

By the Committee on Children, Families, and Elder Affairs; and
Senator Detert

586-02451-14

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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 the term "sibling"; creating s.
4 39.2015, F.S.; requiring the Department of Children
5 and Families to conduct specified investigations using
6 critical incident rapid response teams; providing
7 requirements for such investigations; providing
8 requirements for the team; authorizing the team to
9 access specified information; requiring the
10 cooperation of specified agencies and organizations;
11 providing for reimbursement of team members; requiring
12 a report of the investigation; requiring the Secretary
13 of Children and Families to develop specified
14 guidelines for investigations and provide training to
15 team members; requiring the secretary to appoint an
16 advisory committee; requiring a report from the
17 advisory committee to the secretary; requiring the
18 secretary to submit such report to the Governor and
19 the Legislature; amending s. 39.202, F.S.; authorizing
20 access to specified records in the event of the death
21 of a child which was reported to the department's
22 child abuse hotline; creating s. 39.2022, F.S.;
23 providing legislative intent; requiring the department
24 to publish specified information on its website if the
25 death of a child is reported to the child abuse
26 hotline; prohibiting specified information from being
27 released; providing requirements for the release of
28 information in the child's records; prohibiting
29 release of information that identifies the person who

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30 reports an incident to the child abuse hotline;
31 amending s. 39.402, F.S.; requiring the department to
32 make a reasonable effort to keep siblings together
33 when they are placed in out-of-home care under certain
34 circumstances; providing for sibling visitation under
35 certain circumstances; amending s. 39.5085, F.S.;
36 revising legislative intent; authorizing placement of
37 a child with a nonrelative caregiver and financial
38 assistance for such nonrelative caregiver through the
39 Relative Caregiver Program under certain
40 circumstances; amending s. 39.701, F.S.; requiring the
41 court to consider contact among siblings in judicial
42 reviews; authorizing the court to remove specified
43 disabilities of nonage at judicial reviews; amending
44 s. 39.802, F.S.; requiring a petition for the
45 termination of parental rights to be signed under oath
46 stating the petitioner's good faith in filing the
47 petition; amending s. 383.402, F.S.; requiring the
48 review of all deaths of children which occur in the
49 state and are reported to the department's child abuse
50 hotline; revising the due date for a report; providing
51 a directive to the Division of Law Revision and
52 Information; creating part V of ch. 409, F.S.;
53 creating s. 409.986, F.S.; providing legislative
54 findings and intent; providing child protection and
55 child welfare outcome goals; defining terms; creating
56 s. 409.987, F.S.; providing for the procurement of
57 community-based care lead agencies; providing
58 requirements for contracting as a lead agency;

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59 creating s. 409.988, F.S.; providing the duties of a
60 community-based care lead agency; providing licensure
61 requirements for a lead agency; creating s. 409.990,
62 F.S.; providing general funding provisions; providing
63 for a matching grant program and the maximum amount of
64 funds that may be awarded; requiring the department to
65 develop and implement a community-based care risk pool
66 initiative; providing requirements for the risk pool;
67 transferring, renumbering, and amending s. 409.16713,
68 F.S.; transferring provisions relating to the
69 allocation of funds for community-based lead care
70 agencies; conforming a cross-reference; creating s.
71 409.992, F.S.; providing requirements for community-
72 based care lead agency expenditures; creating s.
73 409.993, F.S.; providing findings; providing for lead
74 agency and subcontractor liability; providing
75 limitations on damages; transferring, renumbering, and
76 amending s. 409.1675, F.S.; transferring provisions
77 relating to receivership from community-based
78 providers to lead agencies; conforming cross-
79 references and terminology; creating s. 409.996, F.S.;
80 providing duties of the department relating to
81 community-based care and lead agencies; creating s.
82 409.997, F.S.; providing goals for the department and
83 specified entities; requiring the department to
84 maintain a comprehensive, results-oriented
85 accountability system; providing requirements;
86 requiring the department to establish a technical
87 advisory panel; providing requirements for the panel;

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88 requiring the department to make the results of the
89 system public; requiring a report to the Governor and
90 the Legislature; creating s. 409.998, F.S.; requiring
91 the department to establish community-based care
92 alliances; specifying responsibilities of the
93 alliance; providing for membership of the alliance;
94 providing for compensation of and requirements for
95 alliance members; authorizing the alliance to create a
96 direct-support organization; providing requirements
97 for such organization; providing for future repeal of
98 the authority of the alliance to create a direct
99 support organization; repealing s. 20.19(4), F.S.,
100 relating to community alliances; repealing ss.
101 409.1671, 409.16715, and 409.16745, F.S., relating to
102 foster care and related services, therapy treatments,
103 and the community partnership matching grant program,
104 respectively; amending ss. 39.201, 409.1676, 409.1677,
105 409.906, 409.912, 409.91211, and 420.628, F.S.;
106 conforming cross-references; providing an effective
107 date.

108
109 Be It Enacted by the Legislature of the State of Florida:

110
111 Section 1. Present subsections (70) through (76) of section
112 39.01, Florida Statutes, are redesignated as subsections (71)
113 through (77), respectively, and a new subsection (70) is added
114 to that section, to read:

115 39.01 Definitions.—When used in this chapter, unless the
116 context otherwise requires:

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117 (70) "Sibling" means:

118 (a) A child who shares a birth parent or legal parent with
119 one or more other children; or

120 (b) Children who have lived together in a family and
121 identify themselves as siblings.

122 Section 2. Section 39.2015, Florida Statutes, is created to
123 read:

124 39.2015 Critical incident rapid response team.-

125 (1) The department shall conduct an immediate investigation
126 of deaths or other serious incidents involving children using
127 critical incident rapid response teams as provided in subsection
128 (2). The purpose of such investigation is to identify root
129 causes and rapidly determine the need to change policies and
130 practices related to child protection and child welfare.

131 (2) An immediate onsite investigation conducted by a
132 critical incident rapid response team is required for all child
133 deaths reported to the department if the child or another child
134 in his or her family was the subject of a verified report of
135 suspected abuse or neglect in the previous 12 months. The
136 secretary may also direct an immediate investigation for other
137 cases involving serious injury to a child.

138 (3) Each investigation shall be conducted by a team of at
139 least five professionals with expertise in child protection,
140 child welfare, and organizational management. The team may be
141 selected from employees of the department, community-based care
142 lead agencies, other provider organizations, faculty from the
143 Florida Institute for Child Welfare that consists of public and
144 private universities offering degrees in social work established
145 pursuant to s. 1004.615, or any other persons with the required

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146 expertise. The majority of the team must reside in judicial
147 circuits outside the location of the incident. The secretary
148 shall appoint a team leader for each group assigned to an
149 investigation.

150 (4) An investigation shall be initiated as soon as
151 possible, but not later than 2 business days after the case is
152 reported to the department. A preliminary report on each case
153 shall be provided to the secretary no later than 30 days after
154 the investigation begins.

155 (5) Each member of the team is authorized to access all
156 information in the case file.

157 (6) All employees of the department or other state agencies
158 and all personnel from contracted provider organizations are
159 required to cooperate with the investigation by participating in
160 interviews and timely responding to any requests for
161 information.

162 (7) The secretary shall develop cooperative agreements with
163 other entities and organizations as may be necessary to
164 facilitate the work of the team.

165 (8) The members of the team may be reimbursed by the
166 department for per diem, mileage, and other reasonable expenses
167 as provided in s. 112.061. The department may also reimburse the
168 team member's employer for the associated salary and benefits
169 during the time the team member is fulfilling the duties
170 required under this section.

171 (9) Upon completion of the investigation, a final report
172 shall be made available to community-based care lead agencies,
173 to other organizations involved in the child welfare system, and
174 to the public through the department's website.

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175 (10) The secretary, in conjunction with the institute
176 established pursuant to s. 1004.615, shall develop guidelines
177 for investigations conducted by critical incident rapid response
178 teams and provide training to team members. Such guidelines must
179 direct the teams in the conduct of a root-cause analysis that
180 identifies, classifies, and attributes responsibility for both
181 direct and latent causes for the death or other incident,
182 including organizational factors, preconditions, and specific
183 acts or omissions resulting from an error or a violation of
184 procedures.

185 (11) The secretary shall appoint an advisory committee made
186 up of experts in child protection and child welfare to make an
187 independent review of investigative reports from the critical
188 incident rapid response teams and make recommendations to
189 improve policies and practices related to child protection and
190 child welfare services. By October 1 of each year, the advisory
191 committee shall make an annual report to the secretary,
192 including findings and recommendations. The secretary shall
193 submit the report to the Governor, the President of the Senate,
194 and the Speaker of the House of Representatives.

195 Section 3. Paragraph (o) of subsection (2) of section
196 39.202, Florida Statutes, is amended to read:

197 39.202 Confidentiality of reports and records in cases of
198 child abuse or neglect.—

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

203 (o) Any person, in the event of the death of a child

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204 reported to the child abuse hotline ~~determined to be a result of~~
205 ~~abuse, abandonment, or neglect.~~ Information identifying the
206 person reporting abuse, abandonment, or neglect may ~~shall~~ not be
207 released. Any information otherwise made confidential or exempt
208 by law may ~~shall~~ not be released pursuant to this paragraph. The
209 information released pursuant to this paragraph must meet the
210 requirements of s. 39.2022.

211 Section 4. Section 39.2022, Florida Statutes, is created to
212 read:

213 39.2022 Public disclosure of child deaths reported to the
214 child abuse hotline.-

215 (1) It is the intent of the Legislature to provide prompt
216 disclosure of the basic facts of all deaths of children from
217 birth through 18 years of age which occur in this state and
218 which are reported to the department's child abuse hotline.
219 Disclosure shall be posted on the department's public website.
220 This section does not limit the public access to records under
221 any other provision of law.

222 (2) If a child's death is reported to the child abuse
223 hotline, the department shall post on its website all of the
224 following:

225 (a) Name of the child.

226 (b) Date of birth, race, and gender of the child.

227 (c) Date of the child's death.

228 (d) Allegations of the cause of death or the preliminary
229 cause of death.

230 (e) County and placement of the child at the time of the
231 incident leading to the child's death, if applicable.

232 (f) Name of the community-based care lead agency, case

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233 management agency, or out-of-home licensing agency involved with
234 the child, family, or licensed caregiver, if applicable.

235 (g) The relationship of any alleged offender to the child.

236 (h) Whether the child has been the subject of any prior
237 verified reports to the department's child abuse hotline.

238 (3) The department may not release the following
239 information concerning a death of a child:

240 (a) Information about the siblings of the child.

241 (b) Attorney-client communications.

242 (c) Any information if the release of such information
243 would jeopardize a criminal investigation.

244 (d) Any information that is confidential or exempt under
245 state or federal law.

246 (4) If the death of a child is determined to be the result
247 of abuse, neglect, or abandonment, the department may release
248 information in the child's record to any person. Information
249 identifying the person reporting abuse, abandonment, or neglect
250 may not be released. Any information otherwise made confidential
251 or exempt by law may not be released pursuant to this
252 subsection.

253 Section 5. Paragraph (h) of subsection (8) and subsection
254 (9) of section 39.402, Florida Statutes, are amended to read:

255 39.402 Placement in a shelter.—

256 (8)

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

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

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

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

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

275 5. That the department has made reasonable efforts to
276 prevent or eliminate the need for removal of the child from the
277 home. A finding of reasonable effort by the department to
278 prevent or eliminate the need for removal may be made and the
279 department is deemed to have made reasonable efforts to prevent
280 or eliminate the need for removal if:

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

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

288 c. The child cannot safely remain at home, either because
289 there are no preventive services that can ensure the health and
290 safety of the child or because, even with appropriate and

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291 available services being provided, the health and safety of the
292 child cannot be ensured; or

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

296 6. That the department has made reasonable efforts to keep
297 siblings together if they are removed and placed in out-of-home
298 care unless such a placement is not in the best interest of each
299 child. The department shall report to the court its efforts to
300 place siblings together unless the court finds that such
301 placement is not in the best interest of a child or his or her
302 sibling.

303 ~~7.6.~~ That the court notified the parents, relatives that
304 are providing out-of-home care for the child, or legal
305 custodians of the time, date, and location of the next
306 dependency hearing and of the importance of the active
307 participation of the parents, relatives that are providing out-
308 of-home care for the child, or legal custodians in all
309 proceedings and hearings.

310 ~~8.7.~~ That the court notified the parents or legal
311 custodians of their right to counsel to represent them at the
312 shelter hearing and at each subsequent hearing or proceeding,
313 and the right of the parents to appointed counsel, pursuant to
314 the procedures set forth in s. 39.013.

315 ~~9.8.~~ That the court notified relatives who are providing
316 out-of-home care for a child as a result of the shelter petition
317 being granted that they have the right to attend all subsequent
318 hearings, to submit reports to the court, and to speak to the
319 court regarding the child, if they so desire.

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320 (9) (a) At any shelter hearing, the department shall provide
321 to the court a recommendation for scheduled contact between the
322 child and parents, if appropriate. The court shall determine
323 visitation rights absent a clear and convincing showing that
324 visitation is not in the best interest of the child. Any order
325 for visitation or other contact must conform to ~~the provisions~~
326 ~~of~~ s. 39.0139. If visitation is ordered but will not commence
327 within 72 hours of the shelter hearing, the department shall
328 provide justification to the court.

329 (b) If siblings who are removed from the home cannot be
330 placed together, the department shall provide to the court a
331 recommendation for frequent visitation or other ongoing
332 interaction between the siblings unless this interaction would
333 be contrary to a sibling's safety or well-being. If visitation
334 among siblings is ordered but will not commence within 72 hours
335 of the shelter hearing, the department shall provide
336 justification to the court for the delay.

337 Section 6. Section 39.5085, Florida Statutes, is amended to
338 read:

339 39.5085 Relative Caregiver Program.—

340 (1) It is the intent of the Legislature in enacting this
341 section to:

342 (a) Provide for the establishment of procedures and
343 protocols that serve to advance the continued safety of children
344 by acknowledging the valued resource uniquely available through
345 grandparents, ~~and~~ relatives of children, and specified
346 nonrelatives of children pursuant to subparagraph (2)(a)3.

347 (b) Recognize family relationships in which a grandparent
348 or other relative is the head of a household that includes a

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349 child otherwise at risk of foster care placement.

350 (c) Enhance family preservation and stability by
351 recognizing that most children in such placements with
352 grandparents and other relatives do not need intensive
353 supervision of the placement by the courts or by the department.

354 (d) Recognize that permanency in the best interests of the
355 child can be achieved through a variety of permanency options,
356 including permanent guardianship under s. 39.6221 if the
357 guardian is a relative, by permanent placement with a fit and
358 willing relative under s. 39.6231, by a relative, guardianship
359 under chapter 744, or adoption, by providing additional
360 placement options and incentives that will achieve permanency
361 and stability for many children who are otherwise at risk of
362 foster care placement because of abuse, abandonment, or neglect,
363 but who may successfully be able to be placed by the dependency
364 court in the care of such relatives.

365 (e) Reserve the limited casework and supervisory resources
366 of the courts and the department for those cases in which
367 children do not have the option for safe, stable care within the
368 family.

369 (f) Recognize that a child may have a close relationship
370 with a person who is not a blood relative or a relative by
371 marriage and that such person should be eligible for financial
372 assistance under this section if he or she is able and willing
373 to care for the child and provide a safe, stable home
374 environment.

375 (2) (a) The Department of Children and Families ~~Family~~
376 ~~Services~~ shall establish and operate the Relative Caregiver
377 Program pursuant to eligibility guidelines established in this

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378 section as further implemented by rule of the department. The
379 Relative Caregiver Program shall, within the limits of available
380 funding, provide financial assistance to:

381 1. Relatives who are within the fifth degree by blood or
382 marriage to the parent or stepparent of a child and who are
383 caring full-time for that dependent child in the role of
384 substitute parent as a result of a court's determination of
385 child abuse, neglect, or abandonment and subsequent placement
386 with the relative under this chapter.

387 2. Relatives who are within the fifth degree by blood or
388 marriage to the parent or stepparent of a child and who are
389 caring full-time for that dependent child, and a dependent half-
390 brother or half-sister of that dependent child, in the role of
391 substitute parent as a result of a court's determination of
392 child abuse, neglect, or abandonment and subsequent placement
393 with the relative under this chapter.

394 3. Nonrelatives who are willing to assume custody and care
395 of a dependent child and a dependent half-brother or half-sister
396 of that dependent child in the role of substitute parent as a
397 result of a court's determination of child abuse, neglect, or
398 abandonment and subsequent placement with the nonrelative
399 caregiver under this chapter. The court must find that a
400 proposed placement under this subparagraph is in the best
401 interest of the child.

402
403 The placement may be court-ordered temporary legal custody to
404 the relative or nonrelative under protective supervision of the
405 department pursuant to s. 39.521(1)(b)3., or court-ordered
406 placement in the home of a relative or nonrelative as a

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407 permanency option under s. 39.6221 or s. 39.6231 or under former
408 s. 39.622 if the placement was made before July 1, 2006. The
409 Relative Caregiver Program shall offer financial assistance to
410 caregivers ~~who are relatives and~~ who would be unable to serve in
411 that capacity without the ~~relative~~ caregiver payment because of
412 financial burden, thus exposing the child to the trauma of
413 placement in a shelter or in foster care.

414 (b) Caregivers ~~who are relatives and~~ who receive assistance
415 under this section must be capable, as determined by a home
416 study, of providing a physically safe environment and a stable,
417 supportive home for the children under their care, and must
418 assure that the children's well-being is met, including, but not
419 limited to, the provision of immunizations, education, and
420 mental health services as needed.

421 (c) Relatives or nonrelatives who qualify for and
422 participate in the Relative Caregiver Program are not required
423 to meet foster care licensing requirements under s. 409.175.

424 (d) Relatives or nonrelatives who are caring for children
425 placed with them by the court pursuant to this chapter shall
426 receive a special monthly ~~relative~~ caregiver benefit established
427 by rule of the department. The amount of the special benefit
428 payment shall be based on the child's age within a payment
429 schedule established by rule of the department and subject to
430 availability of funding. The statewide average monthly rate for
431 children judicially placed with relatives or nonrelatives who
432 are not licensed as foster homes may not exceed 82 percent of
433 the statewide average foster care rate, and ~~nor may~~ the cost of
434 providing the assistance described in this section to any
435 ~~relative~~ caregiver may not exceed the cost of providing out-of-

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436 home care in emergency shelter or foster care.

437 (e) Children receiving cash benefits under this section are
438 not eligible to simultaneously receive WAGES cash benefits under
439 chapter 414.

440 (f) Within available funding, the Relative Caregiver
441 Program shall provide ~~relative~~ caregivers with family support
442 and preservation services, flexible funds in accordance with s.
443 409.165, school readiness, and other available services in order
444 to support the child's safety, growth, and healthy development.
445 Children living with ~~relative~~ caregivers who are receiving
446 assistance under this section shall be eligible for Medicaid
447 coverage.

448 (g) The department may use appropriate available state,
449 federal, and private funds to operate the Relative Caregiver
450 Program. The department may develop liaison functions to be
451 available to relatives or nonrelatives who care for children
452 pursuant to this chapter to ensure placement stability in
453 extended family settings.

454 Section 7. Paragraph (c) of subsection (2) and paragraph
455 (a) of subsection (3) of section 39.701, Florida Statutes, are
456 amended to read:

457 39.701 Judicial review.—

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

460 (c) *Review determinations.*—The court and any citizen review
461 panel shall take into consideration the information contained in
462 the social services study and investigation and all medical,
463 psychological, and educational records that support the terms of
464 the case plan; testimony by the social services agency, the

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465 parent, the foster parent or legal custodian, the guardian ad
466 litem or surrogate parent for educational decisionmaking if one
467 has been appointed for the child, and any other person deemed
468 appropriate; and any relevant and material evidence submitted to
469 the court, including written and oral reports to the extent of
470 their probative value. These reports and evidence may be
471 received by the court in its effort to determine the action to
472 be taken with regard to the child and may be relied upon to the
473 extent of their probative value, even though not competent in an
474 adjudicatory hearing. In its deliberations, the court and any
475 citizen review panel shall seek to determine:

476 1. If the parent was advised of the right to receive
477 assistance from any person or social service agency in the
478 preparation of the case plan.

479 2. If the parent has been advised of the right to have
480 counsel present at the judicial review or citizen review
481 hearings. If not so advised, the court or citizen review panel
482 shall advise the parent of such right.

483 3. If a guardian ad litem needs to be appointed for the
484 child in a case in which a guardian ad litem has not previously
485 been appointed or if there is a need to continue a guardian ad
486 litem in a case in which a guardian ad litem has been appointed.

487 4. Who holds the rights to make educational decisions for
488 the child. If appropriate, the court may refer the child to the
489 district school superintendent for appointment of a surrogate
490 parent or may itself appoint a surrogate parent under the
491 Individuals with Disabilities Education Act and s. 39.0016.

492 5. The compliance or lack of compliance of all parties with
493 applicable items of the case plan, including the parents'

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494 compliance with child support orders.

495 6. The compliance or lack of compliance with a visitation
496 contract between the parent and the social service agency for
497 contact with the child, including the frequency, duration, and
498 results of the parent-child visitation and the reason for any
499 noncompliance.

500 7. The frequency, kind, and duration of sibling contacts
501 among siblings who have been separated during placement, as well
502 as any efforts undertaken to reunite separated siblings if doing
503 so is in the best interest of the child.

504 ~~8.7.~~ The compliance or lack of compliance of the parent in
505 meeting specified financial obligations pertaining to the care
506 of the child, including the reason for failure to comply, if
507 applicable ~~such is the case.~~

508 ~~9.8.~~ Whether the child is receiving safe and proper care
509 according to s. 39.6012, including, but not limited to, the
510 appropriateness of the child's current placement, including
511 whether the child is in a setting that is as family-like and as
512 close to the parent's home as possible, consistent with the
513 child's best interests and special needs, and including
514 maintaining stability in the child's educational placement, as
515 documented by assurances from the community-based care provider
516 that:

517 a. The placement of the child takes into account the
518 appropriateness of the current educational setting and the
519 proximity to the school in which the child is enrolled at the
520 time of placement.

521 b. The community-based care agency has coordinated with
522 appropriate local educational agencies to ensure that the child

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523 remains in the school in which the child is enrolled at the time
524 of placement.

525 ~~10.9.~~ A projected date likely for the child's return home
526 or other permanent placement.

527 ~~11.10.~~ When appropriate, the basis for the unwillingness or
528 inability of the parent to become a party to a case plan. The
529 court and the citizen review panel shall determine if the
530 efforts of the social service agency to secure party
531 participation in a case plan were sufficient.

532 ~~12.11.~~ For a child who has reached 13 years of age but is
533 not yet 18 years of age, the adequacy of the child's preparation
534 for adulthood and independent living.

535 ~~13.12.~~ If amendments to the case plan are required.
536 Amendments to the case plan must be made under s. 39.6013.

537 (3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.—

538 (a) In addition to the review and report required under
539 paragraphs (1)(a) and (2)(a), respectively, the court shall hold
540 a judicial review hearing within 90 days after a child's 17th
541 birthday. The court shall also issue an order, separate from the
542 order on judicial review, that the disability of nonage of the
543 child has been removed pursuant to ss. 743.044, 743.045, and
544 743.046, and for any of these disabilities that the court finds
545 is in the child's best interest to remove. The court ~~s. 743.045~~
546 ~~and~~ shall continue to hold timely judicial review hearings. If
547 necessary, the court may review the status of the child more
548 frequently during the year before the child's 18th birthday. At
549 each review hearing held under this subsection, in addition to
550 any information or report provided to the court by the foster
551 parent, legal custodian, or guardian ad litem, the child shall

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552 be given the opportunity to address the court with any
553 information relevant to the child's best interest, particularly
554 in relation to independent living transition services. The
555 department shall include in the social study report for judicial
556 review written verification that the child has:

557 1. A current Medicaid card and all necessary information
558 concerning the Medicaid program sufficient to prepare the child
559 to apply for coverage upon reaching the age of 18, if such
560 application is appropriate.

561 2. A certified copy of the child's birth certificate and,
562 if the child does not have a valid driver license, a Florida
563 identification card issued under s. 322.051.

564 3. A social security card and information relating to
565 social security insurance benefits if the child is eligible for
566 those benefits. If the child has received such benefits and they
567 are being held in trust for the child, a full accounting of
568 these funds must be provided and the child must be informed as
569 to how to access those funds.

570 4. All relevant information related to the Road-to-
571 Independence Program, including, but not limited to, eligibility
572 requirements, information on participation, and assistance in
573 gaining admission to the program. If the child is eligible for
574 the Road-to-Independence Program, he or she must be advised that
575 he or she may continue to reside with the licensed family home
576 or group care provider with whom the child was residing at the
577 time the child attained his or her 18th birthday, in another
578 licensed family home, or with a group care provider arranged by
579 the department.

580 5. An open bank account or the identification necessary to

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581 open a bank account and to acquire essential banking and
582 budgeting skills.

583 6. Information on public assistance and how to apply for
584 public assistance.

585 7. A clear understanding of where he or she will be living
586 on his or her 18th birthday, how living expenses will be paid,
587 and the educational program or school in which he or she will be
588 enrolled.

589 8. Information related to the ability of the child to
590 remain in care until he or she reaches 21 years of age under s.
591 39.013.

592 9. A letter providing the dates that the child is under the
593 jurisdiction of the court.

594 10. A letter stating that the child is in compliance with
595 financial aid documentation requirements.

596 11. The child's educational records.

597 12. The child's entire health and mental health records.

598 13. The process for accessing his or her case file.

599 14. A statement encouraging the child to attend all
600 judicial review hearings occurring after the child's 17th
601 birthday.

602 Section 8. Subsection (2) of section 39.802, Florida
603 Statutes, is amended to read:

604 39.802 Petition for termination of parental rights; filing;
605 elements.—

606 (2) The form of the petition is governed by the Florida
607 Rules of Juvenile Procedure. The petition must be in writing and
608 signed by the petitioner under oath stating the petitioner's
609 good faith in ~~or, if the department is the petitioner, by an~~

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610 ~~employee of the department, under oath stating the petitioner's~~
611 ~~good faith in~~ filing the petition.

612 Section 9. Subsection (1) and paragraph (c) of subsection
613 (3) of section 383.402, Florida Statutes, are amended to read:

614 383.402 Child abuse death review; State Child Abuse Death
615 Review Committee; local child abuse death review committees.—

616 (1) It is the intent of the Legislature to establish a
617 statewide multidisciplinary, multiagency child abuse death
618 assessment and prevention system that consists of state and
619 local review committees. The state and local review committees
620 shall review the facts and circumstances of all deaths of
621 children from birth through age 18 which occur in this state and
622 are reported to the child abuse hotline of the Department of
623 Children and Families ~~as the result of verified child abuse or~~
624 ~~neglect~~. The purpose of the review shall be to:

625 (a) Achieve a greater understanding of the causes and
626 contributing factors of deaths resulting from child abuse.

627 (b) Whenever possible, develop a communitywide approach to
628 address such cases and contributing factors.

629 (c) Identify any gaps, deficiencies, or problems in the
630 delivery of services to children and their families by public
631 and private agencies which may be related to deaths that are the
632 result of child abuse.

633 (d) Make and implement recommendations for changes in law,
634 rules, and policies, as well as develop practice standards that
635 support the safe and healthy development of children and reduce
636 preventable child abuse deaths.

637 (3) The State Child Abuse Death Review Committee shall:

638 (c) Prepare an annual statistical report on the incidence

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639 and causes of death resulting from reported child abuse in the
640 state during the prior calendar year. The state committee shall
641 submit a copy of the report by October 1 ~~December 31~~ of each
642 year to the Governor, the President of the Senate, and the
643 Speaker of the House of Representatives. The report must include
644 recommendations for state and local action, including specific
645 policy, procedural, regulatory, or statutory changes, and any
646 other recommended preventive action.

647 Section 10. The Division of Law Revision and Information is
648 directed to create part V of chapter 409, Florida Statutes,
649 consisting of ss. 409.986-409.998, Florida Statutes, to be
650 titled "Community-Based Child Welfare."

651 Section 11. Section 409.986, Florida Statutes, is created
652 to read:

653 409.986 Legislative findings, intent, and definitions.—

654 (1) LEGISLATIVE FINDINGS AND INTENT.—

655 (a) It is the intent of the Legislature that the Department
656 of Children and Families provide child protection and child
657 welfare services to children through contracting with community-
658 based care lead agencies. It is further the Legislature's intent
659 that communities and other stakeholders in the well-being of
660 children participate in assuring safety, permanence, and well-
661 being for all children in the state.

662 (b) The Legislature finds that, when private entities
663 assume responsibility for the care of children in the child
664 protection and child welfare system, adequate oversight of the
665 programmatic, administrative, and fiscal operation of those
666 entities is essential. The Legislature finds that, ultimately,
667 the appropriate care of children is the responsibility of the

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668 state and outsourcing the provision of such care does not
669 relieve the state of its responsibility to ensure that
670 appropriate care is provided.

671 (2) CHILD PROTECTION AND CHILD WELFARE OUTCOMES.—It is the
672 goal of the department to achieve the following outcomes in
673 conjunction with the community-based care lead agency,
674 community-based subcontractors, and the community-based care
675 alliance:

676 (a) Children are first and foremost protected from abuse
677 and neglect.

678 (b) Children are safely maintained in their homes if
679 possible and appropriate.

680 (c) Services are provided to protect children and prevent
681 removal from the home.

682 (d) Children have permanency and stability in their living
683 arrangements.

684 (e) Family relationships and connections are preserved for
685 children.

686 (f) Families have enhanced capacity to provide for their
687 children's needs.

688 (g) Children receive appropriate services to meet their
689 educational needs.

690 (h) Children receive adequate services to meet their
691 physical and mental health needs.

692 (3) DEFINITIONS.—As used in this part, except as otherwise
693 specifically provided, the term:

694 (a) "Child" or "children" means has the same meaning as the
695 term "child" as defined in s. 39.01.

696 (b) "Dependent child" means a child who has been determined

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697 by the court to be in need of care due to allegations of abuse,
698 neglect, or abandonment.

699 (c) "Care" means services of any kind which are designed to
700 facilitate a child remaining safely in his or her own home,
701 returning safely to his or her own home if he or she is removed,
702 or obtaining an alternative permanent home if he or she cannot
703 remain home or be returned home.

704 (d) "Community-based care alliance" or "alliance" means the
705 group of stakeholders, community leaders, client
706 representatives, and funders of human services established to
707 provide a focal point for community participation and governance
708 of community-based services.

709 (e) "Community-based care lead agency" or "lead agency"
710 means a single entity with which the department has a contract
711 for the provision of care for children in the child protection
712 and child welfare system in a community that is no smaller than
713 a county and no larger than two contiguous judicial circuits.
714 The secretary of the department may authorize more than one
715 eligible lead agency within a single county if doing so will
716 result in more effective delivery of services to children.

717 (f) "Related services" includes, but is not limited to,
718 family preservation, independent living, emergency shelter,
719 residential group care, foster care, therapeutic foster care,
720 intensive residential treatment, foster care supervision, case
721 management, postplacement supervision, permanent foster care,
722 and family reunification.

723 Section 12. Section 409.987, Florida Statutes, is created
724 to read:

725 409.987 Lead agency procurement.-

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726 (1) Community-based care lead agencies shall be procured by
727 the department through a competitive process as required by
728 chapter 287.

729 (2) The department shall produce a schedule for the
730 procurement of community-based care lead agencies and provide
731 the schedule to the community-based care alliances established
732 pursuant to s. 409.998.

733 (3) Notwithstanding s. 287.057, the department shall use 5-
734 year contracts with lead agencies.

735 (4) In order to compete for a contract to serve as a lead
736 agency, an entity must:

737 (a) Be organized as a Florida corporation or a governmental
738 entity.

739 (b) Be governed by a board of directors. The membership of
740 the board of directors must be described in the bylaws or
741 articles of incorporation of each lead agency. At least 75
742 percent of the membership of the board of directors must be
743 composed of persons residing in this state. Of the state
744 residents, at least 51 percent must also reside within the
745 service area of the lead agency.

746 (c) Demonstrate financial responsibility through an
747 organized plan for regular fiscal audits and the posting of a
748 performance bond.

749 (5) The procurement of lead agencies must be done in
750 consultation with the local community-based care alliances.

751 Section 13. Section 409.988, Florida Statutes, is created
752 to read:

753 409.988 Lead agency duties; general provisions.-

754 (1) DUTIES.-A lead agency:

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755 (a) Shall serve all children referred as a result of a
756 report of abuse, neglect, or abandonment to the department's
757 child abuse hotline regardless of the level of funding allocated
758 to the lead agency by the state if all related funding is
759 transferred.

760 (b) Shall provide accurate and timely information necessary
761 for oversight by the department pursuant to the child welfare
762 results-oriented accountability system required by s. 409.997.

763 (c) Shall follow the financial guidelines developed by the
764 department and provide for a regular independent auditing of its
765 financial activities. Such financial information shall be
766 provided to the community-based care alliance established under
767 s. 409.998.

768 (d) Shall prepare all judicial reviews, case plans, and
769 other reports necessary for court hearings for dependent
770 children, except those related to the investigation of a
771 referral from the department's child abuse hotline, and shall
772 provide testimony as required for dependency court proceedings.
773 This duty does not include the preparation of legal pleadings or
774 other legal documents, which remain the responsibility of the
775 department.

776 (e) Shall ensure that all individuals providing care for
777 dependent children receive appropriate training and meet the
778 minimum employment standards established by the department.

779 (f) Shall maintain eligibility to receive all available
780 federal child welfare funds.

781 (g) Shall maintain written agreements with Healthy Families
782 Florida lead entities in its service area pursuant to s. 409.153
783 to promote cooperative planning for the provision of prevention

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784 and intervention services.

785 (h) Shall comply with federal and state statutory
786 requirements and agency rules in the provision of contractual
787 services.

788 (i) May subcontract for the provision of services required
789 by the contract with the lead agency and the department;
790 however, the subcontracts must specify how the provider will
791 contribute to the lead agency meeting the performance standards
792 established pursuant to the child welfare results-oriented
793 accountability system required by s. 409.997.

794 (2) LICENSURE.—

795 (a) A lead agency must be licensed as a child-caring or
796 child-placing agency by the department under this chapter.

797 (b) Each foster home, therapeutic foster home, emergency
798 shelter, or other placement facility operated by the lead agency
799 must be licensed by the department under chapter 402 or this
800 chapter.

801 (c) Substitute care providers who are licensed under s.
802 409.175 and who have contracted with a lead agency are also
803 authorized to provide registered or licensed family day care
804 under s. 402.313 if such care is consistent with federal law and
805 if the home has met the requirements of s. 402.313.

806 (d) A foster home licensed under s. 409.175 may be dually
807 licensed as a child care home under chapter 402 and may receive
808 a foster care maintenance payment and, to the extent permitted
809 under federal law, school readiness funding for the same child.

810 (e) In order to eliminate or reduce the number of duplicate
811 inspections by various program offices, the department shall
812 coordinate inspections required for licensure of agencies under

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813 this subsection.

814 (f) The department may adopt rules to administer this
815 subsection.

816 (3) SERVICES.—A lead agency must serve dependent children
817 through services that are supported by research or are best
818 child welfare practices. The agency may also provide innovative
819 services such as family-centered, cognitive-behavioral
820 interventions designed to mitigate out-of-home placements.

821 (4) LEAD AGENCY ACTING AS GUARDIAN.—

822 (a) If a lead agency or other provider has accepted case
823 management responsibilities for a child who is sheltered or
824 found to be dependent and who is assigned to the care of the
825 lead agency or other provider, the agency or provider may act as
826 the child's guardian for the purpose of registering the child in
827 school if a parent or guardian of the child is unavailable and
828 his or her whereabouts cannot reasonably be ascertained.

829 (b) The lead agency or other provider may also seek
830 emergency medical attention for the child, but only if a parent
831 or guardian of the child is unavailable, the parent's
832 whereabouts cannot reasonably be ascertained, and a court order
833 for such emergency medical services cannot be obtained because
834 of the severity of the emergency or because it is after normal
835 working hours.

836 (c) A lead agency or other provider may not consent to
837 sterilization, abortion, or termination of life support.

838 (d) If a child's parents' rights have been terminated, the
839 lead agency shall act as guardian of the child in all
840 circumstances.

841 Section 14. Section 409.990, Florida Statutes, is created

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842 to read:

843 409.990 Funding for lead agencies.—A contract established
844 between the department and a lead agency must be funded by a
845 grant of general revenue, other applicable state funds, or
846 applicable federal funding sources.

847 (1) The method of payment for a fixed-price contract with a
848 lead agency must provide for a 2-month advance payment at the
849 beginning of each fiscal year and equal monthly payments
850 thereafter.

851 (2) Notwithstanding s. 215.425, all documented federal
852 funds earned for the current fiscal year by the department and
853 lead agencies which exceed the amount appropriated by the
854 Legislature shall be distributed to all entities that
855 contributed to the excess earnings based on a schedule and
856 methodology developed by the department and approved by the
857 Executive Office of the Governor.

858 (a) Distribution shall be pro rata based on total earnings
859 and shall be made only to those entities that contributed to
860 excess earnings.

861 (b) Excess earnings of lead agencies shall be used only in
862 the service district in which they were earned.

863 (c) Additional state funds appropriated by the Legislature
864 for lead agencies or made available pursuant to the budgetary
865 amendment process described in s. 216.177 shall be transferred
866 to the lead agencies.

867 (d) The department shall amend a lead agency's contract to
868 permit expenditure of the funds.

869 (3) Notwithstanding other provisions in this section, the
870 amount of the annual contract for a lead agency may be increased

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871 by excess federal funds earned in accordance with s.
872 216.181(11).

873 (4) Each contract with a lead agency shall provide for the
874 payment by the department to the lead agency of a reasonable
875 administrative cost in addition to funding for the provision of
876 services.

877 (5) A lead agency may carry forward documented unexpended
878 state funds from one fiscal year to the next; however, the
879 cumulative amount carried forward may not exceed 8 percent of
880 the total contract. Any unexpended state funds in excess of that
881 percentage must be returned to the department.

882 (a) The funds carried forward may not be used in any way
883 that would create increased recurring future obligations, and
884 such funds may not be used for any type of program or service
885 that is not currently authorized by the existing contract with
886 the department.

887 (b) Expenditures of funds carried forward must be
888 separately reported to the department.

889 (c) Any unexpended funds that remain at the end of the
890 contract period shall be returned to the department.

891 (d) Funds carried forward may be retained through any
892 contract renewals and any new procurements as long as the same
893 lead agency is retained by the department.

894 (6) It is the intent of the Legislature to improve services
895 and local participation in community-based care initiatives by
896 fostering community support and providing enhanced prevention
897 and in-home services, thereby reducing the risk otherwise faced
898 by lead agencies. There is established a community partnership
899 matching grant program to be operated by the department for the

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900 purpose of encouraging local participation in community-based
901 care for child welfare. A community-based care alliance direct-
902 support organization, a children's services council, or another
903 local entity that makes a financial commitment to a community-
904 based care lead agency may be eligible for a matching grant. The
905 total amount of the local contribution may be matched on a one-
906 to-one basis up to a maximum annual amount of \$500,000 per lead
907 agency. Awarded matching grant funds may be used for any
908 prevention or in-home services that can be reasonably expected
909 to reduce the number of children entering the child welfare
910 system. Funding available for the matching grant program is
911 subject to legislative appropriation of nonrecurring funds
912 provided for this purpose.

913 (7) (a) The department, in consultation with the Florida
914 Coalition for Children, Inc., shall develop and implement a
915 community-based care risk pool initiative to mitigate the
916 financial risk to eligible lead agencies. This initiative must
917 include:

918 1. A risk pool application and protocol developed by the
919 department which outline submission criteria, including, but not
920 limited to, financial and program management, descriptive data
921 requirements, and timeframes for submission of applications.
922 Requests for funding from risk pool applicants shall be based on
923 relevant and verifiable service trends and changes that have
924 occurred during the current fiscal year. The application shall
925 confirm that expenditure of approved risk pool funds by the lead
926 agency shall be completed within the current fiscal year.

927 2. A risk pool peer review committee, appointed by the
928 secretary and consisting of department staff and representatives

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929 from at least three nonapplicant lead agencies, which reviews
930 and assesses all risk pool applications. Upon completion of each
931 application review, the peer review committee shall report its
932 findings and recommendations to the secretary providing, at a
933 minimum, the following information:

934 a. Justification for the specific funding amount required
935 by the risk pool applicant based on current year service trend
936 data, including validation that the applicant's financial need
937 was caused by circumstances beyond the control of the lead
938 agency management;

939 b. Verification that the proposed use of risk pool funds
940 meets at least one of the criteria in paragraph (c); and

941 c. Evidence of technical assistance provided in an effort
942 to avoid the need to access the risk pool and recommendations
943 for technical assistance to the lead agency to ensure that risk
944 pool funds are expended effectively and that the agency's need
945 for future risk pool funding is diminished.

946 (b) Upon approval by the secretary of a risk pool
947 application, the department may request funds from the risk pool
948 in accordance with s. 216.181(6) (a).

949 (c) The purposes for which the community-based care risk
950 pool shall be used include:

951 1. Significant changes in the number or composition of
952 clients eligible to receive services.

953 2. Significant changes in the services that are eligible
954 for reimbursement.

955 3. Continuity of care in the event of failure,
956 discontinuance of service, or financial misconduct by a lead
957 agency.

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958 4. Significant changes in the mix of available funds.

959 (d) The department may also request in its annual
 960 legislative budget request, and the Governor may recommend, that
 961 the funding necessary to carry out paragraph (c) be appropriated
 962 to the department. In addition, the department may request the
 963 allocation of funds from the community-based care risk pool in
 964 accordance with s. 216.181(6) (a). Funds from the pool may be
 965 used to match available federal dollars.

966 1. Such funds shall constitute partial security for
 967 contract performance by lead agencies and shall be used to
 968 offset the need for a performance bond.

969 2. The department may separately require a bond to mitigate
 970 the financial consequences of potential acts of malfeasance or
 971 misfeasance or criminal violations by the provider.

972 Section 15. Section 409.16713, Florida Statutes, is
 973 transferred, renumbered as section 409.991, Florida Statutes,
 974 and paragraph (a) of subsection (1) of that section is amended,
 975 to read:

976 409.991 ~~409.16713~~ Allocation of funds for community-based
 977 care lead agencies.—

978 (1) As used in this section, the term:

979 (a) "Core services funding" means all funds allocated to
 980 community-based care lead agencies operating under contract with
 981 the department pursuant to s. 409.987 ~~s. 409.1671~~, with the
 982 following exceptions:

- 983 1. Funds appropriated for independent living;
 984 2. Funds appropriated for maintenance adoption subsidies;
 985 3. Funds allocated by the department for protective
 986 investigations training;

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- 987 4. Nonrecurring funds;
988 5. Designated mental health wrap-around services funds; and
989 6. Funds for special projects for a designated community-
990 based care lead agency.

991 Section 16. Section 409.992, Florida Statutes, is created
992 to read:

993 409.992 Lead agency expenditures.-

994 (1) The procurement of commodities or contractual services
995 by lead agencies shall be governed by the financial guidelines
996 developed by the department which comply with applicable state
997 and federal law and follow good business practices. Pursuant to
998 s. 11.45, the Auditor General may provide technical advice in
999 the development of the financial guidelines.

1000 (2) Notwithstanding any other provision of law, a
1001 community-based care lead agency may make expenditures for staff
1002 cellular telephone allowances, contracts requiring deferred
1003 payments and maintenance agreements, security deposits for
1004 office leases, related agency professional membership dues other
1005 than personal professional membership dues, promotional
1006 materials, and grant writing services. Expenditures for food and
1007 refreshments, other than those provided to clients in the care
1008 of the agency or to foster parents, adoptive parents, and
1009 caseworkers during training sessions, are not allowable.

1010 (3) A lead community-based care agency and its
1011 subcontractors are exempt from state travel policies as provided
1012 in s. 112.061(3)(a) for their travel expenses incurred in order
1013 to comply with the requirements of this section.

1014 Section 17. Section 409.993, Florida Statutes, is created
1015 to read:

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1016 409.993 Lead agencies and subcontractor liability.-
1017 (1) FINDINGS.-
1018 (a) The Legislature finds that the state has traditionally
1019 provided foster care services to children who have been the
1020 responsibility of the state. As such, foster children have not
1021 had the right to recover for injuries beyond the limitations
1022 specified in s. 768.28. The Legislature has determined that
1023 foster care and related services need to be outsourced pursuant
1024 to this section and that the provision of such services is of
1025 paramount importance to the state. The purpose for such
1026 outsourcing is to increase the level of safety, security, and
1027 stability of children who are or become the responsibility of
1028 the state. One of the components necessary to secure a safe and
1029 stable environment for such children is that private providers
1030 maintain liability insurance. As such, insurance needs to be
1031 available and remain available to nongovernmental foster care
1032 and related services providers without the resources of such
1033 providers being significantly reduced by the cost of maintaining
1034 such insurance.
1035 (b) The Legislature further finds that, by requiring the
1036 following minimum levels of insurance, children in outsourced
1037 foster care and related services will gain increased protection
1038 and rights of recovery in the event of injury as provided for in
1039 s. 768.28.
1040 (2) LEAD AGENCY LIABILITY.-
1041 (a) Other than an entity to which s. 768.28 applies, an
1042 eligible community-based care lead agency, or its employees or
1043 officers, except as otherwise provided in paragraph (b), must,
1044 as a part of its contract, obtain a minimum of \$1 million per

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1045 claim/\$3 million per incident in general liability insurance
1046 coverage. The eligible community-based care lead agency must
1047 also require that staff who transport client children and
1048 families in their personal automobiles in order to carry out
1049 their job responsibilities obtain minimum bodily injury
1050 liability insurance in the amount of \$100,000 per claim,
1051 \$300,000 per incident, on their personal automobiles. In lieu of
1052 personal motor vehicle insurance, the lead agency's casualty,
1053 liability, or motor vehicle insurance carrier may provide
1054 nonowned automobile liability coverage. Such insurance provides
1055 liability insurance for automobiles that the provider uses in
1056 connection with the agency's business but does not own, lease,
1057 rent, or borrow. Such coverage includes automobiles owned by the
1058 employees of the lead agency or a member of the employee's
1059 household but only while the automobiles are used in connection
1060 with the agency's business. The nonowned automobile coverage for
1061 the lead agency applies as excess coverage over any other
1062 collectible insurance. The personal automobile policy for the
1063 employee of the lead agency must be primary insurance, and the
1064 nonowned automobile coverage of the agency acts as excess
1065 insurance to the primary insurance. The lead agency shall
1066 provide a minimum limit of \$1 million in nonowned automobile
1067 coverage. In a tort action brought against such an eligible
1068 community-based care lead agency or employee, net economic
1069 damages shall be limited to \$1 million per liability claim and
1070 \$100,000 per automobile claim, including, but not limited to,
1071 past and future medical expenses, wage loss, and loss of earning
1072 capacity, offset by any collateral source payment paid or
1073 payable. In any tort action brought against such an eligible

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1074 community-based care lead agency, noneconomic damages shall be
1075 limited to \$200,000 per claim. A claims bill may be brought on
1076 behalf of a claimant pursuant to s. 768.28 for any amount
1077 exceeding the limits specified in this paragraph. Any offset of
1078 collateral source payments made as of the date of the settlement
1079 or judgment shall be in accordance with s. 768.76. The
1080 community-based care lead agency is not liable in tort for the
1081 acts or omissions of its subcontractors or the officers, agents,
1082 or employees of its subcontractors.

1083 (b) The liability of an eligible community-based care lead
1084 agency described in this section shall be exclusive and in place
1085 of all other liability of such lead agency. The same immunities
1086 from liability enjoyed by such lead agencies shall extend as
1087 well to each employee of the lead agency when such employee is
1088 acting in furtherance of the agency's business, including the
1089 transportation of clients served, as described in this
1090 subsection, in privately owned vehicles. Such immunities are not
1091 applicable to a lead agency or an employee who acts in a
1092 culpably negligent manner or with willful and wanton disregard
1093 or unprovoked physical aggression if such acts result in injury
1094 or death or such acts proximately cause such injury or death.
1095 Such immunities are not applicable to employees of the same lead
1096 agency when each is operating in the furtherance of the agency's
1097 business, but they are assigned primarily to unrelated work
1098 within private or public employment. The same immunity
1099 provisions enjoyed by a lead agency also apply to any sole
1100 proprietor, partner, corporate officer or director, supervisor,
1101 or other person who in the course and scope of his or her duties
1102 acts in a managerial or policymaking capacity and the conduct

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1103 that caused the alleged injury arose within the course and scope
1104 of those managerial or policymaking duties. As used in this
1105 subsection and subsection (3), the term "culpable negligence"
1106 means reckless indifference or grossly careless disregard of
1107 human life.

1108 (3) SUBCONTRACTOR LIABILITY.—

1109 (a) A subcontractor of an eligible community-based care
1110 lead agency which is a direct provider of foster care and
1111 related services to children and families, and its employees or
1112 officers, except as otherwise provided in paragraph (b), must,
1113 as a part of its contract, obtain a minimum of \$1 million per
1114 claim/\$3 million per incident in general liability insurance
1115 coverage. The subcontractor of an eligible community-based care
1116 lead agency must also require that staff who transport client
1117 children and families in their personal automobiles in order to
1118 carry out their job responsibilities obtain minimum bodily
1119 injury liability insurance in the amount of \$100,000 per claim,
1120 \$300,000 per incident, on their personal automobiles. In lieu of
1121 personal motor vehicle insurance, the subcontractor's casualty,
1122 liability, or motor vehicle insurance carrier may provide
1123 nonowned automobile liability coverage. Such insurance provides
1124 liability insurance for automobiles that the subcontractor uses
1125 in connection with the subcontractor's business but does not
1126 own, lease, rent, or borrow. Such coverage includes automobiles
1127 owned by the employees of the subcontractor or a member of the
1128 employee's household but only while the automobiles are used in
1129 connection with the subcontractor's business. The nonowned
1130 automobile coverage for the subcontractor applies as excess
1131 coverage over any other collectible insurance. The personal

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1132 automobile policy for the employee of the subcontractor shall be
1133 primary insurance, and the nonowned automobile coverage of the
1134 subcontractor acts as excess insurance to the primary insurance.
1135 The subcontractor shall provide a minimum limit of \$1 million in
1136 nonowned automobile coverage. In a tort action brought against
1137 such subcontractor or employee, net economic damages shall be
1138 limited to \$1 million per liability claim and \$100,000 per
1139 automobile claim, including, but not limited to, past and future
1140 medical expenses, wage loss, and loss of earning capacity,
1141 offset by any collateral source payment paid or payable. In a
1142 tort action brought against such subcontractor, noneconomic
1143 damages shall be limited to \$200,000 per claim. A claims bill
1144 may be brought on behalf of a claimant pursuant to s. 768.28 for
1145 any amount exceeding the limits specified in this paragraph. Any
1146 offset of collateral source payments made as of the date of the
1147 settlement or judgment shall be in accordance with s. 768.76.

1148 (b) The liability of a subcontractor of an eligible
1149 community-based care lead agency that is a direct provider of
1150 foster care and related services as described in this section
1151 shall be exclusive and in place of all other liability of such
1152 lead agency. The same immunities from liability enjoyed by such
1153 subcontractor provider shall extend as well to each employee of
1154 the subcontractor when such employee is acting in furtherance of
1155 the subcontractor's business, including the transportation of
1156 clients served, as described in this subsection, in privately
1157 owned vehicles. Such immunities are not applicable to a
1158 subcontractor or an employee who acts in a culpably negligent
1159 manner or with willful and wanton disregard or unprovoked
1160 physical aggression when such acts result in injury or death or

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1161 such acts proximately cause such injury or death. Such
 1162 immunities are not applicable to employees of the same
 1163 subcontractor when each is operating in the furtherance of the
 1164 subcontractor's business, but they are assigned primarily to
 1165 unrelated works within private or public employment. The same
 1166 immunity provisions enjoyed by a subcontractor also apply to any
 1167 sole proprietor, partner, corporate officer or director,
 1168 supervisor, or other person who in the course and scope of his
 1169 or her duties acts in a managerial or policymaking capacity and
 1170 the conduct that caused the alleged injury arose within the
 1171 course and scope of those managerial or policymaking duties.

1172 (4) LIMITATIONS ON DAMAGES.—The Legislature is cognizant of
 1173 the increasing costs of goods and services each year and
 1174 recognizes that fixing a set amount of compensation has the
 1175 effect of a reduction in compensation each year. Accordingly,
 1176 the conditional limitations on damages in this section shall be
 1177 increased at the rate of 5 percent each year, prorated from July
 1178 1, 2014, to the date at which damages subject to such
 1179 limitations are awarded by final judgment or settlement.

1180 Section 18. Section 409.1675, Florida Statutes, is
 1181 transferred and renumbered as section 409.994, Florida Statutes,
 1182 and amended to read:

1183 409.994 409.1675 ~~Lead~~ Community-based care lead agencies
 1184 ~~providers~~; receivership.—

1185 (1) The Department of Children and Families ~~Family Services~~
 1186 may petition a court of competent jurisdiction for the
 1187 appointment of a receiver for a ~~lead~~ community-based care lead
 1188 agency ~~provider~~ established pursuant to s. 409.987 if s.
 1189 409.1671 ~~when~~ any of the following conditions exist:

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1190 (a) The lead agency ~~community-based provider~~ is operating
1191 without a license as a child-placing agency.

1192 (b) The lead agency ~~community-based provider~~ has given less
1193 than 120 days' notice of its intent to cease operations, and
1194 arrangements have not been made for another lead agency
1195 ~~community-based provider~~ or for the department to continue the
1196 uninterrupted provision of services.

1197 (c) The department determines that conditions exist in the
1198 lead agency ~~community-based provider~~ which present an imminent
1199 danger to the health, safety, or welfare of the dependent
1200 children under that agency's ~~provider's~~ care or supervision.
1201 Whenever possible, the department shall make a reasonable effort
1202 to facilitate the continued operation of the program.

1203 (d) The lead agency ~~community-based provider~~ cannot meet
1204 its current financial obligations to its employees, contractors,
1205 or foster parents. Issuance of bad checks or the existence of
1206 delinquent obligations for payment of salaries, utilities, or
1207 invoices for essential services or commodities shall constitute
1208 prima facie evidence that the lead agency ~~community-based~~
1209 ~~provider~~ lacks the financial ability to meet its financial
1210 obligations.

1211 (2) (a) The petition for receivership shall take precedence
1212 over other court business unless the court determines that some
1213 other pending proceeding, having statutory precedence, has
1214 priority.

1215 (b) A hearing shall be conducted within 5 days after the
1216 filing of the petition, at which time interested parties shall
1217 have the opportunity to present evidence as to whether a
1218 receiver should be appointed. The department shall give

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1219 reasonable notice of the hearing on the petition to the lead
1220 agency ~~community-based provider~~.

1221 (c) The court shall grant the petition upon finding that
1222 one or more of the conditions in subsection (1) exists and the
1223 continued existence of the condition or conditions jeopardizes
1224 the health, safety, or welfare of dependent children. A receiver
1225 may be appointed ex parte when the court determines that one or
1226 more of the conditions in subsection (1) exists. After such
1227 finding, the court may appoint any person, including an employee
1228 of the department who is qualified by education, training, or
1229 experience to carry out the duties of the receiver pursuant to
1230 this section, except that the court may ~~shall~~ not appoint any
1231 member of the governing board or any officer of the lead agency
1232 ~~community-based provider~~. The receiver may be selected from a
1233 list of persons qualified to act as receivers which is developed
1234 by the department and presented to the court with each petition
1235 of receivership.

1236 (d) A receiver may be appointed for up to 90 days, and the
1237 department may petition the court for additional 30-day
1238 extensions. Sixty days after appointment of a receiver and every
1239 30 days thereafter until the receivership is terminated, the
1240 department shall submit to the court an assessment of the lead
1241 agency's ~~community-based provider's~~ ability to ensure the
1242 health, safety, and welfare of the dependent children under its
1243 supervision.

1244 (3) The receiver shall take such steps as are reasonably
1245 necessary to ensure the continued health, safety, and welfare of
1246 the dependent children under the supervision of the lead agency
1247 ~~community-based provider~~ and shall exercise those powers and

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1248 perform those duties set out by the court, including, but not
1249 limited to:

1250 (a) Taking such action as is reasonably necessary to
1251 protect or conserve the assets or property of the lead agency
1252 ~~community-based provider~~. The receiver may use the assets and
1253 property and any proceeds from any transfer thereof only in the
1254 performance of the powers and duties provided ~~set forth~~ in this
1255 section and by order of the court.

1256 (b) Using the assets of the lead agency ~~community-based~~
1257 ~~provider~~ in the provision of care and services to dependent
1258 children.

1259 (c) Entering into contracts and hiring agents and employees
1260 to carry out the powers and duties of the receiver under this
1261 section.

1262 (d) Having full power to direct, manage, hire, and
1263 discharge employees of the lead agency ~~community-based provider~~.
1264 The receiver shall hire and pay new employees at the rate of
1265 compensation, including benefits, approved by the court.

1266 (e) Honoring all leases, mortgages, and contractual
1267 obligations of the lead agency ~~community-based provider~~, but
1268 only to the extent of payments that become due during the period
1269 of the receivership.

1270 (4) (a) The receiver shall deposit funds received in a
1271 separate account and shall use this account for all
1272 disbursements.

1273 (b) A payment to the receiver of any sum owing to the lead
1274 agency ~~community-based provider~~ shall discharge any obligation
1275 to the provider to the extent of the payment.

1276 (5) A receiver may petition the court for temporary relief

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1277 from obligations entered into by the lead agency ~~community-based~~
1278 ~~provider~~ if the rent, price, or rate of interest required to be
1279 paid under the agreement was substantially in excess of a
1280 reasonable rent, price, or rate of interest at the time the
1281 contract was entered into, or if any material provision of the
1282 agreement was unreasonable when compared to contracts negotiated
1283 under similar conditions. Any relief in this form provided by
1284 the court shall be limited to the life of the receivership,
1285 unless otherwise determined by the court.

1286 (6) The court shall set the compensation of the receiver,
1287 which shall be considered a necessary expense of a receivership
1288 and may grant to the receiver such other authority necessary to
1289 ensure the health, safety, and welfare of the children served.

1290 (7) A receiver may be held liable in a personal capacity
1291 only for the receiver's own gross negligence, intentional acts,
1292 or breaches of fiduciary duty. This section may ~~shall~~ not be
1293 interpreted to be a waiver of sovereign immunity should the
1294 department be appointed receiver.

1295 (8) If the receiver is not the department, the court may
1296 require a receiver to post a bond to ensure the faithful
1297 performance of these duties.

1298 (9) The court may terminate a receivership when:

1299 (a) The court determines that the receivership is no longer
1300 necessary because the conditions that gave rise to the
1301 receivership no longer exist; or

1302 (b) The department has entered into a contract with a new
1303 lead agency ~~community-based provider~~ pursuant to s. 409.987 ~~s.~~
1304 ~~409.1671~~, and that contractor is ready and able to assume the
1305 duties of the previous lead agency ~~provider~~.

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1306 (10) Within 30 days after the termination, unless this time
1307 period is extended by the court, the receiver shall give the
1308 court a complete accounting of all property of which the
1309 receiver has taken possession, of all funds collected and
1310 disbursed, and of the expenses of the receivership.

1311 (11) ~~Nothing in~~ This section does not ~~shall be construed to~~
1312 relieve any employee of the lead agency ~~community-based provider~~
1313 placed in receivership of any civil or criminal liability
1314 incurred, or any duty imposed by law, by reason of acts or
1315 omissions of the employee before ~~prior to~~ the appointment of a
1316 receiver, and; ~~nor shall anything contained in this section does~~
1317 not be construed to suspend during the receivership any
1318 obligation of the employee for payment of taxes or other
1319 operating or maintenance expenses of the lead agency ~~community-~~
1320 ~~based provider~~ or for the payment of mortgages or liens. The
1321 lead agency ~~community-based provider~~ shall retain the right to
1322 sell or mortgage any facility under receivership, subject to the
1323 prior approval of the court that ordered the receivership.

1324 Section 19. Section 409.996, Florida Statutes, is created
1325 to read:

1326 409.996 Duties of the Department of Children and Families.-
1327 The department shall contract for the delivery, administration,
1328 or management of care for children in the child protection and
1329 child welfare system. In doing so, the department retains
1330 responsibility for the quality of contracted services and
1331 programs and shall ensure that services are delivered in
1332 accordance with applicable federal and state statutes and
1333 regulations.

1334 (1) The department shall enter into contracts with lead

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1335 agencies to perform the duties of a lead agency pursuant to s.
1336 409.988. At a minimum, the contracts must:

1337 (a) Provide for the services needed to accomplish the
1338 duties established in s. 409.988 and provide information to the
1339 department which is necessary to meet the requirements for a
1340 quality assurance program pursuant to subsection (18) and the
1341 child welfare results-oriented accountability system pursuant to
1342 s. 409.997.

1343 (b) Provide for graduated penalties for failure to comply
1344 with contract terms. Such penalties may include financial
1345 penalties, enhanced monitoring and reporting, corrective action
1346 plans, and early termination of contracts or other appropriate
1347 action to ensure contract compliance.

1348 (c) Ensure that the lead agency shall furnish current and
1349 accurate information on its activities in all cases in client
1350 case records in the state's statewide automated child welfare
1351 information system.

1352 (d) Specify the procedures to be used by the parties to
1353 resolve differences in interpreting the contract or to resolve
1354 disputes as to the adequacy of the parties' compliance with
1355 their respective obligations under the contract.

1356 (2) The department must adopt written policies and
1357 procedures for monitoring the contract for delivery of services
1358 by lead agencies. These policies and procedures must, at a
1359 minimum, address the evaluation of fiscal accountability and
1360 program operations, including provider achievement of
1361 performance standards, provider monitoring of subcontractors,
1362 and timely follow up of corrective actions for significant
1363 monitoring findings related to providers and subcontractors.

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1364 These policies and procedures must also include provisions for
1365 reducing the duplication of the department's program monitoring
1366 activities both internally and with other agencies, to the
1367 extent possible. The department's written procedures must ensure
1368 that the written findings, conclusions, and recommendations from
1369 monitoring the contract for services of lead agencies are
1370 communicated to the director of the provider agency and the
1371 community-based care alliance as expeditiously as possible.

1372 (3) The department shall receive federal and state funds as
1373 appropriated for the operation of the child welfare system and
1374 shall transmit these funds to the lead agencies as agreed. The
1375 department retains responsibility for the appropriate spending
1376 of these funds. The department shall monitor lead agencies to
1377 assess compliance with the financial guidelines established
1378 pursuant to s. 409.992 and other applicable state and federal
1379 laws.

1380 (4) The department shall provide technical assistance and
1381 consultation to lead agencies in the provision of care to
1382 children in the child protection and child welfare system.

1383 (5) The department retains the responsibility for the
1384 review, approval or denial, and issuances of all foster home
1385 licenses.

1386 (6) The department shall process all applications submitted
1387 by lead agencies for the Interstate Compact for Placement of
1388 Children and the Interstate Compact for Adoption and Medical
1389 Assistance.

1390 (7) The department shall assist lead agencies with access
1391 to and coordination with other service programs within the
1392 department.

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1393 (8) The department shall determine Medicaid eligibility for
1394 all referred children and will coordinate services with the
1395 Agency for Health Care Administration.

1396 (9) The department shall develop, in cooperation with the
1397 lead agencies, a standardized competency-based curriculum for
1398 certification training and for administering the certification
1399 testing program for child protection staff.

1400 (10) The department shall maintain the statewide adoptions
1401 website and provide information and training to the lead
1402 agencies relating to the website.

1403 (11) The department shall provide training and assistance
1404 to lead agencies regarding the responsibility of lead agencies
1405 relating to children receiving supplemental security income,
1406 social security, railroad retirement, or veterans' benefits.

1407 (12) With the assistance of a lead agency, the department
1408 shall develop and implement statewide and local interagency
1409 agreements needed to coordinate services for children and
1410 parents involved in the child welfare system who are also
1411 involved with the Agency for Persons with Disabilities, the
1412 Department of Juvenile Justice, the Department of Education, the
1413 Department of Health, and other governmental organizations that
1414 share responsibilities for children or parents in the child
1415 welfare system.

1416 (13) With the assistance of a lead agency, the department
1417 shall develop and implement a working agreement between the lead
1418 agency and the substance abuse and mental health managing entity
1419 to integrate services and supports for children and parents
1420 serviced in the child welfare system.

1421 (14) The department shall work with the Agency for Health

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1422 Care Administration to provide each child the services of the
1423 Medicaid early and periodic screening, diagnosis, and treatment
1424 entitlement including 72-hour screening, periodic child health
1425 checkups, and prescribed followup for ordered services,
1426 including medical, dental, and vision care.

1427 (15) The department shall assist lead agencies in
1428 developing an array of services in compliance with the Title IV-
1429 E Waiver and shall monitor the provision of those services.

1430 (16) The department shall provide a mechanism to allow lead
1431 agencies to request a waiver of department policies and
1432 procedures that create inefficiencies or inhibit the performance
1433 of the lead agency duties.

1434 (17) The department shall directly or through contract
1435 provide attorneys to prepare and present cases in dependency
1436 court and shall ensure that the court is provided with adequate
1437 information for informed decisionmaking in dependency cases,
1438 including a fact sheet for each case which lists the names and
1439 contact information for any child protective investigator, child
1440 protective investigation supervisor, case manager, case manager
1441 supervisor, and the regional department official responsible for
1442 the lead agency contract. For the Sixth Judicial Circuit, the
1443 department shall contract with the state attorney for the
1444 provision of these services.

1445 (18) The department, in consultation with lead agencies,
1446 shall establish a quality assurance program for contracted
1447 services to dependent children. The quality assurance program
1448 shall be based on standards established by federal and state law
1449 and national accrediting organizations.

1450 (a) The department must evaluate each lead agency under

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1451 contract at least annually. These evaluations shall cover the
1452 programmatic, operational, and fiscal operations of the lead
1453 agency and be consistent with the child welfare results-oriented
1454 accountability system pursuant to s. 409.997. The department
1455 must consult with the chief judge on the performance of the lead
1456 agency.

1457 (b) The department shall, to the extent possible, use
1458 independent financial audits provided by the lead agency to
1459 eliminate or reduce the ongoing contract and administrative
1460 reviews conducted by the department. If the department
1461 determines that such independent financial audits are
1462 inadequate, other audits, as necessary, may be conducted by the
1463 department. This paragraph does not abrogate the requirements of
1464 s. 215.97.

1465 (c) The department may suggest additional items to be
1466 included in such independent financial audits to meet the
1467 department's needs.

1468 (d) The department may outsource programmatic,
1469 administrative, or fiscal monitoring oversight of lead agencies.

1470 (e) A lead agency must assure that all subcontractors are
1471 subject to the same quality assurance activities as the lead
1472 agency.

1473 Section 20. Section 409.997, Florida Statutes, is created
1474 to read:

1475 409.997 Child welfare results-oriented accountability
1476 system.—

1477 (1) The department and its contract providers, including
1478 lead agencies, community-based care providers, and other
1479 community partners participating in the state's child protection

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1480 and child welfare system, share the responsibility for achieving
1481 the outcome goals specified in s. 409.986(2).

1482 (2) In order to assess the achievement of the goals
1483 specified in s. 409.986(2), the department shall maintain a
1484 comprehensive, results-oriented accountability system that
1485 monitors the use of resources, the quality and amount of
1486 services provided, and the child and family outcomes through
1487 data analysis, research review, evaluation, and quality
1488 improvement. In maintaining the accountability system, the
1489 department shall:

1490 (a) Identify valid and reliable outcome measures for each
1491 of the goals specified in this subsection. The outcome data set
1492 must consist of a limited number of understandable measures
1493 using available data to quantify outcomes as children move
1494 through the system of care. Such measures may aggregate multiple
1495 variables that affect the overall achievement of the outcome
1496 goal. Valid and reliable measures must be based on adequate
1497 sample sizes, be gathered over suitable time periods, reflect
1498 authentic rather than spurious results, and may not be
1499 susceptible to manipulation.

1500 (b) Implement a monitoring system to track the identified
1501 outcome measures on a statewide, regional, and provider-specific
1502 basis. The monitoring system must identify trends and chart
1503 progress toward achievement of the goals specified in this
1504 section. The requirements of the monitoring system may be
1505 incorporated into the quality assurance system required under s.
1506 409.996(18).

1507 (c) Develop and maintain an analytical system that builds
1508 on the outcomes monitoring system to assess the statistical

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1509 validity of observed associations between child welfare
1510 interventions and the measured outcomes. The analysis must use
1511 quantitative methods to adjust for variations in demographic or
1512 other conditions. The analysis must include longitudinal studies
1513 to evaluate longer term outcomes such as continued safety,
1514 family permanence, and transition to self-sufficiency. The
1515 analysis may also include qualitative research methods to
1516 provide insight into statistical patterns.

1517 (d) Develop and maintain a program of research review to
1518 identify interventions that are supported by evidence as
1519 causally linked to improved outcomes.

1520 (e) Support an ongoing process of evaluation to determine
1521 the efficacy and effectiveness of various interventions.
1522 Efficacy evaluation is intended to determine the validity of a
1523 causal relationship between an intervention and an outcome.
1524 Effectiveness evaluation is intended to determine the extent to
1525 which the results can be generalized.

1526 (f) Develop and maintain an inclusive, interactive, and
1527 evidence-supported program of quality improvement which promotes
1528 individual skill building as well as organizational learning.

1529 (g) Develop and implement a method for making the results
1530 of the accountability system transparent for all parties
1531 involved in the child welfare system as well as policymakers and
1532 the public. The presentation shall provide a comprehensible,
1533 visual report card for the state and each community-based care
1534 region, indicating the current status relative to each goal and
1535 trends in that status over time.

1536 (3) The department shall establish a technical advisory
1537 panel consisting of representatives from the Florida Institute

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1538 for Child Welfare established pursuant to s. 1004.615, lead
1539 agencies, community-based care providers, other contract
1540 providers, community-based care alliances, and family
1541 representatives. The President of the Senate and the Speaker of
1542 the House of Representatives shall each appoint a member to
1543 serve as a legislative liaison to the panel. The technical
1544 advisory panel shall advise the department on meeting the
1545 requirements of this section.

1546 (4) The accountability system may not rank or compare
1547 performance among community-based care regions unless adequate
1548 and specific adjustments are adopted which account for the
1549 diversity in regions' demographics, resources, and other
1550 relevant characteristics.

1551 (5) The results of the accountability system must provide
1552 the basis for performance incentives if funds for such payments
1553 are made available through the General Appropriations Act.

1554 (6) At least quarterly, the department shall make the
1555 results of the accountability system available to the public
1556 through publication on its website. The website must allow for
1557 custom searches of the performance data.

1558 (7) The department shall report by October 1 of each year
1559 the statewide and individual community-based care lead agency
1560 results for child protection and child welfare systems. The
1561 department shall use the accountability system and consult with
1562 the community-based care alliance and the chief judge or judges
1563 in the community-based care service area to prepare the report
1564 to the Governor, the President of the Senate, and the Speaker of
1565 the House of Representatives.

1566 Section 21. Section 409.998, Florida Statutes, is created

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1567 to read:

1568 409.998 Community-based care alliances.-

1569 (1) The department shall, in consultation with local
1570 communities, establish at least one alliance in each community-
1571 based care service area to provide a focal point for community
1572 participation and governance of child protection and child
1573 welfare services. The alliance shall be administratively housed
1574 within the department.

1575 (2) The primary duty of the alliance is to provide
1576 independent, community-focused oversight of child welfare
1577 services and the local system of community-based care. To
1578 perform this duty, the community alliance shall, with the
1579 assistance of the department, perform the following activities:

1580 (a) Conduct a needs assessment and establishment of
1581 community priorities for child protection and child welfare
1582 services.

1583 (b) Advise the department on the programmatic or financial
1584 performance of the lead agency.

1585 (c) Recommend a competitive procurement for the lead agency
1586 if programmatic or financial performance is poor.

1587 (d) Recommend a contract extension for the lead agency if
1588 programmatic or financial performance is superior.

1589 (e) Make recommendations on the development of the
1590 procurement document. The alliance may suggest specific
1591 requirements relating to local needs and services.

1592 (f) Make recommendations to the department on selection of
1593 a community-based care lead agency.

1594 (g) Review the programmatic and financial performance of a
1595 lead agency at least quarterly.

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1596 (h) In partnership with the Florida Institute for Child
1597 Welfare established under s. 1004.615, develop recommendations
1598 to the department and the community-based care lead agency to
1599 improve child protection and child welfare policies and
1600 practices.

1601 (i) Promote greater community involvement in community-
1602 based care through participation in community-based care lead
1603 agency services and activities, solicitation of local financial
1604 and in-kind resources, recruitment and retention of community
1605 volunteers, and public awareness efforts.

1606 (3) The membership of the alliance shall be composed of the
1607 following:

1608 (a) A representative from county government chosen by
1609 mutual agreement by the county boards of commission in the
1610 service area.

1611 (b) A representative from the school district chosen by
1612 mutual agreement by the county school boards in the service
1613 area.

1614 (c) A representative from the county sheriff's office
1615 chosen by mutual agreement by the county sheriffs in the service
1616 area.

1617 (d) A representative from the circuit court chosen by the
1618 chief judge of the judicial circuit.

1619 (e) An advocate for persons receiving child protection and
1620 child welfare services chosen by the secretary.

1621 (f) One member appointed by the President of the Senate.

1622 (g) One member appointed by the Speaker of the House of
1623 Representatives.

1624 (h) Three other members chosen by the secretary of the

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1625 department based on their expertise in child protection and
1626 child welfare.

1627 (4) A member of the alliance may not receive payment for
1628 contractual services from the department or a community-based
1629 care lead agency.

1630 (5) A member of the alliance shall serve without
1631 compensation but is entitled to receive reimbursement for per
1632 diem and travel expenses as provided in s. 112.061. Payment may
1633 also be authorized for preapproved child care expenses or lost
1634 wages for members who are consumers of the department's services
1635 and for preapproved child care expenses for other members who
1636 demonstrate hardship.

1637 (6) A member of the alliance is subject to part III of
1638 chapter 112, the Code of Ethics for Public Officers and
1639 Employees.

1640 (7) Actions taken by an alliance must be consistent with
1641 department, state, and federal laws, rules, and regulations.

1642 (8) A member of the alliance shall annually submit a
1643 disclosure statement of services interests to the department's
1644 inspector general. A member who has an interest in a matter
1645 under consideration by the alliance must abstain from voting on
1646 that matter.

1647 (9) (a) Authority to create a direct-support organization.-
1648 The alliance is authorized to create a direct-support
1649 organization.

1650 1. The direct-support organization must be a Florida
1651 corporation, not for profit, incorporated under the provisions
1652 of chapter 617. The direct-support organization shall be exempt
1653 from paying fees under s. 617.0122.

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1654 2. The direct-support organization shall be organized and
1655 operated to conduct programs and activities; raise funds;
1656 request and receive grants, gifts, and bequests of moneys;
1657 acquire, receive, hold, invest, and administer, in its own name,
1658 securities, funds, objects of value, or other property, real or
1659 personal; and make expenditures to or for the direct or indirect
1660 benefit of the lead agency.

1661 3. If the Secretary of Children and Families determines
1662 that the direct-support organization is operating in a manner
1663 that is inconsistent with the goals and purposes of community-
1664 based care or not acting in the best interest of the community,
1665 the secretary may terminate the contract and thereafter the
1666 organization may not use the name of the community-based care
1667 alliance.

1668 (b) Contract.—The direct-support organization shall operate
1669 under a written contract with the department. The written
1670 contract must, at a minimum, provide for:

1671 1. Approval of the articles of incorporation and bylaws of
1672 the direct-support organization by the secretary.

1673 2. Submission of an annual budget for the approval by the
1674 secretary or his or her designee.

1675 3. The reversion without penalty to the department of all
1676 moneys and property held in trust by the direct-support
1677 organization for the community-based care alliance if the
1678 direct-support organization ceases to exist or if the contract
1679 is terminated.

1680 4. The fiscal year of the direct-support organization,
1681 which must begin July 1 of each year and end June 30 of the
1682 following year.

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1683 5. The disclosure of material provisions of the contract
1684 and the distinction between the community-based care alliance
1685 and the direct-support organization to donors of gifts,
1686 contributions, or bequests, as well as on all promotional and
1687 fundraising publications.

1688 (c) Board of directors.—The secretary or his or her
1689 designee shall appoint a board of directors for the direct-
1690 support organization. The secretary or his or her designee may
1691 designate members of the alliance or employees of the department
1692 and the lead agency to serve on the board of directors. Members
1693 of the board shall serve at the pleasure of the secretary or his
1694 or her designee.

1695 (d) Use of property and services.—The secretary or his or
1696 her designee may:

1697 1. Authorize the use of facilities and property other than
1698 moneys that are owned by the state to be used by the direct-
1699 support organization.

1700 2. Authorize the use of personal services provided by
1701 employees of the department. For the purposes of this section,
1702 the term "personal services" includes full-time personnel and
1703 part-time personnel as well as payroll processing.

1704 3. Prescribe the conditions by which the direct-support
1705 organization may use property, facilities, or personal services
1706 of the office.

1707 4. Not authorize the use of property, facilities, or
1708 personal services of the direct-support organization if the
1709 organization does not provide equal employment opportunities to
1710 all persons, regardless of race, color, religion, sex, age, or
1711 national origin.

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1712 (e) Moneys.—Moneys of the direct-support organization may
1713 be held in a separate depository account in the name of the
1714 direct-support organization and subject to the provisions of the
1715 contract with the department.

1716 (f) Annual audit.—The direct-support organization shall
1717 provide for an annual financial audit in accordance with s.
1718 215.981.

1719 (g) Limits on the direct-support organization.—The direct-
1720 support organization may not exercise any power under s.
1721 617.0302(12) or (16). A state employee may not receive
1722 compensation from the direct-support organization for service on
1723 the board of directors or for services rendered to the direct-
1724 support organization.

1725 (h) Repeal.—The authority to create a direct-support
1726 organization expires October 1, 2019, unless saved from repeal
1727 by reenactment by the Legislature.

1728 (10) All alliance meetings are open to the public pursuant
1729 to s. 286.011 and the public records provision of s. 119.07(1).

1730 Section 22. Subsection (4) of section 20.19, Florida
1731 Statutes, is repealed.

1732 Section 23. Sections 409.1671, 409.16715, and 409.16745,
1733 Florida Statutes, are repealed.

1734 Section 24. Paragraph (g) of subsection (1) of section
1735 39.201, Florida Statutes, is amended to read:

1736 39.201 Mandatory reports of child abuse, abandonment, or
1737 neglect; mandatory reports of death; central abuse hotline.—

1738 (1)

1739 (g) Nothing in this chapter or in the contracting with
1740 community-based care providers for foster care and related

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1741 services as specified in s. 409.987 ~~s. 409.1671~~ shall be
1742 construed to remove or reduce the duty and responsibility of any
1743 person, including any employee of the community-based care
1744 provider, to report a suspected or actual case of child abuse,
1745 abandonment, or neglect or the sexual abuse of a child to the
1746 department's central abuse hotline.

1747 Section 25. Subsections (1), (3), and (5) of section
1748 409.1676, Florida Statutes, are amended to read:

1749 409.1676 Comprehensive residential group care services to
1750 children who have extraordinary needs.—

1751 (1) It is the intent of the Legislature to provide
1752 comprehensive residential group care services, including
1753 residential care, case management, and other services, to
1754 children in the child protection system who have extraordinary
1755 needs. These services are to be provided in a residential group
1756 care setting by a not-for-profit corporation or a local
1757 government entity under a contract with the Department of
1758 Children and Families ~~Family Services~~ or by a lead agency as
1759 described in s. 409.986 ~~s. 409.1671~~. These contracts should be
1760 designed to provide an identified number of children with access
1761 to a full array of services for a fixed price. Further, it is
1762 the intent of the Legislature that the Department of Children
1763 and Families ~~Family Services~~ and the Department of Juvenile
1764 Justice establish an interagency agreement by December 1, 2002,
1765 which describes respective agency responsibilities for referral,
1766 placement, service provision, and service coordination for
1767 dependent and delinquent youth who are referred to these
1768 residential group care facilities. The agreement must require
1769 interagency collaboration in the development of terms,

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1770 conditions, and performance outcomes for residential group care
 1771 contracts serving the youth referred who have been adjudicated
 1772 both dependent and delinquent.

1773 (3) The department, in accordance with a specific
 1774 appropriation for this program, shall contract with a not-for-
 1775 profit corporation, a local government entity, or the lead
 1776 agency that has been established in accordance with s. 409.987
 1777 ~~s. 409.1671~~ for the performance of residential group care
 1778 services described in this section. A lead agency that is
 1779 currently providing residential care may provide this service
 1780 directly with the approval of the local community alliance. The
 1781 department or a lead agency may contract for more than one site
 1782 in a county if that is determined to be the most effective way
 1783 to achieve the goals set forth in this section.

1784 (5) The department may transfer all casework
 1785 responsibilities for children served under this program to the
 1786 entity that provides this service, including case management and
 1787 development and implementation of a case plan in accordance with
 1788 current standards for child protection services. When the
 1789 department establishes this program in a community that has a
 1790 lead agency as described in s. 409.986 ~~s. 409.1671~~, the casework
 1791 responsibilities must be transferred to the lead agency.

1792 Section 26. Subsection (2) of section 409.1677, Florida
 1793 Statutes, is amended to read:

1794 409.1677 Model comprehensive residential services
 1795 programs.—

1796 (2) The department shall establish a model comprehensive
 1797 residential services program in Manatee and Miami-Dade Counties
 1798 through a contract with the designated lead agency established

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1799 in accordance with s. 409.987 ~~s. 409.1671~~ or with a private
1800 entity capable of providing residential group care and home-
1801 based care and experienced in the delivery of a range of
1802 services to foster children, if no lead agency exists. These
1803 model programs are to serve that portion of eligible children
1804 within each county which is specified in the contract, based on
1805 funds appropriated, to include a full array of services for a
1806 fixed price. The private entity or lead agency is responsible
1807 for all programmatic functions necessary to carry out the intent
1808 of this section.

1809 Section 27. Subsection (24) of section 409.906, Florida
1810 Statutes, is amended to read:

1811 409.906 Optional Medicaid services.—Subject to specific
1812 appropriations, the agency may make payments for services which
1813 are optional to the state under Title XIX of the Social Security
1814 Act and are furnished by Medicaid providers to recipients who
1815 are determined to be eligible on the dates on which the services
1816 were provided. Any optional service that is provided shall be
1817 provided only when medically necessary and in accordance with
1818 state and federal law. Optional services rendered by providers
1819 in mobile units to Medicaid recipients may be restricted or
1820 prohibited by the agency. Nothing in this section shall be
1821 construed to prevent or limit the agency from adjusting fees,
1822 reimbursement rates, lengths of stay, number of visits, or
1823 number of services, or making any other adjustments necessary to
1824 comply with the availability of moneys and any limitations or
1825 directions provided for in the General Appropriations Act or
1826 chapter 216. If necessary to safeguard the state's systems of
1827 providing services to elderly and disabled persons and subject

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1828 to the notice and review provisions of s. 216.177, the Governor
1829 may direct the Agency for Health Care Administration to amend
1830 the Medicaid state plan to delete the optional Medicaid service
1831 known as "Intermediate Care Facilities for the Developmentally
1832 Disabled." Optional services may include:

1833 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.—The Agency for
1834 Health Care Administration, in consultation with the Department
1835 of Children and Families ~~Family Services~~, may establish a
1836 targeted case-management project in those counties identified by
1837 the Department of Children and Families ~~Family Services~~ and for
1838 all counties with a community-based child welfare project, as
1839 authorized under s. 409.987 ~~s. 409.1671~~, which have been
1840 specifically approved by the department. The covered group of
1841 individuals who are eligible to receive targeted case management
1842 include children who are eligible for Medicaid; who are between
1843 the ages of birth through 21; and who are under protective
1844 supervision or postplacement supervision, under foster-care
1845 supervision, or in shelter care or foster care. The number of
1846 individuals who are eligible to receive targeted case management
1847 is limited to the number for whom the Department of Children and
1848 Families ~~Family Services~~ has matching funds to cover the costs.
1849 The general revenue funds required to match the funds for
1850 services provided by the community-based child welfare projects
1851 are limited to funds available for services described under s.
1852 409.990 ~~s. 409.1671~~. The Department of Children and Families
1853 ~~Family Services~~ may transfer the general revenue matching funds
1854 as billed by the Agency for Health Care Administration.

1855 Section 28. Paragraph (b) of subsection (4) of section
1856 409.912, Florida Statutes, is amended to read:

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1857 409.912 Cost-effective purchasing of health care.—The
1858 agency shall purchase goods and services for Medicaid recipients
1859 in the most cost-effective manner consistent with the delivery
1860 of quality medical care. To ensure that medical services are
1861 effectively utilized, the agency may, in any case, require a
1862 confirmation or second physician's opinion of the correct
1863 diagnosis for purposes of authorizing future services under the
1864 Medicaid program. This section does not restrict access to
1865 emergency services or poststabilization care services as defined
1866 in 42 C.F.R. part 438.114. Such confirmation or second opinion
1867 shall be rendered in a manner approved by the agency. The agency
1868 shall maximize the use of prepaid per capita and prepaid
1869 aggregate fixed-sum basis services when appropriate and other
1870 alternative service delivery and reimbursement methodologies,
1871 including competitive bidding pursuant to s. 287.057, designed
1872 to facilitate the cost-effective purchase of a case-managed
1873 continuum of care. The agency shall also require providers to
1874 minimize the exposure of recipients to the need for acute
1875 inpatient, custodial, and other institutional care and the
1876 inappropriate or unnecessary use of high-cost services. The
1877 agency shall contract with a vendor to monitor and evaluate the
1878 clinical practice patterns of providers in order to identify
1879 trends that are outside the normal practice patterns of a
1880 provider's professional peers or the national guidelines of a
1881 provider's professional association. The vendor must be able to
1882 provide information and counseling to a provider whose practice
1883 patterns are outside the norms, in consultation with the agency,
1884 to improve patient care and reduce inappropriate utilization.
1885 The agency may mandate prior authorization, drug therapy

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1886 management, or disease management participation for certain
1887 populations of Medicaid beneficiaries, certain drug classes, or
1888 particular drugs to prevent fraud, abuse, overuse, and possible
1889 dangerous drug interactions. The Pharmaceutical and Therapeutics
1890 Committee shall make recommendations to the agency on drugs for
1891 which prior authorization is required. The agency shall inform
1892 the Pharmaceutical and Therapeutics Committee of its decisions
1893 regarding drugs subject to prior authorization. The agency is
1894 authorized to limit the entities it contracts with or enrolls as
1895 Medicaid providers by developing a provider network through
1896 provider credentialing. The agency may competitively bid single-
1897 source-provider contracts if procurement of goods or services
1898 results in demonstrated cost savings to the state without
1899 limiting access to care. The agency may limit its network based
1900 on the assessment of beneficiary access to care, provider
1901 availability, provider quality standards, time and distance
1902 standards for access to care, the cultural competence of the
1903 provider network, demographic characteristics of Medicaid
1904 beneficiaries, practice and provider-to-beneficiary standards,
1905 appointment wait times, beneficiary use of services, provider
1906 turnover, provider profiling, provider licensure history,
1907 previous program integrity investigations and findings, peer
1908 review, provider Medicaid policy and billing compliance records,
1909 clinical and medical record audits, and other factors. Providers
1910 are not entitled to enrollment in the Medicaid provider network.
1911 The agency shall determine instances in which allowing Medicaid
1912 beneficiaries to purchase durable medical equipment and other
1913 goods is less expensive to the Medicaid program than long-term
1914 rental of the equipment or goods. The agency may establish rules

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1915 to facilitate purchases in lieu of long-term rentals in order to
1916 protect against fraud and abuse in the Medicaid program as
1917 defined in s. 409.913. The agency may seek federal waivers
1918 necessary to administer these policies.

1919 (4) The agency may contract with:

1920 (b) An entity that is providing comprehensive behavioral
1921 health care services to certain Medicaid recipients through a
1922 capitated, prepaid arrangement pursuant to the federal waiver
1923 provided for by s. 409.905(5). Such entity must be licensed
1924 under chapter 624, chapter 636, or chapter 641, or authorized
1925 under paragraph (c) or paragraph (d), and must possess the
1926 clinical systems and operational competence to manage risk and
1927 provide comprehensive behavioral health care to Medicaid
1928 recipients. As used in this paragraph, the term "comprehensive
1929 behavioral health care services" means covered mental health and
1930 substance abuse treatment services that are available to
1931 Medicaid recipients. The secretary of the Department of Children
1932 and Families ~~Family Services~~ shall approve provisions of
1933 procurements related to children in the department's care or
1934 custody before enrolling such children in a prepaid behavioral
1935 health plan. Any contract awarded under this paragraph must be
1936 competitively procured. In developing the behavioral health care
1937 prepaid plan procurement document, the agency shall ensure that
1938 the procurement document requires the contractor to develop and
1939 implement a plan to ensure compliance with s. 394.4574 related
1940 to services provided to residents of licensed assisted living
1941 facilities that hold a limited mental health license. Except as
1942 provided in subparagraph 5., and except in counties where the
1943 Medicaid managed care pilot program is authorized pursuant to s.

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1944 409.91211, the agency shall seek federal approval to contract
1945 with a single entity meeting these requirements to provide
1946 comprehensive behavioral health care services to all Medicaid
1947 recipients not enrolled in a Medicaid managed care plan
1948 authorized under s. 409.91211, a provider service network
1949 authorized under paragraph (d), or a Medicaid health maintenance
1950 organization in an AHCA area. In an AHCA area where the Medicaid
1951 managed care pilot program is authorized pursuant to s.
1952 409.91211 in one or more counties, the agency may procure a
1953 contract with a single entity to serve the remaining counties as
1954 an AHCA area or the remaining counties may be included with an
1955 adjacent AHCA area and are subject to this paragraph. Each
1956 entity must offer a sufficient choice of providers in its
1957 network to ensure recipient access to care and the opportunity
1958 to select a provider with whom they are satisfied. The network
1959 shall include all public mental health hospitals. To ensure
1960 unimpaired access to behavioral health care services by Medicaid
1961 recipients, all contracts issued pursuant to this paragraph must
1962 require 80 percent of the capitation paid to the managed care
1963 plan, including health maintenance organizations and capitated
1964 provider service networks, to be expended for the provision of
1965 behavioral health care services. If the managed care plan
1966 expends less than 80 percent of the capitation paid for the
1967 provision of behavioral health care services, the difference
1968 shall be returned to the agency. The agency shall provide the
1969 plan with a certification letter indicating the amount of
1970 capitation paid during each calendar year for behavioral health
1971 care services pursuant to this section. The agency may reimburse
1972 for substance abuse treatment services on a fee-for-service

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1973 basis until the agency finds that adequate funds are available
1974 for capitated, prepaid arrangements.

1975 1. The agency shall modify the contracts with the entities
1976 providing comprehensive inpatient and outpatient mental health
1977 care services to Medicaid recipients in Hillsborough, Highlands,
1978 Hardee, Manatee, and Polk Counties, to include substance abuse
1979 treatment services.

1980 2. Except as provided in subparagraph 5., the agency and
1981 the Department of Children and Families ~~Family Services~~ shall
1982 contract with managed care entities in each AHCA area except
1983 area 6 or arrange to provide comprehensive inpatient and
1984 outpatient mental health and substance abuse services through
1985 capitated prepaid arrangements to all Medicaid recipients who
1986 are eligible to participate in such plans under federal law and
1987 regulation. In AHCA areas where eligible individuals number less
1988 than 150,000, the agency shall contract with a single managed
1989 care plan to provide comprehensive behavioral health services to
1990 all recipients who are not enrolled in a Medicaid health
1991 maintenance organization, a provider service network authorized
1992 under paragraph (d), or a Medicaid capitated managed care plan
1993 authorized under s. 409.91211. The agency may contract with more
1994 than one comprehensive behavioral health provider to provide
1995 care to recipients who are not enrolled in a Medicaid capitated
1996 managed care plan authorized under s. 409.91211, a provider
1997 service network authorized under paragraph (d), or a Medicaid
1998 health maintenance organization in AHCA areas where the eligible
1999 population exceeds 150,000. In an AHCA area where the Medicaid
2000 managed care pilot program is authorized pursuant to s.
2001 409.91211 in one or more counties, the agency may procure a

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2002 contract with a single entity to serve the remaining counties as
2003 an AHCA area or the remaining counties may be included with an
2004 adjacent AHCA area and shall be subject to this paragraph.
2005 Contracts for comprehensive behavioral health providers awarded
2006 pursuant to this section shall be competitively procured. Both
2007 for-profit and not-for-profit corporations are eligible to
2008 compete. Managed care plans contracting with the agency under
2009 subsection (3) or paragraph (d) shall provide and receive
2010 payment for the same comprehensive behavioral health benefits as
2011 provided in AHCA rules, including handbooks incorporated by
2012 reference. In AHCA area 11, the agency shall contract with at
2013 least two comprehensive behavioral health care providers to
2014 provide behavioral health care to recipients in that area who
2015 are enrolled in, or assigned to, the MediPass program. One of
2016 the behavioral health care contracts must be with the existing
2017 provider service network pilot project, as described in
2018 paragraph (d), for the purpose of demonstrating the cost-
2019 effectiveness of the provision of quality mental health services
2020 through a public hospital-operated managed care model. Payment
2021 shall be at an agreed-upon capitated rate to ensure cost
2022 savings. Of the recipients in area 11 who are assigned to
2023 MediPass under s. 409.9122(2)(k), a minimum of 50,000 of those
2024 MediPass-enrolled recipients shall be assigned to the existing
2025 provider service network in area 11 for their behavioral care.

2026 3. Children residing in a statewide inpatient psychiatric
2027 program, or in a Department of Juvenile Justice or a Department
2028 of Children and Families ~~Family Services~~ residential program
2029 approved as a Medicaid behavioral health overlay services
2030 provider may not be included in a behavioral health care prepaid

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2031 health plan or any other Medicaid managed care plan pursuant to
2032 this paragraph.

2033 4. Traditional community mental health providers under
2034 contract with the Department of Children and Families ~~Family~~
2035 ~~Services~~ pursuant to part IV of chapter 394, child welfare
2036 providers under contract with the Department of Children and
2037 Families ~~Family Services~~ in areas 1 and 6, and inpatient mental
2038 health providers licensed pursuant to chapter 395 must be
2039 offered an opportunity to accept or decline a contract to
2040 participate in any provider network for prepaid behavioral
2041 health services.

2042 5. All Medicaid-eligible children, except children in area
2043 1 and children in Highlands County, Hardee County, Polk County,
2044 or Manatee County of area 6, which ~~that~~ are open for child
2045 welfare services in the statewide automated child welfare
2046 information system, shall receive their behavioral health care
2047 services through a specialty prepaid plan operated by community-
2048 based lead agencies through a single agency or formal agreements
2049 among several agencies. The agency shall work with the specialty
2050 plan to develop clinically effective, evidence-based
2051 alternatives as a downward substitution for the statewide
2052 inpatient psychiatric program and similar residential care and
2053 institutional services. The specialty prepaid plan must result
2054 in savings to the state comparable to savings achieved in other
2055 Medicaid managed care and prepaid programs. Such plan must
2056 provide mechanisms to maximize state and local revenues. The
2057 specialty prepaid plan shall be developed by the agency and the
2058 Department of Children and Families ~~Family Services~~. The agency
2059 may seek federal waivers to implement this initiative. Medicaid-

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2060 eligible children whose cases are open for child welfare
2061 services in the statewide automated child welfare information
2062 system and who reside in AHCA area 10 shall be enrolled in a
2063 capitated provider service network or other capitated managed
2064 care plan, which, in coordination with available community-based
2065 care providers specified in s. 409.987 ~~s. 409.1671~~, shall
2066 provide sufficient medical, developmental, and behavioral health
2067 services to meet the needs of these children.

2068
2069 Effective July 1, 2012, in order to ensure continuity of care,
2070 the agency is authorized to extend or modify current contracts
2071 based on current service areas or on a regional basis, as
2072 determined appropriate by the agency, with comprehensive
2073 behavioral health care providers as described in this paragraph
2074 during the period prior to its expiration. This paragraph
2075 expires October 1, 2014.

2076 Section 29. Paragraph (dd) of subsection (3) of section
2077 409.91211, Florida Statutes, is amended to read:

2078 409.91211 Medicaid managed care pilot program.—

2079 (3) The agency shall have the following powers, duties, and
2080 responsibilities with respect to the pilot program:

2081 (dd) To implement service delivery mechanisms within a
2082 specialty plan in area 10 to provide behavioral health care
2083 services to Medicaid-eligible children whose cases are open for
2084 child welfare services in the HomeSafeNet system. These services
2085 must be coordinated with community-based care providers as
2086 specified in s. 409.986 ~~s. 409.1671~~, where available, and be
2087 sufficient to meet the developmental, behavioral, and emotional
2088 needs of these children. Children in area 10 who have an open

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2089 case in the HomeSafeNet system shall be enrolled into the
2090 specialty plan. These service delivery mechanisms must be
2091 implemented no later than July 1, 2011, in AHCA area 10 in order
2092 for the children in AHCA area 10 to remain exempt from the
2093 statewide plan under s. 409.912(4)(b)5. An administrative fee
2094 may be paid to the specialty plan for the coordination of
2095 services based on the receipt of the state share of that fee
2096 being provided through intergovernmental transfers.

2097 Section 30. Paragraph (d) of subsection (1) of section
2098 420.628, Florida Statutes, is amended to read:

2099 420.628 Affordable housing for children and young adults
2100 leaving foster care; legislative findings and intent.—

2101 (1)

2102 (d) The Legislature intends that the Florida Housing
2103 Finance Corporation, agencies within the State Housing
2104 Initiative Partnership Program, local housing finance agencies,
2105 public housing authorities, and their agents, and other
2106 providers of affordable housing coordinate with the Department
2107 of Children and Families ~~Family Services~~, their agents, and
2108 community-based care providers who provide services under s.
2109 409.986 ~~s. 409.1671~~ to develop and implement strategies and
2110 procedures designed to make affordable housing available
2111 whenever and wherever possible to young adults who leave the
2112 child welfare system.

2113 Section 31. This act shall take effect July 1, 2014.