

Ron DeSantis  
Governor

July 17, 2020

■ ■  
Barbara Palmer  
Director

Barbara Palmer, Director  
Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950

■ ■  
State Office

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4030 Esplanade Way  
Suite 380  
Tallahassee  
Florida  
32399-0950

Re: OIG# 200519-01, Status of Corrective Actions, Auditor General  
Report No. 2020-170, State of Florida Compliance and Internal  
Controls Over Financial Reporting and Federal Awards

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Dear Director Palmer:

As required by section 20.055(6)(h), Florida Statutes, the corrective  
action status report for Auditor General Report Number 2020-170, State  
of Florida Compliance and Internal Controls Over Financial Reporting  
and Federal Awards is attached. The report details the implementation or  
current status of each recommendation.

Please contact me if you have any questions.

Sincerely,

*Erin Romeiser*

Erin Romeiser  
Inspector General

Enclosure

cc: [JLAC@leg.state.fl.us](mailto:JLAC@leg.state.fl.us)  
Melinda M. Miguel, Chief Inspector General  
Sherrill F. Norman, Auditor General  
David Dobbs, Chief of Staff

Status of Corrective Actions for Auditor General Report No. 2020-170,  
State of Florida Compliance and Internal Controls Over Financial  
Reporting and Federal Awards

Status Type		Report No.	Report Title	
STATUS UPDATE - 6 MONTHS		2020-170	Statewide Federal Financial Awards Audit	
Contact Person		Program/Process	Phone No.	
Lori Gephart, Program Administrator		Programs	(850) 921-3786	
Activity		Accountability	Schedule	
Utilization Control and Program Integrity		Responsible Unit	Repeat Finding	Anticipated Completion Date
		Clinical Supports	YES	Fully completed as of June 30, 2020
<b>Finding:</b>		FAPD records did not always evidence that continued stay reviews were completed for beneficiaries of Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF-IIDs) in accordance with the time frame specified by Federal regulations.		
<b>No.</b>	2019-035			
<b>Date</b>	3/25/2020			
<b>Recommendation</b>		We again recommend that FAPD management take steps, including implementing adequate record retention controls, to ensure that continued stay reviews of ICF-IID beneficiaries are timely completed and appropriately documented in accordance with Federal regulations.		
<b>Original Response/ Action Plan</b>		<p>The Agency concurs.</p> <p>FAPD has executed a contract with Keystone Peer Review Organization, Inc. to outsource the Utilization Review/Continued Stay Reviews (UR/CSR) function. One performance goal in the contract is to ensure 100% of the reviews are conducted every 6 months for beneficiaries of Intermediate Care Facility Services for Individuals with Intellectual Disabilities.</p> <p>In addition to the executed contract, FAPD continues to conduct monthly Medical Case Management conference calls (statewide and Regional) for FAPD staff (including supervisors). UR/CSR is a standard topic on the agenda and includes the region providing an update on the UR/CSRs performed and any outstanding issues. Also discussed during our conference calls are upcoming reviews and any potential barriers of the CSRs that are coming due and to account for all the CSRs that should have been completed. Focus in the Regions will be on ensuring that all reviews are completed timely.</p> <p>FAPD will monitor Regional completion of Continued Stay Reviews and Certificates of Need completed by the facilities.</p> <p>Regional management provides oversight and supervision of the</p>		

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	UR/CSR process.
<b>Status Updates</b> <input type="checkbox"/> Open <input type="checkbox"/> Partially complete <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Complete pending verification by OIG <input type="checkbox"/> Management assumes risk	KEPRO has assumed responsibility for the 6-month CSRs and checking on the physician certifications. The APD MCMs no longer complete the 6-month CSRs but are responsible for the eligibility/admission paperwork and timely submission of the admission paperwork to KEPRO. FAPD meets with KEPRO at least once a month to review issues regarding CSRs, Certificates of Need and any adverse determinations.