


agency for persons with disabilities
State of Florida

Ron DeSantis
Governor

July 26, 2022

■ ■
Barbara Palmer
Director

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

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(866) APD-CARES
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Re: OIG No. 220712-01-FUP Status of Corrective Actions, Auditor General Report No. 2022-189, State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards

Dear Director Palmer:

In accordance with the provisions of Section 20.055(6)(h), Florida Statutes, we asked the responsible managers for the current status of the finding identified in the report.

The finding, recommendation, the managers' original response, and the 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,

Erin Romeiser

Erin Romeiser, CIG, CFE, CIGI
Inspector General

MD: se
Enclosure

cc: JLAC@leg.state.fl.us
Melinda M. Miguel, Chief Inspector General
Sherrill F. Norman, Auditor General
Gina Herron, Chief of Staff
Rose Salinas, Deputy Director of Budget, Planning, and Administration
Aares Williams, Contract Administrator
Clarence Lewis, Deputy Director of Operations
Lynne Daw, Chief of Provider Supports
Lori Gephart, Program Administrator – Operations, Provider Supports

Status of Corrective Actions for Auditor General Report No. 2022-189,
State of Florida Compliance and Internal Controls Over Financial
Reporting and Federal Awards

Status Type		Report No.	Report Title	
STATUS UPDATE - 6 MONTHS		2022-189	Statewide Federal Financial Awards Audit	
Contact Person		Program/Process	Phone No.	
Lori Gephart, Program Administrator Aares Williams, Contract Administrator		Programs / Contract Administration	(850) 921-3786	
Activity		Accountability	Schedule	
Utilization Control and Program Integrity		Responsible Unit	Repeat Finding	Anticipated Completion Date
		Clinical Supports / Bureau of Contract Administration	Yes	Estimated 12/31/2023
Finding:		The FAPD did not ensure that utilization review (UR) and continued stay review (CSR) services for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) complied with Federal regulations.		
No.	2021-079			
Date	March 2022			
Recommendation		We recommend that FAPD management take steps, including collaborating with the FAHCA, to ensure that FAPD records evidence appropriate monitoring of, and follow-up regarding, QIO performance, and to promote the timely submission of accurate ICF-IID information to the QIO.		
Original Response/ Action Plan		<p>Lori Gephart, Program Administrator, and Aares Williams, Contract Administrator, provided the following response on March 17, 2022:</p> <p>The FAPD presents the following corrective action to address the issue:</p> <ol style="list-style-type: none"> 1. Collaboration between FAPD and FAHCA to ensure timely submission of accurate information and/or documentation from the ICF-IIDs to the QIO. <ol style="list-style-type: none"> a. ICF/IID's are licensed and monitored by FAHCA which handicaps the FAPD and the QIO when enforcing ICF/IID facilities to timely comply with requests for information and/or documentation. <ol style="list-style-type: none"> i. To assist with alleviating this non-compliance the FAPD has contacted FACHA for assistance with creating new or updating current policies and/or procedures that will hold the ICF/IID facilities accountable for responsiveness. A successful collaboration should produce updated policies and/or procedures by December 31, 2023. ii. FAPD shall conduct monthly Medical Case Management conference calls (Statewide and Regional) for FAPD staff and include the QIO on admission/authorization emails and transfer/discharges to ensure all known admissions/transfers are accounted for and reported accurately. 		

	<p>b. The QIO relies heavily on the information received from the ICF/IID to conduct the UR/CSR.</p> <ul style="list-style-type: none"> i. To assist with alleviating this, the QIO shall issue a repeated fourteen (14) day email alert to the ICF/IID requesting timely and accurate information and/or documentation. ii. FAPD shall meet with the QIO at least twice monthly to review reports, performance measures, issues, admission paperwork, transfers/discharges, and deaths. iii. FAPD shall request that the QIO provide training updates to the ICF/IID by July 1, 2023. <p>2. During Fiscal Year 2021-2022 the FAPD noted the need for additional monitoring related to the Quarterly Performance Measure Specification Reports submitted by the QIO.</p> <ul style="list-style-type: none"> a. On July 1, 2021, FAPD Contract Administration began monitoring the performance measures on a quarterly basis utilizing Form CA-43a (Quarterly Performance Monitoring Report). <ul style="list-style-type: none"> i. If Form CA-43a indicates the provider is not meeting the measures, the provider will be notified by the Agency in writing utilizing Form CA-20 within three (3) days of receipt of the quarterly performance report. ii. The provider has thirty (30) days to present a Corrective Action Plan (CAP) that details actions necessary to meet the performance measures. <p>Upon submission of the next quarterly performance specification report, the provider must evidence progress towards meeting the required performance specification as outlined in the QIO CAP response. If progress is not evidenced, FAPD will request the provider submit monthly performance specification reports indicating strategies to improve the performance measure(s).</p> <p>Anticipated Completion Date: 12/31/2023</p>
<p>Status Updates</p> <p><input type="checkbox"/> Fully Corrected</p> <p><input type="checkbox"/> Not Corrected</p> <p><input checked="" type="checkbox"/> Partially Corrected</p>	<p>Lori Gephart, Program Administrator, and Aares Williams, Contract Administrator, provided the following response on July 25, 2022:</p> <p>FAPD has not made any adjustments or changes to our original response and Corrective Action Plan for Finding No. 2021-079. Additionally, the QIO requests an updated resident census from each ICF/IID prior to each facility review. The CA-43a is currently in use and has corrected the non-compliance in meeting the Performance Measures. FAPD continues to implement the corrective actions and the finding will remain partially corrected until FAHCA has the mechanisms in place to enforce ICF/IID facilities to timely comply with the QIO requests for information and/or documentation.</p>

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SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FLORIDA AGENCY FOR PERSONS WITH DISABILITIES (FAPD)
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

<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)
2021-079 2020-044 2019-035 2018-031 2017-043 2016-043 2015-039	Medicaid Cluster ALNs 93.775, 93.777, and 93.778	The FAPD did not ensure that utilization review (UR) and continued stay review (CSR) services for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) complied with Federal regulations.	Partially Corrected	FAPD has not made any adjustments or changes to our original response and Corrective Action Plan for Finding No. 2021-079. Additionally, the QIO requests an updated resident census from each ICF/IID prior to each facility review. The CA-43a is currently in use and has corrected the non-compliance in meeting the Performance Measures. FAPD continues to implement the corrective actions and the finding will remain partially corrected until FAHCA has the mechanisms in place to enforce ICF/IID facilities to timely comply with the QIO requests for information and/or documentation.

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-), report No. 2021-182 (2020-), or report No. 2022-189 (2021-).

Name and Title of Responsible Official(s):

Lori Gephart, Program Administrator – Operations, Provider Supports/Clinical
Aares Williams, Contract Administrator

STATE OF FLORIDA AUDITOR GENERAL

Financial and Federal Single Audit

**STATE OF FLORIDA
COMPLIANCE AND INTERNAL CONTROLS
OVER FINANCIAL REPORTING
AND FEDERAL AWARDS**

In Accordance With the Uniform Guidance

For the Fiscal Year Ended
June 30, 2021



Sherrill F. Norman, CPA
Auditor General

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Finding Number	2021-079
Assistance Listing Number	93.775, 93.777, and 93.778 (Includes COVID-19 Awards)
Assistance Listing Program Title	Medicaid Cluster
Compliance Requirement	Special Tests and Provisions – Utilization Control and Program Integrity
State Entity	Florida Agency for Persons with Disabilities (FAPD)
Federal Grant/Contract Number and Grant Year	2005FL5MAP 2020 and 2105FLMAP 2021
Statistically Valid Sample	N/A
Finding Type	Noncompliance and Significant Deficiency
Prior Year Finding	Report No. 2021-182, Finding No. 2020-044
Finding	The FAPD did not ensure that utilization review (UR) and continued stay review (CSR) services for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) complied with Federal regulations.
Criteria	42 CFR Part 456.4 – <i>Responsibility for monitoring the utilization control program</i> – The agency must monitor the statewide utilization control program. 42 CFR Part 456 – Utilization Control – Subpart F – <i>Utilization Control: Intermediate Care Facilities</i>
Condition	<p>The FAPD contracted with a quality improvement organization (QIO) to provide UR and CSR services to ICF-IIDs. The contract required the QIO to submit a quarterly Performance Specification Report to the FAPD. To allow the FAPD to monitor compliance with Federal regulations and contract requirements, the quarterly Performance Specification Report included five performance measures aligned to Federal requirements: 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.</p> <p>Our review of the quarterly Performance Specification Reports submitted by the QIO to the FAPD during the 2020-21 fiscal year found that the QIO did not always satisfy the required performance measures, resulting in noncompliance with the utilization control requirements established in Federal regulations. Specifically, in all four quarters, the percentage of performance for performance measures 1, 3, and 4 was below the required 100 percent and ranged from 43 percent to 98 percent. Additionally, our review of FAPD monitoring records disclosed that the FAPD did not document the review of the Performance Specification Reports and, according to FAPD management, the FAPD did not issue corrective action plans evidencing follow-up with the QIO regarding deficiencies noted in the Performance Specification Reports.</p>
Cause	FAPD management indicated that the QIO did not always meet the performance measures because the ICF-IIDs did not timely provide accurate information and appropriate documentation to the QIO. In addition, FAPD management indicated that the FAPD lacked authority over the ICF-IIDs since they are licensed and monitored by the Florida Agency for Health Care Administration (FAHCA). Notwithstanding, the FAPD is responsible for the contract with the QIO and should work with the FAHCA to ensure that the QIO is meeting the utilization control requirements established in Federal regulations.
Effect	Absent adequate monitoring of the QIO and follow-up to address identified performance issues, the FAPD cannot demonstrate compliance with Federal regulations.

Recommendation

We recommend that FAPD management take steps, including collaborating with the FAHCA, to ensure that FAPD records evidence appropriate monitoring of, and follow-up regarding, QIO performance, and to promote the timely submission of accurate ICF-IID information to the QIO.

State Entity Response

Concur

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Financial and Federal Single Audit

**STATE OF FLORIDA
COMPLIANCE AND INTERNAL CONTROLS
OVER FINANCIAL REPORTING
AND FEDERAL AWARDS**

In Accordance With the Uniform Guidance

For the Fiscal Year Ended
June 30, 2021



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