

Rick Scott
Governor

August 2, 2017

■ ■
Barbara Palmer
Director

Ms. Barbara Palmer, Director
Agency for Persons with Disabilities
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Mr. Eric Miller, Chief Inspector General
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■ ■
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Dear Director Palmer and CIG Miller:

Fax:
(850) 922-6456

I am pleased to submit the Office of Inspector General's Annual Report for Fiscal Year 2016-17 as required by Section 20.055, Florida Statutes. This report summarizes the major work activities of the Office during the previous fiscal year.

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Toll Free:
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We remain committed in our work with the Agency's management and staff to promote efficiency, accountability, and integrity. Thank you for your continued support.

Sincerely,



Carol Sullivan, MBA, CIA, CIGA, CIG
Inspector General

Enclosure



Barbara Palmer
Director



Carol Sullivan
Inspector General

AGENCY FOR PERSONS WITH DISABILITIES OFFICE OF INSPECTOR GENERAL

ANNUAL REPORT FY 2016-2017



HAWKINS RECREATIONAL PARK IS LOCATED IN SANTA ROSA COUNTY IN NORTHWEST FLORIDA. THE AGENCY FOR PERSONS WITH DISABILITIES HAS RENOVATED THE PARK TO PROVIDE PEOPLE WITH DISABILITIES AND THEIR FAMILIES A PLACE FOR RELAXATION AND RECREATION.

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INTRODUCTION

The Office of the Inspector General (OIG) is an integral part of the Agency for Persons with Disabilities (Agency). The purpose of the OIG is to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government. Section 20.055, Florida Statutes, requires the OIG to submit to the Agency head and the Executive Office of the Governor's Chief Inspector General an annual report, no later than September 30 of each year. This report includes, but is not limited to:

- A description of activities relating to the development, assessment, and validation of performance measures;
- A description of significant abuses and deficiencies relating to the administration of programs and operations of the Agency disclosed by investigations, audits, reviews, or other activities during the reporting period;
- A description of the recommendations for corrective action made by the Inspector General during the reporting period with respect to significant problems, abuses, or deficiencies identified;
- The identification of each significant recommendation described in previous annual reports on which corrective action has not been completed; and
- A summary of each audit and investigation completed during the reporting period.

This annual report, presented to the Chief Inspector General and Agency Director, summarizes the activities and accomplishments of the OIG for the 12-month period beginning July 1, 2016, and ending June 30, 2017.

MISSION AND RESPONSIBILITIES

The Agency's mission is to support persons with developmental disabilities in living, learning, and working in their communities. To achieve this mission, the Agency focuses on four priorities:

1. Fiscal Accountability – to operate within its appropriations.
2. Quality Services – to measure and track performance to ensure the highest quality care.
3. Employment – to assist persons with developmental disabilities who desire work to become competitively employed.
4. Waiting List – to adopt national and local best practices to serve people on the Agency waiting list efficiently and effectively.

The mission of the OIG is to protect and promote integrity, efficiency, and accountability within the Agency through audits and investigations that detect fraud, waste, and abuse, and ultimately assist the Agency to achieve its overall mission. The OIG provides an independent appraisal function within the Agency. The OIG performs and reports

objective analyses of Agency operations thereby increasing assurances that Agency assets are safeguarded, operating efficiency is promoted, and compliance is maintained with prescribed laws and regulations. Section 20.055, Florida Statutes, defines the duties and responsibilities of each Inspector General with respect to the state agency in which the office is established. The duties and responsibilities of the Inspector General include:

- Advise in the development of performance measures, standards, and procedures for the evaluation of Agency programs.
- Assess the reliability and validity of the information provided by the Agency on performance measures and standards, and make recommendations for improvement.
- Review the actions taken by the Agency to improve program performance, meet program standards, and make recommendations for improvement, if necessary.
- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the programs and operations of the Agency.
- Conduct, supervise, or coordinate other activities carried out or financed by the Agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations.
- Keep the Chief Inspector General and Agency Director informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the Agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication.
- Monitor the implementation of the Agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.
- Receive complaints and coordinate Agency activities as required by the Whistle-blower's Act and/or the Chief Inspector General.

To address areas of significant risks and be responsive to the concerns of Agency management, the OIG performs a periodic risk assessment of Agency activities to identify and rank those activities to be included in the OIG Annual Work Plan and considered for future work plans.

To fulfill the responsibilities of the OIG, our priorities are to:

- Promote employee awareness and cooperation to identify fraud, waste, and abuse within the Agency;

- Respond to validated emergencies (these could be any type of serious situation that might arise but could also include requests by the Governor, Chief Inspector General or other parties);
- Execute approved individual assignments which are designed to answer questions about the effective, efficient, economical and legal operation of the Agency;
- Evaluate the internal controls over Agency assets and liabilities, core operations, and information systems to promote effectiveness, efficiency, economy, and compliance.

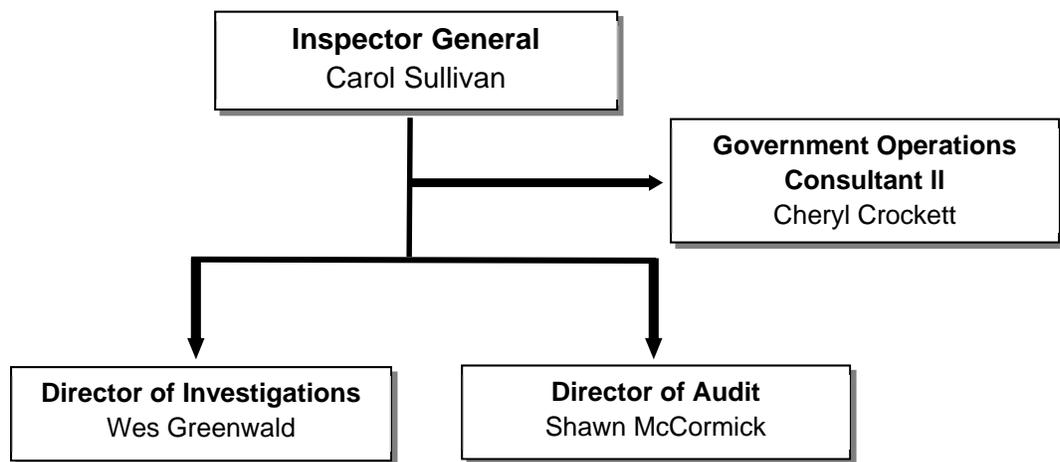
These priorities are interrelated and doing any one of them provides information useful in doing the others.

ORGANIZATIONAL STRUCTURE AND STAFF QUALIFICATIONS

Section 20.055, Florida Statutes, requires the OIG’s activities to be independent of Agency operations and the OIG staff to be objective in performing their work. The OIG reports to the Agency Director and the Chief Inspector General on Agency investigative and audit policy, investigative and audit findings, internal control issues, guidance issues, and other matters as directed. The OIG staff refrains from participating in any Agency operational activities that could compromise their independence and objectivity.

The OIG is organized into two sections: Internal Audit and Investigations. However, due to the small size of the organization, audit staff assists on investigations and investigative staff assists on audits. The OIG staff is highly qualified with a range of expertise and backgrounds that enhance the ability of the office to effectively audit, investigate, and review the complex programs within the Agency. Currently, the OIG has a staff of four professional/technical positions.

OIG Organizational Structure



OIG staff members hold specialty certifications that relate to specific job functions within the OIG. These certifications include:

- Certified Inspector General (1)
- Certified Internal Auditor (1)
- Certified Inspector General Auditor (1)
- Certified Public Accountant (1)
- Certified Information Systems Auditor (1)
- Certified Inspector General Investigator (1)
- Certified Fraud Examiner (1)

In addition to maintaining professional certifications, OIG personnel are active in professional organizations that support audits and investigations. This participation assists staff in maintaining a high level of proficiency in their profession and areas of certification. OIG personnel are affiliated with the following professional organizations:

- The Association of Inspectors General (National and Local Chapters);
- The Institute of Internal Auditors (National and Local Chapters);
- Information Systems Audit and Control Association (National and Local Chapters);
- The Association of Certified Fraud Examiners;
- The Association of Government Accountants (National and Local Chapters); and
- The Florida Institute of Certified Public Accountants.

MAJOR ACTIVITIES AND FUNCTIONS

In performing its audit and investigative activities, the OIG follows the Association of Inspectors General's *Principals and Standards for Offices of Inspector General*, the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and the U.S. Comptroller General's *Government Auditing Standards*, as applicable.

Table 1 provides a summary of "cases" (cases include audit activities, investigative activities and other OIG activities) addressed by the OIG during the fiscal year (FY). **Table 2** provides a summary of cases closed by type during the FY.

Table 1
Summary of OIG Cases Addressed during FY 2016-2017

Cases	Count
Cases open at beginning of fiscal year	27
Plus cases opened during the year	87
Less cases closed during the year	(79)
Cases open at end of fiscal year	35

Table 2
Summary of OIG Cases Closed by Type during FY 2016-2017

Cases	Count
Audit Activities	13
Investigative Activities	57
Other OIG Activities	9

Chapter 20.055(2)(i), Florida Statutes, requires each OIG to ensure that an appropriate balance is maintained between audit, investigative, and other OIG activities. An OIG can achieve such a balance in a variety of ways. The Agency Inspector General achieves a balance of activities by monitoring the assignments of on-going and completed investigative and audit activities daily.

AUDIT ACTIVITIES

“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.” The mission of Internal Audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. (Institute of Internal Auditors’ *International Standards for the Professional Practice of Internal Auditing*)

Pursuant to Section 20.055(6), Florida Statutes, the OIG prepared an Annual Work Plan for FY 2016-2017 based on an Agency-wide risk assessment. The Director of Audit was responsible for managing and performing audit activities during the FY, with assistance from OIG staff, as available. Additionally, during the year, the OIG provided formal and informal assistance to Agency personnel in their operational capacities. **Table 3** below provides a summary of the completed audit activities (cases) by type performed in FY 2016-2017.

Table 3
Audit Activities Completed during FY 2016-2017

Type of Audit Activity	Number of Cases
Internal audits	3 (1)
Follow-up audit activities	1
Statutorily required activities	2
Management audit assistance	3
External audit assistance	5
Total audit activities	14 (2)

Note (1): The three internal audits resulted in 10 audit reports.

Note (2): One of the internal audits had reports issued during FY 2016-2017, however, the case was not closed during the FY.

The following are summaries of completed internal audits; follow-up audit activities; statutorily required activities; management audit assistance; and external audit assistance. Additionally, we included a description of significant outstanding recommendations described in prior annual reports on which corrective action has not been completed.

COMPLETED INTERNAL AUDITS

150827-01 AUDIT OF CLIENT FUNDS

Agency clients may choose to reside in a group home facility. A group home is an Agency licensed residential facility (serving between four and 15 residents) that provides a family

living environment including supervision and care necessary to meet the physical, emotional, and social needs of residents.

Clients can receive income from various sources including (but not limited to) employment, family, insurance, inheritances, and the Social Security Administration (such as Supplemental Security Income). Some Agency clients require assistance in managing their assets (such as cash, furniture, and personal belongings) and have others serve as their financial representatives or representative payees. Representatives agree to assist clients receive and expend income for the use, benefit, and best interests of the clients. Group home providers may be the financial representative or representative payee for the client and as such must comply with applicable federal and state regulations.

In each of the OIG Annual Risk Assessments from FYs 2012-13 through 2016-2017, management of client funds has been identified as a high-risk issue; and therefore, the OIG has periodically included this topic in the OIG's Annual Work Plan. In this audit, we judgmentally selected five group home providers in Florida to visit and review selected client funds, medication administration records, and related documentation to determine compliance with applicable laws, rules, regulations, and policies.

AUDIT OF BEAUTIFUL LIVING GROUP HOMES

Release Date: July 2016 (OIG #150827-01.1)

This report presents the results of the audit of client funds at two group homes managed by Beautiful Living Group Homes located in the Agency's Central Region. Based on our observations and test results, we determined Beautiful Living group homes complied satisfactorily with four conditions/internal controls, partially complied with two conditions/internal controls, and did not comply with two conditions/internal controls. We provided three recommendations to improve policies and procedures for storing and protecting client funds; accounting for and retaining supporting documentation for clients' expenditures (including supporting the correct amount is charged for room and board); and improving the accountability of medication administered to clients.

AUDIT OF DUVALL HOMES, INC.

Release Date: July 2016 (OIG #150827-01.2)

This report presents the results of the audit of client funds at two group homes managed by Duvall Homes, Inc. located in the Agency's Northeast Region. Based on our observations and test results, we determined the two Duvall Homes group homes were in compliance with the applicable laws, rules, and regulations related to the client funds and medication administration we reviewed. We did not identify any reportable exceptions and therefore did not provide any recommendations.

AUDIT OF GOLDEN EAGLE GROUP HOMES

Release Date: July 2016 (OIG #150827-01.3)

This report presents the results of the audit of client funds at two group homes managed by Eagle Medical Management, Inc. (Golden Eagle) located in the Agency's Central Region. Based on our observations and test results, we determined Golden Eagle complied satisfactorily with four conditions/internal controls, partially complied with two conditions/internal controls, and did not comply with two conditions/internal controls. We provided three recommendations to develop policies and procedures for managing client funds; utilize the Agency's Client Accounting Form (APD 2014-09) or similar form that provides the required information, to provide an individual accounting of client's personal funds; and retain supporting documentation for clients' expenditures (including supporting the correct amount is charged for room and board).

AUDIT OF FLORIDA MENTOR (ORLANDO)

Release Date: July 2016 (OIG #150827-01.4)

This report presents the results of the audit of client funds at two group homes managed by Florida Mentor Orlando located in the Agency's Central Region. Based on our observations and test results, we determined Florida Mentor Orlando group homes complied satisfactorily with six conditions/internal controls and partially complied with three conditions/internal controls. Our recommendations are related to improving policies and procedures for storing and protecting client funds; accounting for and retaining supporting documentation for clients' expenditures; and ensuring the accurate doses of medications are disbursed to clients.

AUDIT OF RESOURCES FOR HUMAN DEVELOPMENT, INC. (VOLUSIA COUNTY)

Release Date: August 2016 (OIG #150827-01.5)

This report presents the results of the audit of client funds at two group homes managed by Resources for Human Development, Inc. (RHD) located in the Agency's Northeast Region. Based on our observations and test results, we determined the two RHD Volusia group homes were in compliance with the applicable laws, rules, and regulations related to the client funds and medication administration we reviewed. We did not identify any reportable exceptions and therefore did not provide any recommendations.

FAMILY CARE COUNCIL AUDITS

Family Care Councils (FCCs) were created in 1993 through the implementation of Section 393.502, Florida Statutes. Local FCCs are located within each of the Agency's six regions and are organized within those regions by area (there are 14 areas). Council members serve on a voluntary basis without payment for their services but are reimbursed for per diem and travel expenses as provided for in Section 112.061, Florida Statutes. Section 393.502(9), Florida Statutes, requires an annual financial review of expenditures of the FCCs. During FY 2016-2017, the Internal Audit Section selected two FCCs to audit.

These audits were conducted to determine whether the FCC expenditures complied with Florida Statutes, and other applicable State laws and rules. The results of the two FCC audits performed in FY 2016-2017 are presented below.

160927-01 AUDIT OF CENTRAL REGION FCCs – AREAS 7, 13, AND 14

AREA 7 FCC

Release Date: March 2017 (OIG #160927-01.1)

In the 2015-2016 FY, the Agency allocated \$9,000 of General Revenue to Area 7 FCC. Based on our review, we noted FCC meeting minutes did not always include the FCC members' decisions to approve expenditures, there were eight noncompliant expenditures related to travel reimbursements, and one expenditure was incorrectly coded. Recommendations were provided to Region Office staff to work with the Area 7 FCC members to ensure expenditures are authorized by the FCC members and recorded in the minutes; provide training to the Area 7 FCC members regarding the Agency's policies and procedures; and enhance procedures to ensure that all travel expenditures are appropriately supported and approved, the review of travel vouchers is documented, and that expenditure transactions are accurately coded and recorded in FLAIR.¹

AREA 13 FCC

Release Date: March 2017 (OIG #160927-01.2)

In the 2015-2016 FY, the Agency allocated \$9,000 of General Revenue to Area 13 FCC. Based on our review, we noted 28 noncompliant expenditures related to travel reimbursements, two expenditures for scrapbook supplies were not adequately supported, two expenditures appeared to be related to a duplicate payment, and five expenditures were incorrectly coded. Recommendations were provided to Region Office staff to provide training to the Area 13 FCC members regarding the Agency's policies and procedures; enhance procedures to ensure that all travel expenditures are appropriately supported and approved, the review of travel vouchers is documented, expenditure transactions are accurately coded and recorded in FLAIR; and enhance procedures to ensure the receipt, inspection, and acceptance of purchases are documented and duplicate transactions are reviewed for validity and appropriateness.

AREA 14 FCC

Release Date: March 2017 (OIG #160927-01.3)

In the 2015-2016 FY, the Agency allocated \$9,000 of General Revenue to Area 14 FCC. Based on our review, we noted that the FCC budgeted \$9,850, which is \$850 more than their allocated \$9,000, an Agency employee was inappropriately

¹ Florida Accounting Information Resource (FLAIR)

reimbursed for expenses to attend local and Statewide FCC meetings which resulted in unallowable costs to the FCC, and there were 14 noncompliant expenditures related to travel reimbursements. Recommendations were provided to the Area 14 FCC Liaison, Central Region Office staff, and State FCC Liaison to review the FCC annual budgets to ensure the FCC stays within its allocated amount; enhance procedures to ensure that all expenditures incurred by the FCC comply with applicable State expenditure requirements; and ensure that all travel expenditures are approved and the review of travel vouchers is documented.

160927-02 AUDIT OF SUNCOAST REGION FCC – AREAS 8 AND 23

AREA 8 FCC

Release Date: June 2017 (OIG #160927-02.1)

In the 2015-2016 FY, the Agency allocated \$9,000 of General Revenue to Area 8 FCC. Based on our review we noted the FCC did not request a requisition in advance for a pledge to an organization, there were 13 noncompliant payments related to travel reimbursements, and one expenditure was incorrectly coded. Recommendations were provided to Region Office staff to enhance procedures to ensure that all expenditures incurred by the FCC comply with applicable State expenditure requirements; provide training to the Area 8 FCC members regarding the Agency's policies and procedures; and enhance procedures to ensure that all travel expenditures are appropriately supported and approved, the review of travel vouchers is documented, and that expenditure transactions are accurately coded and recorded in FLAIR.

AREA 23 FCC

Release Date: June 2017 (OIG #160927-02.2)

In the 2015-2016 FY, the Agency allocated \$18,000 of General Revenue to Area 23 FCC. Based on our review, we noted the FCC meeting minutes did not always include the FCC members' decisions to approve expenditures, there were six noncompliant payments related to travel reimbursements, and two expenditures were incorrectly coded. Recommendations were provided to Region Office staff to work with the Area 23 FCC members to ensure expenditures are authorized by the FCC members and recorded in the minutes; provide training to the Area 23 FCC members regarding the Agency's policies and procedures; and enhance procedures to ensure that all travel expenditures are appropriately supported and approved, the review of travel vouchers is documented, and that expenditures are correctly coded.

FOLLOW-UP AUDIT ACTIVITIES

160722-01 STATUS OF CORRECTIVE ACTIONS, AUDITOR GENERAL REPORT No. 2016-159

Release Date: September 2016

Management is in the process of addressing the following recommendation.

Agency management should ensure that recertifications and continued stay reviews of Intermediate Care Facility (ICF) Services for the Developmentally Disabled beneficiaries are timely conducted in accordance with Federal regulations.

STATUS AS OF SEPTEMBER 20, 2016 – The Agency submitted a Legislative Budget Request and received approval to contract for Utilization Review (UR) and Continued Stay Review (CSR) positions that will solely address this work function. The Agency is working on a Request for Information to ascertain if there are vendors interested in contracting to provide the UR/CSR function. The Agency conducts monthly Medical Case Managers (MCM) conference calls (Statewide and Regional) for staff (including supervisors). ICF UR/CSR is a standard topic on the agenda. The Agency for Health Care Administration revised the ICF Handbook, the State Plan, and applicable rules. Conference calls are conducted with MCM Clinical Stream Leads regarding their supervision of the UR/CSR process and responsibilities. This is being done in conjunction with the face to face in-service training for all Regional staff involved with the UR/CSR process.

STATUTORILY REQUIRED ACTIVITIES

160322-01 OFFICE OF INSPECTOR GENERAL ANNUAL REPORT (2015-2016)

Release Date: September 2016

In accordance with Section 20.055, Florida Statutes, the OIG prepared an annual report summarizing the activities of the office during the preceding fiscal year.

160720-01 REVIEW OF AGENCY PERFORMANCE MEASURES

Release Date: September 2016

In accordance with Section 20.055, Florida Statutes, the OIG was involved in the review and validation of the performance measures and related supporting documentation as reported in the Agency's Long-Range Program Plan. The OIG provided feedback and recommendations to Agency staff and with the corrections, the measures appeared to be both reliable and valid and supported by the appropriate documentation.

LEGISLATIVE BUDGET REQUEST

The OIG prepares the Schedule IX of the Agency's Legislative Budget Request. The Schedule IX, *Major Audit Findings and Recommendations*, is designed to inform decision makers on recent major findings and recommendations found in Auditor General and OIG reports issued during the current and previous fiscal years.

MANAGEMENT ASSISTANCE SERVICES

During FY 2016-2017, the OIG provided assistance and advice to management on emerging issues and concerns. Examples of assistance included reviewing proposed policy and/or program changes and assisting on a system implementation project described below.

140612-02 iCONNECT² IMPLEMENTATION PROJECT

The OIG serves in an advisory role on the Agency's Executive Steering Committee for the iConnect Implementation Project. The iConnect will provide the Agency with an integrated enterprise client data management system that will automate manual processes, collect data at the client specific and provider specific level so analysis, tracking, reporting, fraud prevention and quality improvement processes can be improved. During the implementation project, the OIG will provide timely feedback to assist management to ensure adequate controls are developed within the system and processes.

EXTERNAL AUDIT ASSISTANCE

The OIG Director of Audit acted as the Agency's liaison on five audits, reviews or information requests conducted by outside organizations such as the Office of the Auditor General, the Office of Program Policy Analysis and Government Accountability, the Department of Financial Services and the Social Security Administration. For these engagements, the OIG was copied on engagement letters, coordinated meetings, and facilitated all relevant communication between the external entities and Agency staff. The OIG coordinated the Agency's responses to all audits, reviews and information requests from these entities.

SIGNIFICANT OUTSTANDING RECOMMENDATIONS FROM PRIOR ANNUAL REPORTS

Management has either taken corrective actions or assumed the risk for all significant OIG audit recommendations identified in the FY 2015-2016 OIG Annual Report.

INVESTIGATIVE ACTIVITIES

The OIG conducts and coordinates investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government. Investigations may be initiated as a result of information received from any number of sources such as Agency managers and employees, whistle-blowers,

² Formerly known as CDMS – Client Data Management System

providers, the public, and other state agencies and business entities. The Director of Investigations was responsible for managing and performing investigative activities during the fiscal year, with assistance from OIG staff, as available.

Investigative activities include preliminary inquiries; whistle-blower determinations; referrals to other offices, agencies, or departments; and investigations. A preliminary inquiry is a fact-gathering process to determine whether to proceed with a substantive investigation. During the preliminary inquiry process it may be determined that the complaint should be referred to Agency management or an external agency or department for resolution. While preliminary inquiries are not published, they do absorb a large portion of our investigative resources. Pursuant to Sections 112.3187-112.31895, Florida Statutes, whistle-blower determinations are performed during preliminary inquiries when required. During FY 2016-2017, the OIG performed nine whistle-blower determinations.

Table 4 provides a summary of completed investigative activities (cases) by type performed in FY 2016-2017.

Table 4
Investigative Activities Completed during FY 2016-2017

Type of Investigative Activity	Number of Cases
Investigations	1
Preliminary Inquiries	26
Referrals to management	13
Referrals to other agencies or departments, including law enforcement agencies	2
Statutorily required	15
Total investigative activities	57

Below is a summary of the significant OIG investigative report completed during FY 2016-2017.

INVESTIGATIVE REPORTS

INVESTIGATIVE REPORT CASE #160628-01

Release Date: May 2017

The OIG received a complaint from a provider applicant alleging: 1) she was treated differently than other providers and Agency staff ignored her emails and telephone messages; 2) an Agency employee refused to review her documentation that would demonstrate eligibility for approval; and 3) an Agency employee made discriminatory comments to her. The investigation determined that the allegations were not substantiated. However, the OIG did provide a recommendation that Agency review the

practice of using the same document for two functions and possibly making changes to a document.

OTHER OIG ACTIVITIES

In addition to performing audits and investigations, the OIG also performs the following services and activities.

OIG REFERENCE CHECKS

A little-known time-consuming duty of the OIG is to perform personnel reference checks against OIG case files and documents for current and former employees. In FY 2016-2017, the OIG performed 315 reference checks for re-hires, promotions, and other personnel actions. This duty will continue to grow as the Agency and OIG case files continue to grow.

COMPUTER SECURITY INCIDENT RESPONSE TEAM (CSIRT)

The CSIRT responds to suspected computer security incidents by identifying and controlling incidents, notifying designated CSIRT responders, and reporting findings to Agency management. The OIG is a core member of the CSIRT team for the Agency.

ANTI-FRAUD ACTIVITIES

The OIG is responsible for coordinating the Agency's anti-fraud activities. The OIG is a member of and attends the Inter-Agency Medicaid Fraud and Abuse Meetings hosted by the Agency for Healthcare Administration. Other attendees include the Office of the Attorney General, the Department of Health, Medicaid Program Integrity, the Department of Financial Services, and the Department of Children and Families.

PUBLIC RECORDS REQUESTS

The OIG responded to two public records requests under Chapter 119, Florida Statutes, during FY 2016-2017.

OIG CONTACT INFORMATION

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