



FLORIDA DEPARTMENT OF JUVENILE JUSTICE PROCEDURE

Title: Contract Management and Program Monitoring and Quality Improvement Procedures

Related Policy: Contract Management and Program Monitoring and Quality Improvement (FDJJ - 2000)

I. DEFINITIONS

Administrative Compliance Review – The annual review of a Provider’s compliance with the contract terms and conditions incidental to the direct care or supervision of Department youth. This includes the review of state-owned or leased property or equipment, financial reporting packages, financial management practices, provider policies and procedures, personnel training, licensing, and screening.

Assistant Secretary – The Assistant Secretary is the person within DJJ responsible for a designated program area office. For purposes of this document, this reference also includes the OHS Administration Manager.

Bureau Chief of Contract Management – The Department employee responsible for the statewide administration of the Bureau of Contract Management.

Bureau Chief of Monitoring and Quality Improvement – The Department employee responsible for the statewide administration of the Bureau of Monitoring and Quality Improvement.

Bureau of Contract Management – The office within the Department responsible for the management of all contracts executed by the Department.

Bureau of Monitoring and Quality Improvement – The office within the Department responsible for the assessment of program compliance in areas such as management, operations, and service delivery.

Certified Peer Reviewer – A program manager, supervisor, or other experienced employee who has been trained to participate in planned monitoring reviews and provides technical and professional assistance, expertise, and program knowledge to the review team. This may include Department or Provider staff. This is a staff member who is outside of the Bureau of Monitoring and Quality Improvement.

Compliance Rating – A rating category reflecting a program’s compliance during the annual compliance review. Compliance is rated for indicators in accordance to the following:

- **Indicator-Level Compliance** – Compliance rating for the indicator being reviewed, as determined by the review team:
 - **Satisfactory Compliance** – No exceptions to the requirements of the indicator; or limited, unintentional, as well as non-systemic exceptions that do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
 - **Limited Compliance** – Systemic exceptions to the requirements of the indicator resulting in the interruption of service delivery, or typically require oversight by management to address the issues systemically.

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- **Failed Compliance** – The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
- **Standard-Level Failed Compliance** – Compliance rating for the standard being reviewed, based on the aggregate of indicator-level compliance ratings within a standard.
- **Overall Program Failed Compliance** – Compliance rating for the program being reviewed, based on the aggregate of all indicator-level compliance ratings within all standards.
- **Standard-Level or Overall Program Failed Compliance** – When the aggregate of indicator-level compliance ratings within a standard or an overall review results in at least one of the following conditions occur:
 - At least 20% or more indicators are rated as “Failed Compliance”;
 - At least 10% of indicators are rated as “Failed Compliance” **and** 20% of indicators are rated as “Limited Compliance”;
 - At least 5% of indicators are rated as “Failed Compliance” **and** 30% of indicators are rated as “Limited Compliance”;
 - At least 40% or more of combined indicators are rated as “Limited Compliance” or “Failed Compliance”;
 - At least 20% or more of combined Critical indicators are rated as “Limited Compliance” or “Failed Compliance” (Day Treatment, Detention, Residential) – Overall Program Failed Compliance Only;
 - At least 50% or more of combined Critical indicators are rated as “Limited Compliance” or “Failed Compliance” (Transition, Prevention, Outward Bound, IDDS, JDAP, Probation Redirection) - Overall Program Failed Compliance Only; or
 - At least two (2) failed standards which includes failing a Health or Safety and Security standard, or failing any three standards - Overall Program Failed Compliance Only.

Contract – For this document, a contract is a formal written agreement between the Department and an individual or organization for the procurement of commodities or services. The Department’s standard contract for services may consist of the contract terms and conditions, scope of services, exhibits, attachments, amendments, renewal(s), and those portions of the provider’s proposal that have been incorporated by reference. Pursuant to Chapter 287, Florida Statutes, a contract must be executed by both parties and in effect prior to services being rendered. The Department’s official contract copy is maintained by the Bureau of Procurement and Contract Administration, Office of Program Accountability (OPA).

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Contract File – A file(s) maintained for each DJJ contract, which may be electronic, containing information related to the operation of a program, the contract, invoicing and payment, and other contract-related documents.

Contract Initiation Review – A formal process, conducted by the contract manager, which begins when a contract has been awarded or a provider has been determined for any given contract. The initiation process may involve other Department staff depending on the type of services being provided. A Contract Initiation Checklist will be used for this process when the services to be provided are not associated with the operation of a juvenile center or program. Those centers or programs will instead require a full pre-operational review.

Contract Ledger – An accounting document used by the contract manager to track contract financial budgetary transactions. The ledger can be maintained manually or electronically but a copy of the most current version must be kept in the contract file.

Contract Manager (CM) – Per Section 287.057 (15), F.S., the Department’s employee responsible for enforcing the compliance with contract terms and conditions, and is the primary point of contact through which contracting information flows between the Department and the provider.

Contract Provider – Any person or business entity that contractually operates a program or provides services on behalf of the Department.

Contract Tracking System (CTS) – The electronic system used by the Department to develop contracts, contract amendments, and settlement agreements. This system includes an electronic approval process, contract activity tracking, generate reports, and stores copies of all related contract documents.

Critical Deficiency (PMM) – A deficiency immediately affecting the safety, security or health of a youth under DJJ’s care, requiring immediate corrective action. Such issues include but are not limited to:

- serious physical plant issues which materially affect the life/safety of our youth;
- Medication Administration (could be inclusive of lack of general medical care which affects the health and welfare of our youth);
- lack of a qualified Designated Health Authority or Designated Mental Health Clinician Authority or with no interim procedure in place to provide the needed services to the youth;
- no provision for suicide assessment or related mental health emergency;
- inadequate number of trained staff to provide the minimum supervision necessary by contract; and
- a rating of Failed or Limited on a critical compliance indicator.

Cure Letter (or Notice) – Written notice to the Provider indicating the Department has noted a deficiency or deficiencies in the Provider’s performance under the contract, which may result in termination of the contract unless corrected within a specified time frame. The cure process is the Department’s progressive method of working with Providers to ensure the delivery of services are consistent with the terms of the contract, and applicable federal and state laws, rules, and regulations.

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Deficiency – Material results and observations derived from a contract or program monitoring which identifies the Provider’s failure to comply with specific terms and conditions of the contract or state-operated program guidelines as they relate to the Provider’s service delivery, operations, and financial stability. Deficiencies shall be described in the monitoring report and the Provider must correct the deficiencies. Deficiencies are categorized into the following: Minor, Major, and Critical.

Department – The Florida Department of Juvenile Justice or DJJ.

Financial Consequence – A monetary fee imposed as a result of failure to meet the defined level of service as outlined in the agreement or other contract terms, in accordance with Section 287.058(1)(h), F.S.

Florida Accounting Information Resource (FLAIR) – State of Florida accounting system maintained and owned by the Department of Financial Services (DFS) used by state agencies to record financial transactions.

Florida Accountability Contract Tracking System (FACTS) – The system used by DFS for public transparency and accountability that allows the public to see how the state is spending tax dollars, provides contract information to the Legislature, and maintains images of contracts, amendments, and procurement documents. The FACTS system is used to conduct post-award audits to ensure all contracts meet the requirement of Florida Statutes.

Formal Technical Assistance – Assistance given to a Service Provider where the instruction, guidance, and direction are: scheduled as a result of a monitoring event or report; requested by a Provider; or the result of an overarching policy or system change by DJJ. As a best practice, the person delivering the formal technical assistance should not be the same as the person who will subsequently program monitor the Provider’s service performance (unless they are the expert in the field and are required to provide technical assistance routinely), but this may not always be possible.

Indicator – The basic level of evaluation in the quality improvement process that focuses on a specific aspect of program operations or service delivery, such as in-service training, gender-specific programming, and medication administration. Each standard is comprised of multiple indicators.

Information Resource Request (IRR) – A standard form used within the Department for requesting approval from the Bureau Chief of Information Technology (IT) to acquire information technology resources.

Invoice Due Date – The date an invoice is to be submitted by the Provider for services rendered or expenses to be reimbursed as stated in the contract.

Juvenile Justice Information System (JJIS) – The informational system used by Department and Provider staff to track juvenile related information.

Limited Scope – Services by state operated and contracted Provider programs and units exempt from annual programmatic reviews requirement and receive annual administrative compliance reviews.

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Major Deficiency (PMM) – Major deficiencies are significant in nature and typically require oversight by management to ensure the issues are addressed systemically. A contractual or program deficiency resulting in at least one of the following:

- an interruption of service delivery;
 - the receipt of public funds for program services not delivered, (i.e. vocational or educational instruction or overlay service groups not provided, yet billed);
 - repeated minor deficiencies indicating no progress is made to correct the deficiency;
 - failure of a compliance indicator or standard determined during the annual compliance review;
 - services not provided in accordance with Department policy; or
 - a rating of failed on a non-critical or critical compliance indicator.
- **NOTE:** An identified major deficiency (including critical indicators with Limited or Failed ratings) requires completion of an OBCAP generated within the PMM system as well as the possibility of financial consequences.

Minor Deficiency (PMM) – Unintentional, non-systemic mistakes that do not result in reduced or substandard program service. Deficiencies that are non-fraudulent transactions, or, for state operated services, a Limited score on a non-critical compliance indicator. Minor deficiencies can be remedied without the need of a corrective action plan or consequences. These are less significant deficiencies that need to be addressed but not as quickly as a major deficiency. A minor deficiency can escalate into a major deficiency if it is left uncorrected.

Monitoring and Quality Improvement Regional Supervisor – The Department employee responsible for the management of monitoring operations and staff within a geographical area determined by the Department.

Monitoring Review Team – A group of individuals, typically composed of a monitoring review team lead, regional program monitor(s), and certified peer reviewer(s), assembled to review a program.

OHS Monitor – Department Office of Health Services (OHS) staff assigned to assess the quality and performance of health services (i.e., medical services, mental health services, substance abuse services, and psychiatric services) provided to youth under the supervision of the Department in state-operated or contracted facilities, and provide formal technical assistance as requested or clinically indicated. The OHS monitor is responsible for leading or otherwise conducting the OHS monitoring as assigned by the OHS supervisor. The monitor is responsible for all communication with the program to be reviewed, working through any logistical problems prior to the review, assembling, briefing, coordinating, and conducting monitoring activities, and preparing the draft monitoring summary. When an OHS monitor is included as a member of the MQI review team, the OHS monitor is responsible for leading and coordinating the OHS monitoring activities, time management, and preparing the team’s monitoring summary for assigned indicators.

Operating Capital Outlay (OCO) – An appropriation or budgetary category used to classify expenditures for property which has an acquisition cost of \$1,000 or more (to include computers, laptops, and tablets no matter the acquisition cost), and the normal expected life of one year or more.

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Outcome-Based Corrective Action Plan (OBCAP) – An outcome-based written plan prepared by the Provider listing each deficiency with steps and time frames for correction.

Pre-Operational (Pre-Op) Review – The review used to determine whether a facility or program Provider has the trained staff, policies, procedures, supplies, and equipment in place necessary to begin accepting youth or increasing admissions into a facility or program. Pre-operational requirements impact the ability of the center or program to accept youth, and the review is conducted prior to opening. This differs from start-up review, which is conducted after operations have begun, and the purpose of which is to ensure that items discovered in the earlier, pre-operational review have been addressed.

Prioritization and Planning (P&P) Team – Department staff responsible for completing the monitoring prioritization tool, development of compliance standards, updating monitoring tools and work papers, maintaining the Bureau of Monitoring and Quality Improvement’s databases, developing draft schedules, and reviewing and editing annual compliance reports. These staff are also referred to as the P&P team. The P&P team will complete a Monitoring Prioritization Tool within the first thirty (30) calendar days of each fiscal year and each subsequent quarter thereafter. The tool will determine the frequency and type of monitoring event (annual, supplemental, etc.) and rank each provider service based on a set of questions completed on a quarterly basis.

Program – An entity operated by or on behalf of the Department, either directly or through a contract Provider, providing delinquency intervention services to youth. A program can have multiple contracts. A Provider can have multiple programs.

Program Area – The specific DJJ area of responsibility for the services provided to youth or the Department performed by Department or contracted staff. These include Detention Services, Probation and Community Intervention, Prevention and Victim Services, Residential and Community Commitment, Office of Health Services, and Executive Direction.

Program Area Staff – This position will act as an operations resource and report to the program area supervisor. Staff will be responsible for such duties as performing incident management reviews and immediate response to incidents, approving Provider corrective action plans, closing out Provider and state-operated program deficiencies, participating in community outreach activities, and other duties assigned by the program area supervisor.

Program Monitoring and Management (PMM) – The Department system used by program area staff, regional monitors, contract managers, and Provider staff to track and record various aspects of Provider management and monitoring related information.

Programmatic Monitoring – Annual and supplemental assessment of program compliance in areas such as management, operations, and service delivery to accurately and effectively determine the level of performance and quality of services at which juvenile justice programs are achieving the Department’s mission.

Provider – A DJJ state-operated program or a contracted Provider responsible for providing services to the Department or the youth under DJJ’s care.

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Regional Monitoring Supervisor – Department staff who provides regional program monitors oversight, and the planning and assignment for the evaluation and monitoring of programs delivering services to youth under the supervision of the Department.

Regional Program Monitor – Department staff assigned to assess the performance of services provided to Department youth in provider-operated or state-operated programs. A regional program monitor is responsible for leading or otherwise conducting compliance reviews as assigned by the regional monitoring supervisor. The regional program monitor is responsible for all communication with the program to be reviewed, working through any logistical problems prior to the review, monitoring and time management of the review team (if applicable), assembling, briefing, and coordinating the activities of the review team (if applicable), and preparing the draft monitoring report.

Root Cause – An initiating action or a chain of events which is the direct or immediate cause to a deficiency; it is the true cause of the incident or practice.

Service – Any form of assistance provided to the Department or directly to a youth as outlined in the deliverable section of a contract or by state-operated program guidelines.

Settlement Agreement – As defined in the Reference Guide for State Expenditures, a settlement is an agreement obligating the State or agency to expend state funds to discharge a debt due a person, entity or group of persons when the amount owed, pursuant to a contract, purchase order or other form of indebtedness, is in dispute.

Start-Up Monitoring – The review used to verify that any items not completed by the Provider during the pre-operational review have been completed, and the program is operating according to terms and conditions. The review is typically conducted between forty-five (45) to sixty (60) business days after the program has begun operations.

Verification Monitoring – A structured on-site or off-site visit reviewing and confirming the services delivered by a Provider. For managing deficiencies, this monitoring visit examines progress on a specific OBCAP to ensure full compliance on correction of the deficiency.

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II. STANDARDS/PROCEDURES

A. Transitioning Programs

A contract initiation review is completed to ascertain the readiness of the program to begin operations or when there is a change in type of service delivery or change in location. Contracts not involving youth-related programs are not subject to on-site reviews but will have a Contract Initiation Checklist completed at the start of the contract to ensure the Provider is ready to provide services. Direct-care programs will have a complete pre-operational review using the pre-operational tool. In addition, a start-up monitoring will take place to ensure full operational compliance has been achieved by the Provider.

NOTE: Generally, pre-operational reviews take place upon award of the new Provider and start-up monitoring takes place *approximately* forty-five (45) to sixty (60) business days after the Provider begins providing services.

Program transitions, openings, and closings can occur under various circumstances. There are primarily 3 types of transitions that can occur:

1. Program Activation – No corresponding closure at same site: This type of transition involves pre-operational reviews and start-up monitoring.
2. Program Closure – No corresponding activation at same site: The type of transition only involves closure type activities for the exiting Provider.
3. Program Transition – Transition of a program from one Provider to another: This type of transition involves pre-operational reviews and start-up monitoring for the new Provider. The existing Provider will go through closure type activities.

B. On-Going Contract Management

The contract manager is responsible for a multitude of functions associated with the overall management and oversight of contracted Provider performance. The contract manager must be knowledgeable regarding contract terms and conditions, service delivery, and issues regarding performance. The contract manager must have open lines of communication with the Provider, regional program monitors, and program area staff to effectively manage the contract.

Major functions of the contract manager have been outlined in these procedures. This list may not be all inclusive of day-to-day events the contract manager may be a part of, but it captures many of them.

1. Contract File Maintenance
 - a. Management instruments are the major reference materials that not only document the contract manager's work but also enable others who have no previous connection with the management activities to see the evidence supporting the contract manager's conclusions and determinations. Examples of management instruments are completed administrative compliance review tools, copies of Provider records, contract manager's notes from interviews and observations.

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- b. Contract managers will use SharePoint to store all contract related documents. This library is where scanned or electronic documents are archived for safekeeping and to create efficiencies for other Department staff across the state who work with the same Providers.

2. Contract Review

- a. The contract manager is often involved in the review of a contract prior to its execution. This review occurs in the Contract Tracking System (CTS) used by the Department to procure contractual services. The contract manager's review is generally limited to the review of the method of payment, deliverables, invoice, and report sections, but they may be consulted to provide feedback on other portions of the contract as well.

3. Monitoring Plan

- a. A monitoring plan is required to be completed at the beginning of each fiscal year. A monitoring plan is required during the year if scheduled activities change for each contracted program. More information regarding developing a monitoring plan can be found in subsection E Develop Monitoring Plan.
- b. Each time a plan is completed or updated by the contract manager or a regional program monitor, it is routed in PMM for the supervisor's approval.

4. Inventory

- a. The contract manager is responsible for the tracking of all state-owned property at any contracted Provider's site or program. Managing the inventory of a contract involves two (2) types of property: items costing \$1,000 or more (OCO) including computers laptops, and tablets (no matter the purchase price) and Non-OCO inventory which includes items \$100 to \$999.99. Contract language requires the Provider to submit joint inventory reports to the contract manager throughout the contract period for property purchased at the program.
- b. For property costing \$1,000 or more (including computers, laptops, and tablets) an annual inventory is issued by the Bureau of General Services. The inventory period is December through April of each year. The program area's Regional General Services Liaisons (GSL) will conduct the physical inventory for contracted provider programs where DJJ funds have been used to purchase property by utilizing the bar-code scanning tool. At this same time, they will conduct the Non-OCO inventory utilizing the excel spreadsheet.
- c. Tagging of property categorized as OCO is imperative so that the inventory can be accounted for and properly tracked in FLAIR. When the Provider has purchased an OCO item(s) (to include computers, laptops, and tablets), they should submit a Property Information Worksheet to the program areas Regional GSL. The GSL will route that form to General Services so that a property number can be assigned. General Services will return the property ID tag(s) to the Regional GSL who will adhere the tag to the property purchased. Items not classified as OCO do not get property numbers assigned but should have a non-number "Property of Department of Juvenile Justice" tag adhered (these tags can be requested from General Services).

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- d. The program area Regional GSL will be responsible for maintaining the excel spreadsheet for the OCO and Non-OCO inventory. If items are surplussed, the Regional GSL will submit paperwork to General Services and upon approval, the items be moved to the surplus items tab in the excel spreadsheet. The program area Regional GSL will update the manufacturer and/or serial numbers for items replaced. When changes are made to this document, the program area Regional GSL will submit a copy to the contract manager.
- e. The contract manager is responsible for uploading the contract inventory into the Contract SharePoint website for each Provider program.

5. Information Resource Request (IRR)

- a. The contract manager is responsible for tracking all computer equipment purchased by a Provider with state dollars. Authorization for the purchase of computer equipment must be completed on an IRR. The Department has an on-line IRR routing system. Any IRR documents received by the contract manager should be routed to the Bureau of Contract Management administrative assistant for input into the system and routing for approval through IT according to Department policy. The contract manager should keep a copy of the approved IRRs in the contract file. The contract manager will be notified when the IRR is approved. Submit copy of approved IRR to the appropriate GSL to request property tags for computers, laptops, and/or tablets.

6. Major Maintenance Fund (MMF)

- a. If a Residential program is operated by a Provider in a state owned or leased facility, the Provider may be required to have a Major Maintenance Fund (MMF). This is a separate interest-bearing bank account where the Provider will be required to deposit a specified amount of funds to be used for any repairs to the facility costing \$1,000 or more that are approved through the work order process. The contract will specify what the required deposit amount is, the frequency of the deposits (usually monthly), and the threshold repair cost for MMF expenditures. It is the contract manager's responsibility to keep track of both the deposits (including interest) and the spending of the funds on this account. Repairs costing less than \$1,000 are the responsibility of the Provider and are not paid for from the MMF account.
- b. The Provider will be required to submit bank statements for the MMF account. The statements need to detail deposits, expenditures, and interest earned. The only expenditures allowed are for repair or maintenance that have gone through the work order process and been approved by Facility Services or the Regional Director. Items such as check and bank fees are not allowed. The contract manager should check the contract for the frequency of these statements and other specific requirements for the MMF.
- c. If it is the case that a Provider has multiple DJJ programs under one contract or separate contracts, an MMF account is to be established for each facility. Funds are not to be shared or borrowed across programs or contracts. Expenditures for repairs shall be made directly from the MMF account and not transferred out to another corporate account to be disbursed.

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- d. When submitting a copy of the bank statement to the contract manager, the Provider should include supporting documentation to include copies of checks, a copy of the approved work order for expenditures listed, and a copy of the related paid invoice.
- e. The contract manager should review the bank statement submitted by the Provider and ensure:
 - i. Deposits are made according to the contract requirements (both in amount and frequency);
 - ii. Interest is being earned;
 - iii. Expenditures match approved work order amounts; and
 - iv. All expenditures are allowed.
- f. If expenditures appear on the bank statement that cannot be accounted for by the manager, they should contact the Provider to obtain an explanation. If an expenditure was made for a repair or maintenance that exceeded the Facility Services approved amount that the manager had not been made aware of, the contract manager needs to contact the Regional General Services Liaison (GSL) and get authorization for use of the additional funds. Additional funds might be sales taxes or shipping fees that were not included in the original price quote for the work. It may be that the additional amount is not authorized and the provider will have to reimburse the MMF for the difference.
- g. The contract manager must maintain a log to track all transactions related to the MMF to ensure they are consistent with the bank statements submitted by the Provider and to maintain the available balance.

7. Work Order Process

- a. A Repair and Maintenance Work Order with quotes, insurance documentation, etc. is submitted to Regional GSL for review and regional approval. (If the work order is sent to the manager it should be rerouted to the Regional GSL.) The Repair and Maintenance Work Order includes a place for the Provider to indicate the current balance in the MMF which should match the available balance on the contract manager's tracking log. The Repair and Maintenance Work Orders are submitted and process in the SharePoint Facilities Work Order System.
- b. The Regional GSL should email the contract manager to request verification of the MMF balance. The manager should update their tracking log with the pending work order amount. The pending amount should not be deducted from the available balance at this point. However, it needs to be noted so that in case another work order comes in prior to one being approved, that information can be shared with the Regional GSL when requesting a balance for the subsequent request.
- c. After verifying the MMF available balance, the Regional GSL will submit the Repair and Maintenance Work Order packet to the Regional Director for review and approval. It then goes to the Assistant Secretary, or designee, for review and approval. The Regional GSL then submits the

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Repair and Maintenance Work Order to Facility Services for final approval in the SharePoint Facilities Work Orders System.

- d. Facility Services will review and approve or disapprove the Repair and Maintenance Work Order and determine if the repair will be paid using the MMF or DJJ Facility Services project funds. DJJ Facility Services project funds can be used to pay for repairs when there are not sufficient funds in the MMF.
- e. The SharePoint Facilities Work Orders System will send an email to the Regional GSL and the contract manager approving or disapproving the Repair and Maintenance Work Order with the procurement method (i.e. funds that will be used). After the contract manager has received this approval or disapproval email, they should update their log. If approved, the pending work order amount would be deducted from the available balance. If disapproved, the pending work order information can be deleted from the tracking log. Verification of payment for the work order will be done by the manager when they complete the MMF bank reconciliation.
- f. If at any time the amount for the repair or maintenance exceeds the amount approved by Facility Services, the Provider must notify the Regional GSL to get approval for the overage via a Change Order Request, through the SharePoint Facilities Work Orders System. It may be that the overage will not be authorized and the Provider will have to cover the additional amount. If the additional amount is authorized, the Regional GSL must notify the contract manager so they can update their tracking log.
- g. If the MMF is used to purchase replacement equipment costing \$1000.00 or more, the contract manager will send the Property Information Worksheet to the Provider for completion, signature, and submission to the Regional GSL to obtain a property tag. The invoice for the equipment purchased with MMF needs to be attached to the Property Information Worksheet. The Regional GSL will work with Facility Services to get property tags and send them to the regional MQI staff along with the property tag green sheet. The MQI staff will affix the tags during their next site visit, complete the green sheet, and return the form to the Regional GSL.

8. Administrative Compliance Review Prioritization

- a. Consistent and uniform assessment permits the Department to apply its resources systematically to the areas of greatest need. This Provider prioritization is conducted in July of each fiscal year in order to establish that year's compliance review prioritization and scheduling. The P&P team within the Bureau of Monitoring and Quality Improvement will perform the annual assessment to determine compliance review frequency and type.
- b. The prioritization provided by the P&P team will be used to schedule administrative compliance reviews. The assessment results will be provided to the Bureau Chief of Finance and Accounting to determine if any management interests exist that may result in an adjustment to the ranking, either up or down. The scope of the review will be determined by the elements of the contract and recent trends. In addition, the Chief of Contract Management may also make some adjustments

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based on limited scope classifications or exemptions allowed via this policy section 9(b) Administrative Compliance Reviews below.

9. Administrative Compliance Reviews

- a. The contract manager will complete an administrative compliance review for all Providers as determined by the prioritization assessment, with the exception of those outlined in paragraph 9(b) below. One of three types of administrative reviews will be completed based on the program's score: an administrative compliance review checklist, a desk audit, or an on-site audit. The contract manager will document their findings on a monitoring summary in PMM within ten (10) business days of completion of the review. A copy of the administrative monitoring tool used should be stored in the PMM Document Library and the contract file in SharePoint.
- b. Revenue generating contracts are exempt from any administrative review. State, regional, or local government agencies under contract with the Department may submit a current written report describing internal oversight in lieu of receiving a DJJ administrative review. Their oversight review occurs during the current contract period and the report shall contain sufficient information to assure the services paid for by the Department have been provided and contract expenditures are appropriate and allowable per the terms and conditions of the contract. The Provider shall submit a copy of the monitoring report to the Department's assigned contract manager no later than July 15 of each fiscal year. Unless information is received indicating contract noncompliance by the governmental agency or its subcontractors, the contract manager may accept the report in lieu of conducting a DJJ review. Compliance reports received from Providers are maintained for record in the contract file. A monitoring summary shall be completed in PMM to record the results of the review of the monitoring report submitted by the Provider. The Department reserves the right to conduct an administrative compliance review even with the receipt of a current report from the governmental agency.
- c. Rate agreements the Department of Children and Families (DCF) has monitored within the last twelve (12) months, rate agreements under \$35,000, and non-client service contracts may be exempt from administrative compliance reviews. For those monitored by DCF, the contract manager will request a copy of the DCF monitoring report. Unless information in the DCF report indicates contract noncompliance by the Provider, the contract manager will determine the acceptance of the report in lieu of conducting a DJJ review. A summary should be completed in PMM to document the Provider's performance outlined in the DCF report. While these types of contracts may be excluded from a full administrative compliance review, the contract manager is still responsible for assessing delivery of service, satisfactory Provider performance, and compliance with contract terms and conditions to ensure the Department is protected against misuse of public funds as contractually agreed.
- d. For contracts executed during the fiscal year and not included in the prioritization assessment completed in July, the contract manager is required to complete an administrative compliance review checklist, but only if the program has been in operation for at least six (6) months in that fiscal year. In subsequent fiscal years, these contracts will be included in the assessment and will be assigned a baseline compliance review.

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10. Contract Renewals

- a. Prior to the renewal of a contract, the contract manager may be asked to complete a program profile with information obtained from a variety of sources including PMM, JJIS, and Department staff, to outline a summary of the services and contract history.
- b. The program area staff may schedule a conference call to review the program profile. The contract manager may be asked to participate on the call to answer any questions regarding the profile information.
- c. Program area staff and the Assistant Secretary are responsible for making the decision to renew or procure a new contract.

11. Settlement Agreements

- a. A variety of situations could require a settlement agreement, such as:
 - i. No contract or purchase order;
 - ii. Contract executed after services are rendered;
 - iii. To settle a lawsuit;
 - iv. Services rendered after expiration of a contract; or
 - v. The Provider provided additional services not included in the contract.
- b. The Bureau of Internal Audit requires a settlement agreement package be completed for any dispute being settled in accordance with Section 17.03, F.S. A settlement agreement package must be submitted by the program area representative through CTS to the Bureau of Procurement and Contract Administration similar to a contract package. Once the settlement agreement package is completed in CTS, a settlement agreement voucher package is prepared by the Bureau of Finance and Accounting and submitted to the Department of Financial Services for approval and payment. The contract manager may be contacted for additional information and documentation, as necessary.
- c. See FDJJ 1410 for further guidance on processing Settlement Agreements.

C. Processing Invoices

1. Review and Approve Contract Invoices

- a. The contract manager will review contract invoices received from the Provider prior to submittal to the Bureau of Finance and Accounting (F&A) for processing. Invoice due dates are outlined in the contract language. The contract manager has seven (7) business days from the receipt of a properly prepared invoice to review the invoice and submit to F&A for processing.

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- b. The contract manager must adhere to all invoice payment processing times outlined in Section 215.422, F.S., the Prompt Pay Law, to ensure the Department does not have to pay interest to the Provider for delay in payment.

2. Create Invoice Package

- a. The contract manager is responsible for compiling an invoice package. The package consists of: the original invoice, a copy of the invoice, documentation/reports as required by the contract, and the FACTS Contract Summary Form. For cost reimbursable invoice packages, the contract manager will retain all original supporting documentation. Copies of the supporting documentation will be sent to F&A.
- b. The manager must review the FACTS Contract Summary Form, in its entirety, to ensure the information is correct as stated in the contract itself. If the contract manager finds errors in the FACTS information, he or she contacts the Bureau of Procurement and Contract Administration, which is responsible for the information entered into FACTS, and they will be responsible for making any determined updates.

3. Process Request to Finance and Accounting

- a. Once the invoice package and copies are prepared, the contract manager submits the request to F&A. F&A will review the invoice package and contact the contract manager if there are any issues. F&A will process the invoice information into FLAIR and send the appropriate documentation to DFS to issue a warrant. If DFS has issue with the invoice payment, they will work with F&A; F&A will work with the contract manager to resolve the issue(s).

4. Conduct Reconciliation of Expenditures and Encumbrances

- a. The contract manager is responsible for performing a consolidation as well as reconciliation of expenditures and encumbrances for each of their designated contracts. There are three ways the contract manager can conduct this task:
 - i. The contract manager can request a Vendor Payment History Report from FLAIR and use that report to reconcile the entries on the contract ledger;
 - ii. The contract manager can obtain a payment history report from FACTS (payments tab) and use that report to reconcile the entries on the contract ledger; or
 - iii. The contract manager can request a regularly generated FLAIR report accessible via their desktop through F&A.

D. Review of Standards and Monitoring Tools

- 1. The P&P team will coordinate a yearly review of all program area standards, work papers, and monitoring tools.

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- a. The standards shall be reviewed by representatives from the applicable program area, the Office of Health Services, Office of Education, and Staff Development and Training. Any needed updates will be addressed and edits will be made to the documents when necessary.
- b. The work papers and monitoring tools will also be updated by the P&P team and reviewed by the applicable program area, to reflect the changes made to the standards.
- c. Additional edits to the work papers, monitoring tools, and standards may be made throughout the year, on an as needed basis, with approval from the Bureau Chief of Monitoring and Quality Improvement.

E. Develop Monitoring Plan

1. Assess Risk

- a. The P&P team will complete the Monitoring Prioritization Tool yearly, beginning in July, adding any new contracts for the upcoming fiscal year and revising any current contracts.
- b. The Monitoring Prioritization Tool will be updated on a quarterly basis to capture program performance categories and scores, to include CCC incidents, Protective Action Response (PAR) rate, minor, major, and critical deficiencies, and Cure Notices.
- c. New contracts will be added to the Monitoring Prioritization Tool quarterly once executed.
- d. Each program will receive a prioritization score. These scores will be used to determine the baseline frequency of routine monitoring events. This baseline will be used as a starting point to develop the monitoring schedules. The score is not to be considered as punitive, rather it is used as a resource tool to aid the Department in scheduling resources for the programs or services with the highest needs.
- e. OHS, as a monitoring entity, may develop a process for quarterly monitoring of the contracted medical and mental health services providers at detention centers. This monitoring may include both on-site and off-site monitoring and will be consistent with contract language.

2. Determine and Develop Monitoring Schedule

- a. The P&P team will determine the frequency of monitoring events for each program or service based on the prioritization score and monitoring baselines and develop a yearly monitoring outline for annual and supplemental compliance reviews. The outline will be reviewed and updated on a quarterly basis, if necessary.

3. Coordinate and Assign Resources

- a. The regional monitoring supervisors will assign resources based on work schedules, availability, and experience. During this process, the regional monitoring supervisor will assign review dates for the supplemental compliance reviews.

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- b. For annual compliance reviews, the regional monitoring supervisor will assign both the monitoring review team lead and qualified certified reviewers based on experience and expertise.
- c. Once resources have been assigned, the regional monitoring supervisors will send the drafted monitoring schedule to the P&P team for review.

4. Communicate Schedule

- a. The P&P team will finalize the draft schedule and enter the monitoring dates and assigned staff into the database for tracking purposes.
- b. The finalized schedule will be sent to the Bureau Chief of Monitoring and Quality Improvement for review and approval.
- c. The finalized schedule will also be sent to the Director of the Office of Program Accountability and any other key Department staff.
- d. Before the fiscal year begins, the regional monitoring supervisor shall e-mail each certified reviewer on the schedule to inform them of their assigned review dates. The e-mail shall be copied to the certified reviewer's supervisor and include instructions indicating the certified reviewer be available on the assigned dates or that a replacement be provided.

F. Prepare for Monitoring

1. Notification and Documentation Request

The monitoring review team lead will determine which standards, protocols, tools, and work papers are applicable for the scheduled monitoring event. These tools will be used to conduct the on-site review as well as the desk review.

- a. Certified reviewers shall be notified of the annual compliance review in the following manner:
 - i. Thirty (30) calendar days prior to the annual compliance review, the monitoring review team lead shall e-mail the certified reviewer notifying him/her of the review dates, and advising on overnight travel requirements. This letter shall not reveal the name or location of the program designated to be reviewed.
 - ii. Seven (7) calendar days prior to the review, the monitoring review team lead shall contact, via phone, each certified reviewer with the details of the review, including the name and location of the program designated to be reviewed. In addition, the monitoring review lead will send a follow-up e-mail to include peer assignment and pre-review documents, which shall be returned to the monitoring review lead prior to the annual compliance review.
 - iii. If the certified reviewer cancels his or her participation in the review, the certified reviewer's program shall provide a replacement. The replacement must meet the criteria prescribed by subsection II Q Performance Measures. If the program is unable to provide a replacement, the monitoring review team lead or regional supervisor shall make a diligent effort to find a

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replacement. The inability to locate a replacement shall not preclude the team from conducting the review without a certified reviewer.

- iv. Travel, lodging, meals, and per diem for participation on a review shall be at the expense of the certified reviewer's program or Provider.
- b. For annual compliance reviews, programs shall receive notification seven (7) calendar days prior to the review, to include:
 - i. A personal telephone call by the monitoring review team lead to the program director, superintendent, or designee administrator.
 - ii. A follow-up e-mail from the monitoring review team lead to the program director, superintendent, or designee administrator in-charge, requesting documentation that must be submitted to the monitoring review team lead by the end of the same business day.
- c. For supplemental compliance reviews, these events may be announced or unannounced, may be performed on-site or off-site, and may be conducted during nontraditional hours, when applicable.
 - i. For announced events, notification should happen in the same manner as the annual compliance reviews as outlined in subsection II F.1.b. Prepare for Monitoring.

2. Provide Tools and Collect Information

- a. For annual and supplemental announced events, the monitoring review team lead will provide any self-evaluation or assessment tools to the program/service prior to conducting the review (for unannounced on-site events, the regional program monitor will not request or provide information prior to the on-site event).

3. Conduct Pre-Review (for on-site reviews only)

- a. Pre-review activities include reviewing training records on the Department's Learning Management System (SkillPro), background screening, documents and reports from the Electronic Monitoring Record (EMR), documents submitted by the Provider following the notification, and information in the Juvenile Justice Information System (JJIS).

4. Develop Monitoring Approach

- a. For annual compliance reviews:
 - i. The monitoring review team lead will identify key components, program/Provider staff, and prepare a review agenda for each compliance review.
- b. For supplemental compliance reviews:
 - i. The regional program monitor will finalize the monitoring plan to include key components of items to be reviewed, key staff to be interviewed, location and time of the event, and tools to be used to complete assignments.

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G. Perform Monitoring for Annual Compliance Reviews

1. Conduct Pre-Entrance Conference with Monitoring Team
2. Conduct Entrance Conference with Program Staff
 - a. The monitoring review team lead and review team shall conduct an entrance conference with the program director, superintendent, or designee and key program staff to discuss the review process and topics that will be reviewed. The review agenda will be provided and timeframes for the review will be agreed upon.
3. Perform Monitoring Assignments
 - a. The monitoring team review lead and review team shall review materials as outlined in their assigned standards. Assignments shall include document review, completing checklists, conducting formal and informal interviews, surveys, and observations.
4. Conduct Daily Debriefings
 - a. For multi-day compliance reviews:
 - i. The monitoring review team lead and review team, if applicable, shall meet at least daily to report the status of each member's progress and share information with the potential of providing preliminary ratings, if applicable, to program director, superintendent, or designee and other key program staff.
 - ii. The monitoring review team lead and review team shall conduct a daily debriefing session with the program director, superintendent, or designee and other key program staff for the purposes of clarifying findings, answering questions, and requesting additional information, if necessary. If an indicator has been assigned a preliminary rating, those ratings should also be discussed with the program.
 - iii. The program director, superintendent, or designee shall have the opportunity to respond in writing to the daily debriefing by providing clarification, answers, or additional information during the 10:00 a.m. meeting the following morning. A meeting may be conducted to address the response.
 - iv. The monitoring team review lead and review team shall review and discuss the information provided, address any concerns received from the program director, superintendent, or designee and, if applicable, readdress the preliminary ratings of any key indicator receiving a rating based on the information provided by the program, and provide a written response to the program director, superintendent, or designee.
5. Consolidate Findings
 - a. For annual compliance reviews, the monitoring review team lead and review team, if applicable, shall discuss each indicator and assign the most appropriate compliance rating. Professional judgment shall play an important role in determining the compliance rating. Review team

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members must be prepared to explain and provide justification for this determination. The rating of each indicator and standard is open for discussion among review team members. The review team may accept the findings, request additional information, or change the rating as a result of the discussion. The monitoring review team lead maintains final approval authority during this phase of the process and may consult the regional monitoring supervisor for clarification.

- b. Prior to the exit conference, a final debriefing will be held with the program director, superintendent, or designee and other key program staff for the purposes of clarifying findings, answering questions, and providing any remaining preliminary ratings.
- c. The program will have the opportunity to respond to the final debriefing prior to the exit conference.
- d. The monitoring review team lead will address any corrections needed or provide additional information to the team to be discussed during the exit conference.

6. Conduct Exit Conference

- a. The monitoring review team lead and review team shall conduct an exit conference with key program/Provider staff. The monitoring review team lead will present the preliminary findings and explanation of the findings. For annual compliance reviews, the appeal process will be explained and an appeal process brochure shall be distributed.
- b. Immediately following the exit conference, the monitoring review team lead shall contact the regional monitoring supervisor and report any issues requiring immediate corrective action by either the program or program area, to include any indicators preliminarily rated as Failed, as well as any critical indicators rated as either Limited or Failed.
- c. The regional monitoring supervisor will complete a program alert form, no later than 10:00 a.m. the following business day in PMM. The alert will route electronically to the Regional Director or designee for review and follow-up. If the deficiency is a critical deficiency or a non-delivery of service, the regional monitoring supervisor sends the program alert form immediately after being informed of the deficiency by the monitoring review team lead.
- d. Once the Regional Director or designee has received the alert form, the regional program monitor will complete a monitoring summary to include the identified deficiencies, which will then initiate an OBCAP in PMM.

NOTE: The regional program monitor must be able to add findings that were not evident at the time of the exit conference. The regional program monitor must formally notify the program/Provider of the additional deficiencies prior to release of the draft report.

7. Develop Draft Report with Internal Regional Review

- a. For annual compliance reviews:

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The regional monitor office (regional program monitor and regional monitoring supervisor) will have a total of ten (10) business days from the date of the exit conference to develop, edit, and send for review to the program area.

- i. The review team members will provide their written findings and supporting documentation to the monitoring review team lead no later than close of business Wednesday following the end of the review.
- ii. The monitoring review team lead will consolidate the written findings and develop the draft report using the appropriate report template.
- iii. The regional monitoring supervisor will review and edit the draft report and send a copy of the draft report to the Regional Director or designee for review.
- iv. The Regional Director or designee (staff member not associated with the report being reviewed) will have two (2) business days to review the report and send it back to the regional monitoring supervisor. At the same time or once the report has been received from the Regional Director or designee (staff member not associated with the report being reviewed), the regional monitoring supervisor will notify the P&P team the report and all associated work papers have been completed, reviewed, uploaded in the statewide folder, and are ready for final review and editing.

8. Review and Approve Draft Monitoring Report

a. For annual compliance reviews:

- i. The P&P team will have four (4) business days to proofread and edit each annual compliance draft report.
- ii. Once completed, the Monitoring and Quality Improvement Bureau Chief will have three (3) business days to perform the final edit of the report and send the report back to the P&P team for final draft preparation.
- iii. Once completed, the P&P team will send, via e-mail, a PDF copy of the draft report to the appropriate Assistant Secretary or designee who will have three (3) business days to review the report and provide comments or feedback to the P&P team.
- iv. The P&P team will make appropriate edits and updates, if necessary, and prepare and email the final draft report to the program director, superintendent, or designee.
- v. The program director, superintendent, or designee shall have three (3) business days to review the draft program report and respond with any appeal related to accuracy or wording contained in the draft program report. Any appeal and supporting documentation (limited to the documentation provided to the review team during the annual compliance review) not received by the close of business on the third (3rd) business day shall not be considered, and the report will be final.

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- vi. If no appeal is received by the close of business on the third (3rd) business day, the report shall be considered final and posted to the Department's internet page.

9. Review and Approve Draft Monitoring Report – Appeal Process

- a. The Bureau Chief of Monitoring and Quality Improvement shall review and approve all appeals and e-mail the response to the program director, superintendent, or designee.
- b. The program director, superintendent, or designee shall have three (3) business days to review the appeal response and elevate the appeal to the Director of the Office of Program Accountability and the applicable Assistant Secretary for resolution (if necessary).
- c. The Director of the Office of Program Accountability and the applicable Assistant Secretary shall review the appeal and supporting documentation, consult with other applicable parties as necessary, and respond to the program director, superintendent, or designee with their final decision regarding the appeal. The final decision shall also be provided to the Bureau Chief of Monitoring and Quality Improvement.
- d. The Bureau Chief of Monitoring and Quality Improvement and P&P team will edit the report (if necessary) and the report will be posted as final.

10. Finalize the Monitoring Report

- a. For annual compliance reviews, once the report has been finalized, the report will be posted to the Department's website and the program/Provider, program area, and other applicable parties will be notified via e-mail that the report has been posted and finalized.

H. Perform Monitoring for Supplemental On-Site Compliance Reviews (announced or unannounced – OHS Monitoring should also follow the process outlined below.)

1. Conduct Entrance Conference

- a. The regional program monitor shall conduct an entrance conference with the program director, superintendent, or designee and key program staff to discuss the review process and topics to be reviewed. The provided review agenda and timeframes for the review will be agreed upon.

2. Perform Monitoring Assignments

- a. For supplemental compliance reviews, the regional program monitor shall review materials as outlined in the monitoring plan. The review shall include document review, including case files and JJIS, documentation and reports from the EMR, completing checklists, conducting formal and informal interviews, and observations, as applicable.

3. Consolidate Findings

- a. For supplemental on-site compliance reviews, the regional program monitor shall review each area reviewed, and determine whether or not the program/Provider was in compliance with the

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requirements. The regional program monitor will prepare to discuss the findings during the exit conference.

4. Conduct Exit Conference

- a. The regional program monitor shall conduct an exit conference with key program/Provider staff. The regional program monitor will present the preliminary findings and explanation of the findings.
- b. Immediately following the exit conference, the regional program monitor shall contact the regional monitoring supervisor and inform them of any issues requiring immediate corrective action by the program or program area, to include any deficiencies that were identified as major or critical.
- c. The regional monitoring supervisor will complete a program alert form in PMM, no later than 10:00 a.m. the following business day. The alert will route electronically to the Regional Director or designee for review and follow-up. If the deficiency is either a critical deficiency or a non-delivery of service, the regional monitoring supervisor sends the program alert form immediately after being informed of the deficiency by the regional program monitor.
- d. Once the Regional Director or designee has received the alert form, the regional program monitor will complete a monitoring summary to include the identified deficiencies, and which will then initiate an OBCAP in PMM.

NOTE: The regional program monitor must be able to add findings not evident at the time of the exit conference. The regional program monitor must formally notify, verbally or in writing, the program/Provider and program director of the additional deficiencies prior to the monitoring summary entered in PMM.

5. Develop Monitoring Summary

The regional monitor office (regional program monitor and regional monitoring supervisor) will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.

For OHS monitoring, the OHS monitors and supervisors will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.

- a. For supplemental on-site compliance reviews the regional program monitor will create a monitoring summary in PMM. The monitoring summary will document the findings that were noted during the review. The regional program monitor and regional monitoring supervisor (or OHS monitoring supervisor) will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.
- b. Once the summary has been reviewed by the regional monitoring supervisor, the Regional Director or designee will have two (2) business days to review the summary in PMM and send it back to the regional monitoring supervisor for further updates or final approval.

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- c. The regional monitoring supervisor or OHS monitoring supervisor will have two (2) business days to make additional edits, if needed, and approve the summary as final.
- d. A notice will be sent to the program/Provider that the monitoring summary has been finalized and is ready for review.
- e. The program/Provider will review the summary and provide additional comments or feedback related to the findings, if necessary.

I. Perform Monitoring for Supplemental Compliance Desk Reviews – these may be announced or unannounced (OHS Monitoring desk reviews should follow the process outlined below.)

1. Conduct Entrance Conference Call – only for announced reviews that require document requests from the program/Provider.
2. Perform Monitoring Assignments
 - a. The regional program monitor shall review materials as outlined in the monitoring plan. The review shall include document review, completing checklists, and conducting interviews, if necessary.
3. Consolidate Findings
 - a. For supplemental compliance desk reviews, the regional program monitor shall consolidate the findings for each area that was reviewed and determine whether or not the program/Provider was in compliance with the requirement(s). The regional program monitor will prepare to discuss the findings during the exit conference.
4. Conduct Exit Conference Call (if applicable)
 - a. The regional program monitor shall conduct an exit conference call with key program/Provider staff. The regional program monitor will present the preliminary findings and explanation of the findings.
 - b. Immediately following the exit conference, the regional program monitor shall contact the regional monitoring supervisor and inform them of any issues requiring immediate corrective action by either the program or program area, to include any deficiencies that were identified as major or critical.
 - c. The regional monitoring supervisor will complete a program alert form in PMM, no later than 10:00 a.m. the following business day. The alert will route electronically to the Regional Director or designee for review and follow-up. If the deficiency is either a critical deficiency or a non-delivery of service, the regional monitoring supervisor sends the program alert form immediately after being informed of the deficiency by the regional program monitor.
 - d. Once the Regional Director or designee has received the alert form, the regional program monitor will complete a monitoring summary to include the identified deficiencies, which will then initiate an OBCAP in PMM.

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NOTE: The regional program monitor must be able to add findings not evident at the time of the exit conference. The regional program monitor must formally, verbally or in writing, notify the program/Provider and program director of the additional deficiencies prior to entering the monitoring summary in PMM.

5. Develop Monitoring Summary

The regional monitor office (regional program monitor and regional monitoring supervisor) will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.

For OHS Monitoring, the OHS monitors and supervisors will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.

- a. For supplemental on-site compliance reviews the regional program monitor will create a monitoring summary in PMM. The monitoring summary will document the findings that were noted during the review. The regional program monitor and regional monitoring supervisor (or OHS monitoring supervisor) will have a total of ten (10) business days from the date of the exit conference to develop, edit, and submit the monitoring summary.
- b. Once the summary has been reviewed by the regional monitoring supervisor, the Regional Director or designee will have two (2) business days to review the summary in PMM and send it back to the regional monitoring supervisor for further updates or final approval.
- c. The regional monitoring supervisor or OHS monitoring supervisor will have two (2) business days to make additional edits, if needed, and approve the summary as final.
- d. A notice will be sent to the program/Provider that the monitoring summary has been finalized.
- e. The program/Provider will review the summary and provide additional comments or feedback related to the findings, if necessary.

J. Limited Scope Monitoring

Some groups of contracts may be excluded from consideration for on-site monitoring. Criteria for exclusions will be identified at the beginning of each fiscal year by the Bureau Chief of Monitoring and Quality Improvement and the Bureau Chief of Contract Management.

1. Contracts identified as limited scope may include services such as comprehensive evaluations, mental health and substance abuse, sex offender, and counseling services.
2. Contracts with a limited scope monitoring will receive an administrative compliance review.
3. The contract inventory list and limited scope determinations will be reviewed annually by the Director of Program Accountability.
4. The goal of the exclusion process is to devote resources to the most valuable oversight activities.

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5. The Bureau Chief of Monitoring and Quality Improvement, Bureau Chief of Contract Management, or the program area Assistant Secretary may determine an excluded contract **should** be monitored either on-site or by a desk review and include the contract in the yearly schedule.

K. Corrective Action

Based on the monitoring events, an Outcome-Based Corrective Action Plan (OBCAP) may be needed. The contract manager and monitor are not responsible for the development of the OBCAP, however they may provide information to the program/Provider to assist in development of the OBCAP. The program/Provider is responsible for the development of the OBCAP.

The OBCAP is due no later than thirty (30) calendar days from the date the monitoring summary is finalized. This timeframe may exceed thirty (30) calendar days if agreed to and approved in advance by the Regional Director or designee.

The contract manager is responsible for monitoring the Provider's progress on the OBCAP and reporting any concerns to the program area. Upon follow-up from the contract manager, if deficiencies are not resolved, consequences or termination of the contract may be imposed.

1. Deficiencies without Examples:

- a. Deficiencies identified can be closed without examples of demonstrated correction with the approval of the program area staff (i.e. Regional Director, Office of Health Services (OHS) Administrator) if the following occurs:
 - i. Revisions to policy;
 - ii. Staff training and competency review;
 - iii. Mock drills and exercises;

2. Critical Issues or Critical Deficiencies

- a. An identified critical issue or critical deficiency, as defined above in Section I., is so dire or acute that it presents a potential threat to the health or safety of the youth served, or may otherwise compromise program security.
- b. The program/Provider must correct the critical deficiencies within forty-eight (48) hours or as directed by the appropriate Assistant Secretary.
- c. The contract manager or regional program monitor will perform the desk audit or on-site verification, if applicable, within five (5) business days of the identified critical deficiency.
- d. Once verification has been performed and the critical deficiencies have been corrected, the contract manager/regional program monitor shall inform their supervisor of their findings and report those findings in PMM.
- e. The program area will notify all appropriate parties, including the Provider, of the findings and close out the critical deficiency in PMM, if necessary.

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NOTE: A critical issue or critical deficiency requires an immediate follow up and response to address remediation of the issue. If the critical issue continues to exist, appropriate contract action, up to and including termination, shall be discussed with the Chief Probation Officer (for Probation programs), appropriate Regional Director and Assistant Secretary.

*A program/service may be placed on an immediate admission freeze based on the severity of the critical deficiency or may be placed on an admission freeze if the program/service has not remedied the critical deficiency in a timely manner or within the timeframes given.

3. Major Deficiency

a. Outcome-Based Corrective Action Plans may be developed or initiated in the following manner:

- i. Deficiency identified by the contract manager;
- ii. Deficiency identified during a supplemental monitoring event;
- iii. Deficiency identified during an annual compliance review and a program alert form has been generated;
- iv. Deficiency identified by the program area; or
- v. Deficiency identified as a result of an incident.

b. A major deficiency, as defined above in Section I., is significant in nature and typically requires oversight by management to ensure the issue(s) is addressed systemically and requires the development of an OBCAP in PMM.

c. Once a major deficiency has been identified, a summary will be initiated in PMM.

d. The summary initiation must include the identified deficiency, the monitoring activity, if applicable, the Department or contractual requirement not being met, and the initial date the draft OBCAP is due from the Provider.

e. A summary created by a staff within the Office of Program Accountability will be routed to the program area before being sent to the Provider. This allows the program area staff to review the deficiency and provide input, if necessary, prior to the summary notification delivery to the Provider.

f. Upon completion of the summary, an email notification from PMM will be sent to the Provider informing them that the summary has been completed. The Provider has three (3) business days to review and agree or disagree with the summary's finding. After the three (3) business days, the Provider will no longer be able to submit any comments for that particular deficiency in PMM. At which time, the regional monitoring supervisor has the option of either approving, disapproving, or marking the item as resolved.

g. The initial draft OBCAP should be developed by the program/Provider within ten (10) business days from the date of the notice that an OBCAP is required.

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- h. The program/Provider will complete their draft OBCAP. The OBCAP must outline the root cause of the deficiency, outcome measures, action steps, and the process by which they will measure improvement in this area, as well as the anticipated correction date and person(s) responsible.
 - i. Once the draft OBCAP is completed, PMM will notify the program area staff that the OBCAP has been submitted and is ready for their review.
 - j. The program area will determine the approval of the OBCAP. The OBCAP is due no later than thirty (30) calendar days from the date the monitoring summary is finalized. This timeframe may exceed thirty (30) calendar days if agreed to and approved in advance by the Regional Director or designee.
 - k. Once the OBCAP has been approved, the program/Provider will complete the corrective action steps in accordance with identified timeframes, and notify the program area representative they have completed all needed corrective actions.
 - l. The contract manager or regional program monitor conducts the verification within ten (10) business days of the anticipated correction date identified on the OBCAP in PMM entered by the Provider.
 - m. These verification(s) may be performed as a desk verification or an on-site verification, as applicable. The contract manager will perform the verification if the deficiency was administrative in nature.
 - n. If the deficiency was identified by an OHS monitor, the OHS monitor will perform the verification.
 - o. Once verification has been performed, the contract manager/regional program monitor shall update the process outcome(s) in PMM to record their findings.
 - p. The program area staff will review the verification notes to determine if the deficiency has been corrected and will notify all appropriate parties including the Provider of the findings and close out the OBCAP in PMM, if the deficiency has been corrected.
 - q. If the deficiency was not corrected, the program area will notify all appropriate parties including the Provider.
 - r. Second verification will be scheduled fifteen (15) business days (unless otherwise agreed upon by the Provider and the Regional Director or designee, but no longer than forty-five (45) calendar days, unless approved by the Assistant Secretary) after the first verification. Once the second verification has been performed, the contract manager/regional program monitor shall update the process outcome(s) in PMM to record their findings (See m.).
 - s. The program area staff will review the verification notes to determine if the deficiency has been corrected and will notify all appropriate parties, including the Provider, of the findings and close out the OBCAP in PMM if the deficiency has been corrected (See m.).
4. Minor Deficiency
- a. A minor deficiency, as defined above in Section I, can be easily remedied and does not warrant the need for an OBCAP or penalties to correct the deficiency. The program area staff may follow

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up to ensure the minor deficiency is corrected by the Provider and then close out the minor deficiency in PMM.

- b. The contract manager or regional program monitor will perform the desk audit or on-site verification, if applicable, within forty-five (45) calendar days of identified minor deficiency within PMM.
- c. Once verification has been performed and the deficiencies have been corrected, the contract manager/regional program monitor shall inform their supervisor of their findings.
- d. The program area will notify all appropriate parties, including the Provider, of the findings and close out the minor deficiency in PMM, if necessary.
- e. If not corrected, a second verification will occur within fifteen (15) business days (unless otherwise agreed upon by the Provider and the Regional Director or designee, but no longer than forty-five (45) calendar days, unless approved by the Assistant Secretary) after the first verification.

L. Managing Deficiencies

- 1. The contract manager is responsible for monitoring a Provider's overall contract compliance, both administrative and programmatic. While the contract manager may not be the one performing programmatic monitoring, he or she must still oversee the Provider's overall compliance as it may have impacts on invoice payments and continued contractual agreements.
- 2. If a major deficiency has been identified, an OBCAP will be developed by the Provider and submitted to the program area for review and approval. See Section N 2(a)i: Financial Consequences for Non-Compliance.

M. Admission Hold Related to Escape

- 1. Program(s) will be placed on an admission hold for up to five (5) business days, allowing the Department to conduct an initial Escape Review.
- 2. This will not be considered an "admission freeze" during this period, and vacant beds will continue to be paid.
- 3. Upon the completion of the initial Escape Review or the end of the five-day period, whichever occurs earlier, if the Department determines there is a continued risk to the safety and security of youth in the program due to systemic policy or protocol failure(s), an immediate admission freeze will be implemented, in which vacant beds will not be paid until approved correction is completed.
- 4. The contract manager will be directed to send an admission freeze letter to the Provider. When the freeze is lifted, the contract manager will send a notice to the Provider.

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N. Financial Consequences

1. Financial Consequences for Escapes (Residential Only)
 - a. Escape from a Secure Residential Facility
 - i. For the first incident, a financial consequence of \$10,000 will be imposed.
 - ii. For a second incident within a twenty-four (24) month period after the first incident, a financial consequence of \$20,000 will be imposed.
 - b. Escape from a Non-Secure Residential Facility
 - i. For the first incident, a financial consequence of \$5,000 will be imposed.
 - ii. For a second incident within a twenty-four (24) month period after the first incident, a financial consequence of \$10,000 will be imposed.
2. Financial Consequences for Noncompliance for Major Deficiency
 - a. **(Contracted Providers Only.)** Financial consequences will be imposed for any of the following:
 - i. Failure to submit an OBCAP within thirty (30) calendar days of the finalized monitoring summary, an acceptable OBCAP that clearly identifies the root cause of the problem and outlines the process measures and outcomes that can be used to track the program's success at correcting the issues. This timeframe may exceed thirty (30) calendar days if agreed to and approved in advance by the Regional Director or designee. The number of deficiencies or the complexity of the OBCAP will determine this approval;
 - ii. Failure to implement the OBCAP for identified deficiencies within the specified timeframe;
or
 - iii. Further failure to make acceptable progress in correcting deficiencies as outlined in the OBCAP within specified timeframes.
 - b. The contract manager or regional program monitor conducts verification within ten (10) business days of date identified by the Provider on the OBCAP in PMM of when the deficiency would be corrected.
 - c. The Department shall assess a financial consequence for noncompliance on the Provider for each uncorrected deficiency identified in the OBCAP. After a failed second verification, the financial consequence(s) shall be assessed for each day the Provider has not complied retroactive to the date of the Department's second verification site visit and shall continue to be imposed daily until each identified deficiency is remedied to full compliance with the OBCAP. Financial consequences for noncompliance can only be made as long as the language and calculations for financial consequences is in the original contract or amendment(s).

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The formula for financial consequences for noncompliance is delineated in the executed contract.

- d. Written notification to the Provider, including the deficiency(ies), the conditions (including timeframes) that must be in place to satisfy the deficiency(ies) or the Department's concerns, the amount of the financial consequence and the month the deduction shall be made on the invoice, will be drafted by the contract manager. The contract manager shall deduct the approved amount from the Provider's next monthly invoice as specified in the written notification.
- e. If a Provider has a grievance concerning the financial consequence for noncompliance, the Provider will follow the dispute process outlined in their contract, outlining any extenuating circumstances that prevented them from correcting the deficiency(ies).
- f. If the Provider fails to address the Department's concerns after second verification and after the imposition of financial consequences, absent documentation of extenuating circumstances, the Department may move to the cure process, demand corrective action, and advise the Provider that failure to do so will result in suspension of services or contract termination.

O. Cure Process/Suspension of Services/Contract Termination

1. **(Contracted Providers only.)** Upon failure of addressing the Department's concerns following the second verification and **after** the imposition of financial consequences, the Department may move to the cure process. The cure process is the **final step** in the Department's progressive process to work with Providers to ensure the delivery of services are consistent with the terms of the contract, and applicable federal and state laws, rules, and regulations.
2. If a deficiency is not successfully corrected within thirty (30) calendar days or sooner after the Cure Notice, the Department may elect to suspend services as well as terminate the contract.
3. If the Provider is unwilling or unable to reach compliance and the situation is significant, the contract manager will discuss the issues with their supervisor and then consult with the Assistant Secretary and General Counsel to determine if any consequences need to be imposed.
4. If it is determined the situation is significant, the program area/Assistant Secretary/General Counsel will instruct the contract manager to begin the Cure Notice process.
5. The contract manager will develop the Cure Notice using existing templates. The Cure Notice shall state that the failure to correct the noted deficiencies immediately or within the specified time frame (depending on the nature of the deficiency and the Provider's previous response) will result in suspension of services or termination of the contract, as appropriate.
6. The Cure Notice will be reviewed and approved by the Assistant Secretary, General Counsel, and other Department specialist staff as appropriate.
7. The contract manager shall send the Cure Notice to the Provider's chief executive officer (CEO) via email and certified mail with follow-up phone calls.

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8. Copies of the notice will be provided to the Deputy Secretary, Assistant Secretary, Chief of Staff, General Counsel, Regional Director, Bureau Chief of Contract Management, Bureau Chief of Monitoring and Quality Improvement, Chief Medical Director or OHS Administration Manager (if applicable), and applicable program area staff (e.g. Chief Probation Officer, program area contract lead or specialist).
9. The program area will ensure the continuity of services to Department youth.
10. The contract manager will keep in touch with the Provider and document progress on the original deficiency.
11. The Cure Notice will have included a specified time frame from the date of the letter imposing consequences for the Provider to rectify remaining deficiencies.
12. The Cure Notice is sent only once. If the Provider is non-compliant a second time on the same deficiency, the decision is made by the Assistant Secretary and General Counsel whether or not to terminate the contract.
13. After expiration of the stated time frame and absent the Provider's written documentation of extenuating circumstances, the Department may then terminate the contract.
14. The contract manager will generate a Termination Notice on the Department template and have it approved by the Assistant Secretary, General Counsel, and other program area specialist(s) as applicable.
15. The contract manager will deliver the Termination Notice to the Provider via certified mail and begin the process of transitioning the program for closure or to another Provider.
16. All activities and documentation are to be placed in the contract file.

P. Failed Standards

1. For any program receiving a standard-level or overall program Failed compliance, a follow-up review/**re-review** of the program shall be conducted no earlier than six (6) months of the last day of the annual compliance review to determine if corrective action taken by the program has resulted in improvements.
 - a. The program shall be reviewed on all standards for an overall program Failed compliance rating and be reviewed only on the Failed standard(s) for standard-level Failed compliance.
 - b. Review team members shall review the program's written records and files, conduct surveys and interviews, and observe the program's operations to determine prevailing practice for a period of three (3) months preceding the review. If the program has not performed the activity being rated during the three-month review period, with the approval of the lead regional monitor, team members may extend the scope of the review period back to the date of the last review, but no more than six (6) months.

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- c. The results of the **re-review** shall be included as an addendum to the original report and shall be emailed by the Bureau Chief of Monitoring and Quality Improvement to the program director, superintendent, or designee.
2. For programs receiving a standard-level Failed compliance rating, if the review team determines during a re-review that corrective action taken by the program has not resulted in improvements to the extent that the program would not receive a standard-level Failed compliance rating on a regular review, further corrective action shall be taken as determined by the Secretary or designee.
3. For programs receiving an overall program Failed compliance rating, if the review team determines during a re-review that corrective action taken by the program has not resulted in improvements to the extent that the program would receive an overall program Failed compliance rating on a regular review, further corrective action shall be taken in accordance with Section 985.632(5)(f), F.S.
4. The next regular review shall be conducted no earlier than six (6) months from the last day of the follow-up review/re-review.

Q. Performance Measures

1. The contract manager will complete the performance measure section in PMM when the initial contract is assigned. If updates are made to performance measures via an amendment, the contract manager is responsible for updating the performance measure section to reflect the changes. For state-operated detention and probation services, the regional program monitor will complete the performance measure section in PMM upon initial assignment of the program to the monitor.
2. When entering the performance measures, the user will include the timeframes of when each performance measures shall be completed. Specific dates will be entered based on the timeframe entered.
3. The Provider will have access to the performance measure module in PMM. Performance measures are viewable by the Provider after they have been approved by the contract manager/regional monitoring supervisor. Measures will be active thirty (30) calendar days prior to the due date. Prior to that time, the measures are inactive and read only. Once active, the specific measure will be editable by the Provider. A system generated notification will be sent to the program/Provider informing them a performance measure(s) is due.
4. The program/Provider will submit documentation into the PMM system to document compliance with their performance measures. Some measures will be reported on by Department staff on behalf of the Provider. Those measures will be indicated as "State" in PMM. Providers will have the ability to view those state measures but cannot edit them.
5. Verification of the compliance measure will be completed by the contract manager/regional program monitor/OHS monitor as applicable for contracted Providers. Verification for all state-operated services may be conducted by the regional program monitor.

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R. Certified Peer Reviewers

Certified peer reviewers may be selected to participate in annual compliance reviews as part of the annual compliance review team.

1. To qualify as a certified peer reviewer, a state or Provider employee must:
 - a. Be a manager, supervisor, or other experienced employee possessing at least a Bachelor's degree from an accredited university and having a minimum of two (2) years of experience in juvenile justice programs. Exceptions shall be allowed upon approval by the Bureau Chief of Monitoring and Quality Improvement based on the employee's current position and years of experience in juvenile justice programs; and
 - b. Complete the two-day DJJ Basics of Motivational Interviewing and the Stages of Change training.
 - c. Successfully complete the two-day Certified Reviewer Certification training conducted by the Bureau of Monitoring and Quality Improvement, at the expense of the employee's program; and
2. To maintain certification, a certified peer reviewer must participate in an annual compliance review at least once every two (2) years. If this requirement is not met, the certification will be terminated. If terminated, the two-day Certified Reviewer Certification training will be required to be reinstated.