

1 A bill to be entitled
2 An act relating to foster care and related
3 services; amending s. 216.136, F.S.; requiring
4 the Child Welfare System Estimating Conference
5 to include forecasts of child welfare caseloads
6 within the information it generates; providing
7 for inclusion of additional classes of children
8 in need of care among estimates; amending s.
9 409.1671, F.S.; providing that the Legislature
10 does not intend to require local governments to
11 fund foster care and related services
12 previously funded by the state; providing for
13 distribution of documented federal funds in
14 excess of amounts appropriated by the
15 Legislature; providing uses for such funds;
16 providing for a review of the distribution
17 program and a report; designating Broward
18 County for either the state attorney or
19 Attorney General to provide child welfare legal
20 services; requiring community-based providers
21 and their subcontractors to obtain certain
22 liability insurance; prescribing limits on
23 liability; prescribing immunity of employees of
24 providers and their subcontractors; defining
25 the term "culpable negligence"; declaring
26 legislative intent with respect to inflationary
27 increases in liability amounts; providing for
28 hiring preference for state employees;
29 prescribing requirements for preschool foster
30 homes; changing the date for privatization of
31 foster care and related services in district 5;

1 amending s. 409.906, F.S.; authorizing the
2 Agency for Health Care Administration to
3 establish a targeted case-management pilot
4 project within certain counties; providing for
5 the pilot project to determine the impact of
6 targeted case-management services; providing
7 for eligibility for coverage under the pilot
8 project; providing certain limitations on
9 funding; providing for severability; creating
10 s. 39.4085, F.S.; providing legislative intent;
11 specifying goals for dependent children in
12 shelter or foster care; clarifying that the
13 establishment of goals does not create rights;
14 prohibiting certain causes of action; providing
15 an effective date.

16
17 Be It Enacted by the Legislature of the State of Florida:

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19 Section 1. Subsection (8) of section 216.136, Florida
20 Statutes, 1998 Supplement, is amended to read:

21 216.136 Consensus estimating conferences; duties and
22 principals.--

23 (8) CHILD WELFARE SYSTEM ESTIMATING CONFERENCE.--

24 (a) Duties.--The Child Welfare System Estimating
25 Conference shall develop such official ~~the following~~
26 information relating to the child welfare system of the state,
27 including forecasts of child welfare caseloads, as the
28 conference determines is needed for the state planning and
29 budgeting system. Such official information may include, but
30 is not limited to:

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1 1. Estimates and projections of the number of initial
2 and additional reports of child abuse, abandonment, or neglect
3 made to the central abuse hotline maintained by the Department
4 of Children and Family Services as established in s.
5 39.201(4). Projections may take into account other factors
6 that may influence the number of future reports to the abuse
7 hotline.

8 2. Estimates and projections of the number of children
9 who are alleged to be victims of child abuse, abandonment, or
10 neglect and are in need of emergency shelter, foster care,
11 residential group care, adoptive services, or other
12 appropriate care placement in a shelter.

13
14 In addition, the conference shall develop other official
15 information relating to the child welfare system of the state
16 which the conference determines is needed for the state
17 planning and budgeting system. The Department of Children and
18 Family Services shall provide information on the child welfare
19 system requested by the Child Welfare System Estimating
20 Conference, or individual conference principals, in a timely
21 manner.

22 (b) Principals.--The Executive Office of the Governor,
23 the coordinator of the Office of Economic and Demographic
24 Research, and professional staff who have forecasting
25 expertise from the Department of Health and Rehabilitative
26 Services, the Senate, and the House of Representatives, or
27 their designees, are the principals of the Child Welfare
28 System Estimating Conference. The principal representing the
29 Executive Office of the Governor shall preside over sessions
30 of the conference.

31

1 Section 2. Section 409.1671, Florida Statutes, 1998
2 Supplement, is amended to read:

3 409.1671 Foster care and related services;
4 privatization.--

5 (1)(a) It is the intent of the Legislature that the
6 Department of Children and Family Services shall privatize the
7 provision of foster care and related services statewide. It is
8 further the Legislature's intent to encourage communities and
9 other stakeholders in the well-being of children to
10 participate in assuring that children are safe and
11 well-nurtured. However, while recognizing that some local
12 governments are presently funding portions of certain foster
13 care and related services programs and may choose to expand
14 such funding in the future, the Legislature does not intend by
15 its privatization of foster care and related services that any
16 county, municipality, or special district be required to
17 assist in funding programs that previously have been funded by
18 the state. Nothing in this paragraph prohibits any county,
19 municipality, or special district from future voluntary
20 funding participation in foster care and related services.As
21 used in this section, the term "privatize" means to contract
22 with competent, community-based agencies. The department
23 shall submit a plan to accomplish privatization statewide,
24 through a competitive process, phased in over a 3-year period
25 beginning January 1, 2000. This plan is to be submitted by
26 July 1, 1999, to the President of the Senate, the Speaker of
27 the House of Representatives, the Governor, and the minority
28 leaders of both houses. This plan must be developed with local
29 community participation, including, but not limited to, input
30 from community-based providers that are currently under
31 contract with the department to furnish community-based foster

1 care and related services, and must include a methodology for
2 determining and transferring all available funds, including
3 federal funds that the provider is eligible for and agrees to
4 earn and that portion of general revenue funds which is
5 currently associated with the services that are being
6 furnished under contract. Notwithstanding the provisions of s.
7 215.425, all documented federal funds earned for the current
8 fiscal year by the department and community-based agencies
9 which exceed the amount appropriated by the Legislature shall
10 be distributed to all entities that contributed to the excess
11 earnings based on a schedule and methodology developed by the
12 department and approved by the Executive Office of the
13 Governor. Distribution shall be pro rata based on total
14 earnings and shall be made only to those entities that
15 contributed to excess earnings. Excess earnings of
16 community-based agencies shall be used only in the district in
17 which they were earned. Additional state funds appropriated by
18 the Legislature for community-based agencies or made available
19 pursuant to the budgetary amendment process described in s.
20 216.177 shall be transferred to the community-based agencies.
21 The department shall amend a community-based agency's contract
22 to permit expenditure of the funds. The distribution program
23 applies only to entities that were under privatization
24 contracts as of July 1, 1999. This program is authorized for a
25 period of 3 years beginning July 1, 1999, and ending June 30,
26 2002. The Office of Program Policy Analysis and Government
27 Accountability shall review this program and report to the
28 Legislature by December 31, 2001. The review shall assess the
29 program to determine how the additional resources were used,
30 the number of additional clients served, the improvements in
31 quality of service attained, the performance outcomes

1 associated with the additional resources, and the feasibility
2 of continuing or expanding this program.The methodology must
3 provide for the transfer of funds appropriated and budgeted
4 for all services and programs that have been incorporated into
5 the project, including all management, capital (including
6 current furniture and equipment), and administrative funds to
7 accomplish the transfer of these programs. This methodology
8 must address expected workload and at least the 3 previous
9 years' experience in expenses and workload. With respect to
10 any district or portion of a district in which privatization
11 cannot be accomplished within the 3-year timeframe, the
12 department must clearly state in its plan the reasons the
13 timeframe cannot be met and the efforts that should be made to
14 remediate the obstacles, which may include alternatives to
15 total privatization, such as public-private partnerships. As
16 used in this section, the term "related services" means family
17 preservation, independent living, emergency shelter,
18 residential group care, foster care, therapeutic foster care,
19 intensive residential treatment, foster care supervision, case
20 management, postplacement supervision, permanent foster care,
21 and family reunification. Unless otherwise provided for,
22 beginning in fiscal year 1999-2000, either the state attorney
23 or the Office of the Attorney General shall provide child
24 welfare legal services, pursuant to chapter 39 and other
25 relevant provisions, in Sarasota, Pinellas, Pasco, Broward,
26 and Manatee Counties. Such legal services shall commence and
27 be effective, as soon as determined reasonably feasible by the
28 respective state attorney or the Office of the Attorney
29 General, after the privatization of associated programs and
30 child protective investigations has occurred. When a private
31 nonprofit agency has received case management

1 responsibilities, transferred from the state under this
2 section, for a child who is sheltered or found to be dependent
3 and who is assigned to the care of the privatization project,
4 the agency may act as the child's guardian for the purpose of
5 registering the child in school if a parent or guardian of the
6 child is unavailable and his or her whereabouts cannot
7 reasonably be ascertained. The private nonprofit agency may
8 also seek emergency medical attention for such a child, but
9 only if a parent or guardian of the child is unavailable, his
10 or her whereabouts cannot reasonably be ascertained, and a
11 court order for such emergency medical services cannot be
12 obtained because of the severity of the emergency or because
13 it is after normal working hours. However, the provider may
14 not consent to sterilization, abortion, or termination of life
15 support. If a child's parents' rights have been terminated,
16 the nonprofit agency shall act as guardian of the child in all
17 circumstances.

18 (b) As used in this section, the term "eligible lead
19 community-based provider" means a single agency with which the
20 department shall contract for the provision of child
21 protective services in a community that is no smaller than a
22 county. To compete for a privatization project, such agency
23 must have:

24 1. The ability to coordinate, integrate, and manage
25 all child protective services in the designated community in
26 cooperation with child protective investigations.

27 2. The ability to ensure continuity of care from entry
28 to exit for all children referred from the protective
29 investigation and court systems.

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1 3. The ability to provide directly, or contract for
2 through a local network of providers, all necessary child
3 protective services.

4 4. The willingness to accept accountability for
5 meeting the outcomes and performance standards related to
6 child protective services established by the Legislature and
7 the Federal Government.

8 5. The capability and the willingness to serve all
9 children referred to it from the protective investigation and
10 court systems, regardless of the level of funding allocated to
11 the community by the state, provided all related funding is
12 transferred.

13 6. The willingness to ensure that each individual who
14 provides child protective services completes the training
15 required of child protective service workers by the Department
16 of Children and Family Services.

17 (c)1. The Legislature finds that the state has
18 traditionally provided foster care services to children who
19 have been the responsibility of the state. As such, foster
20 children have not had the right to recover for injuries beyond
21 the limitations specified in s. 768.28. The Legislature has
22 determined that foster care and related services need to be
23 privatized pursuant to this section and that the provision of
24 such services is of paramount importance to the state. The
25 purpose for such privatization is to increase the level of
26 safety, security, and stability of children who are or become
27 the responsibility of the state. One of the components
28 necessary to secure a safe and stable environment for such
29 children is that private providers maintain liability
30 insurance. As such, insurance needs to be available and remain
31 available to nongovernmental foster care and related services

1 providers without the resources of such providers being
2 significantly reduced by the cost of maintaining such
3 insurance.

4 2. The Legislature further finds that, by requiring
5 the following minimum levels of insurance, children in
6 privatized foster care and related services will gain
7 increased protection and rights of recovery in the event of
8 injury than provided for in s. 768.28.

9 (d) Any eligible lead community-based provider, as
10 defined in paragraph (b), or its employees or officers, except
11 as otherwise provided in paragraph (e), must, as a part of its
12 contract, obtain a minimum of \$1 million per claim/\$3 million
13 per incident in general liability insurance coverage. In any
14 tort action brought against such an eligible lead
15 community-based provider, net economic damages shall be
16 limited to \$1 million per claim, including, but not limited
17 to, past and future medical expenses, wage loss, and loss of
18 earning capacity, offset by any collateral source payment paid
19 or payable. In any tort action brought against such an
20 eligible lead community-based provider, noneconomic damages
21 shall be limited to \$200,000 per claim. A claims bill may be
22 brought on behalf of a claimant pursuant to s. 768.28 for any
23 amount exceeding the limits specified in this paragraph. Any
24 offset of collateral source payments made as of the date of
25 the settlement or judgment shall be in accordance with s.
26 768.76. The lead community-based provider shall not be liable
27 in tort for the acts or omissions of its subcontractors or the
28 officers, agents, or employees of its subcontractors.

29 (e) The liability of an eligible lead community-based
30 provider described in this section shall be exclusive and in
31 place of all other liability of such provider. The same

1 immunities from liability enjoyed by such providers shall
2 extend as well to each employee of the provider when such
3 employee is acting in furtherance of the provider's business.
4 Such immunities shall not be applicable to a provider or an
5 employee who acts in a culpably negligent manner or with
6 willful and wanton disregard or unprovoked physical aggression
7 when such acts result in injury or death or such acts
8 proximately cause such injury or death; nor shall such
9 immunities be applicable to employees of the same provider
10 when each is operating in the furtherance of the provider's
11 business, but they are assigned primarily to unrelated works
12 within private or public employment. The same immunity
13 provisions enjoyed by a provider shall also apply to any sole
14 proprietor, partner, corporate officer or director,
15 supervisor, or other person who in the course and scope of his
16 or her duties acts in a managerial or policymaking capacity
17 and the conduct that caused the alleged injury arose within
18 the course and scope of those managerial or policymaking
19 duties. Culpable negligence is defined as reckless
20 indifference or grossly careless disregard of human life.

21 (f) Any subcontractor of an eligible lead
22 community-based provider, as defined in paragraph (b), which
23 is a direct provider of foster care and related services to
24 children and families, and its employees or officers, except
25 as otherwise provided in paragraph (e), must, as a part of its
26 contract, obtain a minimum of \$1 million per claim/\$3 million
27 per incident in general liability insurance coverage. In any
28 tort action brought against such subcontractor, net economic
29 damages shall be limited to \$1 million per claim, including,
30 but not limited to, past and future medical expenses, wage
31 loss, and loss of earning capacity, offset by any collateral

1 source payment paid or payable. In any tort action brought
2 against such subcontractor, noneconomic damages shall be
3 limited to \$200,000 per claim. A claims bill may be brought on
4 behalf of a claimant pursuant to s. 768.28 for any amount
5 exceeding the limits specified in this paragraph. Any offset
6 of collateral source payments made as of the date of the
7 settlement or judgment shall be in accordance with s. 768.76.

8 (g) The liability of a subcontractor of an eligible
9 lead community-based provider that is a direct provider of
10 foster care and related services as described in this section
11 shall be exclusive and in place of all other liability of such
12 provider. The same immunities from liability enjoyed by such
13 subcontractor provider shall extend as well to each employee
14 of the subcontractor when such employee is acting in
15 furtherance of the subcontractor's business. Such immunities
16 shall not be applicable to a subcontractor or an employee who
17 acts in a culpably negligent manner or with willful and wanton
18 disregard or unprovoked physical aggression when such acts
19 result in injury or death or such acts proximately cause such
20 injury or death; nor shall such immunities be applicable to
21 employees of the same subcontractor when each is operating in
22 the furtherance of the subcontractor's business, but they are
23 assigned primarily to unrelated works within private or public
24 employment. The same immunity provisions enjoyed by a
25 subcontractor shall also apply to any sole proprietor,
26 partner, corporate officer or director, supervisor, or other
27 person who in the course and scope of his or her duties acts
28 in a managerial or policymaking capacity and the conduct that
29 caused the alleged injury arose within the course and scope of
30 those managerial or policymaking duties. Culpable negligence

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1 is defined as reckless indifference or grossly careless
2 disregard of human life.

3 (h) The Legislature is cognizant of the increasing
4 costs of goods and services each year and recognizes that
5 fixing a set amount of compensation actually has the effect of
6 a reduction in compensation each year. Accordingly, the
7 conditional limitations on damages in this section shall be
8 increased at the rate of 5 percent each year, prorated from
9 the effective date of this paragraph to the date at which
10 damages subject to such limitations are awarded by final
11 judgment or settlement.

12 (2)(a) The department may contract for the delivery,
13 administration, or management of protective services, the
14 services specified in subsection (1) relating to foster care,
15 and other related services or programs, as appropriate. The
16 department shall retain responsibility for the quality of
17 contracted services and programs and shall ensure that
18 services are delivered in accordance with applicable federal
19 and state statutes and regulations.

20 (b) Persons employed by the department in the
21 provision of foster care and related services whose positions
22 are being privatized pursuant to this statute shall be given
23 hiring preference by the provider, if provider qualifications
24 are met.

25 (3)(a) The department shall establish a quality
26 assurance program for privatized services. The quality
27 assurance program may be performed by a national accrediting
28 organization such as the Council on Accreditation of Services
29 for Families and Children, Inc. (COA) or the Council on
30 Accreditation of Rehabilitation Facilities (CARF). The
31 department shall develop a request for proposal for such

1 oversight. This program must be developed and administered at
2 a statewide level. The Legislature intends that the department
3 be permitted to have limited flexibility to use funds for
4 improving quality assurance. To this end, effective January 1,
5 2000, the department may transfer up to 0.125 percent of the
6 total funds from categories used to pay for these
7 contractually provided services, but the total amount of such
8 transferred funds may not exceed \$300,000 in any fiscal year.
9 When necessary, the department may establish, in accordance
10 with s. 216.177, additional positions that will be exclusively
11 devoted to these functions. Any positions required under this
12 paragraph may be established, notwithstanding ss.
13 216.262(1)(a) and 216.351. The department, in consultation
14 with the community-based agencies that are undertaking the
15 privatized projects, shall establish minimum thresholds for
16 each component of service, consistent with standards
17 established by the Legislature. Each program operated under
18 contract with a community-based agency must be evaluated
19 annually by the department. The department shall submit an
20 annual report regarding quality performance, outcome measure
21 attainment, and cost efficiency to the President of the
22 Senate, the Speaker of the House of Representatives, the
23 minority leader of each house of the Legislature, and the
24 Governor no later than January 31 of each year for each
25 project in operation during the preceding fiscal year.

26 (b) The department shall use these findings in making
27 recommendations to the Governor and the Legislature for future
28 program and funding priorities in the child welfare system.

29 (4)(a) The community-based agency must comply with
30 statutory requirements and agency rules in the provision of
31 contractual services. Each foster home, therapeutic foster

1 home, emergency shelter, or other placement facility operated
2 by the community-based agency or agencies must be licensed by
3 the Department of Children and Family Services under chapter
4 402 or this chapter. Each community-based agency must be
5 licensed as a child-caring or child-placing agency by the
6 department under this chapter. The department, in order to
7 eliminate or reduce the number of duplicate inspections by
8 various program offices, shall coordinate inspections required
9 pursuant to licensure of agencies under this section.

10 (b) Substitute care providers who are licensed under
11 s. 409.175 and have contracted with a lead agency authorized
12 under this section shall also be authorized to provide
13 registered or licensed family day care under s. 402.313, if
14 consistent with federal law and if the home has met:

15 1. The requirements of s. 402.313; and

16 2. The requirements of s. 402.281 and has received
17 Gold Seal Quality Care designation.

18 (c) A dually licensed home under this section shall be
19 eligible to receive both the foster care board rate and the
20 subsidized child care rate for the same child only if care is
21 provided 24 hours a day. The subsidized child care rate shall
22 be no more than the approved full-time rate.

23 (5) Beginning January 1, 1999, and continuing at least
24 through June 30, 2000 ~~December 31, 1999~~, the Department of
25 Children and Family Services shall privatize all foster care
26 and related services in district 5 while continuing to
27 contract with the current model programs in districts 1, 4,
28 and 13, and in subdistrict 8A, and shall expand the
29 subdistrict 8A pilot program to incorporate Manatee County.
30 Planning for the district 5 privatization shall be done by
31 providers that are currently under contract with the

1 department for foster care and related services and shall be
2 done in consultation with the department. A lead provider of
3 the district 5 program shall be competitively selected, must
4 demonstrate the ability to provide necessary comprehensive
5 services through a local network of providers, and must meet
6 criteria established in this section. Contracts with
7 organizations responsible for the model programs must include
8 the management and administration of all privatized services
9 specified in subsection (1). However, the department may use
10 funds for contract management only after obtaining written
11 approval from the Executive Office of the Governor. The
12 request for such approval must include, but is not limited to,
13 a statement of the proposed amount of such funds and a
14 description of the manner in which such funds will be used. If
15 the community-based organization selected for a model program
16 under this subsection is not a Medicaid provider, the
17 organization shall be issued a Medicaid provider number
18 pursuant to s. 409.907 for the provision of services currently
19 authorized under the state Medicaid plan to those children
20 encompassed in this model and in a manner not to exceed the
21 current level of state expenditure.

22 (6) Each district and subdistrict that participates in
23 the model program effort or any future privatization effort as
24 described in this section must thoroughly analyze and report
25 the complete direct and indirect costs of delivering these
26 services through the department and the full cost of
27 privatization, including the cost of monitoring and evaluating
28 the contracted services.

29 Section 3. Subsection (24) is added to section
30 409.906, Florida Statutes, 1998 Supplement, to read:

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1 409.906 Optional Medicaid services.--Subject to
2 specific appropriations, the agency may make payments for
3 services which are optional to the state under Title XIX of
4 the Social Security Act and are furnished by Medicaid
5 providers to recipients who are determined to be eligible on
6 the dates on which the services were provided. Any optional
7 service that is provided shall be provided only when medically
8 necessary and in accordance with state and federal law.
9 Nothing in this section shall be construed to prevent or limit
10 the agency from adjusting fees, reimbursement rates, lengths
11 of stay, number of visits, or number of services, or making
12 any other adjustments necessary to comply with the
13 availability of moneys and any limitations or directions
14 provided for in the General Appropriations Act or chapter 216.
15 Optional services may include:

16 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.--The
17 Agency for Health Care Administration, in consultation with
18 the Department of Children and Family Services, may establish
19 a targeted case-management pilot project in those counties
20 identified by the Department of Children and Family Services
21 and for the community-based child welfare project in Sarasota
22 and Manatee counties, as authorized under s. 409.1671. These
23 projects shall be established for the purpose of determining
24 the impact of targeted case management on the child welfare
25 program and the earnings from the child welfare program.
26 Results of the pilot projects shall be reported to the Child
27 Welfare Estimating Conference and the Social Services
28 Estimating Conference established under s. 216.136. The number
29 of projects may not be increased until requested by the
30 Department of Children and Family Services, recommended by the
31 Child Welfare Estimating Conference and the Social Services

1 Estimating Conference, and approved by the Legislature. The
2 covered group of individuals who are eligible to receive
3 targeted case management include children who are eligible for
4 Medicaid; who are between the ages of birth through 21; and
5 who are under protective supervision or postplacement
6 supervision, under foster-care supervision, or in shelter care
7 or foster care. The number of individuals who are eligible to
8 receive targeted case management shall be limited to the
9 number for whom the Department of Children and Family Services
10 has available matching funds to cover the costs. The general
11 revenue funds required to match the funds for services
12 provided by the community-based child welfare projects are
13 limited to funds available for services described under s.
14 409.1671. The Department of Children and Family Services may
15 transfer the general revenue matching funds as billed by the
16 Agency for Health Care Administration.

17 Section 4. If any provision of this act or the
18 application thereof to any person or circumstance is held
19 invalid, the invalidity does not affect other provisions or
20 applications of the act which can be given effect without the
21 invalid provision or application, and to this end the
22 provisions of this act are declared severable.

23 Section 5. Section 39.4085, Florida Statutes, is
24 created to read:

25 39.4085 Legislative findings and declaration of intent
26 for goals for dependent children.--The Legislature finds and
27 declares that the design and delivery of child welfare
28 services should be directed by the principle that the health
29 and safety of children should be of paramount concern and,
30 therefore, establishes the following goals for children in
31 shelter or foster care:

1 (1) To receive a copy of this act and have it fully
2 explained to them when they are placed in the custody of the
3 department.

4 (2) To enjoy individual dignity, liberty, pursuit of
5 happiness, and the protection of their civil and legal rights
6 as persons in the custody of the state.

7 (3) To have their privacy protected, have their
8 personal belongings secure and transported with them, and,
9 unless otherwise ordered by the court, have uncensored
10 communication, including receiving and sending unopened
11 communications and having access to a telephone.

12 (4) To have personnel providing services who are
13 sufficiently qualified and experienced to assess the risk
14 children face prior to removal from their homes and to meet
15 the needs of the children once they are in the custody of the
16 department.

17 (5) To remain in the custody of their parents or legal
18 custodians unless and until there has been a determination by
19 a qualified person exercising competent professional judgment
20 that removal is necessary to protect their physical, mental,
21 or emotional health or safety.

22 (6) To have a full risk, health, educational, medical
23 and psychological screening and, if needed, assessment and
24 testing upon adjudication into foster care; and to have their
25 photograph and fingerprints included in their case management
26 file.

27 (7) To be referred to and receive services, including
28 necessary medical, emotional, psychological, psychiatric and
29 educational evaluations and treatment, as soon as practicable
30 after identification of the need for such services by the
31 screening and assessment process.

1 (8) To be placed in a home with no more than one other
2 child, unless they are part of a sibling group.

3 (9) To be placed away from other children known to
4 pose a threat of harm to them, either because of their own
5 risk factors or those of the other child.

6 (10) To be placed in a home where the shelter or
7 foster caregiver is aware of and understands the child's
8 history, needs, and risk factors.

9 (11) To be the subject of a plan developed by the
10 counselor and the shelter or foster caregiver to deal with
11 identified behaviors that may present a risk to the child or
12 others.

13 (12) To be involved and incorporated, where
14 appropriate, in the development of the case plan, to have a
15 case plan which will address their specific needs, and to
16 object to any of the provisions of the case plan.

17 (13) To receive meaningful case management and
18 planning that will quickly return the child to his or her
19 family or move the child on to other forms of permanency.

20 (14) To receive regular communication with a
21 caseworker, at least once a month, which shall include meeting
22 with the child alone and conferring with the shelter or foster
23 caregiver.

24 (15) To enjoy regular visitation, at least once a
25 week, with their siblings unless the court orders otherwise.

26 (16) To enjoy regular visitation with their parents,
27 at least once a month, unless the court orders otherwise.

28 (17) To receive a free and appropriate education;
29 minimal disruption to their education and retention in their
30 home school, if appropriate; referral to the child study team;
31 all special educational services, including, where

1 appropriate, the appointment of a parent surrogate; the
2 sharing of all necessary information between the school board
3 and the department, including information on attendance and
4 educational progress.

5 (18) To be able to raise grievances with the
6 department over the care they are receiving from their
7 caregivers, caseworkers, or other service providers.

8 (19) To be heard by the court, if appropriate, at all
9 review hearings.

10 (20) To have a guardian ad litem appointed to
11 represent, within reason, their best interests and, where
12 appropriate, an attorney ad litem appointed to represent their
13 legal interests; the guardian ad litem and attorney ad litem
14 shall have immediate and unlimited access to the children they
15 represent.

16 (21) To have all their records available for review by
17 their guardian ad litem and attorney ad litem if they deem
18 such review necessary.

19 (22) To organize as a group for purposes of ensuring
20 that they receive the services and living conditions to which
21 they are entitled and to provide support for one another while
22 in the custody of the department.

23 (23) To be afforded prompt access to all available
24 state and federal programs, including, but not limited to:
25 Early Periodic Screening, Diagnosis, and Testing (EPSDT)
26 services, developmental services programs, Medicare and
27 supplemental security income, Children's Medical Services, and
28 programs for severely emotionally disturbed children.

29
30 The provisions of this section establish goals and not rights.
31 Nothing in this section shall be interpreted as requiring the

1 delivery of any particular service or level of service in
2 excess of existing appropriations. No person shall have a
3 cause of action against the state or any of its subdivisions,
4 agencies, contractors, subcontractors, or agents, based upon
5 the adoption of or failure to provide adequate funding for the
6 achievement of these goals by the Legislature. Nothing herein
7 shall require the expenditure of funds to meet the goals
8 established herein except funds specifically appropriated for
9 such purpose.

10 Section 6. This act shall take effect upon becoming a
11 law.