By Senator Diaz de la Portilla

36-1760-07 See HB 1181

1	A bill to be entitled
2	An act relating to foster care and related
3	services; amending s. 409.1671, F.S.; providing
4	for general liability insurance coverage for
5	community-based provider staff under certain
6	circumstances; removing requirements that
7	community-based provider staff obtain certain
8	liability insurance coverage; establishing a
9	long-term contracting and third-party oversight
10	program; providing for contracts for the
11	transfer of certain responsibilities from the
12	Department of Children and Family Services to
13	participating community-based care lead
14	agencies; providing for funding the program
15	from grants and federal funds; requiring that
16	annual financial statements regarding the
17	program be provided to the Governor, the
18	Legislature, the department, and local
19	community-based care alliances; requiring that
20	fiscal, administrative, and programmatic
21	monitoring be conducted by third-party
22	entities; requiring the department to fund the
23	cost of the third-party monitoring; requiring
24	such entities to submit reports to the
25	Governor, the Legislature, and local
26	community-based care alliances; defining the
27	term "parties"; requiring that the department,
28	the lead agencies implementing the program, and
29	the Agency for Health Care Administration
30	develop a plan for integrating certain Medicaid
31	health services; directing the Office of

1	Program Policy Analysis and Government
2	Accountability and the Auditor General to
3	evaluate the program annually and provide a
4	report to the Legislature; requiring certain
5	statutory provisions to be included in the
6	contract; requiring the contracts to be funded
7	in fixed-price installments; authorizing
8	increased contract payments under certain
9	circumstances; requiring fiscal reporting;
10	providing for certain expenditures by lead
11	agencies; providing for a compliance supplement
12	applicable to all community-based care lead
13	agencies; providing for first-year expenditures
14	for community resource development; requiring a
15	report; amending s. 409.175, F.S.; transferring
16	certain authority for establishing health
17	standards from the Department of Health to the
18	Department of Children and Family Services;
19	repealing s. 2 of chapter 2006-30, Laws of
20	Florida, relating to a pilot program in
21	Miami-Dade, Monroe, and Broward Counties;
22	providing an effective date.
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24	Be It Enacted by the Legislature of the State of Florida:
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26	Section 1. Paragraphs (h) and (j) of subsection (1) of
27	section 409.1671, Florida Statutes, are amended, and
28	subsections (12) and (13) are added to that section, to read:
29	409.1671 Foster care and related services;
30	outsourcing
31	(1)
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(h) Other than an entity to which s. 768.28 applies, 2 any eligible lead community-based provider, as defined in paragraph (e), or its employees or officers, except as 3 otherwise provided in paragraph (i), must, as a part of its 4 5 contract, obtain a minimum of \$1 million per claim/\$3 million per incident in general liability insurance coverage. That general liability insurance coverage shall extend to and include bodily injury liability coverage for the personal 8 automobiles of the provider's staff when used to transport the 9 10 provider's client children or families, including while en route to and returning from transporting the provider's client 11 12 children or families. The eligible lead community based 13 provider must also require that staff who transport client children and families in their personal automobiles in order 14 15 to carry out their job responsibilities obtain minimum bodily 16 injury liability insurance in the amount of \$100,000 per 17 claim, \$300,000 per incident, on their personal automobiles. 18 In any tort action brought against such an eligible lead community-based provider or employee, net economic damages 19 shall be limited to \$1 million per liability claim and 20 21 \$100,000 per automobile claim, including, but not limited to, 22 past and future medical expenses, wage loss, and loss of 23 earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such an 2.4 eligible lead community-based provider, noneconomic damages 25 shall be limited to \$200,000 per claim. A claims bill may be 26 27 brought on behalf of a claimant pursuant to s. 768.28 for any 2.8 amount exceeding the limits specified in this paragraph. Any 29 offset of collateral source payments made as of the date of the settlement or judgment shall be in accordance with s. 30 768.76. The lead community-based provider shall not be liable

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in tort for the acts or omissions of its subcontractors or the officers, agents, or employees of its subcontractors.

(j) Any subcontractor of an eligible lead community-based provider, as defined in paragraph (e), that which is a direct provider of foster care and related services to children and families, and its employees or officers, except as otherwise provided in paragraph (i), must, as a part of its contract, obtain a minimum of \$1 million per claim/\$3 million per incident in general liability insurance coverage. That general liability insurance coverage shall extend to and include bodily injury liability coverage for the personal automobiles of the provider's staff when used to transport the provider's client children or families, including while en route to and returning from transporting the provider's client children or families. The subcontractor of an eligible lead community based provider must also require that staff who transport client children and families in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily injury liability insurance in the amount of \$100,000 per claim, \$300,000 per incident, on their personal automobiles. In any tort action brought against such subcontractor or employee, net economic damages shall be limited to \$1 million per liability claim and \$100,000 per automobile claim, including, but not limited to, past and future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such subcontractor, noneconomic damages shall be limited to \$200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral

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source payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76.

- oversight program is established to allow for the transfer of the current lead agency oversight responsibilities from the department to independent nongovernmental third-party entities and for funding the program through a grant that enhances funding flexibility. The program shall expand the responsibilities and services provided by participating lead agencies.
- (a) The department shall enter into contracts with participating community-based care lead agencies established in accordance with this section.
- (b) The lead agencies shall annually provide certified audited financial statements to the Governor, the department, the appropriations committees of the Legislature, and local community-based care alliances.
- (c) Fiscal monitoring, administrative monitoring, and programmatic monitoring shall be conducted by independent, nongovernmental third-party entities under contract with the department and shall be conducted in a manner jointly agreed to by the lead agencies and the department. The department shall fund the cost of contracting with these entities.

  Notwithstanding any other provision to the contrary, the program may not be implemented until the parties have agreed to the selection of these entities and the manner in which they are to carry out their responsibilities.
- (d) To compare the performance of the program's lead agencies with that of other lead agencies, the performance of the program's lead agencies shall be measured and monitored by outcome measures contained in their contracts, including

outcomes designed to best determine the quality of performance 2 of the lead agencies and developed by the parties in conjunction with the independent, nongovernmental third-party 3 4 entities as part of the agreement on programmatic monitoring. The independent, nongovernmental third-party entities shall 5 6 submit their reports directly to the Governor, the President 7 of the Senate, the Speaker of the House of Representatives, 8 and the local community-based care alliances. 9 (e) For purposes of this section, the term "parties" 10 means the lead agencies implementing the program and the 11 department. 12 (f) The department and the lead agencies implementing 13 the program shall develop an implementation plan with the Agency for Health Care Administration regarding the pending 14 Medicaid mental health reform for the purpose of implementing 15 a local model that allows for the integration of behavioral 16 17 health and physical health with the local child welfare 18 systems of care. (q) The annual evaluation required by paragraph (4)(a) 19 shall include an evaluation of the program by the Office of 2.0 21 Program Policy Analysis and Government Accountability and the 2.2 Auditor General that compares the performance and fiscal 23 management of the community-based care lead agencies implementing the program to those that have not implemented 2.4 the program. The Office of Program Policy Analysis and 2.5 Government Accountability and the Auditor General shall 26 27 jointly provide an interim report to the President of the 2.8 Senate and the Speaker of the House of Representatives no later than February 1, 2008, and a final report no later than 29 February 1, 2009. 30

1	(h) The provisions of this subsection shall be
2	included in contracts with the lead agencies in the program
3	and may be implemented with other community-based care lead
4	agencies established under this section. The contracts must be
5	funded in equal, fixed-price monthly installments. The first
6	two installments shall be paid in advance. The contracts shall
7	be funded by a grant of general revenue and by applicable
8	federal funding sources. The lead agencies are responsible for
9	documenting federal earnings, and federal earnings not
10	documented shall be returned to the department.
11	Notwithstanding subsection (8), the lead agencies' annual
12	contract amounts may be increased by excess federal earnings
13	in accordance with s. 216.181(11). Monthly reporting
14	requirements shall be limited to only the reports required to
15	support monthly federal expenditure reporting and statutorily
16	restricted state expenditures as defined in the lead agencies'
17	approved cost allocation plan. All other required fiscal
18	reporting shall be determined by the independent fiscal
19	monitors. Notwithstanding any other provision of law, the
20	following lead agency expenditures are permissible: staff
21	cellular telephone allowances; contracts requiring deferred
22	payments and maintenance agreements; security deposits for
23	office leases; related professional membership dues and
24	professional state license fees; food and refreshment;
25	promotional materials; and costs associated with fundraising
26	personnel either employed or contracted with by the lead
27	agency.
28	(i) The department, in consultation with the
29	Department of Financial Services, shall develop a compliance
30	supplement for the state financial assistance regarding
31	flexibility of allowable expenditures in accordance with s.

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215.97, which shall be applicable to all community-based care <u>lead agencies.</u>

(13) Community-based care lead agencies shall have authority to expend funds for community resource development during the first year that they enter into a long-term contract with the department pursuant to the provisions of this section and except as prohibited by federal law. A community-based care lead agency using state funds for community resource development shall submit a report to the department describing the expenditures and the purposes for which the funds were expended.

Section 2. Paragraph (a) of subsection (5) of section 409.175, Florida Statutes, is amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption .--

(5)(a) The department shall adopt and amend licensing rules for family foster homes, residential child-caring agencies, and child-placing agencies. The department may also adopt rules relating to the screening requirements for summer day camps and summer 24-hour camps. The requirements for licensure and operation of family foster homes, residential child-caring agencies, and child-placing agencies shall include:

- 1. The operation, conduct, and maintenance of these homes and agencies and the responsibility which they assume for children served and the evidence of need for that service.
- 2. The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served. 31

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- 3. The appropriateness, safety, cleanliness, and 2 general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served. Notwithstanding any other provision of law, the department shall have exclusive jurisdiction to adopt rules for health standards. The department shall consult with the Department of Health on the adoption of such rules.
  - 4. The ratio of staff to children required to provide adequate care and supervision of the children served and, in the case of foster homes, the maximum number of children in the home.
  - 5. The good moral character based upon screening, education, training, and experience requirements for personnel.
  - 6. The department may grant exemptions from disqualification from working with children or the developmentally disabled as provided in s. 435.07.
  - 7. The provision of preservice and inservice training for all foster parents and agency staff.
  - 8. Satisfactory evidence of financial ability to provide care for the children in compliance with licensing requirements.
    - 9. The maintenance by the agency of records pertaining to admission, progress, health, and discharge of children served, including written case plans and reports to the department.
  - 10. The provision for parental involvement to encourage preservation and strengthening of a child's relationship with the family.
    - 11. The transportation safety of children served.

12. The provisions for safeguarding the cultural, religious, and ethnic values of a child. 13. Provisions to safeguard the legal rights of children served. Section 3. Section 2 of chapter 2006-30, Laws of Florida, is repealed. Section 4. This act shall take effect July 1, 2007.