

1 A bill to be entitled
2 An act relating to child welfare; amending s. 39.407,
3 F.S.; providing that a new medical report relating to
4 the provision of psychotropic medication to a child in
5 the legal custody of the Department of Children and
6 Families may be required only under certain
7 circumstances; amending s. 39.4085, F.S.; requiring
8 the department and each community-based care lead
9 agency to coordinate with certain organizations and
10 meet quarterly for a specified purpose; authorizing
11 such meetings to be in person or via teleconference or
12 other electronic means; requiring such meetings to
13 have a formal agenda; requiring the department and
14 each community-based care lead agency to make certain
15 information available on their respective websites;
16 requiring, beginning in a specified year, the
17 department and each community-based care lead agency
18 to publish on their respective websites a biannual
19 report containing specified information; amending s.
20 409.145, F.S.; providing legislative findings;
21 requiring a caregiver to provide a weekly cash
22 allowance to each child in his or her care beginning
23 when the child attains a certain age; prohibiting a
24 caregiver from withholding a child's allowance as
25 punishment; providing that a child may not be required

26 to use his or her allowance for certain items;
 27 encouraging caregivers to offer certain opportunities
 28 to children in their care; authorizing the department
 29 to adopt rules; amending s. 409.175, F.S.; revising
 30 the definitions of the terms "personnel" and
 31 "household member"; amending s. 409.912, F.S.;
 32 requiring a physician to provide to a pharmacy a copy
 33 of certain documentation, rather than a signed
 34 attestation, with certain prescriptions; providing an
 35 effective date.

36
 37 Be It Enacted by the Legislature of the State of Florida:

38
 39 **Section 1. Paragraph (c) of subsection (3) of section**
 40 **39.407, Florida Statutes, is amended to read:**

41 39.407 Medical, psychiatric, and psychological examination
 42 and treatment of child; physical, mental, or substance abuse
 43 examination of person with or requesting child custody.—

44 (3)

45 (c) Except as provided in paragraphs (b) and (e), the
 46 department must file a motion seeking the court's authorization
 47 to initially provide or continue to provide psychotropic
 48 medication to a child in its legal custody. The motion must be
 49 supported by a written report prepared by the department which
 50 describes the efforts made to enable the prescribing physician

51 or psychiatric nurse, as defined in s. 394.455, to obtain
52 express and informed consent for providing the medication to the
53 child and other treatments considered or recommended for the
54 child. In addition, the motion must be supported by the
55 prescribing physician's or psychiatric nurse's signed medical
56 report providing:

57 1. The name of the child, the name and range of the dosage
58 of the psychotropic medication, and that there is a need to
59 prescribe psychotropic medication to the child based upon a
60 diagnosed condition for which such medication is being
61 prescribed.

62 2. A statement indicating that the physician or
63 psychiatric nurse, as defined in s. 394.455, has reviewed all
64 medical information concerning the child which has been
65 provided.

66 3. A statement indicating that the psychotropic
67 medication, at its prescribed dosage, is appropriate for
68 treating the child's diagnosed medical condition, as well as the
69 behaviors and symptoms the medication, at its prescribed dosage,
70 is expected to address.

71 4. An explanation of the nature and purpose of the
72 treatment; the recognized side effects, risks, and
73 contraindications of the medication; drug-interaction
74 precautions; the possible effects of stopping the medication;
75 and how the treatment will be monitored, followed by a statement

76 | indicating that this explanation was provided to the child if
 77 | age appropriate and to the child's caregiver.

78 | 5. Documentation addressing whether the psychotropic
 79 | medication will replace or supplement any other currently
 80 | prescribed medications or treatments; the length of time the
 81 | child is expected to be taking the medication; and any
 82 | additional medical, mental health, behavioral, counseling, or
 83 | other services that the prescribing physician or psychiatric
 84 | nurse, as defined in s. 394.455, recommends.

85 |
 86 | A new medical report may be required only when there is a change
 87 | in the dosage or dosage range of the medication, the type of
 88 | medication prescribed, the manner of administration of the
 89 | medication, or the prescribing physician or psychiatric nurse.
 90 | For purposes of this paragraph, prescribing physicians and
 91 | psychiatric nurses belonging to the same group practice are
 92 | considered a single prescriber.

93 | **Section 2. Subsection (6) is added to section 39.4085,**
 94 | **Florida Statutes, to read:**

95 | 39.4085 Goals for dependent children; responsibilities;
 96 | education; Office of the Children's Ombudsman.—

97 | (6) (a) The department shall coordinate with organizations
 98 | that are focused on empowering children with lived experience.
 99 | The department and such organizations must meet quarterly, at a
 100 | minimum, in person or via teleconference or other electronic

101 means to solicit input on ways to address challenges and
102 opportunities for children in the child welfare system. Each
103 meeting must have a formal agenda, and such agenda and the
104 minutes from each meeting must be made available on the
105 department's website.

106 (b) Each community-based care lead agency shall coordinate
107 with organizations that are focused on empowering children with
108 lived experience. The community-based care lead agency and such
109 organizations must meet quarterly, at a minimum, in person or
110 via teleconference or other electronic means to solicit input on
111 ways to address challenges and opportunities for children in the
112 child welfare system. Each meeting must have a formal agenda,
113 and such agenda and the minutes from each meeting must be made
114 available on the community-based care lead agency's website.

115 (c) By February 1 and August 1 of each year, beginning in
116 2027, the department and each community-based care lead agency
117 must make publicly accessible on their respective websites a
118 report that outlines how the department and the community-based
119 care lead agencies have implemented the suggestions of the
120 organizations based on the meetings required in paragraphs (a)
121 and (b).

122 **Section 3. Present subsection (5) of section 409.145,**
123 **Florida Statutes, is redesignated as subsection (6), a new**
124 **subsection (5) is added to that section, and paragraph (b) of**
125 **subsection (2) of that section is amended, to read:**

126 409.145 Care of children; "reasonable and prudent parent"
127 standard.—The child welfare system of the department shall
128 operate as a coordinated community-based system of care which
129 empowers all caregivers for children in foster care to provide
130 quality parenting, including approving or disapproving a child's
131 participation in activities based on the caregiver's assessment
132 using the "reasonable and prudent parent" standard.

133 (2) REASONABLE AND PRUDENT PARENT STANDARD.—

134 (b) *Application of standard of care.*—

135 1. Every child who comes into out-of-home care pursuant to
136 this chapter is entitled to participate in age-appropriate
137 extracurricular, enrichment, and social activities and to
138 receive a weekly cash allowance for personal use in accordance
139 with subsection (5).

140 2. Each caregiver shall use the reasonable and prudent
141 parent standard in determining whether to give permission for a
142 child living in out-of-home care to participate in
143 extracurricular, enrichment, or social activities. When using
144 the reasonable and prudent parent standard, the caregiver must
145 consider:

146 a. The child's age, maturity, and developmental level to
147 maintain the overall health and safety of the child.

148 b. The potential risk factors and the appropriateness of
149 the extracurricular, enrichment, or social activity.

150 c. The best interest of the child, based on information
151 known by the caregiver.

152 d. The importance of encouraging the child's emotional and
153 developmental growth.

154 e. The importance of providing the child with the most
155 family-like living experience possible.

156 f. The behavioral history of the child and the child's
157 ability to safely participate in the proposed activity.

158 (5) CASH ALLOWANCE.—

159 (a) The Legislature finds that receiving a cash allowance
160 is a critical aspect of normalcy for a child. A cash allowance
161 teaches a child the value and use of money and promotes
162 independence, responsibility, and decisionmaking. Caregivers
163 should provide each child in their care, beginning when the
164 child attains 6 years of age, a weekly cash allowance to help
165 the child learn to manage money.

166 (b) Caregivers licensed by the department must provide a
167 minimum allowance of \$20 per week from the caregivers' existing
168 board rate to children aged 13 through 17 in their care. A child
169 may not be required to use his or her allowance to purchase
170 personal hygiene items, school supplies, clothing, or other
171 necessities that are the responsibility of the child's
172 caregiver. The allowance may not be tied to the child's behavior
173 or employment status or the completion of his or her chores. A
174 caregiver may not withhold the child's allowance as a form of

175 punishment. Caregivers are encouraged to provide children placed
176 in their care with the opportunity to earn additional money
177 through chores or through employment if the child wishes to be
178 employed.

179 (c) The department may adopt rules to implement this
180 subsection.

181 **Section 4. Paragraphs (j) and (k) of subsection (2) of**
182 **section 409.175, Florida Statutes, are amended to read:**

183 409.175 Licensure of family foster homes, residential
184 child-caring agencies, and child-placing agencies; public
185 records exemption.—

186 (2) As used in this section, the term:

187 (j) "Personnel" means all owners, operators, employees,
188 and volunteers working in a child-placing agency or residential
189 child-caring agency who may be employed by or do volunteer work
190 for a person, corporation, or agency that holds a license as a
191 child-placing agency or a residential child-caring agency, but
192 the term does not include those who do not work on the premises
193 where child care is furnished and have no direct contact with a
194 child or have no contact with a child outside of the presence of
195 the child's parent or guardian. For purposes of screening, the
196 term includes any member, over the age of 12 years, of the
197 family of the owner or operator or any person other than a
198 client, a child who is found to be dependent as defined in s.
199 39.01, or a child as defined in s. 39.6251(1), over the age of

200 12 years, residing with the owner or operator if the agency is
201 located in or adjacent to the home of the owner or operator or
202 if the family member of, or person residing with, the owner or
203 operator has any direct contact with the children. Members of
204 the family of the owner or operator, or persons residing with
205 the owner or operator, who are between the ages of 12 years and
206 18 years are not required to be fingerprinted, but must be
207 screened for delinquency records. For purposes of screening, the
208 term also includes owners, operators, employees, and volunteers
209 working in summer day camps, or summer 24-hour camps providing
210 care for children. A volunteer who assists on an intermittent
211 basis for less than 10 hours per month shall not be included in
212 the term "personnel" for the purposes of screening if a person
213 who meets the screening requirement of this section is always
214 present and has the volunteer in his or her line of sight.

215 (k) "Placement screening" means the act of assessing the
216 background of household members in the family foster home and
217 includes, but is not limited to, criminal history records checks
218 as provided in s. 39.0138 using the standards for screening set
219 forth in that section. The term "household member" means a
220 member of the family or a person, other than the child being
221 placed, a child who is found to be dependent as defined in s.
222 39.01, or a child as defined in s. 39.6251(1), over the age of
223 12 years who resides with the owner who operates the family
224 foster home if such family member or person has any direct

225 | contact with the child. Household members who are between the
226 | ages of 12 and 18 years are not required to be fingerprinted but
227 | must be screened for delinquency records.

228 | **Section 5. Subsection (13) of section 409.912, Florida**
229 | **Statutes, is amended to read:**

230 | 409.912 Cost-effective purchasing of health care.—The
231 | agency shall purchase goods and services for Medicaid recipients
232 | in the most cost-effective manner consistent with the delivery
233 | of quality medical care. To ensure that medical services are
234 | effectively utilized, the agency may, in any case, require a
235 | confirmation or second physician's opinion of the correct
236 | diagnosis for purposes of authorizing future services under the
237 | Medicaid program. This section does not restrict access to
238 | emergency services or poststabilization care services as defined
239 | in 42 C.F.R. s. 438.114. Such confirmation or second opinion
240 | shall be rendered in a manner approved by the agency. The agency
241 | shall maximize the use of prepaid per capita and prepaid
242 | aggregate fixed-sum basis services when appropriate and other
243 | alternative service delivery and reimbursement methodologies,
244 | including competitive bidding pursuant to s. 287.057, designed
245 | to facilitate the cost-effective purchase of a case-managed
246 | continuum of care. The agency shall also require providers to
247 | minimize the exposure of recipients to the need for acute
248 | inpatient, custodial, and other institutional care and the
249 | inappropriate or unnecessary use of high-cost services. The

250 agency shall contract with a vendor to monitor and evaluate the
251 clinical practice patterns of providers in order to identify
252 trends that are outside the normal practice patterns of a
253 provider's professional peers or the national guidelines of a
254 provider's professional association. The vendor must be able to
255 provide information and counseling to a provider whose practice
256 patterns are outside the norms, in consultation with the agency,
257 to improve patient care and reduce inappropriate utilization.
258 The agency may mandate prior authorization, drug therapy
259 management, or disease management participation for certain
260 populations of Medicaid beneficiaries, certain drug classes, or
261 particular drugs to prevent fraud, abuse, overuse, and possible
262 dangerous drug interactions. The Pharmaceutical and Therapeutics
263 Committee shall make recommendations to the agency on drugs for
264 which prior authorization is required. The agency shall inform
265 the Pharmaceutical and Therapeutics Committee of its decisions
266 regarding drugs subject to prior authorization. The agency is
267 authorized to limit the entities it contracts with or enrolls as
268 Medicaid providers by developing a provider network through
269 provider credentialing. The agency may competitively bid single-
270 source-provider contracts if procurement of goods or services
271 results in demonstrated cost savings to the state without
272 limiting access to care. The agency may limit its network based
273 on the assessment of beneficiary access to care, provider
274 availability, provider quality standards, time and distance

275 standards for access to care, the cultural competence of the
276 provider network, demographic characteristics of Medicaid
277 beneficiaries, practice and provider-to-beneficiary standards,
278 appointment wait times, beneficiary use of services, provider
279 turnover, provider profiling, provider licensure history,
280 previous program integrity investigations and findings, peer
281 review, provider Medicaid policy and billing compliance records,
282 clinical and medical record audits, and other factors. Providers
283 are not entitled to enrollment in the Medicaid provider network.
284 The agency shall determine instances in which allowing Medicaid
285 beneficiaries to purchase durable medical equipment and other
286 goods is less expensive to the Medicaid program than long-term
287 rental of the equipment or goods. The agency may establish rules
288 to facilitate purchases in lieu of long-term rentals in order to
289 protect against fraud and abuse in the Medicaid program as
290 defined in s. 409.913. The agency may seek federal waivers
291 necessary to administer these policies.

292 (13) The agency may not pay for psychotropic medication
293 prescribed for a child in the Medicaid program without the
294 express and informed consent of the child's parent or legal
295 guardian. The physician shall document the consent in the
296 child's medical record and provide a copy of such documentation
297 to the pharmacy ~~with a signed attestation of this documentation~~
298 with the prescription. The express and informed consent or court
299 authorization for a prescription of psychotropic medication for

300 | a child in the custody of the Department of Children and
301 | Families shall be obtained pursuant to s. 39.407.

302 | **Section 6.** This act shall take effect July 1, 2026.