

Tab 1	CS/SB 748 by HP, Flores; (Similar to CS/H 0375) Physician Assistants					
645320	A	S	WD	AHS, Bean	Delete L.236 - 241:	01/13 04:07 PM
Tab 2	SB 7018 by CF (CO-INTRODUCERS) Detert; (Identical to H 0599) Child Welfare					
Tab 3	SB 7034 by CF; (Similar to H 0943) Prenatal Services and Early Childhood Development					
882374	D	S	RCS	AHS, Sobel	Delete everything after	01/13 03:31 PM
Tab 4	CS/SB 504 by HP, Grimsley; (Similar to H 0591) Laser Hair Removal					
Tab 5	CS/SB 580 by HP, Grimsley; (Similar to CS/H 0595) Reimbursement to Health Access Settings for Dental Hygiene Services for Children					

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES
Senator Garcia, Chair
Senator Smith, Vice Chair

MEETING DATE: Wednesday, January 13, 2016

TIME: 1:30—3:30 p.m.

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 748 Health Policy / Flores (Similar CS/H 375)	Physician Assistants; Revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; deleting provisions related to examination by the Department of Health; requiring a designated supervising physician to maintain a list of supervising physicians at the practice or facility, etc. HP 12/01/2015 Fav/CS AHS 01/13/2016 Favorable AP	Favorable Yeas 7 Nays 0
2	SB 7018 Children, Families, and Elder Affairs (Identical H 599)	Child Welfare; Extending court jurisdiction to age 22 for young adults with disabilities in foster care; providing conditions under which a child may be returned home with an in-home safety plan; requiring specified intervention services and supports; requiring every child placed in out-of-home care to be referred within a certain time for a comprehensive behavioral health assessment; requiring lead agencies to ensure the availability of a full array of family support services, etc. JU 12/01/2015 Favorable AHS 01/13/2016 Favorable AP	Favorable Yeas 7 Nays 0
3	SB 7034 Children, Families, and Elder Affairs (Similar H 943)	Prenatal Services and Early Childhood Development; Revising the requirements for the Department of Health to maintain a clearinghouse of information for parents and health care providers and to increase public awareness on developmental evaluation and early intervention programs; renaming the "Infants and Toddlers Early Intervention Program" as the "Early Steps Program"; requiring the development of an individualized family support plan for each child served in the program, etc. AHS 01/13/2016 Fav/CS AP	Fav/CS Yeas 6 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Wednesday, January 13, 2016, 1:30—3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 504 Health Policy / Grimsley (Similar H 591)	Laser Hair Removal; Providing certification and training requirements for licensed electrologists who use laser or pulsed-light devices in hair removal, etc. HP 12/01/2015 Fav/CS AHS 01/13/2016 Favorable FP	Favorable Yeas 7 Nays 0
5	CS/SB 580 Health Policy / Grimsley (Similar CS/H 595)	Reimbursement to Health Access Settings for Dental Hygiene Services for Children; Authorizing reimbursement for children's dental services provided by licensed dental hygienists in certain circumstances, etc. HP 12/01/2015 Fav/CS AHS 01/13/2016 Favorable AP	Favorable Yeas 7 Nays 0
6	Presentation on converting Medicaid Payments for Outpatient Services to a Prospective Payment System --The Agency for Health Care Administration		Presented
Other Related Meeting Documents			

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16

Meeting Date

748

Bill Number (if applicable)

Topic Physician Assistants

Amendment Barcode (if applicable)

Name Zayne Smith

Job Title Associate State Director

Address 200 W College Ave
Street

Phone 850 228-4243

Tallah FL 32301
City State Zip

Email zsmith@acarp.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing AARP

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16
(Meeting Date)

SB 749
Bill Number (if applicable)

Topic Relating to Physician Assistants

Amendment Barcode (if applicable)

Name Susan Salahshor

Job Title Supervisor for Liver Transplant PA/NP

Address 119 E Park Ave

Phone 850-222-2591

Street

Tallahassee

FL

32301

City

State

Zip

Email

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Academy of Physician Assistants

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 748

INTRODUCER: Health Policy Committee and Senator Flores

SUBJECT: Physician Assistants

DATE: January 12, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	Fav/CS
2.	Brown	Pigott	AHS	Recommend: Favorable
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 748 authorizes a physician assistant (PA) to perform services delegated by a supervising physician related to the PA's practice in accordance with his or her education and training unless expressly prohibited under ch. 458, ch. 459, F.S., or by rules adopted under the allopathic and osteopathic medical practice acts.

The bill creates a definition of "designated supervising physician," which means a physician designated by a facility or practice to be the primary contact and supervising physician for the PAs in a practice where PAs are supervised by multiple supervising physicians.

The bill streamlines a PA's reporting requirements to the Department of Health (DOH) with respect to multiple supervising physicians.

The bill also clarifies that a PA, with delegated prescribing authority, may use prescriptions in both paper and electronic form. The bill deletes obsolete provisions relating to PA examinations by the DOH in favor of national proficiency examinations. The bill streamlines the PA licensure and application process by eliminating the requirement for letters of recommendation and substituting acknowledgments for sworn statements that required notarization.

The bill's potential fiscal impacts on state government are indeterminate but are likely minimal.

The effective date of the bill is July 1, 2016.

II. Present Situation:

Supervision of Physician Assistants

Chapter 458, F.S., sets forth the provisions for the regulation of the practice of allopathic medicine by the Board of Medicine (BOM). Chapter 459, F.S., sets forth the provisions for the regulation of the practice of osteopathic medicine by the Board of Osteopathic Medicine (BOOM). Physician assistants (PAs) are regulated by both boards. Licensure of PAs is overseen jointly by the boards through the Council on Physician Assistants.¹

PAs are trained and required by statute to work under the supervision and control of allopathic physicians or osteopathic physicians.² The BOM and the BOOM have adopted rules that set out the general principles a supervising physician must use in developing the scope of practice of the PA under both direct³ and indirect⁴ supervision. These principles are required to recognize the diversity of both specialty and practice settings in which PAs are used.⁵

A supervising physician's decision to permit a PA to perform a task or procedure under direct or indirect supervision must be based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. The supervising physician must be certain that the PA is knowledgeable and skilled in performing the tasks and procedures assigned.⁶ Each physician or group of physicians supervising a licensed PA must be qualified in the medical areas in which the PA is to perform and must be individually or collectively responsible and liable for the performance and the acts and omissions of the PA.⁷

The following duties are not permitted to be performed by a PA under indirect supervision:

- Routine insertion of chest tubes and removal of pacer wires or left atrial monitoring lines;
- Performance of a cardiac stress testing;
- Routine insertion of central venous catheters;
- Injection of intrathecal⁸ medication without prior approval of the supervising physician;
- Interpretation of laboratory tests, X-ray studies and EKG's without the supervising physician's interpretation and final review;

¹ The council consists of three physicians who are members of the Board of Medicine; one physician who is a member of the Board of Osteopathic Medicine; and a PA appointed by the State Surgeon General. (*See* ss. 458.347(9) and 459.022(9), F.S.)

² Sections 458.347(4) and 459.022(4), F.S.

³ "Direct supervision" requires the physician to be on the premises and immediately available. (*See* Rules 64B8-30.001(4) and 64B15-6.001(4), F.A.C.).

⁴ "Indirect supervision" refers to the easy availability of the supervising physician to the PA, which includes the ability to communicate by telecommunications, and requires the physician to be within reasonable physical proximity. (*See* Rules 64B8-30.001(5) and 64B15-6.001(5), F.A.C.)

⁵ Sections 458.347(4)(a) and 459.002(4)(a), F.S.

⁶ Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.

⁷ Sections 458.347(3) and 459.022(3), F.S.

⁸ Intrathecal means within a sheath; or through the theca of the spinal cord into the subarachnoid space. Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders, an imprint of Elsevier, Inc. (last viewed Nov. 23, 2015) available at <http://medical-dictionary.thefreedictionary.com/intrathecal>.

- Administration of general, spinal, or epidural anesthetics; and then only by physician assistants who graduated from Board-approved programs for the education of anesthesiology assistants.⁹

Current law allows a supervising physician to delegate to a licensed PA the authority to prescribe or dispense any medication used in the physician's practice, except controlled substances, general anesthetics, and radiographic contrast materials.¹⁰

Licensure of a PA requires that the PA:

- Is at least 18 years of age;
- Has graduated from an BOM- or BOOM-approved PA program¹¹ or its equivalent, or meets standards approved by the boards;
- Has passed a proficiency examination with an acceptable score established by the National Commission on Certification of Physician Assistants (NCCPA);
- Has completed the DOH application form¹² and remitted an application fee; and
- Has passed a criminal background check.

The PA application form requires, among other things, two letters of recommendation and sworn statements that require notarization, pertaining to prior felony convictions and any previous revocation or denial of licensure or certification in any state.

Renewal of a PA's license is biennial and contingent upon completion of certain continuing medical education requirements. A PA with delegated prescribing authority must submit a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the PA has prescriptive privileges.¹³

Section 458.347(7)(b), F.S., contains obsolete provisions relating to PA examinations by the DOH. The DOH no longer administers a PA examination for licensure because s. 456.017(1)(c)2., F.S., prohibits a board or department to use state-developed written examinations if a national examination has been certified by the department. The current provision regarding foreign medical school trained unlicensed physicians who had not previously taken, or who had failed the NCCPA examination, but who had been certified by the BOM as

⁹ Rules 64B8-30.012 and 64B15-6.010, F.A.C.

¹⁰ Sections 458.347(4)(e) and (f)1. and 459.022(4)(e), F.S.

¹¹ The DOH, BOM and BOOM have delegated their responsibility to approve PA programs to the NCCPA who used the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) to accredit PA schools. The ARC-PA defines the standards for PA education and evaluating PA educational programs in the United States to ensure their compliance with those standards. The ARC-PA is an independent accrediting body and accredited programs located in institutions offering, associate, baccalaureate or master's degrees in conjunction with the PA credential awarded. See Accreditation Review Commission on Education for the Physician Assistants, Inc., available at <http://www.arc-pa.com/about/index.html> (last visited Nov. 6, 2015).

¹² The DOH PA licensure application must include: a certificate of completion of a specified physician assistant training program; a sworn statement of any prior felony convictions; a sworn statement of any previous revocation or denial of licensure or certification in any state; two letters of recommendation; and a copy of course transcripts and a copy of the course description from the physician assistant's training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority. See s. 458.347(7)(a)3., F.S.

¹³ Sections 458.347(4)(e)3. and 459.022(4)(e)3., F.S.

having met the requirements for licensure as a medical doctor by examination, was only available from July 1, 1990 through June 30, 1991. A temporary PA license was authorized and was valid until the receipt of passing scores from the examination of the NCCPA. Furthermore, because there is no department administered examination, the timetable for notice and administration of a department administered examination is now obsolete.¹⁴

All licensed PAs, as a condition of practice, must also, upon employment or any subsequent change of employment, notify the DOH in writing,¹⁵ within 30 days, with the following:

- Complete mailing address of all current practice locations; and
- The names and license numbers of all supervising physicians, the specialties of supervising physicians, and the date or dates supervision began.¹⁶

Additionally, any subsequent change in the supervising physician must be communicated in writing to the DOH within 30 days after the change.

Board rules¹⁷ define a primary supervising physician as a physician licensed pursuant to ch. 458 or ch. 459, F.S., who assumes responsibility and legal liability for the services rendered by the PA at all times and the PA is not under the supervision and control of an alternate supervising physician. An alternate supervising physician is defined as physician(s) licensed pursuant to ch. 458 or ch. 459, F.S., who assume responsibility and legal liability for the services rendered by the PA while the PA is under his or her supervision and control. A physician may not supervise more than four licensed physician assistants at any one time.¹⁸

Section 458.347(4)(e)5., F.S., and s. 459.022(4)(e)5., F.S., dealing with delegated prescribing authority, allow for the use of prescriptions in written form only.

III. Effect of Proposed Changes:

CS/SB 748 amends the virtually identical provisions relating to physician assistants (PAs) in both the Medical Practice Act, ch.458, F.S., and the Osteopathic Medical Practice Act, ch. 459, F.S.

Affirmative Delegation Authority

The bill authorizes a PA to perform services delegated by the supervising physician in the PA's practice in accordance with his or her education and training unless expressly prohibited under ch. 458, F.S., ch. 459, F.S., or by rules adopted under either chapter.

¹⁴ See the Florida Dep't of Health, *House Bill 375 Analysis*, p. 3 (Oct. 27, 2015) (on file with the Senate Committee on Health Policy).

¹⁵ Florida Dep't of Health, Form DH-MQA 2004, *Supervision Data Form* (rev. Aug. 2010) available at http://flboardofmedicine.gov/forms/frm_supervisiondata.pdf (last viewed Nov. 23, 2015).

¹⁶ Sections 458.347(7)(e) and 459.022(7)(d), F.S., and Rules 64B15-6.003 and 64B8-30.003, F.A.C.

¹⁷ Rules 64B8-30.001 and 64B15-6.001, F.A.C.

¹⁸ Sections 458.347(3) and 459.022(3), F.S.

Designated Supervising Physician

The bill amends s. 458.347(4)(e)5, F.S., and s. 459.002(4)(e)5., F.S., to create and define a new type of supervising physician for PAs, the “designated supervising physician.” The bill gives a PA a choice of whether to report his or her supervising physician(s) or the designated supervising physician for employment by a facility or practice. If the PA chooses the option of reporting only the designated supervising physician, a PA would no longer be required to report changes in physicians who actually supervise the PA in a facility or practice within 30 days of the changes. Any changes to the designated supervising physicians must be reported to the DOH within 30 days of the change.

Current law limits the number of PAs a physician may supervise at one time to four.^{19,20} Under the bill, in order for the DOH to obtain that information, the DOH is required to make a written request to the facility’s or practice’s designated supervising physician for a list which must contain the names of all supervising physicians along with each supervising physician’s practice area and be up-to-date with respect to additions and terminations of physicians. It does not require the designated supervising physician to include in the list which physicians supervised which PAs at which facility or location on a daily basis. There are also no sanctions in the bill for not maintaining the list, not keeping it up-to-date, or not providing it to the DOH in a timely manner. General disciplinary provisions in s. 458.072, F.S., and s. 459.015, F.S., however, might be applicable.

Form of Prescription

The bill amends s. 458.347(4)(e)5., F.S., and s. 459.022(4)(e)5., F.S., to clarify that a PA, with delegated prescribing authority, may use prescriptions in both paper and electronic form. The prescription must comply with provisions in s. 456.0392(1), F.S., s. 456.42(1), F.S., and ch. 499, which require identification of the PA, i.e., name and prescriber number, and other essential elements for dispensing such as name and address of the patient, name and strength of the drug, quantity prescribed, directions for use, date prescribed, and the prescriber’s signature.

Licensure Efficiencies

The bill amends s. 458.347(7)(a), F.S., and s. 459.022(7)(a), F.S., to streamline and simplify the PA licensure and application process by eliminating the requirement for two letters of recommendation and substituting acknowledgments for sworn statements that required notarization pertaining to continuing medical education, prior felony convictions, and certain regulatory actions for licensure or certification in any state.

The bill deletes obsolete provisions relating to PA examinations by the DOH in favor of national proficiency examinations. This language appears only in the Medical Practice Act in s. 458.347(7)(b), F.S.

¹⁹ Section 458.347(3), F.S.

²⁰ Section 459.022(3), F.S.

Effective Date

The effective date of the bill is July 1, 2016.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Applicants for licensure as a PA, and PAs renewing their licenses, will experience reduced costs and time savings due to the administrative efficiencies.

Physician Assistants may also avoid disciplinary action for missing the filing deadlines, whether intentionally or unintentionally, when changes in supervising physicians occur.

C. Government Sector Impact:

The Department of Health and medical boards may experience fewer investigations and probable cause hearings with fewer complaints relating to PAs missing filing deadlines associated with changes in supervising physicians, which could lead to some level of cost savings. However, additional efforts may be required to monitor responsibilities of the designated supervising physician. Any resulting fiscal impacts, if any, are indeterminate at this time but are likely minimal.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 458.347 and 459.022.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on December 1, 2015:

Provides that a PA may perform services that are delegated by the supervising physician in accordance with his or her education and training, unless expressly prohibited by law; provides that prescriptions may be in paper or electronic form; reinstates the requirement that prescriptions comply with ch. 499, F.S.; and removes the provision for designated supervising physicians to be “approved.”

B. Amendments.

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
01/13/2016	.	
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Appropriations Subcommittee on Health and Human Services (Bean)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 236 - 241
and insert:

3. The designated supervising physician shall maintain a list including the name of each supervising physician, his or her practice area, and the name of each physician assistant. The list must be kept current with respect to additions and terminations of both supervising physicians and physician assistants; and must include a daily record identifying the



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supervising physician that is supervising each physician assistant. The list must be provided, in a timely manner, to the department upon written request. Failure of the designated supervising physician to comply with this subparagraph is a violation of ss. 456.072(1)(dd) and 458.331(g), F.S.

4. The department shall adopt rules to periodically obtain and review the designated supervising physician lists required under this section.

Delete lines 383 - 388
and insert:

3. The designated supervising physician shall maintain a list including the name of each supervising physician, his or her practice area, and the name of each physician assistant. The list must be kept current with respect to additions and terminations of both supervising physicians and physician assistants; and must include a daily record identifying the supervising physician that is supervising each physician assistant. The list must be provided, in a timely manner, to the department upon written request. Failure of the designated supervising physician to comply with this subparagraph is a violation of ss. 456.072(1)(dd) and 459.015(g), F.S.

4. The department shall adopt rules to periodically obtain and review the designated supervision physician lists required under this section.

===== T I T L E A M E N D M E N T =====
And the title is amended as follows:

Delete lines 16 - 29



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and insert:

at the practice or facility, including daily assignments; providing for disciplinary action; requiring the department to adopt rules; amending s. 459.022, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; defining the term "designated supervising physician"; requiring licensed physician assistants to report any changes in the designated supervising physician within a specified time; requiring a designated supervising physician to maintain a list of supervising physicians at the practice or facility, including daily assignments; providing for disciplinary action; requiring the department to adopt rules; providing an effective date.

By the Committee on Health Policy; and Senator Flores

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A bill to be entitled

An act relating to physician assistants; amending s. 458.347, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; deleting provisions related to examination by the Department of Health; defining the term "designated supervising physician"; requiring licensed physician assistants to report any changes in the designated supervising physician within a specified time; requiring a designated supervising physician to maintain a list of supervising physicians at the practice or facility; amending s. 459.022, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; defining the term "designated supervising physician"; requiring licensed physician assistants to report any changes in the designated supervising physician within a specified time; requiring a designated supervising physician to maintain a list of supervising physicians at the practice or facility; providing an effective date.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended, paragraph (h) is added to that subsection, paragraphs (c) through (h) of subsection (7) are redesignated as paragraphs (b) through (g), respectively, and present paragraphs (a), (b), (c), (e), and (f) of that subsection are amended, to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising ~~supervisory~~ physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising ~~supervisory~~ physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician before ~~prior to~~ any prescription is being ~~is~~ prescribed or dispensed by the physician assistant.

2. The supervising ~~supervisory~~ physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only

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by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must ~~acknowledge with file with~~ the department ~~a signed affidavit~~ that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276.

5. The prescription ~~may must~~ be ~~written~~ in paper or electronic a form ~~but must comply that complies~~ with ss. 456.0392(1) and 456.42(1) and chapter 499 and must contain, in addition to the supervising ~~supervisory~~ physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

(h) A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant's practice in accordance with his or her education and

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~~training unless expressly prohibited under this chapter, chapter 459, or rules adopted under this chapter or chapter 459.~~

(7) PHYSICIAN ASSISTANT LICENSURE.—

(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:

1. Is at least 18 years of age.

2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

3. Has completed the application form and remitted an application fee not to exceed \$300 as set by the boards. An application for licensure made by a physician assistant must include:

a. A certificate of completion of a physician assistant training program specified in subsection (6).

b. Acknowledgment ~~A sworn statement~~ of any prior felony convictions.

c. Acknowledgment ~~A sworn statement~~ of any previous revocation or denial of licensure or certification in any state.

d. ~~Two letters of recommendation.~~

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e. A copy of course transcripts and a copy of the course description from a physician assistant training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(b) ~~1. Notwithstanding subparagraph (a) 2. and subparagraph (a) 3.a., the department shall examine each applicant who the Board of Medicine certifies:~~

~~a. Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee not to exceed \$300, plus the actual cost to the department to provide the examination. The examination fee is refundable if the applicant is found to be ineligible to take the examination. The department shall not require the applicant to pass a separate practical component of the examination. For examinations given after July 1, 1998, competencies measured through practical examinations shall be incorporated into the written examination through a multiple-choice format. The department shall translate the examination into the native language of any applicant who requests and agrees to pay all costs of such translation, provided that the translation request is filed with the board office no later than 9 months before the scheduled examination and the applicant remits translation fees as specified by the department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to the department the ability to communicate orally in basic English. If the applicant is unable to pay translation costs, the applicant may take the next available examination in English if the applicant submits a request in writing by the~~

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~~application deadline and if the applicant is otherwise eligible under this section. To demonstrate the ability to communicate orally in basic English, a passing score or grade is required, as determined by the department or organization that developed it, on the test for spoken English (TSE) by the Educational Testing Service (ETS), the test of English as a foreign language (TOEFL) by ETS, a high school or college level English course, or the English examination for citizenship, Bureau of Citizenship and Immigration Services. A notarized copy of an Educational Commission for Foreign Medical Graduates (ECFMG) certificate may also be used to demonstrate the ability to communicate in basic English; and~~

~~b. Is an unlicensed physician who graduated from a foreign medical school listed with the World Health Organization who has not previously taken and failed the examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board of Medicine as having met the requirements for licensure as a medical doctor by examination as set forth in s. 458.311(1), (3), (4), and (5), with the exception that the applicant is not required to have completed an approved residency of at least 1 year and the applicant is not required to have passed the licensing examination specified under s. 458.311 or hold a valid, active certificate issued by the Educational Commission for Foreign Medical Graduates; was eligible and made initial application for certification as a physician assistant in this state between July 1, 1990, and June 30, 1991; and was a resident of this state on July 1, 1990, or was licensed or certified in any state in the United States as a physician assistant on July 1, 1990.~~

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2. The department may grant temporary licensure to an applicant who meets the requirements of subparagraph 1. Between meetings of the council, the department may grant temporary licensure to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. A temporary license expires 30 days after receipt and notice of scores to the licenseholder from the first available examination specified in subparagraph 1. following licensure by the department. An applicant who fails the proficiency examination is no longer temporarily licensed, but may apply for a one time extension of temporary licensure after reapplying for the next available examination. Extended licensure shall expire upon failure of the licenseholder to sit for the next available examination or upon receipt and notice of scores to the licenseholder from such examination.

3. Notwithstanding any other provision of law, the examination specified pursuant to subparagraph 1. shall be administered by the department only five times. Applicants certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of the initial examination. Subsequent examinations shall be administered at 1-year intervals following the reporting of the scores of the first and subsequent examinations. For the purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an examination that adequately measures an applicant's ability to practice with reasonable skill and safety. The minimum passing score on the examination shall be established by the department, with the

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advice of the board. Those applicants failing to pass that examination or any subsequent examination shall receive notice of the administration of the next examination with the notice of scores following such examination. Any applicant who passes the examination and meets the requirements of this section shall be licensed as a physician assistant with all rights defined thereby.

~~(e)~~ The license must be renewed biennially. Each renewal must include:

1. A renewal fee not to exceed \$500 as set by the boards.
2. Acknowledgment A sworn statement of no felony convictions in the previous 2 years.

(d) 1.~~(e)~~ Upon employment as a physician assistant, a licensed physician assistant must notify the department in writing within 30 days after such employment or after any subsequent change ~~changes~~ in the supervising physician or the designated supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician or the designated supervising physician. For purposes of this paragraph, the term "designated supervising physician" means a physician designated by the facility or practice to be the primary contact and supervising physician for the physician assistants in a practice where physician assistants are supervised by multiple supervising physicians.

2. A licensed physician assistant shall notify the department of any subsequent change in the designated supervising physician within 30 days after the change. Assignment of a designated supervising physician does not

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preclude a physician assistant from practicing under the supervision of a physician other than the designated supervising physician.

3. The designated supervising physician shall maintain a list of all supervising physicians at the practice or facility. Such list must include the name of each supervising physician and his or her area of practice, must be kept up to date with respect to additions and terminations, and must be provided, in a timely manner, to the department upon written request.

(e) ~~(f)~~ Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (6), who expects to take the first examination administered by the National Commission on Certification of Physician Assistants available for registration after the applicant's graduation, a temporary license. The temporary license shall expire 30 days after receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed before ~~prior to~~ employment, but must comply with paragraph (d) ~~(e)~~. An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed, but may reapply for a 1-year extension of temporary licensure. An applicant may not be granted more than two temporary licenses

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and may not be licensed as a physician assistant until he or she passes the examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the examination a sixth or subsequent time.

Section 2. Paragraph (e) of subsection (4) of section 459.022, Florida Statutes, is amended, paragraph (g) is added to that subsection, and paragraphs (a), (b), and (d) of subsection (7) of that section are amended, to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising ~~supervisory~~ physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising ~~supervisory~~ physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that she or he is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician before ~~prior to~~ any prescription is being ~~is~~ prescribed or dispensed by the physician assistant.

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291 2. The ~~supervising supervisory~~ physician must notify the
 292 department of her or his intent to delegate, on a department-
 293 approved form, before delegating such authority and notify the
 294 department of any change in prescriptive privileges of the
 295 physician assistant. Authority to dispense may be delegated only
 296 by a ~~supervising supervisory~~ physician who is registered as a
 297 dispensing practitioner in compliance with s. 465.0276.

298 3. The physician assistant must acknowledge with file with
 299 the department ~~a signed affidavit~~ that she or he has completed a
 300 minimum of 10 continuing medical education hours in the
 301 specialty practice in which the physician assistant has
 302 prescriptive privileges with each licensure renewal application.

303 4. The department may issue a prescriber number to the
 304 physician assistant granting authority for the prescribing of
 305 medicinal drugs authorized within this paragraph upon completion
 306 of the foregoing requirements. The physician assistant shall not
 307 be required to independently register pursuant to s. 465.0276.

308 5. The prescription ~~may must~~ be ~~written~~ in paper or
 309 electronic a form but must comply that complies with ss.
 310 456.0392(1) and 456.42(1) and chapter 499 and must contain, in
 311 addition to the ~~supervising supervisory~~ physician's name,
 312 address, and telephone number, the physician assistant's
 313 prescriber number. Unless it is a drug or drug sample dispensed
 314 by the physician assistant, the prescription must be filled in a
 315 pharmacy permitted under chapter 465, and must be dispensed in
 316 that pharmacy by a pharmacist licensed under chapter 465. The
 317 appearance of the prescriber number creates a presumption that
 318 the physician assistant is authorized to prescribe the medicinal
 319 drug and the prescription is valid.

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320 6. The physician assistant must note the prescription or
 321 dispensing of medication in the appropriate medical record.

322 (g) A licensed physician assistant may perform services
 323 delegated by the supervising physician in the physician
 324 assistant's practice in accordance with his or her education and
 325 training unless expressly prohibited under this chapter, chapter
 326 458, or rules adopted under this chapter or chapter 458.

327 (7) PHYSICIAN ASSISTANT LICENSURE.—

328 (a) Any person desiring to be licensed as a physician
 329 assistant must apply to the department. The department shall
 330 issue a license to any person certified by the council as having
 331 met the following requirements:

332 1. Is at least 18 years of age.

333 2. Has satisfactorily passed a proficiency examination by
 334 an acceptable score established by the National Commission on
 335 Certification of Physician Assistants. If an applicant does not
 336 hold a current certificate issued by the National Commission on
 337 Certification of Physician Assistants and has not actively
 338 practiced as a physician assistant within the immediately
 339 preceding 4 years, the applicant must retake and successfully
 340 complete the entry-level examination of the National Commission
 341 on Certification of Physician Assistants to be eligible for
 342 licensure.

343 3. Has completed the application form and remitted an
 344 application fee not to exceed \$300 as set by the boards. An
 345 application for licensure made by a physician assistant must
 346 include:

347 a. A certificate of completion of a physician assistant
 348 training program specified in subsection (6).

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349 b. Acknowledgment ~~A sworn statement~~ of any prior felony
 350 convictions.

351 c. Acknowledgment ~~A sworn statement~~ of any previous
 352 revocation or denial of licensure or certification in any state.

353 d. ~~Two letters of recommendation.~~

354 ~~e.~~ A copy of course transcripts and a copy of the course
 355 description from a physician assistant training program
 356 describing course content in pharmacotherapy, if the applicant
 357 wishes to apply for prescribing authority. These documents must
 358 meet the evidence requirements for prescribing authority.

359 (b) The licensure must be renewed biennially. Each renewal
 360 must include:

361 1. A renewal fee not to exceed \$500 as set by the boards.

362 2. Acknowledgment ~~A sworn statement~~ of no felony
 363 convictions in the previous 2 years.

364 (d) 1. Upon employment as a physician assistant, a licensed
 365 physician assistant must notify the department in writing within
 366 30 days after such employment or after any subsequent changes in
 367 the supervising physician or the designated supervising
 368 physician. The notification must include the full name, Florida
 369 medical license number, specialty, and address of the
 370 supervising physician or the designated supervising physician.
 371 For purposes of this paragraph, the term "designated supervising
 372 physician" means a physician designated by the facility or
 373 practice to be the primary contact and supervising physician for
 374 the physician assistants in a practice where physician
 375 assistants are supervised by multiple supervising physicians.

376 2. A licensed physician assistant shall notify the
 377 department of any subsequent change in the designated

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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378 supervising physician within 30 days after the change.

379 Assignment of a designated supervising physician does not
 380 preclude a physician assistant from practicing under the
 381 supervision of a physician other than the designated supervising
 382 physician.

383 3. The designated supervising physician shall maintain a
 384 list of all supervising physicians at the practice or facility.
 385 Such list must include the name of each supervising physician
 386 and his or her area of practice, must be kept up to date with
 387 respect to additions and terminations, and must be provided, in
 388 a timely manner, to the department upon written request.

389 Section 3. This act shall take effect July 1, 2016.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

Committee Agenda Request

To: Senator Rene Garcia, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: December 1, 2015

I respectfully request that **Senate Bill #7018**, relating to Child Welfare, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

A handwritten signature in black ink, reading "Nancy Detert".

Senator Nancy C. Detert
Florida Senate, District 28

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Children, Families, and Elder Affairs, *Chair*
Health Policy, *Vice Chair*
Agriculture
Education Pre-K-12
Appropriations Subcommittee on Health
and Human Services

SENATOR ELEANOR SOBEL

33rd District

December 11, 2015

Senator Rene Garcia
Chair of Appropriations Subcommittee on Health and Human Services
310 Senate Office Building
404 South Monroe Street
Tallahassee, Florida 32399

Dear Chair Garcia,

This letter is to request that **SB 7018**, relating to **Child Welfare**, be placed on the agenda of the next scheduled meeting of the Appropriations Subcommittee on Health and Human Services. SB 7018 extends court jurisdiction to age 22 for young adults with disabilities in foster care; provides conditions under which a child may be returned home with an in-home safety plan; requires specified intervention services and supports; requires every child placed in out-of-home care to be referred within a certain time for a comprehensive behavioral health assessment, and requires lead agencies to ensure the availability of a full array of family support services.

Thank you for your consideration of this request.

Respectfully,



Eleanor Sobel
State Senator, 33rd District

Cc: Scarlet Pigott, Robin Jackson, Miguel Abad, Chastity Acosta

REPLY TO:

- ☐ The "Old" Library, First Floor, 2600 Hollywood Blvd., Hollywood, Florida 33020 (954) 924-3693 FAX: (954) 924-3695
- ☐ 410 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: www.flsenate.gov

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/13/16
Meeting Date

SB 7618
Bill Number (if applicable)

Topic Child Welfare

Amendment Barcode (if applicable)

Name Nikki Fred

Job Title Attorney

Address 3980 W. Broward Blvd

Phone 954-734-3791

City Ft. Lauderdale State FL Zip 33312

Email nfred@ceddyfar.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida's Children First

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 7018

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Child Welfare

DATE: January 12, 2016

REVISED: 12/02/15

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Preston	Hendon		CF Submitted as Committee Bill
1.	Davis	Cibula	JU	Favorable
2.	Brown	Pigott	AHS	Recommend: Favorable
3.			AP	

I. Summary:

SB 7018 revises the state's approach to out-of-home placement services for children living in foster care. Among the revisions, the bill:

- Requires a two-pronged assessment process to determine the service and support needs, as well as the appropriate placement for each child who enters the foster care system;
- Requires the Department of Children and Families to develop a continuum of care that provides appropriate services based on the level of care for both foster home and group home placements; and
- Requires data collection on every aspect of the assessment, placement, and service provision process for children in foster care.

The bill also requires community-based care lead agencies¹ to have available a full array of services, including intervention services, to help keep children from coming into foster care and requires more accountability for the outcomes of services delivered. Once a child enters the child welfare system, however, the bill requires the child to be assessed through a standardized assessment process to determine the appropriate placement. Finally, the bill repeals a number of residential group home statutes that are rendered obsolete under the bill.

The bill's fiscal impact on state government is indeterminate.

The bill has an effective date of July 1, 2016.

¹ A community-based care lead agency is a single entity with which the Department of Children and Families has a contract for the provision of care for children in the child protection and child welfare system in a community that is no smaller than a county and no larger than two contiguous judicial circuits. See part V, ch. 409, F.S.

II. Present Situation:

State Trends in Child Welfare

Many states are seeking to reduce the use of residential group homes for children in foster care. This shift reflects a growing consensus within the child-welfare field that group home settings for foster children, while sometimes necessary, should be used sparingly. To lower the number of group care placements, states have two main options: provide more preventive support for unsafe families; and recruiting more people, including relatives and non-relatives with whom children have a strong emotional relationship, to serve as foster parents.

Research shows an association between frequent placement disruptions and outcomes that are adverse to the child, including poor academic performance and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers. Despite this evidence, there has been limited intervention by child welfare systems to reduce placement instability as a mechanism for improving outcomes for children.

Placement Options for Children in Out-of-Home Care

Federal law has long supported the belief that children should grow up in families whenever possible. The Adoption Assistance and Child Welfare Act of 1980 codified the concept that children should be cared for in their own homes whenever it is possible to do so safely and in new permanent homes when it is not. To preserve the well-being of children who enter the system, out-of-home placements must be in the least restrictive setting possible that is most like a family.² Florida has likewise codified the concept of least restrictive setting.³

The federal Adoption and Safe Families Act of 1997 (ASFA) was considered the most significant piece of legislation addressing child welfare since the enactment of the Adoption Assistance and Child Welfare Act 17 years earlier. The legislation was enacted as a response to increasing concerns voiced around the nation that child welfare systems were not providing for the safety, well-being, and permanent placement of children in a timely and adequate manner. The ASFA sought to focus on child safety when making case decisions and make certain that children did not languish or grow up in foster care but were instead connected with permanent families.⁴ Florida was one of the first states to enact the provisions of the ASFA.⁵

Placement with Relatives or Kinship Care

A substantial amount of research acknowledges that children in the care of relatives, or what is often referred to as “kinship care,” are less likely to change placements and benefit from increased placement stability, as compared to children placed in general foster care. Most child welfare systems strive to place children in stable conditions without multiple living arrangement changes because it has consistently demonstrated a better result for all children living in out-of-

² Adoption Assistance and Child Welfare Act of 1980, Pub. L. No. 96–272, 42 USC s. 675.

³ See ss. 39.407, 39.6012 and 409.165, F.S.

⁴ Olivia Golden and Jennifer Macomber, *Intentions and Results: A Look Back at the Adoption and Safe Families Act* (Dec. 11, 2009), available at: <http://www.urban.org/research/publication/intentions-and-results-look-back-adoption-and-safe-families-act> (last visited Nov. 23, 2015).

⁵ Chapter 98-403, Laws of Fla.

home care. As opposed to children living in foster care, children living in kinship care are more likely to remain in their own neighborhoods, be placed with their siblings, and have more consistent interactions with their birth parents than do children who are placed in foster care, all of which might contribute to less disruptive transitions into out-of-home care.⁶

Among the appropriate placement options for children who could not be reunified with their parents, the ASFA included placement with relatives, legal guardians, or another planned permanent-living arrangement. Even though the ASFA encouraged states to seek fit and willing relatives as permanent family options, it did not offer ongoing financial assistance for relatives who were foster parents caring for children as their guardians outside of foster care.⁷ The ASFA provided incentives to encourage the movement of children to adoptive families, but did not provide similar fiscal incentives that would help children leave care to live permanently with legal guardians or relatives who were not adopting them.⁸

Additional provisions of the ASFA created challenges for placing a child with a fit and willing relative. In particular, ASFA regulations require that foster homes of relatives be licensed in the same manner as foster homes for children in non-relative placements, with few case-specific exceptions.⁹

More recent federal legislation, the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act, or FCA), makes this requirement a bit less restrictive by allowing states to waive non-safety related licensing standards for relative homes on a case-by-case basis. The FCA also supports states in providing financial subsidies to kinship legal guardianship placement as long as certain conditions have been met. Florida has not implemented the provisions of the FCA related to relative guardianship.¹⁰

Florida did, however, recognize the importance of relative placements by creating the Relative Caregiver Program in 1998 to provide financial assistance to eligible relatives caring for children who would otherwise be in the foster care system.¹¹ In 2014 the program was expanded to include specified nonrelative caregivers.¹²

According to the Department of Children and Families (DCF), as of September 30, 2015, Florida had 12,343 children receiving in-home services, 12,341 children who are in kinship foster care placements, and 10,029 children who are in licensed foster care placements.¹³

⁶ David Rubin and Kevin Downes, K., et al., *The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care* (June 2, 2008), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654276/>.

⁷ MaryLee Allen and Beth Davis-Pratt *The Impact of ASFA on Family Connections for Children* (Dec. 11, 2009), available at: <http://www.urban.org/research/publication/intentions-and-results-look-back-adoption-and-safe-families-act>.

⁸ While some relatives want to adopt, grandparents are often hesitant to do so. This is because it is necessary to first terminate their own children's parental rights and because of their hope that their adult sons or daughters will one day be able to resume parenting.

⁹ *Supra* at 7.

¹⁰ P.L. 110-351.

¹¹ Section 39.5085, F.S.

¹² Chapter 2014-224, Laws of Florida.

¹³ Florida Department of Children and Families, DCF Quick Facts, available at: <http://www.dcf.state.fl.us/general-information/quick-facts/cw/> (last visited Nov. 23, 2015).

Family Foster Homes

Family foster homes offer the next least-restrictive environment following kinship care for children who need out-of-home placements. For at least 15 years, Florida has not had enough family foster homes nor an adequate array of homes necessary to meet the variety of needs of children in out-of-home placements. In 2001, it was reported that “Florida’s foster care system was overwhelmed with many problems during the past several years as evidenced by lawsuits, grand jury investigations, and special investigations...”¹⁴

In February 2001, the Office of Program Policy Analysis and Government Accountability (OPPAGA)¹⁵ reported the following problems with Florida’s foster care system:

- The number of children admitted to foster care increased by 28.8 percent between June 1996 and June 2000;
- The DCF increased its foster home capacity by only five percent between fiscal year 1997-98 and 1998-99 even after receiving 70 new full-time equivalent positions from the 1999 Legislature solely for the purpose of recruiting new foster families; and
- The number of children needing care outpaced the number of foster homes, leaving many foster homes overcrowded.

Lawsuits also alleged numerous problems associated with the foster care system, including failure on the part of the state to develop an array of foster care settings to ensure a safe and secure placement for each foster child, particularly in respect to foster homes for teenagers.¹⁶

Florida responded to the lack of foster homes by enacting legislation in 2001 and 2002 to increase the utilization of residential group home placements until additional foster homes could be recruited.¹⁷ The 2001 and 2002 provisions required that any dependent child 11 years of age or older who has been in licensed family foster care for six months or longer, who is then moved more than once and who is a child with extraordinary needs, must be assessed for placement in licensed residential group care. Additionally, funds were authorized to be used for one-time start-up funding for residential group care purposes that include, but are not limited to, remodeling or renovation of existing facilities, construction costs, leasing costs, purchase of equipment and furniture, site development, and other necessary and reasonable costs associated with the start-up of facilities or programs.¹⁸

However, while the 2001 and 2002 legislation was being considered by the Legislature, the DCF expressed concerns that the provisions of the proposed legislation were contrary to published

¹⁴ Information contained in this portion of this bill analysis is from the analysis for CS/CS/SB 1214 by the Senate Committee on Children and Families (March 29, 2001) *available at*:

http://archive.flsenate.gov/session/index.cfm?Mode=Bills&SubMenu=1&BI_Mode=ViewBillInfo&BillNum=1214&Year=2001&Chamber=Senate#Analysis.

¹⁵ Office of Program Policy Analysis and Government Accountability, *Justification Review of the Child Protection Program in the Department of Children and Family Services*. Report Number 01-14 (February, 2001) *available at*:

<http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0114rpt.pdf>.

¹⁶ See, for example, *31 Foster Children v. Bush*, 329 F.3d 1255 (11th Cir. 2003) and *Ward. v. Feaver, et al*, 2000 WL34025227 U.S. District Court S.D. Florida.

¹⁷ See ss. 39.523, 409.1676, 409.1677 and 409.1679, F.S.

¹⁸ Section 39.523, F.S.

literature, contrary to guidance from the federal government, and contrary to the actions of other states that were moving away from group home care.¹⁹

Residential Group Care

Residential group care as a placement option for children in the child welfare system has many forms and functions, including serving as a child placement option and as a treatment component of a child's mental health system of care. The multiple roles of group care make an analysis of its effectiveness difficult and complex.²⁰

Some schools of thought contend that all residential group care has the potential to be harmful and should be eliminated. Others support the position that those placements can be beneficial for some children under certain circumstances. Still others support the wholesale use of residential group care as an alternative to the limited supply of family placements or dependence on family placements that could expose children to additional risks. However, both favorable and unfavorable claims about the effectiveness of residential group care and other options are often made without adequate supporting evidence.²¹

There appears to be a growing consensus within the child welfare community that residential group home settings for children in out-of-home care are sometimes necessary but should be used sparingly and only for the length of time necessary to place the child in a less restrictive environment. Some states have been more successful than others in efforts to decrease reliance on group home care.²²

A number of child welfare organizations are supporting an overhaul of the federal funding system for child welfare. Their goal is to shift funding from residential group home settings to alternative placements such as family-based care. The Annie E. Casey Foundation and one of its partners, the Jim Casey Youth Opportunities Initiative, supports the proposal that federal reimbursement should be eliminated for shelters and group care for children under 13 years of age but should be allowed for older children's group care but only for short periods of time when psychiatric treatment or other specialized care is needed.²³

Nationally, according to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data, in 2014, 46 percent of all children in foster care lived in the foster family homes of non-relatives. Twenty-nine percent lived in family foster homes with relatives or in kinship care. Six percent lived in group homes, eight percent lived in institutions, four percent

¹⁹ Testimony from committee meetings: Senate Children and Families Committee, SB 623, January 30, 2002; Senate Children and Families Committee, SB 1214, March 14, 2001; House Child and Family Security Committee, HB 1145, March 15, 2001; House Child and Family Security Committee, HB 755, February 7, 2002.

²⁰ Richard Barth, *Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate*. Chapel Hill, NC: University of North Carolina, School of Social Work, Jordan Institute for Families (June 17, 2002), available at: http://www.researchgate.net/publication/237273744_vs._Foster_Homes_The_Empirical_Base_for_a_Century_of_Action.

²¹ Child Welfare League of America, *Residential Transitions Project Phase One Final Report* (April 2008), available at: http://rbsreform.org/materials/Residential%20Transitions%20Project%20-%204%2030%2008%20_2_.pdf.

²² *Id.* Also see California Health and Human Services Agency. California's Child Welfare Continuum of Care Reform, January 2015, *Children's Rights, What Works in Child Welfare Reform: Reducing Reliance on Congregate Care in Tennessee*, July 2011, and The Annie E. Casey Foundation, *Rightsizing Congregate Care, A Powerful First Step in Transforming Child Welfare System*, 2010.

²³ *Id.*

lived in pre-adoptive families, and the remainder lived in other types of facilities.²⁴ These statistics do not differ substantially from the distributions at the beginning of the decade, although there has been a small decrease of foster children living in group homes and institutions, and a corresponding increase of foster children in home care.²⁵ In Florida during the 2013-14 fiscal year, 11 percent of children in foster care were in residential group care, and 83 percent of the children in group care were 11 years of age and older, compared to 17 percent of children in family care settings.²⁶

Cost of Residential Group Home Care

Residential group homes are one of the most expensive placement options for children in the child welfare system. The costs associated with institutional care far exceed the costs for foster care or treatment foster care. The difference in monthly costs are often six to 10 times higher than foster care. Because there is essentially no evidence that these additional costs yield better outcomes for foster children, according to at least one researcher, there is no justification for the cost benefit for group care, if other placement options are available.²⁷

In Florida, unlike rates for foster parents and relative caregivers, which are set in statute and in rule, community-based care lead agencies annually negotiate rates for residential group home placements with providers. According to a 2014 OPPAGA study, in the 2013-2014 fiscal year, the per diem rate for the shift-care group home model averaged \$124, and costs ranged from \$52 to \$283. The per diem rate for a family group home model averaged \$97, and costs ranged from \$17 to \$175. Family foster home care pays an average daily rate of \$15.²⁸ The cost of group home care in Florida for the 2013-14 fiscal year was \$81.7 million.²⁹

III. Effect of Proposed Changes:

Section 1 amends s. 39.01, F.S., relating to definitions, to create a definition of the term “conditions for return” which applies when consideration is being given to the DCF returning a child.

Section 2 amends s. 39.013, F.S., relating to procedures, jurisdiction, and right to counsel, to continue court jurisdiction until the age of 22 for young adults having a disability who choose to remain in extended foster care. This is consistent with the provisions of s. 39.6251, F.S.

Section 3 amends s. 39.402, F.S., relating to placement in a shelter, to require that the court order for placement of a child in shelter contain a written finding that the placement proposed by the DCF is in the least restrictive and most family-like setting that meets the needs of the child, unless that type of placement is unavailable.

²⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. The AFCARS Report (Sept. 18, 2015), *available at*: <http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22>.

²⁵ Child Trends Data Bank, Foster Care (Dec. 2014), *available at*: <http://www.childtrends.org/?indicators=foster-care>.

²⁶ Office of Program Policy and Government Accountability, Research Memorandum, *Florida’s Residential Group Care Program for Children in the Child Welfare System* (Dec. 22, 2014) (on file with the Senate Committee on Judiciary).

²⁷ *Supra* at 20.

²⁸ *Supra* at 26.

²⁹ *Id.*

Section 4 amends s. 39.521, F.S., relating to disposition hearings, to require that a court order for disposition contain a written finding that the placement of the child is in the least restrictive and most family-like setting that meets the needs of the child, as determined by the required assessments.

Section 5 amends s. 39.522, F.S., relating to post-disposition change of custody, to change the standard for the court to return a child to the home from “substantially complied with the terms of the case plan” to whether the “circumstances that caused the out-of-home placement have been remedied” with an in-home safety plan in place.

Section 6 amends s. 39.6011, F.S., relating to the development of case plans, to rearrange and restructure the statutory section. The section now states the purpose of a case plan and requires documentation that a preplacement assessment of the service needs of the child and family, and preplacement preventive services, if appropriate, have been provided and that reasonable efforts to prevent out-of-home placement have been made. Under the bill, procedures for involving the child in the case planning process are revised and put in a separate subsection.

Section 7 amends s. 39.6012, F.S., relating to case plan requirements for services and tasks for parents and safety, permanency, and well-being for children, to rearrange and restructure the statutory section. The bill requires documentation in the case plan that the required placement assessments have been completed; that the child has been placed in the least restrictive, most family-like setting, or if not, the reason for the alternative placement; and that if the child has been placed in a residential group care setting, regular reviews and updates to the case plan must be completed.

The bill also requires that provisions in the case plan relating to visitation and contact of the child with his or her parents and/or siblings also apply to extended family members and fictive kin. The term “fictive kin” is defined as individuals that are unrelated to the child by either birth or marriage, but have an emotionally significant relationship with the child that would take on the characteristics of a family relationship.

Section 8 amends s. 39.6035, F.S., relating to the transition plan, to clarify that the transition plan must be approved by the court before the child’s 18th birthday.

Section 9 amends s. 39.621, F.S., relating to permanency determinations by the court, to add provisions relating to maintaining and strengthening the placement. These provisions are current law in s. 39.6011, F.S., and they are being relocated to s. 39.621, F.S.

Section 10 amends s. 39.701, F.S., relating to judicial review, to add a requirement to the social study report for judicial review to include documentation that the placement of the child is in the least restrictive, most family-like setting that meets the needs of the child as determined through assessment. The section also requires the court to order the DCF and the community-based care lead agency to file a written notification before a child changes placements, if possible. If the notification before changing placements is not possible, the notification must be filed immediately following a change. This flexibility would accommodate those cases when a child must be moved on short notice or after work hours.

Section 11 creates s. 409.142, F.S., relating to intervention services for unsafe children, to provide legislative findings that intervention services and supports are designed to strengthen and support families in order to keep them safely together and to prevent children from entering foster care. The bill also states legislative intent for the DCF to identify evidence-based intervention programs that remedy child abuse and neglect, reduce the likelihood of foster care placement by supporting parents and relative or nonrelative caregivers, increase family reunification with parents or other relatives, and promote placement stability for children living with relatives or nonrelative caregivers. The section defines the term “intervention services and supports,” provides the types of intervention services that must be available for eligible individuals, provides eligibility for intervention services, and requires each community-based care lead agency to submit a monitoring plan to the DCF by October 1, 2016. Each community-based care lead agency must also submit an annual report to the DCF detailing specified collected data as part of the Results Oriented Accountability Program under s. 409.997, F.S. The DCF is also given rulemaking authority to adopt rules to administer this section.

Section 12 creates s. 409.143, F.S., relating to assessment and determination of appropriate placements for children in care, and provides state legislative findings and intent relating to the assessment of children in order to determine the most appropriate placement for each child in out-of-home care. The bill defines the terms “child functioning level,” “comprehensive behavioral health assessment,” and “level of care.” The bill requires an initial placement assessment whenever a child has been determined to need an out-of-home placement and requires the DCF to document these initial assessments in the Florida Safe Families Network (FSFN) and update the case plan.

The bill requires procedures in s. 39.407, F.S., to be followed whenever a child is being placed in a residential treatment facility and prohibits placement decisions from being made by an individual or entity that has a conflict of interest with an agency being considered for placement.

The bill also requires a follow-up comprehensive behavioral health assessment to be completed for each child placed in out-of-home care; requires certain information to be included in the assessment; requires that the assessment be completed within 30 calendar days after the child enters out-of-home care; and requires the DCF to use the results of the comprehensive assessment to determine the child’s functioning level and the level of care needed by the child.

The bill requires the establishment of permanency teams by the DCF or the community-based care lead agencies to regularly convene a multi-disciplinary staffing every 180 days to review the appropriateness of the child’s placement and provides the contents of the review. An annual report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year that includes specified data on child placements and services.

Section 13 creates s. 409.144, F.S., relating to a continuum of care. The bill provides legislative findings and intent pertaining to the safety, permanency, and well-being of children in out-of-home care. The bill defines the terms “continuum of care,” “family foster care,” “level of care,” “out-of-home care,” and “residential group care.”

The bill requires the DCF, in collaboration with the Florida Institute for Child Welfare, the Quality Parenting Initiative, and the Florida Coalition for Children to develop a continuum of care for the placement of children in out-of-home care that includes both family foster care and residential group care by December 31, 2017. To implement the continuum, the DCF must:

- Establish levels of care that are clearly defined with the qualifying criteria for placement at each level identified;
- Revise licensure standards and rules to reflect the services and supports provided by a placement at each level of care and include the quality standards that must be met by licensed providers;
- Develop policies and procedures to ensure that placements are appropriate for each child as determined by the required assessments and staffing and last only long enough to resolve the issue that required the placement;
- Develop a plan to recruit, train, and retain specialized foster homes for pregnant and parenting teens that are designed to provide an out-of-home placement option that will enable them to live in the same foster family home while caring for the child and working towards independent care of the child; and
- Work with the Department of Juvenile Justice to develop specialized placements for children who are involved with both the dependency and the juvenile justice systems.

The bill requires an annual report by the DCF to the Governor, the President of the Senate, and the Speaker of the House of Representatives and specifies what the report must contain.

Section 14 amends s. 409.1451, F.S., relating to the Road-to-Independence Program, to create a process for making federal education and training vouchers available to a child or young adult in out-of-home care if he or she meets certain eligibility requirements. The bill provides that the DCF may adopt rules to implement the program which must include an appeals process.

Section 15 amends s. 409.988, F.S., relating to the duties of community-based care lead agencies. The bill requires lead agencies to ensure the availability of a full array of services necessary to meet the needs of all individuals within their local system of care. The bill also requires the DCF to report annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the adequacy of the available service array by lead agency.

Section 16 amends s. 39.202, F.S., relating to the confidentiality of records and reports in cases of child abuse or neglect and to revise the designation of an agency.

Section 17 amends s. 39.302, F.S., relating to protective investigations of institutional child abuse, abandonment, or neglect, to correct a cross reference.

Section 18 amends s. 39.524, F.S., relating to safe-harbor placement, to correct a cross reference.

Section 19 amends s. 39.6013, F.S., relating to case plan amendments, to correct a cross reference.

Section 20 amends s. 394.495, F.S., relating to child adolescent mental health system of care, to correct a cross reference.

Section 21 amends s. 409.1678, F.S., relating to specialized residential options for children who are victims of sexual exploitation, to correct a cross reference.

Section 22 amends s. 960.065, F.S., relating to eligibility for awards, to correct a cross reference.

Section 23 amends s. 1002.3305, F.S., relating to the College-Preparatory Boarding Academy Pilot Program for at-risk students, to correct a cross reference.

Section 24 repeals s. 39.523, F.S., relating to placement in residential group care.

Section 25 repeals s. 409.141, F.S., relating to equitable reimbursement methodology for residential group home care.

Section 26 repeals s. 409.1676, F.S., relating to comprehensive residential group care services to children who have extraordinary needs.

Section 27 repeals s. 409.1677, F.S., relating to model comprehensive residential services programs.

Section 28 repeals, s. 409.1679, F.S., relating to additional requirements and reimbursement methodology for residential group care.

Section 29 provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Most community-based care lead agencies make the determination to place a child in foster care. In some areas of the state, however, private, non-profit agencies under

contract with the community-based care lead agency determine placements of foster children. The bill prohibits an agency under contract with a community-based care lead agency from providing placement services while operating group homes. The bill does this to ensure there is no conflict of interest for the placement agency in recommending placements in group homes operated by that same agency. Under the requirements of this bill, some providers may have to choose between providing placement services and operating group homes.

C. Government Sector Impact:

To the extent the bill reduces the number of children in group home care and increases the number of children in foster homes, the bill would have a positive fiscal impact on the state. The average cost of group care with shift care workers is \$124 per day per child, the average cost of group care with house parents is \$97 per day per child, and the average cost of foster homes is \$15 per day per child.³⁰ The amount of such an impact is indeterminate.

The bill revises current practices in assessment and placement of children in foster care. To the extent that these new procedures are more costly than current practices, this aspect of the bill could have a negative fiscal impact on the state. The amount of such an impact is indeterminate.

The bill revises current court procedures in the case planning and placement of children in foster care. To the extent that these new procedures are more costly than current practices, this aspect of the bill could have a negative fiscal impact on the state. The amount of such an impact is indeterminate.

Finally, the bill authorizes education and training vouchers for certain children in foster care under certain circumstances. The fiscal impact of this change is indeterminate.

The Office of the State Courts Administrator indicates that the bill will increase judicial workloads, but it cannot accurately determine the fiscal impact because the data needed to quantify the increase in judicial time and workload are not available.³¹

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

³⁰ *Supra* at 26.

³¹ Office of the State Courts Administrator, *2016 Judicial Impact Statement for SB 7018* (Dec. 1, 2015) (on file with the Senate Committee on Judiciary).

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 39.013, 39.202, 39.302, 39.402, 39.521, 39.522, 39.524, 39.6011, 39.6012, 39.6013, 39.6035, 39.621, 39.701, 394.495, 409.1451, 409.1678, 409.988, 960.065, and 1002.3305.

This bill creates the following sections of the Florida Statutes: 409.142, 409.143, and 409.144

This bill repeals the following sections of the Florida Statutes: 39.523, 409.141, 409.1676, 409.1677, and 409.1679.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
 2 An act relating to child welfare; amending s. 39.01,
 3 F.S.; defining a term; amending s. 39.013, F.S.;
 4 extending court jurisdiction to age 22 for young
 5 adults with disabilities in foster care; amending s.
 6 39.402, F.S.; revising information that the Department
 7 of Children and Families is required to inform the
 8 court of at shelter hearings; revising the written
 9 findings required to be included in an order for
 10 placement of a child in shelter care; amending s.
 11 39.521, F.S.; revising the required information a
 12 court must include in its written orders of
 13 disposition; amending s. 39.522, F.S.; providing
 14 conditions under which a child may be returned home
 15 with an in-home safety plan; amending s. 39.6011,
 16 F.S.; providing the purpose of a case plan; requiring
 17 a case plan to document that a preplacement plan has
 18 been provided and reasonable efforts have been made to
 19 prevent out-of-home placement; removing the
 20 prohibition of threatening or coercing a parent with
 21 the loss of custody or parental rights for failing to
 22 admit certain actions in a case plan; providing that a
 23 child must be given the opportunity to review, sign,
 24 and receive a copy of his or her case plan; providing
 25 additional requirements when the child attains a
 26 certain age; requiring the case plan to document that
 27 each parent has received additional written notices;
 28 amending s. 39.6012, F.S.; providing additional
 29 requirements for the department and criteria for a

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30 case plan, with regard to placement, permanency,
 31 education, health care, contact with family, extended
 32 family, and fictive kin, and independent living;
 33 amending s. 39.6035, F.S.; requiring court approval of
 34 a transition plan before the child's 18th birthday;
 35 amending s. 39.621, F.S.; creating an exception to the
 36 order of preference for permanency goals under ch. 39,
 37 F.S., for maintaining and strengthening the placement;
 38 authorizing the new permanency goal to be used in
 39 specified circumstances; amending s. 39.701, F.S.;
 40 revising the information which must be included in a
 41 specified written report under certain circumstances;
 42 requiring a court, if possible, to order the
 43 department to file a written notification; creating s.
 44 409.142, F.S.; providing legislative findings and
 45 intent; defining the term "intervention services and
 46 supports"; requiring specified intervention services
 47 and supports; providing eligibility for such services
 48 and supports; providing requirements for the provision
 49 of services and supports; requiring community-based
 50 care lead agencies to submit a monitoring plan to the
 51 department by a certain date; requiring community-
 52 based care lead agencies to annually collect and
 53 report specified information for each child to whom
 54 intervention services and supports are provided;
 55 requiring the department to adopt rules; creating s.
 56 409.143, F.S.; providing legislative findings and
 57 intent; defining terms; requiring an initial placement
 58 assessment for certain children under specified

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59 circumstances; requiring every child placed in out-of-
 60 home care to be referred within a certain time for a
 61 comprehensive behavioral health assessment; requiring
 62 the department or the community-based care lead agency
 63 to establish special permanency teams to assist
 64 children in adjusting to home placement; requiring the
 65 department to submit an annual report to the Governor
 66 and the Legislature on the placement of children in
 67 licensed out-of-home care; creating s. 409.144, F.S.;
 68 providing legislative findings and intent; defining
 69 terms; requiring the department to develop a continuum
 70 of care for the placement of children in care
 71 settings; requiring the department to submit a report
 72 annually to the Governor and the Legislature;
 73 requiring the department to adopt rules; amending s.
 74 409.1451, F.S.; requiring that a child be living in
 75 licensed care on or after his or her 18th birthday as
 76 a condition for receiving aftercare services;
 77 requiring the department to provide education training
 78 vouchers; providing eligibility requirements;
 79 prohibiting vouchers from exceeding a certain amount;
 80 providing rulemaking authority; amending s. 409.988,
 81 F.S.; requiring lead agencies to ensure the
 82 availability of a full array of family support
 83 services; requiring the department to submit annually
 84 to the Governor and Legislature a report that
 85 evaluates the adequacy of family support services;
 86 requiring the department to adopt rules; amending s.
 87 39.202, F.S.; revising the designation of an agency

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88 with access to records; amending ss. 39.302, 39.524,
 89 39.6013, 394.495, 409.1678, 960.065, and 1002.3305,
 90 F.S.; conforming cross-references; repealing s.
 91 39.523, F.S., relating to the placement of children in
 92 residential group care; repealing s. 409.141, F.S.,
 93 relating to equitable reimbursement methodology;
 94 repealing s. 409.1676, F.S., relating to comprehensive
 95 residential group care services to children who have
 96 extraordinary needs; repealing s. 409.1677, F.S.,
 97 relating to model comprehensive residential services
 98 programs; repealing s. 409.1679, F.S., relating to
 99 program requirements and reimbursement methodology;
 100 providing an effective date.

101
 102 Be It Enacted by the Legislature of the State of Florida:

103
 104 Section 1. Subsection (10) of section 39.01, Florida
 105 Statutes, is amended, present subsections (20) through (79) of
 106 that section are redesignated as subsections (21) through (80),
 107 respectively, a new subsection (20) is added to that section,
 108 and present subsection (32) of that section is amended, to read:
 109 39.01 Definitions.—When used in this chapter, unless the
 110 context otherwise requires:

111 (10) "Caregiver" means the parent, legal custodian,
 112 permanent guardian, adult household member, or other person
 113 responsible for a child's welfare as defined in subsection (48)
 114 ~~subsection (47)~~.

115 (20) "Conditions for return" means the circumstances that
 116 caused the out-of-home placement have been remedied to the

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117 extent that the return of the child to the home with an in-home
 118 safety plan will not be detrimental to the child's safety, well-
 119 being, and physical, mental, and emotional health.

120 (32) "Institutional child abuse or neglect" means
 121 situations of known or suspected child abuse or neglect in which
 122 the person allegedly perpetrating the child abuse or neglect is
 123 an employee of a private school, public or private day care
 124 center, residential home, institution, facility, or agency or
 125 any other person at such institution responsible for the child's
 126 care as defined in subsection (48) ~~subsection (47)~~.

127 Section 2. Paragraph (e) is added to subsection (2) of
 128 section 39.013, Florida Statutes, to read:

129 39.013 Procedures and jurisdiction; right to counsel.-

130 (2) The circuit court has exclusive original jurisdiction
 131 of all proceedings under this chapter, of a child voluntarily
 132 placed with a licensed child-caring agency, a licensed child-
 133 placing agency, or the department, and of the adoption of
 134 children whose parental rights have been terminated under this
 135 chapter. Jurisdiction attaches when the initial shelter
 136 petition, dependency petition, or termination of parental rights
 137 petition, or a petition for an injunction to prevent child abuse
 138 issued pursuant to s. 39.504, is filed or when a child is taken
 139 into the custody of the department. The circuit court may assume
 140 jurisdiction over any such proceeding regardless of whether the
 141 child was in the physical custody of both parents, was in the
 142 sole legal or physical custody of only one parent, caregiver, or
 143 some other person, or was not in the physical or legal custody
 144 of any person when the event or condition occurred that brought
 145 the child to the attention of the court. When the court obtains

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146 jurisdiction of any child who has been found to be dependent,
 147 the court shall retain jurisdiction, unless relinquished by its
 148 order, until the child reaches 21 years of age, with the
 149 following exceptions:

150 (e) If a young adult with a disability remains in foster
 151 care, jurisdiction shall continue until the young adult chooses
 152 to leave foster care or upon the young adult reaching 22 years
 153 of age, whichever occurs first.

154 Section 3. Paragraphs (f) and (h) of subsection (8) of
 155 section 39.402, Florida Statutes, are amended to read:

156 39.402 Placement in a shelter.-

157 (8)

158 (f) At the shelter hearing, the department shall inform the
 159 court of:

160 1. Any identified current or previous case plans negotiated
 161 under this chapter in any judicial circuit district ~~district~~ with the
 162 parents or caregivers ~~under this chapter~~ and problems associated
 163 with compliance;

164 2. Any adjudication of the parents or caregivers of
 165 delinquency;

166 3. Any past or current injunction for protection from
 167 domestic violence; and

168 4. All of the child's places of residence during the prior
 169 12 months.

170 (h) The order for placement of a child in shelter care must
 171 identify the parties present at the hearing and must contain
 172 written findings:

173 1. That placement in shelter care is necessary based on the
 174 criteria in subsections (1) and (2).

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2. That placement in shelter care is in the best interest of the child.

3. That the placement proposed by the department is in the least restrictive and most family-like setting that meets the needs of the child, unless it is otherwise documented that the identified type of placement needed is not available.

~~4.3-~~ That continuation of the child in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services.

~~5.4-~~ That based upon the allegations of the petition for placement in shelter care, there is probable cause to believe that the child is dependent or that the court needs additional time, which may not exceed 72 hours, in which to obtain and review documents pertaining to the family in order to appropriately determine the risk to the child.

~~6.5-~~ That the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home. A finding of reasonable effort by the department to prevent or eliminate the need for removal may be made and the department is deemed to have made reasonable efforts to prevent or eliminate the need for removal if:

a. The first contact of the department with the family occurs during an emergency;

b. The appraisal of the home situation by the department indicates that the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of

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preventive services;

c. The child cannot safely remain at home, either because there are no preventive services that can ensure the health and safety of the child or because, even with appropriate and available services being provided, the health and safety of the child cannot be ensured; or

d. The parent or legal custodian is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights in s. 39.806(1)(f)-(i).

~~7.6-~~ That the department has made reasonable efforts to keep siblings together if they are removed and placed in out-of-home care unless such placement is not in the best interest of each child. It is preferred that siblings be kept together in a foster home, if available. Other reasonable efforts shall include short-term placement in a group home with the ability to accommodate sibling groups if such a placement is available. The department shall report to the court its efforts to place siblings together unless the court finds that such placement is not in the best interest of a child or his or her sibling.

~~8.7-~~ That the court notified the parents, relatives that are providing out-of-home care for the child, or legal custodians of the time, date, and location of the next dependency hearing and of the importance of the active participation of the parents, relatives that are providing out-of-home care for the child, or legal custodians in all proceedings and hearings.

~~9.8-~~ That the court notified the parents or legal custodians of their right to counsel to represent them at the shelter hearing and at each subsequent hearing or proceeding,

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and the right of the parents to appointed counsel, pursuant to the procedures set forth in s. 39.013.

~~10.9-~~ That the court notified relatives who are providing out-of-home care for a child as a result of the shelter petition being granted that they have the right to attend all subsequent hearings, to submit reports to the court, and to speak to the court regarding the child, if they so desire.

Section 4. Paragraph (d) of subsection (1) of section 39.521, Florida Statutes, is amended to read:

39.521 Disposition hearings; powers of disposition.-

(1) A disposition hearing shall be conducted by the court, if the court finds that the facts alleged in the petition for dependency were proven in the adjudicatory hearing, or if the parents or legal custodians have consented to the finding of dependency or admitted the allegations in the petition, have failed to appear for the arraignment hearing after proper notice, or have not been located despite a diligent search having been conducted.

(d) The court shall, in its written order of disposition, include all of the following:

1. The placement or custody of the child, including whether the placement is in the least restrictive and most family-like setting that meets the needs of the child, as determined by assessments completed pursuant to s. 409.143.

2. Special conditions of placement and visitation.

3. Evaluation, counseling, treatment activities, and other actions to be taken by the parties, if ordered.

4. The persons or entities responsible for supervising or monitoring services to the child and parent.

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5. Continuation or discharge of the guardian ad litem, as appropriate.

6. The date, time, and location of the next scheduled review hearing, which must occur within the earlier of:

a. Ninety days after the disposition hearing;

b. Ninety days after the court accepts the case plan;

c. Six months after the date of the last review hearing; or

d. Six months after the date of the child's removal from his or her home, if no review hearing has been held since the child's removal from the home.

7. If the child is in an out-of-home placement, child support to be paid by the parents, or the guardian of the child's estate if possessed of assets which under law may be disbursed for the care, support, and maintenance of the child. The court may exercise jurisdiction over all child support matters, shall adjudicate the financial obligation, including health insurance, of the child's parents or guardian, and shall enforce the financial obligation as provided in chapter 61. The state's child support enforcement agency shall enforce child support orders under this section in the same manner as child support orders under chapter 61. Placement of the child shall not be contingent upon issuance of a support order.

8.a. If the court does not commit the child to the temporary legal custody of an adult relative, legal custodian, or other adult approved by the court, the disposition order shall include the reasons for such a decision and shall include a determination as to whether diligent efforts were made by the department to locate an adult relative, legal custodian, or other adult willing to care for the child in order to present

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that placement option to the court instead of placement with the department.

b. If no suitable relative is found and the child is placed with the department or a legal custodian or other adult approved by the court, both the department and the court shall consider transferring temporary legal custody to an adult relative approved by the court at a later date, but neither the department nor the court is obligated to so place the child if it is in the child's best interest to remain in the current placement.

For the purposes of this section, "diligent efforts to locate an adult relative" means a search similar to the diligent search for a parent, but without the continuing obligation to search after an initial adequate search is completed.

9. Other requirements necessary to protect the health, safety, and well-being of the child, to preserve the stability of the child's educational placement, and to promote family preservation or reunification whenever possible.

Section 5. Subsection (2) of section 39.522, Florida Statutes, is amended to read:

39.522 Postdisposition change of custody.—The court may change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing, without the necessity of another adjudicatory hearing.

(2) In cases where the issue before the court is whether a child should be reunited with a parent, the court shall determine whether the circumstances that caused the out-of-home placement have been remedied ~~parent has substantially complied~~

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~~with the terms of the case plan to the extent that the return of the child to the home with an in-home safety plan will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health of the child is not endangered by the return of the child to the home.~~

Section 6. Section 39.6011, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.6011, F.S., for present text.)

39.6011 Case plan purpose; requirements; procedures.—

(1) PURPOSE.—The purpose of the case plan is to promote and facilitate change in parental behavior and to address the treatment and long-term well-being of children receiving services under this chapter.

(2) GENERAL REQUIREMENTS.—The department shall draft a case plan for each child receiving services under this chapter. The case plan must:

(a) Document that a preplacement assessment of the service needs of the child and family, and preplacement preventive services, if appropriate, have been provided pursuant to s. 409.142, and that reasonable efforts to prevent out-of-home placement have been made.

(b) Be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad litem, the child's attorney, and, if appropriate, the temporary custodian of the child. The parent may receive assistance from any person or social service agency in preparing the case plan. The social service agency, the department, and the court, when applicable, shall inform the parent of the right to receive such assistance,

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including the right to assistance of counsel.

(c) Be written simply and clearly in English and, if English is not the principal language of the child's parent, in the parent's principal language, to the extent practicable.

(d) Describe a process for making available to all physical custodians and family services counselors the information required by s. 39.6012(2) and for ensuring that this information follows the child until permanency has been achieved.

(e) Specify the period of time for which the case plan is applicable, which must be as short a period as possible for the parent to comply with the terms of the plan. The case plan's compliance period expires no later than 12 months after the date the child was initially removed from the home, the date the child is adjudicated dependent, or the date the case plan is accepted by the court, whichever occurs first.

(f) Be signed by all of the parties. Signing the case plan constitutes an acknowledgment by each of the parties that they have been involved in the development of the case plan and that they are in agreement with the terms and conditions contained in the case plan. The refusal of a parent to sign the case plan does not preclude the court's acceptance of the case plan if it is otherwise acceptable to the court. The parent's signing of the case plan does not constitute an admission to any allegation of abuse, abandonment, or neglect and does not constitute consent to a finding of dependency or termination of parental rights. The department shall explain the provisions of the case plan to all persons involved in its implementation, before the signing of the plan.

(3) PARTICIPATION BY THE CHILD.—It is important that the

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child be involved in all aspects of the case planning process, including development of the plan, as well as the opportunity to review, sign, and receive a copy of the case plan. The child may not be included in any aspect of the case planning process when information will be revealed or discussed that is of a nature that would best be presented to the child in a more therapeutic setting. The child, when the child has attained 14 years of age or the child is otherwise at the appropriate age and capacity, must:

(a) Be included in the face-to-face conference to develop the plan under this section, have the opportunity to express a placement preference, and have the option to choose two members of the case planning team who are not a foster parent or caseworker for the child.

(b) Sign the case plan, unless there is reason to waive the child's signature.

(c) Receive an explanation of the provisions of the case plan from the department.

(d) Be provided a copy of the case plan:

1. After the case plan has been agreed upon and signed; and
2. Within 3 business days before the disposition hearing after jurisdiction attaches and the plan has been filed with the court.

(4) NOTICE TO PARENTS.—The case plan must document that each parent has been advised of the following by written notice:

(a) That he or she may not be coerced or threatened with the loss of custody or parental rights for failing to admit the abuse, neglect, or abandonment of the child in the case plan. Participation in the development of a case plan is not an

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admission to any allegation of abuse, abandonment, or neglect and does not constitute consent to a finding of dependency or termination of parental rights.

(b) That the department must document a parent's unwillingness or inability to participate in developing a case plan and provide such documentation in writing to the parent when it becomes available for the court record. In such event, the department will prepare a case plan that, to the extent possible, conforms with the requirements of this section. The parent must also be advised that his or her unwillingness or inability to participate in developing a case plan does not preclude the filing of a petition for dependency or for termination of parental rights. If the parent is available, the department shall provide a copy of the case plan to the parent and advise him or her that, at any time before the filing of a petition for termination of parental rights, he or she may enter into a case plan and that he or she may request judicial review of any provision of the case plan with which he or she disagrees at any court hearing set for the child.

(c) That his or her failure to substantially comply with the case plan may result in the termination of parental rights, and that a material breach of the case plan may result in the filing of a petition for termination of parental rights before the scheduled completion date.

(5) DISTRIBUTION AND FILING WITH THE COURT.—The department shall adhere to the following procedural requirements in developing and distributing a case plan:

(a) After the case plan has been agreed upon and signed by the parties, a copy of the case plan must immediately be given

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to the parties and to other persons, as directed by the court.

(b) In each case in which a child has been placed in out-of-home care, a case plan must be prepared within 60 days after the department removes the child from the home and must be submitted to the court for review and approval before the disposition hearing.

(c) After jurisdiction attaches, all case plans must be filed with the court, and a copy provided to all of the parties whose whereabouts are known not less than 3 business days before the disposition hearing. The department shall file with the court and provide copies of such to all of the parties, all case plans prepared before jurisdiction of the court attached.

(d) A case plan must be prepared, but need not be submitted to the court, for a child who will be in care for 30 days or less unless that child is placed in out-of-home care for a second time within a 12-month period.

Section 7. Section 39.6012, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.6012, F.S., for present text.)

39.6012 Services and parental tasks under the case plan; safety, permanency, and well-being of the child.—The case plan must include a description of the identified problem that is being addressed, including the parent's behavior or acts that have resulted in a threat to the safety of the child and the reason for the department's intervention. The case plan must be designed to improve conditions in the child's home to facilitate the child's safe return and ensure proper care of the child, or to facilitate the child's permanent placement. The services

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offered must be as unobtrusive as possible in the lives of the parent and the child, must focus on clearly defined objectives, and must provide the most timely and efficient path to reunification or permanent placement, given the circumstances of the case and the child's need for safe and proper care.

(1) CASE PLAN SERVICES AND TASKS.—The case plan must be based upon an assessment of the circumstances that required intervention by the child welfare system. The case plan must describe the role of the foster parents or legal custodians, and must be developed in conjunction with the determination of the services that are to be provided under the case plan to the child, foster parents, or legal custodians. If a parent's substantial compliance with the case plan requires the department to provide services to the parent or the child and the parent agrees to begin compliance with the case plan before it is accepted by the court, the department shall make appropriate referrals for services which will allow the parent to immediately begin the agreed-upon tasks and services.

(a) *Itemization in the case plan.*—The case plan must describe each of the tasks which the parent must complete and the services that will be provided to the parent, in the context of the identified problem, including:

1. The type of services or treatment which will be provided.

2. If the service is being provided by the department or its agent, the date the department will provide each service or referral for service.

3. The date by which the parent must complete each task.

4. The frequency of services or treatment to be provided,

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which shall be determined by the professionals providing the services and may be adjusted as needed based on the best professional judgment of the provider.

5. The location of the delivery of the services.

6. Identification of the staff of the department or the service provider who are responsible for the delivery of services or treatment.

7. A description of measurable outcomes, including the timeframes specified for achieving the objectives of the case plan and addressing the identified problem.

(b) *Meetings with case manager.*—The case plan must include a schedule of the minimum number of face-to-face meetings to be held each month between the parent and the case manager to review the progress of the case plan, eliminate barriers to completion of the plan, and resolve conflicts or disagreements.

(c) *Request for notification from relative.*—The case manager shall advise the attorney for the department of a relative's request to receive notification of proceedings and hearings submitted pursuant to s. 39.301(14)(b).

(d) *Financial support.*—The case plan must specify the parent's responsibility for the financial support of the child, including, but not limited to, health insurance and child support. The case plan must list the costs associated with any services or treatment that the parent and child are expected to receive which are the financial responsibility of the parent. The determination of child support and other financial support must be made independently of any determination of dependency under s. 39.013.

(2) SAFETY, PERMANENCY, AND WELL-BEING OF THE CHILD.—The

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case plan must include all available information that is relevant to the child's care, including a detailed description of the identified needs of the child while in care and a description of the plan for ensuring that the child receives safe and proper care that is appropriate to his or her needs. Participation by the child must meet the requirements under s. 39.6011.

(a) Placement.—To comply with federal law, the department must ensure that the placement of a child in foster care be in the least restrictive, most family-like environment; must review the family assessment, safety plan, and case plan for the child to assess the necessity for and the appropriateness of the placement; must assess the progress that has been made toward case plan outcomes; and must project a likely date by which the child can be safely reunified or placed for adoption or legal guardianship. The family assessment must indicate the type of placement to which the child has been assigned and must document the following:

1. That the child has undergone the placement assessments required pursuant to s. 409.143.

2. That the child has been placed in the least restrictive and most family-like setting available consistent with the best interest and special needs of the child, and in as close proximity as possible to the child's home.

3. If the child is placed in a setting that is more restrictive than recommended by the placement assessments or is placed more than 50 miles from the child's home, the reasons why the placement is necessary and in the best interest of the child and the steps required to place the child in the placement

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recommended by the assessment.

4. If residential group care is recommended for the child, the needs of the child which necessitate such placement, the plan for transitioning the child to a family setting, and the projected timeline for the child's transition to a less restrictive environment. If the child is placed in residential group care, his or her case plan shall be reviewed and updated within 90 days after the child's admission to the residential group care facility and at least every 60 days thereafter.

(b) Permanency.—If reunifying a child with his or her family is not possible, the department shall make every effort to provide other forms of permanency, such as adoption or guardianship. If a child is placed in an out-of-home placement, the case plan, in addition to any other requirements imposed by law or department rule, must include:

1. If concurrent planning is being used, a description of the permanency goal of reunification with the parent or legal custodian and a description of one of the remaining permanency goals defined in s. 39.01; or, if concurrent case planning is not being used, an explanation as to why it is not being used.

2. If the case plan has as its goal the adoption of the child or his or her placement in another permanent home, a statement of the child's wishes regarding his or her permanent placement plan and an assessment of those stated wishes. The case plan must also include documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangements for the child; to place the child with an adoptive family, an appropriate and willing relative, or a legal guardian; and to finalize the adoption or legal guardianship. At

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581 a minimum, the documentation must include child-specific
 582 recruitment efforts, such as the use of state, regional, and
 583 national adoption exchanges, including electronic exchange
 584 systems, after he or she has become legally eligible for
 585 adoption.

586 3. If the child has been in out-of-home care for at least
 587 12 months and the permanency goal is not adoptive placement, the
 588 documentation of the compelling reason for a finding that
 589 termination of parental rights is not in the child's best
 590 interest.

591 (c) Education.—A case plan must ensure the educational
 592 stability of the child while in foster care. To the extent
 593 available and accessible, the names and addresses of the child's
 594 educational providers, a record of his or her grade level
 595 performance, and his or her school record must be attached to
 596 the case plan and updated throughout the judicial review
 597 process. The case plan must also include documentation that the
 598 placement:

599 1. Takes into account the appropriateness of the current
 600 educational setting and the proximity to the school in which the
 601 child is enrolled at the time of placement.

602 2. Has been coordinated with appropriate local educational
 603 agencies to ensure that the child remains in the school in which
 604 the child is enrolled at the time of placement, or, if remaining
 605 in that school is not in the best interest of the child,
 606 assurances by the department and the local education agency to
 607 provide immediate and appropriate enrollment in a new school and
 608 to provide all of the child's educational records to the new
 609 school.

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610 (d) Health care.—To the extent that they are available and
 611 accessible, the names and addresses of the child's health and
 612 behavioral health providers, a record of the child's
 613 immunizations, the child's known medical history, including any
 614 known health issues, the child's medications, and any other
 615 relevant health and behavioral health information must be
 616 attached to the case plan and updated throughout the judicial
 617 review process.

618 (e) Contact with family, extended family, and fictive kin.—
 619 When out-of-home placement is made, the case plan must include
 620 provisions for the development and maintenance of sibling
 621 relationships and visitation, if the child has siblings and is
 622 separated from them, a description of the parent's visitation
 623 rights and obligations, and a description of any visitation
 624 rights with extended family members as defined in s. 751.011. As
 625 used in this paragraph, the term "fictive kin" means individuals
 626 who are unrelated to the child by either birth or marriage, but
 627 who have an emotionally significant relationship with the child
 628 that would take on the characteristics of a family relationship.
 629 As soon as possible after a court order is entered, the
 630 following must be provided to the child's out-of-home caregiver:

631 1. Information regarding any court-ordered visitation
 632 between the child and the parents, and the terms and conditions
 633 necessary to facilitate such visits and protect the safety of
 634 the child.

635 2. Information regarding the schedule and frequency of the
 636 visits between the child and his or her siblings, as well as any
 637 court-ordered terms and conditions necessary to facilitate the
 638 visits and protect the safety of the child.

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3. Information regarding the schedule and frequency of the visits between the child and any extended family member or fictive kin, as well as any court-ordered terms and conditions necessary to facilitate the visits and protect the safety of the child.

(f) Independent living.-

1. When appropriate, the case plan for a child who is 13 years of age or older, must include a written description of the life skills services to be provided by the caregiver which will assist the child, consistent with his or her best interests, in preparing for the transition from foster care to independent living. The case plan must be developed with the child and individuals identified as important to the child, and must include the steps the agency is taking to ensure that the child has a connection with a caring adult.

2. During the 180-day period after a child reaches 17 years of age, the department and the community-based care provider, in collaboration with the caregiver and any other individual whom the child would like to include, shall assist the child in developing a transition plan pursuant to s. 39.6035, which is in addition to standard case management requirements. The transition plan must address specific options that the child may use in obtaining services, including housing, health insurance, education, and workforce support and employment services. The transition plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services. The transition plan may be as detailed as the child chooses and must be attached to the case plan and updated before each judicial review.

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Section 8. Subsection (4) of section 39.6035, Florida Statutes, is amended to read:

39.6035 Transition plan.-

(4) ~~If a child is planning to leave care upon reaching 18 years of age,~~ The transition plan must be approved by the court before the child's 18th birthday ~~child leaves care and the court terminates jurisdiction.~~

Section 9. Subsection (2) of section 39.621, Florida Statutes, is amended, present subsections (3) through (11) of that section are redesignated as subsections (4) through (12), respectively, and a new subsection (3) is added to that section, to read:

39.621 Permanency determination by the court.-

(2) Except as provided in subsection (3), the permanency goals available under this chapter, listed in order of preference, are:

(a) Reunification;

(b) Adoption, if a petition for termination of parental rights has been or will be filed;

(c) Permanent guardianship of a dependent child under s. 39.6221; or

~~(d) Permanent placement with a fit and willing relative under s. 39.6231; or~~

(d)-(e) Placement in another planned permanent living arrangement under s. 39.6241.

(3) The permanency goal of maintaining and strengthening the placement with a parent may be used in the following circumstances:

(a) If a child has not been removed from a parent but is

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found to be dependent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.

(b) If a child has been removed from a parent and is placed with the parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.

(c) If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.

Section 10. Paragraphs (a) and (d) of subsection (2) of section 39.701, Florida Statutes, are amended to read:

39.701 Judicial review.—

(2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF AGE.—

(a) *Social study report for judicial review.*—Before every judicial review hearing or citizen review panel hearing, the social service agency shall make an investigation and social study concerning all pertinent details relating to the child and shall furnish to the court or citizen review panel a written report that includes, but is not limited to:

1. A description of the type of placement the child is in at the time of the hearing, including the safety of the child, ~~and the continuing necessity for and appropriateness of the~~ placement, and that the placement is in the least restrictive and most family-like setting that meets the needs of the child

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as determined by the assessment completed pursuant to s. 409.143.

2. Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the case plan.

3. The amount of fees assessed and collected during the period of time being reported.

4. The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

5. A statement that either:

a. The parent, though able to do so, did not comply substantially with the case plan, and the agency recommendations;

b. The parent did substantially comply with the case plan; or

c. The parent has partially complied with the case plan, with a summary of additional progress needed and the agency recommendations.

6. A statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents.

7. A statement concerning the frequency, duration, and results of the parent-child visitation, if any, and the agency recommendations for an expansion or restriction of future visitation.

8. The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in

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755 placement.

756 9. The number of times a child's educational placement has
757 been changed, the number and types of educational placements
758 which have occurred, and the reason for any change in placement.

759 10. If the child has reached 13 years of age but is not yet
760 18 years of age, a statement from the caregiver on the progress
761 the child has made in acquiring independent living skills.

762 11. Copies of all medical, psychological, and educational
763 records that support the terms of the case plan and that have
764 been produced concerning the parents or any caregiver since the
765 last judicial review hearing.

766 12. Copies of the child's current health, mental health,
767 and education records as identified in s. 39.6012.

768 (d) Orders.—

769 1. Based upon the criteria ~~set forth~~ in paragraph (c) and
770 the recommended order of the citizen review panel, if any, the
771 court shall determine whether ~~or not~~ the social service agency
772 shall initiate proceedings to have a child declared a dependent
773 child, return the child to the parent, continue the child in
774 out-of-home care for a specified period of time, or initiate
775 termination of parental rights proceedings for subsequent
776 placement in an adoptive home. Amendments to the case plan must
777 be prepared as prescribed in s. 39.6013. If the court finds that
778 ~~the prevention or reunification efforts of the department will~~
779 ~~allow~~ the child can safely ~~to remain in the~~ safely at home with
780 an in-home safety plan ~~or be safely returned to the home~~, the
781 court shall allow the child to remain in ~~or return to~~ the home
782 ~~after making a specific finding of fact that the reasons for the~~
783 ~~creation of the case plan have been remedied to the extent that~~

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784 ~~the child's safety, well-being, and physical, mental, and~~
785 ~~emotional health will not be endangered.~~

786 2. The court shall return the child to the custody of the
787 parents with an in-home safety plan at any time it determines
788 that they have met conditions for return ~~substantially complied~~
789 ~~with the case plan~~, and if the court is satisfied that return of
790 the child to the home ~~reunification~~ will not be detrimental to
791 the child's safety, well-being, and physical, mental, and
792 emotional health.

793 3. If, in the opinion of the court, the social service
794 agency has not complied with its obligations as specified in the
795 written case plan, the court may find the social service agency
796 in contempt, shall order the social service agency to submit its
797 plans for compliance with the agreement, and shall require the
798 social service agency to show why the child could not safely be
799 returned to the home of the parents.

800 4. If possible, the court shall order the department to
801 file a written notification before a child changes placements or
802 living arrangements. If such notification is not possible before
803 the change, the department must file a notification immediately
804 after a change. A written notification filed with the court must
805 include assurances from the department that the provisions of s.
806 409.145 and administrative rule relating to placement changes
807 have been met.

808 ~~5.4-~~ If, at any judicial review, the court finds that the
809 parents have failed to substantially comply with the case plan
810 to the degree that further reunification efforts are without
811 merit and not in the best interest of the child, on its own
812 motion, the court may order the filing of a petition for

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813 termination of parental rights, whether or not the time period
814 as contained in the case plan for substantial compliance has
815 expired.

816 ~~6.5-~~ Within 6 months after the date that the child was
817 placed in shelter care, the court shall conduct a judicial
818 review hearing to review the child's permanency goal as
819 identified in the case plan. At the hearing the court shall make
820 findings regarding the likelihood of the child's reunification
821 with the parent or legal custodian within 12 months after the
822 removal of the child from the home. If the court makes a written
823 finding that it is not likely that the child will be reunified
824 with the parent or legal custodian within 12 months after the
825 child was removed from the home, the department must file with
826 the court, and serve on all parties, a motion to amend the case
827 plan under s. 39.6013 and declare that it will use concurrent
828 planning for the case plan. The department must file the motion
829 within 10 business days after receiving the written finding of
830 the court. The department must attach the proposed amended case
831 plan to the motion. If concurrent planning is already being
832 used, the case plan must document the efforts the department is
833 taking to complete the concurrent goal.

834 ~~7.6-~~ The court may issue a protective order in assistance,
835 or as a condition, of any other order made under this part. In
836 addition to the requirements included in the case plan, the
837 protective order may set forth requirements relating to
838 reasonable conditions of behavior to be observed for a specified
839 period of time by a person or agency who is before the court;
840 and the order may require any person or agency to make periodic
841 reports to the court containing such information as the court in

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842 its discretion may prescribe.

843 Section 11. Section 409.142, Florida Statutes, is created
844 to read:

845 409.142 Intervention services for unsafe children.-

846 (1) LEGISLATIVE FINDINGS AND INTENT.-The Legislature finds
847 that intervention services and supports are designed to
848 strengthen and support families in order to keep them safely
849 together and to prevent children from entering foster care.
850 Therefore, it is the intent of the Legislature for the
851 department to identify evidence-based intervention programs that
852 remedy child abuse and neglect, reduce the likelihood of foster
853 care placement by supporting parents and relative or nonrelative
854 caregivers, increase family reunification with parents or other
855 relatives, and promote placement stability for children living
856 with relatives or nonrelative caregivers.

857 (2) DEFINITION.-As used in this section the term
858 "Intervention services and supports" means assistance provided
859 to a child or to the parents or relative and nonrelative
860 caregivers of a child determined by a child protection
861 investigation to be in present or impending danger.

862 (3) SERVICES AND SUPPORTS.-Intervention services and
863 supports that shall be made available to eligible individuals
864 include, but are not limited to:

865 (a) Safety management services provided to unsafe children
866 which immediately and actively protect the child from dangerous
867 threats if the parent or other caregiver cannot, as part of a
868 safety plan.

869 (b) Parenting skills training, including parent advocates,
870 peer-to-peer mentoring, and support groups for parents and

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871 relative caregivers.

872 (c) Individual, group, and family counseling, mentoring,
873 and therapy.

874 (d) Behavioral health care needs, domestic violence, and
875 substance abuse services.

876 (e) Crisis assistance or services to stabilize families in
877 times of crisis or to facilitate relative placement, such as
878 transportation, clothing, household goods, assistance with
879 housing and utility payments, child care, respite care, and
880 assistance connecting families with other community-based
881 services.

882 (4) ELIGIBILITY FOR SERVICES.—The following individuals are
883 eligible for services and supports under this section:

884 (a) A child who is unsafe but can remain safely at home or
885 in a relative or nonrelative placement with receipt of specified
886 services and supports.

887 (b) A parent or relative caregiver of an unsafe child.

888 (5) GENERAL REQUIREMENTS.—The community-based care lead
889 agency shall prepare a case plan for each child and his or her
890 family receiving services and support under this section which
891 includes:

892 (a) The safety services and supports necessary to prevent
893 the child's entry into foster care.

894 (b) The services and supports that will enable the child to
895 return home with an in-home safety plan.

896 (6) ASSESSMENT AND REPORTING.—

897 (a) By October 1, 2016, each community-based care lead
898 agency shall submit a monitoring plan to the department
899 describing how the lead agency will monitor and oversee the

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900 safety of children who receive intervention services and
901 supports. The monitoring plan shall include a description of
902 training and support for caseworkers handling intervention
903 cases, including how caseload size and type will be determined,
904 managed, and overseen.

905 (b) Beginning October 1, 2016, each community-based care
906 lead agency shall collect and report annually to the department,
907 as part of the child welfare Results Oriented Accountability
908 Program required under s. 409.997, the following with respect to
909 each child for whom, or on whose behalf, intervention services
910 and supports are provided during a 12-month period:

911 1. The number of children and families served;

912 2. The specific services provided and the total
913 expenditures for each such service;

914 3. The child's placement status at the beginning and at the
915 end of the period; and

916 4. The child's placement status 1 year after the end of the
917 period.

918 (c) Outcomes for this subsection shall be included in the
919 annual report required under s. 409.997.

920 (7) RULEMAKING.—The department shall adopt rules to
921 administer this section.

922 Section 12. Section 409.143, Florida Statutes, is created
923 to read:

924 409.143 Assessment and determination of appropriate
925 placement.—

926 (1) LEGISLATIVE FINDINGS AND INTENT.—

927 (a) The Legislature finds that it is a basic tenet of child
928 welfare practice and the law that children be placed in the

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929 least restrictive, most family-like setting available in close
 930 proximity to the home of their parents, consistent with the best
 931 interests and needs of the child, and that children be placed in
 932 permanent homes in a timely manner.

933 (b) The Legislature also finds that behavior problems can
 934 create difficulties in a child's placement and ultimately lead
 935 to multiple placements, which have been linked to negative
 936 outcomes for children.

937 (c) The Legislature further finds that given the harm
 938 associated with multiple placements, the ideal is connecting
 939 children to the most appropriate setting at the time they come
 940 into care.

941 (d) Therefore, it is the intent of the Legislature that
 942 through the use of a standardized assessment process and the
 943 availability of an adequate array of appropriate placement
 944 options, that the first placement be the best placement for
 945 every child entering care.

946 (2) DEFINITIONS.—As used in this section, the term:

947 (a) "Child functioning level" means specific categories of
 948 child behaviors and needs.

949 (b) "Comprehensive behavioral health assessment" means an
 950 in-depth and detailed assessment of the child's emotional,
 951 social, behavioral, and developmental functioning within the
 952 family home, school, and community that must include direct
 953 observation of the child in the home, school, and community, as
 954 well as in the clinical setting.

955 (c) "Level of care" means a tiered approach to the types of
 956 placement used and the acuity and intensity of intervention
 957 services provided to meet the severity of a dependent child's

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958 specific physical, emotional, psychological, and social needs.

959 (3) INITIAL PLACEMENT ASSESSMENT.—

960 (a) Each child that has been determined by the department,
 961 a sheriff's office conducting protective investigations, or a
 962 community-based care provider to require an out-of-home
 963 placement must be assessed prior to placement selection to
 964 determine the best placement option to meet the child's
 965 immediate and ongoing intervention and services and supports
 966 needs. The department shall develop and adopt by rule a
 967 preplacement assessment tool, which must include an analysis
 968 based on information available to the department at the time of
 969 the assessment, of the child's age, maturity level, known
 970 behavioral health diagnosis, behaviors, prior placement
 971 arrangements, physical and medical needs, and educational
 972 commitments.

973 (b) If it is determined during the preplacement evaluation
 974 that a child may be suitable for residential treatment as
 975 defined in s. 39.407, the procedures in that section must be
 976 followed.

977 (c) A decision to place a child in group care with a
 978 residential child care agency may not be made by any individual
 979 or entity who has an actual or perceived conflict of interest
 980 with any agency being considered for placement.

981 (d) The department shall document initial placement
 982 assessments in the Florida Safe Families Network.

983 (4) COMPREHENSIVE ASSESSMENT.—

984 (a) Each child placed in out-of-home care shall be referred
 985 by the department for a comprehensive behavioral health
 986 assessment. The comprehensive assessment is intended to support

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the family assessment, which will guide the case plan outcomes, treatment, and well-being service provisions for a child in out-of-home care, in addition to providing information to help determine if the child's initial placement was the most appropriate out-of-home care setting for the child.

(b) The referral for the comprehensive behavioral health assessment shall be made within 7 calendars days of the child entering out-of-home care.

(c) The comprehensive assessment will measure the strengths and needs of the child and the services and supports that are necessary to maintain the child in the least restrictive out-of-home care setting. In developing the assessment, consideration must be given to:

1. Current and historical information from any psychological testing or evaluation of the child;

2. Current behaviors exhibited by the child which interfere with or limit the child's role or ability to function in a less restrictive, family-like setting;

3. Current and historical information from the guardian ad litem, if one has been appointed;

4. Current and historical information from any current therapist, teacher, or other professional who has knowledge of the child or has worked with the child;

5. Information related to the placement of any siblings of the child; and

6. If the child has been moved more than once, the circumstances necessitating the moves and the recommendations of the former foster families or other caregivers, if available.

(d) Completion of the comprehensive assessment must occur

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within 30 calendar days after the child entering out-of-home care.

(e) The department shall use the results of the comprehensive assessment and any additional information gathered to determine the child's functioning level and the level of care needed for continued placement.

(f) Upon receipt of a child's completed comprehensive assessment, the child's case manager shall review the assessment, and document whether a less restrictive, more family-like setting for the child is recommended and available. The department shall document determinations resulting from the comprehensive assessment in the Florida Safe Families Network and update the case plan to include identified needs of the child, specified services and supports to be provided by the out-of-home care placement setting to meet the needs of the child, and diligent efforts to transition the child to a less restrictive, family-like setting.

(5) PERMANENCY TEAMS.—The department or community-based care lead agency that places children pursuant to this section shall establish special permanency teams dedicated to overcoming the permanency challenges occurring for children in out-of-home care. The special permanency team shall convene a multidisciplinary staffing every 180 calendar days, to coincide with the judicial review, to reassess the appropriateness of the child's current placement. At a minimum, the staffing shall be attended by the community-based care lead agency, the caseworker for the child, out-of-home care provider, guardian ad litem, and any other agency or provider of services to the child. The multidisciplinary staffing shall consider, at a minimum, the

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current level of the child's functioning, whether recommended services are being provided effectively, any services that would enable transition to a less restrictive family-like setting, and diligent search efforts to find other permanent living arrangements for the child.

(6) ANNUAL REPORT.—By October 1 of each year, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the placement of children in licensed out-of-home care, including family foster homes and residential group care, during the year. At a minimum, the report should include the number of children placed in family foster homes and residential group care, the number of children placed more than 50 miles from their parents, the number of children who had to change schools as a result of a placement decision; use of this form of placement on a local, regional, and statewide level; and the available services array to serve children in the least restrictive settings.

Section 13. Section 409.144, Florida Statutes, is created to read:

409.144 Continuum of care for children.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that permanency, well-being, and safety are critical goals for all children, especially for those in care, and that children in foster care or at risk of entering foster care are best supported through a continuum of care that provides appropriate ongoing services, supports and place to live from entry to exit.

(b) The Legislature also finds that federal law requires that out-of-home placements for children are to be in the least

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restrictive, most family-like setting available that is in close proximity to the home of their parents and consistent with the best interests and needs of the child, and that children be transitioned from out-of-home care to a permanent home in a timely manner.

(c) The Legislature further finds that permanency can be achieved through preservation of the family, reunification with the birth family, or through legal guardianship or adoption by relatives or other caring and committed adults. Planning for permanency should begin at entry into care and should be child-driven, family-focused, culturally appropriate, continuous, and approached with the highest degree of urgency.

(d) It is, therefore, the intent of the Legislature that the department and the larger child welfare community establish and maintain a continuum of care that affords every child the opportunity to benefit from the most appropriate and least restrictive interventions, both in or out of the home, while ensuring that well-being and safety are addressed.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Continuum of care" means the complete range of programs and services for children served by, or at risk of being served by, the dependency system.

(b) "Family foster care" means a family foster home as defined in s. 409.175.

(c) "Level of care" means a tiered approach to the type of placements used and the acuity and intensity of intervention services provided to meet the severity of a dependent child's specific physical, emotional, psychological, and social needs.

(d) "Out-of-home care" means the placement of a child in

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licensed and nonlicensed settings, arranged and supervised by the department or contracted service provider, outside the home of the parent.

(e) "Residential group care" means a 24-hour, live-in environment that provides supervision, care, and services to meet the physical, emotional, social, and life skills needs of children served by the dependency system. Services may be provided by residential group care staff who are qualified to perform the needed service or a community-based service provider with clinical expertise, credentials, and training to provide services to the children being served.

(3) DEVELOPMENT OF CONTINUUM.—The department, in collaboration with the Florida Institute for Child Welfare, the Quality Parenting Initiative, and the Florida Coalition for Children, Inc., shall develop a continuum of care for the placement of children in care, including, but not limited to, both family foster care and residential group care. To implement the continuum of care, the department shall by December 31, 2017:

(a) Establish levels of care in the continuum which are clearly and concisely defined with the qualifying criteria for placement for each level identified.

(b) Revise licensure standards and rules to reflect the supports and services provided by a placement at each level of care and the complexity of the needs of the children served. This must include attention to the need for a particular category of provider in a community before licensure can be considered; quality standards of operation that must be met by all licensed providers; numbers and qualifications of staff

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which are adequate to effectively serve children with the issues the facility seeks to serve; and a well-defined process tied to specific criteria which leads to licensure suspension or revocation.

(c) Develop policies and procedures necessary to ensure that placement in any level of care is appropriate for each specific child, is determined by the required assessments and staffing, and lasts only as long as necessary to resolve the issue that required the placement.

(d) Develop a plan to recruit, train, and retain specialized family foster homes for pregnant and parenting children and young adults. These family foster homes must be designed to provide an out-of-home placement option for young parents and their children to enable them to live in the same family foster home while caring for their children and working toward independent care of the child.

(e) Develop, in collaboration with the Department of Juvenile Justice, a plan to develop specialized out-of-home placements for children who are involved in both the dependency and the juvenile justice systems.

(4) REPORTING REQUIREMENT.—The department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year, with the first report due October 1, 2016. At a minimum, the report must include the following:

(a) An update on the development of the continuum of care required by this section.

(b) An inventory of existing placements for children by type and by community-based care lead agency.

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1161 (c) An inventory of existing services available by
 1162 community-based care lead agency and a plan for filling any
 1163 identified gap, as well as a determination of what services are
 1164 available that can be provided to children in family foster care
 1165 without having to move the child to a more restrictive
 1166 placement.

1167 (d) The strategies being used by community-based care lead
 1168 agencies to recruit, train, and support an adequate number of
 1169 families to provide home-based family care.

1170 (e) For every placement of a child made that is contrary to
 1171 an appropriate placement as determined by the assessment process
 1172 in s. 409.142, an explanation from the community-based care lead
 1173 agency as to why the placement was made.

1174 (f) The strategies being used by the community-based care
 1175 lead agencies to reduce the high percentage of turnover in
 1176 caseworkers.

1177 (g) A plan for oversight by the department over the
 1178 implementation of the continuum by the community-based care lead
 1179 agencies.

1180 (5) RULEMAKING.—The department shall adopt rules to
 1181 implement this section.

1182 Section 14. Subsection (3) of section 409.1451, Florida
 1183 Statutes, is amended, and subsection (11) is added to that
 1184 section, to read:

1185 409.1451 The Road-to-Independence Program.—

1186 (3) AFTERCARE SERVICES.—

1187 (a) Aftercare services are available to a young adult who
 1188 was living in licensed care on his or her 18th birthday, who has
 1189 ~~reached 18 years of age but~~ is not yet 23 years of age, and is:

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1190 1. Not in foster care.

1191 2. Temporarily not receiving financial assistance under
 1192 subsection (2) to pursue postsecondary education.

1193 (11) EDUCATION AND TRAINING VOUCHERS.—The department shall
 1194 make available education and training vouchers.

1195 (a) A child or young adult is eligible for services and
 1196 support under this subsection if he or she is ineligible for
 1197 services under subsection (2) and:

1198 1. Was living in licensed care on his or her 18th birthday,
 1199 is currently living in licensed care, or is at least 16 years of
 1200 age and has been adopted from foster care or placed with a
 1201 court-approved dependency guardian.

1202 2. Has earned a standard high school diploma pursuant to s.
 1203 1002.3105(5), s. 1003.4281, or s. 1003.4282, or its equivalent
 1204 as provided in s. 1003.435.

1205 3. Has been admitted for enrollment as a student in a
 1206 postsecondary educational institution.

1207 4. Has made the initial application to participate before
 1208 age 21 and is not yet 23 years of age.

1209 5. Has applied, with assistance from his or her caregiver
 1210 and the community-based lead agency, for any other grants and
 1211 scholarships for which he or she is qualified.

1212 6. Has submitted a Free Application for Federal Student Aid
 1213 which is complete and error free.

1214 7. Has signed an agreement to allow the department and the
 1215 community-based care lead agency access to school records.

1216 8. Has maintained satisfactory academic progress as
 1217 determined by the postsecondary institution.

1218 (b) The voucher provided for an individual under this

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1219 subsection may not exceed the lesser of \$5,000 per year or the
1220 total cost of attendance as defined in 42 U.S.C. s. 672.

1221 (c) The department may adopt rules concerning the payment
1222 of financial assistance that considers the applicant's requests
1223 concerning disbursement. The rules must include an appeals
1224 process.

1225 Section 15. Subsection (3) of section 409.988, Florida
1226 Statutes, is amended to read:

1227 409.988 Lead agency duties; general provisions.—

1228 (3) SERVICES.—

1229 (a) A lead agency must provide dependent children with
1230 services that are supported by research or that are recognized
1231 as best practices in the child welfare field. The agency shall
1232 give priority to the use of services that are evidence-based and
1233 trauma-informed and may also provide other innovative services,
1234 including, but not limited to, family-centered and cognitive-
1235 behavioral interventions designed to mitigate out-of-home
1236 placements.

1237 (b) Lead agencies shall ensure the availability of a full
1238 array of services to address the complex needs of all children,
1239 including teens, and caregivers served within their local system
1240 of care and that sufficient flexibility exists within the
1241 service array to adequately match services to the unique
1242 characteristics of families served, including the ages of the
1243 children, cultural considerations, and parental choice.

1244 (c) The department shall annually complete an evaluation of
1245 the service array adequacies, the engagement of trauma-informed
1246 and evidenced-based programming, and the impact of available
1247 services on outcomes for the children served by the lead

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1248 agencies and any subcontracted providers of lead agencies. The
1249 evaluation report shall be submitted to the Governor, the
1250 President of the Senate, and the Speaker of the House of
1251 Representatives by December 31 of each year.

1252 (d) The department shall adopt rules to implement this
1253 section.

1254 Section 16. Paragraph (s) of subsection (2) of section
1255 39.202, Florida Statutes, is amended to read:

1256 39.202 Confidentiality of reports and records in cases of
1257 child abuse or neglect.—

1258 (2) Except as provided in subsection (4), access to such
1259 records, excluding the name of the reporter which shall be
1260 released only as provided in subsection (5), shall be granted
1261 only to the following persons, officials, and agencies:

1262 (s) Persons with whom the department is seeking to place
1263 the child or to whom placement has been granted, including
1264 foster parents for whom an approved home study has been
1265 conducted, the designee of a licensed residential child-caring
1266 agency defined group home described in s. 409.175 s. 39.523, an
1267 approved relative or nonrelative with whom a child is placed
1268 pursuant to s. 39.402, preadoptive parents for whom a favorable
1269 preliminary adoptive home study has been conducted, adoptive
1270 parents, or an adoption entity acting on behalf of preadoptive
1271 or adoptive parents.

1272 Section 17. Subsection (1) of section 39.302, Florida
1273 Statutes, is amended to read:

1274 39.302 Protective investigations of institutional child
1275 abuse, abandonment, or neglect.—

1276 (1) The department shall conduct a child protective

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1277 investigation of each report of institutional child abuse,
 1278 abandonment, or neglect. Upon receipt of a report that alleges
 1279 that an employee or agent of the department, or any other entity
 1280 or person covered by s. 39.01(33) or (48) ~~s. 39.01(32) or (47)~~,
 1281 acting in an official capacity, has committed an act of child
 1282 abuse, abandonment, or neglect, the department shall initiate a
 1283 child protective investigation within the timeframe established
 1284 under s. 39.201(5) and notify the appropriate state attorney,
 1285 law enforcement agency, and licensing agency, which shall
 1286 immediately conduct a joint investigation, unless independent
 1287 investigations are more feasible. When conducting investigations
 1288 or having face-to-face interviews with the child, investigation
 1289 visits shall be unannounced unless it is determined by the
 1290 department or its agent that unannounced visits threaten the
 1291 safety of the child. If a facility is exempt from licensing, the
 1292 department shall inform the owner or operator of the facility of
 1293 the report. Each agency conducting a joint investigation is
 1294 entitled to full access to the information gathered by the
 1295 department in the course of the investigation. A protective
 1296 investigation must include an interview with the child's parent
 1297 or legal guardian. The department shall make a full written
 1298 report to the state attorney within 3 working days after making
 1299 the oral report. A criminal investigation shall be coordinated,
 1300 whenever possible, with the child protective investigation of
 1301 the department. Any interested person who has information
 1302 regarding the offenses described in this subsection may forward
 1303 a statement to the state attorney as to whether prosecution is
 1304 warranted and appropriate. Within 15 days after the completion
 1305 of the investigation, the state attorney shall report the

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1306 findings to the department and shall include in the report a
 1307 determination of whether or not prosecution is justified and
 1308 appropriate in view of the circumstances of the specific case.
 1309 Section 18. Subsection (1) of section 39.524, Florida
 1310 Statutes, is amended to read:
 1311 39.524 Safe-harbor placement.—
 1312 (1) Except as provided in s. 39.407 or s. 985.801, a
 1313 dependent child 6 years of age or older who has been found to be
 1314 a victim of sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~
 1315 ~~39.01(69)(g)~~ must be assessed for placement in a safe house or
 1316 safe foster home as provided in s. 409.1678 using the initial
 1317 screening and assessment instruments provided in s. 409.1754(1).
 1318 If such placement is determined to be appropriate for the child
 1319 as a result of this assessment, the child may be placed in a
 1320 safe house or safe foster home, if one is available. However,
 1321 the child may be placed in another setting, if the other setting
 1322 is more appropriate to the child's needs or if a safe house or
 1323 safe foster home is unavailable, as long as the child's
 1324 behaviors are managed so as not to endanger other children
 1325 served in that setting.
 1326 Section 19. Subsection (7) of section 39.6013, Florida
 1327 Statutes, is amended to read:
 1328 39.6013 Case plan amendments.—
 1329 (7) Amendments must include service interventions that are
 1330 the least intrusive into the life of the parent and child, must
 1331 focus on clearly defined objectives, and must provide the most
 1332 efficient path to quick reunification or permanent placement
 1333 given the circumstances of the case and the child's need for
 1334 safe and proper care. A copy of the amended plan must be

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1335 immediately given to the persons identified in s. 39.6011(5) ~~s.~~
 1336 ~~39.6011(6)(b)~~.

1337 Section 20. Paragraph (p) of subsection (4) of section
 1338 394.495, Florida Statutes, is amended to read:

1339 394.495 Child and adolescent mental health system of care;
 1340 programs and services.—

1341 (4) The array of services may include, but is not limited
 1342 to:

1343 (p) Trauma-informed services for children who have suffered
 1344 sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~
 1345 ~~39.01(69)(g)~~.

1346 Section 21. Paragraph (c) of subsection (1) and paragraphs
 1347 (a) and (b) of subsection (6) of section 409.1678, Florida
 1348 Statutes, are amended to read:

1349 409.1678 Specialized residential options for children who
 1350 are victims of sexual exploitation.—

1351 (1) DEFINITIONS.—As used in this section, the term:

1352 (c) "Sexually exploited child" means a child who has
 1353 suffered sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~
 1354 ~~39.01(69)(g)~~ and is ineligible for relief and benefits under the
 1355 federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101
 1356 et seq.

1357 (6) LOCATION INFORMATION.—

1358 (a) Information about the location of a safe house, safe
 1359 foster home, or other residential facility serving victims of
 1360 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~
 1361 ~~39.01(69)(g)~~, which is held by an agency, as defined in s.
 1362 119.011, is confidential and exempt from s. 119.07(1) and s.
 1363 24(a), Art. I of the State Constitution. This exemption applies

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1364 to such confidential and exempt information held by an agency
 1365 before, on, or after the effective date of the exemption.

1366 (b) Information about the location of a safe house, safe
 1367 foster home, or other residential facility serving victims of
 1368 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~
 1369 ~~39.01(69)(g)~~, may be provided to an agency, as defined in s.
 1370 119.011, as necessary to maintain health and safety standards
 1371 and to address emergency situations in the safe house, safe
 1372 foster home, or other residential facility.

1373 Section 22. Subsection (5) of section 960.065, Florida
 1374 Statutes, is amended to read:

1375 960.065 Eligibility for awards.—

1376 (5) A person is not ineligible for an award pursuant to
 1377 paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c) if that
 1378 person is a victim of sexual exploitation of a child as defined
 1379 in s. 39.01(70)(g) ~~s.~~ ~~39.01(69)(g)~~.

1380 Section 23. Subsection (11) of section 1002.3305, Florida
 1381 Statutes, is amended to read:

1382 1002.3305 College-Preparatory Boarding Academy Pilot
 1383 Program for at-risk students.—

1384 (11) STUDENT HOUSING.—Notwithstanding s. 409.176 ~~ss.~~
 1385 ~~409.1677(3)(d)~~ and ~~409.176~~ or any other provision of law, an
 1386 operator may house and educate dependent, at-risk youth in its
 1387 residential school for the purpose of facilitating the mission
 1388 of the program and encouraging innovative practices.

1389 Section 24. Section 39.523, Florida Statutes, is repealed.

1390 Section 25. Section 409.141, Florida Statutes, is repealed.

1391 Section 26. Section 409.1676, Florida Statutes, is
 1392 repealed.

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1393 Section 27. Section 409.1677, Florida Statutes, is
1394 repealed.

1395 Section 28. Section 409.1679, Florida Statutes, is
1396 repealed.

1397 Section 29. This act shall take effect July 1, 2016.

THE FLORIDA SENATE

APPEARANCE RECORD

1-13-16

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 7034

Bill Number (if applicable)

Topic Cassandra Pasley Early Steps

Amendment Barcode (if applicable)

Name Cassandra Pasley

Job Title Division Dir. CMS

Address 2585 Merchants Row Blvd Phone 245-4006

Street

Tallahassee FL 32311

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Dept. of Health

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-13-16

Meeting Date

SB 7034

Bill Number (if applicable)

Topic Early Intervention - Early Steps Amendment Barcode (if applicable)

Name Margaret J. Hooper

Job Title Public Policy Coordinator

Address 124 Marriot Drive suite 203 Phone 850-921-7263

Street

Tallahassee

City

FL

State

32311

Zip

Email Hooper.Meg@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Developmental Disabilities Council

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16
Meeting Date

7034
Bill Number (if applicable)

Topic EARLY STEPS

Amendment Barcode (if applicable)

Name DIANA RAGSEER

Job Title DIRECTOR, PUBLIC POLICY

Address 3500 SW 3 AVE 8TH FLOOR
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MIAMI FL 33129
City State Zip

Phone 305 571-5778

Email diana@hachiberrero.org

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/SB 7034 (469062)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Children, Families, and Elder Affairs Committee

SUBJECT: Prenatal Services and Early Childhood Development

DATE: January 15, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Hendon	Hendon		CF Submitted as Committee Bill
1.	Brown	Pigott	AHS	Recommend: Fav/CS
2.			AP	

I. Summary:

PCS/SB 7034 revises the Early Steps program in the Department of Health (DOH). The program provides screening and early intervention services to parents with infants and toddlers who have or may have a developmental delay. The program is funded with both state and federal funds.

The bill expands the duties of the DOH clearinghouse for information on early intervention services for parents and providers of early intervention services. The bill provides goals for the Early Steps program, defines terms, and assigns duties to the DOH as well as the local Early Steps offices. The bill sets eligibility criteria for the program. The bill requires a statewide plan, performance standards, and an accountability report each year. The bill designates the Florida Interagency Coordinating Council for Infants and Toddlers as the state interagency coordination council required under federal law. The bill provides procedures for the successful transition of children from the Early Steps program to the local school districts. Finally, the bill repeals outdated sections of statute relating to the Early Steps program.

The bill, according to the DOH, has a negative fiscal impact of approximately \$221,640 in general revenue, \$7,998 of which is nonrecurring, plus an additional \$1,317,000 in recurring general revenue if the bill's new eligibility criteria are implemented.

The bill has an effective date of July 1, 2016.

II. Present Situation:

Florida's Early Steps program has its foundation in federal law. The Individuals with Disabilities Education Act (IDEA) was originally enacted by Congress in 1975 to help ensure that children with disabilities have the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times. The most recent amendments expanded the

program to pre-school children and were passed by Congress in December 2004, with final regulations published in August 2006 (Part B for school-aged children) and in September 2011 (Part C, for babies and toddlers).

The Early Steps program (Part C of the IDEA) provides services to families with infants and toddlers from birth until three years of age who have or are at risk of developmental delays or disabilities.¹ The federal government created grants to assist states in providing early intervention programs under Part C of the IDEA.² The program has no financial eligibility requirements and is an entitlement to any eligible child.³ Florida's Early Steps program is administered by Children's Medical Services within the Department of Health (DOH). The DOH contracts with hospitals and not-for-profit organizations such as Easter Seals across the state for coordination and delivery of services.⁴

States are not required to participate in Early Steps. The federal government encourages states to participate through its grant funding. By accepting a grant, states are required to abide by federal law and regulations for the program. For Fiscal Year 2015-2016, Florida's federal grant award is \$22.6 million.⁵ The 2015-2016 General Appropriations Act provides \$45.2 million general revenue for the program.⁶

The amount of a state's federal grant award is based each year on the number of children in the state's general population under three years of age using United States Census Bureau data.⁷ The amount of the grant is capped annually on that basis, regardless of the number of children receiving services. Federal data indicate that Florida served 1.9 percent of the population of infants and toddlers younger than three years of age in 2012, or 12,036 children.⁸

Federal rules governing early intervention programs for infants and toddlers with disabilities are found in Part 303 of Title 34, Code of Federal Regulations. The rules provide the purpose of the early intervention program, the activities that may be supported, the children that are eligible to be served, the types of services available, the definition of service coordination activities, and use of service coordinators.

Subpart D of Part 303 provides for a statewide system of early intervention services. This system must include a public awareness program; a comprehensive "child find" system that includes

¹ s. 391.302, F.S.

² 34 *Code of Federal Regulations* Part 303

³ *Id.*

⁴ Office of Program Policy Analysis & Government Accountability. Florida Legislature, Early Steps Has Revised Reimbursement Rates but Needs to Assess Impact of Expanded Outreach on Child Participation, Report No. 08-44, (July 2008) <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0844rpt.pdf>.

⁵ Department of Health, presentation to the Senate Appropriations Subcommittee on Health and Human Services, October 7, 2015, available at http://www.flsenate.gov/PublishedContent/Committees/2014-2016/AHS/MeetingRecords/MeetingPacket_3169.pdf (last visited Dec. 11, 2015).

⁶ See Specific Appropriation 530, s. 3, ch. 2015-232, Laws of Florida.

⁷ U.S. Department of Education, Office of Special Education (OSEP), *Grants for Infants and Families, Part C of IDEA, Grants for Infants and Toddlers*, <http://www2.ed.gov/programs/osepeip/index.html> (last visited: Nov. 16, 2015).

⁸ U.S. Department of Education, *36th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2014*, pg. 261, <http://www2.ed.gov/about/reports/annual/osep/2014/parts-b-c/36th-idea-arc.pdf> (last visited: Nov. 16, 2015).

referral procedures; and procedures and timelines for comprehensive, multidisciplinary evaluations of children and an identification of family needs. States must also develop policies and procedures for individualized family support plans (IFSP). Early Steps lead agencies must ensure the IFSP is developed and implemented for each eligible child.

Federal law allows for early intervention services for an eligible child and the child's family to begin before the completion of the evaluation and assessment, under certain conditions. While each agency or person involved in the provision of early intervention services is responsible for making good-faith efforts to assist the eligible child in achieving the outcomes in the IFSP, the law states that any agency or person cannot be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

States must establish qualifications for personnel providing early intervention services to eligible children and families.⁹ States must have standards to ensure that necessary personnel carry out the purposes of the program and are appropriately and adequately prepared and trained.¹⁰ Parents must give written consent before the Early Steps program may evaluate, assess, and provide early intervention services to a child.¹¹ In the event parents do not give consent, reasonable efforts should be made to ensure the parent is aware of the nature of the evaluation, assessment, and services available, and understands that without consent, the child will not be able to receive the evaluation, assessment, or services.¹²

Federal regulations require that service providers give written notice to parents before the provider initiates or changes the identification, evaluation, or placement of the child, or provides the appropriate early intervention services to the child and the child's family.¹³ Procedures to resolve disputes through a mediation process, at a minimum, must be available whenever a parent requests a hearing.¹⁴ The mediation process is voluntary, must be conducted by a qualified mediator, and cannot be used to deny or delay a parent's right to a due process hearing.¹⁵ Mediation must be timely scheduled. Any agreement reached by the parties to the dispute must be in writing, and discussions that occur during mediation are confidential and cannot be used as evidence in any subsequent proceeding.¹⁶ The state must bear the cost of the mediation process.¹⁷ During the mediation, the child must continue to receive early intervention services currently being provided.¹⁸ If the complaint involves an application for initial services, the child must receive any services that are not in dispute.¹⁹

State policy must specify which functions and services will be provided at no cost to all parents and which will be subject to a system of payments.²⁰ The inability of parents of an eligible child

⁹ 34 CFR. s. 303.361

¹⁰ *Id.*

¹¹ 34 CFR. s 303.404

¹² *Id.*

¹³ 34 CFR s. 303.403

¹⁴ 34 CFR s. 303.419

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ 34 CFR s. 303.425

¹⁹ *Id.*

²⁰ 34 CFR s. 303.520

to pay for services must not result in a denial of services to the child or the child's family.²¹ States may establish a schedule of sliding fees for early intervention services but some functions such as evaluation, assessment, and service coordination are not subject to fees.²²

Funds provided by the federal grant may be used only for early intervention services for an eligible child who is not entitled to these services under any other federal, state, local or private source.²³ Interim payments to avoid delay in providing needed services to an eligible child are allowed but the agency that has ultimate responsibility for the payment must reimburse the program.²⁴

Each State that receives financial assistance for the program must establish a State Interagency Coordinating Council (council). The council must be appointed by the Governor and membership must reasonably represent the population of the state.²⁵ The council is to advise and assist the lead agency in:

- The development and implementation of the policies that constitute the statewide system;
- Achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state; and
- The integration of services for infants and toddlers with disabilities and at-risk toddlers and their families regardless of whether at-risk infants and toddlers are eligible for early intervention services.²⁶

Eligible infants and toddlers are identified through referrals from hospitals, healthcare providers, and childcare staff who may interact on a regular basis with infants and toddlers. Parents may also contact the state's program directly for an evaluation and assessment. Before any evaluation can be conducted, parental consent is required. Evaluations and assessments must be completed within 45 days of the referral.²⁷

Early intervention skills for this population focus on five areas:

- Physical (reaching, rolling, crawling, and walking);
- Cognitive (thinking, learning, and solving problems);
- Communication (talking, listening, and understanding);
- Social/emotional (playing and feeling secure and happy); and
- Adaptive/self-help (eating and dressing).²⁸

States must have various components under 20 U.S.C. 1435, which broadly covers administrative, oversight, and regulatory functions, such as:

²¹ *Id.*

²² 34 CFR s. 303.521

²³ 34 CFR s.303.527

²⁴ *Id.*

²⁵ 34 CFR s. 303.600

²⁶ 34 CFR s. 303.650

²⁷ Center for Parent Information and Resources, *Basics of the Early Intervention Process under Part C of the IDEA - Handout I*, http://www.parentcenterhub.org/wp-content/uploads/repo_items/legacy/partc/handout1.pdf (last visited: Nov. 16, 2015).

²⁸ Center for Parent Information and Resources, *Overview of Early Intervention - What is Early Intervention?* <http://www.parentcenterhub.org/repository/ei-overview/> (last visited: Nov. 16, 2015).

- Policies to ensure appropriate delivery of early intervention services to infants, toddlers, and their families;
- Individualized family service plans (IFSP) for each infant or toddler with a disability;
- A properly functioning administrative structure that identifies eligible infants and toddlers using a rigorous definition of “developmental delay,” makes referrals, centrally collects information, provides a directory of services and resources, incorporates data, and has a comprehensive system for personnel development;
- A single line of responsibility in a lead agency designated by the Governor, including financial responsibility, provision of services, resolution of disputes, and development of procedures to ensure timeliness of services; and
- A state interagency coordination council.

The IDEA requires that early intervention services be provided, to the maximum extent appropriate, in natural environments²⁹ such as the child’s home.³⁰ Florida has increased the delivery of services in the home or community based setting since 2008 but still falls below the national average for home-based services.³¹

III. Effect of Proposed Changes:

Section 1 amends s. 383.141, F.S., to provide additional direction to the information clearinghouse administered by the Department of Health (DOH). The bill requires the clearinghouse to provide comprehensive information to educate parents and providers of early intervention services. The DOH is directed to refer to children with developmental disabilities or delays as children with “unique abilities” whenever possible in the clearinghouse. The DOH is to provide education and training to parents and providers through the clearinghouse. The clearinghouse is to promote public awareness of intervention services available to parents of children with unique abilities.

The bill deletes from Florida Statutes the requirement for the DOH to establish access to clearinghouse information on its Internet website. The program is already subject to similar requirements under federal regulations.

Section 2 amends s. 391.025, F.S., to rename the Florida Infants and Toddlers Early Intervention Program under the Children’s Medical Services program as the Early Steps program.

Section 3 amends s. 391.026, F.S., to add to the DOH’s responsibilities the administration of the Early Steps program.

²⁹ A “natural environment” includes the child’s home or a community setting where children would typically be participating if they did not have a disability. See “Program Description,” U.S. Department of Education, available at <http://www2.ed.gov/programs/osepeip/index.html> (last visited Dec. 11, 2015).

³⁰ U.S. Department of Education, Office of Special Education (OSEP), *Grants for Infants and Families, Part C of IDEA, Grants for Infants and Toddlers*, <http://www2.ed.gov/programs/osepeip/index.html> (last visited: Nov. 16, 2015).

³¹ U.S. Department of Education, *36th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2014*, pg. 120-121, <http://www2.ed.gov/about/reports/annual/osep/2014/parts-b-c/36th-idea-arc.pdf> (last visited: Nov. 16, 2015).

Section 4 amends s. 391.301, F.S., to update the legislative intent of the Early Steps program and to establish goals for the program. Under the bill, the program must:

- Integrate information and coordinate services with other programs serving infants and toddlers;
- Enhance the development of infants and toddlers with disabilities and delays;
- Increase the awareness among parents, health care providers, and the public of the importance of the first three years of life for the development of the brain;
- Maintain the importance of the family in early intervention services;
- Provide comprehensive and coordinated services;
- Ensure timely evaluation of infants and toddlers and provide individual planning for intervention services;
- Improve the capacity of health care providers to serve children with unique needs; and
- Ensure programmatic and financial accountability through the establishment of a high-capacity data system, active monitoring of performance indicators, and ongoing quality improvement.

Section 5 amends s. 391.302, F.S., to add definitions for “developmental delay,” “developmental disability,” “habilitative services and devices,” “local program office,” and “rehabilitative services and devices” for the Early Steps program. The bill also deletes the definitions of “in-hospital intervention services” and “parent support and training.”

Section 6 amends s. 391.308, F.S., to provide additional structure and guidance for the Early Steps program. The bill establishes performance standards for the program relating to services and referrals, individualized family support plans, and outcomes for infants and toddlers served.

The bill provides new duties to the DOH for the Early Steps program. The bill requires the DOH to:

- Develop a statewide plan for the program;
- Ensure that local program offices educate hospitals providing Level II and Level III neonatal intensive care about the program and the referral process for evaluation and intervention services;
- Establish standards and qualifications for service providers used by the program;
- Develop uniform procedures to determine eligibility for the program;
- Provide a statewide format for individualized family support plans;
- Promote interagency cooperation with the Medicaid program, the Department of Education, and programs providing child screening;
- Provide guidance to local program offices for coordinating Early Step program benefits with other programs such as Medicaid and private insurance;
- Provide a mediation process and, if necessary, an appeals process under ch. 120, F.S., for parents whose infant or toddler is determined not to be eligible for developmental evaluation or early intervention services or who were denied financial support for such services;
- Competitively procure local offices to administer the Early Steps program;
- Establish performance measures and standards to evaluate local Early Step offices; and
- Provide technical assistance to local Early Step offices.

The bill establishes eligibility criteria for the Early Steps program. The eligibility criteria are based on federal law with the underlying premise that infants and toddlers are eligible for an evaluation to determine the presence of a developmental disability or the risk of a developmental delay based on a physical or medical condition. The DOH is directed to apply specified criteria to determine eligibility for post-evaluation services if funding is provided in the General Appropriations Act. Infants and toddlers meeting the following criteria will be determined eligible:

- Having a developmental delay based on a standardized evaluation instrument that results in a score that is 1.5 standard deviations from the mean in two or more of the following domains: physical, cognitive, communication, social or emotional, and adaptive;
- Having a developmental delay based on a standardized evaluation instrument that results in a score that is 2.0 standard deviations from the mean in one of the following domains: physical, cognitive, communication, social/emotional, and adaptive;
- Having a developmental delay based on informed clinical opinion; or
- Being at risk of developmental delay based on an established condition known to result in developmental delay, or a physical or mental condition known to create a risk of developmental delay.

The bill provides duties to the Early Steps offices. These offices must:

- Evaluate a child within 45 days after referral;
- Notify parents if the child is eligible for services and provide an appeal process to those parents whose child is found ineligible;
- Make interagency agreements with local school districts;
- Provide services directly or procure early intervention services;
- Provide services in a natural environment to the extent possible;
- Develop an individualized family support plan for each child served in the program;
- Assess the progress of the child in meeting the goals of the individualized family support plan;
- Provide service coordination to ensure that assistance for families is properly managed, regardless of whether the program provides the services directly or through referral to other service providers;
- Make agreements with local Medicaid managed care organizations;
- Make agreements with local private insurers; and
- Provide data required by the DOH to assess the performance of the program.

The bill requires the DOH to report to the Governor and Legislature on the performance of the Early Steps program December 1st each year.

The bill designates the Florida Interagency Coordinating Council for Infants and Toddlers as the state interagency coordination council required under federal law.

The bill provides requirements to the local Early Steps offices to improve the transition to the local school district after age three if the child may need special education or related services.

Section 7 amends s. 413.092, F.S., relating to the Blind Babies program to conform the name change of the Florida Infants and Toddlers Early Intervention Program to the Early Steps program.

Section 8 amends s. 1003.575, F.S., relating to assistive technology devices for special education to conform the name change of the Florida Infants and Toddlers Early Intervention Program to the Early Steps program.

Section 9 repeals s. 391.303, F.S., relating to program requirements of the Florida Infants and Toddlers Early Intervention Program.

Section 10 repeals s. 391.304, F.S., relating to program coordination of the Florida Infants and Toddlers Early Intervention Program.

Section 11 repeals s. 391.305, F.S., relating to program standards for the Florida Infants and Toddlers Early Intervention Program.

Section 12 repeals s. 391.306, F.S., relating to funding and contracts for the Florida Infants and Toddlers Early Intervention Program.

Section 13 repeals s. 391.307, F.S., relating to program reviews under the Florida Infants and Toddlers Early Intervention Program.

Section 14 provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Additional guidance provided for the administration of the Early Steps program may result in additional opportunities for private providers of early childhood intervention services.

The Department of Health (DOH) reports that local Early Steps agencies under contract with the DOH might experience an increased workload associated with additional duties under the bill. Such an effect, if any, has an indeterminate cost.³²

C. Government Sector Impact:

The DOH reports that eligibility criteria created under the bill, if applied, will result in at least 1,000 children becoming eligible for Early Steps who would not otherwise qualify, at a cost of \$1,317,000 recurring general revenue.³³ However, the bill directs the DOH to apply the new eligibility criteria “as authorized in the General Appropriations Act” (GAA), and the GAA might or might not include such authorization.

The DOH also reports that, under the bill.³⁴

- The requirements for new hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities, the expansion of the clearinghouse database, and the accompanying duties to revise the DOH website, will cost \$130,988 in general revenue, \$3,999 of which is nonrecurring, which includes funding for a new full-time equivalent (FTE) position;
- An additional FTE for an attorney position will be required to handle appeals and hearings under ch. 120, F.S., at a cost of approximately \$90,652 in general revenue, \$3,999 of which is nonrecurring; and
- The DOH might experience a recurring, but indeterminate, increase in workload associated with other duties that existing DOH resources cannot absorb.

VI. Technical Deficiencies:

Section 6 of the bill amends s. 391.308, F.S., to provide eligibility criteria for the Early Steps program. One of the criteria (at lines 424-425) specifies infants and toddlers with a developmental delay based on “informed clinical opinion.” However, neither the bill nor existing law in ch. 391, F.S., defines the term “informed clinical opinion.”

VII. Related Issues:

The Department of Health (DOH) reports that:

³² Department of Health, *2016 Agency Legislative Bill Analysis, SB 7034*, Nov. 23, 2015, on file with the Appropriations Subcommittee on Health and Human Services.

³³ *Id.*

³⁴ *Id.*

- The bill's requirement for the DOH to provide an appeals process under ch. 120, F.S., is in conflict with federal regulations that provide the right to file a due process complaint, along with specific resolution procedures;³⁵ and
- The bill's requirements for posting public information do not meet the federal requirements for stakeholder input and that a more realistic implementation date for the bill's changes to eligibility criteria would be December 2016 or January 2017.³⁶

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.141, 391.025, 391.026, 391.301, 391.302, 391.308, 413.092, 1003.575,

This bill repeals the following sections of the Florida Statutes: 391.303, 391.304, 391.305, 391.306, and 391.307.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS by Appropriations Subcommittee on Health and Human Services on January 13, 2016:

The proposed CS:

- Requires the Early Steps program to coordinate services with other programs serving infants and toddlers, as opposed to coordinating services with other early intervention programs as in the underlying bill;
- Deletes from statute the definitions of “in-hospital intervention services” and “parent support and training;”
- Requires the Department of Health (DOH) to educate certain hospitals about the Early Steps program, as opposed to ensuring that those hospitals provide certain services as in the underlying bill;
- Requires the DOH to provide a mediation process and, if necessary, an appeals process under ch. 120, F.S., to applicants found ineligible for services or who are denied financial support, as opposed to the underlying bill, which does not include the provision for a mediation process;
- Removes from the bill the requirement for local Early Steps offices to secure and maintain contracts with Medicaid managed care plans; and
- Changes all references in the bill to “Medicaid managed care entities” to “Medicaid managed care organizations,”

B. Amendments:

None.

³⁵ *Id.*

³⁶ Testimony before the Senate Appropriations Subcommittee on Health and Human Services from Cassandra Pasley, Division Director of Children's Medical Services at the Department of Health, January 13, 2016.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/13/2016	.	
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Appropriations Subcommittee on Health and Human Services (Sobel)
recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (2) and (3) of section 383.141,
Florida Statutes, are amended, and subsection (4) is added to
that section, to read:

383.141 Prenatally diagnosed conditions; patient to be
provided information; definitions; information clearinghouse;
advisory council.—



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(2) When a developmental disability is diagnosed based on the results of a prenatal test, the health care provider who ordered the prenatal test, or his or her designee, shall provide the patient with current information about the nature of the developmental disability, the accuracy of the prenatal test, and resources for obtaining relevant support services, including hotlines, resource centers, and information clearinghouses related to Down syndrome or other prenatally diagnosed developmental disabilities; support programs for parents and families; and developmental evaluation and intervention services under this part s. 391.303.

(3) The Department of Health shall develop and implement a comprehensive information clearinghouse to educate health care providers, inform parents, and increase public awareness regarding brain development, developmental disabilities and delays, and all services, resources, and interventions available to mitigate the effects of impaired development among children. The clearinghouse must use the term "unique abilities" as much as possible when identifying infants or children with developmental disabilities and delays. The clearinghouse must provide:

(a) Health information on conditions that may lead to impaired development of physical, learning, language, or behavioral skills.

(b) Education and information to support parents whose unborn children have been prenatally diagnosed with developmental disabilities or whose children have diagnosed or suspected developmental delays.

(c) Education and training for health care providers to



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40 recognize and respond appropriately to developmental
41 disabilities, delays, and conditions related to disabilities or
42 delays. Specific information approved by the advisory council
43 shall be made available to health care providers for use in
44 counseling parents whose unborn children have been prenatally
45 diagnosed with developmental disabilities or whose children have
46 diagnosed or suspected developmental delays.

47 (d) Promotion of public awareness of availability of
48 supportive services, such as resource centers, educational
49 programs, other support programs for parents and families, and
50 developmental evaluation and intervention services.

51 (e) Hotlines specific to Down syndrome and other prenatally
52 diagnosed developmental disabilities. The hotlines and the
53 department's clearinghouse must provide information to parents
54 and families or other caregivers regarding the Early Steps
55 Program under s. 391.301, the Florida Diagnostic Learning and
56 Resource System, the Early Learning program, Healthy Start, Help
57 Me Grow, and any other intervention programs. Information
58 offered must include directions on how to obtain early
59 intervention, rehabilitative, and habilitative services and
60 devices ~~establish on its Internet website a clearinghouse of~~
61 ~~information related to developmental disabilities concerning~~
62 ~~providers of supportive services, information hotlines specific~~
63 ~~to Down syndrome and other prenatally diagnosed developmental~~
64 ~~disabilities, resource centers, educational programs, other~~
65 ~~support programs for parents and families, and developmental~~
66 ~~evaluation and intervention services under s. 391.303. Such~~
67 ~~information shall be made available to health care providers for~~
68 ~~use in counseling pregnant women whose unborn children have been~~



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~~prenatally diagnosed with developmental disabilities.~~

(4) (a) There is established an advisory council within the Department of Health which consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities, including Down syndrome and autism. This group shall consist of nine members as follows:

1. Three members appointed by the Governor;
 2. Three members appointed by the President of the Senate;
- and
3. Three members appointed by the Speaker of the House of Representatives.

(b) The advisory council shall provide technical assistance to the Department of Health in the establishment of the information clearinghouse and give the department the benefit of the council members' knowledge and experience relating to the needs of patients and families of patients with developmental disabilities and available support services.

(c) Members of the council shall elect a chairperson and a vice chairperson. The elected chairperson and vice chairperson shall serve in these roles until their terms of appointment on the council expire.

(d) The advisory council shall meet quarterly to review this clearinghouse of information, and may meet more often at the call of the chairperson or as determined by a majority of members.

(e) The council members shall be appointed to 4-year terms, except that, to provide for staggered terms, one initial appointee each from the Governor, the President of the Senate, and the Speaker of the House of Representatives shall be



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appointed to a 2-year term, one appointee each from these officials shall be appointed to a 3-year term, and the remaining initial appointees shall be appointed to 4-year terms. All subsequent appointments shall be for 4-year terms. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(f) Members of the council shall serve without compensation. Meetings of the council may be held in person, without reimbursement for travel expenses, or by teleconference or other electronic means.

(g) The Department of Health shall provide administrative support for the advisory council.

Section 2. Paragraph (c) of subsection (1) of section 391.025, Florida Statutes, is amended to read:

391.025 Applicability and scope.—

(1) The Children's Medical Services program consists of the following components:

(c) The developmental evaluation and intervention program, including the Early Steps ~~Florida Infants and Toddlers Early Intervention~~ Program.

Section 3. Subsection (19) is added to section 391.026, Florida Statutes, to read:

391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:

(19) To serve as the lead agency in administering the Early Steps Program pursuant to part C of the federal Individuals with Disabilities Education Act and part III of this chapter.

Section 4. Section 391.301, Florida Statutes, is amended to read:



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391.301 Early Steps Program; establishment and goals
~~Developmental evaluation and intervention programs; legislative~~
~~findings and intent.-~~

(1) The Early Steps Program is established within the
department to serve infants and toddlers who are at risk of
developmental disabilities based on a physical or mental
condition and infants and toddlers with developmental delays by
providing developmental evaluation and early intervention and by
providing families with training and support services in a
variety of home and community settings in order to enhance
family and caregiver competence, confidence, and capacity to
meet their child's developmental needs and desired outcomes. ~~The~~
~~Legislature finds that the high-risk and disabled newborn~~
~~infants in this state need in-hospital and outpatient~~
~~developmental evaluation and intervention and that their~~
~~families need training and support services. The Legislature~~
~~further finds that there is an identifiable and increasing~~
~~number of infants who need developmental evaluation and~~
~~intervention and family support due to the fact that increased~~
~~numbers of low-birthweight and sick full-term newborn infants~~
~~are now surviving because of the advances in neonatal intensive~~
~~care medicine; increased numbers of medically involved infants~~
~~are remaining inappropriately in hospitals because their parents~~
~~lack the confidence or skills to care for these infants without~~
~~support; and increased numbers of infants are at risk due to~~
~~parent risk factors, such as substance abuse, teenage pregnancy,~~
~~and other high-risk conditions.-~~

(2) The program may include screening and referral ~~It is~~
~~the intent of the Legislature to establish developmental~~



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~~evaluation and intervention~~ services at all hospitals providing Level II or Level III neonatal intensive care services, in order to promptly identify newborns with disabilities or with conditions associated with risks of developmental delays so that families ~~with high-risk or disabled infants~~ may gain as early as possible the services and skills they need to support their infants' development ~~infants~~.

(3) The program must ~~It is the intent of the Legislature that a methodology be developed to~~ integrate information and coordinate services ~~on infants with potentially disabling conditions~~ with other programs serving infants and toddlers ~~early intervention programs, including, but not limited to, Part C of Pub. L. No. 105-17 and the Healthy Start program, the~~ newborn screening program, and the Blind Babies Program.

(4) The program must:

(a) Provide services to enhance the development of infants and toddlers with disabilities and delays.

(b) Expand the recognition by health care providers, families, and the public of the significant brain development that occurs during a child's first 3 years of life.

(c) Maintain the importance of the family in all areas of the child's development and support the family's participation in early intervention services and decisions affecting the child.

(d) Operate a comprehensive, coordinated interagency system of early intervention services and supports in accordance with part C of the federal Individuals with Disabilities Education Act.

(e) Ensure timely evaluation, individual planning, and



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early intervention services necessary to meet the unique needs of eligible infants and toddlers.

(f) Build the service capacity and enhance the competencies of health care providers serving infants and toddlers with unique needs and abilities.

(g) Ensure programmatic and fiscal accountability through establishment of a high-capacity data system, active monitoring of performance indicators, and ongoing quality improvement.

Section 5. Section 391.302, Florida Statutes, is amended to read:

391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss. 391.301-391.307~~, the term:

(1) "Developmental delay" means a condition, identified and measured through appropriate instruments and procedures, which may delay physical, cognitive, communication, social/emotional, or adaptive development.

(2) "Developmental disability" means a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social/emotional, or adaptive development.

(3) "Developmental intervention" or "early intervention" means individual and group individualized therapies and services needed to enhance both the infant's or toddler's growth and development and family functioning. The term includes habilitative services and assistive technology devices, rehabilitative services and assistive technology devices, and parent support and training.

(4) "Habilitative services and devices" means health care services and assistive technology devices that help a child



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maintain, learn, or improve skills and functioning for daily living.

(5) (2) "Infant or toddler" or "child" means a child from birth until the child's third birthday.

~~(3) "In-hospital intervention services" means the provision of assessments; the provision of individualized services; monitoring and modifying the delivery of medical interventions; and enhancing the environment for the high-risk, developmentally disabled, or medically involved infant or toddler in order to achieve optimum growth and development.~~

(7) "Local program office" means an office that administers the Early Steps Program within a municipality, county, or region.

~~(4) "Parent support and training" means a range of services to families of high-risk, developmentally disabled, or medically involved infants or toddlers, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.~~

(9) "Rehabilitative services and devices" means restorative and remedial services that maintain or enhance the current level of functioning of a child if there is a possibility of improvement or reversal of impairment.

Section 6. Section 391.308, Florida Statutes, is amended to read:

391.308 Early Steps ~~Infants and Toddlers Early Intervention Program.~~—The department shall ~~Department of Health may~~ implement



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and administer part C of the federal Individuals with Disabilities Education Act (IDEA), which shall be known as the "Early Steps" ~~"Florida Infants and Toddlers Early Intervention Program."~~

(1) PERFORMANCE STANDARDS.—The department shall ensure that the Early Steps Program complies with the following performance standards:

(a) The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders.

(b) The program must provide individualized family support plans that are understandable and usable by families, health care providers, and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes, and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.

(c) The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the individualized family support plan, as measured by family feedback and by independent assessments of services used by each child.

(d) The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent



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evaluation of outcome indicators in social emotional skills,
communication, and adaptive behaviors.

(2) DUTIES OF THE DEPARTMENT.—The department, shall:

(a) ~~Jointly with the Department of Education, shall~~
Annually prepare a grant application to the United States
Department of Education for funding early intervention services
for infants and toddlers with disabilities, from birth through
36 months of age, and their families pursuant to part C of the
federal Individuals with Disabilities Education Act.

(b) ~~(2) The department, Jointly with the Department of~~
Education, provide shall include a reading initiative as an
early intervention service for infants and toddlers.

(c) Annually develop a state plan for the Early Steps
Program.

1. The plan must assess the need for early intervention
services, evaluate the extent of the statewide need that is met
by the program, identify barriers to fully meeting the need, and
recommend specific action steps to improve program performance.

2. The plan must be developed through an inclusive process
that involves families, local program offices, health care
providers, and other stakeholders.

(d) Ensure local program offices educate hospitals that
provide Level II and Level III neonatal intensive care services
about the Early Steps Program and the referral process for the
provision of developmental evaluation and intervention services.

(e) Establish standards and qualifications for
developmental evaluation and early intervention service
providers, including standards for determining the adequacy of
provider networks in each local program office service area.



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(f) Establish statewide uniform protocols and procedures to determine eligibility for developmental evaluation and early intervention services.

(g) Establish a consistent, statewide format and procedure for preparing and completing an individualized family support plan.

(h) Promote interagency cooperation and coordination, with the Medicaid program, the Department of Education program pursuant to part B of the federal Individuals with Disabilities Education Act, and programs providing child screening such as the Florida Diagnostic Learning and Resource System, the Office of Early Learning, Healthy Start, and Help Me Grow program.

1. Coordination with the Medicaid program shall be developed and maintained through written agreements with the Agency for Health Care Administration and Medicaid managed care organizations as well as through active and ongoing communication with these organizations. The department shall assist local program offices to negotiate agreements with Medicaid managed care organizations in the service areas of the local program offices. Such agreements may be formal or informal.

2. Coordination with education programs pursuant to part B of the federal Individuals with Disabilities Education Act shall be developed and maintained through written agreements with the Department of Education. The department shall assist local program offices to negotiate agreements with school districts in the service areas of the local program offices.

(i) Develop and disseminate the knowledge and methods necessary to effectively coordinate benefits among various payer



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types.

(j) Provide a mediation process and if necessary, an appeals process under chapter 120 for applicants found ineligible for developmental evaluation or early intervention services or denied financial support for such services.

(k) Competitively procure local program offices to provide services throughout the state in accordance with chapter 287. The department shall specify the requirements and qualifications for local program offices in the procurement document.

(l) Establish performance standards and other metrics for evaluation of local program offices, including standards for measuring timeliness of services, outcomes of early intervention services, and administrative efficiency. Performance standards and metrics shall be developed in consultation with local program offices.

(m) Provide technical assistance to the local program offices.

(3) ELIGIBILITY.—The department shall apply the following eligibility criteria if specific funding is provided in the General Appropriations Act.

(a) Infants and toddlers are eligible for an evaluation to determine the presence of a developmental disability or risk of a developmental delay based on a physical or medical condition.

(b) Infants and toddlers determined to have a developmental delay based on a standardized evaluation instrument that results in a score that is 1.5 standard deviations from the mean in two or more of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(c) Infants and toddlers determined to have a developmental



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delay based on a standardized evaluation instrument that results in a score that is 2.0 standard deviations from the mean in one of the following domains: physical, cognitive, communication, social/emotional, and adaptive.

(d) Infants and toddlers with a developmental delay based on informed clinical opinion.

(e) Infants and toddlers at risk of developmental delay based on an established condition known to result in developmental delay, or a physical or mental condition known to create a risk of developmental delay.

(4) DUTIES OF THE LOCAL PROGRAM OFFICES.—A local program office shall:

(a) Evaluate a child to determine eligibility within 45 calendar days after the child is referred to the program.

(b) Notify the parent or legal guardian of his or her child's eligibility status initially and at least annually thereafter. If a child is determined not to be eligible, the local program office must provide the parent or legal guardian with written information on the right to an appeal and the process for making such an appeal.

(c) Secure and maintain interagency agreements or contracts with local school districts in a local service area.

(d) Provide services directly or procure services from health care providers that meet or exceed the minimum qualifications established for service providers. The local program office must become a Medicaid provider if it provides services directly.

(e) Provide directly or procure services that are, to the extent possible, delivered in a child's natural environment,



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such as in the child's home or community setting. The inability to provide services in the natural environment is not a sufficient reason to deny services.

(f) Develop an individualized family support plan for each child served. The plan must:

1. Be completed within 45 calendar days after the child is referred to the program;

2. Be developed in conjunction with the child's parent or legal guardian who provides written consent for the services included in the plan;

3. Be reviewed at least every six months with the parent or legal guardian and updated if needed; and

4. Include steps to transition to school or other future services by the child's third birthday.

(g) Assess the progress of the child and his or her family in meeting the goals of the individualized family support plan.

(h) For each service required by the individualized family support plan, refer the child to an appropriate service provider or work with Medicaid managed care organizations or private insurers to secure the needed services.

(i) Provide service coordination, including contacting the appropriate service provider to determine whether the provider can timely deliver the service, providing the parent or legal guardian with the name and contact information of the service provider and the date and location of the service of any appointment made on behalf of the child, and contacting the parent or legal guardian after the service is provided to ensure that the service is delivered timely and to determine whether the family requests additional services.



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(j) Negotiate and maintain agreements with Medicaid providers and Medicaid managed care organizations in its area.

1. With the parent's or legal guardian's permission, the services in the child's approved individualized family support plan shall be communicated to the Medicaid managed care organization. Services that cannot be funded by Medicaid must be specifically identified and explained to the family.

2. The agreement between the local program office and Medicaid managed care organizations must establish methods of communication and procedures for the timely approval of services covered by Medicaid.

(k) Develop agreements and arrangements with private insurers in order to coordinate benefits and services for any mutual enrollee.

1. The child's approved individualized family support plan may be communicated to the child's insurer with the parent's or legal guardian's permission.

2. The local program office and private insurers shall establish methods of communication and procedures for the timely approval of services covered by the child's insurer, if appropriate and approved by the child's parent or legal guardian.

(l) Provide to the department data necessary for an evaluation of the local program office performance.

(5) ACCOUNTABILITY REPORTING.—By December 1 of each year, the department shall prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating



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Council for Infants and Toddlers. The department must address the performance standards in subsection (1) and report actual performance compared to the standards for the prior fiscal year. The data used to compile the report must be submitted by each local program office in the state. The department shall report on all of the following measures:

(a) Number and percentage of infants and toddlers served with an individualized family support plan.

(b) Number and percentage of infants and toddlers demonstrating improved social/emotional skills after the program.

(c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program.

(d) Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services.

(e) Progress toward meeting the goals of individualized family support plans.

(f) Any additional measures established by the department.

(6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida Interagency Coordinating Council for Infants and Toddlers shall serve as the state interagency coordinating council required by 34 C.F.R. s. 303.600. The council shall be housed for administrative purposes in the department, and the department shall provide administrative support to the council.

(7) TRANSITION TO EDUCATION.—

(a) At least 90 days before a child reaches 3 years of age, the local program office shall initiate transition planning to



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ensure the child's successful transition from the Early Steps Program to a school district program for children with disabilities or to another program as part of an individual family support plan.

(b) At least 90 days before a child reaches 3 years of age, the local program office shall:

1. Notify the local school district in which the child resides and the Department of Education that the child may be eligible for special education or related services as determined by the local school district pursuant to ss. 1003.21 and 1003.57, unless the child's parent or legal guardian has opted out of such notification; and

2. Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services.

(c) The local school district shall evaluate and determine a child's eligibility to receive special education or related services pursuant to part B of the federal Individuals with Disabilities Education Act and ss. 1003.21 and 1003.57.

(d) The local program office, in conjunction with the local school district, shall modify a child's individual family support plan or, if applicable, the local school district shall develop an individual education plan for the child pursuant to ss. 1003.57, 1003.571, and 1003.5715, which identifies special education or related services that the child will receive and the providers or agencies that will provide such services.

(e) If a child is determined to be ineligible for school district program services, the local program office and the



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local school district shall provide the child's parent or legal guardian with written information on other available services or community resources.

(f) The local program office shall negotiate and maintain an interagency agreement with each local school district in its service area pursuant to the Individuals with Disabilities Education Act, 20 U.S.C. s. 1435(a)(10)(F). Each interagency agreement must be reviewed at least annually and updated upon review, if needed.

Section 7. Subsections (1) and (2) of section 413.092, Florida Statutes, are amended to read:

413.092 Blind Babies Program.—

(1) The Blind Babies Program is created within the Division of Blind Services of the Department of Education to provide community-based early-intervention education to children from birth through 5 years of age who are blind or visually impaired, and to their parents, families, and caregivers, through community-based provider organizations. The division shall enlist parents, ophthalmologists, pediatricians, schools, the Early Steps Program ~~Infant and Toddlers Early Intervention Programs~~, and therapists to help identify and enroll blind and visually impaired children, as well as their parents, families, and caregivers, in these educational programs.

(2) The program is not an entitlement but shall promote early development with a special emphasis on vision skills to minimize developmental delays. The education shall lay the groundwork for future learning by helping a child progress through normal developmental stages. It shall teach children to discover and make the best use of their skills for future



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success in school. It shall seek to ensure that visually impaired and blind children enter school as ready to learn as their sighted classmates. The program shall seek to link these children, and their parents, families, and caregivers, to other available services, training, education, and employment programs that could assist these families in the future. This linkage may include referrals to the school districts and the Early Steps ~~Infants and Toddlers Early Intervention~~ Program for assessments to identify any additional services needed which are not provided by the Blind Babies Program. The division shall develop a formula for eligibility based on financial means and may create a means-based matrix to set a copayment fee for families having sufficient financial means.

Section 8. Subsection (1) of section 1003.575, Florida Statutes, is amended to read:

1003.575 Assistive technology devices; findings; interagency agreements.—Accessibility, utilization, and coordination of appropriate assistive technology devices and services are essential as a young person with disabilities moves from early intervention to preschool, from preschool to school, from one school to another, and from school to employment or independent living. If an individual education plan team makes a recommendation in accordance with State Board of Education rule for a student with a disability, as defined in s. 1003.01(3), to receive an assistive technology assessment, that assessment must be completed within 60 school days after the team's recommendation. To ensure that an assistive technology device issued to a young person as part of his or her individualized family support plan, individual support plan, or an individual



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education plan remains with the individual through such transitions, the following agencies shall enter into interagency agreements, as appropriate, to ensure the transaction of assistive technology devices:

(1) The Early Steps Florida Infants and Toddlers Early Intervention Program in the Division of Children's Medical Services of the Department of Health.

Interagency agreements entered into pursuant to this section shall provide a framework for ensuring that young persons with disabilities and their families, educators, and employers are informed about the utilization and coordination of assistive technology devices and services that may assist in meeting transition needs, and shall establish a mechanism by which a young person or his or her parent may request that an assistive technology device remain with the young person as he or she moves through the continuum from home to school to postschool.

Section 9. Section 391.303, Florida Statutes, is repealed.

Section 10. Section 391.304, Florida Statutes, is repealed.

Section 11. Section 391.305, Florida Statutes, is repealed.

Section 12. Section 391.306, Florida Statutes, is repealed.

Section 13. Section 391.307, Florida Statutes, is repealed.

Section 14. This act shall take effect July 1, 2016.

===== T I T L E A M E N D M E N T =====
And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled



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An act relating to prenatal services and early childhood development; amending s. 383.141, F.S.; revising the requirements for the Department of Health to maintain a clearinghouse of information for parents and health care providers and to increase public awareness on developmental evaluation and early intervention programs; requiring the clearinghouse to use a specified term; revising the information to be included in the clearinghouse; amending s. 391.025, F.S.; renaming the "Infants and Toddlers Early Intervention Program" as the "Early Steps Program"; revising the components of the Children's Medical Services program; amending s. 391.026, F.S.; requiring the department to serve as the lead agency in administering the Early Steps Program; amending s. 391.301, F.S.; establishing the Early Steps Program within the department; deleting provisions relating to legislative findings; authorizing the program to include certain screening and referral services for specified purposes; providing requirements and responsibilities for the program; amending s. 391.302, F.S.; defining terms; revising the definitions of certain terms; and deleting outdated terms; amending s. 391.308, F.S.; renaming the "Infants and Toddlers Early Intervention Program" as the "Early Steps Program"; requiring, rather than authorizing, the department to implement and administer the program; requiring the department to ensure that the program follows specified performance standards; providing



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requirements of the program to meet such performance standards; revising the duties of the department; requiring the department to apply specified eligibility criteria for the program based on an appropriation of funds; providing duties for local program offices; requiring the development of an individualized family support plan for each child served in the program; requiring referral for services by a local program office under certain circumstances; requiring the local program office to negotiate and maintain agreements with specified providers and managed care organizations; requiring the local program office to coordinate with managed care organizations; requiring the department to submit an annual report, subject to certain requirements, to the Governor, the Legislature, and the Florida Interagency Coordinating Council for Infants and Toddlers by a specified date; designating the Florida Interagency Coordinating Council for Infants and Toddlers as the state interagency coordinating council required by federal rule subject to certain requirements; providing requirements for the local program office and local school district to prepare certain children for the transition to school under certain circumstances; amending ss. 413.092 and 1003.575, F.S.; conforming provisions to changes made by the act; repealing ss. 391.303, 391.304, 391.305, 391.306, and 391.307, F.S., relating to requirements for the Children's Medical Services program, program



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649 coordination, program standards, program funding and
650 contracts, and program review, respectively;;
651 providing an effective date.

By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
 2 An act relating to prenatal services and early
 3 childhood development; amending s. 383.141, F.S.;
 4 revising the requirements for the Department of Health
 5 to maintain a clearinghouse of information for parents
 6 and health care providers and to increase public
 7 awareness on developmental evaluation and early
 8 intervention programs; requiring the clearinghouse to
 9 use a specified term; revising the information to be
 10 included in the clearinghouse; amending s. 391.025,
 11 F.S.; renaming the "Infants and Toddlers Early
 12 Intervention Program" as the "Early Steps Program";
 13 revising the components of the Children's Medical
 14 Services program; amending s. 391.026, F.S.; requiring
 15 the department to serve as the lead agency in
 16 administering the Early Steps Program; amending s.
 17 391.301, F.S.; establishing the Early Steps Program
 18 within the department; deleting provisions relating to
 19 legislative findings; authorizing the program to
 20 include certain screening and referral services for
 21 specified purposes; providing requirements and
 22 responsibilities for the program; amending s. 391.302,
 23 F.S.; defining terms; revising the definitions of
 24 certain terms; amending s. 391.308, F.S.; renaming the
 25 "Infants and Toddlers Early Intervention Program" as
 26 the "Early Steps Program"; requiring, rather than
 27 authorizing, the department to implement and
 28 administer the program; requiring the department to
 29 ensure that the program follows specified performance

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 standards; providing requirements of the program to
 31 meet such performance standards; revising the duties
 32 of the department; requiring the department to apply
 33 specified eligibility criteria for the program;
 34 providing duties for local program offices; requiring
 35 the development of an individualized family support
 36 plan for each child served in the program; requiring
 37 referral for services by a local program office under
 38 certain circumstances; requiring the local program
 39 office to negotiate and maintain agreements with
 40 specified providers and managed care entities;
 41 requiring the local program office to coordinate with
 42 managed care plans; requiring the department to submit
 43 an annual report, subject to certain requirements, to
 44 the Governor, the Legislature, and the Florida
 45 Interagency Coordinating Council for Infants and
 46 Toddlers by a specified date; designating the Florida
 47 Interagency Coordinating Council for Infants and
 48 Toddlers as the state interagency coordinating council
 49 required by federal rule subject to certain
 50 requirements; providing requirements for the local
 51 program office and local school district to prepare
 52 certain children for the transition to school under
 53 certain circumstances; amending ss. 413.092 and
 54 1003.575, F.S.; conforming provisions to changes made
 55 by the act; repealing ss. 391.303, 391.304, 391.305,
 56 391.306, and 391.307, F.S., relating to requirements
 57 for the Children's Medical Services program, program
 58 coordination, program standards, program funding and

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contracts, and program review, respectively; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (2) and (3) of section 383.141, Florida Statutes, are amended, and subsection (4) is added to that section, to read:

383.141 Prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.—

(2) When a developmental disability is diagnosed based on the results of a prenatal test, the health care provider who ordered the prenatal test, or his or her designee, shall provide the patient with current information about the nature of the developmental disability, the accuracy of the prenatal test, and resources for obtaining relevant support services, including hotlines, resource centers, and information clearinghouses related to Down syndrome or other prenatally diagnosed developmental disabilities; support programs for parents and families; and developmental evaluation and intervention services under this part s. 391.303.

(3) The Department of Health shall develop and implement a comprehensive information clearinghouse to educate health care providers, inform parents, and increase public awareness regarding brain development, developmental disabilities and delays, and all services, resources, and interventions available to mitigate the effects of impaired development among children. The clearinghouse must use the term "unique abilities" as much

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as possible when identifying infants or children with developmental disabilities and delays. The clearinghouse must provide:

(a) Health information on conditions that may lead to impaired development of physical, learning, language, or behavioral skills.

(b) Education and information to support parents whose unborn children have been prenatally diagnosed with developmental disabilities or whose children have diagnosed or suspected developmental delays.

(c) Education and training for health care providers to recognize and respond appropriately to developmental disabilities, delays, and conditions related to disabilities or delays. Specific information approved by the advisory council shall be made available to health care providers for use in counseling parents whose unborn children have been prenatally diagnosed with developmental disabilities or whose children have diagnosed or suspected developmental delays.

(d) Promotion of public awareness of availability of supportive services, such as resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services.

(e) Hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities. The hotlines and the department's clearinghouse must provide information to parents and families or other caregivers regarding the Early Steps Program under s. 391.301, the Florida Diagnostic Learning and Resource System, the Early Learning program, Healthy Start, Help Me Grow, and any other intervention programs. Information

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~~offered must include directions on how to obtain early intervention, rehabilitative, and habilitative services and devices establish on its Internet website a clearinghouse of information related to developmental disabilities concerning providers of supportive services, information hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities, resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services under s. 391.303. Such information shall be made available to health care providers for use in counseling pregnant women whose unborn children have been prenatally diagnosed with developmental disabilities.~~

(4) (a) There is established an advisory council within the Department of Health which consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities, including Down syndrome and autism. This group shall consist of nine members as follows:

1. Three members appointed by the Governor;
2. Three members appointed by the President of the Senate;
- and
3. Three members appointed by the Speaker of the House of Representatives.

(b) The advisory council shall provide technical assistance to the Department of Health in the establishment of the information clearinghouse and give the department the benefit of the council members' knowledge and experience relating to the needs of patients and families of patients with developmental disabilities and available support services.

(c) Members of the council shall elect a chairperson and a

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vice chairperson. The elected chairperson and vice chairperson shall serve in these roles until their terms of appointment on the council expire.

(d) The advisory council shall meet quarterly to review this clearinghouse of information, and may meet more often at the call of the chairperson or as determined by a majority of members.

(e) The council members shall be appointed to 4-year terms, except that, to provide for staggered terms, one initial appointee each from the Governor, the President of the Senate, and the Speaker of the House of Representatives shall be appointed to a 2-year term, one appointee each from these officials shall be appointed to a 3-year term, and the remaining initial appointees shall be appointed to 4-year terms. All subsequent appointments shall be for 4-year terms. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(f) Members of the council shall serve without compensation. Meetings of the council may be held in person, without reimbursement for travel expenses, or by teleconference or other electronic means.

(g) The Department of Health shall provide administrative support for the advisory council.

Section 2. Paragraph (c) of subsection (1) of section 391.025, Florida Statutes, is amended to read:

391.025 Applicability and scope.—

(1) The Children's Medical Services program consists of the following components:

(c) The developmental evaluation and intervention program,

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including the Early Steps Florida Infants and Toddlers Early Intervention Program.

Section 3. Subsection (19) is added to section 391.026, Florida Statutes, to read:

391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:

(19) To serve as the lead agency in administering the Early Steps Program pursuant to part C of the federal Individuals with Disabilities Education Act and part III of this chapter.

Section 4. Section 391.301, Florida Statutes, is amended to read:

391.301 Early Steps Program; establishment and goals ~~Developmental evaluation and intervention programs; legislative findings and intent.~~—

(1) The Early Steps Program is established within the department to serve infants and toddlers who are at risk of developmental disabilities and infants and toddlers with developmental delays by providing developmental evaluation and early intervention and by providing families with training and support services in a variety of home and community settings ~~The Legislature finds that the high-risk and disabled newborn infants in this state need in-hospital and outpatient developmental evaluation and intervention and that their families need training and support services. The Legislature further finds that there is an identifiable and increasing number of infants who need developmental evaluation and intervention and family support due to the fact that increased numbers of low birthweight and sick full-term newborn infants are now surviving because of the advances in neonatal intensive~~

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~~care medicine; increased numbers of medically involved infants are remaining inappropriately in hospitals because their parents lack the confidence or skills to care for these infants without support; and increased numbers of infants are at risk due to parent risk factors, such as substance abuse, teenage pregnancy, and other high-risk conditions.~~

(2) The program may include screening and referral ~~It is the intent of the Legislature to establish developmental evaluation and intervention services at all hospitals providing Level II or Level III neonatal intensive care services, in order to promptly identify newborns with disabilities or with conditions associated with risks of developmental delays so that families with high risk or disabled infants may gain as early as possible the services and skills they need to support their infants' development~~ ~~infants.~~

(3) The program must ~~It is the intent of the Legislature that a methodology be developed to integrate information and coordinate services on infants with potentially disabling conditions~~ ~~with other early intervention programs, including, but not limited to, Part C of Pub. L. No. 105-17 and the Healthy Start program, the newborn screening program, and the Blind Babies Program.~~

(4) The program must:

(a) Provide services to enhance the development of infants and toddlers with disabilities and delays.

(b) Expand the recognition by health care providers, families, and the public of the significant brain development that occurs during a child's first 3 years of life.

(c) Maintain the importance of the family in all areas of

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the child's development and support the family's participation in early intervention services and decisions affecting the child.

(d) Operate a comprehensive, coordinated interagency system of early intervention services and supports in accordance with part C of the federal Individuals with Disabilities Education Act.

(e) Ensure timely evaluation, individual planning, and early intervention services necessary to meet the unique needs of eligible infants and toddlers.

(f) Build the service capacity and enhance the competencies of health care providers serving infants and toddlers with unique needs and abilities.

(g) Ensure programmatic and fiscal accountability through establishment of a high-capacity data system, active monitoring of performance indicators, and ongoing quality improvement.

Section 5. Section 391.302, Florida Statutes, is amended to read:

391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss. 391.301-391.307~~, the term:

(1) "Developmental delay" means a condition, identified and measured through appropriate instruments and procedures, which may delay physical, cognitive, communication, social/emotional, or adaptive development.

(2) "Developmental disability" means a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social/emotional, or adaptive development.

(3) "Developmental intervention" or "early intervention"

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means individual and group ~~individualized~~ therapies and services needed to enhance both the infant's or toddler's growth and development and family functioning. The term includes habilitative services and assistive technology devices, rehabilitative services and assistive technology devices, and parent support and training.

(4) "Habilitative services and devices" means health care services and devices that help a child maintain, learn, or improve skills and functioning for daily living.

(5) ~~(2)~~ "Infant or toddler" or "child" means a child from birth until the child's third birthday.

(6) ~~(3)~~ "In-hospital intervention services" means the provision of assessments; the provision of individual individualized services; monitoring and modifying the delivery of medical interventions, and enhancing the environment for the high-risk, developmentally disabled, or medically involved infant or toddler in order to achieve optimum growth and development.

(7) "Local program office" means an office that administers the Early Steps Program within a municipality, county, or region.

(8) ~~(4)~~ "Parent support and training" means a range of services to families of high-risk, developmentally disabled, or medically involved infants or toddlers, including family counseling; ~~financial planning~~; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; and training of parents to advocate for their child; ~~and bereavement~~

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291 ~~counseling.~~

292 (9) "Rehabilitative services and devices" means restorative
 293 and remedial services that maintain or enhance the current level
 294 of functioning of a child if there is a possibility of
 295 improvement or reversal of impairment.

296 Section 6. Section 391.308, Florida Statutes, is amended to
 297 read:

298 391.308 ~~Early Steps Infants and Toddlers Early Intervention~~
 299 ~~Program.—The department shall Department of Health may~~ implement
 300 and administer part C of the federal Individuals with
 301 Disabilities Education Act (IDEA), which shall be known as the
 302 "Early Steps" ~~"Florida Infants and Toddlers Early Intervention~~
 303 ~~Program."~~

304 (1) PERFORMANCE STANDARDS.—The department shall ensure that
 305 the Early Steps Program complies with the following performance
 306 standards:

307 (a) The program must provide services from referral through
 308 transition in a family-centered manner that recognizes and
 309 responds to unique circumstances and needs of infants and
 310 toddlers and their families as measured by a variety of
 311 qualitative data, including satisfaction surveys, interviews,
 312 focus groups, and input from stakeholders.

313 (b) The program must provide individualized family support
 314 plans that are understandable and usable by families, health
 315 care providers, and payors and that identify the current level
 316 of functioning of the infant or toddler, family supports and
 317 resources, expected outcomes, and specific early intervention
 318 services needed to achieve the expected outcomes, as measured by
 319 periodic system independent evaluation.

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320 (c) The program must help each family to use available
 321 resources in a way that maximizes the child's access to services
 322 necessary to achieve the outcomes of the individualized family
 323 support plan, as measured by family feedback and by independent
 324 assessments of services used by each child.

325 (d) The program must offer families access to quality
 326 services that effectively enable infants and toddlers with
 327 developmental disabilities and developmental delays to achieve
 328 optimal functional levels as measured by an independent
 329 evaluation of outcome indicators in social emotional skills,
 330 communication, and adaptive behaviors.

331 (2) DUTIES OF THE DEPARTMENT.—The department shall:

332 (a) Jointly with the Department of Education, shall
 333 Annually prepare a grant application to the United States
 334 Department of Education for funding early intervention services
 335 for infants and toddlers with disabilities, from birth through
 336 36 months of age, and their families pursuant to part C of the
 337 federal Individuals with Disabilities Education Act.

338 (b) ~~(2)~~ The department, Jointly with the Department of
 339 Education, ~~provide~~ shall include a reading initiative as an
 340 early intervention service for infants and toddlers.

341 (c) Annually develop a state plan for the Early Steps
 342 Program.

343 1. The plan must assess the need for early intervention
 344 services, evaluate the extent of the statewide need that is met
 345 by the program, identify barriers to fully meeting the need, and
 346 recommend specific action steps to improve program performance.

347 2. The plan must be developed through an inclusive process
 348 that involves families, local program offices, health care

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providers, and other stakeholders.

(d) Ensure the provision of developmental evaluation and intervention services in each hospital that provides Level II and Level III neonatal intensive care services to an infant or a toddler identified as being at risk for developmental disabilities who along with his or her family, would benefit from early intervention services.

(e) Establish standards and qualifications for developmental evaluation and early intervention service providers, including standards for determining the adequacy of provider networks in each local program office service area.

(f) Establish statewide uniform protocols and procedures to determine eligibility for developmental evaluation and early intervention services.

(g) Establish a consistent, statewide format and procedure for preparing and completing an individualized family support plan.

(h) Promote interagency cooperation and coordination, with the Medicaid program, the Department of Education program pursuant to part B of the federal Individuals with Disabilities Education Act, and programs providing child screening such as the Florida Diagnostic Learning and Resource System, the Early Learning program, Healthy Start, and Help Me Grow program.

1. Coordination with the Medicaid program shall be developed and maintained through written agreements with the Agency for Health Care Administration and Medicaid managed care entities as well as through active and ongoing communication with these entities. The department shall assist local program offices to negotiate agreements with Medicaid managed care

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entities in the service areas of the local program offices. Such agreements may be formal or informal.

2. Coordination with education programs pursuant to part B of the federal Individuals with Disabilities Education Act shall be developed and maintained through written agreements with the Department of Education. The department shall assist local program offices to negotiate agreements with school districts in the service areas of the local program offices.

(i) Develop and disseminate the knowledge and methods necessary to effectively coordinate benefits among various payor types.

(j) Provide an appeals process under chapter 120 for applicants found ineligible for developmental evaluation or early intervention services or denied financial support for such services.

(k) Competitively procure local program offices to provide services throughout the state in accordance with chapter 287. The department shall specify the requirements and qualifications for local program offices in the procurement document.

(l) Establish performance standards and other metrics for evaluation of local program offices, including standards for measuring timeliness of services, outcomes of early intervention services, and administrative efficiency. Performance standards and metrics shall be developed in consultation with local program offices.

(m) Provide technical assistance to the local program offices.

(3) ELIGIBILITY.—The department shall apply the following eligibility criteria as authorized in the General Appropriations

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407 Act.

408 (a) All infants and toddlers in this state are eligible for
 409 an evaluation to determine the presence of a developmental
 410 disability or conditions that cause or increase the risk of
 411 developmental delays.

412 (b) All infants and toddlers determined to have a
 413 developmental disability based on an established condition or
 414 determined to be at risk of developmental delays based on an
 415 informed clinical opinion are eligible for Early Steps Program
 416 services.

417 (c) A child is eligible for Early Steps Program services if
 418 the application of a standardized evaluation instrument results
 419 in a score that is 1.5 standard deviations from the mean in two
 420 or more of the following domains: physical, cognitive,
 421 communication, social or emotional, and adaptive.

422 (d) A child is eligible for Early Steps Program services if
 423 the application of a standardized evaluation instrument results
 424 in a score that is 2.0 standard deviations from the mean in one
 425 of the following domains: physical, cognitive, communication,
 426 social or emotional, and adaptive.

427 (e) A child is eligible for Early Steps Program services if
 428 diagnosed with a physical or mental condition that has a high
 429 probability of resulting in a developmental delay.

430 (4) DUTIES OF THE LOCAL PROGRAM OFFICES.—A local program
 431 office shall:

432 (a) Evaluate a child to determine eligibility within 45
 433 calendar days after the child is referred to the program.

434 (b) Notify the parent or legal guardian of his or her
 435 child's eligibility status initially and at least annually

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436 thereafter. If a child is determined not to be eligible, the
 437 local program office must provide the parent or legal guardian
 438 with written information on the right to an appeal and the
 439 process for making such an appeal.

440 (c) Secure and maintain interagency agreements or contracts
 441 with local school districts and the Medicaid managed care plans
 442 in a local service area.

443 (d) Provide services directly or procure services from
 444 health care providers that meet or exceed the minimum
 445 qualifications established for service providers. The local
 446 program office must become a Medicaid provider if it provides
 447 services directly.

448 (e) Provide directly or procure services that are, to the
 449 extent possible, delivered in a child's natural environment,
 450 such as in the child's home or community setting. The inability
 451 to provide services in the natural environment is not a
 452 sufficient reason to deny services.

453 (f) Develop an individualized family support plan for each
 454 child served. The plan must:

455 1. Be completed within 45 calendar days after referral in
 456 the program;

457 2. Be developed in conjunction with the child's parent or
 458 legal guardian who provides written consent for the services
 459 included in the plan;

460 3. Be reviewed at least every six months with the parent or
 461 legal guardian and updated if needed; and

462 4. Include steps to transition to school or other future
 463 services by the child's third birthday.

464 (g) Assess the progress of the child and his or her family

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in meeting the goals of the individualized family support plan.

(h) For each service required by the individualized family support plan, refer the child to an appropriate service provider or work with Medicaid managed care entities or private insurers to secure the needed services.

(i) Provide service coordination services, including contacting the appropriate service provider to determine whether the provider can timely deliver the service, providing the parent or legal guardian with the name and location of the service and the date of any appointment made on behalf of the child, and contacting the parent or legal guardian after the service is provided to ensure that the service is delivered timely and to determine whether the family requests additional services.

(j) Negotiate and maintain agreements with Medicaid providers and Medicaid managed care entities in its area.

1. With the parent's or legal guardian's permission, the services in the child's approved individualized family support plan shall be communicated to the Medicaid managed care entity. Services that cannot be funded by Medicaid must be specifically identified and explained to the family.

2. The agreement between the local program office and Medicaid managed care entities must establish methods of communication and procedures for the timely approval of services covered by Medicaid.

(k) Develop agreements and arrangements with private insurers in order to coordinate benefits and services for any mutual enrollee.

1. The child's approved individualized family support plan

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may be communicated to the child's insurer with the parent's or legal guardian's permission.

2. The local program office and private insurers shall establish methods of communication and procedures for the timely approval of services covered by the child's insurer, if appropriate and approved by the child's parent or legal guardian.

(1) Provide to the department data necessary for an evaluation of the local program office performance.

(5) ACCOUNTABILITY REPORTING.—By December 1 of each year, the department shall prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating Council for Infants and Toddlers. The department must address the performance standards in subsection (1) and report actual performance compared to the standards for the prior fiscal year. The data used to compile the report must be submitted by each local program office in the state. The department shall report on all of the following measures:

(a) Number and percentage of infants and toddlers served with an individualized family support plan.

(b) Number and percentage of infants and toddlers demonstrating improved social/emotional skills after the program.

(c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program.

(d) Number and percentage of families reporting positive

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523 outcomes in their infant's and toddler's development as a result
 524 of early intervention services.

525 (e) Progress toward meeting the goals of individualized
 526 family support plans.

527 (f) Any additional measures established by the department.

528 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida
 529 Interagency Coordinating Council for Infants and Toddlers shall
 530 serve as the state interagency coordinating council required by
 531 34 C.F.R. s. 303.600. The council shall be housed for
 532 administrative purposes in the department, and the department
 533 shall provide administrative support to the council.

534 (7) TRANSITION TO EDUCATION.—

535 (a) At least 90 days before a child reaches 3 years of age,
 536 the local program office shall initiate transition planning to
 537 ensure the child's successful transition from the Early Steps
 538 Program to a school district program for children with
 539 disabilities or to another program as part of an individual
 540 family support plan.

541 (b) At least 3 months before a child reaches 3 years of
 542 age, the local program office shall:

543 1. Notify the local school district in which the child
 544 resides and the Department of Education that the child may be
 545 eligible for special education or related services as determined
 546 by the local school district pursuant to ss. 1003.21 and
 547 1003.57, unless the child's parent or legal guardian has opted
 548 out of such notification; and

549 2. Upon approval by the child's parent or legal guardian,
 550 convene a transition conference that includes participation of a
 551 local school district representative and the parent or legal

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552 guardian to discuss options for and availability of services.

553 (c) The local school district shall evaluate and determine
 554 a child's eligibility to receive special education or related
 555 services pursuant to part B of the federal Individuals with
 556 Disabilities Education Act and ss. 1003.21 and 1003.57.

557 (d) The local program office, in conjunction with the local
 558 school district, shall modify a child's individual family
 559 support plan or, if applicable, the local school district shall
 560 develop an individual education plan for the child pursuant to
 561 ss. 1003.57, 1003.571, and 1003.5715, which identifies special
 562 education or related services that the child will receive and
 563 the providers or agencies that will provide such services.

564 (e) If a child is determined to be ineligible for school
 565 district program services, the local program office and the
 566 local school district shall provide the child's parent or legal
 567 guardian with written information on other available services or
 568 community resources.

569 (f) The local program office shall negotiate and maintain
 570 an interagency agreement with each local school district in its
 571 service area pursuant to the Individuals with Disabilities
 572 Education Act, 20 U.S.C. s. 1435(a)(10)(F). Each interagency
 573 agreement must be reviewed at least annually and updated upon
 574 review, if needed.

575 Section 7. Subsections (1) and (2) of section 413.092,
 576 Florida Statutes, are amended to read:

577 413.092 Blind Babies Program.—

578 (1) The Blind Babies Program is created within the Division
 579 of Blind Services of the Department of Education to provide
 580 community-based early-intervention education to children from

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 581 birth through 5 years of age who are blind or visually impaired,
 582 and to their parents, families, and caregivers, through
 583 community-based provider organizations. The division shall
 584 enlist parents, ophthalmologists, pediatricians, schools, the
 585 Early Steps Program ~~Infant and Toddlers Early Intervention~~
 586 ~~Programs~~, and therapists to help identify and enroll blind and
 587 visually impaired children, as well as their parents, families,
 588 and caregivers, in these educational programs.

(2) The program is not an entitlement but shall promote
 early development with a special emphasis on vision skills to
 minimize developmental delays. The education shall lay the
 groundwork for future learning by helping a child progress
 through normal developmental stages. It shall teach children to
 discover and make the best use of their skills for future
 success in school. It shall seek to ensure that visually
 impaired and blind children enter school as ready to learn as
 their sighted classmates. The program shall seek to link these
 children, and their parents, families, and caregivers, to other
 available services, training, education, and employment programs
 that could assist these families in the future. This linkage may
 include referrals to the school districts and the Early Steps
 602 ~~Infants and Toddlers Early Intervention~~ Program for assessments
 603 to identify any additional services needed which are not
 604 provided by the Blind Babies Program. The division shall develop
 605 a formula for eligibility based on financial means and may
 606 create a means-based matrix to set a copayment fee for families
 607 having sufficient financial means.

Section 8. Subsection (1) of section 1003.575, Florida
 Statutes, is amended to read:

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 610 1003.575 Assistive technology devices; findings;
 611 interagency agreements.—Accessibility, utilization, and
 612 coordination of appropriate assistive technology devices and
 613 services are essential as a young person with disabilities moves
 614 from early intervention to preschool, from preschool to school,
 615 from one school to another, and from school to employment or
 616 independent living. If an individual education plan team makes a
 617 recommendation in accordance with State Board of Education rule
 618 for a student with a disability, as defined in s. 1003.01(3), to
 619 receive an assistive technology assessment, that assessment must
 620 be completed within 60 school days after the team's
 621 recommendation. To ensure that an assistive technology device
 622 issued to a young person as part of his or her individualized
 623 family support plan, individual support plan, or an individual
 624 education plan remains with the individual through such
 625 transitions, the following agencies shall enter into interagency
 626 agreements, as appropriate, to ensure the transaction of
 627 assistive technology devices:

(1) The Early Steps ~~Florida Infants and Toddlers Early~~
 629 ~~Intervention~~ Program in the Division of Children's Medical
 630 Services of the Department of Health.

Interagency agreements entered into pursuant to this section
 shall provide a framework for ensuring that young persons with
 disabilities and their families, educators, and employers are
 informed about the utilization and coordination of assistive
 technology devices and services that may assist in meeting
 transition needs, and shall establish a mechanism by which a
 young person or his or her parent may request that an assistive

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639 technology device remain with the young person as he or she
640 moves through the continuum from home to school to postschool.
641 Section 9. Section 391.303, Florida Statutes, is repealed.
642 Section 10. Section 391.304, Florida Statutes, is repealed.
643 Section 11. Section 391.305, Florida Statutes, is repealed.
644 Section 12. Section 391.306, Florida Statutes, is repealed.
645 Section 13. Section 391.307, Florida Statutes, is repealed.
646 Section 14. This act shall take effect July 1, 2016.



The Florida Senate

Committee Agenda Request

To: Senator Rene Garcia, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: December 7, 2015

I respectfully request that **Senate Bill #504**, relating to Laser Hair Removal, and **Senate Bill #580**, relating to Reimbursement to Health Access Settings for Dental Hygiene Services for Children be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

Thank you.

A handwritten signature in cursive script that reads "Denise Grimsley".

Senator Denise Grimsley
Florida Senate, District 21

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/16

Meeting Date

504

Bill Number (if applicable)

Topic

Electrology

Amendment Barcode (if applicable)

Name

Ellyn Bogdanoff

Job Title

Address

908 S. Andrews Ave

Phone

974 232-5678

Street

Ft Lauderdale

State

FL

Zip

33316

Email

Speaking:

☒ For

☐ Against

☐ Information

Waive Speaking:

☐ In Support

☐ Against

(The Chair will read this information into the record.)

Representing

Society for Clinical & Medical Hair Removal

Appearing at request of Chair:

☐ Yes

☒ No

Lobbyist registered with Legislature:

☒ Yes

☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 504

INTRODUCER: Health Policy Committee and Senator Grimsley

SUBJECT: Laser Hair Removal

DATE: January 12, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	Fav/CS
2.	Brown	Pigott	AHS	Recommend: Favorable
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 504 requires a licensed electrologist who uses a laser or pulse-light device to be certified by a nationally recognized electrology organization and have appropriate training, as defined by the Board of Medicine, for each device used. The bill defines a laser or pulsed light device as an electronic device approved by the U.S. Food and Drug Administration for laser hair removal.

The bill has no fiscal impact.

The effective date of the bill is July 1, 2016.

II. Present Situation:

State Regulation of Electrology

Chapter 478, F.S., governs the regulation of electrologists and the practice of electrolysis or electrology. It defines “electrolysis or electrology” as the permanent removal of hair by destroying the hair-producing cells of the skin and vascular system, using equipment and devices approved by the Board of Medicine (BOM) which have been cleared by, and registered with, the U.S. Food and Drug Administration (FDA), and that are used pursuant to protocols approved by the BOM.¹

¹ Section 478.42(5), F.S.

Section 478.45, F.S., sets out the current requirements for licensure as an electrologist and directs the Department of Health (DOH) to perform certain functions in connection with the issuance, or non-issuance, of that license. Specifically, an applicant must:

- Be at least 18 years old;
- Be of good moral character;
- Possess a high school diploma or high school equivalency diploma;
- Have not committed an act that constitutes grounds for discipline as an electrologist in Florida;
- Have successfully completed the academic and practical training requirements of an electrolysis training program approved of by the BOM, not to exceed 120 hours; and
- Have passed a written examination developed by the DOH or a national examination approved of by the BOM.

A person may not practice electrolysis, or hold himself or herself out as an electrologist, unless that person has an active, valid Florida license under ch. 478, F.S.²

The BOM, with the assistance of the Electrolysis Council, establishes minimum standards for the delivery of electrolysis services and adopts rules to implement ch. 478, F.S.³

Rule 64B8-56.002 of the Florida Administrative Code lists FDA-registered devices an electrologist may use as needle-type epilators, lasers, and light-based hair removal devices. Under that rule, laser and light-based devices may only be used by a licensed electrologist who:

- Has completed training in laser and light-based hair removal and reduction that meets specified requirements;
- Has been certified in the use of laser and light-based devices by a national certification organization approved of by the Electrolysis Council and the BOM;
- Is using only the laser and light-based devices upon which he or she has been trained; and
- Is operating under the direct supervision of a physician trained in hair removal and licensed under ch. 458 or ch. 459, F.S.

Sections 458.348(3) and 459.025(2), F.S., also regulate the practice of electrolysis and electrologists. All services using laser or light-based hair removal or reduction by persons other than physicians licensed under ch. 458 or ch. 459, F.S., require that the person performing such service be appropriately trained and work only under the direct supervision and responsibility of a physician licensed under ch. 458 or ch. 459, F.S.

Currently there are 1,240 individuals who hold active Florida electrologist licenses. The DOH does not distinguish in its reporting between those certified and those not certified in use of lasers.⁴

² Section 478.49(1), F.S.

³ Section 478.43, F.S. *See* Rules 64B8-50 through 64B8-56, F.A.C., which regulate the licensure, practice, continuing education, and discipline of electrologists.

⁴ Number of active Florida licenses calculated by adding “In State Active” practitioners, “Out of State Active,” and “Military Active” practitioners. *See Florida Department of Health, Division of Medical Quality Assurance, Annual Report and Long Range Plan Fiscal Year 2014-2015: Summary of Licensed Practitioners, available at: <http://mqawebteam.com/annualreports/1415> (last visited Nov. 24, 2015).*

Certification for Use of Laser and Light-based Hair Removal

Florida electrologists are currently permitted to perform laser and light-based hair removal only if they have completed the following requirements:

- A 30-hour continuing education course approved by the Electrolysis Council;⁵
- Are certified in the use of laser and light-based hair devices for the removal or reduction of hair by a national certification organization approved by the Electrolysis Council and the BOM;
- Are using only the laser and light-based hair removal or reduction devices upon which they have been trained;
- Have developed with his or her supervising physician written protocols and furnished them to the Electrolysis Council prior to beginning the practice of laser hair removal;
- Are operating under the direct supervision and responsibility of a physician properly trained in laser hair removal and licensed pursuant to the provisions of ch. 458 or ch. 459, F.S.; and
- Meet all the requirements for a licensed electrology facility where laser and light-based hair removal is performed.

Florida has only one approved national certification organization, the Society for Clinical and Medical Hair Removal,⁶ that has been approved by the Electrolysis Council and the BOM, although at least one other national certifying organization exists.⁷

III. Effect of Proposed Changes:

CS/SB 504 amends s. 478.42, F.S., to provide the following definitions:

- “Laser hair removal” is defined as the use of a laser or pulsed-light device in a hair removal procedure that does not remove the epidermis;⁸ and
- “Laser or pulsed-light device” is defined as an electronic device approved of by the FDA for laser hair removal.

The bill also amends s. 478.49, F.S., to require that an electrologist who uses a laser or pulse light device must be certified by a nationally-recognized electrology organization in the use of these devices and have appropriate training, as determined by the BOM, for each device used.

⁵ Rule 64B8-52.004, F.A.C.

⁶ SCMHR is an international non-profit organization with members in the United States, Canada, United Arab Emirates, and other countries. SCMHR supports all existing methods of hair removal and is dedicated to the research of new technological breakthroughs, allowing its members to offer cutting-edge, safe and effective hair removal procedures to their clients. SCMHR claims to promote the highest standards within the hair removal profession through our membership benefits, conferences, live and pre-recorded webinars, pencil-and-paper courses, and certification programs. SCMHR certification programs are the only national certifications aimed toward physicians, nurses and medical estheticians to demonstrate their knowledge of this profession. SCMHR’s educational materials can also be used to earn continued education units (CEUs) to fulfill requirements for licensing and certification in some states. - *The Society of Clinical & Medical Hair Removal, Inc.* (SCMHR). <https://www.scmhr.org/> (last visited Nov. 15, 2015).

⁷ See the American Electrology Association, <http://professionals.electrology.com/be-an-electrologist/cpe-credential-for-electrologists.html> (last visited Nov. 25, 2015).

⁸ The epidermis is outer epithelial layer of the external integument of the animal body that is derived from the embryonic epiblast; *specifically*: the outer non-sensitive and nonvascular layer of the skin of a vertebrate that overlies the dermis. Merriam-Webster, an Encyclopedia Britannica Company, *Epidermis*, available at <http://www.merriam-webster.com/medical/epidermis> (last viewed Oct. 27, 2015).

The effective date of the bill is July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of Florida Statutes: 478.42 and 478.49.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on December 1, 2015:

Places the definitions in s. 478.42, F.S., and the certification requirements in s. 478.49, F.S., instead of placing both in s. 478.45, F.S., as in the underlying bill.

B. The Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By the Committee on Health Policy; and Senator Grimsley

588-01770-16

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1 A bill to be entitled
 2 An act relating to laser hair removal; amending s.
 3 478.42, F.S.; defining terms; amending s. 478.49,
 4 F.S.; providing certification and training
 5 requirements for licensed electrologists who use laser
 6 or pulsed-light devices in hair removal; providing an
 7 effective date.
 8
 9 Be It Enacted by the Legislature of the State of Florida:
 10
 11 Section 1. Subsections (6) and (7) are added to section
 12 478.42, Florida Statutes, to read:
 13 478.42 Definitions.—As used in this chapter, the term:
 14 (6) "Laser hair removal" means the use of a laser or
 15 pulsed-light device in a hair removal procedure that does not
 16 remove the epidermis.
 17 (7) "Laser or pulsed-light device" means an electronic
 18 device approved by the United States Food and Drug
 19 Administration for laser hair removal.
 20 Section 2. Section 478.49, Florida Statutes, is amended to
 21 read:
 22 478.49 License and certification required.—
 23 (1) No person may practice electrology or hold herself or
 24 himself out as an electrologist in this state unless the person
 25 has been issued a license by the department and holds an active
 26 license pursuant to the requirements of this chapter.
 27 (2) A licensee shall display her or his license in a
 28 conspicuous location in her or his place of practice and provide
 29 it to the department or the board upon request.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 (3) A licensee who uses a laser or pulsed-light device in a
 31 laser hair removal procedure must be certified by a nationally
 32 recognized electrology organization in the use of these devices
 33 and must have the appropriate training, as determined by board
 34 rule, for each such device used by the licensee.
 35 Section 3. This act shall take effect July 1, 2016.

Page 2 of 2

CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

Committee Agenda Request

To: Senator Rene Garcia, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: December 7, 2015

I respectfully request that **Senate Bill #504**, relating to Laser Hair Removal, and **Senate Bill #580**, relating to Reimbursement to Health Access Settings for Dental Hygiene Services for Children be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

Thank you.

A handwritten signature in cursive script that reads "Denise Grimsley".

Senator Denise Grimsley
Florida Senate, District 21

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16

Meeting Date

580

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Leslie Dughi

Job Title _____

Address 101 E. College Avenue

Phone _____

Street

Tallahassee

Email dughi1@qflaw.com

City

State

Zip

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Fl. Dental Hygiene Association

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16

Meeting Date

SB 580

Bill Number (if applicable)

Topic Medicaid Reimbursement in Health Access Settings Amendment Barcode (if applicable)

Name Joe Anne Hart

Job Title Dir. of Governmental Affairs

Address 118 E. Jefferson St.
Street

Phone (850) 224-1089

Tall, FL 32301
City State Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 580

INTRODUCER: Health Policy Committee and Senator Grimsley

SUBJECT: Reimbursement to Health Access Settings for Dental Hygiene Services for Children

DATE: January 12, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Stovall</u>	<u>HP</u>	Fav/CS
2.	<u>Brown</u>	<u>Pigott</u>	<u>AHS</u>	Recommend: Favorable
3.	<u> </u>	<u> </u>	<u>AP</u>	<u> </u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 580 authorizes the Agency for Health Care Administration (AHCA) to reimburse a health access setting under the Medicaid program for remedial dental services (remedial tasks) delivered by a dental hygienist when provided to a Medicaid recipient younger than 21 years of age. Remedial tasks are defined as intra-oral tasks that do not create unalterable changes in the mouth or contiguous structures, are reversible, and do not expose the patient to increased risks.

This bill has no fiscal impact.

The effective date of the bill is July 1, 2016.

II. Present Situation:

Florida Medicaid Program

Medicaid is a joint federal and state funded program that provides health care for low income Floridians. The program is administered by the AHCA and financed with federal and state funds. Florida has an estimated monthly caseload of over 4 million Floridians enrolled in Medicaid for

Fiscal Year 2015-2016.¹ Of those enrollees, more than 2.1 million are children.² The statutory authority for the Medicaid program is contained in ch. 409, F.S.

Federal law establishes the minimum benefit levels to be covered in order to receive federal matching funds. Benefit requirements can vary by eligibility category. For example, more benefits are required for children than for the adult population. Florida's mandatory and optional benefits are prescribed in state law under ss. 409.905 and 409.906, F.S., respectively. Children's dental benefits and authorization for reimbursement and treatment levels are specifically covered under s. 409.906(6), F.S., and provided in more detail in the Medicaid Dental Services Coverage and Limitations Handbook.³

Comprehensive dental benefits are required for children under Florida Medicaid's Managed Medical Assistance (MMA) component of the Statewide Medicaid Managed Care (SMMC) program and may be offered by MMA health plans as an expanded benefit for adults. Dental may also be offered as an expanded benefit under the Long Term Care Managed Care (LTCMC) component of SMMC.⁴ Dental services delivered through the MMA and LTCMC health plans must comply with the Medicaid Dental Services Coverage and Limitations Handbook as must services delivered through the Medicaid fee-for-service system.

Florida Medicaid currently reimburses dental services provided to Medicaid recipients by a registered dental hygienist who is employed by or in a contractual agreement with a health access setting, as defined under s. 466.003(14), F.S., and is under the general supervision of a dentist as defined under s. 466.003(10), F.S.^{5,6} The supervising dentist at the facility where the registered dental hygienist is employed or is under contract, is listed as the treating provider for these services.

¹ Agency for Health Care Administration, *Florida Medicaid - Presentation to Senate Health and Human Services Appropriations Subcommittee* (October 20, 2015), available at: http://ahca.myflorida.com/medicaid/recent_presentations/Florida_Medicaid_to_Senate_HHS_Appropriations_2015-10-20.pdf (last visited Oct. 28, 2015).

² Agency for Health Care Administration, *Florida KidCare Enrollment Report, October 2015* (on file with the Senate Committee on Health Policy).

³ Agency for Health Care Administration, *Florida Medicaid Dental Services Coverage and Limitations Handbook* (November 2011) available at: http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Dental_Services_November_2011_Final_Handbook.pdf (last viewed Oct. 28, 2015).

⁴ See Agency for Health Care Administration, *Statewide Medicaid Managed Care Plans - Model Contract, Attachment I: Scope of Services* (November 1, 2015) available at: http://ahca.myflorida.com/Medicaid/statewide_mc/plans.shtml (last visited Nov. 23, 2015).

⁵ A health access setting is defined under the statute as a program or an institution of the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of ss. [466.027](#), and [466.028](#), or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such setting.

⁶ "General Supervision" means a dentist authorizes the procedures that are being carried out but is not required to be present when those authorized procedures are being performed under the statutory definition.

Practice of Dentistry

Chapter 466, F.S., addresses the practice of dentistry and dental hygiene. Section 466.024(2), F.S., identifies the specific services that dental hygienists are permitted to perform under specified parameters, including dental cleanings and applications of topical fluoride and sealants.

Legislation to expand the scope of practice of dental hygienists was enacted in 2011, which permitted licensed dental hygienists to perform certain functions without the physical presence, prior examination, or authorization of a dentist, in health access settings.⁷ The MMA plans provide health care services through certain health access setting providers as part of their contract obligations with the AHCA, including contracting with county health departments and federally qualified health centers.⁸

However, while the scope of services that could be performed without supervision was expanded for dental hygienists, the 2011 legislation did not specifically permit the health access setting provider to bill Medicaid for these expanded services unless the services are performed under the general supervision of a dentist. Statutory authorization for Medicaid dental reimbursement delivered at a health care access setting by a dental hygienist is addressed separately under s. 409.906(6), F.S.

The administrative rules under Chapter 64B5-16, F.A.C., provide additional guidance as to the level of supervision required for dental hygienists and the tasks that may be delegated or performed at those levels. Under Rule 64B5-16.001, F.A.C., remedial tasks are defined as those intra-oral tasks that do not create unalterable changes in the mouth or contiguous structures, are reversible, and do not expose the patient to increased risks. The rule permits a dentist to delegate any task to a dental hygienist that meets this criteria and where the training and supervision requirements of the rule have also been achieved.

III. Effect of Proposed Changes:

Section 1 amends s. 409.906(6), F.S., to authorize the AHCA to reimburse a health access setting⁹ for remedial tasks that a licensed dental hygienist is authorized to perform on a Medicaid recipient under the age of 21. These reimbursable services are provided by a licensed dental hygienist on a Medicaid recipient under an appropriate statutory delegation of duties by a licensed dentist.

Section 2 provides an effective date of July 1, 2016.

⁷ See Chapter Law 2011-95, ss. 4-8, L.O.F., and s. 466.024(2), F.S.

⁸ Agency for Health Care Administration, Statewide Medicaid Managed Care Contract - Attachment II-A: Core Contract Provisions/Managed Medical Assistance Provisions (11/1/2015), *available at*: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2015-11-01/Exhibit_II-A-Managed_Medical_Assistance_MMA_Program_2015-11-01.pdf (last visited Nov. 23, 2015).

⁹ See *supra* note 5.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Additional health access settings may benefit from increased revenue resources from the newly reimbursable services. These health access settings may also be able to provide services in a more cost efficient manner through the expanded use of dental hygienists, thereby improving access to certain dental services.

C. Government Sector Impact:

The AHCA indicates that CS/SB 580 has no fiscal impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 409.906 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on December 1, 2015

The CS clarifies that the AHCA may reimburse the health access setting rather than the

dental hygienist for remedial tasks that the licensed dental hygienist is authorized to perform.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By the Committee on Health Policy; and Senator Grimsley

588-01767-16

2016580c1

A bill to be entitled

An act relating to reimbursement to health access settings for dental hygiene services for children; amending s. 409.906, F.S.; authorizing reimbursement for children's dental services provided by licensed dental hygienists in certain circumstances; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (6) of section 409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

588-01767-16

2016580c1

to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(6) CHILDREN'S DENTAL SERVICES.—The agency may pay for diagnostic, preventive, or corrective procedures, including orthodontia in severe cases, provided to a recipient under age 21, by or under the supervision of a licensed dentist. The agency may also reimburse a health access setting as defined in s. 466.003 for the remedial tasks that a licensed dental hygienist is authorized to perform under s. 466.024(2). Services provided under this program include treatment of the teeth and associated structures of the oral cavity, as well as treatment of disease, injury, or impairment that may affect the oral or general health of the individual. However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

(a) Owned by, operated by, or having a contractual agreement with the Department of Health and complying with Medicaid's county health department clinic services program specifications as a county health department clinic services provider.

(b) Owned by, operated by, or having a contractual arrangement with a federally qualified health center and complying with Medicaid's federally qualified health center specifications as a federally qualified health center provider.

(c) Rendering dental services to Medicaid recipients, 21 years of age and older, at nursing facilities.

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

588-01767-16

2016580c1

59 (d) Owned by, operated by, or having a contractual
60 agreement with a state-approved dental educational institution.
61 Section 2. This act shall take effect July 1, 2016.



PROPOSED OUTPATIENT PROSPECTIVE PAYMENT SYSTEM FOR FLORIDA MEDICAID

Presentation to:

Senate Appropriations Subcommittee on Health and
Human Services

January 12, 2016



Malcolm Ferguson

Associate Director
Navigant Consulting

Direction to AHCA to Consider an OPPS



SFY 2015/16 General Appropriations Act ...

"... the Agency for Health Care Administration to contract with an independent consultant to develop a plan to **convert Medicaid payments for outpatient services from a cost based reimbursement methodology to a prospective payment system**. The study shall identify steps necessary for the transition to be completed in a budget neutral manner. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than November 30, 2015."

Activity Performed by AHCA and Consultant



- » 5 meetings held with an internal AHCA “Governance Committee” comprised of executives from AHCA and representatives from Navigant Healthcare
- » 4 public stakeholder meetings with phone and webinar external access were held to review and solicit feedback from the provider community for recommendations defined by the Governance Committee
- » Minutes from the AHCA “Governance Committee” meetings and recordings of the public meetings were published on the AHCA website
- » EAPG pricing modeling performed using historical Medicaid fee-for-service and managed care outpatient claims

Acronyms and Vocabulary



- » APCs – Ambulatory Patient Classifications
- » ASCs – Ambulatory Surgical Centers
- » EAPGs – Enhanced Ambulatory Patient Groups
- » OPSS – Outpatient Prospective Payment System
- » Bundling – Combining the payments for individual components related to an outpatient service visit into a single outpatient payment amount
- » Discounting – Paying less than 100% for a service when provided in conjunction with another similar or more expensive service
- » Outpatient services – a.k.a. ambulatory care – patient is not admitted – examples include Emerg Dept, chemo, lab, MRI, therapy
- » Outpatient payment – payment for use of the facility, nursing staff, drugs, materials, and administration (separate payment is made for physician services)

Current Versus Proposed New Payment Method



Current Method - Hospitals

- » Hospital-specific cost-based rates
- » The same, "flat" rate is paid for all non-lab services, independent of complexity
- » Lab services paid via a fee schedule
- » Payments are retroactively cost-settled
- » More services equates to more payment

Current Method - ASCs

- » ASCs are paid based on a limited fee schedule which groups each procedure into one of 14 different rates
- » Secondary procedures are generally discounted

Proposed OPPS

- » Payment is visit-based and considers full range of services performed in an outpatient setting
- » Payment is better aligned with cost of care for different types of services
- » Creates incentives to avoid performing unnecessary services
- » Provides the same payment for the same service across all facilities with similar characteristics
- » Hospitals and ASCs paid under the same method (but amounts may vary)
- » Payment is prospective – cost settlements are no longer necessary

OPPS Classification Systems



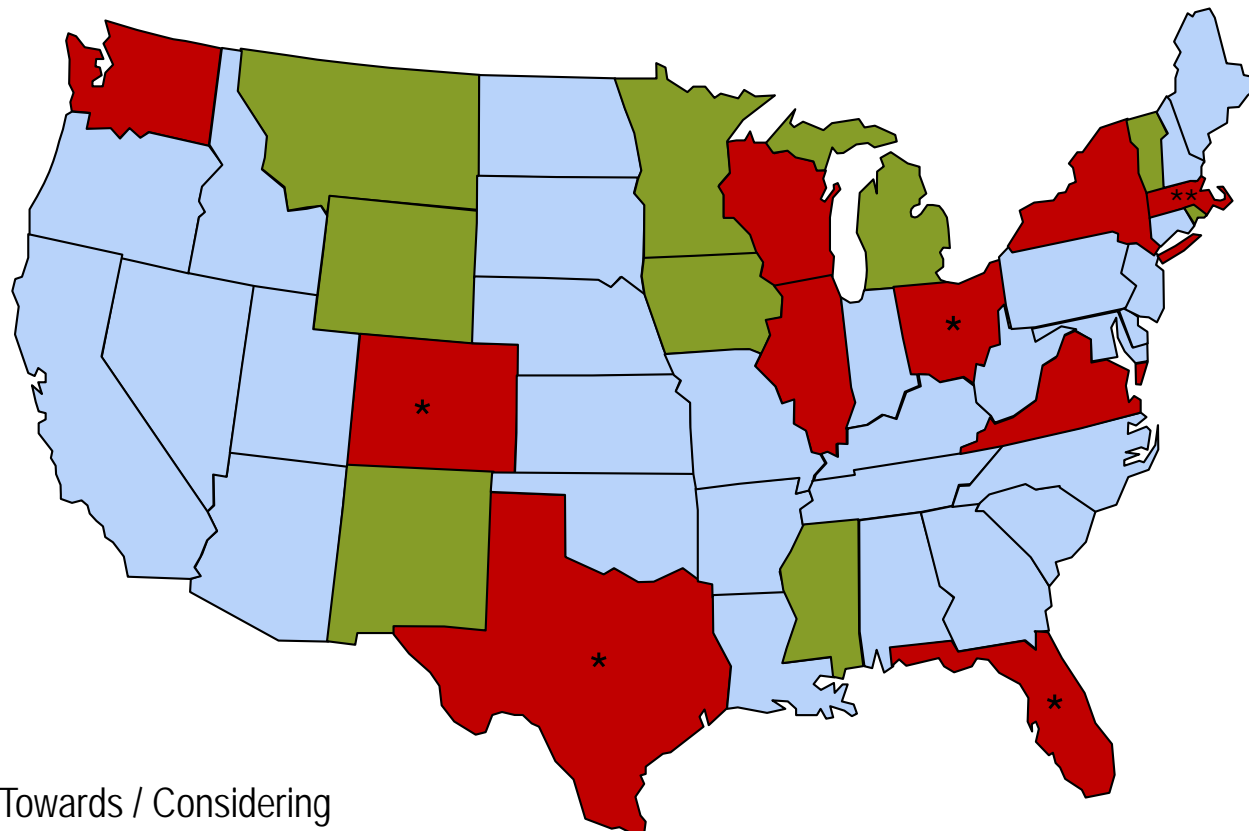
- » Most OPPS payment methods utilize one of two service classification systems to calculate payment:
 - › Enhanced Ambulatory Patient Groups – EAPGs – proprietary product of 3M HIS
 - › Ambulatory Patient Classifications – APCs – used by Medicare
- » Both methods attempt to balance fair payment with incentives to control cost of care and avoid providing unnecessary services
- » Both methods determine payment for individual services performed with some consideration given to the set of services included in the outpatient visit
- » EAPGs are less familiar to the healthcare provider community, but are becoming more commonplace for Medicaid payment across the country

Survey of Other Medicaid Agencies



Outpatient Payment Method - Other Medicaid Agencies

- EAPGs
- APC or APC-based fee schedule
- Primarily fee schedule or cost based



* Indicates Moving Towards / Considering

** Using EAPGs for case mix adjustment

Recommending Use of EAPGs



- » EAPGs provide enhanced incentives to better manage the cost of care through bundling and discounting of secondary services
- » EAPGs support calculation of payment for the full range of services offered in an outpatient setting, whereas the APC classification system has to be supplemented with fee schedules for some services, most notably laboratory, physical therapy, and durable medical equipment
- » EAPGs are designed for use with any population, whereas APCs are specifically designed for the Medicare population

Recommendations Included in the OPPS Study

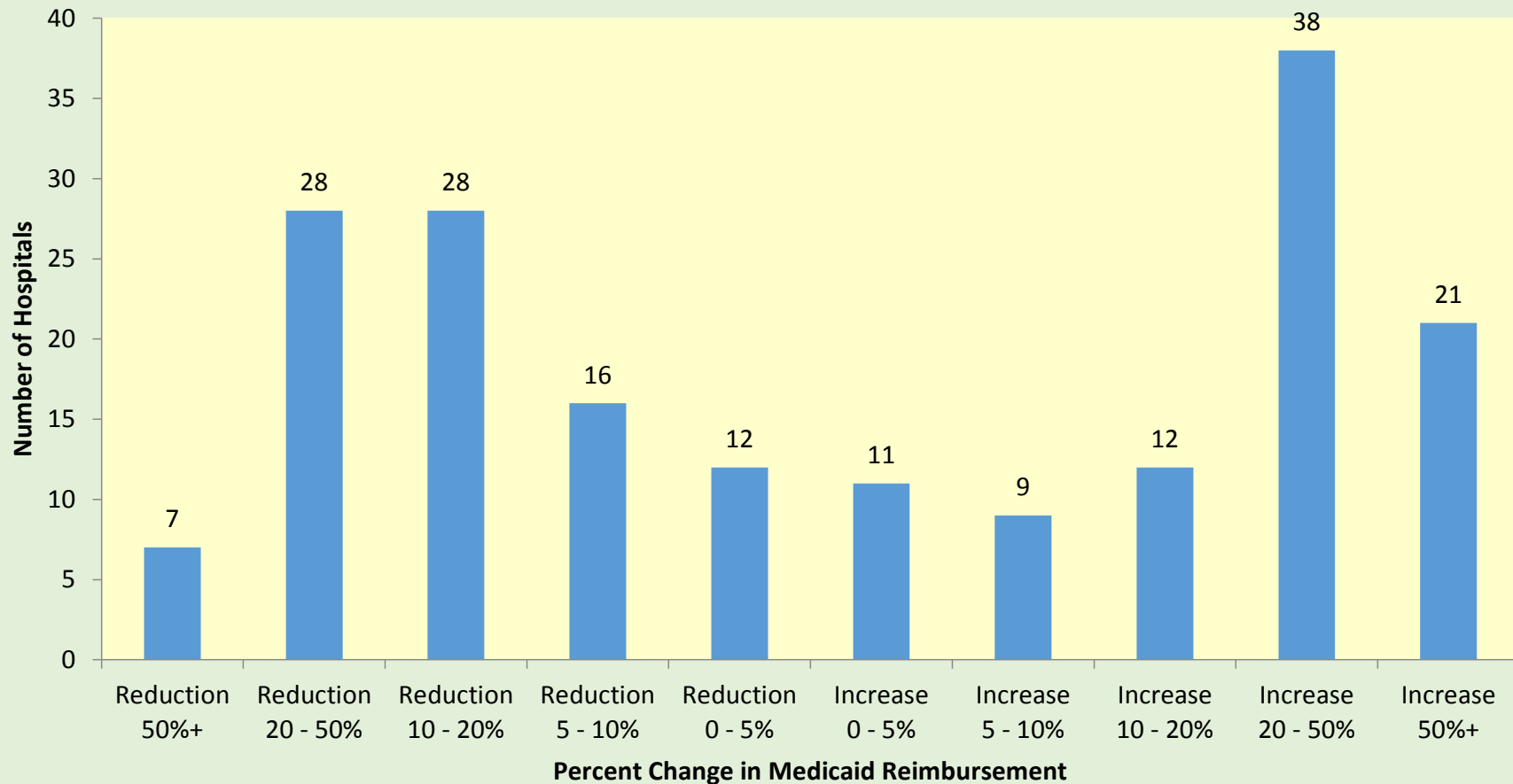


- » Implement an OPPS using Enhanced Ambulatory Patient Groups (EAPGs)
- » Apply the OPPS for calculation of payment for hospital outpatient services and services provided by Ambulatory Surgical Centers (ASCs)
- » Apply EAPG pricing to all outpatient services at hospitals and ASCs
- » Utilize two EAPG base rates – one for hospitals and one for ASCs
- » Apply a provider policy adjustor for hospitals with an unusually high percentage of their outpatient utilization coming from Medicaid recipients
- » Apply automatic rate enhancements through supplemental payments (outside the base rate) similar to the method used for hospital inpatient payments
- » Implement a 5% documentation and coding improvement adjustment for hospitals; no adjustment for ASCs

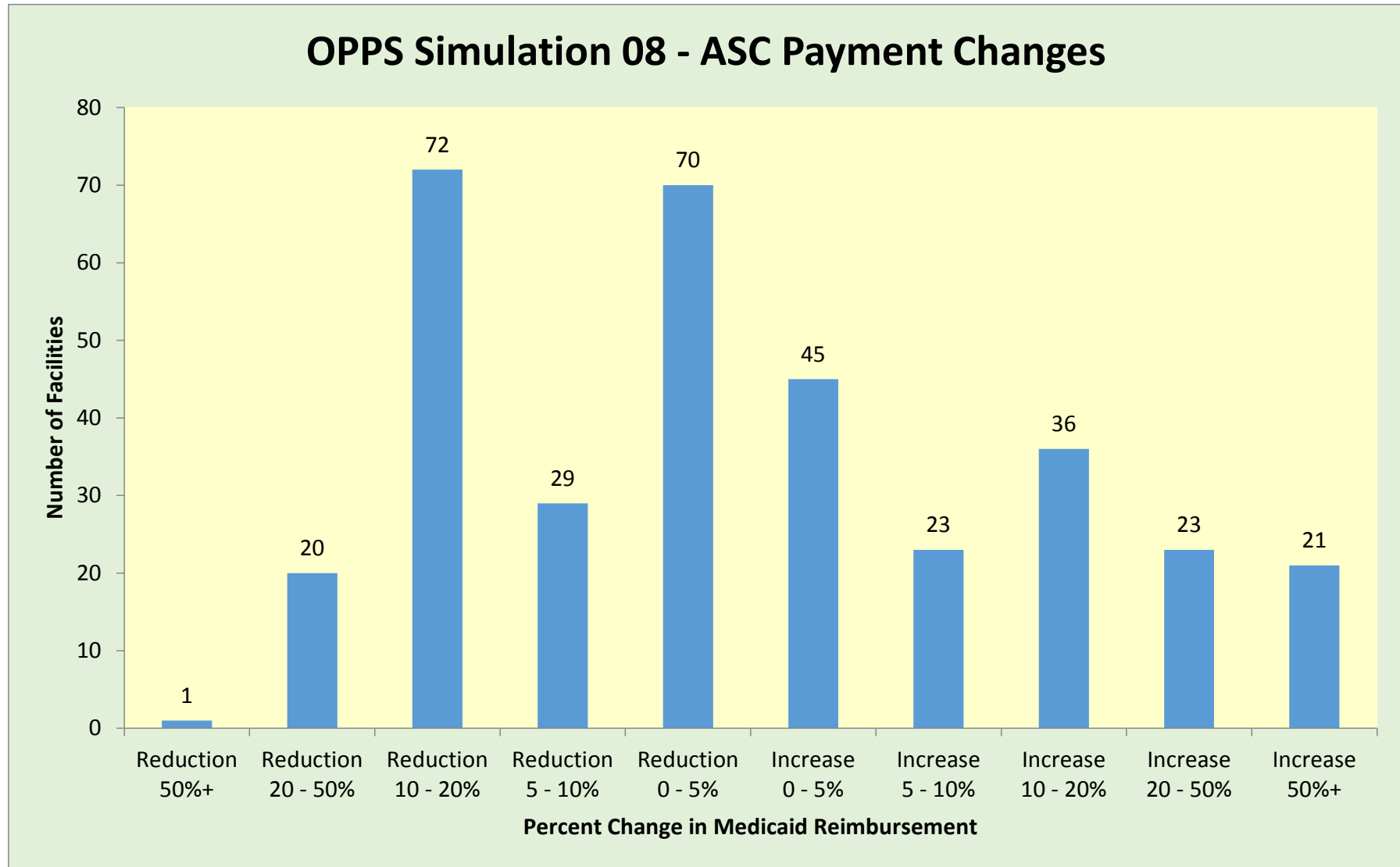
Summary of Impact to Hospitals



OPPS Simulation 08 - Hospital Payment Changes All In-State Hospitals



Summary of Impact to ASCs



Payment Modeling Challenges – Hospitals Removed



"Base" Provider Medicaid ID	Provider Name	Claim Lines Excluding Specific Services ¹			Overall Outpatient Totals		
		Blank Claim Lines	Total Claim Lines	Percent of Claims with Blank Procedure Codes	Claim Lines	Submitted Charges	Baseline Payment
000949600	Florida Hospital at Connerton - LTAC	28	28	100%	68	\$45,353	\$668
008135900	University Behavioral Center	2	2	100%	2	\$3,000	\$0
008135300	Emerald Coast Behavioral Hospital, LLC	154	154	100%	154	\$9,555	\$0
010102800	Florida Hospital Tampa	18,271	52,903	35%	173,105	\$115,882,262	\$7,633,814
010345400	Memorial Hospital Miramar	24,111	30,829	78%	101,409	\$60,200,676	\$2,991,886
010020000	Memorial Regional Hospital	105,348	137,570	77%	419,733	\$335,944,853	\$26,409,856
010252100	Memorial Hospital West	40,381	53,903	75%	191,714	\$144,551,040	\$9,229,487
010222900	Memorial Hospital Pembroke	22,706	31,917	71%	94,442	\$52,790,777	\$2,912,238
010260100	Florida Hospital Wauchula	6,895	10,392	66%	35,962	\$16,621,964	\$2,045,480
010003000	UF Health Shands Hospital	60,494	93,064	65%	397,145	\$180,094,812	\$19,525,367
010090100	Florida Hospital Heartland Med Cntr	14,336	26,776	54%	95,693	\$46,143,550	\$4,485,171
010190700	Northwest Florida Cmnty Hospital	3,863	7,694	50%	32,071	\$10,017,686	\$1,790,768
010823300	Windmoor Healthcare, Inc.	14	28	50%	28	\$29,100	\$0
010067600	UF Health Jacksonville	44,781	92,479	48%	398,500	\$230,451,128	\$20,048,730
010109500	Florida Hospital Waterman	17,142	36,647	47%	139,059	\$70,530,246	\$6,867,582
005456800	Florida Hospital Wesley Chapel	6,325	15,385	41%	55,227	\$33,596,727	\$3,973,165
010094300	Florida Hospital Carrollwood	8,827	22,390	39%	76,348	\$49,583,510	\$4,193,585
010161300	Florida Hospital North Pinellas	4,779	12,812	37%	42,694	\$24,151,233	\$2,393,240
010149400	Florida Hospital Zephyrhills	7,091	21,235	33%	72,044	\$42,469,113	\$2,861,300
Total		385,548	646,208	60%	2,325,398	\$1,413,116,586	\$117,362,335

Note(s):

1) Amounts in these columns exclude the following service lines: Pharmacy, Laboratory, Supplies, Therapies, Dialysis, Radiology and Nuclear Medicine.

Timing of Implementation



- » Inpatient DRG implementation required,
 - › 6 months of payment policy design
 - › 6 months of software development
- » Outpatient OPPS implementation is more complicated and will require
 - › 6 months of payment policy design (already complete)
 - › At least 9 months of software development
 - › Earliest implementation would be fall of 2016, potentially with OPPS pricing applied retroactively back to July, 1, 2016



Questions?

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/16

Meeting Date

Bill Number (if applicable)

Topic Navigant

Amendment Barcode (if applicable)

Name Thomas Wallace

Job Title Bureau Chief, Medicaid Program Finance

Address 2606 Mahan Drive
Street

Phone

Talbahassee

City

FL

State

32303

Zip

Email

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/13/15

Meeting Date

Bill Number (if applicable)

Topic Outpatient Prospective Payment

Amendment Barcode (if applicable)

Name Justin Senior

Job Title Medicaid Director

Address 2626 Mahan Drive
Street

Phone 850-412-3612

Tallahassee FL 32308
City State Zip

Email

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/13/15

Meeting Date

Bill Number (if applicable)

Topic Outpatient Prospective Payment

Amendment Barcode (if applicable)

Name Malcolm Ferguson

Job Title Managing Director

Address 2626 Mahan Drive

Phone 850-412-3612

Street

Tallahassee

FL

32308

City

State

Zip

Email

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Navigant Consulting

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

CourtSmart Tag Report

Room: SB 401
Caption: Senate Appropriations Subcommittee on Health and Human Services

Type:
Judge:

Started: 1/13/2016 1:39:21 PM
Ends: 1/13/2016 2:30:56 PM **Length:** 00:51:36

1:39:20 PM Meeting called to order
1:39:35 PM V. Chair Smith Quorum Call
1:40:00 PM TAB 1: CS/SB 748 (Flores)
1:41:02 PM 645320 (Bean)
1:42:59 PM Am. 645320 Withdrawn
1:43:03 PM Back on the bill
1:43:10 PM Public testimony
1:43:12 PM Susan Salahshor, Supervisor for Liver Transplant PA/NP, Florida Academy of Physician Assistants, waives in support
1:43:22 PM Zayne Smith, Associate State Director, AARP, waives in support
1:43:36 PM Close on the bill
1:43:53 PM Favorable CS/SB 748
1:44:12 PM Return chair to Senator Garcia
1:44:28 PM TAB 2: SB 7018 (Detert)
1:46:14 PM Public testimony
1:46:21 PM Nikki Fried, Attorney, Florida's Children First, waives in support
1:46:25 PM Close on the bill
1:46:54 PM Favorable SB 7018
1:47:13 PM TAB 4: SB 504 (Grimsley), Presented by Legislative Aide (Marty Mielke)
1:48:09 PM Public testimony
1:48:12 PM Ellyn Bogdanoff, Society for Clinical and Medical Hair Removal, waives in support
1:48:24 PM Favorable SB 504
1:48:47 PM TAB 5: CS/SB 580 (Grimsley) Presented by Legislative Aide (Anne Bell)
1:49:23 PM Public testimony
1:49:30 PM Leslie Dughi, Florida Dental Hygiene Assoc., waives in support
1:49:34 PM Joe Anne Hart, Director of Governmental Affairs, Florida Dental Assoc., waives in support
1:49:52 PM Favorable CS/SB 580
1:50:04 PM TAB 6: Presentation on converting Medicaid Payments for Outpatient Services to a Prospective Payment System
1:50:26 PM Thomas Wallace, Bureau Chief, Medicaid Program Finance, Agency for Health Care Administration
1:52:04 PM Malcolm Ferguson, Managing Director, Navigant Consulting
2:02:25 PM Questions by Sen. Bean, Sen. Garcia, Sen. Sobel
2:09:35 PM Justin Senoir, Medicaid Director, Agency for Health Care Administration
2:15:10 PM TAB 3: SB 7034 (Sobel)
2:15:36 PM Record show Sen. Sobel votes yes on CS/SB 748, SB 7018, CS/SB 504 and CS/SB 580
2:15:54 PM Record show Sen. Richter votes yes on SB 7018, CS/SB 504 and CS/SB 580
2:16:46 PM 882374 (Sobel)
2:19:21 PM Adopted
2:19:33 PM Back on the bill
2:19:39 PM Sen. Garcia asks for Dept. of Health to come forward
2:20:23 PM Cassandra Pasley, Division Director CMS, Florida Department of Health
2:26:50 PM Questions
2:27:18 PM Public testimony
2:27:22 PM Diana Ragbeer, Director Public Policy, waives in support
2:27:34 PM Margaret Hooper, Public Policy Coordinator, Florida Developmental Disabilities Council, waives in support
2:27:59 PM Back on the bill
2:28:11 PM Close on bill
2:30:25 PM Favorable SB 7034
2:30:44 PM Adjourned



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Communications, Energy, and Public Utilities, *Chair*
Agriculture
Appropriations
Appropriations Subcommittee on Health
and Human Services
Health Policy
Transportation

JOINT COMMITTEES:

Joint Administrative Procedures Committee
Joint Legislative Budget Commission

SENATOR DENISE GRIMSLEY

Deputy Majority Leader
21st District

January 12, 2016

The Honorable Rene Garcia, Chair
Senate Committee Health & Human Services Appropriations
Room 201, The Capitol
404 S. Monroe Street
Tallahassee, Florida 32399-1100

Dear Chair Garcia:

I respectfully request permission to be excused from our committee meeting on January 13, 2016.
My father is in the hospital.

In my absence, I would like my legislative aides to present my bills. Marty Mielke will present CS/SB 504, Laser Hair Removal, and Anne Bell will be presenting CS/SB 580, Reimbursement to Health Access Settings for Dental Hygiene Services for Children.

Sincerely,

A handwritten signature in black ink that reads "Denise Grimsley". The signature is fluid and cursive.

Denise Grimsley
Senator, District 21

cc: Scarlet Pigott, Staff Director

DG/mm

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ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

The Honorable Aaron Bean, Chair
January 12, 2016
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