



agency for persons with disabilities  
State of Florida

Rick Scott  
Governor

■ ■

Michael Hansen

Director

■ ■

Central Office

■ ■

4030 Esplanade Way  
Suite 380  
Tallahassee,  
Florida  
32399-0950

■ ■

(850) 488-4275

Fax:

(850) 922-6466

■ ■

Toll Free:

(866) APD-CARES

(866-273-2273)

July 17, 2012

Michael P. Hansen, Director  
Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950

Re: OIG# 120716-01 Status of Corrective Actions, Auditor General  
Report No. 2012-142, State of Florida - Compliance and Internal  
Controls Over Financial Reporting and Federal Awards

Dear Director Hansen:

In accordance with the provisions of Section 20.055(5)(h), Florida  
Statutes, we asked the responsible managers for the current status of  
each finding identified in the report.

The findings, recommendations, the manager's original response, and  
the July 2012 status of corrective actions are attached. We have  
reviewed these and believe the actions taken are acceptable.

Please contact me if you have any questions.

Sincerely,

Marvin Doyal, CPA  
Inspector General

MD:cs  
Enclosure

cc: JLAC@leg.state.fl.us

Status of Corrective Action Plan for the Auditor General's A-133 Audit Report  
(Report No. 2012-142) for Fiscal Year 2010-2011

Finding Number:	FA 11-035
Finding:	<p>FAPD did not properly identify SSBG expenditures within its accounting records. Consequently, FAPD did not fairly report expenditures on the Schedule of Expenditures of Federal Awards data form.</p> <p>FAPD received SSBG funds through an interagency agreement with the Florida Department of Children and Family Services (FDCFS), whereby FDCFS paid FAPD a fixed monthly amount to provide services for individuals who have a developmental disability. SSBG Program expenditures reported on the SEFA, after adjustment, totaled \$167,459,344.</p> <p>FAPD utilized the SSBG Trust Fund to account for direct SSBG Program expenditures and reported those expenditures on the State's Schedule of Expenditures of Federal Awards (SEFA). Subsequent to our inquires, FAPD indicated that additional SSBG expenditures totaling \$3,766,628 were charged to the General Revenue Fund and Operations and Maintenance Trust Fund during the 2010-2011 fiscal year. However, these expenditures were not included on the State's SEFA.</p> <p>Additionally, FAPD reported \$4,000,000 that was transferred from the SSBG Trust Fund to the State's General Revenue Fund as expenditures on the SEFA. However, according to FAPD staff, these transfers were made from State funds maintained in the SSBG Trust Fund and did not represent a transfer or other expenditure of SSBG Program funds. After adjustment, FAPD SSBG expenditures on the SEFA totaled \$14,272,378.</p>
Recommendation:	We recommend that FAPD ensure that SSBG expenditures are properly identified in the accounting records and included on the State's SEFA.
APD Response:	FAPD concurs with this recommendation.
Corrective Action Plan:	FAPD's accounting records will be updated to properly identify SSBG expenditures and to ensure the accuracy of FAPD's accounting records as well as to be in compliance with federal regulations. Future reports for the State's SEFA will contain accurate information that will be appropriately identified in FAPD's accounting

Status of Corrective Action Plan for the Auditor General's A-133 Audit Report  
(Report No. 2012-142) for Fiscal Year 2010-2011

	records.
Estimated Corrective Action Due Date:	This process will begin immediately and all accounting records will be made current no later than February 29, 2012.
APD Contact: Name: Phone Number:	Dawn Mc Williams, Financial Administrator (850) 488-4235
Current Status	SSBG expenditures are now being properly identified in APD's accounting records and will support the State's SEFA. An unexpected medical issue prevented completion of all updates for the first two quarters of the fiscal year by the original date of February 29, 2012, however all financial records are now being kept up to date in APD's accounting records.

Status of Corrective Action Plan for the Auditor General's A-133 Audit Report  
(Report No. 2012-142) for Fiscal Year 2010-2011

Finding Number:	FA 11-071
Finding:	<p>FAPD did not always ensure that annual recertifications were completed for Medicaid recipient's residing in intermediate care facilities for the developmentally disabled (ICF-DDs). Additionally, FAPD did not always ensure continued stay reviews were timely conducted.</p> <p>Medicaid recipients residing in ICF-DDs are required to have a certification of need of care every 12 months and a continued stay review at least every 6 months to safeguard against the unnecessary utilization of Medicaid services. According to FAPD staff, the certification of need of care for residents of State ICF-DD facilities was conducted by FAPD employees or contracted FAPD employees. For private ICF-DD facilities residents, the certification of need of care was conducted by ICF-DD employees or ICF-DD contracted employees. FAPD conducted the continued stay reviews at both State and private ICF-DD facilities.</p> <p>We tested FAPD records of 40 Medicaid recipients residing in ICF-DDs (9 in State facilities and 31 in private facilities) to determine whether certification of need of care and continued stay reviews were conducted. Our testing disclosed the following:</p> <ul style="list-style-type: none"> <li>➤ Annual recertification was required for 38 of 40 residents tested. For 3 of the 38 (7.9 percent) recipients, supporting documentation could not be provided to show that the annual recertifications had been completed. All 3 recipients resided in private facilities. During the 2010-2011 fiscal year, payments totaling \$317,324.79 were made on behalf of the three Medicaid recipients during periods in which a required certification of need of care was not available.</li> <li>➤ Continued stay reviews were required to be completed for 39 of 40 recipients tested. For 6 of the 39 (15.4 percent) recipients (including 2 of the 3 mentioned above), continued stay reviews were not conducted every 6 months as required. In these instances, FAPD had completed the reviews every 7 to 10 months.</li> </ul>

Status of Corrective Action Plan for the Auditor General's A-133 Audit Report  
(Report No. 2012-142) for Fiscal Year 2010-2011

<p>Recommendation:</p>	<p>We recommend the FAPD ensure that certification of need of care and continued stay reviews are timely completed and documented for all Medicaid recipients residing in ICF-DD facilities. Additionally, FAPD should ensure that ICF-DD facilities have a clear understanding of what is required to document the certification of need of care.</p>
<p>APD Response:</p>	<p><i>Annual Recertification (Certification of need of care)</i> Annual recertification was completed for all Medicaid recipients reviewed. For 3 of the 38 recipients the form utilized by the private ICF was an incorrect form and did not contain a physician's signature. These 3 recipients have resided at their respective facilities for many years.</p> <p><i>Continued Stay Reviews</i> Continued stay reviews (CSRs) were completed for all required Medicaid recipients reviewed. However, for the 6 (cited) of 39 recipients reviewed, the CSRs were not timely.</p>
<p>Corrective Action Plan:</p>	<p><i>Annual Recertification (Certification of need of care)</i> Correct annual recertifications have been completed.</p> <p>FAPD will ensure that the recertification form for all Medicaid recipients residing in the ICF/DD facilities are completed and documented in the records with each 6 month review. FAPD will provide additional in-service training for all those involved with this process.</p> <p>FAPD has requested that AHCA update their forms and procedures for this process to include clear delineation of roles and responsibilities. FAPD Central Office will provide follow up technical assistance to ensure compliance.</p> <p><i>Continued Stay Reviews</i> FAPD will ensure that the continued stay reviews for all Medicaid recipients residing in the ICF/DD facilities are completed within the required 6 month timeframe.</p>

Status of Corrective Action Plan for the Auditor General's A-133 Audit Report  
(Report No. 2012-142) for Fiscal Year 2010-2011

	<p>FAPD will provide additional in-service training for all those involved with this process.</p> <p>FAPD has requested that AHCA update their forms and procedures for this process to include clear delineation of roles and responsibilities. FAPD Central Office will provide follow up and technical assistance to ensure compliance.</p>
Estimated Corrective Action Due Date:	<p>Training for staff will be initiated immediately. (Feb. 2012)</p> <p>Request for AHCA to update forms and policy initiated. (Jan 2012)</p> <p>FAPD Central Office oversight to ensure compliance will be initiated immediately. (Feb 2012)</p> <p>Review of Interagency Agreement. (Feb 2012)</p>
APD Contact: Name: Phone Number:	Lori Gephart, Registered Nurse Consultant (850) 921-3786
Current Status	<p>Training for staff completed.</p> <p>Request for AHCA to update forms &amp; policy was initiated. FAPD is a member of the work group assigned to help re-write the ICF Handbook and policy/procedures (inclusive of standard forms). AHCA anticipates that the process will take 6-12 months for completion.</p> <p>FAPD Central Office reviews audit sample of paperwork to ensure compliance. (Ongoing)</p> <p>Interagency Agreement (Review by FAPD legal for proposed revisions ongoing).</p>