First Engrossed

1A bill to be entitled2An act relating to out-of-home care; repealing3s. 39.521(5), F.S., relating to the mandatory4assessment of specified children for placement5in licensed residential group care; creating s.639.523, F.S.; prescribing procedures for the7mandatory assessment of certain children for8placement in licensed residential group care;9providing for reports; providing for a10residential group care appropriations category11in the General Appropriations Act; providing12for funding increases to be appropriated in a13lump-sum category; specifying that the release14of certain funds is contingent on the approval15of a spending plan; prescribing elements of the16plan; authorizing one-time startup funding;17amending s. 39.407, F.S.; clarifying that the18Department of Children and Family Services may19place a child who is in its custody in a20residential treatment center without prior21approval of the court; amending s. 409.1671,22F.S.; providing intent that the Department of23Children and Family Services and the Department24of Juvenile Justice establish an interagency25agreement regarding referral to residential26group care facilities; specifying that a27residential group care facility must be28licensed as a child-caring agency; requiring29such	1	
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31 and adding terms; redefining the term "serious	30	meet specified staff qualifications; redefining
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1	behavioral problems"; authorizing the
2	department to adopt rules; specifying
3	timeframes for initiating and for completing
4	privatization of foster care and related
5	services; providing for the establishment of a
6	model comprehensive residential services
7	program in specified counties; providing that
8	community-based providers and subcontractors
9	require employees to obtain bodily injury
10	liability insurance on personal automobiles;
11	providing certain immunity from liability when
12	transporting clients in privately owned
13	automobiles; directing the Department of
14	Children and Family Services to adopt written
15	policies and procedures for contract monitoring
16	of community-based providers; modifying the
17	requirement for community-based providers to
18	furnish information to the department;
19	modifying the conditions under which a provider
20	may close a case; modifying the requirements
21	concerning dual licensure of foster homes;
22	eliminating the authority for a risk pool;
23	requiring the development of a proposal for a
24	shared-earnings program; providing direction
25	for the development of the proposal; providing
26	for submission of the proposal to the
27	Legislative Budget Commission and for
28	submission to the Legislature under certain
29	conditions; expanding the program relating to
30	excess federal earnings and certain additional
31	state funds to additional entities; eliminating

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1 a specified expiration for this program;
2 requiring that the Legislature appropriate a
3 lump sum in the Administered Funds Program each
4 year for a specified purpose; specifying the
5 type of bond that may be required; eliminating
6 an obsolete review requirement; amending s.
7 409.1676, F.S.; removing a reference to
8 specific districts and regions of the
9 department; amending s. 409.175, F.S.; defining
10 the term "family foster group home"; amending
11 s. 409.906, F.S.; expanding the authority for
12 the establishment of child welfare targeted
13 case management projects; eliminating reference
14 to a pilot project; eliminating the requirement
15 to report to the Child Welfare Estimating
16 Conference regarding targeted case management;
17 directing the Office of Program Policy Analysis
18 and Government Accountability, in consultation
19 with the Agency for Health Care Administration,
20 to conduct a review of the process for placing
21 children for residential mental health
22 treatment; providing for a report to the
23 Governor and Legislature; providing an
24 effective date.
25
26 Be It Enacted by the Legislature of the State of Florida:
27
28 Section 1. <u>Subsection (5) of section 39.521, Florida</u>
29 <u>Statutes, is repealed.</u>
30 Section 2. Section 39.523, Florida Statutes, is
31 created to read:
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CODING: Words stricken are deletions; words <u>underlined</u> are additions.

First Engrossed

1	39.523 Placement in residential group care
2	(1) Except as provided in s. 39.407, any dependent
3	child 11 years of age or older who has been in licensed family
4	foster care for 6 months or longer and who is then moved more
5	than once and who is a child with extraordinary needs as
6	defined in s. 409.1676 must be assessed for placement in
7	licensed residential group care. The assessment procedures
8	shall be conducted by the department or its agent and shall
9	incorporate and address current and historical information
10	from any psychological testing or evaluation that has
11	occurred; current and historical information from the guardian
12	ad litem, if one has been assigned; current and historical
13	information from any current therapist, teacher, or other
14	professional who has knowledge of the child and has worked
15	with the child; information regarding the placement of any
16	siblings of the child and the impact of the child's placement
17	in residential group care on the child's siblings; the
18	circumstances necessitating the moves of the child while in
19	family foster care and the recommendations of the former
20	foster families, if available; the status of the child's case
21	plan and a determination as to the impact of placing the child
22	in residential group care on the goals of the case plan; the
23	age, maturity, and desires of the child concerning placement;
24	the availability of any less restrictive, more family-like
25	setting for the child in which the foster parents have the
26	necessary training and skills for providing a suitable
27	placement for the child; and any other information concerning
28	the availability of suitable residential group care. If such
29	placement is determined to be appropriate as a result of this
30	procedure, the child must be placed in residential group care,
31	if available.
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1	(2) The results of the assessment described in
2	subsection (1) and the actions taken as a result of the
3	assessment must be included in the next judicial review of the
4	child. At each subsequent judicial review, the court must be
5	advised in writing of the status of the child's placement,
б	with special reference regarding the stability of the
7	placement and the permanency planning for the child.
8	(3) Any residential group care facility that receives
9	children under the provisions of this subsection shall
10	establish special permanency teams dedicated to overcoming the
11	special permanency challenges presented by this population of
12	children. Each facility shall report to the department its
13	success in achieving permanency for children placed by the
14	department in its care at intervals that allow the current
15	information to be provided to the court at each judicial
16	review for the child.
17	(4) This subsection does not prohibit the department
18	from assessing and placing children who do not meet the
19	criteria in subsection (1) in residential group care if such
20	placement is the most appropriate placement for such children.
21	(5)(a) By December 1 of each year, the department
22	shall report to the Legislature on the placement of children
23	in licensed residential group care during the year, including
24	the criteria used to determine the placement of children, the
25	number of children who were evaluated for placement, the
26	number of children who were placed based upon the evaluation,
27	and the number of children who were not placed. The department
28	shall maintain data specifying the number of children who were
29	referred to licensed residential child care for whom placement
30	was unavailable and the counties in which such placement was
31	unavailable. The department shall include this data in its
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report to the Legislature due on December 1, so that the 1 2 Legislature may consider this information in developing the 3 General Appropriations Act. (b) As part of the report required in paragraph (a), 4 5 the department shall also provide a detailed account of the 6 expenditures incurred for "Special Categories: Grants and Aids 7 Specialized Residential Group Care Services" for the fiscal year immediately preceding the date of the report. This 8 9 section of the report must include whatever supporting data is necessary to demonstrate full compliance with paragraph 10 (6)(c). The document must present the information by district 11 12 and must specify, at a minimum, the number of additional beds, 13 the average rate per bed, the number of additional persons 14 served, and a description of the enhanced and expanded 15 services provided. (6)(a) The provisions of this section shall be 16 17 implemented to the extent of available appropriations 18 contained in the annual General Appropriations Act for such 19 purpose. 20 (b) Each year, funds included in the General Appropriations Act for Enhanced Residential Group Care as 21 provided for in s. 409.1676, shall be appropriated in a 22 separately identified special category that is designated in 23 24 the act as "Special Categories: Grants and Aids-Specialized Residential Group Care Services." 25 26 (c) Each fiscal year, all funding increases for 27 Enhanced Residential Group Care as provided in s. 409.1676, 28 which are included in the General Appropriations Act shall be 29 appropriated in a lump-sum category as defined in s. 216.011(1)(aa). In accordance with s. 216.181(6)(a), the 30 Executive Office of the Governor shall require the department 31 6

to submit a spending plan that identifies the residential 1 2 group care bed capacity shortage throughout the state and 3 proposes a distribution formula by district which addresses 4 the reported deficiencies. The spending plan must have as its first priority the reduction or elimination of any bed 5 6 shortage identified and must also provide for program 7 enhancements to assure that residential group care programs 8 meet a minimum level of expected performance and provide for 9 expansion of the comprehensive residential group care services described in s. 409.1676. Annual appropriation increases 10 appropriated in the lump-sum appropriation must be used in 11 12 accordance with the provisions of the spending plan. 13 (d) Funds from "Special Categories: Grants and Aids -14 Specialized Residential Group Care Services" may be used as 15 one-time startup funding for residential group care purposes that include, but are not limited to, remodeling or renovation 16 17 of existing facilities, construction costs, leasing costs, purchase of equipment and furniture, site development, and 18 19 other necessary and reasonable costs associated with the 20 startup of facilities or programs upon the recommendation of the lead community-based provider if one exists and upon 21 specific approval of the terms and conditions by the secretary 22 23 of the department. Section 3. Subsection (5) of section 39.407, Florida 24 Statutes, is amended to read: 25 26 39.407 Medical, psychiatric, and psychological 27 examination and treatment of child; physical or mental examination of parent or person requesting custody of child .--28 29 (5) Children who are in the legal custody of the 30 department may be placed by the department, without prior 31 approval of the court, in a residential treatment center 7

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licensed under s. 394.875 or a hospital licensed under chapter 1 395 for residential mental health treatment only pursuant to 2 3 this section or may be placed by the court in accordance with 4 an order of involuntary examination or involuntary placement 5 entered pursuant to s. 394.463 or s. 394.467. All children placed in a residential treatment program under this б 7 subsection must have a guardian ad litem appointed. 8 (a) As used in this subsection, the term: 9 1. "Residential treatment" means placement for observation, diagnosis, or treatment of an emotional 10 disturbance in a residential treatment center licensed under 11 12 s. 394.875 or a hospital licensed under chapter 395. "Least restrictive alternative" means the treatment 13 2. 14 and conditions of treatment that, separately and in 15 combination, are no more intrusive or restrictive of freedom 16 than reasonably necessary to achieve a substantial therapeutic 17 benefit or to protect the child or adolescent or others from physical injury. 18 19 3. "Suitable for residential treatment" or 20 "suitability" means a determination concerning a child or adolescent with an emotional disturbance as defined in s. 21 394.492(5) or a serious emotional disturbance as defined in s. 22 23 394.492(6) that each of the following criteria is met: The child requires residential treatment. 24 a. The child is in need of a residential treatment 25 b. 26 program and is expected to benefit from mental health 27 treatment. An appropriate, less restrictive alternative to 28 c. 29 residential treatment is unavailable. (b) Whenever the department believes that a child in 30 its legal custody is emotionally disturbed and may need 31 8 CODING: Words stricken are deletions; words underlined are additions.

residential treatment, an examination and suitability 1 2 assessment must be conducted by a qualified evaluator who is 3 appointed by the Agency for Health Care Administration. This 4 suitability assessment must be completed before the placement 5 of the child in a residential treatment center for emotionally 6 disturbed children and adolescents or a hospital. The 7 qualified evaluator must be a psychiatrist or a psychologist 8 licensed in Florida who has at least 3 years of experience in 9 the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived 10 conflict of interest with any inpatient facility or 11 12 residential treatment center or program. (c) Before a child is admitted under this subsection, 13 14 the child shall be assessed for suitability for residential 15 treatment by a qualified evaluator who has conducted a personal examination and assessment of the child and has made 16 17 written findings that: 18 The child appears to have an emotional disturbance 1. 19 serious enough to require residential treatment and is reasonably likely to benefit from the treatment. 20 21 The child has been provided with a clinically 2. 22 appropriate explanation of the nature and purpose of the 23 treatment. 3. All available modalities of treatment less 24 restrictive than residential treatment have been considered, 25 26 and a less restrictive alternative that would offer comparable benefits to the child is unavailable. 27 28 29 A copy of the written findings of the evaluation and 30 suitability assessment must be provided to the department and 31 9

to the guardian ad litem, who shall have the opportunity to
 discuss the findings with the evaluator.

3 (d) Immediately upon placing a child in a residential 4 treatment program under this section, the department must 5 notify the guardian ad litem and the court having jurisdiction 6 over the child and must provide the guardian ad litem and the 7 court with a copy of the assessment by the qualified 8 evaluator.

9 Within 10 days after the admission of a child to a (e) 10 residential treatment program, the director of the residential treatment program or the director's designee must ensure that 11 12 an individualized plan of treatment has been prepared by the 13 program and has been explained to the child, to the 14 department, and to the guardian ad litem, and submitted to the 15 department. The child must be involved in the preparation of the plan to the maximum feasible extent consistent with his or 16 17 her ability to understand and participate, and the guardian ad litem and the child's foster parents must be involved to the 18 19 maximum extent consistent with the child's treatment needs. The plan must include a preliminary plan for residential 20 treatment and aftercare upon completion of residential 21 22 treatment. The plan must include specific behavioral and 23 emotional goals against which the success of the residential treatment may be measured. A copy of the plan must be provided 24 to the child, to the guardian ad litem, and to the department. 25 26 (f) Within 30 days after admission, the residential 27 treatment program must review the appropriateness and suitability of the child's placement in the program. The 28 29 residential treatment program must determine whether the child is receiving benefit towards the treatment goals and whether 30 the child could be treated in a less restrictive treatment 31

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program. The residential treatment program shall prepare a 1 written report of its findings and submit the report to the 2 3 guardian ad litem and to the department. The department must 4 submit the report to the court. The report must include a 5 discharge plan for the child. The residential treatment program must continue to evaluate the child's treatment 6 7 progress every 30 days thereafter and must include its findings in a written report submitted to the department. The 8 9 department may not reimburse a facility until the facility has 10 submitted every written report that is due.

(g)1. The department must submit, at the beginning of each month, to the court having jurisdiction over the child, a written report regarding the child's progress towards achieving the goals specified in the individualized plan of treatment.

16 2. The court must conduct a hearing to review the 17 status of the child's residential treatment plan no later than 18 3 months after the child's admission to the residential 19 treatment program. An independent review of the child's 20 progress towards achieving the goals and objectives of the 21 treatment plan must be completed by a qualified evaluator and 22 submitted to the court before its 3-month review.

3. For any child in residential treatment at the time
a judicial review is held pursuant to s. 39.701, the child's
continued placement in residential treatment must be a subject
of the judicial review.

4. If at any time the court determines that the child
is not suitable for continued residential treatment, the court
shall order the department to place the child in the least
restrictive setting that is best suited to meet his or her
needs.

1	(h) After the initial 3-month review, the court must
2	conduct a review of the child's residential treatment plan
3	every 90 days.
4	(i) The department must adopt rules for implementing
5	timeframes for the completion of suitability assessments by
6	qualified evaluators and a procedure that includes timeframes
7	for completing the 3-month independent review by the qualified
8	evaluators of the child's progress towards achieving the goals
9	and objectives of the treatment plan which review must be
10	submitted to the court. The Agency for Health Care
11	Administration must adopt rules for the registration of
12	qualified evaluators, the procedure for selecting the
13	evaluators to conduct the reviews required under this section,
14	and a reasonable, cost-efficient fee schedule for qualified
15	evaluators.
16	Section 4. Section 409.1671, Florida Statutes, is
17	amended to read:
18	409.1671 Foster care and related services;
19	privatization
20	(1)(a) It is the intent of the Legislature that the
21	Department of Children and Family Services shall privatize the
22	provision of foster care and related services statewide. It is
23	further the Legislature's intent to encourage communities and
24	other stakeholders in the well-being of children to
25	participate in assuring that children are safe and
26	well-nurtured. However, while recognizing that some local
27	governments are presently funding portions of certain foster
28	care and related services programs and may choose to expand
29	such funding in the future, the Legislature does not intend by
30	its privatization of foster care and related services that any
31	county, municipality, or special district be required to
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assist in funding programs that previously have been funded by 1 the state. Nothing in this paragraph prohibits any county, 2 municipality, or special district from future voluntary 3 4 funding participation in foster care and related services. As 5 used in this section, the term "privatize" means to contract with competent, community-based agencies. The department shall 6 7 submit a plan to accomplish privatization statewide, through a competitive process, phased in over a 3-year period beginning 8 9 January 1, 2000. This plan must be developed with local 10 community participation, including, but not limited to, input from community-based providers that are currently under 11 12 contract with the department to furnish community-based foster care and related services, and must include a methodology for 13 14 determining and transferring all available funds, including 15 federal funds that the provider is eligible for and agrees to earn and that portion of general revenue funds which is 16 17 currently associated with the services that are being furnished under contract. The methodology must provide for the 18 19 transfer of funds appropriated and budgeted for all services 20 and programs that have been incorporated into the project, including all management, capital (including current furniture 21 22 and equipment), and administrative funds to accomplish the 23 transfer of these programs. This methodology must address expected workload and at least the 3 previous years' 24 experience in expenses and workload. With respect to any 25 26 district or portion of a district in which privatization 27 cannot be accomplished within the 3-year timeframe, the department must clearly state in its plan the reasons the 28 29 timeframe cannot be met and the efforts that should be made to remediate the obstacles, which may include alternatives to 30 total privatization, such as public-private partnerships. As 31

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used in this section, the term "related services" includes, 1 but is not limited to, family preservation, independent 2 living, emergency shelter, residential group care, foster 3 4 care, therapeutic foster care, intensive residential 5 treatment, foster care supervision, case management, postplacement supervision, permanent foster care, and family 6 7 reunification. Unless otherwise provided for, beginning in fiscal year 1999-2000, either the state attorney or the Office 8 9 of the Attorney General shall provide child welfare legal services, pursuant to chapter 39 and other relevant 10 provisions, in Sarasota, Pinellas, Pasco, Broward, and Manatee 11 12 Counties. Such legal services shall commence and be 13 effective, as soon as determined reasonably feasible by the 14 respective state attorney or the Office of the Attorney 15 General, after the privatization of associated programs and 16 child protective investigations has occurred. When a private 17 nonprofit agency has received case management responsibilities, transferred from the state under this 18 19 section, for a child who is sheltered or found to be dependent 20 and who is assigned to the care of the privatization project, the agency may act as the child's guardian for the purpose of 21 22 registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot 23 reasonably be ascertained. The private nonprofit agency may 24 also seek emergency medical attention for such a child, but 25 only if a parent or guardian of the child is unavailable, his 26 27 or her whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be 28 obtained because of the severity of the emergency or because 29 it is after normal working hours. However, the provider may 30 not consent to sterilization, abortion, or termination of life 31

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support. If a child's parents' rights have been terminated, 1 2 the nonprofit agency shall act as guardian of the child in all 3 circumstances. 4 (b) It is the intent of the Legislature that the 5 department will continue to work towards full privatization by 6 initiating the competitive-procurement process in each county 7 by January 1, 2003. In order to provide for an adequate 8 transition period to develop the necessary administrative and 9 service-delivery capacity in each community, the full transfer of all foster care and related services must be completed 10 statewide by December 31, 2004. 11 12 (c)(b) As used in this section, the term "eligible 13 lead community-based provider" means a single agency with 14 which the department shall contract for the provision of child 15 protective services in a community that is no smaller than a county. The secretary of the department may authorize more 16 17 than one eligible lead community-based provider within a single county when to do so will result in more effective 18 19 delivery of foster care and related services. To compete for a 20 privatization project, such agency must have: 21 The ability to coordinate, integrate, and manage 1. 22 all child protective services in the designated community in 23 cooperation with child protective investigations. The ability to ensure continuity of care from entry 24 2. to exit for all children referred from the protective 25 26 investigation and court systems. 27 3. The ability to provide directly, or contract for through a local network of providers, all necessary child 28 29 protective services. The willingness to accept accountability for 30 4. meeting the outcomes and performance standards related to 31 15 CODING: Words stricken are deletions; words underlined are additions. child protective services established by the Legislature and
 the Federal Government.

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

8 6. The willingness to ensure that each individual who
9 provides child protective services completes the training
10 required of child protective service workers by the Department
11 of Children and Family Services.

12 7. The ability to maintain eligibility to receive all
13 federal child welfare funds, including Title IV-E and IV-A
14 funds, currently being used by the Department of Children and
15 Family Services.

16 (d) (c) 1. If attempts to competitively procure services 17 through an eligible lead community-based provider as defined in paragraph(c)(b)do not produce a capable and willing 18 19 agency, the department shall develop a plan in collaboration 20 with the local community alliance. The plan must detail how the community will continue to implement privatization, to be 21 accomplished by December 31, 2004 through competitively 22 23 procuring either the specific components of foster care and related services or comprehensive services for defined 24 eligible populations of children and families from qualified 25 26 licensed agencies as part of its efforts to develop the local 27 capacity for a community-based system of coordinated care. The plan must ensure local control over the management and 28 29 administration of the service provision in accordance with the intent of this section and may include recognized best 30 business practices, including some form of public or private 31

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partnerships. In the absence of a community alliance, the plan 1 2 must be submitted to the President of the Senate and the 3 Speaker of the House of Representatives for their comments. 4 2. The Legislature finds that the state has 5 traditionally provided foster care services to children who have been the responsibility of the state. As such, foster 6 7 children have not had the right to recover for injuries beyond the limitations specified in s. 768.28. The Legislature has 8 9 determined that foster care and related services need to be privatized pursuant to this section and that the provision of 10 such services is of paramount importance to the state. The 11 12 purpose for such privatization is to increase the level of safety, security, and stability of children who are or become 13 14 the responsibility of the state. One of the components 15 necessary to secure a safe and stable environment for such children is that private providers maintain liability 16 17 insurance. As such, insurance needs to be available and remain available to nongovernmental foster care and related services 18 19 providers without the resources of such providers being significantly reduced by the cost of maintaining such 20 21 insurance. 22 3. The Legislature further finds that, by requiring 23 the following minimum levels of insurance, children in privatized foster care and related services will gain 24 increased protection and rights of recovery in the event of 25 26 injury than provided for in s. 768.28. 27 (e) In any county in which a service contract has not been executed by December 31, 2004, the department shall 28 29 ensure access to a model comprehensive residential services program as described in s. 409.1677 which, without imposing 30 undo financial, geographic, or other barriers, ensures 31 17

reasonable and appropriate participation by the family in the 1 2 child's program. 3 1. In order to assure that the program is operational 4 by December 31, 2004, the department must, by December 31, 5 2003, begin the process of establishing access to a program in 6 any county in which the department has not either entered into 7 a transition contract or approved a community plan, as 8 described in paragraph (d), which assures full privatization 9 by the statutory deadline. 10 The program must be procured through a competitive 2. 11 process. 12 3. The Legislature does not intend for the provisions of this paragraph to substitute for the requirement that full 13 14 conversion to community-based care be accomplished. 15 (f) (d) Other than an entity to which s. 768.28 applies, any eligible lead community-based provider, as 16 17 defined in paragraph(c)(b), or its employees or officers, except as otherwise provided in paragraph(g)(e), must, as a 18 19 part of its contract, obtain a minimum of \$1 million per claim/\$3 million per incident in general liability insurance 20 coverage. The eligible lead community-based provider must also 21 require that staff who transport client children and families 22 23 in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily injury liability 24 insurance in the amount of \$100,000 per claim, \$300,000 per 25 26 incident on their personal automobiles. In any tort action 27 brought against such an eligible lead community-based provider or employee, net economic damages shall be limited to \$1 28 29 million per liability claim and \$100,000 per automobile claim, including, but not limited to, past and future medical 30 expenses, wage loss, and loss of earning capacity, offset by 31 18

any collateral source payment paid or payable. In any tort 1 action brought against such an eligible lead community-based 2 3 provider, noneconomic damages shall be limited to \$200,000 per 4 claim. A claims bill may be brought on behalf of a claimant 5 pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral source 6 7 payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76. The lead 8 community-based provider shall not be liable in tort for the 9 acts or omissions of its subcontractors or the officers, 10 agents, or employees of its subcontractors. 11 12 (g)(e) The liability of an eligible lead community-based provider described in this section shall be 13 14 exclusive and in place of all other liability of such 15 provider. The same immunities from liability enjoyed by such providers shall extend as well to each employee of the 16 17 provider when such employee is acting in furtherance of the provider's business, including the transportation of clients 18 19 served, as described in this subsection, in privately owned 20 vehicles. Such immunities shall not be applicable to a provider or an employee who acts in a culpably negligent 21 manner or with willful and wanton disregard or unprovoked 22 23 physical aggression when such acts result in injury or death or such acts proximately cause such injury or death; nor shall 24 such immunities be applicable to employees of the same 25 26 provider when each is operating in the furtherance of the 27 provider's business, but they are assigned primarily to unrelated works within private or public employment. The same 28 29 immunity provisions enjoyed by a provider shall also apply to any sole proprietor, partner, corporate officer or director, 30 supervisor, or other person who in the course and scope of his 31

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or her duties acts in a managerial or policymaking capacity 1 and the conduct that caused the alleged injury arose within 2 3 the course and scope of those managerial or policymaking 4 duties. Culpable negligence is defined as reckless indifference or grossly careless disregard of human life. 5 6 (h)(f) Any subcontractor of an eligible lead 7 community-based provider, as defined in paragraph(c)(b), which is a direct provider of foster care and related services 8 9 to children and families, and its employees or officers, 10 except as otherwise provided in paragraph(g)(e), must, as a part of its contract, obtain a minimum of \$1 million per 11 12 claim/\$3 million per incident in general liability insurance 13 coverage. The subcontractor of an eligible lead 14 community-based provider must also require that staff who 15 transport client children and families in their personal 16 automobiles in order to carry out their job responsibilities 17 obtain minimum bodily injury liability insurance in the amount 18 of \$100,000 per claim, \$300,000 per incident on their personal 19 automobiles. In any tort action brought against such 20 subcontractor or employee, net economic damages shall be 21 limited to \$1 million per liability claim and \$100,000 per automobile claim, including, but not limited to, past and 22 23 future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or 24 payable. In any tort action brought against such 25 26 subcontractor, noneconomic damages shall be limited to 27 \$200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the 28 29 limits specified in this paragraph. Any offset of collateral source payments made as of the date of the settlement or 30 judgment shall be in accordance with s. 768.76. 31

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1	(i) (g) The liability of a subcontractor of an eligible
2	lead community-based provider that is a direct provider of
3	foster care and related services as described in this section
4	shall be exclusive and in place of all other liability of such
5	provider. The same immunities from liability enjoyed by such
6	subcontractor provider shall extend as well to each employee
7	of the subcontractor when such employee is acting in
8	furtherance of the subcontractor's business, including the
9	transportation of clients served, as described in this
10	subsection, in privately owned vehicles. Such immunities shall
11	not be applicable to a subcontractor or an employee who acts
12	in a culpably negligent manner or with willful and wanton
13	disregard or unprovoked physical aggression when such acts
14	result in injury or death or such acts proximately cause such
15	injury or death; nor shall such immunities be applicable to
16	employees of the same subcontractor when each is operating in
17	the furtherance of the subcontractor's business, but they are
18	assigned primarily to unrelated works within private or public
19	employment. The same immunity provisions enjoyed by a
20	subcontractor shall also apply to any sole proprietor,
21	partner, corporate officer or director, supervisor, or other
22	person who in the course and scope of his or her duties acts
23	in a managerial or policymaking capacity and the conduct that
24	caused the alleged injury arose within the course and scope of
25	those managerial or policymaking duties. Culpable negligence
26	is defined as reckless indifference or grossly careless
27	disregard of human life.
28	(j) (h) The Legislature is cognizant of the increasing
29	costs of goods and services each year and recognizes that
30	fixing a set amount of compensation actually has the effect of
31	a reduction in compensation each year. Accordingly, the

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1 conditional limitations on damages in this section shall be 2 increased at the rate of 5 percent each year, prorated from 3 the effective date of this paragraph to the date at which 4 damages subject to such limitations are awarded by final 5 judgment or settlement.

6 (2)(a) The department may contract for the delivery, 7 administration, or management of protective services, the services specified in subsection (1) relating to foster care, 8 9 and other related services or programs, as appropriate. The department shall retain responsibility for the quality of 10 contracted services and programs and shall ensure that 11 12 services are delivered in accordance with applicable federal and state statutes and regulations. The department must adopt 13 14 written policies and procedures for monitoring the contract 15 for delivery of services by lead community-based providers. These policies and procedures must, at a minimum, address the 16 17 evaluation of fiscal accountability and program operations, including provider achievement of performance standards, 18 19 provider monitoring of subcontractors, and timely followup of 20 corrective actions for significant monitoring findings related to providers and subcontractors. These policies and procedures 21 must also include provisions for reducing the duplication of 22 23 the department's program monitoring activities both internally and with other agencies, to the extent possible. The 24 department's written procedures must assure that the written 25 26 findings, conclusions, and recommendations from monitoring the contract for services of lead community-based providers are 27 28 communicated to the director of the provider agency as 29 expeditiously as possible. (b) Persons employed by the department in the 30 provision of foster care and related services whose positions 31 2.2

are being privatized pursuant to this statute shall be given
 hiring preference by the provider, if provider qualifications
 are met.

4 (3)(a) In order to help ensure a seamless child 5 protection system, the department shall ensure that contracts 6 entered into with community-based agencies pursuant to this 7 section include provisions for a case-transfer process to determine the date that the community-based agency will 8 9 initiate the appropriate services for a child and family. This 10 case-transfer process must clearly identify the closure of the protective investigation and the initiation of service 11 12 provision. At the point of case transfer, and at the 13 conclusion of an investigation, the department must provide a 14 complete summary of the findings of the investigation to the 15 community-based agency.

(b) The contracts must also ensure that each 16 17 community-based agency shall furnish information on its activities in all cases in client case records regular status 18 19 reports of its cases to the department as specified in the contract. A provider may not discontinue services on any 20 voluntary case without prior written notification to the 21 department 30 days before planned case closure. If the 22 23 department disagrees with the recommended case closure, written notification to the provider must be provided before 24 25 the case-closure date.without prior written notification to 26 the department. After discontinuing services to a child or a 27 child and family, the community-based agency must provide a written case summary, including its assessment of the child 28 29 and family, to the department. (c) The contract between the department and 30 community-based agencies must include provisions that specify 31

the procedures to be used by the parties to resolve 1 2 differences in interpreting the contract or to resolve 3 disputes as to the adequacy of the parties' compliance with 4 their respective obligations under the contract. 5 (4)(a) The department shall establish a quality 6 assurance program for privatized services. The quality 7 assurance program shall be based on standards established by a 8 national accrediting organization such as the Council on 9 Accreditation of Services for Families and Children, Inc. (COA) or CARF--the Rehabilitation Accreditation Commission. 10 The department may develop a request for proposal for such 11 12 oversight. This program must be developed and administered at 13 a statewide level. The Legislature intends that the department 14 be permitted to have limited flexibility to use funds for 15 improving quality assurance. To this end, effective January 1, 2000, the department may transfer up to 0.125 percent of the 16 17 total funds from categories used to pay for these contractually provided services, but the total amount of such 18 19 transferred funds may not exceed \$300,000 in any fiscal year. When necessary, the department may establish, in accordance 20 with s. 216.177, additional positions that will be exclusively 21 22 devoted to these functions. Any positions required under this 23 paragraph may be established, notwithstanding ss. 216.262(1)(a) and 216.351. The department, in consultation 24 with the community-based agencies that are undertaking the 25 26 privatized projects, shall establish minimum thresholds for each component of service, consistent with standards 27 established by the Legislature. Each program operated under 28 29 contract with a community-based agency must be evaluated annually by the department. The department shall submit an 30 annual report regarding quality performance, outcome measure 31 24

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1	attainment, and cost efficiency to the President of the
2	Senate, the Speaker of the House of Representatives, the
3	minority leader of each house of the Legislature, and the
4	Governor no later than January 31 of each year for each
5	project in operation during the preceding fiscal year.
6	(b) The department shall use these findings in making
7	recommendations to the Governor and the Legislature for future
8	program and funding priorities in the child welfare system.
9	(5)(a) The community-based agency must comply with
10	statutory requirements and agency rules in the provision of
11	contractual services. Each foster home, therapeutic foster
12	home, emergency shelter, or other placement facility operated
13	by the community-based agency or agencies must be licensed by
14	the Department of Children and Family Services under chapter
15	402 or this chapter. Each community-based agency must be
16	licensed as a child-caring or child-placing agency by the
17	department under this chapter. The department, in order to
18	eliminate or reduce the number of duplicate inspections by
19	various program offices, shall coordinate inspections required
20	pursuant to licensure of agencies under this section.
21	(b) Substitute care providers who are licensed under
22	s. 409.175 and have contracted with a lead agency authorized
23	under this section shall also be authorized to provide
24	registered or licensed family day care under s. 402.313, if
25	consistent with federal law and if the home has met \div
26	1. the requirements of s. 402.313 <u>.;</u> and
27	2. The requirements of s. 402.281 and has received
28	Gold Seal Quality Care designation.
29	(c) A dually licensed home under this section shall be
30	eligible to receive both an out-of-home care payment and a
31	subsidized child care payment for the same child pursuant to
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federal law. The department may adopt administrative rules 1 2 necessary to administer this paragraph the foster care board 3 rate and the subsidized child care rate for the same child 4 only if care is provided 24 hours a day. The subsidized child 5 care rate shall be no more than the approved full-time rate. (6) Beginning January 1, 1999, and continuing at least б 7 through June 30, 2000, the Department of Children and Family 8 Services shall privatize all foster care and related services 9 in district 5 while continuing to contract with the current model programs in districts 1, 4, and 13, and in subdistrict 10 8A, and shall expand the subdistrict 8A pilot program to 11 12 incorporate Manatee County. Planning for the district 5 privatization shall be done by providers that are currently 13 14 under contract with the department for foster care and related services and shall be done in consultation with the 15 department. A lead provider of the district 5 program shall 16 17 be competitively selected, must demonstrate the ability to provide necessary comprehensive services through a local 18 19 network of providers, and must meet criteria established in this section. Contracts with organizations responsible for the 20 model programs must include the management and administration 21 of all privatized services specified in subsection (1). 22 23 However, the department may use funds for contract management only after obtaining written approval from the Executive 24 Office of the Governor. The request for such approval must 25 include, but is not limited to, a statement of the proposed 26 27 amount of such funds and a description of the manner in which such funds will be used. If the community-based organization 28 29 selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid 30 provider number pursuant to s. 409.907 for the provision of 31

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services currently authorized under the state Medicaid plan to 1 2 those children encompassed in this model and in a manner not 3 to exceed the current level of state expenditure. 4 (7) The department, in consultation with existing lead agencies, shall develop a statewide proposal regarding the 5 6 long-term use and structure of a shared-earnings program which 7 addresses is authorized to establish and administer a risk 8 pool to reduce the financial risk to eligible lead 9 community-based providers resulting from unanticipated 10 caseload growth or from significant changes in client mixes or services eligible for federal reimbursement. The 11 12 recommendations in the statewide proposal must also be 13 available to entities of the department until the conversion 14 to community-based care takes place. At a minimum, the proposal must allow federal earnings received from child 15 16 welfare programs that are determined by the department to be 17 in excess of the amount appropriated in the General Appropriations Act. These purposes include, but are not 18 19 limited to: 20 (a) Significant changes in the number or composition 21 of clients eligible to receive services. 22 (b) Significant changes in the services that are 23 eligible for reimbursement. 24 (c) Significant changes in the availability of federal 25 funds. 26 (d) Shortfalls in state funds available for eligible 27 or ineligible services. 28 (e) Significant changes in the mix of available funds. 29 (f) Scheduled or unanticipated, but necessary, 30 advances to providers or other cash-flow issues. 31 27 CODING: Words stricken are deletions; words underlined are additions.

(g) Proposals to participate in optional Medicaid 1 2 services or other federal grant opportunities. 3 (h) Appropriate incentive structures. (i) Continuity of care in the event of lead-agency 4 5 failure, discontinuance of service, or financial misconduct. 6 7 The department shall further specify the necessary steps to 8 ensure the financial integrity of these dollars and their 9 continued availability on an ongoing basis. The final proposal shall be submitted to the Legislative Budget Commission for 10 formal adoption before December 31, 2002. If the Legislative 11 12 Budget Commission refuses to concur with the adoption of the 13 proposal, the department shall present its proposal in the 14 form of recommended legislation to the President of the Senate 15 and the Speaker of the House of Representatives before the commencement of the next legislative session. For fiscal year 16 17 2003-2004 and annually thereafter, the Department of Children and Family Services may request, and the Governor may 18 19 recommend, the funding necessary to carry out paragraph (i), 20 in its legislative budget request from excess federal 21 earnings. The General Appropriations Act shall include any funds appropriated for this purpose in a lump sum in the 22 Administered Funds Program, which funds constitute sufficient 23 and exclusive security for lead-agency contract performance, 24 25 and no other performance bond shall be required. The 26 department may require a bond to mitigate the financial consequences of potential acts of malfeasance, misfeasance, or 27 criminal violations by the provider. Prior to the release of 28 29 any funds in the lump sum, the department shall submit a 30 detailed operational plan, which must identify the sources of specific trust funds to be used. The release of the trust fund 31 2.8

shall be subject to the notice and review provisions of s. 1 2 216.177. However, the release shall not require approval of 3 the Legislative Budget Commission. 4 (8) Notwithstanding the provisions of s. 215.425, all 5 documented federal funds earned for the current fiscal year by 6 the department and community-based agencies which exceed the 7 amount appropriated by the Legislature shall be distributed to 8 all entities that contributed to the excess earnings based on 9 a schedule and methodology developed by the department and approved by the Executive Office of the Governor. Distribution 10 shall be pro rata based on total earnings and shall be made 11 12 only to those entities that contributed to excess earnings. Excess earnings of community-based agencies shall be used only 13 14 in the service district in which they were earned. Additional 15 state funds appropriated by the Legislature for community-based agencies or made available pursuant to the 16 17 budgetary amendment process described in s. 216.177 shall be 18 transferred to the community-based agencies. The department 19 shall amend a community-based agency's contract to permit expenditure of the funds. The distribution program applies 20 only to entities that were under privatization contracts as of 21 22 July 1, 2002 1999. This program is authorized for a period of 23 3 years beginning July 1, 1999, and ending June 30, 2002. The Office of Program Policy Analysis and Government 24 25 Accountability shall review this program and report to the 26 President of the Senate and the Speaker of the House of Representatives by December 31, 2001. The review shall assess 27 the program to determine how the additional resources were 28 29 used, the number of additional clients served, the 30 improvements in quality of service attained, the performance 31 29

outcomes associated with the additional resources, and the 1 feasibility of continuing or expanding this program. 2 3 (9) Each district and subdistrict that participates in 4 the model program effort or any future privatization effort as 5 described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these 6 7 services through the department and the full cost of privatization, including the cost of monitoring and evaluating 8 9 the contracted services. Section 5. Section 409.1676, Florida Statutes, is 10 amended to read: 11 12 409.1676 Comprehensive residential group care services to children who have extraordinary needs .--13 14 (1) It is the intent of the Legislature to provide 15 comprehensive residential group care services, including residential care, case management, and other services, to 16 17 children in the child protection system who have extraordinary needs, such as serious behavioral problems or having been 18 19 determined to be without the options of either reunification with family or adoption. These services are to be provided in 20 a residential group care setting by a not-for-profit 21 22 corporation or a local government entity under a contract with 23 the Department of Children and Family Services or by a lead agency as described in s. 409.1671. These contracts should be 24 designed to provide an identified number of children with 25 26 access to a full array of services for a fixed price. Further, 27 it is the intent of the Legislature that the Department of Children and Family Services and the Department of Juvenile 28 29 Justice establish an interagency agreement by December 1, 2002, which describes respective agency responsibilities for 30 referral, placement, service provision, and service 31 30

coordination for dependent and delinquent youth who are 1 2 referred to these residential group care facilities. The 3 agreement must require interagency collaboration in the development of terms, conditions, and performance outcomes for 4 5 residential group care contracts serving the youth referred 6 who have been adjudicated both dependent and delinquent. 7 (2) As used in this section, the term: (a) "Residential group care" means a living 8 9 environment for children who have been adjudicated dependent and are expected to be in foster care for at least 6 months 10 with 24-hour-awake staff or live-in group home parents or 11 12 staff. Each facility Beginning July 1, 2001, all facilities must be appropriately licensed in this state as a residential 13 14 child caring agency as defined in s. 409.175(2)(j), and they 15 must be accredited by July 1, 2005. A residential group care facility serving children having a serious behavioral problem 16 17 as defined in this section must have available staff or contract personnel with the clinical expertise, credentials, 18 19 and training to provide services identified in s. 409.1671(4). 20 (b) "Child with extraordinary needs" means a dependent child who has serious behavioral problems or who has been 21 determined to be without the options of either reunification 22 23 with family or adoption. (c)(b) "Serious behavioral problems" means behaviors 24 of children who have been assessed by a licensed 25 26 master's-level human-services professional to need at a minimum intensive services but who do not meet the criteria of 27 s. 394.492(7)s. 394.492(6) or (7). A child with an emotional 28 29 disturbance as defined in s. 394.492(5) or (6)may be served in residential group care unless a determination is made by a 30 mental health professional that such a setting is 31 31

inappropriate. A child having a serious behavioral problem 1 2 must have been determined in the assessment to have at least 3 one of the following risk factors: 4 1. An adjudication of delinquency and be on 5 conditional release status with the Department of Juvenile 6 Justice. 7 2. A history of physical aggression or violent 8 behavior toward self or others, animals, or property within 9 the past year. 10 3. A history of setting fires within the past year. 4. A history of multiple episodes of running away from 11 12 home or placements within the past year. 13 5. A history of sexual aggression toward other youth. 14 (3) The department, in accordance with a specific appropriation for this program, shall contract with a 15 not-for-profit corporation, a local government entity, or the 16 17 lead agency that has been established in accordance with s. 18 409.1671 for the performance of residential group care 19 services described in this section in, at a minimum, districts 20 4, 11, 12, and the Suncoast Region of the Department of Children and Family Services and with a not-for-profit entity 21 22 serving children from multiple districts. A lead agency that 23 is currently providing residential care may provide this service directly with the approval of the local community 24 alliance. The department or a lead agency may contract for 25 26 more than one site in a county if that is determined to be the 27 most effective way to achieve the goals set forth in this 28 section. 29 (4) The lead agency, the contracted not-for-profit corporation, or the local government entity is responsible for 30 a comprehensive assessment, residential care, transportation, 31 32 CODING: Words stricken are deletions; words underlined are additions. 1 <u>access to</u> behavioral health services, recreational activities, 2 clothing, supplies, and miscellaneous expenses associated with 3 caring for these children; for necessary arrangement for or 4 provision of educational services; and for assuring necessary 5 and appropriate health and dental care.

6 (5) The department may transfer all casework 7 responsibilities for children served under this program to the 8 entity that provides this service, including case management 9 and development and implementation of a case plan in accordance with current standards for child protection 10 services. When the department establishes this program in a 11 12 community that has a lead agency as described in s. 409.1671, 13 the casework responsibilities must be transferred to the lead 14 agency.

15 (6) This section does not prohibit any provider of 16 these services from appropriately billing Medicaid for 17 services rendered, from contracting with a local school 18 district for educational services, or from earning federal or 19 local funding for services provided, as long as two or more 20 funding sources do not pay for the same specific service that 21 has been provided to a child.

(7) The lead agency, not-for-profit corporation, or local government entity has the legal authority for children served under this program, as provided in chapter 39 or this chapter, as appropriate, to enroll the child in school, to sign for a driver's license for the child, to cosign loans and insurance for the child, to sign for medical treatment, and to authorize other such activities.

(8) The department shall provide technical assistanceas requested and contract management services.

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1 The provisions of this section shall be (9) 2 implemented to the extent of available appropriations 3 contained in the annual General Appropriations Act for such 4 purpose. 5 The department may adopt rules necessary to (10) 6 administer this section. 7 Section 6. Subsections (2) and (5) of section 409.175, 8 Florida Statutes, are amended to read: 9 409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies.--10 (2) As used in this section, the term: 11 12 (a) "Agency" means a residential child-caring agency 13 or a child-placing agency. 14 (b) "Boarding school" means a school which is 15 registered with the Department of Education as a school. Its program must follow established school schedules, with holiday 16 17 breaks and summer recesses in accordance with other public and private school programs. The children in residence must 18 19 customarily return to their family homes or legal guardians during school breaks and must not be in residence year-round, 20 except that this provision does not apply to foreign students. 21 22 The parents of these children retain custody and planning and 23 financial responsibility. 24 (C) "Child" means any unmarried person under the age of 18 years. 25 26 (d) "Child-placing agency" means any person, 27 corporation, or agency, public or private, other than the parent or legal guardian of the child or an intermediary 28 29 acting pursuant to chapter 63, that receives a child for placement and places or arranges for the placement of a child 30 31 34 CODING: Words stricken are deletions; words underlined are additions. in a family foster home, residential child-caring agency, or
 adoptive home.

(e) 3 "Family foster home" means a private residence in 4 which children who are unattended by a parent or legal 5 guardian are provided 24-hour care. Such homes include 6 emergency shelter family homes, family foster group homes, and 7 specialized foster homes for children with special needs. A person who cares for a child of a friend for a period not to 8 9 exceed 90 days, a relative who cares for a child and does not receive reimbursement for such care from the state or federal 10 government, or an adoptive home which has been approved by the 11 12 department or by a licensed child-placing agency for children placed for adoption is not considered a family foster home. 13 14 1. "Family Foster Group Home" means a licensed private 15 family home occupied by a married couple or individual who has demonstrated the interest and special qualifications to care 16 17 for preadolescent and adolescent children, including the family's own children. The family foster group home parent 18 19 must be able to work in close cooperation with the department 20 and the child placing agency. The licensed capacity of each 21 home shall be based on the recommendation of the child placing agency based on the needs of each child in care, the ability 22 23 of the foster family to meet the individual needs of each child including any adoptive or biological children living in 24 the home, the amount of safe physical plant space, the ratio 25 26 of active and appropriate adult supervision, and the background experience and skill of the family foster parents. 27 28 If there are more than five children in a family a. 29 foster group home including the family's own children, there 30 must be an assessment completed by the child placing agency documented in the licensure file, determining that the home 31

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can appropriately meet the needs of all children living in the 1 2 home. The appropriateness of the number of children in that 3 home must be reassessed annually as part of the relicensure 4 process. 5 b. In each family foster group home, a plan to address 6 supervision appropriate to the needs of all children living in 7 the home must be developed and approved by the child placing 8 agency. The plan may or may not include the requirement for 9 24-hour-awake supervision, depending on the needs of the children in the home. 10 11 c. In a family foster group home, at least one parent 12 must be a full time foster parent having no employment 13 commitment outside the home. "License" means "license" as defined in s. 14 (f) 120.52(9). A license under this section is issued to a family 15 foster home or other facility and is not a professional 16 17 license of any individual. Receipt of a license under this section shall not create a property right in the recipient. A 18 19 license under this act is a public trust and a privilege, and is not an entitlement. This privilege must guide the finder of 20 fact or trier of law at any administrative proceeding or court 21 22 action initiated by the department. 23 "Operator" means any onsite person ultimately (q) 24 responsible for the overall operation of a child-placing agency, family foster home, or residential child-caring 25 26 agency, whether or not she or he is the owner or administrator 27 of such an agency or home. "Owner" means the person who is licensed to 28 (h) 29 operate the child-placing agency, family foster home, or residential child-caring agency. 30 31 36 CODING: Words stricken are deletions; words underlined are additions.

(i) "Personnel" means all owners, operators, 1 2 employees, and volunteers working in a child-placing agency, 3 family foster home, or residential child-caring agency who may 4 be employed by or do volunteer work for a person, corporation, 5 or agency which holds a license as a child-placing agency or a 6 residential child-caring agency, but the term does not include 7 those who do not work on the premises where child care is furnished and either have no direct contact with a child or 8 9 have no contact with a child outside of the presence of the 10 child's parent or guardian. For purposes of screening, the term shall include any member, over the age of 12 years, of 11 12 the family of the owner or operator or any person other than a 13 client, over the age of 12 years, residing with the owner or 14 operator if the agency or family foster home is located in or 15 adjacent to the home of the owner or operator or if the family 16 member of, or person residing with, the owner or operator has 17 any direct contact with the children. Members of the family of 18 the owner or operator, or persons residing with the owner or 19 operator, who are between the ages of 12 years and 18 years shall not be required to be fingerprinted, but shall be 20 screened for delinquency records. For purposes of screening, 21 22 the term "personnel" shall also include owners, operators, 23 employees, and volunteers working in summer day camps, or summer 24-hour camps providing care for children. 24 A volunteer 25 who assists on an intermittent basis for less than 40 hours 26 per month shall not be included in the term "personnel" for the purposes of screening, provided that the volunteer is 27 28 under direct and constant supervision by persons who meet the 29 personnel requirements of this section. 30 "Residential child-caring agency" means any (j) person, corporation, or agency, public or private, other than 31

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the child's parent or legal guardian, that provides staffed 1 2 24-hour care for children in facilities maintained for that 3 purpose, regardless of whether operated for profit or whether 4 a fee is charged. Such residential child-caring agencies 5 include, but are not limited to, maternity homes, runaway shelters, group homes that are administered by an agency, 6 7 emergency shelters that are not in private residences, and wilderness camps. Residential child-caring agencies do not 8 9 include hospitals, boarding schools, summer or recreation 10 camps, nursing homes, or facilities operated by a governmental agency for the training, treatment, or secure care of 11 12 delinquent youth, or facilities licensed under s. 393.067 or s. 394.875 or chapter 397. 13

14 (k) "Screening" means the act of assessing the background of personnel and includes, but is not limited to, 15 16 employment history checks as provided in chapter 435, using 17 the level 2 standards for screening set forth in that chapter. Screening for employees and volunteers in summer day camps and 18 19 summer 24-hour camps and screening for all volunteers included under the definition of "personnel" shall be conducted as 20 provided in chapter 435, using the level 1 standards set forth 21 22 in that chapter.

(1) "Summer day camp" means recreational, educational, and other enrichment programs operated during summer vacations for children who are 5 years of age on or before September 1 and older.

(m) "Summer 24-hour camp" means recreational, educational, and other enrichment programs operated on a 24-hour basis during summer vacation for children who are 5 years of age on or before September 1 and older, that are not exclusively educational.

1 (5)(a) An application for a license shall be made on 2 forms provided, and in the manner prescribed, by the 3 department. The department shall make a determination as to 4 the good moral character of the applicant based upon 5 screening.

6 (b) Upon application, the department shall conduct a 7 licensing study based on its licensing rules; shall inspect 8 the home or the agency and the records, including financial 9 records, of the agency; and shall interview the applicant. The department may authorize a licensed child-placing agency 10 to conduct the licensing study of a family foster home to be 11 12 used exclusively by that agency and to verify to the department that the home meets the licensing requirements 13 14 established by the department. Upon certification by a 15 licensed child-placing agency that a family foster home meets 16 the licensing requirements, the department shall issue the 17 license.

18 A licensed family foster home, child-placing (C) 19 agency, or residential child-caring agency which applies for renewal of its license shall submit to the department a list 20 21 of personnel who have worked on a continuous basis at the 22 applicant family foster home or agency since submitting 23 fingerprints to the department, identifying those for whom a written assurance of compliance was provided by the department 24 and identifying those personnel who have recently begun 25 26 working at the family foster home or agency and are awaiting the results of the required fingerprint check, along with the 27 date of the submission of those fingerprints for processing. 28 29 The department shall by rule determine the frequency of requests to the Department of Law Enforcement to run state 30 criminal records checks for such personnel except for those 31

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personnel awaiting the results of initial fingerprint checks 1 for employment at the applicant family foster home or agency. 2 3 (d)1. The department may pursue other remedies 4 provided in this section in addition to denial or revocation 5 of a license for failure to comply with the screening 6 requirements. The disciplinary actions determination to be 7 made by the department and the procedure for hearing for 8 applicants and licensees shall be in accordance with chapter 9 120.

2. When the department has reasonable cause to believe that grounds for denial or termination of employment exist, it shall notify, in writing, the applicant, licensee, or summer or recreation camp, and the personnel affected, stating the specific record which indicates noncompliance with the screening requirements.

16 3. Procedures established for hearing under chapter 17 120 shall be available to the applicant, licensee, summer day 18 camp, or summer 24-hour camp, and affected personnel, in order 19 to present evidence relating either to the accuracy of the 20 basis for exclusion or to the denial of an exemption from 21 disqualification.

4. Refusal on the part of an applicant to dismiss personnel who have been found not to be in compliance with the requirements for good moral character of personnel shall result in automatic denial or revocation of license in addition to any other remedies provided in this section which may be pursued by the department.

(e) At the request of the department, the local county health department shall inspect a home or agency according to the licensing rules promulgated by the department. Inspection reports shall be furnished to the department within 30 days of

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the request. Such an inspection shall only be required when
 called for by the licensing agency.

3 (f) All residential child-caring agencies must meet 4 firesafety standards for such agencies adopted by the Division 5 of State Fire Marshal of the Department of Insurance and must be inspected annually. At the request of the department, 6 7 firesafety inspections shall be conducted by the Division of State Fire Marshal or a local fire department official who has 8 9 been certified by the division as having completed the 10 training requirements for persons inspecting such agencies. Inspection reports shall be furnished to the department within 11 12 30 days of a request.

(g) In the licensing process, the licensing staff ofthe department shall provide consultation on request.

15 (h) Upon determination that the applicant meets the 16 state minimum licensing requirements, the department shall 17 issue a license without charge to a specific person or agency at a specific location. A license may be issued if all the 18 19 screening materials have been timely submitted; however, a license may not be issued or renewed if any person at the home 20 or agency has failed the required screening. The license is 21 22 nontransferable. A copy of the license shall be displayed in a conspicuous place. Except as provided in paragraph (j), the 23 license is valid for 1 year from the date of issuance, unless 24 the license is suspended or revoked by the department or is 25 26 voluntarily surrendered by the licensee. The license is the 27 property of the department.

(i) A license issued for the operation of a family foster home or agency, unless sooner suspended, revoked, or voluntarily returned, will expire automatically 1 year from the date of issuance except as provided in paragraph (j).

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Ninety days prior to the expiration date, an application for 1 renewal shall be submitted to the department by a licensee who 2 wishes to have the license renewed. A license shall be 3 4 renewed upon the filing of an application on forms furnished 5 by the department if the applicant has first met the 6 requirements established under this section and the rules 7 promulgated hereunder. 8 Except for a family foster group home having a (j) 9 licensed capacity for more than five children, the department may issue a license that is valid for longer than 1 year but 10 no longer than 3 years to a family foster home that: 11 12 1 Has maintained a license with the department as a family foster home for at least the 3 previous consecutive 13 14 years; 15 2. Remains in good standing with the department; and 16 3. Has not been the subject of a report of child abuse 17 or neglect with any findings of maltreatment. 18 19 A family foster home that has been issued a license valid for longer than 1 year must be monitored and visited as frequently 20 as one that has been issued a 1-year license. The department 21 22 reserves the right to reduce a licensure period to 1 year at 23 any time. 24 (k) The department may not license summer day camps or summer 24-hour camps. However, the department shall have 25 26 access to the personnel records of such facilities to ensure 27 compliance with the screening requirements. 28 Section 7. Subsection (24) of section 409.906, Florida 29 Statutes, is amended to read: 30 409.906 Optional Medicaid services.--Subject to specific appropriations, the agency may make payments for 31 42 CODING: Words stricken are deletions; words underlined are additions.

services which are optional to the state under Title XIX of 1 the Social Security Act and are furnished by Medicaid 2 3 providers to recipients who are determined to be eligible on 4 the dates on which the services were provided. Any optional 5 service that is provided shall be provided only when medically necessary and in accordance with state and federal law. 6 7 Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the 8 9 agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, 10 lengths of stay, number of visits, or number of services, or 11 12 making any other adjustments necessary to comply with the availability of moneys and any limitations or directions 13 14 provided for in the General Appropriations Act or chapter 216. 15 If necessary to safequard the state's systems of providing services to elderly and disabled persons and subject to the 16 17 notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the 18 19 Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally 20 21 Disabled." Optional services may include: (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.--The 22 23 Agency for Health Care Administration, in consultation with the Department of Children and Family Services, may establish 24 a targeted case-management pilot project in those counties 25 26 identified by the Department of Children and Family Services 27 and for all counties with a the community-based child welfare project in Sarasota and Manatee counties, as authorized under 28 29 s. 409.1671, which have been specifically approved by the department. These projects shall be established for the 30 purpose of determining the impact of targeted case management 31

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on the child welfare program and the earnings from the child 1 welfare program. Results of targeted case management the pilot 2 3 projects shall be reported to the Child Welfare Estimating 4 Conference and the Social Services Estimating Conference 5 established under s. 216.136. The number of projects may not be increased until requested by the Department of Children and 6 7 Family Services, recommended by the Child Welfare Estimating 8 Conference and the Social Services Estimating Conference, and 9 approved by the Legislature. The covered group of individuals who are eligible to receive targeted case management include 10 children who are eligible for Medicaid; who are between the 11 12 ages of birth through 21; and who are under protective supervision or postplacement supervision, under foster-care 13 14 supervision, or in shelter care or foster care. The number of individuals who are eligible to receive targeted case 15 management shall be limited to the number for whom the 16 17 Department of Children and Family Services has available matching funds to cover the costs. The general revenue funds 18 19 required to match the funds for services provided by the community-based child welfare projects are limited to funds 20 available for services described under s. 409.1671. The 21 Department of Children and Family Services may transfer the 22 23 general revenue matching funds as billed by the Agency for Health Care Administration. 24 25 Section 8. The Office of Program Policy Analysis and 26 Government Accountability, in consultation with the Department 27 of Children and Family Services and the Agency for Health Care 28 Administration, shall conduct a review of the process for 29 placing children for residential mental health treatment as specified in section 39.407(5), Florida Statutes. This review 30 is to be used to determine whether changes are needed in this 31 44

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process. The integrity of the examination process that is 1 2 intended to assure that only a child with an emotional 3 disturbance or a serious emotional disturbance is placed in a 4 residential mental health facility and to assure that a child 5 who is diagnosed with an emotional disturbance or a serious 6 emotional disturbance receives the most appropriate mental 7 health treatment in the least-restrictive setting must be maintained. The review shall analyze and make recommendations 8 9 relative to issues pertinent to the process such as the number of children who are assessed and the outcomes of the 10 assessments, the costs associated with the suitability 11 12 assessments based on geographic differentials, delays in 13 receiving appropriate mental health treatment services in both 14 residential and nonresidential settings which can be 15 attributed to the assessment process, and the need to expand 16 the mental health professional groups who may conduct the 17 suitability assessment. The Department of Children and Family Services shall submit a report of its findings and any 18 19 proposed changes to substantive law to the Office of the 20 Governor, the President of the Senate, and the Speaker of the 21 House of Representatives by January 1, 2003. 22 Section 9. This act shall take effect July 1, 2002. 23 24 25 26 27 28 29 30 31 45 CODING: Words stricken are deletions; words underlined are additions.