June 24, 2026

Joseph A. Ladapo, MD, PhD
State Surgeon General
4052 Bald Cypress Way, Bin A-00
Tallahassee, Florida 32399

Dear Dr. Ladapo:

Enclosed is our internal audit report # A-2526-003, *Selected Contract Funded by Member Projects 2025-2026*. The report provides an independent evaluation of the Department of Health's (Department) contract with the Nurse Family Partnership, Inc. We also assessed the validity and reliability of two performance measures presented in the Department's Long-Range Program Plan that measures total infant mortality per 1,000 live births and black infant mortality rate per 1,000 black live births.

The audit was conducted by James N. McAllister, Senior Management Analyst II, and Ashlea K. Mincy, CIA, CIG, CIGA, Director of Auditing; reviewed by Brian K. Hamilton, CISA, Senior Management Analyst II; and supervised by Michael J. Bennett, CIA, CGAP, CIG, Inspector General.

Management agreed with the findings identified in the report. We will provide you a status update in six months detailing the progress management has made toward addressing the proposed corrective actions included in Appendix A of the report.

If you wish to discuss the report, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG
Inspector General

MJB/akm
Enclosure

cc: Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
Samantha Perry, CPA, Office of the Auditor General
Lauren Cassedy, Chief of Staff
Shay Gonzalez, BSN, MBA, Director of Operations
Melissa Jordan, MS, MPH, Interim Deputy Secretary for Health
Mike Mason, Assistant Deputy Secretary for Health

FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

SELECTED CONTRACT FUNDED BY MEMBER PROJECTS 2025-2026

Report # A-2526-003 • June 24, 2026

Purpose of this project:
In accordance with the Office of Inspector General's (OIG) 2025-2026 fiscal year audit plan, we identified a Department of Health (Department) contract, funded as a member project, to review and determine if appropriate contract management has been performed, and if deliverables agree with contract language. Specifically in this report, we address our review of the Department's contract COHGQ with the Nurse Family Partnership, Inc. (Provider).

What we examined:
Contract COHGQ was initially executed on August 29, 2024, for a term beginning July 1, 2024, and ending June 30, 2025, in an amount not to exceed $2,000,000. The contract was renewed on July 14, 2025, for a term beginning July 1, 2025, and ending June 30, 2026, in an amount not to exceed $1,000,000.

Additionally, we evaluated the reliability and validity of the following performance measures contained in the Department's current *Longe Range Program Plan for Fiscal Years 2023-2024 through 2027-2028, dated September 30, 2022 (LRPP),* that relate to the goals of contract COHGQ:

- Total infant mortality per 1,000 live births; and
- Black infant mortality rate per 1,000 black live births.

Summary of results:
While the Department has detailed processes in place to manage and monitor contract COHGQ, we identified the following issues the Bureau of Family Health Services (Bureau) management should address to further improve contract monitoring efforts specifically related to this contract:

- The Bureau did not ensure the Provider appropriately subcontracted the work in compliance with contract language and Department policy.
- The Bureau did not ensure contract deliverables were met in compliance with contract language.
- The Bureau did not assess appropriate financial consequences.
- The Bureau's official contract performance record was not accurate and consistent.
- Contract file supervisory reviews were not conducted within specified time frames as required by Department policy.

We also determined the two performance measures evaluated were found to be both valid and reliable.

The Detailed Results and Recommendations of this engagement are presented in order of risk significance and prioritization (as defined in the Supplemental Information section of this report). We also informed management under separate cover of additional issues noted during our engagement which did not rise to the level of a reportable comment.

Additional details follow below. Management's response to the issues noted in this report may be found in **Appendix A**. The Provider's response may be found in **Appendix B**.

BACKGROUND

A major goal of the Bureau is to assist communities in developing and implementing systems of care for children and families that are necessary, complete, and accessible. The programs within the Bureau are funded by a variety of federal grants, state funds, and local revenue. The programs work to improve oral health, prevent sexual violence, prevent unintended pregnancies, improve maternal and child health services, and promote positive youth development. These programs cover the lifespan and emphasize comprehensive, family centered services.

The Bureau's priorities include:

- Promoting healthy lifestyle choices throughout a person's lifespan;
- Evaluating the effectiveness of health policies and programs;
- Reducing health disparities;
- Developing collaborative public-private partnerships;
- Reducing infant mortality, low birth weight, and teen pregnancy;
- Preventing oral diseases; and
- Improving the health and well-being of children.

As part of this effort, the Bureau manages Department contract COHGQ, which requires the Provider to offer direct care services to improve accessibility and health outcomes by providing services to first-time, high-risk pregnant women and their babies who are living in poverty, as well as multiparous[1] and late registrant mothers[2] through the NFPx Bridge study,[3] in the approved service area. The approved service area covers Alachua, Citrus, Dixie, Gilchrist, Hernando, Hillsborough, Indian River, Lake, Levy, Marion, Martin, Miami-Dade, Orange, St. Lucie, and Sumter counties.

DETAILED RESULTS AND RECOMMENDATIONS

Our audit identified the following opportunities to improve effectiveness of the Department's management of contract COHGQ:

1. The Bureau did not ensure the Provider appropriately subcontracted the work in compliance with contract language and Department policy.

- According to the terms of contract COHGQ, executed on August 29, 2024, the contract allowed subcontractors to perform services with prior written approval from the Department's Contract Manager.[4,5] However, a review of documentation determined the Provider did not submit their request (via a *Subcontracting Request Form*) until April 18, 2025, and the Contract Manager did not provide written approval until April 30, 2025, **244 days after the contract was executed**.

[1] Multiparous refers to women with other children.
[2] Late registrant mothers refer to women who enrolled in of the Nurse-Family Partnership (NFP) after 28 weeks of pregnancy.
[3] A research study conducted by the University of Colorado School of Medicine in partnership with the Florida Department of Children and Families to evaluate the implementation of the NFP expansion (NFPx).
[4] Section I.H.2.a., Contract COHGQ
[5] Section B.4.d., Attachment I, Contract COHGQ

- Invoices and quarterly reports showed that the Subcontractor,[6] not the Provider, performed services before the Contract Manager's written approval.

- Contract terms also stated, "If Provider subcontracts any of the services performed under the Contract without obtaining the Department's prior written approval, such action will be null and void and Provider will not be paid for such subcontracted services."[7] This could be applicable to any work performed by the subcontracting entity between August 29, 2024, and April 30, 2025.

- Additionally, Department Policy (DOHP) 250-14-19, *Contractual Services* (*Contractual Services Policy*), states that providers are precluded from subcontracting 100% of work; and are responsible for all contract performance.[8] However, the Provider reported on the *Subcontracting Request Form,* that the percentage of subcontract allocated from primary agreement was 100%.

- The contract was executed with the Provider based on the Legislature's appropriations for fiscal years 2024-2025 and 2025-2026. However, according to Bureau management, the Provider did not have the infrastructure needed to perform the contracted services and subcontracted all services to the Subcontractor[9], who had previously performed the services for the Department from January 2020 until June 2024.

- When subcontracting approval is not requested and reviewed in a timely manner, the risk of fraud increases, and the Department's reputation may be harmed should a subcontractor with a disqualifying history perform work on behalf of the Department without the Department's knowledge.

We recommend the Bureau ensure prior written approval is granted before subcontractors perform services and that the subcontract agreement is in compliance with contract language and Department policy.

2. The Bureau did not ensure contract deliverables were met in compliance with contract language.

- The *Contractual Services Policy* states procedures for drafting, routing, executing, and managing contractual agreements are vital for ensuring the protection of funds, deriving the maximum return of services from those funds, and ensuring contracts are in compliance with applicable state and federal laws, rules, and regulations governing contracts for services.[10] Additionally, the *Contractual Services Policy* explains successful monitoring is accomplished through a combination of the review of documentation from a provider, input from service recipients and others, and visits to the site of service delivery.[11] Contract managers must conduct adequate monitoring for the Department to react quickly to ensure a provider is utilizing taxpayer funds appropriately.[12]

[6] Florida Association of Healthy Start Coalitions, Inc.
[7] Section I.H.2.a., Contract COHGQ
[8] Section V.B., DOHP 250-14-19, *Contractual Services*
[9] The Provider on June 12, 2026, provided additional context in their response found in Appendix B.
[10] Section I., DOHP 250-14-19, *Contractual Services*
[11] Section V.E.4.a, DOHP 250-14-19, *Contractual Services*
[12] Section V.E.1.a.3., DOHP 250-14-19, *Contractual Services*

- The Bureau did not ensure the Provider[13] met the following contract deliverable requirements found in Attachment I of Contract COHGQ: [14]

  - Submit an Annual Service Plan to the Contract Manager within 30 calendar days of contract execution.[15]

    - The Provider submitted the Fiscal Year 2024-2025 Annual Service Plan on November 5, 2024, which was **68 calendar days after the contract was executed** on August 29, 2024. The Provider submitted the Fiscal Year 2025-2026 Annual Service Plan on August 14, 2025, which was **31 calendar days after contract renewal** on July 14, 2025.

  - Deliver Direct Care Services to eligible individuals[16] in the following manner:[17]

    1) Each quarter, provide Direct Care Services to a minimum of 15% of the individuals identified to be served in the approved Annual Service Plan.

    2) Each contract term, provide Direct Care Services to a minimum of 90% of the number of individuals to be served as stated in the sub-bullet above.

    3) Submit a Quarterly Progress Report to the Contract Manager that includes all services provided during the quarter, the number of individuals that received services, outcomes of services, and a list of any obstacles or barriers to care.

    - The Quarterly Progress Reports reviewed did not detail the total number of first-time, high-risk pregnant women living in poverty and their babies in the approved service area that received services. The Contract Manager's review was limited to checking the number of enrollees reported on the Quarterly Progress Report, without confirming that 15% of eligible individuals received services each quarter or 90% of eligible individuals received services during the contract term. Additionally, the contract file did not contain documentation to verify the number of services provided to eligible individuals.

- Attachment I of the contract also required the **Provider** to adhere to the Department's Application and Data Security and Confidentiality requirements throughout the contract term and provide an attestation of compliance with each Quarterly Progress Report.[18] For the five Quarterly Progress Reports reviewed, covering the period of July 1, 2024, through September 30, 2025:

  - None of the reports included the required attestation from the **Provider**.
  - Four reports included an attestation from the **Subcontractor** stating: "By signing, this report, the Subcontractor acknowledges and attests to compliance with Attachment V: Application and Data Security and Confidentiality as stated in the

[13] Section B.1.a., Attachment I, Contract COHGQ, specifically mentions the Provider must perform the tasks identified throughout this finding.
[14] Section B.1.b.1., Attachment I, Contract COHGQ
[15] Section B.1.a.1.b., Attachment I, Contract COHGQ
[16] Eligible individuals consist of first-time, high-risk pregnant women who are living in poverty and their babies, as well as Multiparous and late Registrant mothers through the NFPX Bridge study within select counties listed in Attachment I of Contract COHGQ. Annually, a minimum of 325 mother and babies are expected to be served with full allocation.
[17] Section B.1.a.2., Attachment I, Contract COHGQ
[18] Section B.3., Attachment I, Contract COHGQ

Department of Health's Standard Contract." Only two of these four attestations were signed, and all were signed by the Subcontractor, not the Provider.

- Attachment I of the contract additionally required the **Provider** to submit a quarterly invoice to the Contract Manager. At a minimum, each invoice must be submitted electronically on Provider's letterhead, and include:[19]

  - Invoice date;
  - Description of deliverables completed for that invoice period;
  - Invoice amount;
  - Provider's statement certifying the accuracy of the invoice, and
  - Signature of an individual with the authority to bind the Provider.

  For the five invoices reviewed, covering the period of July 1, 2024, through September 30, 2025:

  - None of the invoices were submitted on Provider letterhead. The invoices were on the **Subcontractors** letterhead.
  - None of the invoices were addressed to the Department. The invoices were **addressed to the Provider**.
  - None of the invoices included a statement certifying the accuracy of the invoice signed by an individual with the authority to bind the Provider. One of the invoices included a statement certifying the accuracy but it was signed by the **Subcontractor**, not the Provider.

- Attachment I of the contract further required the **Provider** to complete the Department's Annual Evaluation Survey and submit it with the final invoice to the Contract Manager.[20]

  - For Fiscal Year 2024-2025, the Annual Evaluation Survey submitted to the Contract Manager was completed by the **Subcontractor**, not the Provider.

- The Department's mission is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. Failing to ensure each contracted Provider adheres to all contractual obligations could result in Providers who are paid for underperforming required services and hinder the target population's ability to obtain appropriate healthcare services.

We recommend the Bureau ensure all deliverables are completed in the time and manner specified by the contract, prior to approval for payment.

3. The Bureau did not assess appropriate financial consequences.

- Section 287.058(1)(h), F.S., requires contracts include language "Specifying the financial consequences that the agency must apply if the contractor fails to perform in accordance with the contract."

- The *Contractual Services Policy* states financial consequences are not optional as they are required by the contract.[21]

[19] Section C.3., Attachment I, Contract COHGQ
[20] Section B.1.a.5., Attachment I, Contract COHGQ
[21] Section V.E.3.b., DOHP 250-14-19, *Contractual Services*

- Contract COHGQ was a fixed price, fixed fee contract. The Department was to pay the Provider quarterly payments for satisfactory completion of the deliverables specified in the contract.

- Each of the deliverables described in Finding Number 2 above were not completed by the Provider in the time and/or manner specified by the contract, but were approved by the Contract Manager.

- According to terms agreed upon in the contract, any deliverable not completed on time or as specified should have resulted in a reduced payment for that deliverable in the quarter it was due, as specified below:[22]

    - Failure to prepare, submit, and update the Annual Service Plan as specified will result in a 10 percent reduction in that quarter's invoice amount.
    - Failure to provide services as listed in Attachment A, Section 14. "Program Performance" and the approved Annual Service Plan as specified will result in a 15 percent reduction in that quarter's invoice amount.
    - Failure to Provide Direct Care Services to the minimum number of individuals each quarter as specified will result in a 15 percent reduction in that quarter's invoice amount.
    - Failure to Provide Direct Care Services to the minimum number of individuals each contract term as specified will result in a 15 percent reduction in that quarter's invoice amount.
    - Failure to adhere to the requirements of the Department's Data Security and Confidentiality requirements as specified will result in a 10 percent reduction in that quarter's invoice amount.
    - Failure to create a Quarterly Progress Report as specified will result in a 10 percent reduction in that quarter's invoice amount.
    - Failure to complete and submit the Annual Evaluation Survey as specified will result in a 10 percent reduction in that quarter's invoice amount.

- According to terms agreed upon in the contract, each of the deliverables in Finding 2 above that were not completed in the time and/or manner specified in the contract, with the exception of requirements necessary for the submission of the quarterly invoice, should have resulted in a financial consequence. However, we found the Contract Manager approved the deliverables but did not apply financial consequences in instances when the deliverables were not satisfactorily completed.

- Failing to apply financial consequences in instances when a Provider does not meet agreed-upon contractual terms does not hold the Provider accountable for their own failures to comply with obligations for which they are compensated and could hinder the Department's ability to ensure services are appropriately provided to eligible individuals.

We recommend the Bureau ensure all invoices for current and future contracts comply with contract requirements, and deliverables are completed in the time and manner specified by the contract, prior to approval for payment.

We recommend the Bureau ensure its contract managers accurately apply financial consequences, as required by state law and as defined in each applicable contract, in all instances where contracting entities do not comply with agreed-upon contract requirements.

[22] Section B.2., Attachment I, Contract COHGQ

4. The Bureau's official contract performance record was not accurate and consistent.

- The *Contractual Services Policy* states contract managers are responsible for processing, inspecting, reviewing, and approving the provider's deliverables and authorizing invoices for payment, as appropriate.[23] Additionally, the *Contractual Services Policy* requires contract managers to complete an Invoice Performance Analysis that provides a snapshot of the invoices deliverables.[24]

- Examples of inaccuracies and inconsistencies identified on the five Invoice Performance Analysis' reviewed, covering the period of July 1, 2024, through September 30, 2025, are listed below:

    - Annual Service Plan Report
        - 2024-2025 Quarter 1
            - Due Date listed: October 30, 2024
                - Actual Due Date: September 28, 2024
            - Date Received listed: October 30, 2024
                - Actual Received Date: November 5, 2024
            - Performance Requirement Met? Yes
                - Actual: No, submitted late
        - 2024-2025 Quarter 2
            - Due Date listed: July 30, 2024
                - Actual Due Date: September 28, 2024
            - Date Received listed: July 30, 2024
                - Actual Received Date: November 5, 2024
        - 2024-2025 Quarter 3
            - Due Date listed: July 30, 2025
                - Actual Due Date: September 28, 2024
        - 2024-2025 Quarter 4
            - Due Date listed: July 30, 2025
                - Actual Due Date: September 28, 2024
            - Date Received listed: July 30, 2025
                - Actual Received Date: November 5, 2024
        - 2025-2026 Quarter 1
            - Due Date listed: July 30, 2025
                - Actual Due Date: August 13, 2025
            - Date Received listed: July 30, 2025
                - Actual Received Date: August 14, 2025

    - Department's Application and Data Security and Confidentiality Attestation
        - 2024-2025 Quarter 1
            - Performance Requirement Met? Yes
                - Actual: No, Attestation not submitted.
        - 2024-2025 Quarter 2
            - Performance Requirement Met? Yes
                - Actual: No, Attestation was unsigned from Subcontractor, not the Provider.

[23] Section III.B., DOHP 250-14-19, *Contractual Services*
[24] Section IV.II., DOHP 250-14-19, *Contractual Services*

- 2024-2025 Quarter 3
  - Performance Requirement Met? Yes
    - Actual: No, Attestation from Subcontractor not the Provider.
- 2024-2025 Quarter 4
  - Performance Requirement Met? Yes
    - Actual: No, Attestation from Subcontractor not the Provider.
- 2025-2026 Quarter 1
  - Performance Requirement Met? Yes
    - Actual: No, Attestation was unsigned from Subcontractor, not the Provider.

- Annual Evaluation Survey
  - 2024-2025 Quarter 4
    - Performance Requirement Met: Yes
      - Actual: No, Annual Evaluation Survey completed by the Subcontractor, not the Provider.

➢ It is crucial that all Department contract records contain accurate and consistent documentation in accordance with Department policy to ensure a complete and accurate record. Failure to appropriately maintain these records hinders the Department's ability to verify the deliverables and goals of the contract were achieved, successfully achieve full compliance during reviews or audits of the contract, and respond appropriately to public record requests or other legal matters.

We recommend the Bureau ensure contract records are accurate and consistent in compliance with Department policy.

5. *Contract file supervisory reviews were not conducted within specified time frames as required by Department policy.*

➢ The *Contractual Services Policy* explains a contract manager's supervisor is responsible for conducting a review of the contract file every six months.[25] Additionally, the *Contractual Services Policy* requires the contract manager's supervisor complete a Supervisor File Review and Attestation Statement form, certifying the receipt of contract deliverables and proper contract documentation, every six months.[26]

➢ Three supervisory contract file reviews were required to have been completed between the execution of the contract on August 29, 2024, and January 26, 2026. Based on a review of the contract file and discussions with Bureau staff, the Bureau was only able to provide documentation that one Supervisory File Review and Attestation Statement form had been completed during that time period.

➢ Inadequate supervisory review increases the risk deliverables for contracts will not be provided in accordance with contract terms, thus impeding accountability and could impact the ability to provide appropriate healthcare services to the target population.

We recommend Bureau management take appropriate steps to ensure contract file supervisory reviews are adequately and timely performed in compliance with DOHP 250-14-19, Contractual Services.

[25] Section III.C.5., DOHP 250-14-19, *Contractual Services*
[26] Section V.E.2.B.17., DOHP 250-14-19, *Contractual Services*

Performance Measure Evaluation

Section 216.013, F.S. requires the Department to develop long-range program plans to achieve state goals that include performance measurements and outcomes. A long-range performance plan is required to be posted on the Department's internet website no later than September 30th of each year and a written notice is to be provided to the Governor and the Legislature that the plans have been posted. The statutory language was updated to note the Department was not required to develop or post a long-range performance plan for fiscal years 2025-2026 or 2026-2027.

Section 20.055(2)(b), F.S., requires the OIG to assess the reliability and validity of the Department's performance measures.

- Reliability refers to the consistency of a measure (whether the results can be reproduced under the same conditions).
- Validity refers to the accuracy of a measure (whether the results really do represent what they are supposed to measure). Typically, a performance measure's validity is based upon performance of factors that are directly under control of the entity.

A review of the Department's current *LRPP*[27] identified the following performance measures that are associated with the goals of contract COHGQ:

- Total infant mortality per 1,000 live births; and
- Black infant mortality rate per 1,000 black live births.

We found that these performance measures were valid and reliable.

SUPPLEMENTAL INFORMATION

OIG Staff Participating on this Audit:

- Auditors: James N. McAllister, Senior Management Analyst II
  Ashlea K. Mincy, CIA, CIG, CIGA, Director of Auditing
- Reviewer: Brian K. Hamilton, CISA, Senior Management Analyst II
- Supervisor: Michael J. Bennett, CIA, CGAP, CIG, Inspector General

Methodology:

Our methodology included reviewing contract COHGQ; reviewing appropriate contract manager files, *LRPP,* and other applicable documentation; interviewing key management and the contract manager; and a review of the following regulatory authority:

- Section 20.055, F.S.;
- Section 216.013, F.S.;
- Section 287.058, F.S.;
- DOHP 250-14-19, *Contractual Services*

[27] *Longe Range Program Plan for Fiscal Years 2023-2024 through 2027-2028, dated September 30, 2022*

Additional Information:
Section 20.055, F.S., charges the Department's OIG with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

This audit was conducted pursuant to section 20.055, F.S., and in conformance with the *2024 International Professional Practices Framework's Global Internal Audit Standards*, published by the Institute of Internal Auditors, as recommended by *Principles and Standards for Offices of Inspector General*, effective July 1, 2024, published by the Association of Inspectors General.[28]

The significance and prioritization of each finding was determined by combining risk scoring from the Internal Risk Assessment and Control Analysis, conducted during the planning phase of this engagement, and the Finding Risk Assessment Survey, which evaluated the impact and likelihood of each finding identified during testing.

We want to thank management and staff in the Bureau of Family Health Services for the information and documentation they provided, and for their cooperation throughout the project.

All final reports are available on our website at **www.FloridaHealth.gov** **(search: internal audit**).
If you have questions or comments, please contact us by the following means:

Address:	**Email:**	**Phone:**
4052 Bald Cypress Way, Bin A03, Tallahassee, FL 32399	*inspectorgeneral@flhealth.gov*	*850-245-4141*

[28] *Standards for the Professional Practice of Internal Auditing*, originally cited in *Principles and Standards for Offices of Inspector General*, has been superseded by the *2024 International Professional Practices Framework's Global Internal Audit Standards*.

APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1	*We recommend the Bureau ensure prior written approval is granted before subcontractors perform services and that the subcontract agreement is in compliance with contract language and Department policy.*	We concur. The Bureau chief and Division of Community Health Promotion (Division) contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the policy provisions regarding subcontracting. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*
2	*We recommend the Bureau ensure all deliverables are completed in the time and manner specified by the contract, prior to approval for payment.*	We concur. The Bureau chief and Division contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the assessment of contract deliverables. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*
3.1	*We recommend the Bureau ensure all invoices for current and future contracts comply with contract requirements, and deliverables are completed in the time and manner specified by the contract, prior to approval for payment.*	We concur. The Bureau chief and Division contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the assessment of contract deliverables. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*
3.2	*We recommend the Bureau ensure its contract managers accurately apply financial consequences, as required by state law and as defined in each applicable contract, in all instances where contracting entities do not comply with agreed-upon contract requirements.*	We concur. The Bureau chief and Division contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the policy and statutory provisions regarding financial consequences. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*

4	*We recommend the Bureau ensure contract records are accurate and consistent in compliance with Department policy.*	We concur. The Bureau chief and Division contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the policy provisions regarding review of contract performance. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*
5	*We recommend Bureau management take appropriate steps to ensure contract file supervisory reviews are adequately and timely performed in compliance with DOHP 250-14-19, Contractual Services.*	We concur. The Bureau chief and Division contract liaison will convene a meeting for all contract managers and contract manager supervisors, to review the policy provisions regarding contract file supervisory reviews. All Bureau contract manager supervisors will complete a file review checklist and attestation for all contracts that their managers handle. *Contact:* Ian Henning *Anticipated Completion Date: August 28, 2026*

APPENDIX B: PROVIDER RESPONSE

Changent
Programs with Impact. Healthier Futures.

June 12, 2026

Ashlea K. Mincy, CIA, CIG, CIGA, Director of Auditing
Department of Health
Office of Inspector General
4052 Bald Cypress Way, Bin A-03
Tallahassee, FL 32399-1704

Dear Ashlea,

Changent appreciates the opportunity to provide comments regarding Preliminary and Tentative Report A-2526-003 (the "Report").

We generally agree with the Report's factual findings and do not dispute the contract administration issues identified by the Office of Inspector General. We appreciate the professionalism of the audit team and would like to offer one clarification regarding the Report's description of Changent's role and the implementation structure of the Nurse-Family Partnership® program (the "Program").

The Report states that, according to Bureau management, [Changent] "did not have the infrastructure needed to perform the contracted services and subcontracted all services to the Subcontractor." We believe additional context regarding the Program's implementation structure may be helpful. Changent contracted with the Florida Association of Healthy Start Coalitions not because Changent lacked the infrastructure necessary to support Program implementation, but because the Program is designed to be implemented through local partners.

As the Program's sole licensor, Changent oversees its national replication and supports Program implementation through training, fidelity monitoring, quality assurance, reporting systems, and data infrastructure. Direct services are provided by local implementing agencies that employ nurse home visitors and deliver services to families, while Changent provides the standards, oversight, and support necessary to ensure fidelity to the model and effective Program implementation.

Accordingly, although Changent does not directly employ nurse home visitors in Florida, it maintains the infrastructure necessary to support Program implementation and service

delivery through its local partners. We believe this distinction is important to accurately reflect the respective roles of the organizations involved in Program implementation.

Changent supports the Bureau's efforts to strengthen contract oversight and would welcome future discussions regarding how contract language, reporting mechanisms, and monitoring processes can more clearly reflect the respective roles of Changent, statewide implementation partners, and local service-delivery agencies.

We offer this clarification solely to ensure the final Report accurately reflects the Program's implementation structure and the respective roles of the organizations involved in delivering services. We appreciate the opportunity to comment and recognize the importance of the Bureau's continued efforts to strengthen contract administration and oversight.

Sincerely,

Meghan E. López
Chief Program and Network Officer
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