

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 1650

INTRODUCER: Senator Albritton

SUBJECT: Child Welfare

DATE: March 20, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Williams	Brown	HP	Pre-meeting
2.			CF	
3.			AP	

I. Summary:

SB 1650 makes a number of changes to the Florida child welfare laws primarily to ensure compliance with federal regulations for implementation of the federal Family First Prevention Services Act and to align with the Title IV-E and Guardianship Assistance Program (GAP) requirements. Specifically, the bill:

- Deletes the definition of the term “fictive kin” and all references to the term.
- Amends provisions relating to the Relative Caregiver Program (RCP) to require a family to start the licensure process for GAP and be denied licensure, prior to applying for the RCP.
- Provides that guardianship assistance benefits under the GAP will be terminated if the guardian is no longer providing support for the child.
- Clarifies provisions relating to the extended foster care program, including requiring a young adult participating in the program to provide specified documentation of eligibility and granting the Department of Children and Families (DCF) rulemaking authority.
- Amends provisions relating to judicial reviews for young adults who are leaving and reentering extended care.
- Clarifies provisions relating to financial assistance and other benefits available to children and young adults.
- Amends requirements relating to the licensure of family foster homes, residential child-caring agencies, and child-placing agencies, to either meet federal requirements or to streamline requirements for Level I licensing.
- Reduces from three months to 60 days the period of time for a court review following a child’s placement in a residential treatment program.
- Incorporates a series of conforming cross-reference revisions.

The bill provides that, in questions regarding whether the DCF may provide psychotropic medications to a child in its custody, an advanced practice registered nurse whose specialty is psychiatric nursing and who is granted prescribing authority under a supervisory protocol

established with a physician, may perform certain medical, psychiatric, and psychological examinations of and provide treatment to children in care, and may perform physical, mental, and substance abuse examinations of a person with or requesting child custody services. Under current law, such services must be performed by a physician.

The DCF estimates the bill to have no fiscal impact.

The bill has an effective date of July 1, 2019.

II. Present Situation:

Child Welfare

Chapter 39, F.S., is specific to judicial proceedings relating to children and is divided into multiple parts under this topic. Part IV is specific to the process of taking children into the state's custody and corresponding shelter hearings under that process.

Relative and Nonrelative Caregivers

When children cannot remain safely with their parents, placement with relatives is preferred over placement in foster care with nonrelatives. Caseworkers try to identify and locate a relative or relatives who can safely care for the children while parents receive services to help them address the issues that brought the children to the attention of child welfare. Placement with relatives – or kinship care – provides permanency for children and helps them maintain family connections. Kinship care is the raising of children by grandparents, other extended family members, and adults with whom they have a close family-like relationship, such as godparents and close family friends.^{1,2}

Kinship care may be formal and involve a training and licensure process for the caregivers, monthly payments to help defray the costs of caring for the child, and support services. Kinship care also may be informal and involve only an assessment process to ensure the safety and suitability of the home along with supportive services for the child and caregivers. Approximately 25 percent of the children in out-of-home care are living with relatives.³

In Florida, a point-in-time count as of January 1, 2019, showed there were 23,726 children in out-of-home care. Of those children, 13,449 were in kinship care foster care placements (56.7 percent) and 10,277 were in licensed foster care placements (43.3 percent).⁴

¹ “Fictive kin” is a term used to refer to individuals that are unrelated by either birth or marriage, but have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship.

² U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, Child Welfare Information Gateway, About Kinship Care, available at <https://www.childwelfare.gov/topics/outofhome/kinship/about/> (last visited March 17, 2019).

³ Id.

⁴ Foster care includes all children who have been removed from their homes due to abuse, neglect or abandonment. Kinship foster care is a subset that includes children who are placed with relatives or other person(s) deemed to be a significant person in the child's life. Licensed foster care is a subset that includes traditional family foster homes, therapeutic foster homes, group homes, residential placements and other settings requiring a license.

Relative Caregiver Program (RCP)

The Relative Caregiver Program was established in 1998⁵ for the purpose of recognizing the importance of family relationships and providing additional placement options and incentives to help achieve permanency and stability for many children who are otherwise at risk of foster care placement. The program provides financial assistance to qualified relatives. Within available funding, the Relative Caregiver Program is also required to provide caregivers with family support and preservation services, school readiness assistance, and other available services in order to support the child's safety, growth, and healthy development. Children living with caregivers who are receiving assistance under the program are also eligible for Medicaid coverage.⁶

In 2014, the Legislature expanded the program to include nonrelatives who a child may have a close relationship with but who are not a blood relative or a relative by marriage. Those nonrelatives are eligible for financial assistance if they are able and willing to care for the child and provide a safe, stable home environment. Before such placement is made, a court must find that the proposed placement is in the best interest of the child.⁷

Current law provides that the statewide average monthly rate for children placed by a court with relatives or nonrelatives who are not licensed as foster homes may not exceed 82 percent of the statewide average foster care rate, and the cost of providing the assistance to any caregiver in the program may not exceed the cost of providing out-of-home care in emergency shelter or foster care.⁸

This program provides monthly cash assistance to relatives who meet eligibility rules and have custody of a child under age 18 who has been declared dependent by a Florida court and placed in their home by the Department of Children and Families (DCF) or a Community Based Care (CBC) contracted provider. The monthly cash assistance amount is higher than the Temporary Cash Assistance for one child but less than the amount paid for a child in the foster care program.

Fostering Connections to Success and Increasing Adoptions Act

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections) was enacted into federal law in October 2008. Among its many provisions, it gave states for the first time the option to use funds through federal Title IV-E of the Social Security Act (Title IV-E) for financing guardianship assistance programs (GAP). Otherwise known as subsidized guardianship, the programs enabled children in the care of grandparents and other relatives to exit foster care into permanent homes.⁹

⁵ Chapter 98-78, L.O.F.

⁶ Chapter 2014-224, L.O.F.

⁷ Section 39.5085, F.S.

⁸ Id.

⁹ Public Law No. 110-351.

Guardianship Assistance Program (GAP)

Florida established its GAP program in law in 2018,¹⁰ and the program will begin on July 1, 2019. The GAP allows DCF to provide caregivers who establish legal guardianship with a larger monthly stipend compared to existing state programs.

Under the federal requirements, if a child meets select Title IV-E eligibility standards, the child's caregiver may also be eligible for a GAP subsidy if:

- The child has been removed from his or her family's home pursuant to a voluntary placement agreement or as a result of a judicial determination that allowing the child to remain in the home would be contrary to the child's welfare;
- The child is eligible for federal foster care maintenance payments under Title IV-E of the Social Security Act for at least six consecutive months while residing in the home of the prospective relative guardian who is licensed or approved as meeting the licensure requirements as a foster family home;
- Returning home or adoption are not appropriate permanency options for the child;
- The guardian demonstrates a strong commitment to caring permanently for the child; and,
- The child has been consulted regarding the guardianship arrangement (applicable to children age 14 and older).¹¹

A prospective guardian must meet certain conditions to qualify for a GAP subsidy. He or she must:

- Be the eligible child's relative or close fictive kin;
- Have undergone fingerprint-based criminal record checks and child abuse and neglect registry checks;
- Be a licensed foster parent and approved for guardianship assistance by the relevant state department;
- Display a strong commitment to caring permanently for the child; and,
- Have obtained legal guardianship of the child after the guardianship assistance agreement has been negotiated and finalized with the state.

Nonrelative caregivers currently receive monthly assistance supported by the state General Revenue Fund. Until the Legislature authorized the GAP effective July 1, 2019, the RCP provided the only financial assistance available to relative and nonrelative caregivers who have children placed with them. The RCP and GAP programs will run concurrently starting July 1, 2019, and relative and nonrelative caregivers must first fail to meet the requirements of GAP before being admitted into the RCP.

Title IV-E Waivers

In 1994, the U.S. Department of Health and Human Services (HHS) was authorized to approve state demonstration projects made possible by waiving certain provisions of Title IV-E. This provided states flexibility in using federal funds for services promoting safety, well-being, and

¹⁰ Section 39.6225, F.S.

¹¹ 42 U.S.C. s. 673(d)(3)(A).

permanency for children in the child welfare system.¹² HHS may waive compliance with standard Title IV-E requirements and instead allow states to establish projects that allow them to serve children and provide services that are not typically eligible. To do so, states must enter into an agreement with the federal government outlining the terms and conditions to which the state will adhere in using the federal funds. Currently, 26 states have approved projects, including Florida.

Florida's Title IV-E Waiver

Florida's original Title IV-E waiver was effective October 1, 2006, with a 5-year duration. Key features of the waiver were:

- A capped allocation of funds, similar to a block grant, distributed to CBCs for service provision;
- Flexibility to use funds for a broader array of services beyond out-of-home care; and
- Ability to serve children who did not meet Title IV-E criteria.

The original waiver tested the hypotheses that under this approach:

- An expanded array of CBC services would become available;
- Fewer children would need to enter out-of-home care;
- Child outcomes would improve; and
- Out-of-home care costs would decrease while expenditures for in-home and preventive services would increase.

Florida's waiver is due to end September 30, 2019. Florida will revert to the more restrictive Title IV-E federal funding requirements beginning the next day. When the waiver expires, the state will be required to revert to a traditional Title IV-E service model, which will both eliminate federal support for many current services, forcing the state to either end those services or pay for them without federal funds. DCF estimates that under the latter option, expiration of the waiver will lead to an operating deficit of roughly \$70-90 million per year over the next five fiscal years.

Family First Prevention Services Act

The Family First Prevention Services Act (Family First) was signed into law as part of the Bipartisan Budget Act on February 9, 2018.¹³ Family First amended Title IV-E and Title IV-B of the Social Security Act to make significant changes to child welfare laws to help keep children safely with their families and avoid the experience of entering the foster care system, to emphasize the importance of children growing up in families, and to help ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when

¹² Amy C Vargo et al., *IV-E Waiver Demonstration Evaluation, Final Evaluation Report, SFY 11-12*, (March 15, 2012), available at <http://centerforchildwelfare.org/kb/LegislativeMandatedRpts/IV-EWaiverFinalReport3-28-12.pdf> (last visited March 19, 2019).

¹³ Public Law No. 115–123

out-of-home care is needed.¹⁴ The effective date coincides with the expiration of the Title IV-E waiver that Florida has been operating under since 2006. Family First includes:

- Federal prevention funds for children at risk of entering foster care. Family First provides federal funds under Title IV-E of the Social Security Act, beginning in FY 2020, to support evidence-based prevention efforts for:
 - Mental health and substance abuse prevention and treatment services and
 - In-home parent skill-based services.
 Such services may be provided for not more than 12 months for children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens.
- Federal funds targeted for children in foster family homes, or in qualified residential treatment programs, or other special settings. Federal funding is limited to children in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be – or are at risk of becoming – sex trafficking victims.

Family First requires timely assessments and periodic reviews of children with special needs who are placed in qualified residential treatment programs to ensure their continued need for such care. After FY 2020 (unless the state opts to delay until 2022), Title IV-E reimbursement will be provided only for administrative costs for children in other group care settings, and not for room and board.

The new funding for preventing children from entering foster care and restricting federal funds for group care takes effect in FY 2020 (or 2022 at a state’s option) so that states can make necessary accommodations. Family First recognizes adjustments will be needed to establish prevention services to keep children safely in families and in care that meets their special treatment needs. States have flexibility in defining the safety services they provide to children and families and how they will ensure quality residential treatment for children with emotional and behavioral needs.¹⁵

Florida has asked for the 2-year extension in implementing Family First.

Regulation of Nursing

As authorized under s. 20.43, F.S., the Department of Health (DOH) and its Division of Medical Quality Assurance is responsible for regulating 30 health care professions. Among those is nursing and the Board of Nursing (BON), as created under Part I of Ch. 464, F.S., the Nurse Practice Act, which governs the licensure and regulation of nurses in Florida. Nurses are licensed by the DOH¹⁶ and regulated by the BON.¹⁷ A person desiring to practice nursing in Florida must

¹⁴ Children’s Defense Fund, *Family First Prevention Services Act*, available at <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/> (last visited March 19, 2019).

¹⁵ Id.

¹⁶ Section 464.008, F.S.

¹⁷ The Board of Nursing (BON) is comprised of 13 members appointed by the Governor and confirmed by the Senate who serve 4-year terms. All members must be residents of the state. Seven members must be registered nurses who are representative of the diverse areas of practice within the nursing profession. Three members must be licensed practical nurses

obtain a Florida license by examination,¹⁸ endorsement,¹⁹ or hold an active multistate license pursuant to s. 464.0095, F.S., the Nurse Licensure Compact.²⁰

Advanced Practice Registered Nurses

An “Advanced Practice Registered Nurse” (APRN) is a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, such as certified registered nurse anesthetists (CRNAs), psychiatric nurses, certified nurse midwives (CNM), and nurse practitioners.²¹ The term “advanced or specialized nursing practice” is also defined.²²

Advanced or specialized nursing practice means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the BON, which, by virtue of specialized education, training, and experience, are appropriately performed by an APRN. Within the context of advanced or specialized nursing practice, the APRN may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The APRN may also perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established protocol under the supervision of a physician.²³ In addition, within a supervisory protocol, an APRN may:

- Prescribe, dispense, administer, or order any drug; however, an APRN must have graduated from a program leading to a master’s or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills before being allowed to prescribe controlled substances;
- Order diagnostic tests and physical and occupational therapy;
- Order any medication for administration in a hospital, ambulatory surgical center, or nursing home; and
- Perform additional acts within his or her specialty.²⁴

Subsection (6) of s. 464.012, F.S., directs the BON to establish a committee to recommend a formulary of controlled substances that an APRN may not prescribe or prescribe only for specific uses or limited quantities. The language goes on to indicate that the formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age to advanced practice registered nurses who also are psychiatric nurses as defined in

and three members must be laypersons. At least one member of the BON must be 60 years of age or older. *See* s. 464.004, F.S.

¹⁸ An individual must pass the National Council Licensure Examination (NCLEX), have graduated from an approved nursing education program, and pass applicable background screening. *See* s. 464.008, F.S.

¹⁹ Licensed in another state or territory, actively practiced nursing for two of the previous 3 years prior to application without discipline, and meet the equivalent educational and examination qualifications.

²⁰ In 2016, the Legislature created s. 464.0095, F.S., which adopts the revised Nurse Licensure Compact (NLC) in its entirety into state law. This legislation allows licensed practical and professional nurses to practice in all member states by maintaining a single license in the nurse’s primary state of residence. The effective date of s. 464.0095, F.S., was December 31, 2018, or upon enactment of the revised NLC into law by 26 states, whichever occurs first. At least 26 states have enacted the revised NLC into law and the Enhanced Nurse Licensure Compact Interstate Commission set the implementation date as January 19, 2018. The DOH and the Florida BON have implemented the NLC. *See* <http://floridasnursing.gov/latest-news/the-enlc-was-implemented-on-january-19-2018> (last visited Jan. 25, 2018).

²¹ *See* ss. 464.003(3) and 464.012(1)(a), F.S.

²² Section 464.003(2), F.S.

²³ Section 464.003(2), F.S.

²⁴ Section 464.012(3) and (4), F.S.

s. 394.455, F.S. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03, F.S., to a 7-day supply, except that such restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455, F.S.

An APRN must maintain medical malpractice insurance or provide proof of financial responsibility, unless exempt.²⁵

Any nurse desiring to obtain Florida certification as an APRN must submit to the DOH, among other information, proof that he or she holds a current Florida professional nursing license as registered nurse or holds an active multistate license to practice professional nursing, and meets at least one of the following additional requirements:

- Certification by an appropriate specialty board such as a registered nurse anesthetist, psychiatric nurse, or nurse midwife; or
- Graduation from a nursing program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. An applicant graduating on or after October 1, 1998, must meet this requirement for initial certification as a nurse practitioner. An applicant graduating on or after October 1, 2001, must meet this requirement for initial certification as a Certified Registered Nurse Anesthetist (CRNA).²⁶

The Florida Mental Health Act

Chapter 394, F.S., is specific to mental health. Part I of ch. 394, F.S., is "The Florida Mental Health Act." Consisting of ss. 394.451-394.47892, F.S., this part provides the statutory basis under which the DCF plans for, evaluates, and implements a statewide program of mental health, including community services, receiving and treatment facilities, child services, research, and training, as authorized and approved by the Legislature, based on the annual program budget of the DCF.

The DCF also coordinates its efforts with other departments and divisions of the state government, county and municipal governments, and private agencies concerned with and providing mental health services. The DCF establishes standards, provides technical assistance, and exercises supervision of mental health programs of, and the treatment of patients at, community facilities, other facilities for persons who have a mental illness, and any agency or facility providing services to patients pursuant to part I of ch. 394, F.S.

Section 394.455, F.S., provides the definitions of 48 applicable terms used in part I of ch. 394, F.S. Subsection (35) defines "psychiatric nurse" to mean an advanced practice registered nurse licensed under s. 464.012, F.S., who has a master's or doctoral degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has 2 years of post-master's clinical experience under the supervision of a physician.

²⁵ Section 456.048, F.S.

²⁶ Section 464.012(1), F.S., as amended by chapter 2017-134, Laws of Fla.

Child Welfare: Treating Practitioners

Section 39.407, F.S., provides for the medical, psychiatric, and psychological examination and treatment of children in care and the physical, mental, and substance abuse examination of a person with or requesting child custody. Under these provisions, the determination of the use or continued use of a psychotropic medication in the treatment of a child in custody may be determined only by a prescribing physician. This must be done only after an attempt to obtain express and informed consent as defined in s. 394.455(15), F.S., and as described in s. 394.459(3)(a), F.S., from the child's parent or legal guardian. In instances where parental rights have been terminated or a parent cannot be located or is unknown, or the parent declines to provide consent, the DCF may, after consultation with a prescribing physician, seek court authorization to provide psychotropic medications to the child.

III. Effect of Proposed Changes:

Section 1 amends s. 39.01, F.S., relating to definitions. The definition of the term "institutional child abuse or neglect" is amended to clarify that employees of public schools, as well as private schools, are part of the definition for institutional child abuse or neglect to bring the definition into agreement with s. 39.01(54), F.S., which provides the definition of "other person responsible for a child's welfare." The definition of the term "fictive kin" is deleted.

Section 2 amends s. 39.302, F.S., relating to protective investigations of institutional child abuse, abandonment, and neglect, to conform a cross-reference to other changes made under the bill.

Section 3 amends s. 39.4015, F.S., to delete the definition of fictive kin. The definition of fictive kin in s. 39.01, F.S., meets the Title IV-E requirements, and a duplicative definition is unnecessary.

Section 4 amends s. 39.402, F.S., relating to placement in a shelter, to require the order for placement of a child in shelter care contain a statement that the DCF has placement and care responsibility for any child who is not placed in the care of a parent at the conclusion of the shelter hearing. This brings the state into compliance with federal requirements.

Section 5 amends s. 39.407, F.S., relating to whether the DCF may provide psychotropic medications to a child in its custody. The bill provides that, in the process for making that determination, an advanced practice registered nurse whose specialty is psychiatric nursing and who is granted prescribing authority under a supervisory protocol established with a physician, may perform certain medical, psychiatric, and psychological examinations of and provide treatment to children in care, and may perform physical, mental, and substance abuse examinations of a person with or requesting child custody services. Under current law, such services must be performed by a physician.

The bill reduces from 3 months to 60 days the period of time for a court review following a child's placement in a residential treatment program.

Section 6 amends s. 39.5085, F. S., relating to the Relative Caregiver Program, to require a family to start the licensure process for GAP and be denied licensure, prior to applying for the

Relative Caregiver Program. This will ensure that all relatives who are eligible for the higher payment through GAP and its more streamlined redetermination process, take advantage of the GAP. These changes would allow the state to claim federal Title IV-A (TANF) reimbursement for children served by GAP who do not meet Title IV-E criteria. This will allow the DCF to use TANF funds instead of general revenue funds to support children ineligible for Title IV-E GAP.

Section 7 amends s. 39.5086, F.S., relating to kinship navigator programs, to delete the definition for the term “fictive kin” and delete all references to fictive kin.

Section 8 amends s. 39.521, F.S., relating to disposition hearings, to conform a cross-reference to changes made under the bill.

Section 9 amends s. 39.523, F.S., relating to placement in out-of-home care, to delete a reference to the term “fictive kin.”

Section 10 amends s. 39.6012, F.S., relating to case plan tasks, to conform a cross-reference to changes made under the bill.

Section 11 amends s. 39.6225, F.S., relating to the Guardianship Assistance Program (GAP), to provide that guardianship assistance benefits under the GAP will be terminated if the guardian is no longer providing support for the child. This change was suggested by the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.²⁷

The bill also provides that the case plan must describe information regarding permanent guardianship if the guardian is *pursuing* guardianship assistance payments. Current statute requires the case plan to include information regarding permanent guardianship if the guardian is *receiving* guardianship assistance payments.

Two references to fictive kin are also deleted.

Section 12 amends s. 39.6251, F.S., relating to extended foster care for young adults, to make a number of changes, including:

- Requiring a young adult in the extended foster care program to either furnish documentation of participation in one of the required activities or execute a consent for release of records to the DCF or CBC to obtain the documentation.
- Amending the permanency goal for a young adult who chooses to remain in the extended foster care program past his or her 18th birthday to transition to independence.
- Allowing a young adult who is between the ages of 18 and 21 and who has left the program, to apply with the CBC for readmission through the execution of a voluntary placement agreement. This change allows the state to request Title IV-E reimbursement.
- Providing the DCF with rulemaking authority to administer the extended foster care program. The DCF is authorized to develop rules to establish processes and procedures for the program. This change will help provide consistent application of the program statewide.

²⁷ Department of Children and Families, *Senate Bill 1650 Analysis* (February 16, 2019) (on file with the Senate Committee on Health Policy).

Section 13 amends s. 39.701, F.S., relating to judicial review, to make a number of changes including:

- Replacing the current provision that requires the court to return the child to the custody of the parent(s) if it is determined that the parent(s) have substantially complied with the case plan.
- Requiring that if the court determines at any judicial review that the child will remain in out-of-home care, the court must order that the DCF has placement and care responsibility for the child.
- Addressing additional ways to enter extended foster care while expanding the DCF's ability to seek reimbursement of Title IV-E funds. Section 39.701(4)(f), F.S., allows a young adult to elect to voluntarily leave extended foster care for the sole purpose of ending a removal episode and immediately executes a voluntary placement agreement with the DCF to reenroll in extended foster care, the court must enter an order finding that the prior removal episode ended. Under these circumstances, the court does not lose its jurisdiction and no petition to reinstate jurisdiction is required.
- Creating s. 39701(4)(g), F.S., to require that when a youth enters extended foster care by executing a voluntary placement agreement, the court must enter an order within 180 days of the agreement that determines whether the supervised living arrangement is in the best interest of the youth. The supervised living arrangement may include a licensed foster home, licensed group home, college dormitory, shared housing, apartment or another housing arrangement if approved by the CBC and is acceptable to the young adult. In addition, when a youth is in extended foster care, the court must include in each judicial review order that the DCF has placement and care responsibility for the youth. Lastly, when a youth is in extended foster care, the court must enter an order at a minimum of every 12 months that includes a finding of whether the DCF has made reasonable efforts to finalize the permanency plan currently in effect.

Section 14 amends s. 322.09, F.S., relating to application of minors for a learner's driver license, to conform a cross-reference to changes made under the bill.

Section 15 amends s. 394.495, F.S., relating to child and adolescent mental health system of care, to conform a cross-reference to changes made under the bill.

Section 16 amends s. 409.1451, F.S., relating to the Road-to-Independence Program, to clarify that financial assistance to young adults receiving independent living services including Postsecondary Education Services and Support (PESS), Title IV-E EFC, and Aftercare services may be disregarded for purposes of determining eligibility for, or the amount of, any other federal or federally supported assistance. This will ensure that young adults have access to all assistance programs, if they meet the other eligibility criteria, regardless of their participation in independent living services pursuant to ss. 39.6251 and 409.1451, F.S.

Section 17 amends s. 409.175, F.S., relating to the licensure of family foster homes, residential child-caring agencies, and child-placing agencies, to either meet federal requirements or to streamline requirements for Level I licensure. Changes made to meet federal requirements in order to receive Title IV-E reimbursement related to licensure include:

- Clarifying that a family foster home is a home licensed by the DCF.
- Screening household members in the renewal process for licensure if they have worked or resided on a continuous basis in the home since fingerprints were submitted to the DCF.

- Adding the ability to extend a license up to, but no more than, 30 days.
- Deleting the DCF's ability to provide a provisional license.

Changes made to streamline Level I licensure include:

- Clarifying that the term "personnel" does not include a family foster home.
- Clarifying that background "screening" of personnel applies to Level II through Level V family foster home licensing.
- Adding foster family homes in the screening requirements for good moral character.
- Adding actions by a family foster home or household members to the list of who the DCF may deny, suspend, or revoke a license due to removing family foster home from the definition of personnel.
- Adding family foster homes and household members to the list of those who willfully or intentionally fail to comply with the requirements for background screening.
- Deleting the specified number of preservice and in-service training hours and allowing the DCF to establish the hours by rule.

Section 18 amends s. 409.903, F.S., relating to mandatory payments for medical assistance and related services to eligible individuals, to include children who receive GAP benefits as eligible for Medicaid. Changes to this section will bring the DCF into compliance with federal requirements.

Section 19 amends s. 409.991, F.S., relating to allocation of funds for community-based care lead agencies. Core services funds are all funds allocated to community-based care lead agencies with a number of exceptions. The bill excludes GAP funding from core services funds in determining the allocations for the CBC lead agencies. This means that funding for GAP is not eligible for distribution according to the equity formula and allows the funds to be distributed based on the projected population and GAP payments made by the CBC lead agencies.

Section 20 amends s. 414.045, F.S., relating to the cash assistance program, to add families in GAP as a "child-only" case, which can be funded through TANF. Families in the Relative Caregiver Program are currently considered child-only cases.

Section 21 amends s. 627.746, F.S., relating to insurance coverage for minors who have a learner's driver licenses, to conform a cross-reference to changes made under the bill.

Section 22 amends s. 934.255, F.S., relating to subpoenas in investigations of sexual offenses, to conform a cross-reference to changes made under the bill.

Section 23 amends s. 960.065, F.S., relating to eligibility for victim assistance awards, to conform a cross-reference to changes made under the bill.

Section 24 amends s. 1009.25, F.S., relating to postsecondary fee exemptions.

Section 1009.25(1)(d), F.S., currently provides a tuition fee exemption to a student who is or was at the time he or she reached 18 years of age, in the custody of a relative or nonrelative. The change clarifies that children who are permanently placed with a relative have access to tuition exemptions until the age of 28, whether they are eligible for GAP or the RCP.

Section 25 provides an effective date of July, 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DCF estimates the bill to have no fiscal impact.

VI. Technical Deficiencies:

Lines 60 - 63 and lines 129 - 132 delete the definition of the term “fictive kin.” Having a definition of fictive kind is federal requirement.

On lines 65 - 165 all references to fictive kin have been removed. The family finding program must include locating fictive kin as well as relatives, to meet federal requirements and provide individuals who may help with care or support of a child.

The definition on lines 60 - 63 as well as all references to “fictive kin” should be restored.

VII. Related Issues:

None.

VIII. Statutes Affected:

The bill amends the following sections of the Florida Statutes: 39.01, 39.302, 39.4015, 39.402, 39.407, 39.5085, 39.5086, 39.521, 39.523, 39.6012, 39.6225, 39.6251, 39.701, 322.09, 394.495, 409.1451, 409.175, 409.903, 409.991, 414.045, 627.746, 934.255, 960.065, and 1009.25.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

None.

B. Amendments:

None.