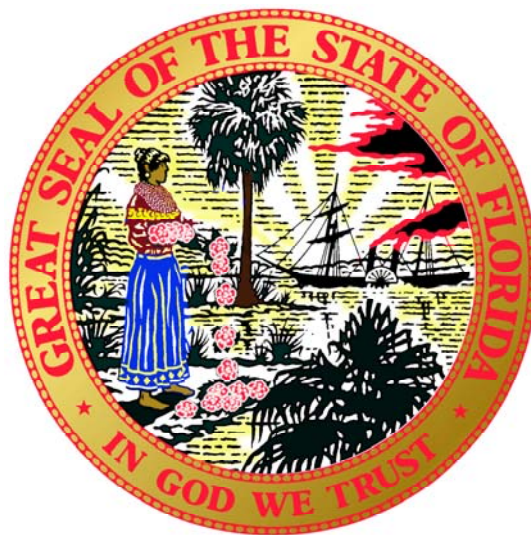


OFFICE OF INSPECTOR GENERAL

Enhancing Public Trust in Government

Annual Report Fiscal Year 2003 - 2004



**Department of Children and Families
Lucy D. Hadi, Interim Secretary**

Sheryl G. Steckler, Inspector General

"Provide leadership in the promotion of accountability and integrity of State Government"

September 30, 2004

Dear Secretary Hadi,

Florida Statutes defines the duties and responsibilities of each Inspector General. One of those statutory requirements is for the Inspector General to submit an annual report to the agency head. The Office of Inspector General (OIG) is an agent for positive change focusing on eliminating waste, fraud, and abuse, identifying problems, and ensuring recommendations for corrective action are met. Despite the challenges, the office has established itself as a partner with management and has numerous value added accomplishments that are detailed in this report. I am pleased to present to you the *Fiscal Year 2003-2004 Office of Inspector General Annual Report*.

We are proud that the Inspector General's office was honored as a recipient of the Davis Productivity award for streamlining internal audit and investigation processes. The modernizing of the Internal Audit section helped produce 12 audits in one year versus an average of three audits per year of the previous decade. These 12 audits identified more than \$5 million worth of questioned or ineligible costs and duplicate billings. The streamlining of investigations reduced the turn-around time for investigations by 11 percent and concentrated on investigating cases more in line with waste, fraud, and abuse.

Focusing on our core mission, we added a "Report Fraud" button located on the front page of the DCF Internet and Intranet Web sites. To support and formulize the reporting of fraud, the Investigations section created a Department's operating procedure for Mandatory 48 Reporting (CFOP 180-4) for incidences, in part, involving fraud, theft, falsification, breach of confidential information, contract improprieties, and computer-related misconduct.

To recognize outstanding performance, leadership, and creativity, an Inspector General Innovation Award was established for staff. This year's winner was Connie Harvey from the Quality Control section. Connie is an extremely talented lady, who brought vision, energy, and humor to all those who work with her.

It is an honor and privilege to lead such an outstanding group of individuals committed to serving our clients and the citizens of Florida. A survey among our agency customers indicated that the OIG staff's professionalism, knowledge, and added value to the agency is outstanding. We intend to extend our services this coming year to our community-based partners in an effort to assist in the success of the privatization of child welfare.

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.

I hope you will take this opportunity to review the attached annual report and appreciate the role and accomplishments of the OIG staff.

Yours truly,

A handwritten signature in cursive script, appearing to read "Sheryl G. Steckler".

Sheryl G. Steckler
DCF Inspector General

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

Table of Contents

TABLE OF CONTENTS.....	i
LIST OF FIGURES.....	ii
EXECUTIVE SUMMARY.....	1
SECTION A: INTRODUCTION.....	2
Guiding Principles	3
Self-Assessment Activities during Fiscal Year 2003-2004	3
OIG Organizational Alignment during Fiscal Year 2003-2004	4
OIG Priorities for Fiscal Year 2004-2005	5
Where We are Going in Fiscal Year 2004-2005	9
SECTION B: INVESTIGATIONS SECTION.....	11
High Profile Investigations during Fiscal Year 2003-2004	17
SECTION C: INTERNAL AUDIT SECTION.....	21
Internal Audit Highlights	24
Follow-up Reports	28
Coordination with External Auditors.....	28
SECTION D: APPEAL HEARINGS SECTION.....	29
Fair Hearings	30
Nursing Home Transfer/Discharge Hearings.....	30
Administrative Disqualification Hearings.....	30
SECTION E: QUALITY CONTROL SECTION	32
Quality Control Review Process.....	32
Additional Quality Control Involvement.....	35
Error Rate Summary.....	36
SECTION F: APPENDICES	37
Appendix I - Investigations:	
List of Closed Investigations by District/Region during Fiscal Year 2003-2004	37
Appendix II – Internal Audit:	
Summary of Internal Audits Issued during Fiscal Year 2003-2004	68
List of Follow-up Audit Reports Completed during Fiscal Year 2003-2004	70
List of External Audit Reports Issued during Fiscal Year 2003-2004	71

Charts

Figure A.1:	Office of Inspector General Organizational Alignment	4
Figure A.2:	OIG Priorities for Fiscal Year 2004-2005, Investigations.....	5
Figure A.3:	OIG Priorities for Fiscal Year 2004-2005, Internal Audit.....	6
Figure A.4:	OIG Priorities for Fiscal Year 2004-2005, Appeal Hearings.....	7
Figure A.5:	OIG Priorities for Fiscal Year 2004-2005, Quality Control.....	8
Figure B.1:	Allegation Types Received during Fiscal Year 2003-2004.....	15
Figure B.2:	Investigations by Program Area during Fiscal Year 2003-2004	16
Figure B.3:	Reference Checks Submitted by District during Fiscal Year 2003-2004.....	20
Figure B.4:	Reference Checks Submitted by Facility during Fiscal Year 2003-2004.....	20
Figure C.1:	Four-Year Comparison of Audits Produced.....	22
Figure C.2:	Origin of Audits Completed	22
Figure C.3:	Audit Workload Distribution Fiscal Year 2003-2004	23
Figure D.1:	Fair Hearing Requests by District/Region	31
Figure E.1:	Error Rate Summary Food Stamp (Federal Fiscal Year 2003) Five-Year Trend.....	36

Executive Summary

Mission: *To promote public integrity and accountability within the Department of Children and Families (DCF or 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.*

HIGHLIGHTS

Davis Productivity Award – *The Office of Inspector General received this award for streamlining the internal audit and investigations processes that helped produce 12 audits in one year versus an average of three audits per year during the previous decade. These 12 audits identified more than \$5 million worth of questioned or ineligible costs and duplicate billings.*

↪ Investigations

- Received and reviewed 622 written complaints.
- Opened 118 investigations (19 percent of complaints received) involving 268 allegations.
- Completed 133 investigations involving 387 allegations (includes cases opened in prior fiscal year).
- Responded to 257 public record requests.
- Conducted 3,841 employee reference checks.
- More than \$275,000 in questioned costs were identified.

↪ Internal Audit

- Published 20 reports (60 percent increase over the last fiscal year), in which 156 recommendations were made; \$38.5 million in questioned costs, duplicate billings, and ineligible costs were identified, and \$142,000 in costs were avoided.
- Coordinated the Department's responses to 15 external audit reports; and coordinated 34 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.
- Conducted 25 follow-up audits.

↪ Appeal Hearings

- Completed 6,307 fair hearing requests.
- Completed 709 disqualification hearings for Temporary Assistance for Needy Families or for Food Stamp benefits.
- Processed 3,678 waivers of administrative disqualification hearings.

↪ Quality Control

- Conducted 1,471 Food Stamp active and 992 Food Stamp negative case reviews.
- Completed 688 Medicaid active and 545 Medicaid negative reviews.
- Identified an 8.0 percent error rate in the Food Stamp program; 51.3 percent (of 8.0 percent) were agency errors and 48.7 percent (of 8.0 percent) were client errors.

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

Section A: Introduction

Statutory Requirements

The Office of Inspector General (OIG) is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring an enhanced level of accountability, integrity, and efficiency in government in relationships with the people it serves. Section (§) 20.055, Florida Statutes (F.S.), requires the Inspector General to be appointed by, report to, and be under the general supervision of the agency head. The OIG is organizationally located within the Office of the Secretary and the Inspector General reports directly to the Secretary.

The OIG 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 §20.055, F.S., summarizes the OIG activities for Fiscal Year (FY) 2003-2004.

OIG Staff Members Activities

This office participates in the following organizations:

- Tallahassee and National Chapters of the Association of Inspectors General
- Government Council on Integrity and Efficiency (GCIE)
- Institute of Internal Auditors (IIA)
- Computer Security Incident Response Team (CSIRT)
- Association of Certified Fraud Examiners
- American Institute of Certified Public Accountants
- Florida Audit Forum
- Audit Directors' Roundtable
- Information Systems Audit and Control Association
- National Association for Program Information and Performance Measurement (NAPIPM)
- National Association of Hearing Officials
- Southeast Evaluation Association

Section A: Introduction

“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 Self-Assessment Activities during FY 2003-2004

The Inspector General’s office is committed to ensuring and advocating accountability of our services. To assess our performance, this past fiscal year we surveyed Department managers statewide, conducted an audit of the OIG’s Investigations section, and conducted a Quality Assessment of the OIG’s Internal Audit section.

The OIG survey of Department managers prompted a 75 percent response rate. Managers provided feedback on satisfaction with staff, interactions, accountability and added value. The survey also sought suggestions for improvement. An overwhelming 91 percent responded that the OIG added value and 97 percent indicated that the conduct of and contact with the OIG staff was professional.

An audit of the Investigations section disclosed several areas of improvement for efficiencies. Over the course of the year, a Web-based tracking system and an IG handbook were developed and implemented, a new investigator manual was published, and staff communications were improved significantly. In addition, the Investigations section officially adopted the National Association of Inspectors General Green Book Standards.

The Quality Assessment of the Internal Audit section was conducted by an outside contractor. It included ratings and comments from senior management and audit staff on the quality of audit services provided, perceptions of the Internal Audit activity work climate, and an evaluation of the systems and processes of the office. Management rated audit activity as valuable and the survey of internal audit staff indicated ratings were high.

Section A: Introduction

Office of Inspector General Organizational Chart FY 2003-2004

The OIG comprises four sections: Investigations, Internal Audit, Appeal Hearings and Quality Control, totaling 104 positions. Of the 104, five positions are unfunded. Each section, with the exception of Internal Audit, has field office locations throughout the state. See each respective section for an outline of locations.

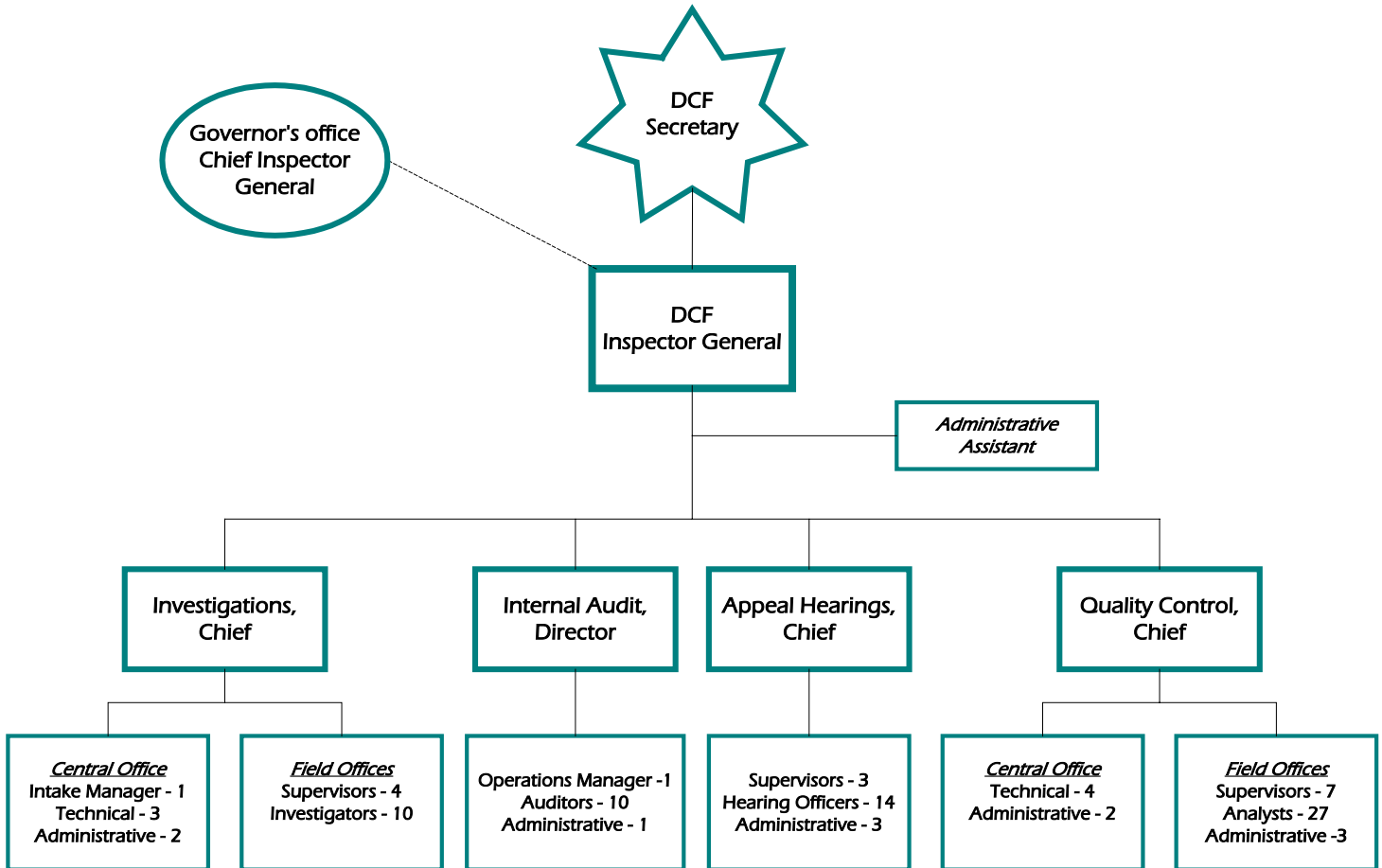


Figure A.1: Office of Inspector General Organizational Chart of funded positions.

The following positions are authorized; however, there was no funding provided:

- Investigations – 1 investigator and 1 administrative
- Internal Audit – 2 auditors (effective July 1, 2004, received funding for one position; however, it was eliminated due to budget cuts)
- Appeal Hearings – 1 administrative
- Quality Control – 1 analyst

Section A: Introduction

OIG Priorities for FY 2004-2005

The OIG 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, the OIG will continue to be an advocate for accountability, not only within the Department but also with community partners.

In keeping with the Department's efforts of privatization, the OIG is focusing on marketing the OIG to the community-based care (CBC) provider agencies. That methodology is graphically illustrated in the following four pages.

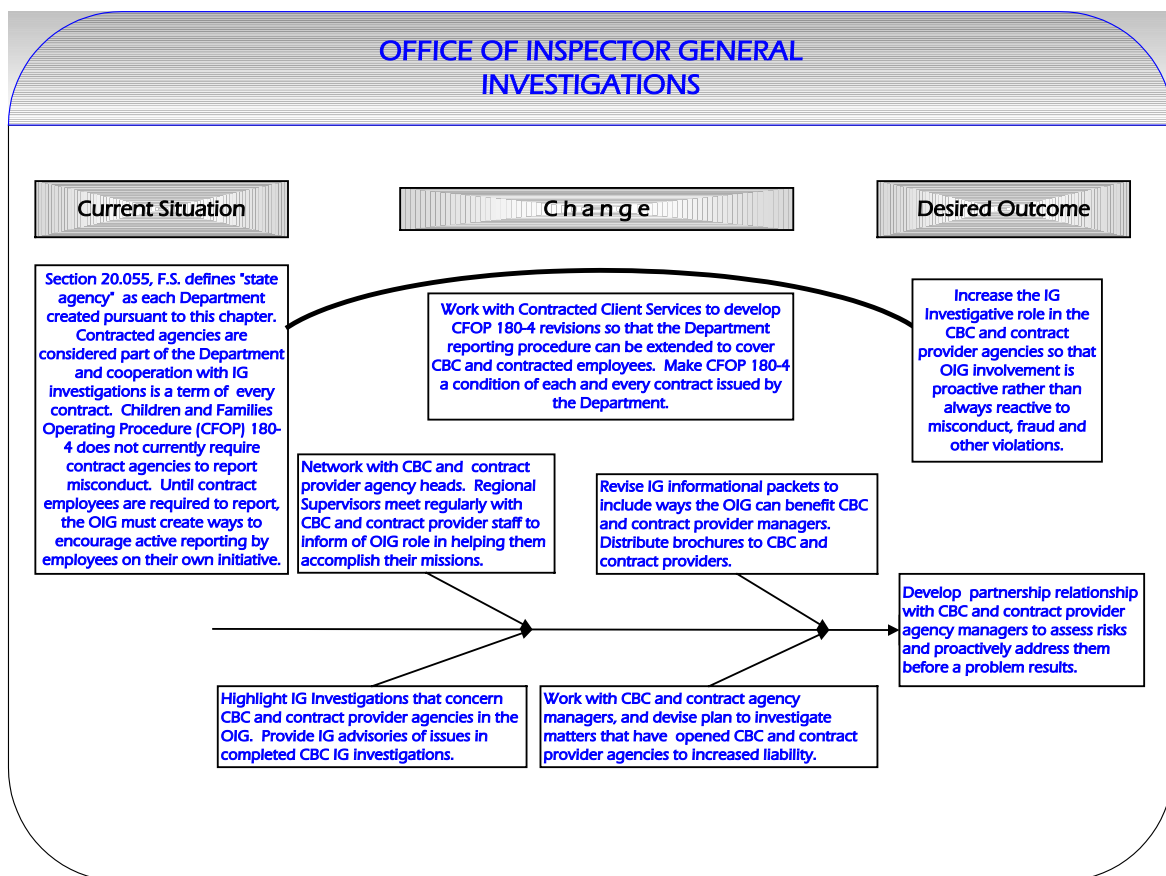


Figure A.2: Office of Inspector General, Investigations

Section A: Introduction

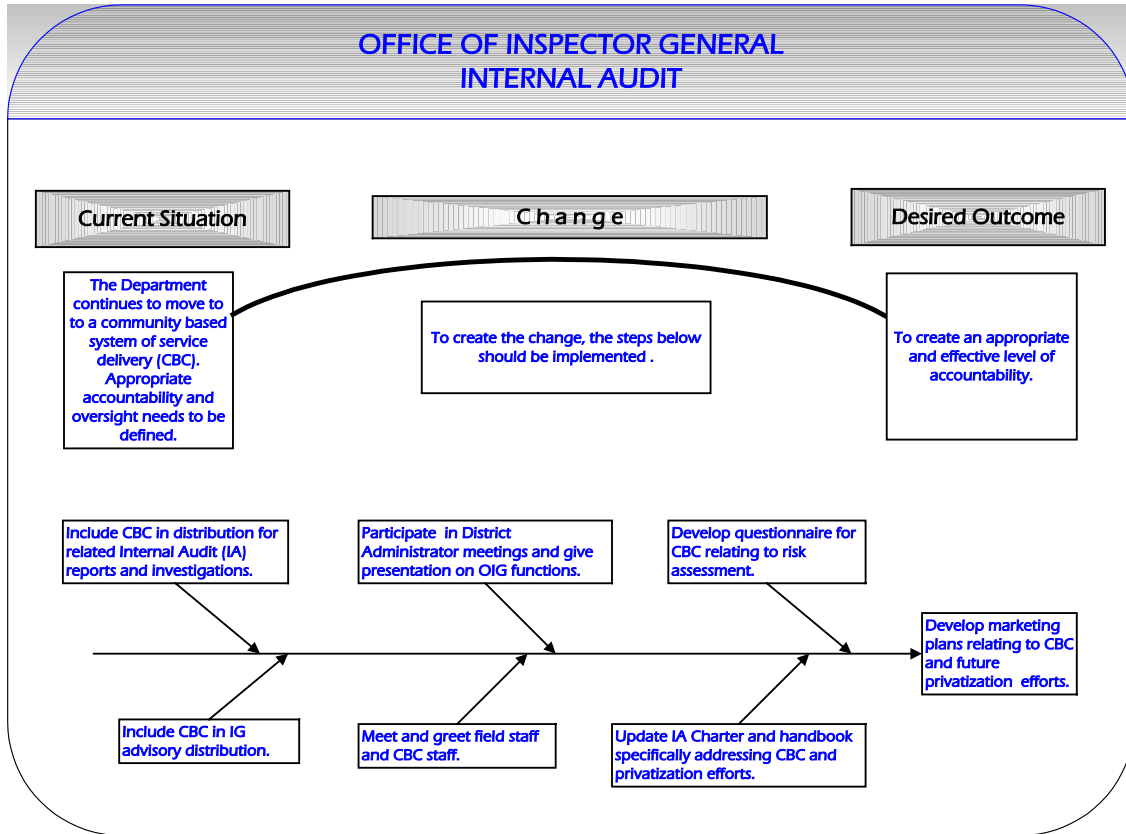


Figure A.3: Office of Inspector General, Internal Audit

Section A: Introduction

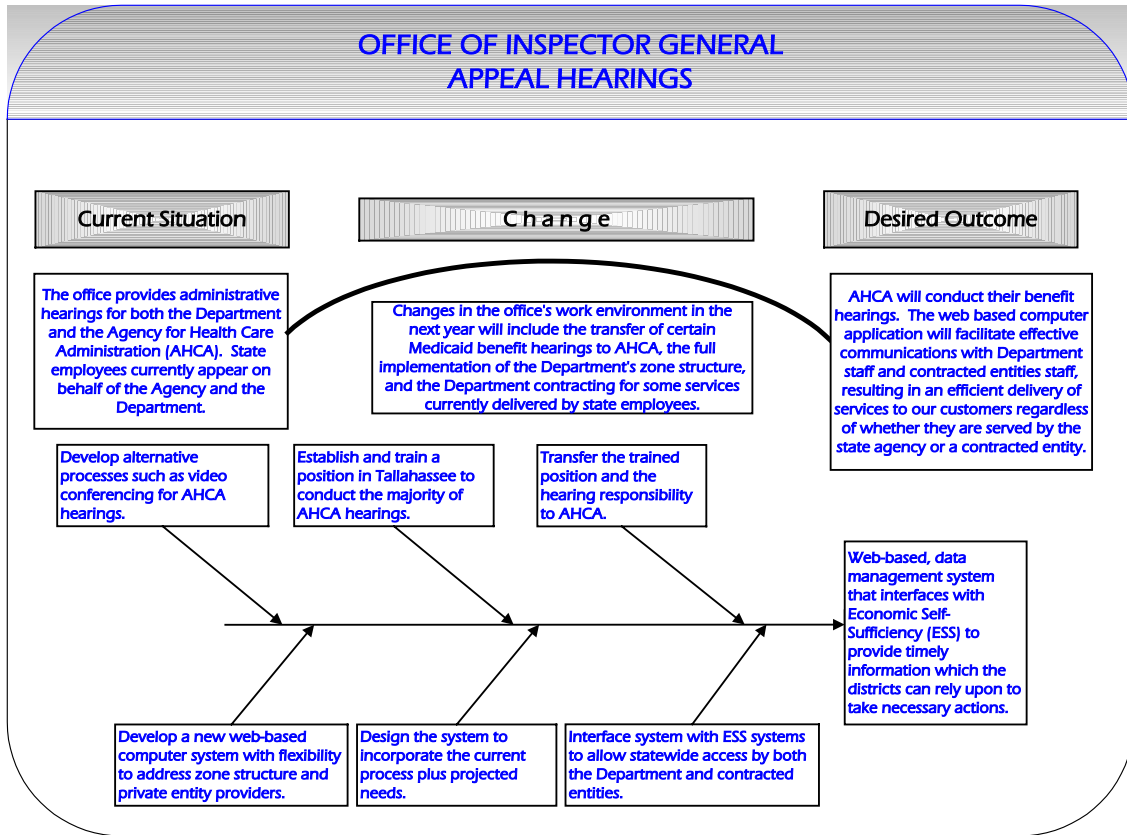


Figure A.4: Office of Inspector General, Appeal Hearings

Section A: Introduction

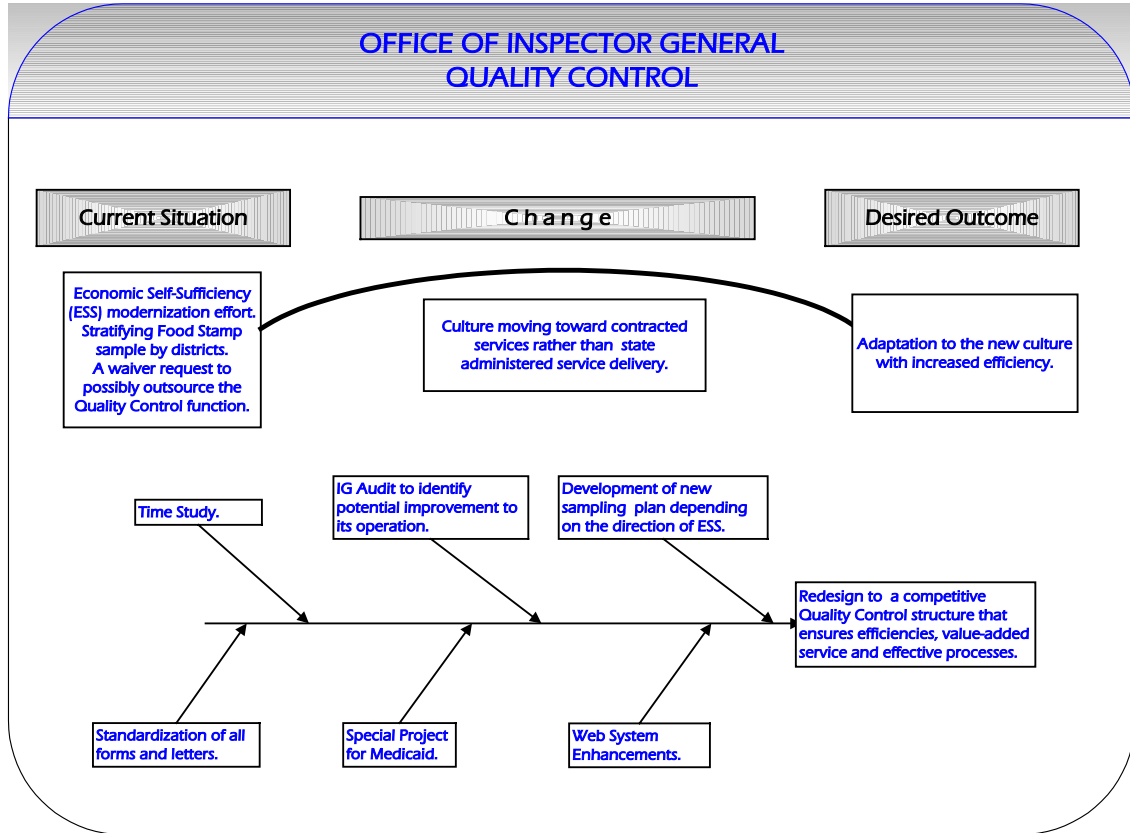


Figure A.5: Office of Inspector General, Quality Control

Section A: Introduction

Where We Are Going in FY 2004-2005

Investigations

Plans are underway to include the mandatory reporting requirements of Children and Families Operating Procedure (CFOP) 180-4 (*see Section B*) in all CBC contracts. The benefits of this policy will assist the CBC provider agencies and District Administrators in weeding out problem areas before they expand and in working on corrective actions that drive success. Until then, the investigator supervisors will continue to visit the CBC provider agencies and meet with program managers to make them aware of the provisions of §20.055, F.S., CFOP 180-4, and the role that the OIG plays in ensuring accountability, efficiency, and deterrence of fraud and misconduct.

Internal Audit

As the Department moves to the community-based care operating structure and other privatization and partnering efforts, Internal Audit (IA) must address these changes. A major initiative for this next year is to develop relationships that would foster cooperation with the private contractors/partners and IA. Some of those initiatives will include the following marketing plans relating to the CBC provider agencies and other privatization efforts.

- Include CBC in distribution for related IA reports and investigations.
- Participate in District Administrator meetings and give presentation on OIG functions.
- Develop questionnaire for CBC relating to risk assessment.
- Meet and greet field staff and CBC staff.
- Update the IA Charter and handbook specifically addressing CBC and privatization efforts.

Appeal Hearings

During the upcoming fiscal year the Office of Appeal Hearings (AH) will be responding to several changes.

- AH is working with the Agency for Health Care Administration (AHCA) to transition certain Medicaid benefits cases to AHCA. Procedures will be developed to conduct these hearings by video conferencing. AH is planning to partner with AHCA and train its staff to conduct hearings.
- AH is responding to the Department's completion of the zone structure, the modernization of the Economic Self-Sufficiency (ESS) program, and future use of contract providers. AH will be changing the current method of communicating hearing activities to include the new stakeholders. The office is also planning on developing training materials on the hearing process for its stakeholders.
- AH is planning a new Web-based computer application to improve contact with DCF staff aligning within the new zone structures, contract providers, and the new Agency for Persons with Disabilities.

Section A: Introduction

Quality Control

Quality Control (QC) is faced with new challenges during the next federal fiscal year. The ESS modernization effort may possibly result in some privatization of the eligibility determination functions of the Food Stamp and Medicaid programs. QC will play a major role in the effort by reviewing the eligibility determination functions of food stamps to ensure that they (the Department and/or contracted vendors) are operating in compliance with statutory and federal regulations. The sample selection process will also be affected as the modernization could necessitate the re-stratification of the sample for the Food Stamp program beginning October 2004. To prepare for the modernization of ESS, QC processes are being re-engineered to ensure the proper delivery of benefits. The redesign effort is being enhanced by an audit conducted by the OIG Internal Audit section to identify deficiencies and areas for improvement. In addition, the standardization of all forms and letters is in process along with a time study to determine the amount of time required to complete a QC review. The goal of the QC redesign is to streamline the business process, increase both efficiency and effectiveness in its operations, and add value to the Department.

At the request of AHCA, QC will also be conducting a Medicaid Pilot Project in lieu of Medicaid eligibility reviews for Federal Fiscal Year 2005. QC will review the nursing home discrepancy report, identify problems within the report, determine if it is a Florida On-line Recipient Integrated Data Access (FLORIDA) or Florida Medicaid Management Information System (FMMIS) system issue, and identify valid overpayments. QC will notify the nursing facility that an adjustment must be made (based on FLORIDA data) and review any documentation from the nursing facility as to why it billed a differing amount.

Section B: Investigations

The **Investigations** section contributes by being the main point of coordination for complaints from internal sources (such as employees) and external sources (such as providers, employees, clients, the Governor's office, and members of the general public). In addition, the Investigations section also takes complaints pursuant to the Whistle-blower's Act - §112.3187-§112.31895, F.S.

Investigations Staff

The Investigations section has 21 full-time staff positioned in four regional statewide offices. The headquarters, or North Region, in Tallahassee has 10 full-time staff (including the Chief of Investigations) who perform complaint intake duties, conduct reference checks, distribute cases, respond to public records requests, and perform other administrative duties. The investigators in the North Region cover from Escambia County eastward to Duval County. The Central Region office is located in Orlando and has one supervisor and three investigators. The Central Region investigators provide coverage from Marion County in the North, Volusia County in the East, and all of Orange and Osceola counties. The South Region office is located in Fort Lauderdale and covers from Indian River County in the South Central to Dade and Monroe counties in the extreme South.

In FY 2003-2004, the Investigations section opened a new SunCoast Region office located in Tampa. The new office has one supervisor and two investigators. The investigators in the SunCoast Region will cover from Pasco County in the North to Charlotte and

Lee counties in the South. This includes the metropolitan areas of Tampa, St. Petersburg, Sarasota and Fort Myers.

Workload Performance

During FY 2003-2004, the OIG requested all complainants to provide their complaints in writing, so that details of the complaint could be fully obtained. In doing so, the OIG has dramatically reduced the number of staff hours spent on the telephone and has allowed for better usage of investigative and management time and resources.

In FY 2003-2004, the Investigations section received a total of 636 complaints (includes 21 whistleblower requests, 17 Get Lean hotline complaints and 44 requests for investigation). Of the total number of complaints received, 118 investigations (includes 268 allegations) were opened. During the fiscal year, 133 cases (386 allegations) were investigated (includes open cases from prior FY). -

The number of allegations investigated per case was reduced by seven percent (from 413 to 386) during FY 2003-2004. Complaint screening focused on identifying the main issues of a complaint and assigning just those issues for investigation that met the criteria outlined in Children and Families Operating Procedure (CFOP) 180-4. This allows for focused investigations concentrating on fraud, waste, and abuse issues.

In FY 2002-2003, 154 (37 percent) of 413 allegations were supported. In FY 2003-2004, 153 (40 percent) of 386 allegations were supported. Even though the number of allegations was

Section B: Investigations

reduced, the percentage of allegations supported by investigations improved overall by three percent from the previous year. This increase in the percentage of allegations supported can be directly attributed to improved up front screening criteria that required allegations of wrongdoing to meet the reporting criteria set forth in CFOP 180-4.

In FY 2003-2004, the Investigations section revised the intake and screening process that ensures all allegations of wrongdoing are fully assessed. Complaints are handled in one of three ways: (1) Management Referrals, (2) Management Inquiries, and (3) Investigations.

In response to the change in focus of complaints brought to the OIG's attention, the intake process has been realigned to reduce involvement with routine programmatic complaints such as alleged mishandling of Abuse Hotline investigations or dependency cases, service provision, alleged inaccurate or incomplete information provided to courts, or alleged inconsiderate behavior of staff. Programmatic complaints are investigated only if there is a law and/or rule violation, such as falsification of home visitation records or breach of confidentiality. All other complaints are forwarded to the appropriate district, facility, or program office for review and direct response to the complainant. In cooperation with the Office of the Secretary and district and program offices, complaints will be data entered and forwarded electronically to the appropriate office through the DCF tracker system to reduce lag time and prevent duplication.

All complaints are reviewed and a decision is made as to whether the allegations represent management issues or more serious activity that warrants an investigation. Management Referrals do not require a response to the OIG. Management Inquiries require managers to research an issue and report their findings and corrective action to the OIG. Investigations are conducted by OIG investigators and where appropriate, a request for criminal prosecution is made to the respective state attorney. During FY 2003-2004, the Investigations section referred 11 (eight percent) cases to the State Attorney's office.

Quality Standards

The Generally Accepted Principles and Quality Standards, formally approved by the Association of Inspectors General (AIG) May 16, 2001, were adopted by the Investigations section in May 2004. Insofar as they do not conflict with statute, regulation, executive order, or other policy of the OIG, the standards provide a guide for conducting investigative activities in a professional and timely manner. The Investigations section also revised the existing Investigations handbook for all investigators to include the AIG quality standards for thoroughness, objectivity, accurate documentation, timeliness, legal sufficiency, and appropriate techniques.

Section B: Investigations

Children and Families Operating Procedure 180-4

In February 2004, the OIG created Children and Families Operating Procedure (CFOP) 180-4, titled, "Mandatory Reporting Requirements to the Office of Inspector General." The new operating procedure describes to Department employees the requirements for reporting notable incidents and the timeframe for doing so. The procedure defines specific acts of misconduct that must be reported to the OIG and provides for disciplinary action for failure to report incidents to the OIG. In addition, the new operating procedure mandates that Department employees fully cooperate with OIG investigations and provides for disciplinary action for failure to cooperate. Failure to cooperate includes refusal to submit to an interview, failure to provide requested documents and other evidence upon request, destruction of evidence, intimidation of witnesses, or lying in an OIG investigation. The operating procedure applies to all Department employees. Some CBC provider agencies have adopted the operating procedure for incorporation into their own procedures. Efforts will be made in the upcoming fiscal year to make the operating procedure a permanent part of the standard Department contract.

Public Records Requests, Reference Checks & Arrest Notifications

The Investigations section is also responsible for receiving and responding to public record requests. Requests are received from the media, other state agencies, provider agencies, attorneys, and other members of the general public. In FY 2003-2004, the Investigations section received and responded to 257 public record requests. This process is labor intensive, as it requires that all information deemed confidential by statute be redacted before reports can be released.

The Investigations section also provides to DCF personnel liaisons (upon their request) OIG subject and allegation disposition information contained in our database for all re-hires, promotions, transfers, and demotions of Department staff. In FY 2003-2004, OIG staff received, researched, and responded to 3,841 reference checks.

Another function of the Investigations section is to receive and track DCF employee criminal arrest notifications and other incidents involving DCF employees, contractual provider employees, or employees of DCF-licensed facilities that are reported by DCF district, facility, and program office administrative staff. In FY 2003-2004, the Investigations section received 282 arrest and incident notifications (DUI, speeding tickets, minor citations, employee subject of abuse investigation, etc.). This information is reviewed to determine if OIG involvement is warranted. In addition, the information is included on reference checks that are provided to DCF personnel liaisons.

Section B: Investigations

Reduced Turnaround

One quality standard for the Investigations section addressed this fiscal year is timeliness. The OIG believes that management has the need to get results of investigations timely so that management can take action expeditiously. In the Spring of 2004, the Investigations section initiated a 60-day turnaround time requirement on investigations.

The time it takes to close a case can be affected by several variables, such as the location of the case (travel time), the complexity of the allegations, the number of witnesses that need to be interviewed and the amount of evidence and documents that must be obtained and examined.

Turnaround time was reduced 16 percent from an average of 111 days to close a case to 93. The average time spent investigating the case, writing the report, and conducting regional supervisory review averaged 71 days. The remaining 22 days was the average time spent by the Chief of Investigations reviewing the report, identifying additional work, and possible rewriting, closing of the case on the tracking system, and producing copies for release and circulation. During the coming fiscal year, the Investigations section will strive to continue to reduce the number of days to complete a case.

Case Categories

The charts on the following pages depict the types of investigations completed by the Investigations section during FY 2003-2004 as well the program areas covered.

Section B: Investigations

FY 2003-2004 Allegation Types

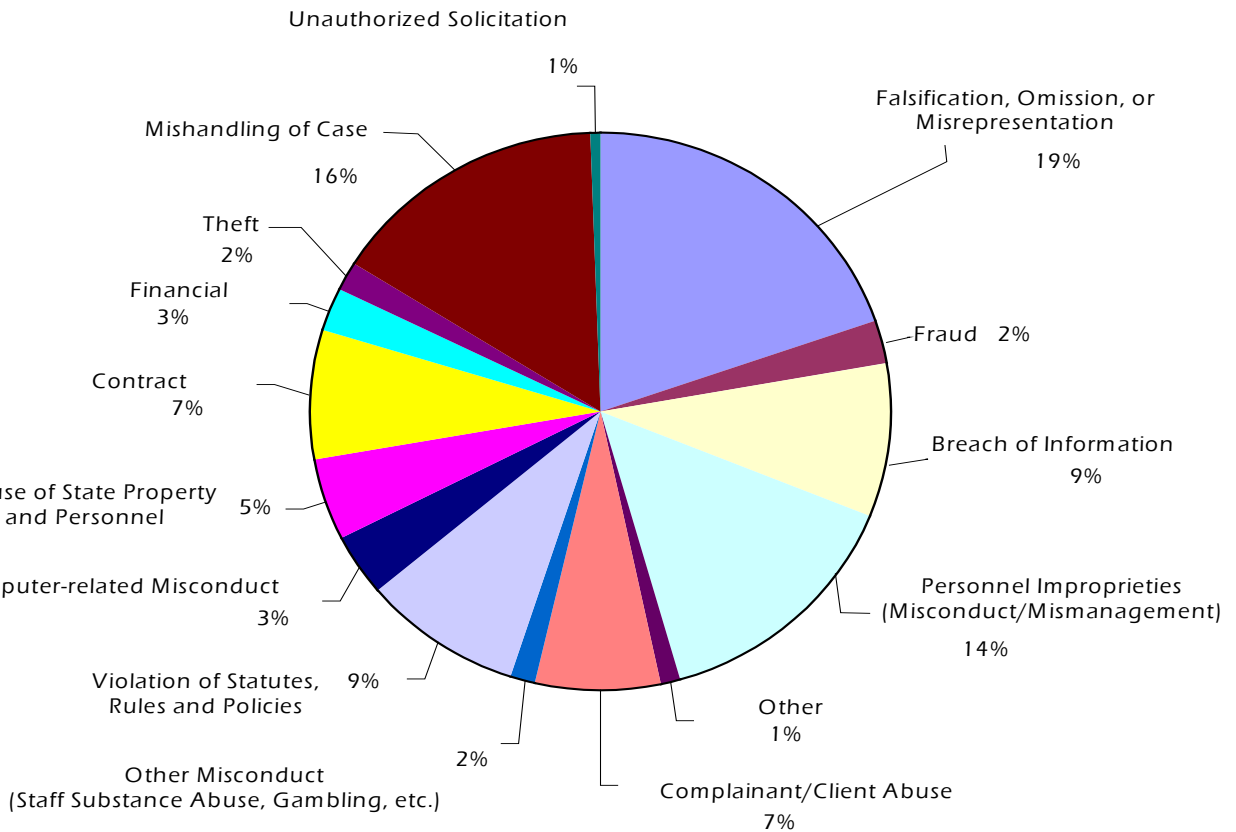


Figure B.1: *Types of Allegations*

One quality standard for investigations is exercising due professional care. This means using good judgement in choosing investigative subjects and creating accurate and complete investigations. By refocusing and realigning the intake process, the types of investigations being conducted focus on fraud, waste, and abuse of public funds. The chart above shows the types of investigative subjects chosen during the past fiscal year. Contract improprieties accounted for seven percent (an increase of 14 percent from the prior fiscal year) of the cases investigated during the year.

Section B: Investigations

FY 2003-2004 OIG Investigations by Program

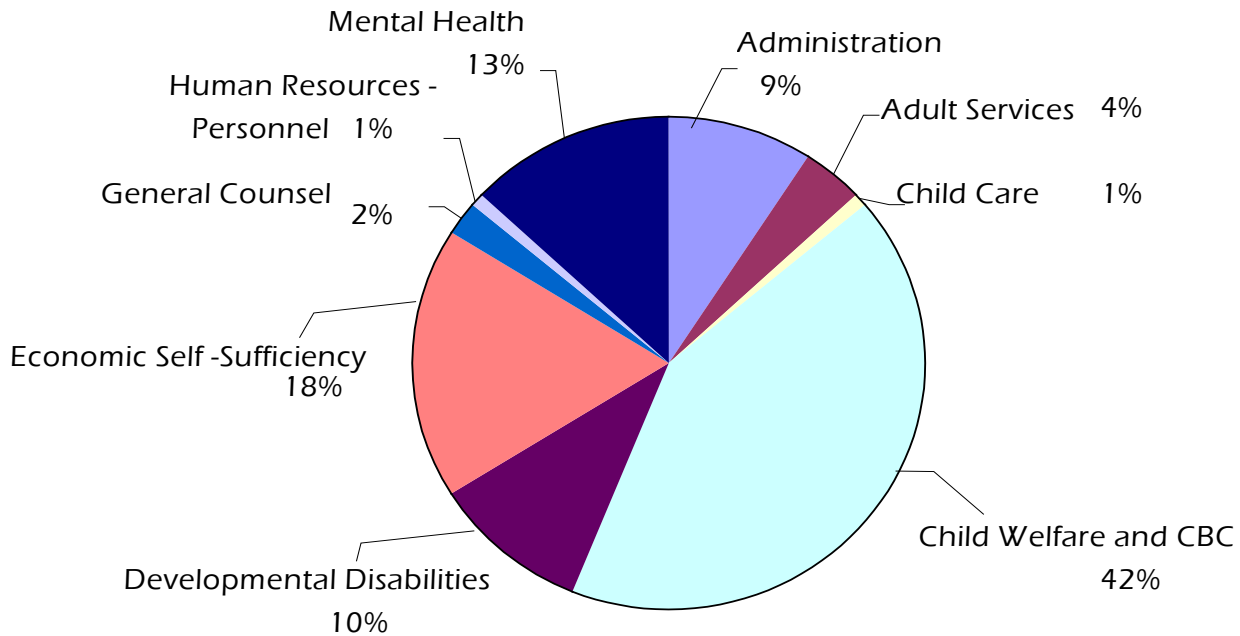


Figure B.2: Investigations by Program Area

The chart above shows the breakdown of program areas where investigations were initiated. The Child Welfare and CBC program continues to have the most investigations, although this was reduced in FY 2003-2004 by 14 percent, because reportable incidents were defined in CFOP 180-4 and complaint screening criteria enabled complaints formerly investigated to be directed to the districts as management inquiries or referrals.

Other programs saw an increase in investigative activity. The Economic Self-Sufficiency program increased by four percent. The OIG initiated cases involving employee public assistance fraud and worked these in conjunction with the Florida Department of Law Enforcement. Because of an increased attention on the Developmental Disabilities program this past fiscal year, investigations rose by seven percent from the prior fiscal year. Several investigations focused on provider failure to maintain proper staff ratios in accordance with contract requirements. Mental Health investigations increased five percent because of increased awareness by facilities of the reporting requirements. Administration investigations remained constant at nine percent and Adult Services increased just one percent.

Section B: Investigations

High Profile Cases During FY 2003-2004

2003-0013

An ESS Clerk Specialist accepted payment from individuals in return for the promise that she could obtain Section 8 Housing for them. Miami Dade Housing Agency offers subsidized housing through the Department of Housing and Urban Development. Applicants are placed on a waiting list and notified when funding is available to receive a voucher and lease an apartment. The employee told five individuals it was part of her job at DCF to approve Section 8 (low-income) housing and told them she could get them housing by “working inside the system” to get the applications processed. The employee collected nearly \$1,000 in cash from five different individuals. On June 23, 2004, the employee was arrested for charging low-income families for free government services. She faces six counts of unlawful compensation for official behavior and one count of organized fraud.

2003-0098

A Child Protective Investigator (CPI) falsified records by documenting he made contact with clients that he never actually met. A parent called the office to see what was happening on the abuse case concerning the family. Case notes in the Department’s computer tracking system, HomeSafenet, indicated the CPI had already interviewed the father. According to the father, the CPI never visited the family or saw the children within the required 24 hours. Several other similar cases substantiated the claims that the CPI had falsified home visitation records in HomeSafenet. He subsequently resigned August 22, 2003. On June 22, 2004, the CPI was arrested and charged with three misdemeanor counts of making a false official statement under §837.06, F.S.

2003-0079

A large community mental health center commingled client trust fund (CTF) accounts with operational expense accounts in three separate fiscal years. CTF accounts are established pursuant to §402.17, F.S., as a depository for money of clients and designated for the client’s personal benefit. The investigative findings supported allegations that the mental health center intentionally commingled more than \$300,000 in CTF money to supplement deficiencies in their operational accounts. The investigation found that the mental health center failed to deposit, maintain, and safeguard money and property belonging to clients in accordance with statutes and rule provisions. Rather than deposit the CTFs in interest-bearing accounts, the mental health center used the CTFs as leverage or credit for the center’s own purposes—including paying bills and making payroll. The investigation showed an immediate need to audit the CTF to ensure that proper interest was applied to the CTFs, the center properly reported CTF balances to the Social Security Administration, and CTF balances of inactive (discharged) clients were not improperly withheld.

Section B: Investigations

- 2003-0112** An ESS Specialist forged day care applications, training certificates and other documents to set up bogus family day care providers. The employee submitted the bogus applications and training documents to the Department and set up a United States Postal Service post office box to receive day care payments. Once the checks were issued and sent to the post office box, the employee forged the checks and cashed them. In addition, the same employee fraudulently authorized food stamp benefits and altered information on the FLORIDA system to gain personal access to the Electronic Benefits Transfer (EBT) cards issued to several people. The employee used an accomplice's mailing address to receive the EBT cards. The same employee also fraudulently received a grant from the Cape Coral Housing Development Corporation to purchase a home. The employee and two accomplices (one a former DCF employee) were arrested July 26, 2004, and charged with multiple counts of scheming to defraud. The total amount defrauded was in excess of \$103,000.00.
- 2004-0008** A person living in Miami, Florida, obtained a business license for D.E.Z. Associates Employment Agency and then advertised vacant positions at DCF. D.E.Z. Associates advertised itself as "State Certified" and told applicants that it was the sole hiring authority for Medicaid Licensure and Medicaid Waiver Coordinator jobs. A person wishing to become a Medicaid Waiver Coordinator simply has to complete an application directly with the Department; however, D.E.Z. Associates collected fees in excess of \$150.00 per person to accept applications for Medicaid Waiver Coordinators and told the applicants the fee was a licensure and certification fee. The Department charges no such fees for licensure and certification. D.E.Z. Associates said it could guarantee Medicaid Waiver Coordinators would receive up to \$600 per assessment conducted. The Department customarily pays the "usual and customary rates" which is \$300 per consumer per year with a one assessment maximum per year. The case was referred to the State Attorney for consideration of prosecution. Since D.E.Z. Associates refunded money to every applicant while the investigation was being conducted, the State Attorney did not move forward with prosecution.
- 2003-0039WB** A whistle-blower investigation was conducted in conjunction with the assistance of Quality Assurance that included 72 allegations of mishandling child abuse/neglect cases and child safety issues in Marion County. The allegations consisted of falsification of records, failure to make appropriate referrals to the Child Protection Team, or failure to adhere to policies and procedures in conducting child abuse/neglect cases by Marion County Family Safety employees. Findings confirmed that multiple allegations were supported against numerous staff members and that "their combined shortcomings adversely affected the

Section B: Investigations

welfare of numerous children in Marion County who were identified during the scope of this investigation.” The findings also confirmed that an Acting Operations and Program Administrator (OPA) falsified information regarding commencement dates and times and that the Acting OPA’s poor decision-making placed children at risk. Further, the findings confirmed poor documentation in some of the files reviewed. The allegation regarding the Acting OPA falsifying child abuse records was referred to the State Attorney’s office who declined to prosecute. The Acting OPA and a Child Protective Investigator were terminated. Changes necessary to the district’s operations structure in Marion County include OPAs reassigned to better manage the Protective Investigations and Foster Care/Protective Services. According to management, the performance has improved and the backlog of investigations is currently under the required performance target.

Section B: Investigations

The charts below represent the total number of reference checks conducted to determine if employees/applicants for re-hires, promotions, or new hires at CBC provider agencies had any supported findings or complaints investigated by the OIG.

FY 2003-2004 Reference Checks Submitted By District	
<i>District</i>	<i>Number of Reference Checks Completed</i>
District 1	73
District 2	207
District 3	176
District 4	70
SunCoast Region	92
District 7	338
District 8	83
District 9	125
District 10	96
District 11	306
District 12	56
District 13	130
District 14	197
District 15	17
District 20	183
Total by District	2,149

Figure B.3:

This table represents the number of reference checks submitted by each district.

FY 2003-2004 Reference Checks Submitted By Facility	
<i>Facility</i>	<i>Number of Reference Checks Completed</i>
Community of Landmark	0
Florida State Hospital	769
Gulf Coast Center	104
North Florida Evaluation and Treatment Center	22
Northeast Florida State Hospital	145
South Florida Evaluation and Treatment Center	30
South Florida State Hospital	0
Sunland at Marianna	363
Tacachale	259
West Florida Community Care Center	0
Total by Facility	1,692

Figure B.4:

This table represents the number of reference checks submitted by each facility.

Section C: Internal Audit

Internal Auditing, as authorized by §20.055, F.S., 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:

- ◆ 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.

The Office of Internal Audit (IA) performs the following activities:

- ◆ Conducts performance, compliance, financial, contract, and information systems audits.
- ◆ Provides consulting services 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 2003-2004, the office had 12 full-time positions, which included a Director of Auditing, 10 auditors, and one administrative staff support. All positions are located in the Tallahassee office.

Staff members hold the following certifications: Certified Internal Auditor, Certified Information Systems Auditor, Certified Public Accountant, and Certified Inspector General.

All auditors are members of the Institute of Internal Auditors. Staff also 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 two 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 2003-2004.

Section C: Internal Audit

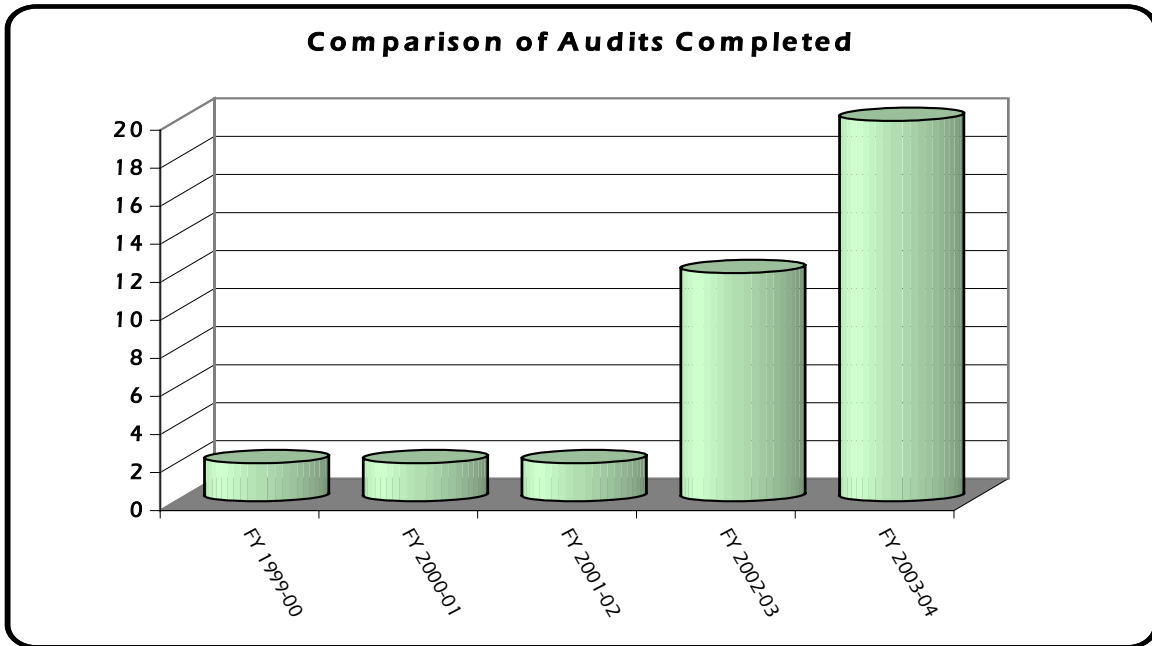


Figure C.1: Shows a comparison of audits completed since FY 1999-2000.

The number of auditors on staff each year was as follows:

FY 1999-2000: 15

FY 2000-2001: 15

FY 2001-2002: 14

FY 2002-2003: 13

FY 2003-2004: 10

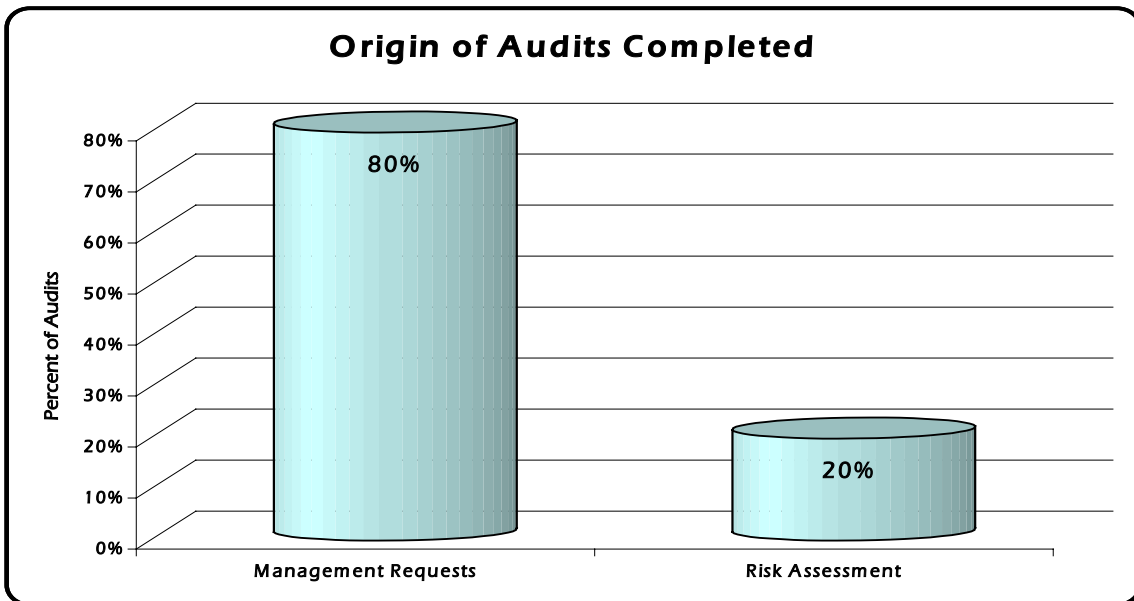


Figure C.2: Origin of Audits Completed

Section C: Internal Audit

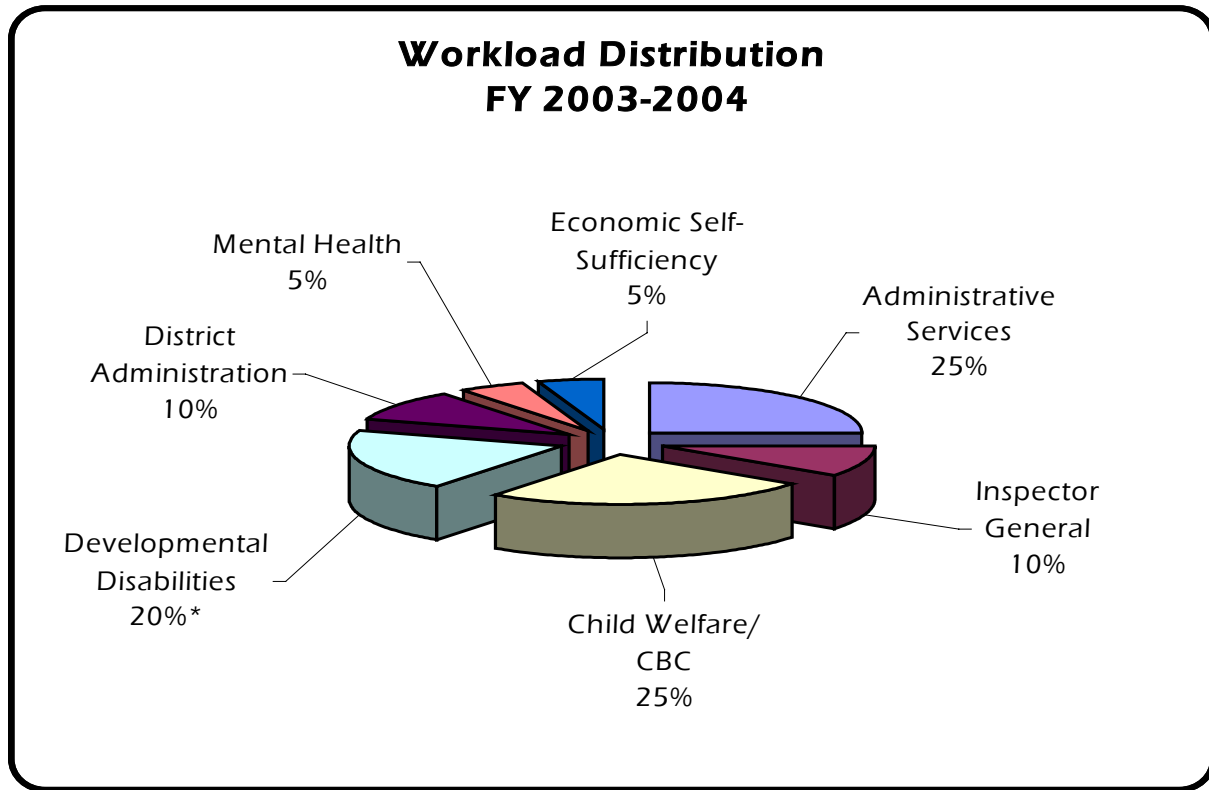


Figure C.3: Shows audit coverage provided to the Department by program area.

Developmental Disabilities - This percentage is atypical for the Developmental Disabilities program; however, significant concerns arose during FY 2003-2004, and as a result, three of the four audits conducted were at the request of Secretary Regier. During FY 2002-2003, the Developmental Disabilities workload distribution was five percent.

Other increases from FY 2002-2003 were in Child Welfare (8%) and District Administration (7%).

Section C: Internal Audit

Internal Audit Highlights

The following summarizes significant audits issued during the fiscal year. All audits issued during FY 2003-2004 may be viewed in their entirety at:

http://www.dcf.state.fl.us/admin/ig/pubs_ia.shtml

Secretary Regier issued a Reform Plan in February 2003 "to determine the most appropriate organizational and service delivery structure which aligns with the Department's mission, in order to build a more accountable and responsive department focused on excellence and family safety and stability."

Of the 20 audits/consulting reports issued, two covered issues surrounding critical child welfare initiatives:

Adoptions Services – Increasing the State's Adoption Rate (A-04-07) and the second, **Retention of Foster Parents and the Transition to Community-Based Care (A-04-09)**.

These two reports brought forth concerns regarding the transition to community-based care (CBC) and how the transition might impact performance initiatives.

The Adoption Services audit determined that the Department would have difficulty achieving its goal to increase adoptions by 36 percent. Various reasons for this included the transition to CBC, a disconnection between goals and performance measures, and inconsistent data collection.

Recommendations included the establishment of goals and a measurement plan for the Adoptions Services program, proactive monitoring of goal attainment to encourage continuous process improvement,

proactive monitoring of CBC lead agency service delivery, evaluation and inclusion of recommendations made by the Florida Mental Health Institute's report on the implementation and transition to CBC, requirement for all caseworkers to use HomeSafenet, and more enhanced reporting of adoption statistics.

It should be noted that the Department achieved its goal of increasing the adoption rate by 36 percent.

The Retention of Foster Parents audit revealed that the Department should develop a statewide retention and recruitment plan for foster families, including outcome measures to monitor and evaluate performance. Issues surrounding data collection were also noted in this report.

IA recommended that management finalize and implement a statewide retention and recruitment plan for foster families, including performance outcome measures, resolve any data availability issues, and designate staff to monitor CBC lead agency performance. In addition, recommendations were made to include the performance outcome measures as part of the District or Regional Administrator's performance standards. This required that existing services contracts be amended to include these measures and that staff monitor related CBC performance.

Several reports regarding contracted services for training were conducted during the fiscal year. The initial audit was issued in June 2003 and set the stage for two additional audits issued during FY 2003-2004. The initial report

Section C: Internal Audit

examined contracts with colleges and universities, and detailed a host of issues related to the operations and management of the Department's contracted training programs. Issues included inadequate contract review and approval, incomplete and unclear contract language, ineffective monitoring of properties and services, and a lack of accountability over related property.

Contracted Training Costs, Has the Department Paid Too Much? (A-12-2003-002) focused on the agreement between the contractors (Tallahassee Community College, the University of South Florida, and Florida International University) and DCF. This audit compared the dollars invoiced by the contractors (contracted amount) with the costs the contractor paid to deliver the service. It was found that, over a five-year period, the Department overpaid more than \$4 million to the community college and universities. These fixed-price contracts were based on detailed budgets in which the majority of the expense was payroll. One reason contributing to the excess payments was that contractors were allowed to hold vacant positions open while continuing to charge the Department full price. All three contractors maintained the contracts were "fixed-price" and that all deliverables were met. The audit questioned the consistent five-year history of "over-estimating the budget." The Department program manager and contract manager resigned during the course of these audits.

The final training contract audit, **Title IV-E Child Welfare Education Program – Diagnosis: Internal Controls Improvement Needed (A-04-11)**,

focused on the Department's efforts to recruit prospective employees through Schools of Social Work in public universities. Students are given stipends and in return they must commit to work for the Department for a period of time. The audit disclosed significant weaknesses in the program which included a number of students using the program far below set standards, stipends reimbursed for unnamed individuals, poorly documented eligibility documentation, and the Department not following up to ensure the student's obligation to work after graduation was met. Department management and the universities concurred with our findings and are taking steps to improve the program.

Recommendations included screening of future students to ensure eligibility criteria are met, as well as eligibility confirmation of students currently enrolled, the development of a plan to identify recruiting barriers and strategies to overcome them, including a program awareness strategy, enhancement of contract management and monitoring activities, a process to track program performance including the fulfillment of work commitments and better control over the payment process.

Significant concerns regarding the Development Disabilities program arose during FY 2003-2004. Secretary Regier requested that the Inspector General conduct an audit to address issues surrounding the implementation of the new rate structure that was implemented in July 2003 and the subsequent rate adjustment taken for specific waiver services in November 2003. This audit, **Developmental Disabilities Rate Implementation and**

Section C: Internal Audit

Subsequent Rate Adjustment (A-03-2004-003), revealed that through a lack of communication and possibly a rush to meet the July 1 deadline, some key assumptions used to implement the July 1 rate structure were flawed and inconsistent with subsequent Department actions. These inconsistencies caused increases in days of service and daily rates that resulted in actual expenditures for July 2003 exceeding expectations and a projected annualized deficit for Residential Habilitation services.

This audit disclosed that the Department set aside \$30.5 million in available funds and did not use them in the deficit projection that subsequently led to the November 1 rate adjustment. A question still remains regarding the rationale used in that decision. As of December 31, 2003, while there was an overall projected deficit, the \$30.5 million set aside may have resulted in as much as an additional \$15 million available for FY 2003-2004 waiver services at that time.

This audit recommended that the Department make a public policy decision on how available funds should be spent, specifically addressing the appropriateness of current rates. It was also recommended that DCF management ensure that providers are not allowed to bill for more than 350 days for Residential Habilitation services.

Two additional audits, **An Examination of Internal Controls and Other Issues Associated with the Paying of Home and Community-Based Services Waiver Claims (A-03-2004-004)** and **"Stacking" – An Examination of Issues Surrounding the Approval of Services with the Home and Community-Based Services Waiver**

Claims (A-03-2004-005), were requested as a result of issues uncovered during the initial audit.

An examination of the internal control process disclosed that in order to meet a March 2003 legislative deadline, DCF management implemented a direct provider billing system, which lacked sufficient pre-screening (front-end) edits. In addition, the failure of DCF to timely reconcile questioned claims after-the-fact has potentially led to providers' receiving monies to which they may not have been otherwise entitled. Contrary to Secretary Regier's January 2004 request for a plan and immediate action concerning the reconciliation of critical backlogged claims data, the DD program office's response indicated that this has not been a priority. Instead, action on backlogged claims and rejected claim lines was to be delayed until implementation of the Gatekeeper Approval Matrix, (scheduled for May 30, 2004). While implementation of the Gatekeeper might prove beneficial going forward, IA continues to believe that resolution of past overpayments or other errors is critical to the overall success of the DD program.

Recommendations included addressing the backlog of claims data, the implementation of the Gatekeeper Approval Matrix, taking immediate action in conjunction with AHCA contract management to resolve any rejected claim lines (including the recovery of monies due DCF), and a decision on how to improve data systems.

The third in a series of audits on the stacking of Medicaid Waiver program services disclosed that while there were operational inefficiencies within the DD

Section C: Internal Audit

program office and the districts/region, the approval process is generally acceptable as each district/region has medical case management teams and guidelines to determine "medical necessity" and to administer the DD/HCBS Medicaid Waiver program. No evidence was found that a general condition exists in which providers bill for services that are not authorized. IA suggested that if DD program management believes that "stacking" is an issue, the DD program office appropriately follow up, document, and correct any suspected instances of "stacking" of services.

Other recommendations included that DD program management ensure that the automated cost plan re-design be implemented by June 30, 2004. IA also recommended consideration of a comprehensive automated solution for the DD/HCBS Medicaid Waiver program.

To address the issue of medical necessity, IA recommended that the Department re-evaluate the prior service authorization process and address any concerns regarding communication of and program changes to policy.

Other noteworthy projects described below include an audit of the Florida Abuse Hotline, a re-engineering of the Investigations section, and a Department-wide Functional Workload Analysis (FWA).

Unused Florida Abuse Hotline Phone Lines Cost the Department \$22,500 (A-04-10) and Operational Process of the Investigations Unit at the Office of Inspector General (A-04-05). The Abuse Hotline audit revealed that Hotline

management had paid \$22,500 for unused phone lines. Despite the Hotline's requests for disconnection in November 2002 and again in May 2003, the telephone company continued to bill the Hotline over \$2000 each month. The Department's requests for disconnection of service were ignored, and consequently, the Department continued to be charged for unused services. The telephone company agreed with the audit findings and gave the Department a credit of \$22,500.

Audit staff assisted the Inspector General in re-engineering the operational process for the **OIG Investigations section (Operational Process of the Investigations' Unit at the Office of Inspector General, A-04-05)** by defining and mapping the then current processes. The **OIG Investigations section** was evaluated by determining compliance with *"The Principles and Standards for Offices of Inspector General (Green Book)."* Recommendations were implemented and the **OIG Investigations section** was reorganized to increase efficiencies and the overall effectiveness.

Based on the Reform Plan, DCF management requested a headquarters FWA to analyze the roles and functions of headquarters with respect to the needs of the districts, Governor, Legislature, and CBC provider agencies to ensure efficiency and effectiveness for the people DCF serves. This consulting assignment (**Functional Workload Analysis Consulting Report, A-04-12**), was conducted by Internal Audit staff who reviewed the major central office activities, identified inefficiencies, and recommended improvements. There was little duplication of effort or significant Department waste. On the

Section C: Internal Audit

contrary, most managers expressed the challenges faced in trying to accomplish mandated duties and responsibilities with limited staff and limited resources. The FWA underscored areas that could be questioned and possibly improved.

See Appendix II for a list and summary of Internal Audits issued during FY 2003-2004.

Follow-up Reports

The Internal Audit section also conducted **25** follow-up audits. Follow-up activities included determining corrective action taken for audits such as *Adoption Services – Increasing the State’s Adoption Rate*, *Contracted Training Services at the Office of Education and Training*, and a *Study of the Economic Self-Sufficiency Eligibility Process*.

See Appendix II for a list of Follow-up Audits completed during FY 2003-2004.

Coordination with External Auditors

The Office of Internal Audit is responsible for coordination of efforts with the Office of the Auditor General (AG), Office of Program Policy Analysis and Government Accountability (OPPAGA), and Federal agencies such as the United States Departments of Health and Human Services, and Agriculture. During FY 2003-2004, the Internal Audit section coordinated the Department’s responses to **15** external audit reports and **34** liaison activities by:

- ◆ 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 six-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.

See Appendix II for a list of External Audit Reports issued during FY 2003-2004.

Section D: Appeal Hearings

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

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

The major controlling federal regulations are:

- Temporary Assistance to Needy Families Personal Responsibility & Work Reconciliation Act of 1996;
- Medicaid;
- 42 Code of Federal Regulations (CFR) §431.200, Fair Hearings for Applicants and Recipients;
- Food Stamps;
- 7 CFR §273.15, Fair Hearings; and, 7 CFR §237.16, Disqualification for Intentional Program Violation.

Appeal Hearings Staff

To ensure independence, Appeal Hearings reports directly to the Inspector General. Federal regulations require hearing officers to be state employees.

For FY 2003-2004, the office had 21 full-time positions, which included a Chief of Appeal Hearings, three Appeal Hearings Supervisors, 14 Appeal Hearings Officers, and three 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 each are located in Jacksonville, Fort Lauderdale, and Miami; and one position is located in each of the following cities: Gainesville, Lakeland, St. Petersburg, Orlando, Tampa, West Palm Beach, Fort Pierce, and Pensacola.

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

Workload Performance

Appeal Hearings completed 6,307 fair hearing requests and 709 intentional program violation hearing requests. The office completed 98 percent of the fair hearings within federal time standards.

In addition to disqualification hearing requests, Appeal Hearings tracks cases in which the individual agrees to accept the disqualification penalty and waive the right to a hearing. In FY 2003-2004, the office processed 3,678 disqualifications for temporary assistance to needy families or food stamp benefits based on signed waivers.

Section D: Appeal Hearings

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 versus Kelly, (1970).

The Administrative Procedures Act, Chapter 120, F.S., sets forth the stateprocedural 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.

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

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.

Section D: Appeal Hearings

Fair Hearing Requests Received by District

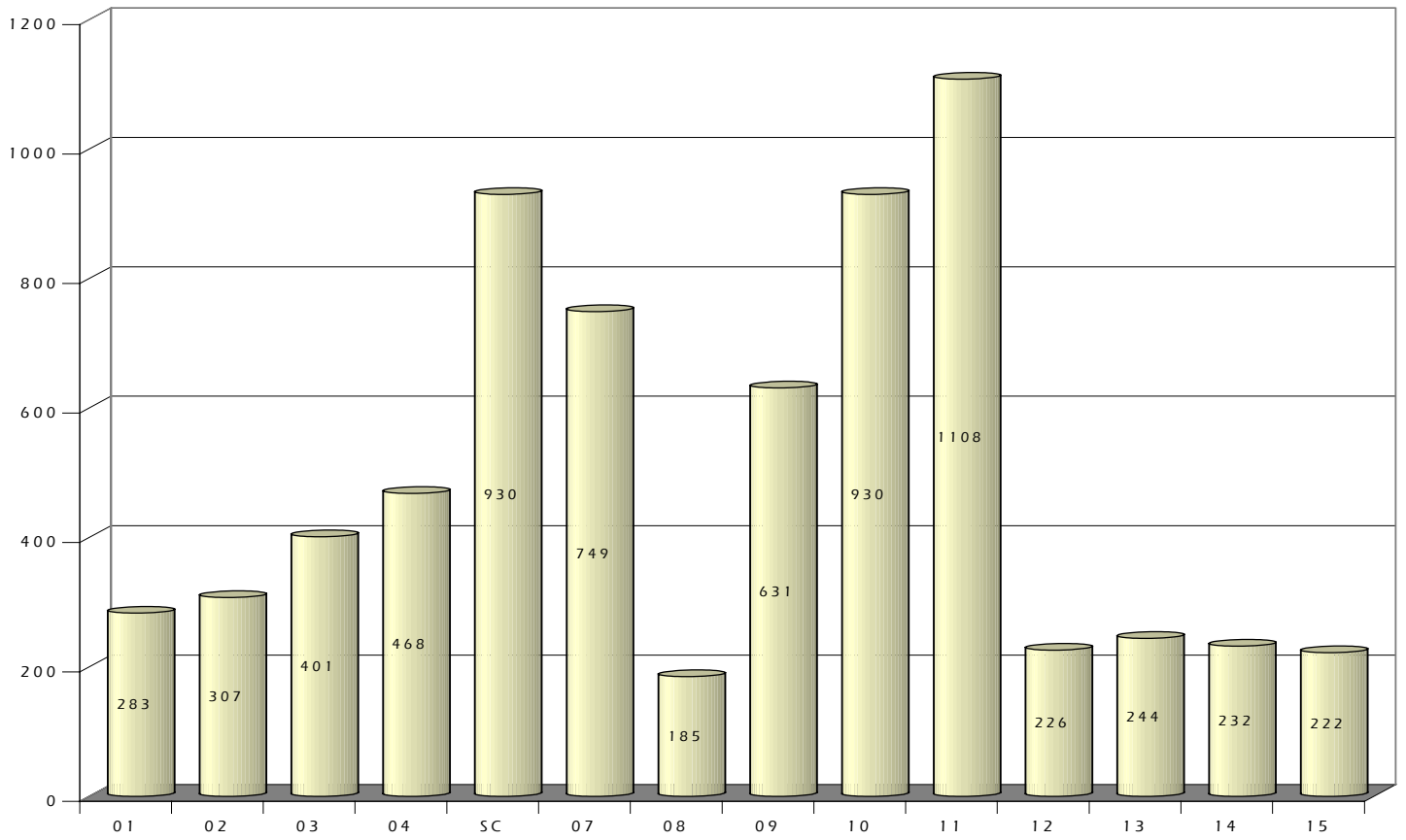


Figure D.1: Shows the number of Fair Hearing Requests by district/region.

Section E: Quality Control

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 that 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. In addition, 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 XIX, Social Security Act.
- ◆ 42 CFR Chapter IV, 431.800.

Quality Control Staff

To ensure independence, QC reports directly to the Inspector General. During FY 2003-2004, QC had 43 full-time positions, which included one Chief of QC, seven QC Supervisors, 27 QC Analysts, and eight Professional/Technical support staff. Field offices are located in Tallahassee, Jacksonville, Tampa, St. Petersburg, Orlando, and Miami.

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

Performance Workload

For Federal Fiscal Year (FFY) 2003, QC conducted 1,471 active Food Stamp case reviews and 992 negative Food Stamp case reviews, plus 688 active Medicaid case reviews and 545 negative Medicaid case reviews. All Food Stamp reviews were transmitted timely to USDA. The required Medicaid reports were submitted within Centers for Medicare and Medicaid Services (CMS) timeframes.

For FFY 2004 QC began stratifying the Food Stamp sample by districts. This increased sample size is geographically statistically valid by district client population, and provides an effective tool in promoting accountability and ownership of the error rates for Food Stamps at the district level. A 31 percent increase in sample size was projected (from 1,471 cases in FFY 2003 to 1,934 cases in FFY 2004). The additional workload is being accomplished with no additional staff.

Quality Control Review Process

QC selects a statistically valid sample of cases to review monthly. Guidelines for sampling, including sample size, are set by the United States Departments of Agriculture (USDA) and CMS. The samples are drawn monthly, beginning in October and ending in September of the following 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.

Section E: Quality Control

Verification requirements have been reduced recently with the implementation of ESS modernization. The QC analyst verifies every eligibility requirement. The USDA and CMS provide manuals that specify the acceptable verification for each requirement.

The QC review is a face-to-face interview with the client, where 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 neighbor can confirm household composition. To verify income, the analyst will often write employers, the Social Security Administration, Veterans Administration, retirement boards, absent parents, contributing relatives, schools (for grant and scholarship information), Workers' Compensation and Unemployment Compensation agencies, 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: For Medicaid, the QC process is completed in two phases. First, a full-scale review is done on each household to determine who in the household is eligible for Medicaid and who is not. Medicaid differs from Food

Stamps in that the Medicaid review looks at the eligibility of each individual rather than the total household. In phase two a review is done of all payments made for all individuals in the home for the month the review was selected. These payment reviews are done six months after the review month so that all payments have been received and recorded in the payment system.

The data gathered from the two phases is used in determining the State's Medicaid error rate.

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.
- ◆ For Medicaid, client errors occur when the client's circumstances change and go unreported or the information supplied by the client is incorrect.
- ◆ For simplified reporting Food Stamp cases, client errors occur when the client's income exceeds 130 percent of the national poverty level and the client does not report this, or the client incorrectly reports other information that affects the allotment amount. For non-simplified reporting cases, a client error occurs when the individual fails to report required information to the agency.

Section E: Quality Control

Error Rates

The Food Stamp error rate for FFY 2003 was **8.0** percent, the **lowest** in over a decade. Medicaid error rates are reported semi-annually. For October 2002 - March 2003 the Medicaid error rate was 2.32 percent (with the lower limit rate of .829 percent - the lower part of the margin of error which, if over three percent, results in fiscal sanctions). For April 2003 - September 2003 the error rate was 1.9 percent with a lower limit rate of .59 percent. For Medicaid, sanctions are based upon the lower limit rate.

Federal Re-reviews

USDA validates the State's quality control process by selecting a statistically reliable sample of the Food Stamp 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. Federal re-review of Florida's QC cases resulted in an error rate regression of only 1/10 of one percent.

Although CMS does not conduct federal re-reviews of Medicaid cases, they reserve the right to do so at any time.

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) in which 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 the ESS Central 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.

Section E: Quality Control

Preparation/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 five-year trend information.
- ◆ The Certification of Medicaid Eligibility Quality Control Payment Error Rate. This is submitted to CMS semi-annually.

Additional Quality Control Involvement

In FFY 2004, QC returned to conducting approved pilot projects for the Medicaid program. These projects were developed in cooperation with the DCF ESS program office and AHCA. The project was to be conducted in four phases.

The first phase was a review of social security numbers to ensure that they were correct on both the FLORIDA system and the FMMIS system to improve data exchange responses. The second phase was a review of the FMMIS error reports to identify problems in the interface and update process. The benefit of this activity was the reduction in the incidence of unresolved problems as well as time spent in handling client complaints and exceptional claims processing. The third phase consisted of a review of the Medicare information entered for FLORIDA cases to identify records with incorrect Medicare numbers. This project will improve cost avoidance and timely buy-in for the recipient. The fourth phase is a review of recipients whose eligibility is opened or closed by the monthly reconciliation of FLORIDA with FMMIS. This review will assist the state in determining if issues exist with the monthly reconciliation process.

Section E: Quality Control

ERROR RATE SUMMARY

FOOD STAMPS

(Federal Fiscal Year: October 2002 - September 2003)

Official Statewide Error Rate – 8.0%

172 error cases of 1,471 cases; these error cases can be attributed to either agency errors or client errors.

**Agency Errors were 88 of 172 cases
or 51.3% of 8.0%**

- ◆ Failed to Act
- ◆ Policy Incorrectly Applied
- ◆ Arithmetic
- ◆ Computer User Error
- ◆ Data Entry Error

**Client Errors were 84 of 172 cases
or 48.7% of 8.0%**

- ◆ Information Not Reported
- ◆ Information withheld by client
- ◆ Incomplete/Incorrect Information Provided
- ◆ Collateral Information Inaccurate

*Most Client Error prone eligibility
element: Wages and Salaries - 33.2%*

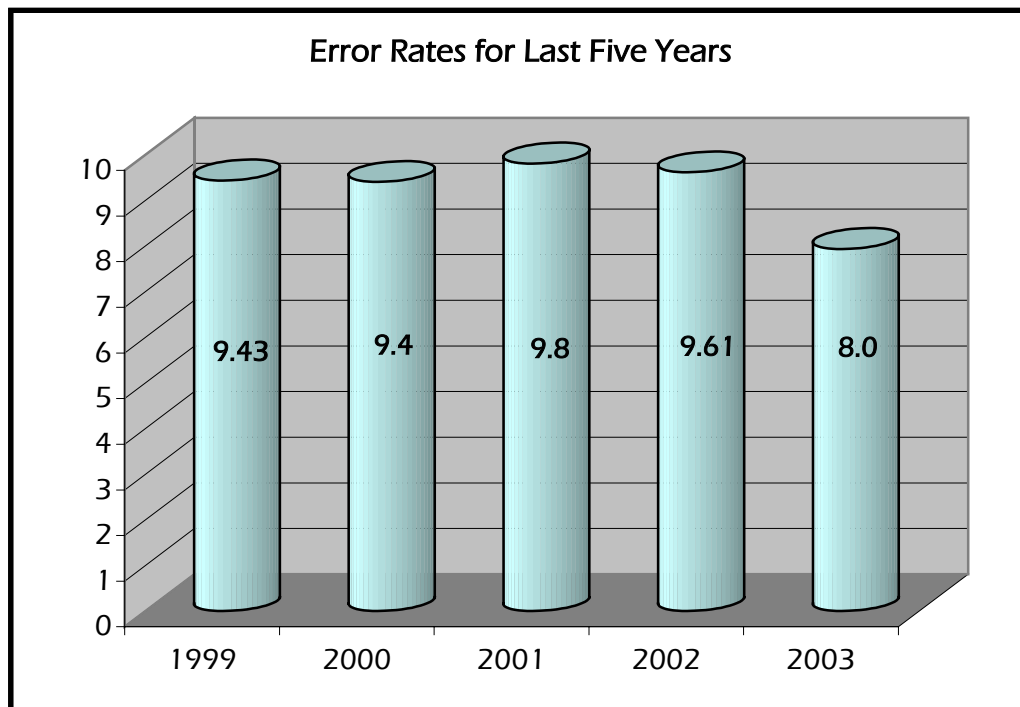


Figure E.1

Section F: Appendix I - Investigations

FISCAL YEAR 2003 - 2004 LIST OF CLOSED INVESTIGATIONS BY DISTRICT AND REGION

Includes Allegations, Dispositions and Corrective Action Taken

District 1

1. 2003-0033 An Economic Self-Sufficiency Specialist misused her position by changing information regarding the complainant's child support case because of the specialist's friendship with his former spouse. *Referred to another entity (Department of Revenue) for investigation; their investigation determined "no reasonable cause."*
Corrective Actions: None required.

District 2

1. 2003-0051 A Florida State Hospital Human Service Worker I falsified attendance and leave records. *Supported.*
Corrective Actions: Employee terminated. Timesheets will be monitored bi-weekly with the Unit Directors providing a written report of their administrative monitoring activities to the Assistant Hospital Administrator. Corrective timesheets will be submitted with noted discrepancies and necessary adjustments will be made.
2. 2003-0077 A Paralegal Specialist and a former Operational Program Administrator misused their position by improperly influencing child abuse investigations. *Not Supported.*
Corrective Actions: None required.
3. 2003-0080 The Superintendent of Sunland at Marianna misused his position by conducting inappropriate political activities and a Fiscal Assistant II breached confidential information when she accessed the Florida System and observed confidential information that was not related to her job duties. *Supported.*
Corrective Actions: The Fiscal Assistant II's access level to the Florida System has been reviewed and realigned with the position's specific job duties. A review of all positions with access to confidential systems will be conducted to ensure access is appropriate to job functions, appropriate security forms are on file, and staff have attended the DCF Security Awareness Training. In conjunction with the review process, a security profile will be established for each user/position. The Security Officer will coordinate all requests to or changes in access rights to Department information defined as "confidential systems" and will review bi-annually all user profiles and access levels and ensure level appropriateness. CFOP 60-05 was reviewed, along with corresponding Florida Statutes and Florida Administrative Code, by the Superintendent, by staff within the Superintendent's Office, and will be reviewed in depth with the Executive Leadership Team and further addressed during departmental meetings to ensure that all staff have a clear understanding of the provisions. At the conclusion of New Employee Orientation training, staff are required to complete a post-test to ensure comprehension of the subject matter.

Section F: Appendix I - Investigations

4. 2003-0086 A Sunland at Marianna Advanced Registered Nurse Practitioner is working part-time for a local private medical practitioner and referring Sunland residents to him, thereby creating a conflict of interest; is pursuing personal medical education through the Internet while on duty; and, is ordering excessive, unnecessary laboratory tests and X-ray procedures for clients which are not covered by Medicaid. **Not Supported.**
Corrective Actions: None required.
5. 2003-0092 A Florida State Hospital Senior Pharmacist has defrauded the Department in a Worker's Compensation claim. **Inconclusive.**
Corrective Actions: A final counseling notice was issued to the Pharmacy Manager. FSHOP 60-33, Light/Alternate Duty Procedure has been modified effective 12/23/03.
6. 2003-0093 A Sunland at Marianna Maintenance and Construction Superintendent misused his position. **Inconclusive.** Remodeling work completed in the Administration Building was improperly paid for using the Welfare Trust Fund. **Not Supported.**
Corrective Actions: The investigative report was reviewed with all involved staff, most significantly with respect to the suspicions about staff supposedly helping the employee move.
7. 2003-0096 An Economic Self-Sufficiency Supervisor released unnecessary information to an unauthorized person regarding an application for Medicaid, violating the Health Information Portability and Accountability Act. **Referred to another entity (Office of Civil Rights) for investigation.**
Corrective Actions: None required.
8. 2003-0098 A former Child Protective Investigator falsified records regarding client contacts. **Supported.**
Corrective Actions: The employee resigned prior to the closure of the investigation and a letter was placed in his personnel file that he is not recommended for rehire. **OIG referred this case to the State Attorney's office for prosecution.** The State Attorney's office issued a warrant and the former CPI was arrested and charged with three 2nd Degree Misdemeanors for False Official Statement in Writing.
9. 2003-0104 Florida State Hospital Administration failed to take sufficient corrective actions against employees who engaged in a physical altercation at the worksite. **Inconclusive.**
Corrective Actions: The two employees involved in the altercation were suspended for five days for conduct unbecoming.
10. 2003-0111 Florida State Hospital staff failed to properly supervise a resident. **Supported.**
Corrective Actions: A Qualified Mental Health Professional received a ten-day suspension. Florida State Hospital also implemented procedural safeguards.
11. 2003-0115 Florida State Hospital Custodial Supervisor II improperly used his position as a supervisor to extort money from multiple subordinates in return for employment, promotions, and other favors. **Supported.** A Custodial Worker inappropriately paid her supervisor for job related favors. **Supported.** A Custodial Supervisor III sent applicants to the Custodial Supervisor II in order

Section F: Appendix I - Investigations

to prepare them to be interviewed, thereby ensuring that specific applicants would be hired. *Not Supported.*

Corrective Actions: The Custodial Supervisor II resigned his position during the course of this investigation, and a "no rehire" notice is in his personnel record. The Custodial Worker was given a documented Counseling Notice. Meetings were held with Housekeeping supervisors and staff on inappropriateness of soliciting or accepting anything of value from employees or prospective employees.

12. 2004-0011 Florida State Hospital employees are selling drugs to residents at the facility. *Not Supported.*
Corrective Actions: None required.
13. 2004-0018 A Family Services Counselor is having an inappropriate personal relationship with the mother of a DCF client. *Not Supported.*
Corrective Actions: Pending from Human Resources.
OIG Recommendations: Director of Human Resources should consider incorporating this process into the Department's policy on background screening.
14. 2004-0019 A Child Protective Investigator inappropriately invited a client to lunch and dinner while conducting an investigation into the client's family. *Not Supported.*
Corrective Actions: None required.
15. 2004-0023 A Florida State Hospital (FSH) Medical Unit Supervisor pushed a Clerk Typist Specialist during work hours and on hospital grounds. *Inconclusive.*
Corrective Actions: Nine unit managers (all MRDP management) were required to receive conflict resolution and violence in the workplace training in August. The clerk typist specialist resigned 8/5/04, however, her resignation acceptance letter reflects FSH's intended action of dismissal.
16. 2004-0030 A Florida State Hospital Human Services Worker I knowingly altered two physicians' notes in an attempt to account for additional sick days. *Supported.*
Corrective Actions: The employee was dismissed from his position and a "will not rehire" is noted on the Notice of Separation/Resignation form.

District 3

1. 2003-0082 A Child Protective Investigator Supervisor released a copy of an abuse report, including confidential reporter information, to an unauthorized person. *Not Supported.*
Corrective Actions: OIG provided a copy of this investigative report to the **State Attorney's office** as it appeared that the abuse report was released by the State Attorney's office to the Public Defender representing the alleged perpetrator. District 3 staff will stamp "confidential" on all documents noting reporter information and will also place them in a sealed envelope marked confidential before delivering to law enforcement and to the State Attorney's office .
2. 2003-0089 An Economic Self-Sufficiency Specialist (ESS) Supervisor has secondary employment outside of his position with the Department that constitutes a real or apparent conflict of interest. *Supported.* The secondary employment

Section F: Appendix I - Investigations

interferes with the employee's ability and availability to perform his job responsibilities. ***Not Supported.***

Corrective Actions: The ESS Supervisor agreed not to receive or make any telephone calls related to his secondary business on the state telephone, has informed the building's landlord that his secondary business will no longer be available to perform any maintenance or repair work at the state office, and has completed as well as submitted the required notification of secondary employment form; and all staff will be reminded of this requirement. The district also recommended a Counseling Memorandum be issued to the ESS Supervisor.

3. 2003-0121-P A Paralegal Specialist had knowledge of and hid assets for a resident at Cross City Rehab in order to get the resident's Medicaid approved. ***Not Investigated.*** It was determined by the General Counsel's office, no violation occurred.

Corrective Actions: None required.

4. 2004-0031 Two Economic Self-Sufficiency (ESS) Interviewing Clerks aided and abetted four applicants in order to receive public assistance benefits. ***Supported.*** During the investigation, it was revealed that one of the Interviewing Clerks was named as the designated representative for her son's friend and received an EBT card for food stamps on his behalf at her address. ***Referred to FDLE/Public Assistance Fraud for investigation.***

Corrective Actions: One ESS Interviewing Clerk was given a written reprimand and no action was taken against the second ESS Interviewing Clerk.

District 4

1. 2003-0030 A Child Protective Investigator breached confidential information in that he identified the reporter of a child abuse report. ***Not Supported.***

Corrective Actions: None required.

2. 2003-0067 A former Family Services Counselor exhibited conduct unbecoming a public employee when he made biased remarks about the mother of a Department client to foster parents, and was negligent in a foster care case by violating a court order in that he did not provide counseling for the mother of a Department client. ***Not Supported.***

Corrective Actions: None required.

3. 2003-0085 A former Family Services Counselor (who is now employed as a Family Services Counselor with Jacksonville Youth Sanctuary, which is one of nine provider agencies under contract with the district) attempted to defraud a Department client by instructing the client to give her a \$600 money order made payable to her for unpaid child support and she would ensure that the money was disbursed to the children's custodians. ***Not Supported.***

Corrective Actions: The former Family Services Counselor has been counseled by her supervisor and service center director. Family Service Counselors are instructed not to handle client funds under any circumstances and sub-contracted service providers have similar policies in place. Family Support Services of North Florida, Inc., has communicated this policy again to each service center provider, as well as supervisors at

Section F: Appendix I - Investigations

Jacksonville Youth Sanctuary (the agency cited) who have reiterated this policy to their employees.

4. 2004-0027 A Child Protective Investigator (CPI) documented in HomeSafenet records that she interviewed the alleged perpetrator and child victim when in fact she never made a face-to-face contact with them. ***Supported.***
Corrective Actions: OIG referred this case to the **State Attorney's office**. Employee resigned from her position after being questioned by her supervisor about the allegation and is not eligible for re-employment with the Department. All reports assigned to the CPI were investigated to ensure no further incidents of falsification of records and no other incidents were found to have occurred with the clients the team was able to contact. CPI reports will be randomly sampled on a quarterly basis by the unit supervisor (who verifies that subjects of the report were seen) and it is hoped quarterly random sampling will be incorporated in the operational monitoring in the future. A message was forwarded to all CPIs reminding them that falsification of records is a third degree felony and each CPI was given a copy of §839.13, F.S.

SunCoast

1. 2002-0080 This investigation consisted of a myriad of allegations against employees of a provider of the Department, Family Continuity Programs, Inc. (FCP). The allegations included failure to conduct monthly visits, failure to process Relative Caregiver funds, failure to comply with Court Orders, inappropriate placements, misuse of position, false and inaccurate information reported in documents and to the Court, violation of a parent's civil rights, failure to report an incident of institutional child abuse, disclosure of child abuse reporter information to unauthorized persons, mismanagement of cases, and abuse of authority. The investigation revealed ***six Supported*** findings, ***three Inconclusive***, and ***11*** that were ***Not Supported***. A Quality Assurance Review was also conducted on the cases involved and some deficiencies in the handling of the cases were identified.
Corrective Actions: One FCP employee resigned in lieu of potential termination. Monthly visits are now tracked internally via HomeSafenet and reviewed on an on-going basis. Field Training Specialist positions were created as part of the Quality Improvement Department to assist with on-going case management training, field supervisor and support. FCP managers will ensure filing of all required documentation to the Court within three to five days of receipt. Cases will be staffed with the **State Attorney's office** to determine the sufficient timeframes for extension of a case plan, and supervisors will review all information included in Judicial Review Social Study reports to ensure that historical information is included with updates on the parent's progress toward case plan goals.
2. 2003-0034 An unidentified Family Continuity Programs, Inc., falsified official documents in a child abuse case, and an unidentified SunCoast Region employee released confidential child abuse information to an unauthorized person.
Not Supported.
Corrective Actions: None required.
3. 2003-0037 A Child Protective Investigator (CPI) failed to follow established procedures for child abuse investigations by not advising parents of their rights.

Section F: Appendix I - Investigations

Supported. Additionally, due to a clerical error, the Hillsborough County Sheriff's Office was not properly notified of the criminal nature of the information contained in the abuse report; therefore, a criminal investigation was not initiated.

Corrective Actions: It has been reaffirmed with the CPI the need to involve parents to the extent possible; managers involved in the case were conferred with, suggesting practical alternatives to the chain of events in this case, and, the attorneys' offices have been advised to ensure they are appropriately considering all the facts of a case, not an excerpt. The agreement with the Hillsborough County Sheriff's Office has been re-examined, the process discussed with the liaison Captain, and they have reinforced the policy that the Department is to continue to forward cases as previously done.

4. 2003-0072

A former Economic Self-Sufficiency (ESS) Specialist attempted to fraudulently obtain benefits for a client by submitting a Request for Application (RFA) bearing a forged signature; failed to properly handle a case involving a client who had access to the FLORIDA System; continued case management responsibilities after developing a personal relationship with the client; failed to adhere to the established intake process for all applications he processed while determining client eligibility for public assistance benefits; failed to ensure appropriate documentation was included for all case actions he completed; and failed to follow appropriate case management procedures resulting in case files for all case actions not being able to be located and retrieved for future, ongoing case actions or audits. *Supported.* The former ESS Specialist fraudulently obtained benefits for two clients without their knowledge and converted the benefits to his own use. *Inconclusive.* Additional allegations of fraud and forgery identified during this investigation.

Corrective Actions: Prior to the conclusion of this investigation, the employee was dismissed from employment and it is noted on the Notice of Separation/Resignation form that he is not recommended for re-employment with the Department; and, FDLE/Public Assistance Fraud was notified during the investigation regarding the possible fraudulent activities of the employee.

5. 2003-0074

Bay Area Alliance's (BAA) former Assistant Director of Programs and former Behavioral Specialist/Interim Group Home Manager failed to provide all critical incident reports involving residents of the Imperial Drive Group Home to the SunCoast Region, as required. *Supported.* Bay Area Alliance improperly hired an individual who had a history of verified child abuse/sexual exploitation in the Florida Abuse Hotline Information System; the former Director of Bay Area Alliance, Assistant Director of Programs, and former Behavioral Specialist/Interim Group Home Manager housed an adult resident who was known to be a sexual predator in a room with a juvenile resident, and failed to report incidents of child-on-child sexual abuse to the Abuse Hotline. *Not Supported.* Former Director of Bay Area Alliance and other managers falsified or destroyed internal incident reports in order to pass a licensing inspection. *Inconclusive.*

Corrective Actions: Incident reporting procedures have been refined; subsequent on-site health and safety visits to the home were conducted by the Developmental Disabilities program office staff; the BAA employees cited were dismissed or resigned; and all staff have been retrained on policies and

Section F: Appendix I - Investigations

procedures developed to prevent medication errors, appropriate reporting of significant events, and expectations for staff conduct have been developed; the Licensing office had a corrective action plan in place with BAA prior to the allegations of abuse/neglect by facility staff and were actively working with administration to correct the concerns. Other actions are pending from Deputy Secretary for Community Based-Care and Family Self-Sufficiency and Developmental Disabilities Central Office.

6. 2003-0094 An unidentified person used a Child Protective Investigator's (CPI) Florida Abuse Hotline System (FAHIS) user code to enter data into an abuse report months after he was relieved from his duties as a CPI. ***Not Supported.*** A Child Protective Investigator Supervisor or Program Administrator altered a date in the former Child Protective Investigator's chronological case notes of an abuse report to make him look inefficient and insubordinate to support his dismissal. ***Inconclusive.***
Corrective Actions: CPI Supervisor received a documented written counseling on the deficiencies in supervisory oversight in the casework review and documentation of the CPI, and the issues brought forth in this case will be reflected in the CPI Supervisor's and Program Administrator's annual evaluations.
7. 2003-0110WB A Family Safety Program Administrator failed to follow statutory requirements for assigning the same protective investigator to all abuse reports involving a child and conducting multidisciplinary staffing when a new protective investigator is assigned to a subsequent abuse report. ***Partially Supported.***
Corrective Actions: An e-mail was sent to all Hillsborough Operations Program Administrators detailing a procedure regarding subsequent reports which are unable to be assigned to the prior investigator, with a form developed to document the circumstances when an assignment cannot be given to the prior investigator and confirms when the staffing was held. A regional operating procedure has been developed to provide the guidelines and procedures for when the assignment of subsequent investigations to a different investigator would be considered necessary or appropriate. A memo has also been forwarded to the program office regarding a legislative change that would provide for flexibility. Other actions are pending from Deputy Secretary for Child Welfare/CBC.
8. 2003-0123 Three SunCoast Region employees allowed the vendor of a contract to utilize staff that do not possess the professional qualifications requirement of the contract. ***Supported.*** After the contract was awarded and the provider was unable to provide services as required, the SunCoast Regional Director did not make arrangements for the services to be continued without clients experiencing a disruption in training. ***Inconclusive.***
Corrective Actions: SunCoast Region updated the State of Florida Information Resource system (FLAIR) to note that this vendor's contractual performance was deemed unsatisfactory and has incorporated documentation in the contract manager's file of record that addressed the relevant issues relating to the questioned invoices. The region will also be conducting an assessment of the process and evaluating the need for process re-engineering and training. Actions taken by Developmental Disabilities is as follows: Program office staff will begin the development and

Section F: Appendix I - Investigations

implementation of uniform standards and practices for the community-based competency restoration and training including those pertaining to direct staff qualifications for contractors; will work with the General Counsel and the Attorney General as required to determine what, if any, statutory and/or rule changes are needed and recommended; will issue clear guidelines to the field regarding acceptable qualifications for contracted competency trainers through policy memorandum; and will coordinate with the central contract administration unit to ensure that district/region purchasing practices comply with statutory guidelines.

9. 2004-0001WB Failure to ensure that required staff-to-client ratios were met at the Adult Day Training Center (ADT), failure to ensure that double staff coverage was available, as required, at the group homes, and failure to ensure that client progress information was entered timely and accurately in client data sheets and monthly reports to show that client worked on their ADT goals. **Supported.** The Center for Independence, Inc. (TCFI) charged for ADT services to certain clients who did not attend ADT during the time periods reported. **Not Supported.**
Corrective Actions: Referred to the Office of Attorney General/Medicaid Fraud Unit regarding possible overbilling. A corrective action plan has been developed which outlines actions that will be taken to ensure that the staffing ratios for the ADT and Group Homes are sufficient and consistent with service authorization to the Center for Independence. Monthly unannounced visits will begin in September 2004 to validate staffing levels. The policy on staffing requirements was reviewed with the SunCoast Region Developmental Disabilities management staff, discussed with the other district by conference call, and written instructions will be issued to ensure district understanding of the issue.

District 7

1. 2003-0015 The former District 7 Administrator misused his position by assisting a friend with the Medicaid-eligible Statewide Inpatient Psychiatric Program placement of a child into the University Behavioral Center. **Not Supported.** During the course of the investigation, it was expressed by the mother that the district's Family Safety employees had not complied with providing her with a copy of her second child's medical records maintained by the Department.
Corrective Actions: A letter was forwarded to the mother asking her to sign the authorization to Release Medical Information forms and return them to the Department.
2. 2003-0036 An Economic Self-Sufficiency Senior Clerical Supervisor released a former client's confidential paternity information to the former client's ex-spouse. **Inconclusive.**
Corrective Actions: During the course of this investigation, the employee resigned. The Notice of Separation/Resignation reflects "not eligible for re-employment."
3. 2003-0046 An Economic Self-Sufficiency Senior Clerical Supervisor misused her staff by having them run personal errands for her on state time. **Supported.**

Section F: Appendix I - Investigations

- Corrective Actions:** During the course of this investigation, the employee resigned. The Notice of Separation/Resignation reflects "not eligible for re-employment."
4. 2003-0047 A Child Protective Investigator released child abuse reporter information to unauthorized persons. ***Supported.***
Corrective Actions: The employee was given a written reprimand.
5. 2003-0050 A former Diversion Eligibility Specialist, Affiliated Computer Services, Inc., One-Stop Career Center, approved a fraudulent \$1,000 Up-Front Diversion payment to a relative. ***Supported.***
Corrective Actions: The employee who worked for a sub-contractor of one of the Department's providers was terminated.
6. 2003-0056 An Economic Self-Sufficiency Specialist instructed a Department client to omit pertinent information on an application for public assistance benefits. ***Not Supported.***
Corrective Actions: None required.
7. 2003-0061 An Economic Self-Sufficiency Specialist had an inappropriate relationship with a Department client and received a \$3,000 loan from the client. ***Supported.***
Corrective Actions: Employee was terminated from his position.
8. 2003-0068 A Multidisciplinary staffing is not being conducted when a new investigator is assigned to investigate a second and subsequent abuse report involving the same child. ***Supported.*** Child Protective Investigators closed cases without seeing the child victims to avoid sending the cases to backlog. ***Not Supported.*** New child abuse reports with prior reports involving the same child or children were not being assigned to the individuals who investigated the prior reports. ***Not Supported.*** A Program Operations Administrator threatened to terminate employees if their cases were sent to backlog. ***Not Supported.***
Corrective Actions: An additional Program Operations Administrator was assigned to the Service Center because of the growth pattern/workload increase; and the District, with the assistance of the Quality Assurance office, reviewed cases closed by the unit during the time period in question. The extended review was completed and child safety issues were addressed where identified.
9. 2003-0070 A former Children's Home Society (CHS) Learning Institute Director of Training made unauthorized purchases of a personal nature with the CHS corporate credit card that was issued to her and claimed reimbursement for inflated travel expenses. ***Supported.*** The former Director of Training kept monetary donations that she collected to purchase thank you gifts for training conference organizers that CHS had already paid for the gifts. ***Inconclusive.***
Corrective Actions: Referred to the State Attorney's office, but they declined to prosecute. The Vice President and the Corporate Director of Human Resources of the CHS Learning Institute was given a verbal counseling regarding hiring procedures and supervisory responsibilities, and disclosure of criminal history background information to supervisory staff when disqualifying or potentially disqualifying information is obtained. Procedural

Section F: Appendix I - Investigations

safeguards regarding credit cards have also been implemented. Other actions are pending from Deputy Secretary for Administration.

10. 2003-0075 A former Child Protective Investigator failed to make a child abuse report to the Abuse Hotline after being made aware of a sexual abuse allegation. **Supported.** The former CPI wrote false information in a child abuse report. **Not Supported.** Another Child Protective Investigator became involved in an intimate personal relationship with the father of an alleged child abuse victim. **Not Supported**
Corrective Actions: The former CPI was terminated during the course of the investigation and it is noted on the Notice of Separation/Resignation form that she is not recommended for re-employment.
11. 2003-0088 An Economic Self-Sufficiency Specialist released confidential client information to an unauthorized person. **Inconclusive.**
Corrective Actions: None required.
12. 2003-0108 An Economic Self-Sufficiency Specialist II exploited an elderly Department client on her caseload. **Not Supported.**
Corrective Actions: None required.
13. 2004-0012 A Family Services Counselor disclosed confidential information to unauthorized persons. **Supported.**
Corrective Actions: Family Services Counselor was allowed to resign with her notice of separation reflecting "not eligible for re-employment." Training on confidentiality, hosted by Child Welfare Legal Services supervising attorney, was conducted for all service center staff at the Reflections Service Center in Seminole County. The Inspector General Advisory on confidentiality will be reviewed with all district staff and documented in the meeting minutes, and will also be attached to the security agreement that is read and signed by all new employees at the time they are hired.
14. 2004-0020 A former Child Protective Investigator (CPI) disclosed confidential child abuse reporter information to unauthorized persons. **Supported.**
Corrective Actions: The CPI resigned during the investigation and the Notice of Separation/Resignation form indicates he is not eligible for re-employment with the Department.
15. 2004-0025 An Adult Protective Investigator (API) obtained adult and child abuse information pertaining to a former Long Term Care Ombudsman Council (LTCOC) employee from FAHIS and provided that information to a Long Term Care Ombudsman Council Coordinator without authorization. **Supported.**
Corrective Actions: Pending from Community-Based Care/Family Self-Sufficiency.
OIG Recommendations: The Deputy Secretary for Community-Based Care/Family Self-Sufficiency review report and take action to ensure that adult protective investigators are, in fact, receiving training concerning confidentiality of FAHIS information as it relates to LTCOC.
16. 2004-0029 Breach of confidential information by a Family Services Counselor (FSC). **Not Supported.**
Corrective Actions: None required.

Section F: Appendix I - Investigations

District 8

1. 2003-0087 A former Lutheran Services of Florida Family Services Counselor falsified HomeSafenet entries by documenting home visits that did not occur. *Inconclusive.*
Corrective Actions: Referred to the State Attorney's office but they declined to prosecute.
2. 2003-0091 A Protective Investigator disclosed confidential abuse reporter information to an unauthorized person. *Not Supported.* However, during the investigation, a quality assurance review was completed and it revealed some deficiencies regarding the protective investigator's handling of an abuse report.
Corrective Actions: None required.
3. 2004-0005 A former Planning and Evaluation Administrator held secret meetings with Camelot Community Care, Inc. (a lead agency for community-based care) of which other key District 8 employees were not made aware. *Not Supported.*
Corrective Actions: A copy of the investigative report was referred to the Commission on Ethics. None by District 8.

District 9

1. 2003-0011 Staff failed to investigate an additional report associated with an abuse report. *Supported.* Staff failed to protect a child by not enforcing a directive to prevent an alleged perpetrator's paramour from returning to the home where the child lived and retaliated against the complainant by filing a petition for dependency against the complainant after he complained about the district's handling of his son's case. *Not Supported.*
Corrective Actions: The Deputy District Administrator met with the supervisor and emphasized that all additional reports must be followed up on pursuant to policies and procedures. The findings of the investigation were also discussed on the Protective Investigator Weekly conference call. The minutes of the weekly calls are distributed to all protective investigators in the District.
2. 2003-0016 This investigation included a myriad of allegations against District 9 staff including the District Administrator and Managers. The allegations consisted of a conspiracy to have former employees accused of inappropriate use of the Internet by planting unauthorized files on their office computers, information omitted from a report of investigation by a former Inspector General Investigator that could have exonerated former employees who were subjects of the investigation, failure to take action, false allegations made against a former employee, harassment of a former employee, and falsification of the district's monthly management reports for foster care enrollment and unlawful termination. The investigation revealed that *seven* of the allegations were *Not Supported* and *two* were *Inconclusive.*
Corrective Actions: Statistical information is now retrieved from HomeSafenet computer generated reports.
3. 2003-0038 A Child Protective Investigator Supervisor and two Child Protective Investigators intentionally falsified child protective investigations' documentation. *Not Supported.*
Corrective Actions: None required.

Section F: Appendix I - Investigations

4. 2003-0054 A Clerk Typist Specialist used a state vehicle and the state telephone system for her personal use, and solicited funds without permission using the funds for her personal use. **Supported.** The Clerk Typist Specialist's supervisor was aware of her misuse of the state vehicle and failed to remedy the problem. **Not Supported.**
Corrective Actions: Employee terminated from employment. The Department will seek repayment from employee for personal phone charges. A letter was sent to the Regional Director for Publix informing him of the incident and advising that safeguards have been put in place to prevent reoccurrence. An e-mail was also sent to District 9 employees stating that any solicitation for donations on behalf of the Department is to be performed by the Community Resources office only and staff cannot use the Department's stationery or represent the Department in any way in order to solicit donations directly for clients served by the district.
5. 2003-0113 Falsification of Department documents by a DCF Clerk Typist Specialist in the completion of Section 8 applications for clients who were not eligible. **Supported.**
Corrective Actions: Employee was terminated from employment, procedural changes have been made with the Section 8 application process, and the *district* made a *referral to* local law enforcement (*State Attorney's office*).
6. 2003-0116 A former General Bookkeeper misappropriated \$21,916.06 from Housing Partnership, Inc., a contract provider with the Department. **Supported.**
Corrective Actions: Housing Partnership, Inc. notified the West Palm Beach Police Department on August 21, 2003, and a report was made against the former General Bookkeeper for a charge of grand theft. The Office of the State Attorney filed criminal charges and the former General Bookkeeper was arrested in early December 2003. An audit was performed and it was determined that "...the procedures and controls are adequate, but were not being followed in this instance." The incident was also reported to the insurance agency and all misappropriated funds have since been made whole.
7. 2004-0032 A Child Protective Investigator (CPI) lied while undergoing questioning by the Juno Beach Police Department and brought discredit and embarrassment to the Department. **Supported.**
Corrective Actions: During the investigation, the CPI resigned in lieu of termination and a "no rehire" was placed in his personnel file.

District 10

1. 2003-0049 A former Senior Attorney behaved inappropriately by having an Abuse Hotline employee accept a report of alleged exploitation that occurred in another state, and gave false information to a judge that the complainants were being investigated by Maryland authorities. **Not Supported.** During the investigation, it was noted that the legal file in this matter could not be located.
Corrective Actions: The Legal office has implemented a new tracking and logging in of cases to ensure that all cases can be located.
2. 2003-0062 The District Administrator inappropriately hired a chief legal counsel who was a confirmed child abuser, inappropriately influenced the awarding of

Section F: Appendix I - Investigations

Department contracts to his former spouse, and persons unknown removed or withheld the District Administrator's 2003 performance evaluation from his official personnel file to thwart a public records request. ***Not Supported.***

Corrective Actions: Emergency procurements made since 1999 were reviewed and no procedural irregularities were found. A memo was issued to the District Administrator advising him to ensure that, in the future, private interests do not conflict with, or give the appearance to the public of conflicting with, the performance of his responsibilities or that would impede the full and faithful discharge of his public duties.

3. 2003-0073 A Protective Investigative Supervisor is providing inadequate supervision for his staff. ***Not Supported.*** Based on several employee interviews, it was noted that racial tensions were perceived to be a significant problem in the Adult Protective Services units.

Corrective Actions: Mandatory cultural diversity training for Adult Services staff was scheduled.

4. 2003-0106 Two Interviewing Clerks accepted money from a Department client. ***Supported.***

Corrective Actions: Both employees will receive a Final Counseling Notice. In addition, clerical procedure training for all clerical staff and interviewing clerks in the district, as well as Ethics training for the service center staff, have been scheduled.

5. 2003-0118 Achievement & Rehabilitation Centers, Inc. (ARC) allocated the full amount of building occupancy costs to DCF for the area where Therapeutic Intervention Program (TIP) occurs, even though the Broward School Board (BSB) uses the same space, and only allocated the workers compensation premium increase to DCF, even though BSB shares clients with DCF and contracts with ARC for a longer period of time. ***Supported.***

Corrective Actions: The former program staff including the Contract Manager and the Program Director resigned. The Contract Manager will receive budget and comptroller's training offered by the district. The contract manager and district contract administrator have provided ongoing technical assistance with the provider's Chief Financial Officer and his staff. The Contract Performance Unit completed a monitoring and the provider submitted a Corrective Actions Plan, which is under review. The program director will schedule a meeting with the Chief Executive Officer of ARC to emphasize the importance of them implementing a corrective action plan to immediately improve their accounting practices. The revised budget submitted by the provider is being reviewed for accuracy and has been forwarded to a Certified Public Accountant in the Central Contract office for further review. Other actions are pending from Deputy Secretary for Administration.

6. 2003-0120 After the initiation of this investigation, it was discovered that the allegations were basically the same as in 2003-0106.

7. 2004-0026 A Child Protective Investigator (CPI) had an improper relationship with an alleged perpetrator in an adult abuse report. ***Not Supported.***

Corrective Actions: The program director for Adult Services met with the CPI and his supervisor regarding the investigative report, and an e-mail was also

Section F: Appendix I - Investigations

forwarded to all staff in Adult Services regarding the need to document all contacts and the consequences for failing to do so.

District 11

1. 2002-0107 The South Florida Evaluation Treatment Center's (SFETC) Administrative Services Director II directed her staff to do "unethical" things by directing SFETC employees to conduct personal favors for her on state time using state equipment and material. **Supported.** The Administrative Services Director II falsified her Attendance and Leave Records, and the SFETC Assistant Institution Superintendent was aware of one occasion when the Administrative Services Director II falsified her Attendance and Leave Records, but covered it up. **Not Supported.**
Corrective Actions: The Administrative Services Director II resigned as opposed to being terminated. Time will be recovered from the individual's leave and appropriate disciplinary action will be taken against those identified as having transported the Administrative Services Director II on state time and claimed they worked an eight-hour day. Copier logs will be monitored on a daily basis and copier autotrons and/or individual pass code use will be researched to determine their security and economic feasibility. All staff will be advised in writing of the state policies on inappropriate use of state property, materials, and time, including computer security/use, as well as the utilization of state time for personal use.
2. 2003-0009 Unknown person(s) are harassing employees and clients by placing culturally and racially insensitive "welcoming" telephone messages on the Florida City service center's telephones; a Program Operations Administrator breached employee confidential information in that staff outside of administration was given confidential Employee Assistance Program (EAP) information, and an Economic Self-Sufficiency Specialist provides false information regarding completed work. **Not Supported.**
Corrective Actions: In order to ensure maximum protection to the staff at the service center, the door combinations for both entrances were changed.
3. 2003-0010 A Family Services Counselor falsified his timesheets and travel documents. **Supported.**
Corrective Actions: The employee resigned and the separation form indicates he is not eligible for rehire; a comparison will be made by the supervisor of sign-in/sign-out log with vicinity mileage logs to ensure accuracy; the sign-in/sign-out log has been removed from the general area to the supervisor's office for random monitoring; and a memo was issued to counselors to emphasize that correct and accurate information is to be provided on all documents.
4. 2003-0012 A Family Services Counselor misused state resources. **Supported.** Another Family Services Counselor misused state resources. **Inconclusive.**
Corrective Actions: Counselor was informed that she is to include clients' names when signing out to make home visits and meal/break times must be accurately recorded in both the log book and her timesheet. The counselor will also reimburse the state for her personal cellular phone calls.
5. 2003-0032 A Senior Attorney conducted personal and special interest legal work on state time using state equipment. **Supported.** The Senior Attorney falsified

Section F: Appendix I - Investigations

her "Attendance and Leave Record." *Inconclusive.* The investigation also revealed that two security passwords were issued for access to "Westlaw" and they were being shared in the unit.

Corrective Actions: The employee will be given an advisory concerning regular work hours, the inappropriate use of state owned equipment, that any pro bono work must be approved by the supervisor, that Westlaw shall not be accessed beyond the normal contracted parameters without the supervisor's approval, and that no personal long distance telephone calls are to be made from the state office. In addition, Westlaw identification numbers will be issued to all appropriate staff attorneys, with training to follow within 60 days.

6. 2003-0042 A Developmental Disabilities Human Services Specialist received \$3,000 to expedite provider certifications. *Not Supported.*
Corrective Actions: None required.
7. 2003-0052 A Family Services Counselor failed to take action when advised about injuries to the child, and either falsely documented a home visit with a child or failed to appropriately perform his duties during the home visit by not identifying indicators of child abuse. *Not Supported.*
Corrective Actions: None required.
8. 2003-0065 The Community Resource Manager (Government Analyst I) was given priority over other applicants, obtained her OPS job, and subsequently career service job because of the relationship with her husband and a former Operations and Management Consultant. The Community Resource Manager and former Operations and Management Consultant assisted in the improper procurement and distribution of donated goods and services in violation of CFOP 1235-1. *Referred to U.S. Customs for investigation,* which remains open but thus far, no wrongdoing by DCF employees has been identified.
9. 2003-0078 A former Child Protective Investigator (CPI) Supervisor instructed a Child Protective Investigator to stay overnight in the office with two teenage girls after he had been unable to find anyone willing to accept the girls for placement. *Supported.* A Child Protective Investigator Supervisor does not remove children as advised by the Child Protective Investigators and Legal staff because the Family Services Counselor Supervisor's workers have a large number of cases. *Inconclusive.* Cases were being closed without a full investigation in order to reduce the number of cases in backlog, and DCF improperly refused to provide legal representation for employees subpoenaed to appear before a Grand Jury in regard to a child death case. *Not Supported.* During the interviews, some employees expressed a concern that cases are being provided to Family Service Counselors 2-3 weeks after initially being assigned to the unit. A Quality Assurance review was conducted of 10 cases that were closed by the Key West Office from May 1, 2003–July 31, 2003 and it was determined that there were no issues as to child safety.
Corrective Actions: The CPI Supervisor was dismissed, independently and prior to completion of the IG investigation. The Department's Legal staff have been requested to provide technical assistance in training regarding the policy of sheltering children. A protocol is being developed to address, on a case-by-case basis, instances in which an employee is required to be

Section F: Appendix I - Investigations

alone with children or clients in general of the opposite gender. The workload and workforce in the Key West Services Department was divided in two units and a new Family Safety Counselor Supervisor was appointed to facilitate the management of the workload. The Deputy Secretary for Child Welfare/CBC will review the existing policy and, where the policy does not directly address the issue, the program office staff will be directed to develop policy so that this situation does not occur again.

10. 2003-0079 New Horizons Community Mental Health Center, Inc., under the leadership of the executive director, intentionally used client trust funds for the center's operational needs. **Supported.**
Corrective Actions: District 11 now has a system to assure that corrective action plans are actually implemented, which will be maintained in the Contract Administrator's Office. A Certified Public Accountant will be sent to New Horizons to ensure client trust funds are properly accounted for and maintained. The findings of the investigation were ***referred to the State Attorney's office for consideration for criminal prosecution and are pending their review.***
11. 2003-0083 The South Florida Evaluation Treatment Center's (SFETC) former Administrative Services Director II and the Accounting Services Supervisor II mishandled Client and Welfare Trust Funds (CWTF), including a fictitious client account. **Supported.** A District 11 Accountant I and a Personnel Technician III were aware that SFETC's former Administrative Services Director II engaged in fraudulent billing practices but failed to take appropriate action. **Not Supported.**
Corrective Actions: The Administrative Services Director II resigned during the investigation and a "no rehire" designation will be placed in her personnel file. The Accounting Services Supervisor II was given an opportunity to resign, which she did. An audit of the facility's client and welfare trust funds was conducted and the facility is now completing a detailed corrective action for the deficiencies noted. A reorganization of the business/financial function will be undertaken to reduce the span of control and influence by one or more supervisory positions, to ensure the integrity of existing accounting processes, and to redefine responsibilities of all positions. Staff currently assigned specific responsibilities in the processing of the CWTF will be trained in all phases of its administration and standards will be developed to ensure these individuals maintain a high level of competency in the handling of these accounts. The Office of Financial Management will be contacted to establish a method of returning any funds that were improperly expended to the CWTF.
12. 2003-0095 A male employee of American Habilitation Services, Inc. (AHS) had a sexual encounter with a female Department client, and the licensed group home (Marco Group Home) operated by American Habilitation Services, Inc. failed to ensure appropriate supervision of a male employee, resulting in the employee having a sexual encounter with a female Department client. **Supported.** The group home failed to timely report alleged sexual abuse of a Department client to the District 11 Administrator and committed a contract or licensing violation by failure to respond to a court summons. **Not Supported.** During the investigation, it was revealed that it was not clear if one of the clients was ever evaluated to determine if she met the criteria for

Section F: Appendix I - Investigations

entry into the group home or if she was eligible for services. The investigation also identified at least five days in which the staff-to-client ratio was such that it would not have been possible to provide the one-to-one supervision that the Marco Group Home was billing the Department for and also provide adequate supervision to the other clients in the home. In addition, it was discovered that there was a subsequent abuse report made against the Marco Group Home concerning a lack of food and the Child Protective Investigator (CPI) admitted that she did not go back to the group home to investigate the subsequent abuse report because she had been there a few days prior and saw plenty of food. She closed the report as unfounded.

Corrective Actions: The CPI Supervisor was demoted and the CPI was placed under the supervision of one of the District's veteran supervisors who is providing close supervision and assessing her skills. CPIs and Adult Protective Investigators will be provided an overview on Developmental Disabilities and trained on the zero tolerance policy. The two abuse reports were unlocked, findings changed to verify the caregiver responsible for abuse, and the reports were locked again. An audit of the timesheets was conducted and it was determined that AHS owes the Department \$7,752.00 and the Department will utilize the ICWSIS data system to monitor recoupment from this facility. The Developmental Disabilities Central Program office is in the process of modifying Chapter 65B-6, F.A.C., which is the rule that delineates the requirements for licensure of residential facilities serving persons with developmental disabilities, and they intend to add a statement which would require residential providers to respond to all court summonses and specify the licensure-related penalties for non-compliance.

13. 2003-0099 It was alleged that a District 11 Human Services Counselor III falsified Department documents. ***Supported.***
Corrective Actions: During the interview with the Human Services Counselor II, he resigned and a notice has been indicated in his personnel file that he is not recommended for re-employment with the Department. The District 11 Legal Counsel also made a **referral to the State Attorney's office**.
14. 2003-0100WB A South Florida Evaluation and Treatment Center (SFETC) Accountant II misused state equipment in a manner not beneficial to the Department by using a personal e-mail account on a Department computer, and a Unit Treatment and Rehabilitative (UTR) Specialist provided false testimony during an investigation of alleged resident abuse. ***Supported.*** The SFETC's Mental Health Hospital Administrator and Assistant Mental Health Hospital Administrator misused their official positions for personal gain. The Acting Human Resources Manager allegedly took food on a regular basis from the facility's cafeteria without paying, and staff falsified their leave and attendance. ***Not Supported.*** The investigation disclosed some questionable purchase orders and requisition practices.
Corrective Actions: The UTR Specialist was terminated from employment, and the Accountant II will receive a final counseling letter for accessing her private e-mail account after previous warnings. A Corrective Action Plan was developed on the fiscal operation review and the Business Office has been reorganized, reducing the span of control of the Administrative Services

Section F: Appendix I - Investigations

Director. An e-mail was forwarded to all staff regarding abuse reporting and training will be provided on an on-going basis.

15. 2003-0101 A former Department Government Operations Consultant I accepted \$8,000 from a DCF group home operator in order to receive Department clients in the operator's two group homes. **Not Supported.** During the investigation, it was revealed that although she had signed a form stating that she did not have outside employment, the former Government Operations Consultant I contracted to provide services in a district other than the one in which she worked, which represented a potential conflict of interest.
Corrective Actions: This case was *referred to the Florida Department of Law Enforcement (FDLE)* for criminal investigation; however, the OIG investigator was notified that because the state was not a victim in the case, *their agency is precluded from investigation.* The Office Human Resources has partnered with the Office of Education and Training to develop a "New Employee Orientation Class," which will be revised to include a standardized checklist, including areas of outside state government employment. CFOP No. 60-02, Chapter 1 will also be revised accordingly.
16. 2003-0105 Unknown person(s) stole \$1,157 raised and donated by Department employees of the West Dade Service Center for the United Way. **Supported.**
Corrective Actions: Discussion of internal control needs over Florida State Employee Contributions Campaign collections at a District Administrators meeting prior to next year's campaign. A reminder letter to District 11 referring them to existing accounting procedures regarding internal control over cash collections and asking for assurance that they will adhere.
17. 2003-0122 An Economic Self-Sufficiency Specialist I (ESS) processed an application for food stamps for his friend. **Supported.**
Corrective Actions: This case was *referred to the Florida Department of Law Enforcement/Public Assistance Fraud;* however, they *declined to conduct a criminal investigation* since it had already been investigated by OIG. The ESS I resigned and it is noted on his separation form that he is not eligible for rehire with the Department. A referral was also made to Benefit Recovery.
18. 2004-0002WB A Family Services Counselor intentionally falsified Department records concerning Nuevo Amanecer Day Care, now known as Tiny Smiles Day Care, Young Children in Action Day Care, and in 2000, unknown persons intentionally licensed Edison Private Day Care for more children than was appropriate. A Family Services Counselor Supervisor, Family Services Specialist and a Senior Management Analyst Supervisor directed a Family Services Counselor to re-license Edison Private Day Care without following appropriate procedures. **Not Supported.**
Corrective Actions: All child care licensing counselors have completed a two-week standardized child care licensing training course that covered child care standards, statutes, policies/procedures, and a section specific to the measurement of indoor/outdoor space in a child care facility, with written and verbal instructions provided on required procedures. Supervisors remained for a third day for additional training in the use of Department Reports and other tools to ensure quality and consistency within the Child Care Licensing program. A sample of District 11 cases will be reviewed to determine the accuracy of the measurements completed by the licensing

Section F: Appendix I - Investigations

counselors with a Quality Assurance Specialist involved in this process to ensure validity. Based on the result of the review, appropriate corrective action, if necessary, will be taken. All cases in which a "rounded figure" of 25 square feet per child was used instead of the 20 square feet will be re-measured at the time of change of ownership. It has been reiterated to staff that all documents pertaining to centers must always be kept in the center's licensing file and must not be removed.

19. 2004-0003 District 11 management took inappropriate action concerning overbilling by contracted provider Coconut Grove Local Development Corporation, Inc. **Supported.** The Contract Performance Unit (CPU) was structured in violation of §402.72(2), F.S., and District 11 management took inappropriate action concerning overbilling by contracted provider Community Crusade Against Drugs, Inc., and the Guidance Clinic of the Upper Keys, Inc. **Inconclusive.** District 11 management took inappropriate action concerning overbilling by contracted provider CHARLEE of Dade County, Inc., Family Resource Center of South Florida, Inc., and Lock Towns Community Mental Health Center, Inc., and Community Health of South Dade, Inc./Public Health Trust. **Not Supported.**
Corrective Actions: The current reorganization to the zone structure will resolve any questions or conflicts regarding the district's chain of command. The District Administrator or his designee will obtain prior approval from the Department of Financial Services for any payback plans, and will also pursue reimbursement of the remaining \$12,000 of overpayments to Guidance Clinic of the Upper Keys. Other actions are pending from Deputy Secretary for Administration.
20. 2004-0004 Four Family Services Counselors and a Family Services Counselor Supervisor falsified and altered case file documents. **Inconclusive.** District 11 management changed/sabotaged licensing files in order to fire staff. **Not Supported.** During the investigation, it was revealed that Maximus reported less than an acceptable level of cooperation from the licensure unit and said the work environment in the licensing office was hostile to Maximus employees. The investigation further revealed that although licensing files are assigned to specific caseworkers, files are not maintained in a secure location.
Corrective Actions: During the investigation, the subject employees were dismissed from employment. Four of the five disciplinary actions were upheld after PERC hearings and the district agreed to reinstate one of the employees after the hearing; however, she resigned soon after she was re-hired. Several corrective measures have been taken to strengthen current processes to ensure case file integrity and accountability and to considerably reduce opportunities for falsification of documents.
21. 2004-0006 A Program Operations Administrator instructed a Family Support Worker and Transportation Unit workers to transport an Administrative Assistant to the grocery store, to the doctor, and back/forth from home to work, using a state vehicle for unofficial purposes. A Senior Management Analyst Supervisor required the Transportation Unit workers to transport a child back and forth from home to school for unofficial purposes. **Not Supported.** During the investigation, it was revealed that the transportation workers are not required to record their whereabouts or mileage on a daily vehicle log

Section F: Appendix I - Investigations

and they are only required to electronically input their vehicle's mileage at the gas pumps before using the state-issued gas credit card.

Corrective Actions: Implementation of a district-wide transportation unit is in the process and part of the formal procedures for this unit is the requirement that all transportation requests are submitted in writing. Other actions are pending from Deputy Secretary for Administration.

22. 2004-0008 D.E.Z. Associates advertised a \$150.00 "Medicaid Licensure & Med-Waiver Certification Fee" for a Medicaid waiver support coordinator position with the DCF Developmental Disabilities program. ***Supported.***
Corrective Actions: This case was *referred to the State Attorney's office and to the Department of Business and Professional Regulation, and their reviews are pending.* Developmental Disabilities managers and contract management staff have been advised to notify the Director of Administration if D.E.Z. Associates attempts to contract with the Department. When the district determines that a fee has been charged for a specific item offered by the Department at no cost, the applicant will be advised. District 10 Provider Enrollment Specialist has been informed of this investigation and advised, as part of her initial review of Medicaid Waiver Provider Enrollment application, to look for any indication that the applicant may have used D.E.Z. Associates or any other employment agency services.
23. 2004-0013 A Clerk Specialist accepted payment from individuals in return for the promise that she could obtain them Section 8 housing. ***Supported.*** During the investigation, it was discovered that the Clerk Specialist's supervisor was aware of the allegation yet failed to report it or take any action.
Corrective Actions: *Referred to the U.S. Housing and Urban Development Department.* Clerk Specialist resigned in lieu of possible dismissal, and has indicated that she would refund \$1,000. A memo was issued directing that all visitors must sign a visitor's log and signs have been posted at all entry points to inform clients that Department employees do not obtain Section 8 housing for clients. CFOP 180-4 was shared with all staff at West Dade.
24. 2004-0021 An Economic Self-Sufficiency Specialist falsified Department documents. ***Not Supported.***
Corrective Actions: None required.
25. 2004-0024 A Fiscal Assistant II is currently on leave with the Department and is allegedly working for the City of Miami, Department of Community Development. ***Supported.***
Corrective Actions: The employee resigned and the Notice of Separation/Resignation reflects that she is not recommended for re-employment with the Department. A memorandum was sent to all District 11 staff as a reminder of CFOP 60-5, Chapter 10, Dual Employment and Additional Employment Outside State Government. Other actions are pending from Human Resources.

District 12

1. 2003-0013 A Child Protective Investigator (CPI) failed to sufficiently report the results of a relevant law enforcement agency's investigation in the Investigative Decision Summary of an Abuse Report; and a Child Protective Investigator Supervisor and a Program Operations Administrator failed to take

Section F: Appendix I - Investigations

- appropriate action after being told about the child being left in an unsafe environment. **Supported.** A CPI Supervisor's writings in the Investigative Decision Summary of the Abuse Report that he interviewed the alleged perpetrator of child neglect are untrue. **Inconclusive.** A CPI's statement that she attempted to interview several witnesses regarding alleged abuse and neglect of the child is untrue, and the Deputy District Administrator failed to take appropriate action after being told about the child being left in an unsafe environment. **Not Supported.**
Corrective Actions: None taken.
2. 2003-0090 An Economic Self-Sufficiency Specialist I processed a public assistance case for a person she was acquainted with. **Inconclusive.**
Corrective Actions: A documented Memorandum of Counseling was given to the ESS I.
3. 2003-0107 Falsification of Timesheets by an Economic Self-Sufficiency Specialist Supervisor. **Not Supported.**
Corrective Actions: None required.
4. 2004-0010 A Child Protective Investigator failed to make daily attempts to conduct face-to-face visits with child victims and failed to make collateral contacts in accordance with CFOP 175-21. **Supported.** An Adult Protective Investigator failed to seek medical assistance and other services after assessing the risk of the client (deceased) while investigating an adult abuse case. **Not Supported.** A Quality Assurance Review of the child and adult abuse cases was conducted and deficiencies were noted, with the most egregious finding being the lack of follow-up by both investigators after the supplemental reports were filed.
Corrective Actions: Pending from Deputy Secretary for Community-Based Care and Family Self-Sufficiency.
OIG Recommendations: Deputy Secretary for Community-Based Care and Family Self-Sufficiency take corrective action as needed to ensure that proper follow-up is provided when supplemental reports are received on active child abuse and adult abuse cases. The Deputy Secretary also considered whether a similar policy for the Child Welfare program that requires supervisors to review all additional and supplemental reports when received and determine if an on-site is necessary and feasible. The Director of the Abuse Hotline conducted a quality assurance review of the supplemental calls received on this case to ensure that policies concerning additional and supplemental reports were followed, and explored ways to link adult abuse reports and child abuse reports from/of the same household together so that protective investigators from both of the programs are aware that dual investigations are proceeding.
5. 2004-0016 A Program Operations Administrator instructed Child Protective Investigators to commence cases in HomeSafeNet before making contact with the families involved. **Inconclusive.** A Child Protective Investigator Supervisor manipulated the input of the times for his supervisory review of cases in HomeSafeNet. **Not Supported.**
Corrective Actions: A written reminder of commencement policy was forwarded to all supervisors, who are to review the operating procedure with staff and monitor timeliness and accuracy of Child Safety Assessments.

Section F: Appendix I - Investigations

District 13

1. 2003-0005 A Child Protective Investigator (CPI) failed to make an out-of-town inquiry to request an interview of a child abuse subject. *Supported.* The CPI disclosed confidential information regarding the identity of the reporter of an abuse report to an unauthorized person, breached confidential information by disclosing his findings regarding the abuse report to an unauthorized person, and failed to observe the alleged victim of the abuse report. *Not Supported.*
Corrective Actions: A counseling memo was issued to the CPI; and Florida Administrative Code Section 65C-10.003, CFOP 175-21 regarding Investigative Response and the process for requesting an out-of-town inquiry for investigations involving persons located outside the county, or in another state were discussed with all protective investigative staff in Marion North and South Service Centers, with the Operations Program Administrators present.
2. 2003-0020WB Nonfeasance in providing home care services to clients by Steppin' Out's Director of Operations and the Owner, and a former Adult Protective Investigator (API) failed to conduct a sufficient investigation of an abuse report. *Supported.* Theft and misappropriation of money belonging to a client by Steppin' Out's Director of Operations. *Inconclusive.*
Corrective Actions: The API had already been terminated for the failure to satisfactorily complete his probationary period. The Hernando County Sheriff's Department opened a criminal investigation regarding allegations of abuse, neglect, and financial exploitation. The API Supervisor responsible for Hernando County was instructed to take the necessary steps to reopen the adult abuse investigation and ensure that all information gathered is reflected in the investigation summary and to conduct any additional investigation necessary as a result of the information developed. Steppin' Out is no longer licensed to operate any facility in District 13, and no new license will be issued to Steppin' Out or any other facility operated by the Director of Operations and Owner mentioned. Any Medicaid Waiver Provider Agreements are being terminated for cause and the district will enter into no future provider agreements with the Director of Operations and Owner, or any entity with which they may be involved in an ownership or management role. All consumers receiving services provided by Steppin' Out have been transitioned to other providers.
3. 2003-0022 A Florida Local Advocacy Council (FLAC) member conducted a child abuse investigation before completing statutorily mandated training and while a Department investigation of the same allegations was in progress. *Supported.* The FLAC member impersonated herself as a Department employee, and disclosed confidential child abuse information to unauthorized persons. *Not Supported.*
Corrective Actions: A discussion was held by Florida Statewide Advocacy Council members in closed session at their September 2003 meeting and recommendations were made and adopted at the local and statewide level by Statewide Advocacy Council in an effort to prevent this type of incident from occurring again.
4. 2003-0039WB A whistle-blower investigation was conducted in conjunction with the assistance of Quality Assurance that included 72 allegations of mishandling

Section F: Appendix I - Investigations

child abuse/neglect cases and child safety issues in Marion County. The allegations consisted of falsification of records, failure to make appropriate referrals to the Child Protection Team, or failure to adhere to policies and procedures in conducting child abuse/neglect cases by Marion County Family Safety employees. Findings confirmed that multiple allegations were supported against numerous staff members and that "their combined shortcomings adversely affected the welfare of numerous children in Marion County who were identified during the scope of this investigation." The findings also confirmed that an Acting Operations and Program Administrator (OPA) falsified information regarding commencement dates and times and that his poor decision-making placed children at risk. Further, the findings confirmed poor documentation in some of the files reviewed. **35 Supported; 30 Not Supported; Two Partially supported; Five Inconclusive.**

Corrective Actions: The allegation regarding the Acting OPA falsifying child abuse records was *referred to the State Attorney's office but declined to prosecute*. The Acting OPA and a Child Protective Investigator were terminated. Nine other disciplinary actions are in progress, ranging from counseling to final notices. All cases overseen by the supervisor mentioned in the OIG report, as well as those cases handled by investigators in which allegations were supported are being reviewed. District Administrators statewide have been directed to review procedures related to the handling of child protective cases. A Corrective Action Plan was developed with many activities completed and others continue on an on-going basis. Changes necessary to the district's operations structure in Marion County include OPAs reassigned to better manage the Protective Investigations and Foster Care/Protective Services. The performance has improved and the backlog of investigations is currently under the required performance target.

5. 2003-0043 A former Child Protective Investigator (CPI) misused state equipment, including a desktop computer and a digital camera. **Supported.** The former CPI misused her position by obtaining information regarding the personal automobile and driving record of her ex-husband's former paramour, and disclosed confidential child abuse information to unauthorized person. **Not Supported.**
Corrective Actions: The CPI resigned and her personnel file reflects that she resigned while under investigation and is not eligible for rehire. The **District** Manager for Operations met at *the State Attorney's office*, who subsequently advised that they were *declining to prosecute*. Computers and sensitive equipment, including digital cameras, are being assigned by position number, which will facilitate the accountability of equipment. A bi-annual inventory of computers and sensitive equipment has been instituted. The annual property inventory was conducted in June 2003 with a subsequent one of Family Safety computer equipment in September 2003. All computer equipment was reconciled with the inventory with the exception of one laptop. A police report has not been filed as staff are still in the process of trying to account for the laptop. An inventory of digital cameras was conducted in September 2003 and all were accounted for except the four mentioned in the OIG report and police reports were made for those.
6. 2003-0053 An Internet Web site created and advertised in the work place by a former Senior Management Analyst (SMA) Supervisor was disrespectful and publicly humiliating to a superior. **Supported.**

Section F: Appendix I - Investigations

- Corrective Actions:*** The SMA Supervisor resigned during this investigation.
7. 2003-0055 A Family Services Counselor (FSC) Supervisor falsified case file information by documenting that a foster care exit interview took place and the FSC Supervisor and a FSC failed to comply with a General Master's Order to return a child's personal belongings to the child. ***Not Supported.***
Corrective Actions: None required.
8. 2003-0057 A former Child Protective Investigator disclosed confidential child abuse information to an unauthorized person. ***Inconclusive.***
Corrective Actions: A copy of the investigative report was forwarded to the Department of Health Inspector General's office as the investigation identified two Department of Health contracted employees as persons with possible pertinent information. The Department of Health found that no pertinent information or previous unknown data was disclosed.
9. 2003-0058 Two Child Protective Investigators and an unidentified female employee released confidential child abuse records to a former Child Protective Investigator (CPI) after her employment was terminated. ***Not Supported.*** During this investigation it was revealed that the former CPI failed to return some state property items, such as a cellular telephone and a pager.
Corrective Actions: The IG investigator ***met with the Assistant State Attorney*** regarding this case and he stated that the theft of files ***could not be prosecuted***, but the former CPI could be prosecuted for petty theft for failing to return the state-issued equipment. No charges were filed and the CPI returned all department property in October 2003. Locks to the Lake County Family Safety offices were changed to coded locks with the county managers having the only access to change the combination in the event of any employee discipline actions.
10. 2003-0063 A former Senior Attorney failed to follow Department policies and procedures when rendering a legal decision concerning a Department client. ***Not Supported.***
Corrective Actions: District Operating Procedures D13 175-23A has been revised to clarify who has the authority to determine the direction of a case and when/how staffings should be held when there is disagreement.
11. 2003-0066 An Economic Self-Sufficiency (ESS) Specialist Supervisor misused her position by soliciting money from subordinate employees, thereby creating a hostile work environment. ***Supported.*** An Operations and Program Manager failed to take action upon notification of staff falsifying timesheets and conduct unbecoming. ***Not Supported.*** The investigation further revealed that a (deceased) employee and the ESS Specialist might have been involved financially with the ESS Supervisor and one or more of her sons.
Corrective Actions: The ESS Supervisor resigned/retired from her position in lieu of termination and is not eligible for re-employment with the Department. Training on Discipline Training, Family Medical Leave Act and DCF Operating Procedures 60-05, Chapter 3, Standards of Conduct and Disciplinary Action for Employees has been scheduled with all supervisors within District 13. An e-mail was sent to the Operations Program Administrators in the district advising of the violation "Misconduct" and "misuse of position" for persons in superior positions to ask subordinates for money or other items of value and is a dismissable offense.

Section F: Appendix I - Investigations

12. 2003-0103 Lifestream Behavioral Center, Inc. (LBC) double-billed the Department for Florida Assertive Community Treatment (FACT) clients in Assisted Living Facilities (ALFs) and a Residential Treatment Facility (RTF). *Supported.* LBC improperly billed the Department for services provided under a school board contract. *Not Supported.* During the investigation, it was revealed that LBC has been operating at a profit for the past three years and used the profits to expand services and programs offered.
Corrective Actions: The amount in question has been repaid to the Department. Department staff involved in oversight activities of the provider no longer retain those responsibilities. In the next fiscal year the Substance Abuse/Mental Health program offices will utilize the provider's actual audited expenditure to negotiate unit rates to ensure that the provider is not charging bad debts to Department programs.
13. 2003-0117WB Two Child Protective Investigator (CPI) Supervisors failed to open several cases in the HomeSafenet System (HSn) in a timely manner, and were involved in the unauthorized removal of records from HSn, along with a Family Services Specialist. *Supported.* A CPI falsified information in his chronological notes about a face-to-face meeting with the alleged perpetrators in an abuse report. *Not Supported.*
Corrective Actions: A meeting was held with all Family Safety Service Center staff (D13) regarding the 999 function and instructed them that the only time a case can be deleted is if it is a duplicate case, and if so, the CPI/Counselor is to inform the supervisor and Operations and Program Administrator (OPA). The deletion of any case can only be accomplished through the district office process. Staff also instructed that it is never acceptable to enter incorrect, inaccurate, or misleading information into HSn. A Corrective Action Plan Backlog was implemented for Unit 051 effective December 22, 2003. A meeting was held with both protective investigation units in which the Data Entry, the Protective Investigator (PI) Initial Checklist and PI Closure Checklist were covered. Weekly meetings were held with the PI Units in February 2004 to discuss responsibilities of CPIs, clerical support, supervisors, Certified Investigation Analyst, Specialist, and OPA to ensure child safety. The OPA was physically relocated to the PI Units and assigned to work closely with the supervisor and her unit. A tracking system was developed and implemented to ensure that the investigators were meeting all requirements early in the investigative process, and cases are receiving closer review enabling the supervisor to address deficiencies earlier. The OPA is meeting weekly with the Specialist and supervisors to review cases and progress and are daily utilizing the HSn management reports and the Leaderboard. More Second Party Reviews are also being conducted by the OPA.
14. 2004-0017 A former Child Protective Investigator (CPI) disclosed confidential information regarding plans to shelter a child to an unauthorized person. *Inconclusive.* A CPI perjured himself on the witness stand at the shelter hearing for a child victim. *Not Supported.*
Corrective Actions: *Referred to The Florida Bar and Lake County Judicial Center/Public Defenders Office.* The CPI resigned 2/21/04 and his personnel file reflects a "no rehire" status. The Senior Attorney also resigned March 1, 2004, and her personnel file reflects a "no rehire" status. Training will be

Section F: Appendix I - Investigations

conducted by District Legal Counsel's office for all CPIs and the district's CBC provider will also be invited to attend. Supervisors and managers will be expected to monitor compliance and address violations promptly with disciplinary action.

15. 2004-0022 Misuse of public position due to a conflict of interest for a former Child Protective Investigator. *Not Supported.*
Corrective Actions: The Child Protective Investigator resigned March 1, 2004, and is not eligible for re-employment with the Department.

District 14

1. 2003-0076 A former Economic Self-Sufficiency Specialist Supervisor failed to follow policies and procedures by approving public assistance benefits for a client without verifying information provided by the client. *Supported.*
Corrective Actions: The employee resigned during the investigation and a "do not rehire" annotation has been placed in his personnel file. The Program Administrator will establish training on correct policies and procedures on verification of information provided by clients in the process of obtaining public assistance.
2. 2003-0084 A Family Services Counselor had an inappropriate and unprofessional relationship with a mother of clients on his caseload. *Not Supported.*
Corrective Actions: None required.
3. 2003-0109 A Child Protective Investigator disclosed confidential child abuse reporter information to an unauthorized person. *Inconclusive.*
Corrective Actions: The employee resigned during the investigation and her Separation Notice reflects that she is not recommended for re-employment with the Department.
4. 2003-0119 A former Hillsborough Kids, Inc. (HKI) Care Manager falsified her case notes in HomeSafenet (HSn) regarding home visits with children receiving protective services, and forged caregivers' signatures on HKI Face-to-Face Contact Verification/Functions Assessment forms. *Supported.*
Corrective Actions: The Care Manager was immediately dismissed by HKI after she admitted that the dates she placed in HSn case notes and her mileage log reimbursement request forms might be inaccurate. Existing statutes relevant to background screening of contracted and sub-contracted employees has been reviewed and additional discussions will be held with the leadership team before implementing a change in contract language. However, voluntary compliance by the CBC provider agencies may be an acceptable alternative at this time.
5. 2004-0014 A Child Protective Investigator disclosed confidential child abuse reporter information to an unauthorized person. *Not supported.*
Corrective Actions: None required.
6. 2004-0015 A Program Administrator's son was hired to work under her line of authority. *Supported.* The Program Administrator's son and other temporary employees were granted access to the Florida Abuse Hotline Information System (FAHIS) and HomeSafenet without the proper training. *Not Supported.*

Section F: Appendix I - Investigations

Corrective Actions: The Program Administrator received a counseling memorandum which will be placed in her personnel file.

District 15

1. 2003-0027 A Department-contracted provider failed to timely report allegations of child abuse. **Supported.** District 15 staff conspired to remove children from the complainant's home in an effort to expedite an adoption for a former district employee, and a Family Services Counselor tried to bribe a foster parent into relinquishing her foster care license. A Department contracted provider was involved in a conflict of interest situation with the complaints' case in that the provider is alleged to be a close friend or relative to a District Developmental Disabilities employee. A Children's Home Society social worker breached confidential information by telling two contracted providers that the involved children were removed from the complainant's home because someone wanted to adopt them right away. **Not Supported.**
Corrective Actions: Memo forwarded to the Owner/Operator of Eds House Group Home stating that the OIG findings are considered a breach of Chapter 65B-6 (Licensure of Residential Facilities), Chapter 39.201 (Mandatory Reporting of Child Abuse) and the Medicaid Waiver Services Agreement. As a result, DCF mandates attendance at an abuse report training provided by the Department on November 12, 2003, and failure to comply with this requirement could result in the termination of the group home license and Medicaid Waiver provider enrollment.
2. 2003-0060WB An Economic Self-Sufficiency Specialist (ESS) I failed to correctly process clients' applications for nursing home assistance resulting in unwarranted benefits being paid by the State of Florida; an ESS Supervisor and the ESS I received lunches and "day treatments;" the ESS I received possible assistance with a purchase of a home from a private attorney (who represents clients that apply for benefits whose eligibility is determined by the ESS I and ESS Supervisor); and the ESS I and ESS Supervisor did not request and obtain written approval from the Department prior to accepting secondary employment outside of DCF. **Supported.**
Corrective Actions: The ESS Supervisor and ESS I received a Final Counseling Notice. The District Human Resources Manager will send an e-mail to all district employees reminding them of their responsibility to adhere to policies regarding the acceptance of gifts and obtaining secondary employment. The cases of the ESS I are being audited to determine if additional errors exist.

District 20

1. 2003-0003 An Administrative Secretary misused her position to inappropriately obtain information for a former employee and she created disruption in the work force by repeatedly lying to coworkers. **Supported.** The Administrative Secretary falsified her time sheets. **Inconclusive.** A former Administrative Assistant II misrepresented information to the Mental Health Program office Director and the Office of Inspector General (OIG). **Supported.**
Corrective Actions: The Administrative Secretary was dismissed from employment with the Department. A memo will be issued instructing all staff to add password protect access to their computers and management will follow up to ensure compliance. The Department has now transitioned

Section F: Appendix I - Investigations

to the Web-based time accounting system; therefore, maintenance and security of these records are no longer dependent upon maintaining paper files. The Sexually Violent Predator program (SVPP) management will be mindful of the need to ensure that similar administrative records are appropriately maintained. Each SVPP employee is required to send his/her supervisor an e-mail upon arrival/departure, including for lunch and supervisors are thus able to check attendance daily. Copies of the OIG investigative report will be placed in the personnel files of the Administrative Secretary and Administrative Assistant II.

2. 2003-0019 A case review was conducted of the complex and sensitive complaints with a myriad of allegations that required an extensive review as the complainant alleged that DCF has not addressed or been responsive to numerous or major complaints. ***Not Supported.***
Corrective Actions: None required.
3. 2003-0041WB The Department's General Counsel provided her Administrative Assistant (AA) III with her computer logons and passwords so that the AA III could approve timesheets for employees that the General Counsel directly supervises and to screen her e-mail. The AA III falsified his timesheets. ***Supported.*** The Department's General Counsel instructed her AA III to change the performance appraisal of a Staff Assistant, which she had previously approved, after the Staff Assistant reacted negatively to the evaluation, and placed the AA III on leave without cause after he gave the negative evaluation to the Staff Assistant and attempted to discredit him by placing him on compulsory sick leave. Two Senior Attorneys disclosed confidential Employee Assistance Program information. ***Not Supported.***
Corrective Actions: The General Counsel received verbal counseling. The AA III is deceased.
4. 2003-0059 The Florida Civil Commitment Center (FCCC) Executive Director pressured a clinical team leader to change a report from favorable to unfavorable in order to prevent the release of a resident from court-ordered treatment for sexual offenders. ***Not Supported.*** It was discovered during the investigation that FCCC has experienced a relatively high turnover of doctorate-level therapists in its short history and three of the four former employees cited "ethical" or "moral" issues as the reasons they left their employment.
Corrective Actions: None required.
5. 2003-0064 A Purchasing Director I violated CFOP 60L-36.005(3)(f), by misusing state property/equipment and personnel. ***Inconclusive.***
Corrective Actions: This Operating procedure is in the process of being rewritten by Human Resources.
6. 2003-0069 The Abuse Hotline Chief misused state resources, time, and staff. ***Inconclusive.***
Corrective Actions: A memo was forwarded to the Deputy Directors in the Child Welfare and CBC program office addressing the issues related to this investigation and that this behavior is not acceptable. This issue was also discussed at a Leadership Team Meeting.

Section F: Appendix I - Investigations

7. 2003-0071 An Administrative Secretary engaged in conduct unbecoming a state employee by being negligent in her duties, misusing her position, and breaching confidential information. *Inconclusive.*
Corrective Actions: The Administrative Secretary was counseled and reminded of the importance of properly handling confidential materials on the requirement of following through on all work assignments and on the requirements of maintaining herself above reproach as a member of the Office of the General Counsel.
8. 2003-0081 A former Florida Civil Commitment Center (FCCC) Medical Director's staff failed to properly maintain medical records for FCCC residents and staff gave the wrong medications to residents; the former FCCC Medical Director failed to provide adequate treatment for a resident with a pacemaker prior to the pacemaker's malfunctioning resulting in an injury to the resident and the replacement of the pacemaker. *Supported.* The former FCCC Medical Director failed to provide a pacemaker to a resident because she deemed it not to be cost effective; failed to conduct Hepatitis C screening on a resident after being ordered to do so by a physician; and a FCCC Registered Nurse provided inadequate medical treatment to a resident complaining of chest pains and as a result, the resident died. *Not Supported.*
Corrective Actions: The FCCC Medical Director resigned. Procedures will be reviewed and revised related to nursing practice and supervision, medical records documentation, initial and annual nursing assessments, medical specialty consults to ensure that residents' medical complaints are timely assessed by the medical staff at FCCC, and that off-site specialty consultations are provided as dictated by sound medical practice and medication administration. An automated system will be developed to schedule and document clinic visits every 90 days, or as directed by the physician, for residents with chronic conditions. The Sexually Violent Predator program staff and Mental Health program staff will conduct a follow-up facility visit to review progress on medical services in May or June 2004.
9. 2003-0102 The Department manipulated a Mental Health Advocate and influenced his statements during meetings of the Supportive Housing Workgroup, and improperly paid Mental Health Advocates participating in the Workgroup for Supportive Housing a fee of \$100.00 per meeting attended. *Not Supported.*
Corrective Actions: New procedures governing compensation to consumers for work group participation of all Departmental programs will be issued.
10. 2003-0114 The former Office of Education and Training (OSET) Director used improper and unethical management and procurement techniques. *Supported.*
Corrective Actions: Pending from General Counsel and Deputy Secretary for Community Base Care/Family Self-Sufficiency.
OIG Recommendations: Deputy Secretary for Community Base Care/Family Self-Sufficiency take immediate steps to ensure that DCF control of Tallahassee Community College employees ceases. DCF should be involved only in the "result to be accomplished by the work" and not in the "details and means by which that result is accomplished." DCF must remove itself from the control of the "details" by which contract goals are met and focus on the end result and a "no rehire" be placed in the former OSET Director's personnel file. The General Counsel is to determine if unspent funds can be

Section F: Appendix I - Investigations

recovered from the educational institutions and/or if any action should be taken against contract negotiators.

11. 2004-0007 Employees with Tri-State Temporary Employment (who contracts with the Department) falsified their timesheets by entering hours onto their Tri-State timecards that they did not work; Tri-State Temporary employees took extended breaks and abused Internet privileges during work-time hours; and a Department Senior Management Analyst Supervisor failed to properly supervise the Tri-State Temporary Employment employees, misused the Internet during state time, falsified her timesheet, and failed to report mandated allegations to the Inspector General's office. **Supported.** Tri-State Temporary Employment employees mismanaged personnel files in the file room. **Inconclusive.**
Corrective Actions: Use of Tri-State Temporary Employment Services and Manpower was discontinued and the involved individuals will no longer work for the Department's Personnel Records file room. OPS staff have been hired and the Records Center manager will be present when staff are working in the file room. Payroll Manager has discussed Internet use with staff and will do so with new hires. Staff time sheets will be submitted twice weekly to the Records Center manager who will review for accuracy. Tri-State has been contacted for reimbursement to the Department. The Senior Management Analyst Supervisor received counseling. Human Relations is actively recruiting a new Records Center Manager (Senior Management Analyst Supervisor) and when appointed, the present one will be relieved of supervisory responsibilities.

Multiple

1. 2003-0017 Several Department employees accessed the Florida Abuse Hotline Information System (FAHIS) to review client information for which they did not have "related case-specific activity." **Supported.** Unknown persons disclosed confidential information by providing the news media with information contained in the Investigative Decision Summary (IDS) of abuse reports on a child who died. **Not Supported.**
Corrective Actions: An employee/supervisor conference was issued to the District 1 employee and an e-mail was forwarded to all District 1 staff regarding accessing confidential information contained in statewide databases. The District 7 employee was advised to refrain from pulling FAHIS data not related to her caseload and a notice was also sent to all District 7 employees advising against this practice. An e-mail on the confidentiality of FAHIS was forwarded to all District 9 staff and a discussion was held with the Program Operation Administrators and staff individually identified in the investigation regarding inappropriate use of FAHIS. A District 10 employee resigned 7/31/03 and began employment with ChildNet, the district's community-based care lead agency. A memo was distributed to all District 10 employees regarding the inappropriate use of HomeSafenet/FAHIS and a written request forwarded to the President of ChildNet, Inc., requesting it to also be distributed to all ChildNet and subcontracted case management agency employees.
2. 2003-0097 A District 2 Child Protective Investigator (CPI), two Professional Development Center (PDC) Field Trainers, and a PDC Field Trainer Supervisor disclosed confidential information concerning a District 1 abuse investigation to

Section F: Appendix I - Investigations

others. The District 2 CPI inappropriately accessed HomeSafenet (HSn) records in an effort to determine the identity of the District 1 employee whose husband was under investigation for substance abuse. *Supported.* The two PDC Trainers and the PDC Field Trainer Supervisor inappropriately accessed HSn records in an effort to determine the identity of the District 1 employee whose husband was under investigation for substance abuse. *Not Supported.*

Corrective Actions: *Referred to the State Attorney's office* for possible prosecution which is *pending their review.* During the course of the investigation, the District 2 CPI resigned and it is noted in her personnel file that she is not recommended for re-employment with the Department. The PDC Field Trainers employees were removed from their contracted positions. All training materials will be reviewed, any deficiencies will be corrected and approved, and statewide distance education will be deployed to the Director of Education and Training. Staff training will be required and verified for all Child Welfare and CBC staff, and the PDC Director will arrange staff meetings to reinforce maintaining confidentiality.

Section F: Appendix II – Internal Audit

Audit Reports (Internal, Follow-up and External)

Summary of Internal Audits Issued during FY 2003-2004

1. **A-04-01** **An Evaluation of Overpayment Determinations Made by Nova Southeastern University.** This was a narrowly scoped project to determine the reasonableness of a vendor calculated overpayment. The audit findings were material in the negotiations of the settlement agreement.
2. **A-04-02** **Contracted Emergency Shelters.** This audit reports systemic weaknesses in the way emergency shelter care services are procured and contracts administered.
3. **A-04-03** **Children’s Mental Health Program in District 8.** This audit examines two contracts in Southwest Florida and found no material non-compliance by the district or the providers.
4. **A-04-04** **Controls Could be Strengthened for the Developmental Disabilities Licensing and Long-term Residential Care (LTRC) Monitoring.** This audit discloses that the Developmental Disabilities licensing and LTRC monitoring needed improvement.
5. **A-04-05** **Operational Process of the Investigations’ Unit at the Office of Inspector General.** The Inspector General requested a systems look at the Investigations Unit. Based on recommendations contained in the report the unit now claims compliance with nationally recognized investigation standards.
6. **A-04-06** **Audit of Broward County Community Development Corporation.** This audit was undertaken to provide assurances that past billing problems by the provider had been appropriately corrected.
7. **A-04-07** **Adoption Services – Increasing the State’s Adoption Rate.** The recommendations presented in this report were instrumental in helping the Department achieve its goal of increasing the adoption rate by over 36 percent.
8. **A-04-08** **Economic Self-Sufficiency Eligibility Process: A Study in Conjunction with DCF Re-engineering Initiatives.** This study made significant recommendations on process re-engineering and has become the basis for a major initiative.
9. **A-04-09** **Retention of Foster Parents and the Transition to Community-Based Care.** This audit identifies issues associated with the Secretary’s priority of retaining foster parents. The primary recommendation was to formalize the measurement of the activity and to issue a long delayed policy related to the retention of foster parents.
10. **A-04-10** **Unused Florida Abuse Hotline Phone Lines Cost the Department \$22,500.** This report requested by Hotline management identifies Department overpayments and was instrumental in the recovery of those overpayments from the telephone company.

Section F: Appendix II – Internal Audit

11. A-04-11 **Title IV-E Child Welfare Education Program – Diagnosis: Internal Controls Improvement Needed.** This report identifies significant internal control problems with the payment of stipends to university students.
12. A-04-12 **Functional Workload Analysis Consulting Report.** This consulting assignment reviewed the major central office activity and identifies inefficiencies and recommended improvements.
13. A-04-13 **Time Flies: A Study of Selected Functional Units at District 14.** This study requested by district management was used by management to improve operations of the District 14 office.
14. A-12-2004-001 **A Review of the Correspondence Tracking Process.** This audit identifies a correspondence tracking system used by a sister state agency and recommended it be adopted by DCF. The program is now in use by the Department.
15. A-12-2003-002 **Contracted Training Costs, Has the Department Paid too Much?** This brief report points out major procedural problems in the contracted training program. The Department has overpaid several universities and a community college over \$4 million.
16. A-03-2004-003 **An Examination of the Issues Surrounding the Developmental Disabilities Standardized Reimbursement Rate Implementation and Subsequent Rate Adjustment.** This report, requested by the Governor and DCF Secretary Regier, identifies significant flaws in the implementation of a new Developmental Disabilities Standardized Rate structure.
17. A-03-2004-004 **An Examination of Internal Controls and Other Issues Associated with the Paying of Home and Community-Based Services Waiver Claims.** This report identifies major internal control issues associated with the payment of Waiver Claims.
18. A-03-2004-005 **“Stacking” – An Examination of Issues Surrounding the Approval of Services Associated with the Home and Community-Based Services Waiver.** This report provides assurance that an adequate system is in place to control the authorization of Waiver services.
19. O-05-2004-010 **The Independent Living Program: A Review of the FY 2003-2004 Spending Plan.** This consulting assignment pointed out flaws in the estimation of a budget deficit.
20. A-15-2004-018 **Quality Assessment Review of the Internal Audit Activity.** This report by an independent party makes recommendations for the improvement of the internal audit activity.

Section F: Appendix II – Internal Audit

List of Follow-up Reports Completed during FY 2003-2004

1. F-02-2003-010 Adoption Services–Increasing the States Adoption Rate, A-04-07
2. F-03-2000-002 Assessment of Performance Measures for the Developmental Disabilities Program, A-03-04
3. F-03-2002-004 Controls Could Be Strengthened for the Developmental Disabilities Licensing and Long Term Residential Care (LTRC) Monitoring, A-04-04
4. F-03-2002-005 Developmental Disabilities Program Takes Action on Some Recommendations; Still Needs to Address Service Issues to Better Meet Its Client Needs, 03-48
5. F-04-2001-003 Assessment of Performance Measures for the Economic Self-Sufficiency Program, A-03-12
6. F-04-2003-011 Economic Self-Sufficiency Eligibility Process: A Study in Conjunction With DCF Reengineering Initiatives, A-04-08
7. F-04-2003-012 Economic Self-Sufficiency Performance Mixed; Food Stamp Improvements Could Yield Federal Bonuses, OPPAGA 03-52
8. F-05-2001-001 Audit of Florida Abuse Hotline Information System, A-03-05
9. F-05-2001-002 District 8 Revenue Maximization Unit, A-03-07
10. F-05-2001-004 Contracted Emergency Shelters, A-04-02
11. F-05-2002-003 Sexually Violent Predator Program, A-03-09
12. F-05-2004-007 Children’s Home Society Unlicensed Foster Homes, DCF/IG# 2002-0092WB
13. F-07-2000-001 Audit of Plans for Assisted Living Facilities With Limited Mental Health Licenses, A-03-01
14. F-07-2002-002 Community Intervention Center, Contracts BHM11 and BHL12, A-03-08
15. F-07-2003-007 Children’s Mental Health Program in District 8, A-04-03
16. F-07-2003-009 Audit of Broward County Community Development Corporation, A-04-06
17. F-07-2004-012 Residential Mental Health Assessment Process
18. F-12-2003-003 Investigation and Review of Overcharges by Nova Southeastern University

Section F: Appendix II – Internal Audit

19. F-12-2003-005 Contracted Training Services at the Office of Education and Training, A-03-10
20. F-12-2003-008 Operational Process of the Investigations Unit of the Office of the Inspector General, A-04-05
21. F-15-2002-001 Audit of the Central Office of Contracted Client Services, A-03-03
22. F-15-2003-004 Operational Audit of State Fixed Capital Outlay Appropriations Uncommitted Appropriations at February 1, 2003, AG 03-175
23. F-15-2003-006 Road Map to Excellence in Contracting, EOG 2003-3
24. F-15-2004-009 Operational Audit of DCF Services Relative Caregiver Program, IG 2004-89
25. O-05-2004-006 Follow-up of IG Report 2001-0060

List of External Audit Reports Issued During FY 2003-2004

Auditor General:

1. 2004-85 Operational Audit of School Readiness Program Administered by the Florida Partnership for School Readiness, the Florida School Readiness Coalitions, and the Florida Agency for Workforce Innovation. (Issued 1/15/04)
2. 2004-89 Operational Audit of Department of Children and Family Services Relative Caregiver Program. (Issued 1/20/04)
3. 2004-168 State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2003. (Issued 3/23/04)
4. 2004-181 State of Florida – Regulatory Program Administration – Operational Audit. (Issued 4/16/04)

OPPAGA:

5. 03-48 Developmental Disabilities Program Takes Action on Some Recommendations; Still Needs To Address Service Issues to Better Meet Its Client Needs. (Issued 9/03)
6. 03-52 Justification Review: Economic Self-Sufficiency Performance Mixed; Food Stamp Improvements Could Yield Federal Bonuses. (Issued 10/03)
7. 03-69 Services to Elders Program Has Improved Accountability and Oversight; Should Reduce Capitation Rate for Long-Term Pilot. (Issued 12/03)

Section F: Appendix II – Internal Audit

8. 04-03 Special Report: DCF Needs to Improve Child Protection Staff Training and Clarify DCF and Agency Roles. (Issued 1/04)
9. 04-04 Child Welfare Legal Services Should Be Provided by DCF or Private Law Firms. (Issued 1/04)
10. 04-15 DCF's Lead Agency Readiness Assessment Process Meets Statutory Requirements, But Needs Strengthening. (Issued 2/04)
11. 04-25 No Lead Agencies Have Earned Excess Federal Funds for Several Years. (Issued 3/04)
12. 04-39 Many Children Receiving Intensive Exceptional Student Education Services Are Served by Multiple Programs; No Unnecessary Duplication of Services Found. (Issued 6/04)

Department of Financial Services:

13. N/A Audit Report on Multi-Agency Purchasing Card (PCARD) for the Period July 1, 2001 Through June 30, 2002. (Issued 8/03)
14. N/A Audit of the Department of Children and Families Payroll Related Processes for the Period July 1, 2002 Through January 31, 2003. (Issued 10/03)

Federal Audits:

15. A-04-03-07024 Information System Controls for Medicaid Payments and the Department of Health and Human Service Program Eligibility – Florida. (Issued 11/03)

