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Governor



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Annual Report



Office of Inspector General

*Providing Leadership in the Promotion of
Accountability and Integrity in State Government*

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Inspector General

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Executive Summary

In accordance with §20.055, Florida Statutes (F.S.), the Office of Inspector General (OIG) is “established in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government.” Consistent with these duties, the following accomplishments, highlights and activities demonstrate significant efforts of the OIG staff during Fiscal Year 2009-2010:

ACCOMPLISHMENTS AND HIGHLIGHTS

- ❖ **Accreditation Program** - On October 28, 2009, the Department’s OIG became the first in the nation to achieve Inspectors General Accreditation by the Commission for Florida Law Enforcement Accreditation, Inc. (Commission). The accreditation program is the first of its kind in the nation for inspectors general offices and symbolizes professionalism, excellence and competence. Accreditation requires adherence to 42 standards, which enhances the quality of investigations and enables offices to evaluate and improve overall performance.

The Commission’s accreditation team called the OIG’s Investigations Unit modern, well-trained and enthusiastic. The team’s report stated:

This office has embraced their responsibilities to the citizens of Florida in a genuine fashion. Everything they do, including seeking accreditation, is done to further the public's trust in government. The effort and dedication put into the accreditation process should set an example for all inspector general offices seeking accreditation.

- ❖ **Davis Productivity Award** – This award recognizes and rewards state government employees who significantly and measurably increase productivity, promote innovation to improve the delivery of state services, and save money for Florida taxpayers and businesses.
 - The Internal and Single Audit Unit, in collaboration with the Department’s Information Technology Services, received this award for modifying the Integrated Internal Audit Management System (IIAMS) for use by all state internal audit teams.
 - The Investigations Unit also received this award for becoming the first OIG nationwide to achieve accreditation.
- ❖ **Agency for Persons with Disabilities Medicaid Waiver Hearings** – The Legislature assigned responsibility for these hearings to the Appeal Hearings Unit, effective July 1, 2010. The unit began the process to implement the transfer of the hearings from the Department of Management Services, Division of Administrative Hearings to the OIG’s Appeal Hearings Unit.
- ❖ **Outreach Program** - The Investigations Unit trains Community-Based Care providers, their subcontractors, and Department staff regarding the role of the OIG, the Whistle-blower’s Act, when to report suspected employee wrongdoing, and how to recognize violations of statute, rule, policy, or contract. Falsification of records under §839.13(2)(a) and §839.13(2)(c), F.S., is discussed at length. A total of 48 training sessions were completed with Department employees and 52 sessions were completed with Community-Based Care and subcontractor agencies. Overall, 2,647 individuals received the training during this fiscal year.

Executive Summary – continued

- ❖ **Investigative Star of The Year Award** – This award recognizes an investigative staff member, who demonstrates innovation, outstanding performance, teamwork, or going the extra mile.

This year's recipient, Regional Investigator Robert Holland, demonstrated outstanding performance through the quality and timeliness of his work products. Mr. Holland exemplified what it means to be a team player by his willingness to assist his colleagues in other field offices. During 2009, Mr. Holland conducted 39 outreach training sessions for 865 participants, numbers well over performance expectations for an investigator.

ACTIVITIES

Investigations Unit

- 101 investigations were opened for investigation or management review.
- 104 investigations and 3 management reviews were completed.
- 741 complaints were referred to Department management for handling as deemed appropriate.
- 184 complaints were referred to Department management for review and response.
- 153 complaints were processed by this office with no further action needed.
- 100 outreach training sessions were conducted for 2,647 Department employees, Community-Based Care agencies or subcontract provider agencies.

Internal and Single Audit Unit

- 13 reports were published, which included 43 recommendations and identified questioned costs, duplicate billings, and ineligible costs.
- 13 external report responses were coordinated for the Department.
- 78 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 were coordinated.
- 9 external follow-up audits were conducted.
- 255 Single Audit projects were reviewed and processed.

Appeal Hearings Unit

- 8,061 fair hearing requests were processed and completed.
 - 6,230 were settled or the customer abandoned the request by failing to appear for the hearing.
 - 1,831 fair hearings were conducted.
- 133 disqualification hearings for Temporary Assistance for Needy Families or for Food Assistance Program benefits were conducted.
- 209 nursing facility discharge or transfer hearings were requested.
 - 148 were settled or the customer abandoned the request by failing to appear for the hearing.
 - 61 nursing facility hearings were conducted.
- 1,778 waivers of administrative disqualification hearings were processed.

Introduction

The Department of Children and Families (Department), Office of Inspector General (OIG) has worked diligently to meet its statutory mandates and fulfill its mission of “Enhancing Public Trust in Government.” This annual report summarizes the OIG’s activities and accomplishments for Fiscal Year 2009-2010.

Statutory Requirements

The OIG is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring accountability, integrity, and efficiency in government. In accordance with §20.055, Florida Statutes (F.S.), the Inspector General is appointed by, reports to, and is under the general supervision of the agency head. The Inspector General reports directly to the Secretary. Organizationally positioned in the Office of the Secretary, the Inspector General:

- 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.
- Reviews actions taken to improve program performance and makes recommendations for improvement.
- Keeps agency head 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.
- 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.
- Ensures appropriate balance between audit, investigative, and other accountability activities.

Core Values

The following core values contribute to the OIG’s foundation:

- Accountability: We are committed to serving as highly respected stewards of taxpayer dollars. Constantly bearing in mind that our inquiries may adversely affect people’s livelihood, we accept full responsibility for our actions.
- Excellence: We strive to be an efficient, objective, and fact-finding office. We have high expectations for quality and timely work products. We stand committed to improve our performance to benefit our customers and stakeholders.
- Professionalism and Integrity: We maintain the independence and impartiality necessary to perform our mission objectively. We accommodate differences of opinion without compromising principle.
- Communication: We listen to, learn from, and collaborate with our customers, stakeholders, and each other. We believe that effective communication, upward, downward, and laterally, is of utmost importance to our individual and combined success.

- Orientation to Action: We are proactive and add value within and beyond our daily job function.
- Sense of Urgency: We recognize and act on issues that require immediate attention.
- Teamwork: We challenge each other to work cooperatively. Employees at all levels are involved in developing and continually improving work processes.
- Agility: We are flexible and innovative. We readily accept changes intended to improve our operations.

Professional Certifications

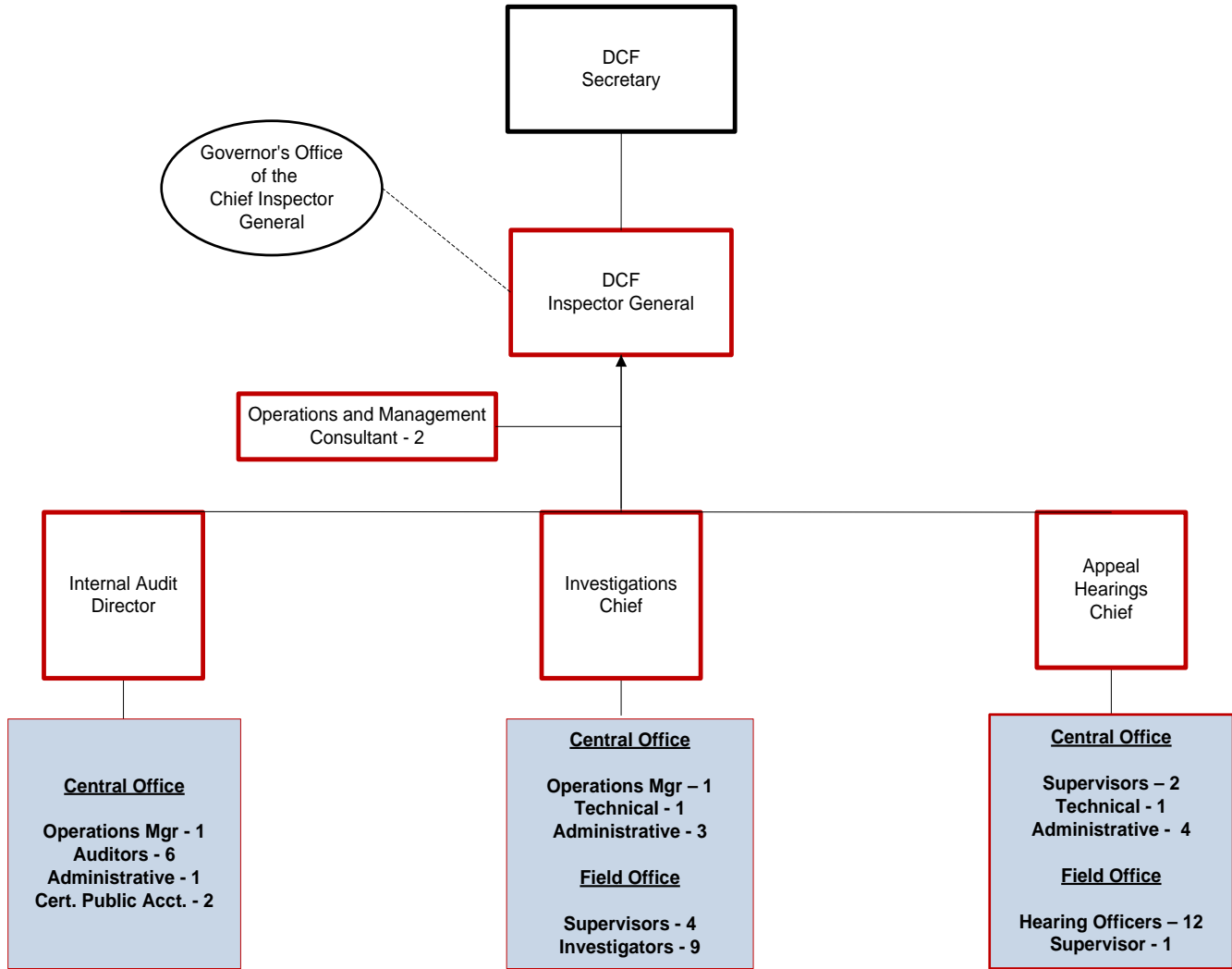
Staff members hold the following certifications:

- Certified Fraud Examiner
- Certified Government Auditing Professional
- Certified Hearing Officials
- Certified Information Systems Auditor
- Certified Inspectors General
- Certified Inspectors General Investigator
- Certified Internal Auditor
- Certified Public Accountant
- Certified Public Manager

In addition, two staff members hold positions on the Board of Directors of the Florida Chapter of the Association of Inspectors General. One is both the 2nd Vice President of the National Association and the President of the Florida Chapter. The second staff member is the Treasurer of the Florida Chapter.

Organizational Chart

The Office of Inspector General is comprised of three units: Investigations, Internal and Single Audit, and Appeal Hearings, totaling 54 positions. The Appeal Hearings and Investigations staff are located in field offices throughout the state.¹



Organizational Chart

¹ *Field Offices*
 Investigations – Tallahassee, Ft. Lauderdale, Orlando, Tampa
 Appeal Hearings - Tallahassee, West Palm Bch, Ft. Lauderdale, Largo, Miami, Tampa, Pensacola, Ft. Pierce, Gainesville, Orlando, Jacksonville

Investigations Unit

Intake Section

The Intake Section handles incoming calls and reviews all complaints received by the Investigations Unit. Intake has an internal goal of five days to review and determine whether to refer the complaint to management or recommend investigative assignment. The Intake Section reviewed a total of 1,179 complaints.

Of the total number of complaints received:

- 741 were referred to Department management for handling as deemed appropriate.
- 184 were referred to Department management for review and response.
- 153 were processed by this office with no further action needed.
- 101 were assigned for investigation or management review.

Investigations Section

The Investigations Section conducts investigations,¹ including those filed under the Whistle-blower's Act,² and management reviews.³ While investigations are administrative in nature, criminal violations are often discovered during the investigative process. When a determination is made that the subject of an investigation has committed a potential criminal violation, the investigation is coordinated with local law enforcement agencies, the Florida Department of Law Enforcement, or the appropriate State Attorney's Office for criminal prosecution.

Investigations and Management Reviews

- 101 investigations were opened for investigation or management review.
- 104 investigations and 3 management reviews were completed.⁴

Whistle-blower Investigations

- 11 investigations were initiated in accordance with the Whistle-blower's Act.
- 7 investigations were completed in accordance with the Whistle-blower's Act.

¹ Investigations are initiated when an allegation of a violation of rule, statute, policy and/or contract is made against a specific individual.

² The Whistle-blower's Act, §112.3187-112.31895, F.S., is intended to protect current employees, former employees, or applicants for employment with state agencies or independent contractors from retaliatory action. Whistle-blower designation is determined by the OIG in consultation with the Governor's Chief Inspector General's office. If a complaint meets whistle-blower criteria, the whistle-blower's identity is protected from release and an investigation is conducted pursuant to §112.3189, F.S.

³ Management reviews are conducted when there appears to be a systemic or work environment issue.

⁴ Of all allegations investigated, 58% resulted in supported findings. A summary of all investigations and management reviews completed are listed in the Appendix.

Subjects Referred for Criminal Prosecution

Of the subjects referred during the fiscal year:

- 23 subjects were referred to law enforcement (14 Department employees and 9 provider employees).
 - 17 were from the Family Safety Program and its contractors
 - 4 were from the Adult Protective Services Program
 - 1 was from the Economic Self-Sufficiency Program
 - 1 was from the Abuse Hotline
- Of the subjects referred, 13 arrests were made.
- Subjects referred for criminal investigation inclusive of previous years, but where the disposition occurred during this fiscal year received the following sentences:
 - 5 subjects received a total of 11 ½ years probation
 - 4 subjects entered into a Pre-Trial Agreement
 - 2 subjects received a total of 400 hours of community service
 - 1 subject received a 2-day jail sentence (time served)
- There are 23 cases as of June 30, 2010, pending criminal investigation with law enforcement or criminal prosecution with a State Attorney's Office.

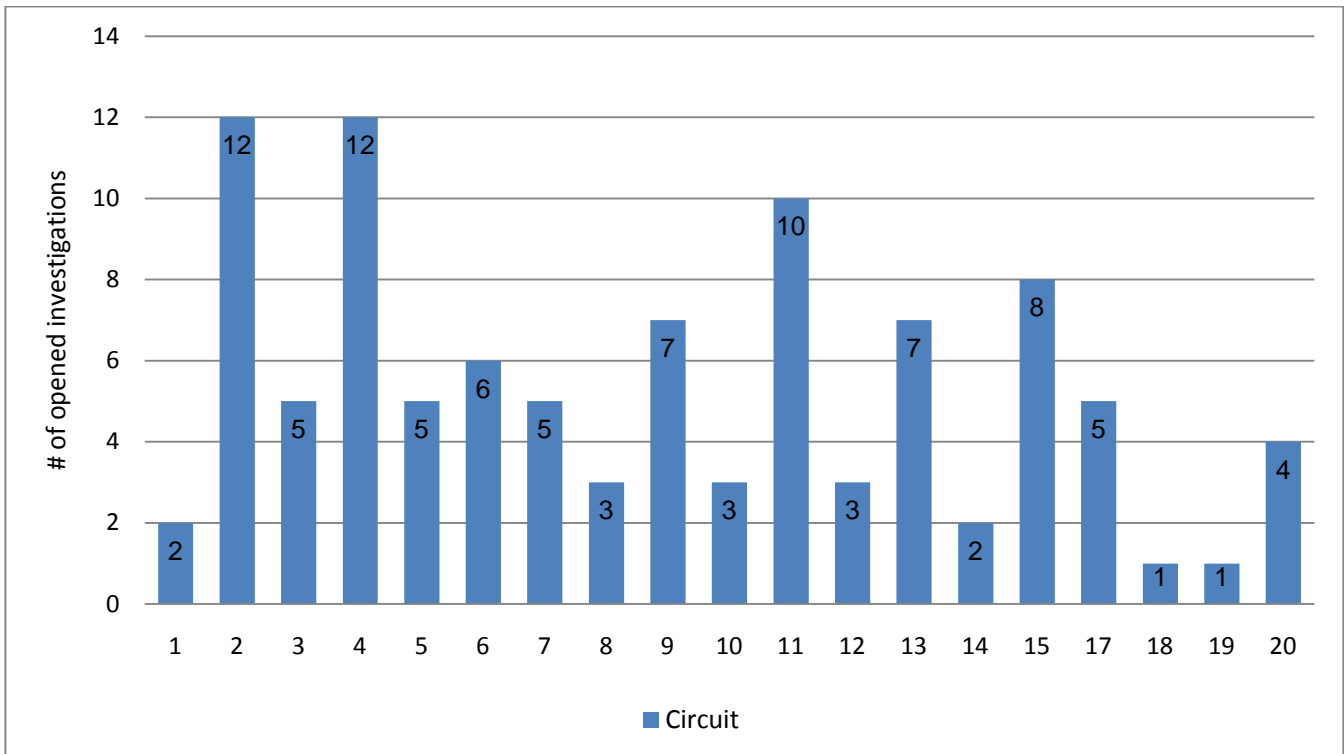
Recommended Corrective Action Plans

A crucial element of every investigation is the Corrective Action Plan (CAP). Recommended CAPs are developed throughout each investigation and management review. When immediate action regarding client safety arises, the appropriate manager is notified during the investigation. Information is also gathered to determine whether any corrective action has already been taken.

The final report and recommended CAPs are sent electronically to all appropriate parties and a 30-day response is required. A total of 114 CAPs were tracked by the Investigations Unit. As a result, the following personnel actions were taken by management:

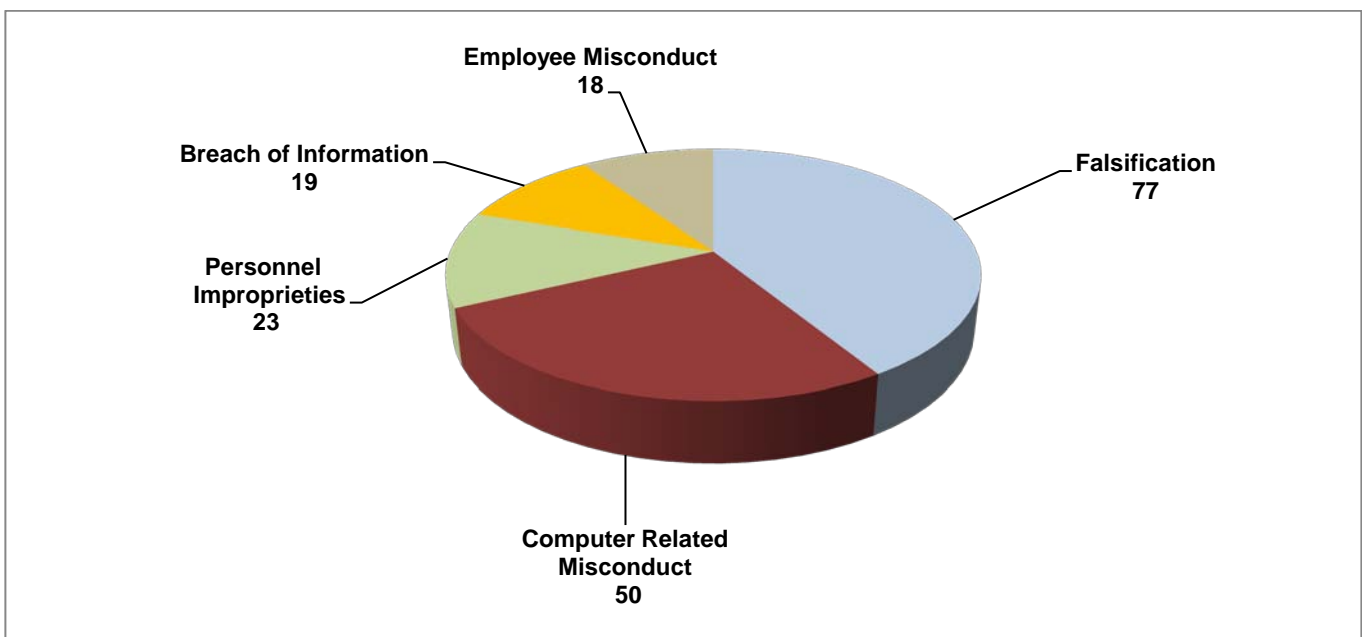
- 52 Dismissals
- 21 Resignations
- 15 Written Reprimands
- 1 Performance Improvement Plan Counseling

The following chart provides a comparative analysis of investigations opened by Circuit:



Cases Opened by Circuit

The top five allegation types and corresponding numbers of allegations investigated are as follows:



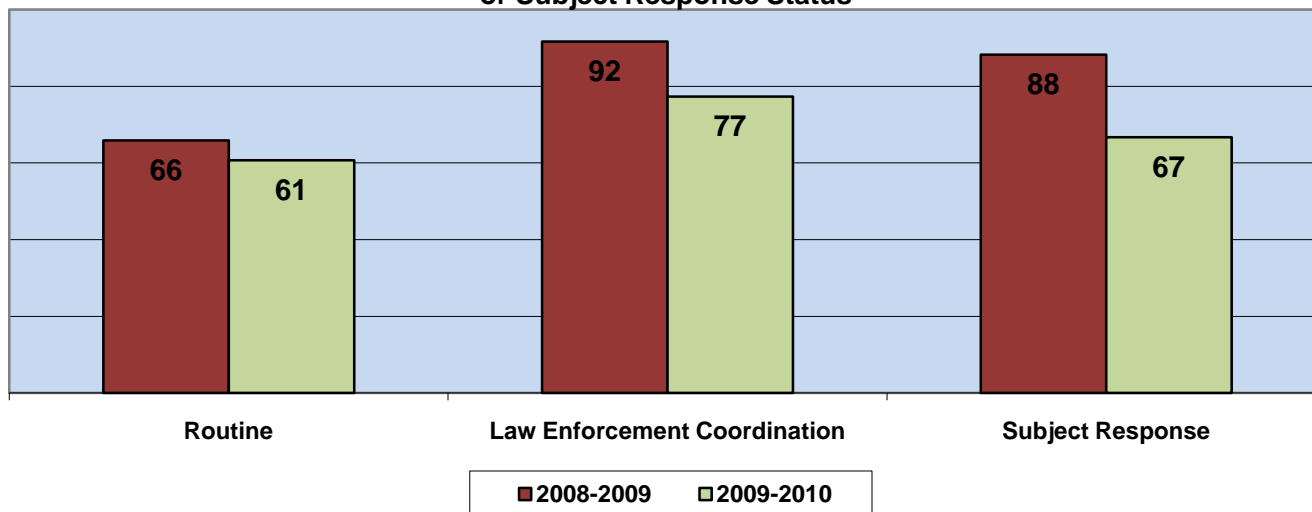
Top Five Allegation Types

Timeliness

In accordance with the Principles and Standards for Offices of Inspector General (the "Green Book") published by the Association of Inspectors General, the Investigations Unit strives to complete cases in a timely manner. The *Quality Standards for Investigations* section of the Green Book indicates "Investigations should be conducted in a timely manner" and the unit has set an internal goal of 60 calendar days from commencement to closure. Below are three categories that describe the processing of a case:

- **Routine Cases** – A routine case involves an allegation against a Department employee and does not involve reasonable belief that a criminal violation has occurred. These cases are fully investigated and closed upon review and approval by the Inspector General.
- **Cases with Law Enforcement Coordination (Investigative Work Completed)** – While the cases handled by the Investigations Unit are administrative in nature, criminal violations are often discovered during the investigative process. When a determination has been made that the subject of an investigation may have committed a potential criminal violation, those investigations are coordinated with local law enforcement agencies or the Florida Department of Law Enforcement (FDLE) for criminal investigation. At times, these cases may be referred directly to the State Attorney's Office for prosecution.
- **Cases with Subject Responses** – Effective July 1, 2008, amendments to §20.055, F.S., included the requirement that at the conclusion of each investigation, an "entity contracting with the state"¹ or an "individual substantially affected,"² as defined in statute, must be provided with the findings and an opportunity to respond prior to final release of the report. The "entity contracting with the state" or the "individual substantially affected" is afforded 20 working days in which to respond. The response and the Inspector General's rebuttal, if necessary, are included in the final investigative report. Fifty-one "individuals substantially affected" were provided the opportunity for comment. Nine responses were received, with seven disagreeing with the finding(s).

Investigations Average Days to Closure, Law Enforcement Coordination, or Subject Response Status



Investigations Average Days to Closure, Law Enforcement Coordination, or Subject Response Status

¹ An "entity contracting with the state" refers to any for-profit or not-for-profit organization that has entered into a relationship with a state agency to provide goods or services.

² An "individual substantially affected" refers to an employee of a provider or subcontractor.

Public Records Requests and Redaction Reviews

Investigations and complaint correspondences are considered public records under Chapter 119, F.S. The Investigations Unit responded to 35 public records requests and performed 110 redaction reviews of closed cases. Investigations and management reviews can be found on our website at <http://www.dcf.state.fl.us/admin/ig/reports/default.aspx>.

Inspector General Reference Checks

Current and former Department and provider employees being considered for re-hire, transfer, promotion, or demotion, are screened by the Investigations Unit to determine if they had been involved in an OIG investigation. The Investigations Unit processed 2,869 reference check requests from the Department and its providers.

Inspector General Outreach Program

Beginning in October 2006, the Investigations Unit initiated an outreach program with Community-Based Care providers, their subcontractors, and Department staff. This program involves meeting with management and their subordinate staff, and conducting training sessions to educate them on the role of the OIG, when to report suspected employee wrongdoing, protection afforded under the Whistle-blower's Act, and how to recognize violations of statute, rule, policy, or contract, specifically potential falsification of records under §839.13(2)(a) and §839.13(2)(c), F.S. A total of 48 training sessions were completed this fiscal year with Department employees and 52 sessions were completed with Community-Based Care and subcontractor agencies. Overall, 2,647 individuals have received this training.

The Department's Office on Homelessness and the Office of Domestic Violence were designated to receive American Recovery and Reinvestment Act of 2009 (ARRA) funds. The Investigations Unit focused outreach efforts statewide to these two program offices. The outreach initially involved the training of program office staff, as well as staff of Homelessness and Domestic Violence facilities, via in-person presentations. In an effort to reach a broader audience, the Investigations Unit created a web-based training module to educate recipients of ARRA funds on their responsibilities for tracking, reporting, and segregating monies. A total of 177 individuals have completed the web-based training module.

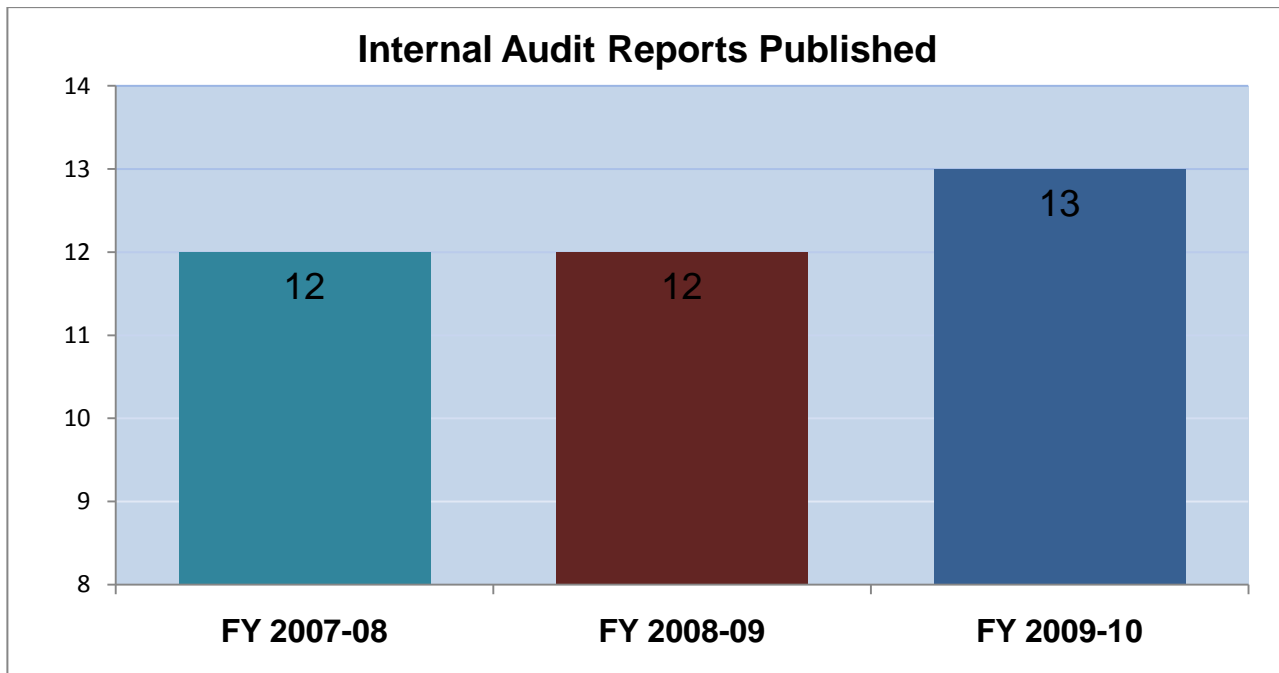
Internal and Single Audit Unit

Internal Audit Section

“Internal Auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.”¹ The Internal Audit Section's primary responsibility is to assist Department management in determining whether adequate controls exist and risks are mitigated to ensure the orderly and efficient conduct of business. The ultimate contribution is better management to maximize achievement of goals.

The Internal Audit Section provided resources to evaluate accountability related to American Recovery and Reinvestment Act of 2009 (ARRA) funding within the Department. Two internal audit staff members embedded themselves in the ARRA reporting process. In this role, working with program staff, internal audit staff performed data quality reviews and were able to identify issues and effect corrective action prior to the submission of data to the federal reporting system.

In addition, §20.055(7)(a), F.S., requires a description of activities related to the development, assessment, and validation of performance measures. These activities are integrated into the audit process.



One indicator of internal audit activity is the number of reports published each year. This measure is influenced by subject complexity of the audit and resources available to conduct the project.

¹ As defined by The Institute of Internal Auditors, www.theiia.org

The Internal Audit Section published thirteen reports, which included 43 recommendations for improvement. The reports also identified questioned costs, duplicate billings, and ineligible costs. The section coordinated with external auditors such as Florida's Auditor General, the Federal Department of Health and Human Services, Office of Inspector General and the Office of Program Policy Analysis and Government Accountability to avoid duplicative efforts and facilitate the auditing process. Thirteen external report responses were coordinated and seventy-eight liaison activities, such as requests for responses and information gathering for audits and reviews underway, were facilitated. Nine external follow-up audits were conducted.

Notable Reports Issued

A summary of all reports issued can be found in the Appendix Section or may be viewed at <http://www.dcf.state.fl.us/admin/ig/reports/auditsearch.aspx>.

Evaluation of Child Death Review Process

At the request of the Inspector General, audit staff evaluated the controls for the child death review process. Inefficiencies in the death review process were identified, including the collection and use of child death data and the existence of multiple governing authorities. Recommendations were made to improve the overall process including creation of a comprehensive list of "red flags" and refinement of the maltreatment matrix to be used in identifying at-risk children.

The program is in the process of implementing recommendations.

Bayview Center for Mental Health, Inc. - Project II (Substance Abuse and Mental Health Programs Financial and Data Management Systems)

This review identified weaknesses in the Department's mental health and substance abuse financial and data management systems that need to be addressed in order to successfully implement managing entities. The audit found that the Substance Abuse and Mental Health Information System (SAMHIS) did not fulfill statutory requirements as it lacked business modules for financial and contract management. Further, SAMHIS did not have standards for the uniform collection of data, was not designed as a billing system, and was not structured to verify provider requests for payment. The assurance report recommended the Department explore options and seek funding for the development of an integrated behavioral health services information system.

The program is in the process of implementing recommendations.

American Recovery and Reinvestment Act of 2009 (ARRA) Initial Implementation

The Internal Audit Section conducted the first in a series of projects to ensure that ARRA funds were used for intended purposes and that requirements were met. This project focused on ARRA funded grants for the Department's Homelessness and Domestic Violence Programs. Potential issues were identified related to contract and grant management. Recommendations were made to examine certain sub-grant management processes, and develop specific ARRA protocols.

The program is in the process of implementing recommendations.

Single Audit Section

The Single Audit Section is federally mandated in accordance with Circular A-133 sections 503, 1111, and 7501 *et seq.* of title 31, United States Code and Executive Orders 8248 and 11541. The section was created within the Department to monitor, use, and follow-up on audits of state financial assistance provided to non-state entities as required by §215.97, F.S. Public Accounting firms perform financial audits of Department contractors and providers. These audits and associated reports are generally required by contract, and are considered a crucial accountability component for state and federally funded initiatives. Financial accounting and reporting is complex and technical. Contract managers generally do not have the financial background or expertise to properly assess the financial statements and the related schedules, so this activity has been centrally located for many years.

The mission of the Single Audit Section is to interpret the critical information provided by independent external auditors and to keep management and contract managers apprised of pertinent financial information contained in the reports. The section's two staff members review more than 250 provider audit packages every year. In addition, the Single Audit Section staff provides clarification and guidance to independent auditors on the complex and changing requirements of state and federal audits. Almost half of the audit reports reviewed required communication back to the contract manager. Issues communicated ranged from minor issues where the contract manager simply needed to be informed, to more significant issues where corrective action was required from the provider. The Single Audit Section staff also provides feedback to external auditors when improvements are needed in the process.

Appeal Hearings Unit

The Appeal Hearings Unit provides administrative hearings for applicants or recipients of public assistance programs and individuals being transferred or discharged from nursing facilities. The unit also provides disqualification hearings for the Department when it is believed individuals have committed intentional program violations.

During the fiscal year, the unit began conducting hearings by teleconferencing. The automated notices prepared by the unit's web system were all reprogrammed to address issues related to telephone hearings.

Hearings Authority

The unit operates pursuant to the following statutory authorities:

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

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

The major controlling federal regulations are:

- Temporary Assistance to Needy Families Personal Responsibility and Work Reconciliation Act of 1996;
- Medicaid - 42 CFR §431.200, Fair Hearings for Applicants and Recipients; and,
- Food Stamps - 7 CFR §273.15, Fair Hearings and 7 CFR §237.16, Disqualification for intentional Program violation.

Hearings Jurisdiction

Based on the legal authorities, the unit conducts hearings for the following programs:

Automated Community Connection to Economic Self-Sufficiency (ACCESS)

- Temporary Assistance to Needy Families (TANF)
- Food Stamps
- Disaster Food Stamp Program
- Medicaid Eligibility
- Refugee Assistance Program
- Institutional Care Program
- Optional State Supplementation

Medicaid Benefits

- Agency for Health Care Administration
- Nursing Facility Discharge Hearings

Others

- Department of Health Special Supplemental Food Program for Women, Infants and Children (WIC)
- Eligibility for or amount of payments for Family Safety programs funded through the Social Security Act.
- Child Support Enforcement issues for the Department of Revenue

Appeal Hearings Unit Staff

The Appeal Hearings Unit reports directly to the Inspector General. This assures independence for the office and complies with federal regulations requiring a hearing officer to be a headquarters level employee.

The unit is comprised of 21 full-time positions, which includes a Chief of Appeal Hearings, 3 Appeal Hearings Supervisors, 13 Appeal Hearings Officers, and 4 administrative staff.

The hearing officers are located in several areas, including Ft. Lauderdale, Ft. Pierce, Gainesville, Jacksonville, Largo, Miami, Pensacola, Orlando, Tallahassee, Tampa, and West Palm Beach.

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

Workload Performance

The unit completed 8,403 hearing requests.

- 8,061 fair hearing requests were processed and completed.
 - 6,230 were settled or the customer abandoned the request by failing to appear for the hearing.
 - 1,831 fair hearings were conducted.
- 133 disqualification hearings for Temporary Assistance for Needy Families or for Food Assistance Program benefits were conducted.
- 209 nursing facility discharge or transfer hearings were requested.
 - 148 were settled or the customer abandoned the request by failing to appear for the hearing.
 - 61 nursing facility hearings were conducted.

Ninety eight percent of these cases were completed within the federal time standards.

Additionally, the unit processed 1,778 waivers of Administrative Disqualification Hearings.

Agency for Persons with Disabilities Medicaid Waiver Hearings

The Legislature assigned responsibility for these hearings to the Appeal Hearings Unit, effective July 1, 2010. The unit began the process to implement the transfer of the hearings from the Department of Management Services, Division of Administrative Hearings to the OIG's Appeal Hearings Unit.

Northwood Shared Resource Center

The shared resource center model allows agencies to maintain control and ownership of their applications but share administrative responsibilities. The shared resource center concept was implemented as a way to begin consolidating data centers to provide cost savings. Specifically, §282.201, F.S., outlines information about state data center systems, agency duties and responsibilities, and legislative intent, which states in pertinent part:

“The Legislature finds that the most efficient and effective means of providing quality utility data processing services to state agencies requires that computing resources be concentrated in quality facilities that provide the proper security, infrastructure, and staff resources to ensure that the state's data is maintained reliably and safely, and is recoverable in the event of a disaster.”

Established in §282.204, F.S., the Northwood Shared Resource Center (NSRC) began operating as a primary data center (PDC) on July 1, 2009 and is an agency established within the Department for administrative purposes only. The NSRC is not subject to the control, supervision, or direction of the Department; however, through a Memorandum of Understanding between the Department and the NSRC, the Department provides support services to the NSRC including services of the Department's OIG.

OIG staff conducted two consulting projects concerning NSRC activities in the fiscal year.

The first project described the current NSRC environment and evaluated the adequacy of its governance structure. The report noted that the current governance structure could be enhanced through creating better accountability for Board activities, modifying the voting structure, training for Trustees regarding their role as a Board member, and ensuring effective communication between Agency Heads and the Board. It was also noted that future cost savings are possible with this new model; however, implementation without start-up funding and adequate staffing suggests success may be deferred to a much later date.

The second consulting project addressed lessons learned from a service disruption in January 2010, as scheduled maintenance for the NSRC did not go as planned. This activity and subsequent related issues led to an extended service disruption for current data center customers. Lessons learned from this incident included the need for better planning and back-out procedures, a more robust communication plan, and awareness training for business continuity planning.

Appendix

Summary of Investigations and Corrective Actions Completed During FY 2009-2010

Headquarters

1. 2010-0025 An Abuse Hotline Operations Manager had a personal business relationship with a Department vendor, creating a conflict of interest. **Not supported.**
Corrective Action: None necessary.
2. 2009-0080 Abuse Hotline employees misused their state computers by browsing non-job related internet websites during business hours. **Supported.** A Crime Intelligence Unit Analyst I and Crime Intelligence Unit Technician used unauthorized software on their Department issued desktop computers. **Supported.**
Corrective Action: Nine of the ten employees involved were provided with a final counseling notice, while the remaining employee was terminated. All Abuse Hotline employees were provided with a copy of Children and Families Operating Procedure (CFOP) 50-22 and signed an acknowledgement form regarding that policy. CFOP 50-22 was also revised to include more specific language regarding personal use of the internet and was discussed during staff meetings.
3. 2009-0069 An Abuse Registry Counselor misused his state computer by browsing non-job related internet sites during business hours. **Supported.**
Corrective Action: The employee was terminated. Information Technology officials within the Abuse Hotline were trained on CFOP 50-22 concerning the notification procedures and appropriate handling of computer hardware when employee computer misuse is suspected to have occurred.
4. 2009-0061 An Abuse Hotline former Telecommunications Administrator deleted computer files containing source codes relating to the Abuse Hotline interface system. **Not Supported.**
Corrective Action: All program and application development is now maintained and stored at the Northwood Data Center. This case was coordinated with law enforcement for possible criminal prosecution. The law enforcement agency declined to forward the case to the State Attorney's (SAO) Office based on insufficient evidence.

Northwest Region

Circuit 1

1. 2009-0032 A Family Services Counselor of a contracted provider falsified a Home Study document in the Florida Safe Families Network (FSFN). **Supported.** The Family Services Counselor of a contracted provider did not timely conduct all background checks in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
2. 2008-0058 (Whistle-Blower) A Case Manager of a contracted provider falsified child protective supervision records. **Supported.** A Team Supervisor of a contracted provider failed to report falsified child protective supervision records. **Not Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law

Appendix

enforcement and the SAO for possible criminal prosecution. The SAO filed criminal charges and the case is currently pending in court.

Circuit 2

1. 2009-0015 A Dependency Case Manager of a contracted provider falsified child protective supervision records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO, and the subject received 30 months probation, 300 hours of community service, and \$550 in court costs.
2. 2009-0006 Two Child Protective Investigators falsified travel vouchers. **Supported.**
Corrective Action: Both employees were terminated. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
3. 2010-0004 A Clerk Typist Specialist misused his state computer by browsing non-job related internet websites during business hours. **Supported.** The Clerk Typist Specialist saved inappropriate images to his state-issued computer. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 3

1. 2009-0065 An Adoption Case Manager of a subcontracted provider accessed a FSFN Incident Report without a legitimate business reason. **Supported.** The Adoption Case Manager disclosed confidential information regarding a FSFN Incident Report to an unauthorized person. **Not Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the case was declined for criminal investigation.
2. 2009-0088 (Whistle-blower) An Operations Program Administrator breached confidentiality by allowing non-Department employees to transport a Department client to a placement. **Not Supported.** A Senior Vice President of Programs for a contracted provider failed to authorize an Over Capacity Waiver prior to placement of children in a foster home. **Supported.** The Senior Vice President of Programs for a contracted provider disregarded safety concerns when placing the female children involved. **Not Supported.**
Corrective Action: The contracted provider continues to use internal monitoring tools as well as monitoring conducted by the Department to ensure and demonstrate compliance with Florida Administrative Code. The findings of the most recent monitoring show a 97% compliance rate.
3. 2009-0101 A Child Protective Investigator falsified child protective supervision records within FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO filed criminal charges and the case is currently pending in court.
4. 2010-0014 A Program Director of a subcontracted provider falsified a child protective supervision record in FSFN. **Not Supported.**
Corrective Action: None necessary.

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5. 2010-0016 A Family Services Worker accessed FSFN without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated. The Pre-Service Training curriculum was reviewed by the Family Safety Program office for specific instructions regarding access of FSFN to review personal case history information. Florida International University, the Department's contracted Pre-Service Training curriculum development and maintenance team, added specific language in the Pre-Service Training curriculum with regard to employees not accessing FSFN person or case information about their own personal cases. This topic is also now addressed with newly hired staff completing Pre-Service Training on an ongoing basis. Department, Sheriff's Office, and contract provider staff were also reminded on a statewide basis about the prohibition against inappropriately accessing FSFN. Trainers, the University of South Florida Training Academy, and the Center for the Advancement of Child Welfare were provided with signage to post that also addressed this same topic. An issue of the Office of Family Safety Training Bulletin included information related to accessing FSFN without a legitimate business reason and the matter was discussed during a statewide trainers' call.
6. 2008-0088 A Case Manager of a subcontracted provider falsified records by omitting documentation concerning official actions taken in respect to dependent children in his caseload; information material to protective services cases. **Supported.** The Case Manager of a subcontracted provider concealed the location of a dependent child. **Supported.** Another Case Manager of a subcontracted provider allowed a dependent child in her caseload to visit the child's relative for a ten-week period of time, in violation of a written court order. **Supported.**
Corrective Action: One employee resigned while the other was placed on a 90-day Personal Improvement Plan. A copy of the report was placed in both employees' personnel files. The report was provided to the Community-Based Care (CBC) agency as well as the subcontracted provider agency, who reviewed the findings with its staff in meetings. The CBC organization addressed the issues systemically with case management staff by providing mandatory training. Several system protections were created to prevent/reduce misconduct on the part of staff and the following steps were taken by Family Safety in collaboration with the Assistant Secretary for Operations, the Office of General Counsel, and Children's Legal Services: Review of existing statute, codes, procedures, language of visits, placements, etc.; met with the Office of General Counsel and Children's Legal Services to determine the practicality and timelines for implementing changes to court order templates; met with the Assistant Secretary for Operations and Regional Directors to determine the most effective means for reminding caseworker staff about documentation requirements; and a statewide training initiative on the issue was commenced. This case was coordinated with the SAO for possible criminal prosecution, and the Case Manager that falsified records entered into a Pre-Trial Intervention (PTI), was ordered to pay \$600 in costs to the SAO, \$400 in court costs, and to perform 100 hours of community service. Special conditions of the PTI include having no contact with either child in the case and having no unlawful or menacing contact with Department employees.
7. 2008-0074 An Executive Director of a subcontracted provider instructed employees to falsify training documents. **Not Supported.** The Executive Director and Shelter Manager of a subcontracted provider misused equipment and/or funds without a legitimate business reason. **Supported.** A Finance and Operations Director of a subcontracted provider misused equipment and/or funds without a legitimate

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business reason. **Not supported.** A Director of Residential Services of a subcontracted provider failed to make a mandatory child abuse report to the Hotline. **Supported.**

Corrective Action: The provider agency conducted a quality technical review of the subcontractor's policies and procedures. In doing so, they also provided technical assistance and oversight to the subcontractor to ensure the necessary revisions were made to the subcontractor's policies and procedures to sufficiently address the issues cited by the OIG.

Circuit 4

1. 2008-0066
An Adoption Specialist of a contracted provider falsified FSFN documentation concerning a home visit. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
2. 2008-0062
A Family Services Counselor of a subcontracted provider falsified child protective supervision records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
3. 2008-0082
An Economic Self-Sufficiency Specialist II accessed confidential information using a Department computer system without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. Attempts were made to recoup the costs incurred by the Department as a result of the employee's personal use of the Accurant computer system. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
4. 2008-0031
A Child Protective Investigator falsified child protective investigation records. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. All staff received additional training and on-going reminders by management regarding falsification of records and unauthorized use of confidential data. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
5. 2009-0037
A Family Services Counselor of a contracted provider falsified child protective supervision records in two FSFN cases. **Supported.** The Family Services Counselor of a contracted provider falsified an additional child protective supervision record in FSFN. **Not Supported.** The Family Services Counselor of a contracted provider falsified Vicinity Mileage Trip Logs and State of Florida Vouchers for Reimbursement of Traveling Expenses. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. A letter seeking recoupment for the \$119 in fraudulent travel claims was sent to the employee. This case was coordinated with law enforcement and the SAO for possible criminal prosecution, and the employee entered a Pre-Trial Intervention.

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6. 2010-0003 A Licensure Specialist falsified official Department records pertaining to on-site licensure visits. **Supported.** The Licensure Specialist falsified official Department records pertaining to additional on-site licensure visits. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. Attempts were made to recoup the \$67.64 in travel claimed by the employee for visits that did not occur. This case was coordinated with law enforcement for possible criminal prosecution and the case was declined for criminal investigation.
7. 2009-0083 A Family Services Counselor accessed FSFN without a legitimate business reason. **Supported.** The Family Services Counselor disclosed confidential child protective investigative information to an unauthorized individual. **Not Supported.** The Family Services Counselor misused her official position by attempting to direct the outcome of a child protective investigation. **Not supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
8. 2009-0067 An Economic Self-Sufficiency Supervisor tampered with a case of personal interest by assigning the public assistance case involving her child's father for processing within her own unit. **Not Supported.**
Corrective Action: The ACCESS Operations Manager developed additional guidelines related to personal interest cases and confidential caseloads, and provided mandatory training to staff. The ACCESS central office developed mandatory In-Service Professional Standards Training that is required by all staff on an annual basis.

Circuit 5

1. 2009-0096 A Child Protective Investigator falsified records concerning face-to-face visits and collateral contacts for two FSFN Intake Reports. **Supported.** The Child Protective Investigator falsified records concerning an additional face-to-face school visit and collateral contact in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO filed criminal charges and the case is currently pending in court.
2. 2010-0033 An Adult Protective Investigator engaged in conduct unbecoming a public employee by using his Department issued identification in an improper manner. **Supported.**
Corrective Action: The employee received a written reprimand and a copy of the report was placed in the employee's personnel file.
3. 2010-0011 A Family Care Manager falsified chronological notes concerning two face-to-face visits in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
4. 2008-0013 A Program Counselor of a subcontracted provider falsified child protective supervision records in two FSFN cases. **Supported.** The Program Counselor of a subcontracted provider falsified child protective supervision records in an additional FSFN case. **Neither Supports Nor Refutes.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. A training was provided to staff to

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address the requirement to report case information accurately, both verbally and in writing. This case was coordinated with law enforcement and the SAO for possible criminal prosecution, and the employee entered into a Pre-Trial Intervention and was ordered to pay court costs.

Circuit 6

1. 2007-0043
A Family Services Case Manager of a subcontracted provider falsified face-to-face contacts in HSn [HomeSafenet (now FSFN)] in two separate case files.
Supported.
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO, and a *capias* for the employee's arrest remains outstanding.
2. 2008-0085
An Adult Protective Investigator falsified records concerning telephone contacts for an Abuse Hotline Intake Report and submitted a false "Updated In Home Safety Assessment" for that same Abuse Hotline Intake Report. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO, and the employee received 1 year probation and was ordered to pay a \$550 fine, \$100 cost of prosecution, and a \$100 public defender lien.
3. 2010-0038
An Adult Protective Investigator released confidential information to unauthorized individuals. **Not Supported.**
Corrective Action: The employee received documented counseling and a copy of the report was placed in the employee's personnel file for providing misleading or inaccurate information to case participants.
4. 2010-0015
An Adult Protective Investigator accessed an Intake Report without a legitimate business reason. **Not Supported.** The Adult Protective Investigator engaged in conduct unbecoming a public employee by knowingly submitting a false shelter verification for an ACCESS customer. **Supported.**
Corrective Action: The employee received a written reprimand and a copy of the report was placed in the employee's personnel file.
5. 2010-0023
An Economic Self-Sufficiency Specialist II accessed Accurint to conduct research on individuals without a legitimate business reason. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. ACCESS Integrity Supervisors received an updated Accurint policy memorandum indicating that all Accurint searches conducted by ACCESS Integrity staff must contain the correct corresponding ACCESS case number in the reference code area. They were further advised that Accurint searches completed must be documented in the investigative notes of the corresponding case or other applicable area for review.
6. 2009-0086
An Economic Self-Sufficiency Specialist accessed a public assistance case without a legitimate business reason. **Supported.** The Economic Self-Sufficiency Specialist used case related information to harass a Department customer while calling the customer's residence and used a Department computer to post negative comments about the customer on MySpace.com. **Not Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.

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Circuit 7

1. 2010-0002
A Child Protective Investigator provided confidential information to an unauthorized person. **Supported.** The Child Protective Investigator violated security procedures by failing to secure her confidential child abuse investigative files. **Supported.**
Corrective Action: The employee received a final notice of counseling.
2. 2010-0006
A CARE Counselor II for a subcontracted provider submitted fraudulent Vouchers for Reimbursement of Travel Expenses. **Not Supported.** The CARE Counselor II for a subcontracted provider falsified Service Log chronological notes concerning documented weekly home visits to six clients. **Not Supported.**
Corrective Action: The required mileage forms were revised to reflect addresses of clients as opposed to names. All staff, including administrative personnel, were trained regarding the revised forms. Any mileage forms completed without addresses will be returned for correction and not approved for payment.
3. 2009-0041
A Child Protective Investigator disclosed confidential reporter information. **Not Supported.** The Child Protective Investigator accessed FSFN on at least one occasion, without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated.
4. 2009-0039
A Case Manager of a contracted provider falsified child protective supervision records in FSFN. **Supported.** The Case Manager of a contracted provider breached confidentiality by allowing a family member to accompany him during home visits with Department clients. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO filed criminal charges and the case is currently pending trial.

Circuit 8

1. 2009-0055
A Decision Team Consultant of a contracted provider accessed a case within FSFN without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
2. 2009-0021
A Family Care Counselor of a contracted provider falsified child protective supervision records in FSFN. **Not Supported.** The Family Care Counselor of a contracted provider mishandled a FSFN case. **Not Supported.** The Family Care Counselor and a Family Support Worker of a contracted provider were involved in an inappropriate personal relationship with clients. **Not Supported.**
Corrective Action: None necessary.

Circuit 9

1. 2008-0106
A Chief Operating Officer and Chief Executive Officer of a subcontracted provider prohibited a staff member from making a mandatory child abuse report. **Supported.** The Chief Operating Officer and Chief Executive Officer of a subcontracted provider failed to make a mandatory child abuse report to the Abuse Hotline. **Supported.**
Corrective Action: Training with respect to the requirements of mandatory reporters and the protective investigative process was provided to all staff of the subcontracted provider. The provider agency conducted a quality technical review

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of the subcontractor's policies and procedures. In doing so, they also provided technical assistance and oversight to the subcontractor to ensure the necessary revisions were made to the subcontractor's policies and procedures to sufficiently address the issues cited by the OIG.

2. 2009-0030 (Whistle-blower) A mental health provider agency jeopardized employee and/or patient safety by the use of intervention techniques and by the practice of allowing food trays to be left in hallways, which could be potentially used as weapons. **Not Supported.** The mental health provider agency failed to dispose of patient records properly. **Not Supported.** The mental health provider agency failed to conduct a proper background screening of an employee who is a convicted felon. **Not Supported.** A Staff Development Coordinator of the mental health provider agency falsified a former employee's training records. **Not Supported.**
Corrective Action: None necessary.
3. 2008-0070 A Family Case Manager of a contracted provider falsified child protective supervision records. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. A letter was sent to the employee requesting repayment of the \$126.40 in mileage overpayment. This case was coordinated with law enforcement and the SAO for possible criminal prosecution, and the employee received 4 years felony probation, 2 days time served in jail, and was ordered to pay \$2,836.97 in restitution.
4. 2009-0059 An Administrative Assistant accessed Department of Highway Safety and Motor Vehicles records without a legitimate business reason. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
5. 2009-0056 A Dependency Case Manager Supervisor and a Dependency Case Manager of a subcontracted provider failed to make a mandatory abuse report to the Abuse Hotline. **Neither Supported nor Refuted.**
Corrective Action: None necessary.
6. 2009-0046 A Family Case Manager of a subcontracted provider falsified child protective supervision records. **Neither Supported nor Refuted.** The Family Case Manager of a subcontracted provider attempted to interfere with an official investigation by contacting a witness in order to sway their testimony. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
7. 2010-0009 A Child Protective Investigator falsified a child protective investigation record in FSFN. **Supported.** The Child Protective Investigator disclosed confidential reporter information to an unauthorized individual. **Not supported.** The Child Protective Investigator created a conflict of interest by referring Department clients to a former colleague, an attorney, for legal assistance. **Supported.** The Child Protective Investigator misused his official position by attempting to influence an ongoing child custody case. **Neither Supported nor Refuted.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. The Family Safety Program Office reviewed and revised its practices concerning Child Protective Investigators conducting visual body checks of children. Improvements were also made to the processes used by Child Protective Investigators to confirm the identity of the individuals involved in

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cases and the Child Welfare Pre-Service Training curriculum was enhanced with these changes as well.

8. 2009-0087 A Placement Coordinator of a subcontracted provider falsified an Over Capacity Waiver in order to circumvent a foster home licensing capacity. **Not Supported.** A Placement Specialist of a subcontracted provider falsified an Over Capacity Waiver in order to circumvent a foster home licensing capacity. **Not Supported.**
Corrective Action: None necessary.
9. 2010-0024 A Family Case Manager and a Family Case Manager Supervisor of a subcontracted provider falsified a Status Report concerning a Department client. **Not supported.** The Family Case Manager and Family Case Manager Supervisor of a subcontracted provider provided false information during an official court proceeding. **Not supported.**
Corrective Action: None necessary.

Circuit 10

1. 2009-0100 A Child Protective Investigator falsified records concerning a face-to-face school visit and collateral contacts in FSFN. **Supported.** The Child Protective Investigator falsified additional records concerning a face-to-face visit in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the criminal investigation is currently pending.
2. 2009-0044 A Family Intervention Team Family Counselor of a subcontracted provider accessed an Intake Report in FSFN without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
3. 2008-0089 (Whistle-blower) A Program Manager and Clinical Supervisor of a contracted provider approved the placement of an alleged juvenile sexual offender with other younger children. **Neither Supported nor Refuted.** The Program Manager of a contracted provider discouraged foster parents from adopting children in out-of-home care. **Not Supported.** The Program Manager and Clinical Supervisor of a contracted provider "strongly discouraged" therapists from contacting the Abuse Hotline and moved a child who had called the Abuse Hotline, to dispel any possible allegations, for the benefit of the contracted provider. **Not Supported.** The Program Manager and Clinical Supervisor of a contracted provider discouraged therapists from entering into therapeutic relationships with children and foster care families. **Not Supported.**
Corrective Action: The Family Safety Program Office partnered with the Justice Research Center to identify evidence based approaches for working with youth involved in the dependency system who are victims or perpetrators of child-on-child sexual abuse. Ways to enhance the response to these children were identified, including treatment resources for the offenders and victims. The Community-Based Care organization developed a safety plan template that is now used and introduced to all new staff during Pre-Service and In-Service Training for Child Protective Investigators, Case Managers, and supervisors.

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Circuit 11

1. 2008-0038
A Case Manager of a subcontracted provider falsified a Visitation Report Summary and FSFN records concerning an alleged in-home visit with a child at a foster home. **Supported.** The Case Manager of a subcontracted provider mishandled a case by neglecting the health, safety, and well-being of a child. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
2. 2009-0029
An Adoptions Homefinder with a subcontracted provider accessed FSFN records without a legitimate business reason. **Not Supported.**
Corrective Action: None necessary.
3. 2009-0036
A Child Protective Investigator failed to conduct a thorough child protective investigation. **Supported.** The Child Protective Investigator falsified child protective supervision records in FSFN. **Supported.** A Child Protective Investigator Supervisor failed to ensure that the Child Protective Investigator conducted a thorough child protective investigation prior to the Child Protective Investigator closing the case. **Supported.**
Corrective Action: The Child Protective Investigator Supervisor received a written reprimand and the Child Protective Investigator was terminated. A memorandum was sent by the Assistant Secretary for Operations to all Regional Directors and Circuit Administrators instructing them to ensure that Family Safety Program staff are reminded that onsite visits and face-to-face interviews with the child and family shall be unannounced. This case was coordinated with law enforcement and the SAO for possible criminal prosecution and remains pending a filing decision.
4. 2009-0034
A Case Manager of a subcontracted provider falsified FSFN chronological notes and Visitation Report Summaries concerning monthly visits with a child under protective supervision. **Supported.** The Case Manager of a subcontracted provider falsified a FSFN chronological note concerning a monthly visit with a child under protective supervision. **Not Supported.**
Corrective Action: The employee resigned and is not eligible for re-hire. Training was conducted for all staff on the topic of falsification of records. Each month, supervisors are now required to complete a mandatory caregiver survey for a case assigned to each of the Case Managers in their unit. The Community-Based Care organization began reviewing photographs taken every 30 days and face-to-face home visits in order to verify that the Global Positioning System of the photographs also match the location of the child's current placement.
5. 2009-0020
A Child Protective Investigator falsified Chronological Notes and an Initial In Home Safety Assessment in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. All Child Protective Investigators within the employee's unit attended a training provided by the Office of Inspector General relating to falsification of records and ethics. This case was coordinated with the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
6. 2009-0025
A Child Protective Investigator falsified a Chronological Note and an Investigative Summary Report in FSFN. **Supported.** In an attempt to "cover up" a potential falsification in FSFN, upon being informed, a Circuit Administrator, Program Administrator, an Acting Program Operations Administrator, and an Office of

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Inspector General (OIG) Regional Investigator failed to take appropriate action. **Not Supported.**

Corrective Action: A copy of the report was placed in the Child Protective Investigator's personnel file and that employee resigned during the investigation. Regarding the allegation concerning the OIG Regional Investigator, based on accreditation standards, the Intake Manager or designee is now required to notify and discuss with the Chief of Investigations any complaints identifying Investigations Unit staff. Once notified, the Chief of Investigations will in turn be required to staff those complaints with the Inspector General for a decision on appropriate handling. This case was coordinated with the SAO for possible criminal prosecution. The SAO declined to file criminal charges.

7. 2009-0045 An Economic Self-Sufficiency Specialist I processed ACCESS cases of personal interest. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. The workload management module of the ACCESS Management System was deployed statewide, which allows reports of pending cases at the employee level. The ACCESS Program Office began pulling reports containing individual caseload sizes for distribution to the ACCESS managers and Circuit Administrators for evaluation. These reports are also now used by the Employee Fraud Prevention Task Force as an ongoing tool for fraud prevention. A web-based training relating to cases of personal interest was developed and is now required for all ACCESS Program Office staff. Within the Circuit, procedures were established for all supervisors to review the personal interest case policy with their staff on an annual basis, to have their staff sign the Personal Interest Case form, and for Program Administrators to review the policy during staff meetings and follow procedure regarding the monitoring by supervisors of eligibility staff for compliance with the personal interest case policy.
8. 2009-0054 A Case Manager of a subcontracted provider falsified a chronological note in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with the SAO. The SAO declined to file criminal charges.
9. 2009-0068 A Child Protective Investigator falsified a child protective investigation record in FSFN. **Not Supported.** The Child Protective Investigator mishandled an investigation in FSFN. **Not Supported.**
Corrective Action: It was determined that the employee had made a mistake, therefore, the employee was placed on an in-house Corrective Action Plan and completed the documentation training at the Professional Development Center.
10. 2009-0072 A Case Manager of a subcontract provider falsified chronological notes in FSFN and a home visitation form concerning a face-to-face home visit. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. The subcontract provider implemented a policy whereby supervisors make random contact with caregivers on a monthly basis to verify that home visits are being conducted according to policy and procedure.
11. 2009-0062 (Whistle-blower) Unknown employees of a contracted provider falsified Medicaid applications submitted to the Department. **Not Supported.**

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Corrective Action: The ACCESS Program Office staff began conducting on-going monitoring with the contracted provider in coordination with the Agency for Health Care Administration (AHCA). A task force was created to identify supporting documentation on all cases and ensure the supporting documents were scanned. A sample of completed applications from each processor is now reviewed on a monthly basis to ensure accuracy and compliance. Management also began reviewing applications containing questionable information and emergency letters for the purpose of identifying inconsistencies. Service Center staff currently monitor applications submitted by the contracted provider, analyze the scanned documentation, and take appropriate actions on discrepancies found. ACCESS Program Office staff are now available to the Service Center staff for consultation on cases where discrepancies are found in the documentation submitted by the contracted provider.

12. 2010-0022 An Adult Protective Investigator falsified adult protective investigation records in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with the SAO and criminal charges are pending.
13. 2010-0012 A Case Manager of a subcontracted provider falsified a Chronological Note and a Visitation Report. **Not Supported.**
Corrective Action: None necessary.
14. 2010-0007 A Child Protective Investigator falsified travel documents. **Not Supported.**
Corrective Action: The Assistant Secretary for Administration reminded Department staff of the requirements of accurately documenting mileage and has ensured that travel vouchers received in the Administrative Services Support Centers that are not in compliance with Children and Families Operating Procedure (CFOP) 40-1 will not be approved for payment. The Assistant Secretary for Administration also reviewed and revised CFOP 40-1 to provide clarification regarding the documentation of travel. Training has been scheduled for October 2010 with Circuit Family Safety staff concerning the revisions to CFOP 40-1 relating to documentation of travel. The Regional Operations Manager for Family Safety began having discussions during staff meetings regarding the current requirements and procedures for proper documentation of travel records as set forth in the present version of CFOP 40-1 and now requires all Program Operations Administrators, Child Protective Investigator Supervisors, and Child Protective Investigators to acknowledge receipt and review of CFOP 40-1.

Circuit 12

1. 2009-0063 A Child Protective Investigator accessed a FSFN Report without a legitimate business reason. **Supported.** The Child Protective Investigator provided confidential information regarding a child abuse investigation to an unauthorized person. **Not Supported.** **Corrective Action:** The employee received a written reprimand.
2. 2009-0089 (Whistle-blower) A Support Services Aide of a subcontracted provider falsely documented a face-to-face visit in FSFN. **Not Supported.** A Program Director and an Assistant Director of a subcontracted provider were involved in altering and submitting two fraudulent petty cash receipts. **Not Supported.**
Corrective Action: None necessary.

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3. 2008-0041 A former Child Welfare Case Manager falsified records concerning a face-to-face visit in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO, and the employee received 1 year misdemeanor probation and was ordered to pay \$530 in court costs and \$600 cost of supervision.

Circuit 13

1. 2007-0068 An Executive Director of a subcontracted provider falsified home study records of prospective adoptive parents. **Supported.**
Corrective Action: This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.
2. 2009-0099 An Operations and Management Consultant Manager accessed Department computer programs without a legitimate business reason. **Not Supported.** The Operations and Management Consultant Manager breached confidentiality by disclosing confidential information to unauthorized persons. **Not Supported.**
Corrective Action: None necessary.
3. 2010-0013 An Economic Self-Sufficiency Specialist Supervisor accessed a Public Assistance case without a legitimate business reason. **Supported.** An Economic Self-Sufficiency Specialist I accessed a case of personal interest without a legitimate business reason and released confidential information without authorization to unauthorized individuals. **Supported.**
Corrective Action: Both employees were terminated and a copy of the report was placed in their personnel files.
4. 2010-0021 A Family Development Specialist of a subcontracted provider was not in contractual or policy compliance by failing to conduct a required quarterly relicensing home visit, and by entering incorrect home visit dates on a foster home relicensing packet. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement for possible criminal prosecution. The law enforcement agency declined to forward the case to the SAO based on insufficient evidence.
5. 2010-0028 A Case Manager of a subcontracted provider accessed a FSFN case without a legitimate business reason. **Supported.** The Case Manager of a subcontracted provider breached confidential client information relating to a FSFN case to an unauthorized person. **Not Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
6. 2010-0026 A Case Manager of a subcontracted provider falsified records concerning face-to-face visits in FSFN. **Not Supported.** The Case Manager of a subcontracted provider mishandled a case by failing to conduct required home visits.
Supported.
Corrective Action: A copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement for possible criminal prosecution. The law enforcement agency declined to forward the case to the SAO based on insufficient evidence.

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7. 2009-0066 An Economic Self-Sufficiency Specialist accessed and made changes to an ACCESS case for an individual with whom she is personally acquainted. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 14

1. 2009-0048 A Child Protective Investigator falsified child protective supervision records in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. Information Technology created a statement appearing on the FSFN desktop indicating that the Child Protective Investigator must identify the worker who actually created the note being copied by entering their name within FSFN. The statement also discloses the requirement of the Child Protective Investigator to contact that worker who created the note to verify the accuracy of the information, clearly reference at the beginning of the note being copied that the information is being copied and pasted from an open investigation with a cite of that FSFN case number, document why the information being copied is pertinent to the action in the case in which the note is being pasted, and document the date and time of the original note being copied. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO filed criminal charges and the case is currently pending in court.
2. 2009-0018 A Child Protective Investigator falsified documentation for a FSFN incident report. **Neither Supported nor Refuted.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges based on insufficient evidence.

Circuit 15

1. 2009-0024 A Family Support Specialist and Program Director for a subcontracted provider falsified five Monthly Child Status Reports and invoices. **Not Supported.**
Corrective Action: Testimony of the employees indicated that they were overwhelmed and consumed by performance measure requirements and became totally report-focused rather than child-focused. As a result, a Notice of Final Warning and Corrective Action Plan were provided to the employee. The subcontracted provider reviewed child safety measures with all staff.
2. 2009-0052 A Dependency Case Manager of a subcontracted provider falsified FSFN Chronological Notes and/or home visit reports. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
3. 2009-0051 A Child Protective Investigator and Clerk Typist Specialist accessed FSFN without a legitimate business reason. **Supported.**
Corrective Action: The employees received written reprimands. The Family Safety Program Office determined that the practice of Child Protective Investigators accessing FSFN intakes prior to assignment should only be allowed under special circumstances approved by Circuit Administrators.

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4. 2009-0070 An Economic Self-Sufficiency Supervisor requested monetary compensation in exchange for donations of personal sick leave to Department employees. **Not Supported.**
Corrective Action: None necessary.
5. 2009-0073 A Child Protective Investigator falsified a Home Study in a FSFN case. **Not Supported.**
Corrective Action: None necessary.
6. 2009-0094 An Adult Protective Investigator falsified adult protective investigation records in a FSFN case. **Supported.** The Adult Protective Investigator falsified adult protective investigation records in an additional FSFN case. **Supported.**
Corrective Action: The employee was terminated. This case was coordinated with law enforcement and the SAO for possible criminal prosecution and remains pending a filing decision by the SAO.
7. 2010-0005 An Adult Protective Investigator falsified two Chronological Notes Reports in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.

Circuit 16

No investigations were conducted in this Circuit during the fiscal year.

Circuit 17

1. 2009-0081 Two Adult Protective Investigators and a Registered Nurse Specialist accessed high profile cases in FSFN without a legitimate business reason. **Supported.** Two Senior Human Services Program Specialists and a Registered Nurse Specialist accessed high profile cases in FSFN without a legitimate business reason. **Not Supported.** A Clerk Typist Specialist and a Senior Clerk accessed high profile cases in FSFN without a legitimate business reason. **Neither Supported nor Refuted.**
Corrective Action: The two Adult Protective Investigators and Clerk Typist Specialist received written reprimands. A policy memorandum was disseminated by the Adult Protective Services Office to all field staff within that program addressing the issue of accessing FSFN case records without a legitimate business reason. All Adult Protective Services employees within the South Region, Southeast Region, and Northeast Region reviewed and signed the most recent version of the Department's Security Agreement Form.
2. 2009-0076 A Data Specialist for a contracted provider misused confidential client information. **Referred to the Internal Revenue Service for investigation.** The Data Specialist for a contracted provider accessed cases without a legitimate business reason. **Neither Supported nor Refuted.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the criminal investigation remains pending.

Circuit 18

1. 2009-0057 A Child Protective Investigator failed to make mandatory abuse reports regarding incidents involving drug use, drug sales, and domestic violence in her home. **Supported.** The Child Protective Investigator misused Department equipment by

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allowing her son to use her Department-issued cellular telephone. **Supported.** The Child Protective Investigator accessed a FSFN case without a legitimate business reason. **Neither Supported nor Refuted.** The Child Protective Investigator breached confidentiality by disclosing confidential child abuse investigation information to unauthorized persons. **Supported.** The Child Protective Investigator violated security procedures by failing to secure her confidential child abuse investigative files and access to Department systems. **Supported.**

Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.

2. 2009-0047 A Dependency Case Manager of a subcontracted provider accessed a FSFN case without a legitimate business reason. **Supported.** A Child Protective Investigator Supervisor accessed a FSFN case without a legitimate business reason. **Supported.**
Corrective Action: The Dependency Case Manager was terminated and a copy of the report was placed in the employee's personnel file. The Child Protective Investigator Supervisor received a written reprimand.
3. 2008-0099 A Dependency Case Manager of a subcontracted provider falsified child protective supervision records in FSFN. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.

Circuit 19

1. 2009-0002 A Child Protective Investigator falsified child protective investigation records in FSFN. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the SAO for possible criminal prosecution. The SAO declined to file criminal charges.

Circuit 20

1. 2009-0033 An Adoption Specialist of a subcontracted provider falsified information contained in an Adoption Home Study document. **Supported.** The Adoption Specialist of a subcontracted provider falsified information contained in two additional Adoption Home Study documents. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. The Community-Based Care organization initiated a process to track and account for all home-study activities.
2. 2009-0027 An Economic Self-Sufficiency Specialist falsified records in the Intake Management and/or FLORIDA systems concerning the completion of interviews with the customers in six ACCESS cases. **Supported.** The Economic Self-Sufficiency Specialist falsified records in the Intake Management and/or FLORIDA systems concerning the completion of interviews with the customers in fourteen additional ACCESS cases. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the case was declined for criminal investigation.

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3. 2009-0038 An Adult Protective Investigator disclosed confidential information regarding an adult protective investigation to an unauthorized person. **Not Supported.**
Corrective Action: None necessary.
4. 2009-0050 A Child Welfare Case Manager failed to report alleged child sexual abuse to the Abuse Hotline. **Supported.**
Corrective Action: The employee was terminated.
5. 2009-0071 A Family Support Worker of a subcontracted provider accessed two Intake Reports contained within a FSFN case without a legitimate business reason. **Supported.** The Family Support Worker of a subcontracted provider breached confidential information to an unauthorized person. **Not Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and was declined for criminal investigation.
6. 2009-0060 An Other Personal Services Crime Intelligence Technician accessed Accurant to conduct research on an individual with no legitimate business reason. **Supported.** The Other Personal Services Crime Intelligence Technician breached confidential information to an unauthorized individual. **Not Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
7. 2009-0093 An Economic Self-Sufficiency Specialist accessed a Public Assistance case of personal interest without a legitimate business reason. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Northwood Data Centre

1. 2010-0018 A Northwood Network Systems Analyst obtained a Department laptop computer without authorization. **Not Supported.** The Northwood Network Systems Analyst used, and allowed a non-Department employee to use, a Department laptop computer for personal use. **Supported.**
Corrective Action: The employee received both a written reprimand and verbal counseling.

Institutions

1. 2010-0008 A Florida State Hospital Senior Clerk disclosed confidential resident information to an unauthorized person. **Not Supported.** A Florida State Hospital Unit Treatment and Rehab Specialist disclosed confidential resident information to an unauthorized person, specifically an American Federation, State, County, and Municipal Employees Union (AFSCME) Steward. **Supported.**
Corrective Action: The Florida State Hospital Unit Treatment and Rehab Specialist was terminated and a copy of the report was placed in the employee's personnel file. A meeting was held to discuss AFSCME's training needs and how the Department can assist, recognizing that all state employees currently receive HIPAA training on an annual basis. Also discussed was the development and use of a confidentiality affidavit for union stewards.
2. 2009-0092 (Whistle-blower) Residents at Florida State Hospital are prescribed G-tubes unnecessarily in order for Unit 31 to receive funds from Medicaid for this procedure. **Not Supported.**
Corrective Action: None necessary.

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ACCESS Customer Call Center

1. 2009-0064 An Economic Self-Sufficiency Specialist I accessed family members' cases without a legitimate business reason and took action on those cases which were considered of personal interest. **Supported.** The Economic Self-Sufficiency Specialist I fraudulently received food stamp benefits by adding fictitious individuals to existing cases. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. A statewide memorandum was sent out to remind staff about the policy regarding personal interest cases and maintaining certain cases in a confidential caseload. A document was created for staff to sign when they are made aware of personal interest cases. Mandatory training was implemented by the ACCESS Program Office for staff to reinforce these issues. This case was coordinated with law enforcement and the SAO for possible criminal prosecution, and the employee received 3 years felony probation and was ordered to pay \$9,531 in restitution.
2. 2009-0085 An Economic Self-Sufficiency Specialist engaged in conduct unbecoming a public employee by knowingly submitting false information on a Department application for public assistance. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
3. 2009-0043 An Economic Self-Sufficiency Specialist engaged in conduct unbecoming a public employee by knowingly submitting false applications for assistance to the Tampa Housing Authority. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. An e-mail was sent out to the SunCoast Region Customer Call Center staff reminding them of the mandatory reporting requirements to the OIG. This case was coordinated with law enforcement and the SAO for possible criminal prosecution, and the employee entered into a Pre-Trial Intervention and was ordered to pay \$100 cost of prosecution.

Appendix

Summary of Management Reviews and Corrective Actions Completed During FY 2009-2010

Circuit 7

1. 2009-0049 The Executive Office of the Governor, Office of the Chief Inspector General (CIG), and the Executive Leadership of the Florida Department of Veterans' Affairs (FDVA) requested that the Department of Children and Families Office of Inspector General (OIG) conduct a Management Review of the Emory L. Bennett Memorial State Veteran's Nursing Home to determine if there were any issues concerning the treatment of residents, discrimination of staff members, or the work environment. The Management Review found that there was no evidence to suggest the existence of problems regarding the treatment of residents by staff members or discrimination of staff members at the nursing home. Regarding the work environment at the nursing home, it was determined that 35 out of 57 (61.4%) staff members expressed varying levels of concern regarding their work environment and expressed fear of retaliation for making negative comments.
Corrective Action: Specific corrective actions were taken by the FDVA.

Circuit 15

2. 2010-0010 A critical event concerning a subcontracted provider was not reported to the Department by the contracted provider, who had knowledge of the critical event. The Management Review found that although management of the contracted provider admitted they should have reported the matter to the Department in 2007, the language in Children and Families Operating Procedure (CFOP) 155-25 specifies that it is only a requirement of the "Hospital Administrator or designee" to report the matter to the "Mental Health Program Office Chief of Facilities or designee." Although the various facility administrators of the contracted provider were aware in late 2009 and early 2010 to varying degrees of some issues concerning the subcontracted provider, they did not consider that the matter rose to the level of requiring that it be reported to the Department, in part due to erroneous information on the Department of Health licensing website.
Corrective Action: CFOP 155-25 was revised to include language requiring individuals at any level of management, including the hospital administrator and higher level executives within contracted agencies, to report critical events to the Department. Training on the revised incident reporting operating procedure was provided by the contracted provider to all affected staff. The contracted provider revised policies regarding Staff Misconduct Reporting, Licensure and Certification, and Background Screening. The Department now monitors the monthly event reporting of the contracted provider as well as during each annual on-site contract monitoring visit to ensure continued compliance with CFOP 155-25.

Circuit 17

3. 2009-0053 Food Stamp applications in the names of incarcerated individuals were approved, resulting in the issuance of Electronic Benefits Transfer cards and continued benefits. The OIG Management Review determined that "Alternate" addresses and home telephone numbers listed on each application of individuals incarcerated were connected to the Economic Self-Sufficiency Specialist I (ESSS I) through various family associations. In addition, the ESSS I approved the food stamps in one of the cases by transferring the case to herself after it had already been assigned to another worker. The issuance of food stamp benefits continued during the period of September 28, 2008 through July 2009 and it was found that three

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ACCESS employees each failed to appropriately respond to Data Exchange Prisoner Response (DEPR) alerts that they received. These alerts identified the three named applicants as being incarcerated at the time the applications were submitted. Although the management review did not disclose intent to defraud, testimony revealed that the three employees failed to appropriately process their work; resulting in the subsequent authorization of \$2,649 of food stamps, of which \$1,839.50 was fraudulently spent.

Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. The ACCESS Program Office created a training module relating to personal interest cases and has made that training mandatory for all staff. The ACCESS Florida Program and Operations Workgroup was provided with the correct processing of the data exchange and this information was shared with staff in their respective areas responsible for processing applications or case maintenance. The ACCESS Florida Internal Controls Evaluation Team is actively reviewing trends such as those identified in this Management Review to detect and prevent this type of fraud. Training was provided to ACCESS staff on clearing alerts and interviewing techniques. An initiative to obtain access to the Broward Sheriff's Office Jail Management System was made in order to clearly identify dates of incarceration. This case was coordinated with law enforcement and the State Attorney's Office, and the criminal investigation is currently pending.

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Summary of Internal Audits Issued During FY 2009-2010

A-0809-205 Recovery Act: Initial Implementation. The project was the first in a series of projects to ensure that American Recovery and Reinvestment Act of 2009 funds were used for intended purposes and that requirements were met. This project focused on the Recovery Act funded grants for Department Homelessness and Domestic Violence Programs. Traditional auditing and consulting services were combined to examine internal controls, review data, and provide immediate feedback to management. Potential issues identified related to contract and grant management that may present barriers to successful implementation. Recommendations included: the Department address these issues by examining certain sub-grant management processes, updating sub-grant management and monitoring procedures, and developing Recovery Act specific protocols.

Management agreed to evaluate the need for updating contract directives, work toward the development of a grant management process, develop guidance for validating Recovery Act reports, and continue to emphasize the necessity for regular communication among program and contract staff.

A-0809DCF-311 Thirteen Years of Audit Findings Have Not Resolved Errors Related to Refugee Benefits. This audit evaluated the adequacy and effectiveness of internal controls designed to ensure maintenance of appropriate documentation supporting eligibility and timely termination of benefits. Several areas were identified where management should strengthen and enforce controls to mitigate risks of fraud and improve efficiency: the Florida On-Line Recipient Integrated Data Access (FLORIDA) system does not automatically close a case when multiple recipients have different entry dates until all recipients have reached their eligibility expiration dates and therefore, manual closures are necessary to prevent recipients with earlier eligibility expiration dates from continuing to receive benefits; ad hoc reports and FLORIDA system alerts identifying cases approaching the end of their eligibility period have not always prevented untimely case closures and payments to ineligible individuals; relying on regional staff to manually terminate refugee benefits timely has not always been effective; and, documentation supporting eligibility was not always available in case records as required. Recommendations included changes or modifications to FLORIDA to address control weaknesses.

A-0910DCF-018 Evaluation of Child Death Review Process. This report examined issues surrounding the child death review process. Findings included: multiple guidance existed in statute and policy for the death review environment; the Department lacked a standardized system for collecting child death data; the process for extracting data for death review is inefficient and contributes to a backlog for death review coordinators; the Department could make better use of information captured in Death Review Coordinator activities and final reports; and, multidisciplinary participation from communities may contribute to improved death review recommendations, training and public education. Recommendations included: clarification of guidance and training; consolidation of data collection systems; better data extraction and analysis; refinement of the maltreatment matrix and creation of a comprehensive list of "red flags;" formation of a team to explore the benefits of partnering regularly with other agency resources and community partners to generate improved training for Department staff; and, to construct informational advisories to communities.

The program is in the process of implementing recommendations.

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A-0910DCF-025 Client Trust Funds – Big Bend Community-based Care. This audit was conducted to assess internal controls associated with client trust funds and determine the extent certain Department procedures, state laws, and federal guidelines were followed in managing client trust funds. Findings included: failure to develop expenditure plans resulted in the return of client benefits payments to the Social Security Administration (SSA) and client trust fund records lacked required documentation. Recommendations included: Big Bend Community Based Care management require case management organizations to prepare, monitor and update expenditure plans as required and to retain original receipts with all client purchases.

A-0910DCF-035 Bayview Center for Mental Health, Inc. - Project II (Substance Abuse and Mental Health Programs Financial and Data Management Systems). This review identified weaknesses in the Department's mental health and substance abuse financial and data management systems that need to be addressed in order to successfully implement managing entities. Weaknesses included: the Department's contract payment methodology did not support the provision of flexible, client-centered substance abuse and mental health services; the Substance Abuse and Mental Health Information System (SAMHIS) did not fulfill statutory requirements as it lacked business modules for financial and contract management, and did not have established standards for the uniform collection of data by providers; SAMHIS was not designed as a billing system, nor structured to facilitate verification of provider requests for payment; SAMHIS lacked an automated interface with the Agency for Health Care Administration's Florida Medicaid Management Information System, as well as the Department's child welfare system - the Florida Safe Families Network (FSFN). This assurance report offered possible courses of action, including recommending that the Department, under the joint direction of the Chief Information Officer and the Assistant Secretary for Substance Abuse and Mental Health, explore options and seek funding for the development of an integrated behavioral health services information system.

The program is in the process of exploring options and seeking funding for the development of an integrated behavioral health services information system.

A-0910DCF-044 Client Trust Funds – Hillsborough Kids, Inc.(HKI) Community-based Care. This audit was conducted to assess internal controls associated with client trust funds and determine the extent certain Department procedures, state laws, and federal guidelines were followed in managing client trust funds. Findings included: failure to develop expenditure plans resulted in the return of client benefits payments to SSA; client trust fund records lacked required documentation; and, improper use of client trust fund monies. Recommendations included: HKI management require case management organizations to prepare, monitor and update expenditure plans as required, as well as consider development of an electronic option; staff include/retain original receipts with all client purchase documentation; and, interpreter services be provided to clients at no cost as required by Department procedures and reimbursement of those funds disbursed from client trust fund accounts to pay for interpreter services.

A-0910DCF-121 Client Trust Funds – Sarasota YMCA Community-based Care. This audit was conducted to assess internal controls associated with client trust funds and determine the extent certain Department procedures, state laws, and federal guidelines were followed in managing client trust funds. Findings included: client expenditure plans were not developed and adequate supporting documentation for purchases was not always available. Recommendations included: the creation of expenditure plans and retention of adequate supporting documentation for purchases.

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A-05-0007 Controls for Ensuring Adoption Assistance Was Provided to Eligible Children. This project evaluated controls to ensure that adoption assistance was provided to eligible children. The lack of adequate controls for the process has been identified as a repeat finding in the last six federal awards audits conducted by the Audit General. Internal Audit staff found sufficient evidence that the Department is currently working on corrective action and the transition of financial data processing from the Integrated Welfare Services Information System (ICWSIS) to Florida Safe Families Network (FSFN) should correct the weakness. Internal Audit staff intends to conduct follow-up work once the migration has been implemented in early 2010.

C-0809DCF-289 Bayview Center for Mental Health, Inc. This project was initiated at the request of the former Southeast Regional Director after a contract monitoring of Bayview Center disclosed numerous data and billing discrepancies. The scope of this consulting project focused primarily on reporting and billing of services provided under Contracts JH275 (Circuit 17 - Broward County) and KH169 (Circuit 11 - Miami-Dade County) for fiscal years 2007-08 and 2008-09. Findings included: as it was not designed as a billing system, the Department's Substance Abuse and Mental Health Information System (SAMHIS) lacks the comprehensive edit routines and sophistication necessary to screen out and reject incorrect service event data submitted by providers like Bayview Center; the laws and regulations governing the Medicaid program and determining Medicaid eligibility are complex and may have contributed, in part, to Bayview Center reporting services to Medicaid eligible clients as billable to the Department; and, weaknesses in Bayview Center's accounting and data systems resulted in submission of client specific service event data to SAMHIS with incorrect funding sources or service events that could not be supported. Recommendations were identified to address each finding. Management concurred with recommendations and is in the process of implementing the recommendations to correct the noted findings.

C-0809DCF-296 Strengthening the Partnership with DOEAs Long-Term Care Ombudsman Program This consulting project was based on an audit conducted by the Department of Elder Affairs (DOEA) Office of Inspector General of its Long-Term Care Ombudsman Program (LTCOP). The DCF Adult Protective Services (APS) Program Office partners with the LTCOP to serve vulnerable adults, particularly those who are residents of long-term care facilities. The DCF Office of Inspector General Internal Audit Section and APS assisted DOEA with its audit by conducting research and responding to requests for information. While providing the assistance to DOEA, some ways to strengthen the partnership between APS and the LTCOP were identified. Suggestions for improvement included: training regarding notification requirements; training for the LTCOP on reporting to the Abuse Hotline; and, clarification of terminology. The APS Program Office agreed with the suggestions and developed a plan of action.

C-0910DCF-137 Promptness of FLORIDA System Revocation for Terminated ACCESS Employees
The results of this project are confidential per § 282.318, F.S. and exempt from public records disclosure per § 119.07(1), F.S.

C-0910DCF-217 Northwood Shared Resource Center (NSRC) Governance This consulting project evaluated the adequacy of the NSRC governance structure. The shared resource center concept was implemented as a way to begin consolidating data centers to provide cost savings. Findings included: the current governance structure could be enhanced through creating better accountability for Board activities; modifying the voting structure; training for Trustees regarding their role as a Board member; and, ensuring effective communication between agency heads and the board. Future cost savings are possible

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with this new model; however, implementation without start-up funding and adequate staffing suggests success may be deferred to a much later date.

C-0910DCF-256 Lessons Learned from the January Network Outage Scheduled maintenance for the NSRC on January 10-11, 2010 did not go as planned. This activity and subsequent related issues led to an extended service disruption for current data center customers. Lessons learned from this incident include the need for better planning and back-out procedures, a more robust communication plan, and awareness training for business continuity planning.

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List of Follow-up Reports Completed During FY 2009-2010

E-17-0809-007	Six-Month Status Report: Auditor General Report 2009-039
E-05-0809-030	Six-Month Status Report: Auditor General Report 2009-095
E-0809-129	Six-Month Status Report: Auditor General Report 2009-100
E-16-0708-329	Six-Month Status Report: Auditor General Report 2009-144
E-04-0809-032	Six-Month Status Report: OPPAGA Report 09-08
E-0809-152	Six-Month Status Report: OPPAGA Report 09-09
E-0910-015	Summary Schedule of Prior Audit Findings for the FY Ended June 30, 2009
E-0910DCF-021	Audit Resolution CIN A-04-09-91066 A-133 Report of Single Audit of State of Florida
E-0708DCF-023	Audit Resolution CIN A-04-09-93782 A-133 Report of Single Audit of State of Florida

List of External Audit Reports Issued During FY 2009-2010

Auditor General:

2010-066	Florida Online Recipient Integrated Data Access System—Information Technology
2010-165	State of Florida—Compliance and Internal Controls Over Financial Reporting & Federal Awards

Office of Program Policy and Government Analysis (OPPAGA):

09-32	Florida's Medicaid Home and Community-Based Services Waiver
09-33	Limited Information Available to Assess Statewide Demand and Outcomes for After School Programs
09-42	State and Local Entities Use a Variety of Means to Inform Parents About Kidcare
09-43	Several Options Exist for Streamlining State Agency Contact Centers
10-04	Some Alternative Work Arrangements Can Reduce Costs and Provide Employee Benefits
10-10	Profile of Florida's Medicaid Home and Community-Based Care Waivers
10-30	DCF Has Improved Some Aspects of Independent Living Program Oversight: Other Long-Standing Problems Remain
10-40	Insufficient Information Available to Fully Assess the Success of the Self-Directed Care Program

Other Audits:

Accountants' Report on Financial Compliance Consulting Services, The Florida Department of Children and Families, 2009-10 Financial Monitoring Report