

Ron DeSantis

Governor

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Barbara Palmer

Director

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State Office

■ ■

4030 Esplanade Way

Suite 380

Tallahassee

Florida

32399-0950

■ ■

(850) 488-4257

Fax:

(850) 922-6456

■ ■

Toll Free:

(866) APD-CARES

(866-273-2273)

July 22, 2021

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

Re: OIG No. 210701-02-FUP, 6-month status follow-up on Auditor General (AG) Report No. 2021-182, State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards

Dear Director Palmer:

As required by Section 20.055(6)(h), Florida Statutes, the corrective action status report for AG Report Number 2021-182, State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards is attached. The report details the 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  
Rose Salinas, Deputy Director of Budget, Planning, and Administration  
Clarence Lewis, Deputy Director of Operations  
Lynne Daw, Chief of Provider Supports  
Lori Gephart, Program Administrator - Operations, Provider Supports  
Aares Williams, Contract Administrator

Status of Corrective Actions for Auditor General Report No. 2021-182,  
State of Florida Compliance and Internal Controls Over Financial  
Reporting and Federal Awards

Status Type		Report No.	Report Title	
STATUS UPDATE - 6 MONTHS		2021-182	Statewide Federal Financial Awards Audit	
Contact Person		Program/Process	Phone No.	
Lori Gephart, Program Administrator		Programs	(850) 921-3786	
Aares Williams, Contract Administrator		Contract Administration	(850) 414-7538	
Activity		Accountability	Schedule	
Utilization Control and Program Integrity		Responsible Unit	Repeat Finding	Anticipated Completion Date
		Clinical Supports / Bureau of Contract Administration	No	12-31-2021
<b>Finding:</b>		The FAPD did not monitor the quality improvement organization (QIO) responsible for providing utilization review (UR) and continued stay review (CSR) services to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) to ensure compliance with Federal regulations.		
<b>No.</b>	2020-044			
<b>Date</b>	March 2021			
<b>Recommendation</b>		We recommend that FAPD management take steps to ensure that FAPD records evidence appropriate monitoring and follow-up on QIO performance to ensure compliance with Federal regulations.		
<b>Original Response/ Action Plan</b>		<p><b>Lori Gephart, Program Administrator - Operations, Provider Supports/Clinical provided the following response on March 11, 2021:</b></p> <p>FAPD executed a contract with Keystone Peer Review Organization, Inc. (KEPRO) to outsource the Utilization Review/Continued Stay Reviews (UR/CSR) function for the beneficiaries of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). KEPRO began reviewing records in June 2019 and assumed responsibility for the UR/CSR function in July 2019. KEPRO has an electronic system that tracks due dates for CSRs, certification, and UR plans. FAPD remains responsible for eligibility and admissions (initial paperwork and notification to KEPRO).</p> <p>March 2020 the Governor signed Executive Order 20-51 which directed the Florida Surgeon General to declare a public health emergency and outline measures to protect the public. At present, we continue to operate under Emergency Orders that have restricted visitation to our Long-Term Care Facilities, impacting the ability to perform reviews. Throughout 2020, neither KEPRO nor APD had control of decisions that ICF/IID facilities made in completing paperwork timely. ICF/IID facilities also continue to admit individuals without following the process and notifying APD.</p> <p>ICF/IID facilities are licensed and monitored by AHCA. Rules holding the facilities accountable for completing and providing necessary paperwork timely need to be</p>		

Status of Corrective Actions for Auditor General Report No. 2021-182,  
State of Florida Compliance and Internal Controls Over Financial  
Reporting and Federal Awards

addressed.

FAPD will request assistance from AHCA and will document the continued need for assistance.

FAPD will continue to work with APD legal to pursue needed assistance to address compliance issues.

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.

FAPD now includes KEPRO on the admission/authorization emails and transfer/discharges to ensure all known admissions/transfers are accounted for to KEPRO.

FAPD meets with KEPRO at least twice a month to review reports, performance measures, issues, admission paperwork, transfers/ discharges, and deaths.

FAPD now requires our Medical Case Managers to include the APD ICF authorization with all admission paperwork. FAPD has discussed with KEPRO training updates for the ICF/IID facilities.

FAPD will look at the KEPRO performance measures to make sure as we move forward, they adequately capture the percentage completed.

KEPRO is now requesting a resident census from each ICF/IID prior to each facility review.

Anticipated Completion Date: 12/31/2021

**Aares Williams, Contract Administrator provided the following response on March 11, 2021:**

FAPD executed a contract with quality improvement organization (QIO) Keystone Peer Review Organization, Inc. (KEPRO) to provide Utilization Review/Continued Stay Review (UR/CSR) services to ICF-IIDs. The quarterly performance measures of the contract are 1) Completion of an Initial Admission UR within 30 days of admission; 2) Completion of a CSR within 180 days of the previous CSR; 3) Verification of all Certifications of Need for Care completed by the ICF-IID within 30 days of admission; 4) Verification of all annual Re- certifications of Need during the Annual Habilitation Plan month; and 5) Compliance with the Federal Audit compliance requirements.

KEPRO relies heavily on the information received from the ICF to conduct the UR/CSR. FAPD has begun coordinating possible strategies to assist with ensuring ICF accountability in timely delivery of data and will continue to do so until

Status of Corrective Actions for Auditor General Report No. 2021-182,  
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	<p>resolution of the issue.</p> <p>Effective July 1, 2021, FAPD Contract Administration will monitor the performance measures on a quarterly basis utilizing CA-43 (Quarterly Performance Monitoring Form).</p> <p>Anticipated Completion Date: 6/30/2021</p>
<p><b>Status Updates</b></p> <p><input type="checkbox"/> Open</p> <p><input checked="" type="checkbox"/> Partially complete</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Complete pending verification by OIG</p> <p><input type="checkbox"/> Management assumes risk</p>	<p><b>Lori Gephart, Program Administrator - Operations, Provider Supports/Clinical provided the following response on July 20, 2021:</b></p> <p>ICF/IID facilities are licensed and monitored by AHCA. Rules holding the facilities accountable for completing and providing necessary paperwork timely need to be addressed. FAPD has met with AHCA to discuss this issue and APD has documented the continued need for assistance.</p> <p>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.</p> <p>FAPD includes KEPRO on the admission/authorization emails and transfer/discharges to ensure all known admissions/transfers are accounted for to KEPRO. FAPD meets with KEPRO at least twice a month to review reports, performance measures, issues, admission paperwork, transfers/ discharges, and deaths.</p> <p>FAPD requires our Medical Case Managers to include the APD ICF/IID authorization with all admission paperwork.</p> <p>KEPRO will provide training updates for the ICF/IID facilities.</p> <p>KEPRO requests a resident census from each ICF/IID prior to each facility review.</p> <p>KEPRO issues a repeated fourteen (14) day email alert to the ICF/IIDs for required paperwork.</p> <p>The KEPRO contract was updated in June 2021 to realign the performance measures.</p> <p><b>Aares Williams, Contract Administrator provided the following response on July 20, 2021:</b></p> <p>Contract Administration created CA-Form 43a to monitor the performance measures on a quarterly basis. The form is active and shall be utilized by the Contract Manager effective as of July 1, 2021.</p> <p>Contract Administration requested that the Vendor complete a Monitoring Self-</p>

Status of Corrective Actions for Auditor General Report No. 2021-182,  
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	<p>Evaluation by April 30, 2021. The evaluation was completed timely and the Agency reviewed the evaluation and provided feedback.</p> <p>Contract Administration conducted a risk assessment, in January 2021, of the vendor’s contractual performance during Fiscal Year 2020-2021 and determined the risk level as low risk. Low risk requires an onsite review every three years and an annual desk review.</p> <p>Contract Administration conducted a desk review in April 2021 and determined that requirements related to 1) Method of Payment; 2) Insurance; 3) Required Reports; 4) Subcontracting; and 5) Fixed Assets were met by the vendor and that the risk level remains low.</p>
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Status Type	Report No.	Report Title		
STATUS UPDATE - 6 MONTHS	2021-182 (SSPAF)	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	6-30-2022	
<b>Finding:</b>				
<b>No.</b>	2019-035			
<b>Date</b>	March 2021			
The FAPD did not always ensure that continued stay reviews were conducted every 6 months for beneficiaries of Intermediate Care Facility Services for Individuals with Intellectual Disabilities. (ICF-IIDs).				
<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>Last Response/ Action Plan</b>				
<p><b>Lori Gephart, Program Administrator - Operations, Provider Supports/Clinical provided the following response on February 26, 2021:</b></p> <p>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</p>				

Status of Corrective Actions for Auditor General Report No. 2021-182,  
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	<p>of Need and any adverse determinations. FY2019-20 Q1 and Q2 – transition to KEPRO APD MCMs were not always timely in providing the admission paperwork and some spreadsheets were incomplete.</p> <p>KEPRO also encountered difficulties with ICF compliance during the transition months. APD is now including KEPRO on all correspondence with the ICFs regarding admissions. ICFs are still admitting without informing APD or KEPRO which impacts</p> <p>timely completion of paperwork. It is worth noting that APD does not license or monitor ICFs. There are limited Rules regarding the ICFs requirement and responsibility to having a correct and timely</p> <p>CSR and to complete the required paperwork within the annual timeframe.</p>
<p><b>Status Updates</b></p> <p><input type="checkbox"/> Open</p> <p><input checked="" type="checkbox"/> Partially complete</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Complete pending verification by OIG</p> <p><input type="checkbox"/> Management assumes risk</p>	<p><b>Lori Gephart, Program Administrator - Operations, Provider Supports/Clinical provided the following response on July 20, 2021:</b></p> <p>FAPD meets with KEPRO two times a month to review issues regarding CSRs, Certificates of Need, paperwork and any adverse determinations.</p> <p>KEPRO issues a repeated fourteen (14) day email alert to the ICF/IIDs for required paperwork. APD has reached out to AHCA (Agency for Healthcare Administration) for assistance in obtaining required paperwork.</p> <p>APD includes KEPRO on all correspondence with the ICFs regarding known admissions and transfers. ICFs are still admitting without informing APD or KEPRO which impacts timely completion of paperwork. APD does not license or monitor the ICF/IIDs. There are limited Rules regarding ICF/IID compliance. APD has met with AHCA to address this issue.</p> <p>The KEPRO contract was updated in June 2021 to realign the performance measures.</p>

July 22, 2021

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4030 Esplanade Way  
Suite 380  
Tallahassee  
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32399-0950  
(850) 488-4257  
Fax:  
(850) 922-6456  
Toll Free:  
(866) APD-CARES  
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**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
AGENCY FOR PERSONS WITH DISABILITIES (FAPD)**

FOR THE FISCAL YEAR ENDED JUNE 30, 2021

<u>Finding No(s). (1)</u>	<u>Program/Area</u>	<u>Brief Description</u>	<u>Status of Finding</u>	<u>Comments</u> (If Finding is not Fully Corrected, include reason for Finding's recurrence and corrective actions planned and taken)
2020-044 2019-035 2018-031 2017-043 2016-043 2015-039	Medicaid Cluster  CFDA Nos. 93.775, 93.777, and 93.778	The FAPD did not monitor the quality improvement organization responsible for providing utilization review and continued stay review services to Intermediate Care Facilities for Individuals with Intellectual Disabilities to ensure compliance with Federal regulations.	Partially Corrected	<p>ICF/IID facilities are licensed and monitored by AHCA. There are limited Rules regarding ICF/IID compliance. Rules holding the facilities accountable for completing and providing necessary paperwork timely need to be addressed. FAPD has met with AHCA to discuss this issue and APD has documented the continued need for assistance.</p> <p>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.</p> <p>FAPD includes KEPRO on the admission /authorization emails and transfer/ discharges to ensure all known admissions/ transfers are accounted for to KEPRO. FAPD meets with KEPRO at least twice a month to review reports, performance measures, issues, admission paperwork, transfers/ discharges, and deaths. Additionally, to review issues regarding CSRs, Certificates of Need, paperwork and any adverse determinations. ICFs are still admitting without informing APD or KEPRO which impacts timely completion of paperwork.</p> <p>FAPD requires our Medical Case Managers to include the APD ICF/IID authorization with all admission paperwork. KEPRO will provide training updates for the ICF/IID facilities. KEPRO requests a resident census from each ICF/IID prior to each facility review.</p> <p>KEPRO issues a repeated fourteen (14) day email</p>

**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**  
**AGENCY FOR PERSONS WITH DISABILITIES (FAPD)**  
 FOR THE FISCAL YEAR ENDED JUNE 30, 2021

<u>Finding No(s). (1)</u>	<u>Program/Area</u>	<u>Brief Description</u>	<u>Status of Finding</u>	<u>Comments</u> (If Finding is not Fully Corrected, include reason for Finding's recurrence and corrective actions planned and taken)
				<p>alert to the ICF/IIDs for required paperwork. The KEPRO contract was updated in June 2021 to realign the performance measures.</p> <p>Contract Administration created CA-Form 43a to monitor the performance measures on a quarterly basis. The form is active and shall be utilized by the Contract Manager effective as of July 1, 2021.</p> <p>Contract Administration requested that the Vendor complete a Monitoring Self-Evaluation by April 30, 2021. The evaluation was completed timely and the Agency reviewed the evaluation and provided feedback.</p> <p>Contract Administration conducted a risk assessment, in January 2021, of the vendor's contractual performance during Fiscal Year 2020-2021 and determined the risk level as low risk. Low risk requires an onsite review every three years and an annual desk review.</p> <p>Contract Administration conducted a desk review in April 2021 and determined that requirements related to 1) Method of Payment; 2) Insurance; 3) Required Reports; 4) Subcontracting; and 5) Fixed Assets were met by the vendor and that the risk level remains low.</p>

Note: (1) Finding No(s). refer to audit findings in report No. 2016-159 (2015-), report No. 2017-180 (2016-), report No. 2018-189 (2017-), report No. 2019-186 (2018-), report No. 2020-170 (2019-), or report No. 2021-182 (2020-).

Name and Title of Responsible Official(s):  
 Lori Gephart, Program Administrator - Operations, Provider Supports/Clinical  
 Aares Williams, Contract Administrator