
OFFICE OF DOMESTIC VIOLENCE

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# Domestic Violence Center Certification Monitoring Operating Procedures

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# Chapter 1

## GENERAL PROVISIONS

1-1. Purpose and Scope. These procedures are established for the Office of Domestic Violence (ODV) monitoring of certified domestic violence centers. The monitoring process serves to assess domestic violence centers for compliance with requirements set forth in but not necessarily limited to: Domestic Violence Center Certification Standards (CFOP 170-25) and other Department policies, Florida Statutes (F.S.), Florida Administrative Code (F.A.C.), and federal rules and regulations.

1-2. Authority. Monitoring authorities include but are not necessarily limited to: Domestic Violence Center Minimum Certification Standards CFOP 170-25; Florida Administrative Code, Chapter 65H-1; and Florida Statutes, sections 39.903, 39.905 and 39.908; and ODV contracts executed with domestic violence centers.

1-3. Overall Policy. Certification monitoring shall serve to protect the interests of the Department by assessing domestic violence centers for compliance with federal and state laws, rules, policies, certification standards and other authorities. Through the certification monitoring process, ODV shall maximize the value of the resources assigned to it by prioritizing its activities based on risk and by seeking efficiency in its activities. Certification monitoring staff shall collaborate with contract managers, program staff, legal staff, and other Department staff, as appropriate, to identify concerns and issues and ensure a quality review of the domestic violence centers.

1-4. Mission. The mission of ODV certification monitoring is to promote accountability for domestic violence service delivery. Certification Specialists will provide direction for, lead, coordinate, and conduct compliance reviews in the areas of fiscal and administrative accountability, as well as service delivery.

1-5. Organizational Makeup and Independence. ODV certification monitoring is a statewide centralized function. It includes trained Certification Specialists, who are Career Service Employees reporting to the Certification and Compliance Manager, who is a Select Exempt Employee. The Certification and Compliance Manager reports to the Director of Domestic Violence, who is a member of the Select Exempt Service. The Director of Domestic Violence reports to the Deputy Assistant Secretary for the Office of Community Services.

1-6. Standards of Conduct. ODV shall promote the highest ethical and professional standards of conduct for Certification Unit staff.

a. Certification Unit staff shall exercise honesty, integrity, objectivity, and diligence in the performance of their duties and responsibilities.

b. Certification Unit staff shall maintain professionalism and always avoid the appearance of impropriety while acting in their official professional capacity. The appearance of impropriety may include, but not be limited to, providing services, completing inspections, issuing, and administering certifications, or issuing administrative actions to persons of personal interest.

c. Certification Unit staff are to notify their supervisor immediately upon discovering they have a conflict if personal interest. Upon notification, the Supervisor will take appropriate action to reassign the person of conflict to another employee. Any exceptions to this policy must be submitted to the Director of Domestic Violence in writing for review and approval. Employees acting or involving themselves directly in providers of personal interest or who fail to notify their supervisor of their conflict timely may be subject to disciplinary action as supported by the Human Resources staff and policies.

d. In addition to the requirements above, all employees must complete and comply with the ethics training as required by the Department.

1-7. Conflict of Interest. Certification Specialists are required to render impartial and unbiased judgments. Monitors shall sign a Conflict-of-Interest Statement before monitoring each provider. It shall be filed with the monitoring work papers. In cases where potential conflict of interest is noted, the Certification and Compliance Manager shall determine if the staff person is to participate in the monitoring, or how participation will be modified to address the potential conflict. If the Certification and Compliance Manager has a potential conflict of interest, the Director of Domestic Violence shall make the decision.

## Chapter 2

## MONITORING FOUNDATION

2-1. Certification Standards are the Foundation of Monitoring. Pursuant to s. 39.903, F.S., duties and functions of the Department with respect to domestic violence include adoption, by rule, procedures to administer the section, including developing criteria for approval, suspension, or rejection of certification of domestic violence centers and developing minimum standards for domestic violence centers to ensure the health and safety of the clients in the centers. As such, the Department adopted 65H-1, F.A.C., to define minimum standards related to domestic violence center certification. Additionally, best practices and additional certification standards are outlined in CFOP 170-25.

2-2. Processes. ODV certification monitoring involves several key processes: assessing risk, creating a schedule, conducting monitoring activities, and reporting the results of the monitoring. Conducting monitoring activities includes preparing for monitoring, conducting onsite and desk review monitoring, reporting results of monitoring, and maintaining records of monitoring.

2-3. Individuals and Groups Involved in Domestic Violence Certification Monitoring.

a. Contract Manager. The Contract Manager is the Department's employee responsible for enforcing compliance with terms and conditions of a Contract, and is the primary point of contact for contracting information flowing between the Department and the Provider, as stated in section 402.7305(1)(a), F.S. All actions related to the Contract are initiated by, or coordinated with, the Contract Manager.

b. Certification Specialist. The Certification Specialist is the Department's employee assigned to conduct the domestic violence certification monitoring.

(1) The Certification Specialist is responsible for observing, recording, and reporting to Contract Managers and other designated entities information about the Provider's compliance with statute and minimum certification standards.

(2) Certification Specialists are specifically trained to conduct certification reviews and monitoring.

(3) Each Certification Specialist represents ODV and the Department. Each monitor has authority to conduct monitoring of providers in compliance with the policies and procedures contained herein.

(4) Certification Specialists are involved in the administration of disciplinary action based upon the observations and findings of the monitoring report and in development or implementation of improvement and/or corrective action plans. The Certification Specialists are also involved in evaluating whether compliance issues identified in prior monitoring have been resolved.

(5) In addition to conducting regulatory activities, Certification Specialists also provide guidance and technical assistance to existing and potential certified domestic violence centers.

c. Monitoring Team. One or more Certification Specialists will be designated as the Monitoring Team for conducting a particular certification monitoring. One of the individuals on the team will be designated as the Team Lead, and the other designated individuals serve as Team Members.

d. Certification and Compliance Manager. The Certification and Compliance Manager is the leader of the ODV Certification Unit. The Certification and Compliance Manager is also responsible for

training staff, assisting with risk assessments, scheduling, supervising monitoring activities, and assuring quality of monitoring reports and workpapers.

e. Providers. Providers are certified domestic violence centers.

2-4. Approaches Used in Certification Monitoring. Monitoring is typically performed by reviewing information found in documents, automated systems, or other sources; interviewing individuals; and making observations. Information is analyzed by Certification Specialists and recorded on tools.

a. Document Review. Information/document review is the most common monitoring technique. Information commonly reviewed during certification monitoring includes financial documentation, personnel and volunteer files, participant files, policies and procedures, training materials, and publications. Review of data in data systems and review of electronic information may also occur. Records for review may be collected in advance of and/or during the certification monitoring process.

b. Interviews. Interviews may be conducted with provider staff and/or participants to obtain information about processes and procedures that are not found in documents or to clarify the information reviewed or gathered. Interviews will be conducted onsite whenever possible and will be held in a location that allows for privacy. Shelter residents have the option to participate in interviews but shall not be forced to participate. To maintain confidentiality, no shelter participant names will be recorded on interview forms. All providers shall be asked the same set of questions to assure comparability of responses and to reduce bias. However, additional questions that relate to the specific circumstances of a provider may be added to the interview tool.

c. Observation. Certain standards may be monitored through actual observation of facilities, activities, or items. For example, standards related to shelter operations may be validated by a tour of the shelter facility.

d. Tools. Standardized certification monitoring tools are utilized for all providers. There must be a tool or other document to support the conclusions reached during the monitoring. Each monitoring tool will:

(1) Identify the specific requirements monitored, which will be based on requirements set forth in Florida Statutes, Florida Administrative Code, CFOP, and other relevant authorities.

(2) Utilize a rating system of compliance and non-compliance.

(3) Document the specific cases, files, or items reviewed.

(4) Allow for explanations and supporting documentation, especially where the provider is non-compliant.

2-5. Scope of Certification Monitoring. ODV evaluates provider compliance with applicable statutes, laws, rules, regulations, and operating procedures. Interim policies issued by the Department may be included also. The scope for ODV certification monitoring is limited to these topics and standards.

a. To the greatest extent possible, ODV will use the standards in place at the time the services were delivered to evaluate compliance. This may not be possible when the standards in place at the time are no longer available, or if it is unclear precisely when services were delivered.

b. ODV may review recent or current performance in addition to drawing a random sample from the entire performance period. Certification monitoring is a snapshot of the provider's performance over a period of time.

c. It is not the role of ODV to investigate allegations of fraud or other wrongdoing. Such allegations are to be reported to the Inspector General of the Department, in the manner described in CFOP 180-4. Investigation of such allegations is not within the potential scope of ODV.

d. It is not the role of ODV to investigate human resources complaints about or within a particular domestic violence center. Investigation of such complaints is not within the potential scope of ODV.

# Chapter 3

# ASSESSING RISK AND SCHEDULING

3-1. Risk Assessment.

a. Purpose. Information gained from the Risk Assessment may be used in the scheduling process and in determining the type of certification monitoring each provider will receive.

b. Development of the Risk Assessment. The Risk Assessment uses predetermined factors to rank providers. The factors and the associated weights and scoring will be evaluated annually and may be updated. The factors, weights, and scoring will be applied uniformly statewide.

c. Completing the Risk Assessment. ODV will assemble information for the Risk Assessment process using the best information available at the time. The Risk Assessment will be initially completed by the deadline established by the Certification and Compliance Manager for the fiscal year. At the conclusion of the initial Risk Assessment process, each provider will be assigned a relative rating of high, medium, or low risk based on its score in the Risk Assessment.

d. Updating the Risk Assessment. The Risk Assessment may be updated during the year if the information is needed by Department leadership to make mid-year scheduling decisions.

3-2. Domestic Violence Certification Monitoring Frequency. All domestic violence centers shall be evaluated at least annually, through an onsite or desktop review, as determined by ODV. However, an evaluation may occur at any time there is a complaint to the Department.

3-3. Annual Domestic Violence Certification Monitoring Schedule.

a. Responsibility. The Certification and Compliance Manager will collaborate with the Certification Specialists to develop the statewide annual schedule by assigning responsibility for each provider monitoring to a particular monitor/monitoring team and identifying the anticipated start date of the onsite or desk review activities. The Certification and Compliance Manager may base the schedule on the risk level assigned to each provider.

b. Flexibility. The schedule is a plan and is subject to change. The Certification and Compliance Manager shall be flexible in scheduling to accommodate unanticipated events that may take precedence over the established schedules.

c. Rotation. Monitoring assignments should periodically be rotated. This allows each provider to be evaluated from a fresh point of view and limits the perception of partiality because of a Certification Specialist becoming overly familiar with a provider.

d. Timeframe. The schedule shall be initially completed early in the fiscal year, which shall generally be within 60 days after the start of the fiscal year.

e. Communication. The annual monitoring schedule will not be made available to the public, as select monitoring visits may be conducted unannounced.

3-4. Modifying the Schedule. The annual monitoring schedule may be modified for many reasons. Actual dates of certification monitoring may be earlier or later than anticipated.

3-5. Scheduled and Unannounced Certification Monitoring.

a. Scheduled Monitoring and Advance Notice to Providers. Under normal circumstances, the ODV Certification Unit will give providers notice of monitoring 2-4 weeks in advance of the entrance conference.

b. Unannounced Domestic Violence Shelter Visits. The ODV Certification Unit may conduct unannounced visits at each domestic violence shelter location prior to scheduled certification monitoring.

c. Shelter Visitor Notice. Prior to the beginning of monitoring, domestic violence shelters will be provided with a “Shelter Visitor Notice,” which will include the names of individuals who may be conducting scheduled and/or unannounced visits during a specified date range. The purpose of this notice is to provide shelter participants with advance notice of who will be entering the shelter facility.

# Chapter 4

# PREPARING FOR MONITORING

4-1. Overview. Preparing for certification monitoring involves analyzing prior monitoring and any relevant improvements or corrective actions, communicating with involved individuals or groups, creating a monitoring plan and monitoring tools, and completing pre-site analysis of information or evaluation of documents.

4-2. Scope of Certification Monitoring. The ODV conducts continuous compliance monitoring on an annual basis. The scope of the monitoring period includes the first day of the month following the last certification monitoring review through the date of the current monitoring fieldwork. If because of the monitoring scope, records are selected that were examined during the previous year's monitoring process, alternate records are selected and the duplicate records (apart from personnel files and center policies and procedures) are not reviewed during the current certification monitoring process.

4-3. Certification Monitoring Plan. Each certification monitoring will have a monitoring plan developed prior to the start of monitoring activity. At a minimum, the monitoring plan includes the scope and plans for sampling. Additional information may be documented in the plan at the discretion of the Certification and Compliance Manager and the Monitoring Team Lead. Monitoring plans will be modified and adjusted as appropriate.

4-4. Requests for Documents. It is expected that Certification Specialists will obtain documents directly from Department sources whenever possible. Documents should be requested from Contract Managers or other Department sources prior to requests being made to providers.

4-5. Sampling. It is appropriate in most situations for Certification Specialists to gather information by examining a limited number of records instead of examining all records. The following guidance is provided.

a. Certification Monitoring Review Period. The period limits the timeframe for which a record will be reviewed, to avoid identifying findings of noncompliance that resulted from work that is not recent, or potentially that may have been reviewed and reported in prior monitoring. Activities, documents, plans, etc. that were due, current, or took place during the monitoring review period will be within the scope of the monitoring.

b. Data Sources. When identifying the population of records from which a sample will be drawn for a particular topic, Certification Specialists will identify a data source. This may be a formal report, an ad-hoc report, or even a list requested from the provider. Some data sources represent activities during a given period, while other data sources may show all active records within the population at a moment in time. The report or list may be filtered or otherwise modified as needed to exclude records outside the population of interest. If the population of interest identified by the data source is too small to result in an acceptable sample size, the data source may be expanded to include more months or quarters, or the population of interest may be expanded to include additional files, if possible.

c. Sample Size. Based on the best information available, the Certification Specialist will generate sample size based on a scale of total population for each sample type. The Certification Specialist will consider the sample size, the prior results of monitoring this topic with this provider, the risk associated with the topic, the entire scope, and the available resources and costs associated with monitoring in developing the planned sample size, which may be larger or smaller than the scaled calculation.

d. Sample Selection. Random samples will be determined with the use of a sampling randomizer. It may be appropriate to further identify samples for richness or complexity, due to patterns and trends.

4-6. Certification and Compliance Manager Responsibilities. The Certification and Compliance Manager administers the resources assigned to the ODV Certification Unit to carry out work and is responsible for ensuring monitoring preparation is performed in the manner described in this operating procedure. This includes:

a. Modifying the monitoring schedule for efficient use of resources, including assigning staff resources to monitoring or modifying the resources already assigned as needed.

b. Ensuring preparation activities are performed efficiently and timely.

c. Ensuring appropriate and timely communication of information from the Certification Specialists with Contract Managers, provider representatives, and any other relevant stakeholders.

d. Ensuring quality monitoring activities carried out by Certification Specialists.

4-7. Monitoring Team Lead Responsibilities. The Monitoring Team Lead is responsible for ensuring monitoring preparation is consistent with this operating procedure. Depending on workload, resources, and complexity of the review, and with agreement from the Certification and Compliance Manager, the Team Lead may delegate tasks and activities to Team Member(s). The Team Lead responsibilities include:

a. Preparing a proposed certification monitoring plan and presenting that plan to the Contract Manager and others for input prior to beginning the certification monitoring activities. The Team Lead will continue to maintain the monitoring plan throughout the monitoring process, documenting any adjustments with explanations and with manager approvals as needed.

b. Carrying out the plan, including making assignments to Team Members.

c. Organizing a project work schedule, as needed.

d. Reviewing, evaluating, and approving the tools prepared by Team Members.

e. Managing communications, such as ensuring the provider is sent appropriate notice or planning with the provider to conduct an entrance conference at the initiation of onsite monitoring activities.

f. Managing information requests and file sharing. Team Leads will ensure that needed documents are gathered from Department sources or other designated sources whenever possible. Team Leads will communicate with providers regarding information needed during the review and ensure information is available from providers or other sources for Team Members to use.

g. Keeping the Certification and Compliance Manager informed of the progress of preparations, and obtaining coaching, direction, guidance, and approvals from the Certification and Compliance Manager regarding key decisions.

h. Providing Team Members with feedback and coaching, as directed by the Certification and Compliance Manager.

4-8. Monitoring Team Member Responsibilities. Each Team Member is responsible for:

a. Tailoring existing tools and/or creating tools for each monitoring.

b. Completing tasks and activities and providing information and work products to the Team Lead as assigned and when assigned. This includes the proposed tool(s) prepared for the monitoring, lists of needed documents, sample identification, and so forth.

c. Communicating regularly with the Team Lead, including alerting the Team Lead immediately when circumstances arise that may prevent the Team Member from carrying out assigned preparation tasks on time or at all.

d. Receiving assignments, direction, coaching, and feedback from the Team Lead and/or Certification and Compliance Manager in a positive and professional manner.

# Chapter 5

# PERFORMING MONITORING

5-1. Entrance Conference. The Monitoring Team conducts an entrance conference with the provider's representative(s) at the start of the monitoring activity. The Provider may designate its representatives. The Department's Contract Manager and any employee designated by the Department may attend. The entrance typically includes discussion of or information about the following:

a. Introductions of participants.

b. Purpose, scope, and schedule of monitoring.

c. Current ODV certification monitoring processes such as communication during the monitoring, debriefings, exit conference, and reporting. If the provider has been monitored by ODV before, the discussion may include information about any process changes since the previous monitoring.

d. The Monitoring Team may have already provided its document request and/or sample list, but this is generally provided during or immediately following the entrance conference.

e. The Monitoring Team may have already arranged for interviews or scheduled times for debriefing meetings with provider staff, but if not, these arrangements may be made during or immediately following the entrance conference.

5-2. Certification Monitoring Activities. Certification Specialists complete prepared tools by synthesizing information and analyzing the results relative to compliance requirements. Each item is rated for compliance or noncompliance, or as nonapplicable.

a. Supporting Information and Workpapers.

(1) When an item is rated as in compliance, additional commentary by the Certification Specialist or collection of supporting documentation is not required.

(2) If the Certification Specialist cannot determine whether the provider is in compliance, additional documents may be requested, or an interview with the provider may be needed to clear the rating.

(3) When rating an item as not in compliance, the Certification Specialist will include comments or notes on the tool describing the issue or situation. The Certification Specialist may collect a copy of supporting documents for items rated as noncompliant whenever such documents exist, for inclusion in the workpapers. No documentation from participant records will be retained in the workpapers.

5-3. Adjustments to Scope During Certification Monitoring.

a. Increasing or Adding to Scope. During certification monitoring, the Monitoring Team may become aware of a compliance problem in an area that was not originally included in the monitoring plan. When this happens, the Team Lead will consult with the Certification and Compliance Manager to determine if additional activities will be conducted to evaluate compliance related to the emerging issue, and if so, the extent of activities. Information about the compliance problem will be discussed with the provider, included in the exit log, and may be included in the final report, even though it was outside the planned scope.

b. Reducing Scope. If the Team Lead learns information which suggests a planned topic or element of scope should not be evaluated, the Team Lead must consult with the Certification and Compliance Manager and receive verbal approval to remove it from scope. The Team Lead will make annotations to the monitoring plan regarding the nature of the change and the reason for change and will also document the Certification and Compliance Manager's approval.

5-4. Adjustments to Sample Size During Certification Monitoring. Sample sizes could be reduced for operational reasons. Sample sizes might be increased if the team identifies even a single instance of a high-risk problem. Team Leads will obtain verbal approval from the Certification and Compliance Manager for any adjustments to the planned sample size. Team Leads will document the verbal approval received, along with notes explaining changes.

5-5. Regular Onsite Debriefing. Team Leads may offer providers the option to participate in regular debriefing meetings to discuss the progress of certification monitoring and any emerging concerns, issues, and/or findings. These debriefings may be held daily or less often if the provider chooses and are generally scheduled at the convenience of the provider. The provider may choose not to participate in some or all debriefings.

5-6. Onsite Exit Conference. The onsite exit conference is a meeting between the Monitoring Team and the provider that represents the conclusion of the onsite certification monitoring. The Team Lead will thank the provider for its efforts and cooperation during the monitoring and offer to review any potential issues and discuss results. The Team Lead will respond to any questions from the provider.

5-7. ODV Debriefing. Following the conclusion of onsite certification monitoring and any follow-up desk review, the ODV Certification Unit will convene a debriefing meeting to discuss issues identified during the monitoring. Together with representatives from the Contracts and Operations/Programs units, the group will identify which issues are to become either "observations" or "findings" in the final monitoring report, and which observations and/or findings will require either a Compliance Improvement Plan (CIP) or a Corrective Action Plan (CAP).

a. Observations. "Observations" are noted for issues that, while observed to be out of compliance, pose a low potential threat to participant health and safety or the fiscal stability of the agency and may require a Compliance Improvement Plan (CIP).

b. Findings. "Findings" are assessed for issues found to be out of compliance that pose a threat, imminent or non-imminent, to participant health and safety or agency fiscal stability, and/or issues that are non-compliant for three or more consecutive fiscal years. Findings may require a Compliance Improvement Plan (CIP) and/or a Corrective Action Plan (CAP).

| | Finding | Observation |
|---|---|---|
| CAP | One (1) or more 4th- (and subsequent) year repeat issues | |
| | One (1) or more issues that pose an imminent threat to participant health/safety or fiscal stability | |
| CIP | One (1) or more 3rd-year repeat issues | One (1) or more 2nd-year repeat issues |
| | Three (3) or more issues within any category - 1st- and/or 2nd-year issues that may pose a non-imminent threat to participant health/safety or fiscal stability | Less than three (3) issues within any category - 1st- and/or 2nd-year issues that may pose a non-imminent threat to participant health/safety or fiscal stability |
| | | Three (3) or more issues within any category - 1st-year issues with low potential threat to participant health/safety or fiscal stability |
| None | | Issues corrected onsite or prior to report release - 1st-year issues with low potential threat to participant health/safety or fiscal stability |
| | | Less than three (3) issues within any category - 1st-year issues with low potential threat to participant health/safety or fiscal stability |

5-8. Exit Log. The Certification and Compliance Manager will prepare an exit log at the conclusion of all monitoring activities and debriefings. The log will provide information on areas of noncompliance identified during the monitoring as either observations or findings with notations of any necessary follow-up. The exit log may contain additional details that may not appear in the final report. The Team Lead will send the exit log to the provider, and the provider will have ten (10) business days to review the log and request a formal exit conference.

5-9. Formal Exit Conference. The formal exit conference is a virtual meeting between the Monitoring Team and the provider that represents the conclusion of the certification monitoring. The Team Lead will offer to review the exit log and respond to any questions from the provider. The formal exit conference is the last opportunity for the provider to produce information to clear certification monitoring concerns.

5-10. Ending the Certification Monitoring Without a Formal Exit Conference. If the provider declines to have a formal exit conference or fails to schedule a formal exit conference within ten (10) business days of receipt of the exit log, then the date that communication is made to the Monitoring Team will be considered the conclusion of the certification monitoring for the purpose of generating the report, and any written documentation of the provider's communication will be retained in the workpapers.

5-11. Workpapers. The Team Lead will assemble and organize workpapers following the conclusion of the monitoring. Workpapers will include correspondence, planning documents, monitoring documents including completed tools and information to support findings, exit log(s), and the report.

5-12. Record Retention. Records are subject to general record retention schedules.

# Chapter 6

# REPORTING

6-1. Policy. The ODV Certification Compliance Report summarizes information gathered during the certification monitoring for the Contract Manager and program leadership.

6-2. General Information about Reports. The ODV Certification Compliance Report, which is produced in the format specified by the Certification and Compliance Manager, summarizes the results of the certification monitoring and any other relevant information. The report is issued in an electronic format to the Provider's Executive Director, or its equivalent, the Provider's Board of Directors, and the Contract Manager within 30 calendar days from the date of the final exit conference.

6-3. Responses to Reports. The Certification and Compliance Manager's file is the official file of certification record, and any individual or group wishing to respond to a report should contact the Certification and Compliance Manager.