former provider Child Protective Investigator (CPI) Supervisor gave the test case used in the certification process for CPIs to unidentified employees in advance to enable them to plagiarize the final test; Department staff knew that a provider hired former Department employees who were terminated for unsatisfactory job performance. **Supported**

A CPI Supervisor merged new abuse reports into a backlog case that had already been referred to the provider, and said that the provider would get the least desirable cases. **Partially Supported**

A former provider CPI Supervisor closed child abuse cases assigned to a former subordinate by entering the former subordinate's Social Security Number into the Florida Abuse Hotline Information System

(FAHIS) after the former subordinate resigned. ***Inconclusive***

A former provider Child Protective Investigator (CPI) falsified three sets of records by making fictitious entries regarding contacts with clients; a former provider Program Manager falsified records by making fictitious entries regarding services to clients; a former provider CPI falsified records by claiming to have conducted an interview in Spanish, a language that the client does not speak; two former provider employees closed cases when child safety was a concern and then called the Abuse Hotline to generate new reports on the same children in order to make quotas; a provider Vice President directed an untrained and unqualified employee to complete risk assessments on clients; a former provider CPI Supervisor gave instructions to employees on how to avoid making contact with clients in order to expedite commencing cases; a provider failed to retrieve a terminated employee's identification badge and keys to a Department service center; two CPIs stated they refused to perform any work on cases that needed extra effort so that these cases would become backlog and referred to the provider. ***Not Supported***

## APPENDIX II

### Summary of Remaining Internal Audits

**Report A-03-01: Audit of State and District Plans for Assisted Living Facilities with Limited Mental Health Licenses (ALF-LMHL) for the Period July 1, 1998 Through June 30, 2000.**

This audit was based on a complaint alleging the Department was not in compliance with §394.75(10), FS. Ensuring the district plan for ALF-LMHL conforms with the State plan and has adequate provisions for review and evaluation of the services provided in the service district. This audit was conducted in Districts 4, 10, 11, and the SunCoast Region.

A summary of the audit findings and recommendations is presented below:

- ❖ Adequate documentation of established oversight and review for monitoring the implementation of the plan was submitted to ensure ALF-LMHL's were included to receive services.
- ❖ The sampled Districts and the Suncoast Region did not comply with the plan in establishing District procedures ensuring that state-funded mental health and substance abuse services are provided in a manner consistent with the clinical needs of mental health residents of ALF-LMHL.
- ❖ Sampled files documented that clients received the required services in accordance with the cooperative agreements between their ALF-LMHL

and the Community Mental Health Care Center (CMHC).

**Inspector General Recommendations:**

- ❖ The Assistant Secretary for Operations should ensure each District Administrator complies with the district plan by establishing written procedures ensuring the provision of state-funded mental health and substance abuse services in a manner consistent with the clinical needs of mental health residents of ALF-LMHL or modify the district plan.
- ❖ District 4 Management determine ways to fund the continued operation of existing drop-in centers and establish additional sites.
- ❖ Districts 4 and 10 and the SunCoast Region Management work with coordinators of funds for transportation of the disadvantaged to provide transportation to drop-in centers; and SunCoast Region Management begin to work with coordinators of funds for transportation of the disadvantaged to provide transportation to drop-in centers.
- ❖ District 4 Management request the Duval and Nassau County Sheriffs' Offices maintain a record of 911 calls received from ALFs on weekends, evenings, and holidays to ensure that ALF clients are receiving necessary emergency services as requested.

- ❖ District 4 Management require CMHC staff maintain a record of calls from ALFs to ensure Crisis Center Services are provided as requested.

**Report A-03-02 Follow-Up Audit To Task Force Case 99-0001 For The Period July 1, 2000 Through June 30, 2001.**

This was an audit of Nova Southeastern University's Mental Health and Substance Abuse (ADM) contract JH734, and obligations arising from the 1999 Settlement Agreement. It was conducted in response to deficiencies found in a monitoring site visit and a provider reported overpayment of \$327,219.36 received by Nova since 1999.

A summary of the audit findings and recommendations is presented below:

- ❖ District 10 Contract Management had not developed a methodology to ensure full reimbursement from Nova in accordance with the terms of the Settlement Agreement.
- ❖ Nova did not bill DCF for services in compliance with contractual requirements.
- ❖ Nova did not sequentially number and account for all service tickets.
- ❖ Nova's invoices to DCF over the past two and a one-half years contained billing errors and inconsistencies, but until November 2001, DCF and Nova Management were unaware of the problem.

- ❖ Fifty-two percent of the recommended training for the six sampled clinical staff was not documented in Nova's personnel files.

**Inspector General Recommendations:**

District 10 should:

- ❖ Recoup the \$1,520.00 overstated in-kind Medicaid services; and ensure contract administration staff improve contract management procedures to ensure full reimbursement in accordance with the Settlement Agreement.
- ❖ Expedite the confirmation of Medicaid settlement services provided by monthly obtaining an electronic copy of the services from Nova.
- ❖ Ensure the Contract Manager becomes knowledgeable about the contract requirements and the provider's performance.
- ❖ Verify, prior to the Contract Manager signing and approving the invoices, that the goods or services have been provided satisfactorily; and that expenditures are allowable and in compliance with the contract terms.

District 10 Management should ensure Nova:

- ❖ Bills DCF for services in full compliance with contract requirements, documenting the unallowable services removed to determine the billable units invoiced.



- ❖ Continues the process of reviewing prior invoices for all DCF contracts after the settlement effective date to correct billing errors that occurred during the settlement repayment period and recoup overpayments collected, as appropriate. The District should validate the overpayments found by Nova, before offsetting invoice amounts and maintain a reconciliation to ensure full recovery of the settlement amount.
- ❖ Complies with their Corrective Action Plan (CAP) by taking the necessary actions to pre-number and account for all service tickets.
- ❖ Segregates invoice preparation duties by having the invoices approved by someone other than the preparer. Documentation of the invoice calculation should be available for review by the approver.
- ❖ Thoroughly reviews invoices submitted during the audit period prior to the completion of a chart reviews and remits to DCF any overpayments determined as a result.
- ❖ Completes the Billing Confirmation Sheet chart review process before invoices are submitted for payment.
- ❖ Provides and documents the training agreed to in their CAP in response to the contract monitoring report.

**Report A-03-03 Audit Of The Central Office Of Contracted Client Services (ASC) For The Period July 1, 2000 Through June 30, 2001 And Selected Actions Taken Through June 28, 2002.**

This audit was part of the Office of Internal Audit's Annual Audit Plan.

A summary of the audit findings and recommendations is presented below:

- ❖ The ASC complied with the provisions of §402.73, FS.
- ❖ The Contract Administration Unit within ASC had promulgated policies and procedures, as well as program specific model attachments, within time frames established by ASC.
- ❖ The Contract Operations Unit within ASC had maintained adequate and sufficient documentation to evidence the support they have provided to the Districts and Region.
- ❖ Workloads for contract management staff varied widely throughout the Department. As of April 26, 2002, according to the Contracted Client Services Website (Contract Assets Database-Workload Indicators), on average, staff managed as few as 6.53 contracts (District 14) to as many as 30.63 contracts (District 10). Moreover, the average value of the contracts managed ranged from a low of \$2.9 million (District 2) to a high of \$15.9 million (SunCoast Region).
- ❖ Documentation required by Children and Families Operating Procedure (CFOP) 75-2 (Contract Management

System for Contractual Services) could not always be located in the contract managers' files.

**Inspector General Recommendations:**

Department management should use the workload indicators to determine adequate levels for District and Regional contract management staff and take the necessary steps to assist them in reaching these levels.

- ❖ The Contract Processing Unit of ASC implement a plan to timely review Central Office contract managers' files to ensure that necessary documentation is maintained.
- ❖ ASC emphasize at contract managers' training the documentation required by CFOP 75-2 to be maintained for services obtained through non-competitive procurements.

**Report A-03-04 Audit Assessment of Performance Measures for the Developmental Disabilities (DD) Program in Districts 6, 7, 11 and 12 for the Period July 1, 1999, Through June 30, 2000.**

This audit focused on the target subgroup, Persons in the Community. The following performance measures were assessed:

1. Percent of people who have a quality of life score of 19 of 25 or greater on the Outcome Based Performance Measures Assessment at annual reassessment.
2. Percent of clients satisfied with services.

Percent of adults living in homes of their own.

3. Percent of people who are employed in integrated settings.

Measure 1 met the criteria for validity and reliability.

Measure 2 did not meet the criteria for validity.

Measures 3 and 4 did not meet the criteria for validity.

Measure 3 and 4 did not meet the criteria for reliability.

**Inspector General Recommendations:**

For Measure 1: Headquarters DD Program office management should:

- ❖ Work with legislative staff to obtain approval to change the measure from "19 of 25 or greater" to "13 of 25 or greater" which will mirror the Council's national standards and requirements for agencies and institutions seeking accreditation.
- ❖ Ensure all inactive clients who no longer participate in the DD Program, have relocated, or are deceased have been removed from the population of clients from which the sample is to be selected.
- ❖ Develop further issues relating to the responses to the processes section of the assessment, which program staff have indicated are important to the clients' achievement of their goals and to the programs strategic planning process.

- ❖ Ensure accuracy of data.

For Measure 2: Headquarters DD and MSPT management should:

- ❖ Reexamine the methodology for determining client satisfaction to ensure the survey relates to the target group and exercise more control in the administration of surveys.
- ❖ Monitor the consistency and accuracy of the data reported to the Legislature.

For Measure 3: Headquarters DD Program office management should:

- ❖ Revise the wording of the performance measure to clearly reflect the adult population included, as well as the varied living situations.
- ❖ Revise the methodology of computing the percentage to include the same age groups for the adult DD population in both the numerator and the denominator, and eliminate the snapshot denominator population.
- ❖ Establish controls for the reliability of data reporting to include common definitions of living arrangements and qualifying clients excluding minors.
- ❖ Monitor the consistency of the data reported to the Legislature to ensure the accuracy of published data.
- ❖ Ensure reporting of roll-up data to include all 12 months of the Fiscal Year.

- ❖ Ensure more in-depth/quality training is available to Support Coordinators (SC) and providers, initially, in the area of proper file documentation.

- ❖ Initiate quality monitoring in the districts of clients' services and files by making better use of the district staff, quality assurance teams and quality implementation teams.

For Measure 4: Headquarters DD Program office management:

- ❖ Revise the wording of the performance measure to clearly reflect the included adult population.
- ❖ Revise the methodology of computing the percentage to include the same age groups for the adult DD population in both the numerator and the denominator.
- ❖ Establish controls for the reliability of data reporting to include common definitions of qualifying clients for employment in integrated settings.
- ❖ Monitor the consistency of the data reported to the Legislature to ensure the accuracy of published data.
- ❖ Ensure reporting of roll-up data to include all 12 months of the Fiscal Year.
- ❖ Maintain data history of employment and service needs for verification purposes.

**Report A-03-05 Audit of The Florida Abuse Hotline Information System (FAHIS) For The Period January 1, 2001, Through June 30, 2001, And Selected Actions Taken Through August 30, 2002.**

This audit was limited to reviewing selected FAHIS logical access, data management, service continuity and backup controls in the Central Office, Districts 2 and 7 and the SunCoast Region. FAHIS is a mission critical application that assists the Department in meeting its mandated responsibilities under Chapters 39 and 415, FS, by accepting reports of child and adult abuse, identifying prior abuse reports, and tracking critical investigative steps.

A summary of findings and recommendations is presented below:

- ❖ Security awareness training documentation was often not located; inactive user profiles were not always timely suspended.
- ❖ Communication and documentation regarding access and revocation for users from other agencies was lacking; supervisory review of closed abuse reports was often not timely nor documented.
- ❖ Available management reports were not utilized to effectively manage access and revocation processes.

**Inspector General Recommendations:**

- ❖ Enforcement of current procedures regarding access and revocation processes, security, training, and system maintenance. Available management

reports should be utilized to ensure established procedures are followed and the operation is functioning as intended.

**Report A-03-07 Audit of District 8 Revenue Maximization Program For The Period July 1, 1999, Through June 30, 2001.**

This audit was based on an allegation from two District 8 employees, that Revenue Maximization Unit (Rev Max) staff were not complying with Children and Families Operating Procedure (CFOP) 175-71, Title IV-E (Foster Care and Adoption Subsidy), Section 1-12 (Vouchering). The complainants alleged that District 8 staff miscoded the eligibility status of children taken into out-of-home care as “eligibility not determined” instead of “potentially IV-E eligible,” which may have resulted in overpayments to providers for ineligible children.

A summary of findings and recommendations is presented below:

The presenting allegation was not substantiated.

- ❖ Shelter packets were not received timely by Rev Max.
- ❖ Time requirements for the eligibility determination process were exceeded.
- ❖ Case files were incorrectly coded in Integrated Child Welfare Services Information System (ICWSIS).
- ❖ Overpayments occurred due to untimely notification of changes in the status of a case, not miscoding. The

overpayments were recouped by District 8.

**Inspector General Recommendations:**

- ❖ Management should develop a process to ensure accurate and timely information is maintained in ICWSIS.
- ❖ Protective Investigators should forward shelter packets to the Revenue Maximization Unit within the 24-hour time requirement.
- ❖ Rev Max staff should complete the eligibility determination process within the 48-hour time requirement and file original eligibility application forms in client case files.
- ❖ Protective Services staff should timely advise the Fiscal Office of changes in a child's out-of-home care status to ensure accurate voucher processing.

***Report A-03-08 Audit of Community Intervention Center (CIC) Contract Numbers BHM11 and BHL12 For The Period July 1, 2002, Through June 30, 2002.***

This audit focused on CIC performance standards and payments made for contract BHL12 and BHM11 in District 2.

A summary of findings and recommendations is presented below:

- ❖ Performance standards required by the contracts were either not met or it could not be readily determined if they were met.

❖ During the audit period, there was a total of \$7,479.77 in errors, resulting in a net due to the Department totaling \$6,615.77.

❖ CIC was unable to provide valid contracts for two of its subcontractors.

**Inspector General Recommendations:**

- ❖ The District follow-up to ensure CIC maintains a database for tracking clients served and their target populations.
- ❖ District 2 and the ADM Program Office collaborate regarding the methods for determining, presenting, and evaluating performance standards for the minimum numbers to serve.
- ❖ The Department recoup the net overpayment totaling \$6,615.77. Also, District management should determine system weaknesses that allowed the invoices to be paid or remain unpaid with the above errors and ensure CIC and District staffs correct them.
- ❖ District management should ensure CIC develops procedures for obtaining a valid signed contract with each independent subcontractor providing services to Department clients. These contracts should be subjected to prior review and comment by the Department.
- ❖ District management should confirm, during monitoring visits, that CIC has valid signed contracts with its providers.

**Report A-03-09 Audit of Sexually Violent Predator Program (SVPP) for the Period July 1, 2000 through September 30, 2001.**

This was an operational compliance audit of the SVPP. The purpose of the SVPP is to detain offenders committed to the State until it is determined that they are not a threat to public safety.

The Department contracts with providers to administer the program and is required to:

- ❖ Assess persons who committed sexually violent crimes to determine whether they are likely to commit further sexually violent acts after they are released.
- ❖ Screen referrals from the Departments of Corrections and Juvenile Justice, and forensic commitments to state mental hospitals to identify sexually violent predators.
- ❖ Gather criminal, psychosocial, medical, and relevant records on individuals.
- ❖ For those individuals whom a court determines meet the criteria, the Department provides secure confinement and treatment.

A summary of findings and recommendations is presented below:

- ❖ The four providers (Ted Shaw Ph.D., Liberty Behavioral Healthcare Corporation, Wackenhut Corrections Corporation, and Department of Corrections) complied with their

contracts in providing services and properly accounting for expenditures.

- ❖ The Department did not conduct performance monitoring required by the Ted Shaw, Ph.D., and the Department of Corrections contracts.
- ❖ Contrary to CFOP 75-2 (Contract Management System for Contractual Services), the Department used Letters of Agreement to extend Department of Corrections contract MH660.

**Inspector General Recommendations:**

- ❖ Management should ensure monitoring of the provider's performance is conducted in accordance with each contract and CFOP 75-2 and 75-8 (Contract Monitoring).
- ❖ Management should comply with CFOP 75-2 by abstaining from using Letters of Agreement when purchasing services that require a standard contract.
- ❖ When using Letters of Agreement, authorized written approval should be obtained.

**Report A-03-12 Audit Assessment of Performance Measures for the Economic Self-Sufficiency (ESS) Program Districts 1, 2, 8 and 13 for the Period July 1, 2000, Through June 30, 2001.**

The objective of this audit was to assess the validity and reliability of performance measures for the ESS Program.

The scope of this audit included an examination of the following ESS program performance measures in

- ❖ Percent of applications processed within time standards.
- ❖ Percent of Refugee Assistance cases accurately closed within eight months.
- ❖ Percent of Optional State Supplementation (OSS) applications processed within time standards.
- ❖ Administrative cost as a percent of total program costs.

A summary of findings and recommendations is presented below.

- ❖ The performance measures were valid, with the exception of the Medicaid time standard.
- ❖ Demographic data was reliable throughout the districts; however, data reliability for the outcome indicator “Date Application Received” varied by measure and was not consistent.
- ❖ File documentation was incomplete and process development was inadequate.
- ❖ Instances (as described in the methodology of this report) may cause Florida On-line Recipient Integrated Data Access (FLORIDA) to record that an application was received when none was received.

- ❖ Administrative costs exceeded the approved standard set by the Legislature.

**Inspector General Recommendations:**

Central ESS program management should:

- ❖ Revise the wording of the Medicaid time standard to include disability applications that must be processed within 90 days.
- ❖ Reexamine methodology ensuring data accuracy and documentation, such as: policies and controls for uniform, accurate, and detailed client case file documentation, including Requests for Assistance (RFA), application dates received and disposed, and use of date stamp machines.
- ❖ Initiate quality monitoring of client services and files by making use of quality assurance teams, and quality implementation teams.
- ❖ Provide quality training on Optional State Supplementation (OSS) file documentation to Public Assistance Specialists.
- ❖ Monitor administrative costs to ensure the ratio to total program costs does not exceed the three percent standard approved by the Legislature.