

<b>Tab 2</b>	<b>SB 52</b> by <b>Bean</b> ; Medicaid Services
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<b>Tab 3</b>	<b>SB 82</b> by <b>Bean</b> ; Individuals With Disabilities
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<b>Tab 4</b>	<b>SB 1020</b> by <b>Bean</b> ; (Similar to H 00559) Institutional Formularies Established by Nursing Home Facilities
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<b>Tab 5</b>	<b>CS/SB 1324</b> by <b>CF, Simpson</b> ; (Compare to H 00043) Child Welfare
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<b>Tab 6</b>	<b>SB 1326</b> by <b>Simpson</b> ; Department of Children and Families
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The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**  
**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**  
**Senator Bean, Chair**  
**Senator Harrell, Vice Chair**

**MEETING DATE:** Wednesday, January 29, 2020  
**TIME:** 11:00 a.m.—12:30 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Bean, Chair; Senator Harrell, Vice Chair; Senators Book, Diaz, Farmer, Flores, Hooper, Passidomo, Rader, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2020-2021 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elderly Affairs Department of Health Department of Veterans' Affairs		Discussed

Continuation of Tuesday, January 28, 2020 Meeting:

2	<b>SB 52</b> Bean	Medicaid Services; Deleting the expiration of a requirement for the Agency for Health Care Administration to make payments for Medicaid-covered services for certain persons based on specified retroactive eligibility timeframes, etc.  HP 01/21/2020 Favorable AHS 01/28/2020 Temporarily Postponed AHS 01/29/2020 Temporarily Postponed AP	Temporarily Postponed
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3	<b>SB 82</b> Bean	Individuals With Disabilities; Requiring persons and entities under contract with the Agency for Persons with Disabilities to use the agency data management systems to bill for services; revising criteria used by the agency to develop a client's iBudget; requiring the Agency for Health Care Administration to seek federal approval to provide consumer-directed options; requiring the Agency for Persons with Disabilities to competitively procure qualified organizations to provide support coordination services, etc.  CF 01/15/2020 Favorable AHS 01/28/2020 Fav/CS AHS 01/29/2020 AP	
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**COMMITTEE MEETING EXPANDED AGENDA**

Appropriations Subcommittee on Health and Human Services  
 Wednesday, January 29, 2020, 11:00 a.m.—12:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	<b>SB 1020</b> Bean (Similar H 559)	Institutional Formularies Established by Nursing Home Facilities; Authorizing a nursing home facility to establish and implement an institutional formulary; requiring a nursing home facility to maintain written policies and procedures for the institutional formulary; authorizing a pharmacist to therapeutically substitute medicinal drugs under an institutional formulary established by a nursing home facility, under certain circumstances, etc.  HP 01/14/2020 Favorable AHS 01/28/2020 Temporarily Postponed AHS 01/29/2020 Favorable AP	Favorable Yeas 10 Nays 0
5	<b>CS/SB 1324</b> Children, Families, and Elder Affairs / Simpson (Compare H 43, H 449, CS/H 1105, CS/S 236, S 1548)	Child Welfare; Requiring the Florida Court Educational Council to establish certain standards for instruction of circuit and county court judges for dependency cases; authorizing circuit courts to create early childhood court programs; requiring the Department of Children and Families to contract with certain university-based centers; requiring the court to retain jurisdiction over a child under certain circumstances, etc.  CF 01/15/2020 Fav/CS AHS 01/28/2020 Favorable AHS 01/29/2020 AP	
6	<b>SB 1326</b> Simpson	Department of Children and Families; Citing this act as the "DCF Accountability Act"; providing for the creation of the Office of Quality Assurance and Improvement in the Department of Children and Families; extending the timeframe within which a protective investigation is required to be commenced in certain circumstances; requiring certain sheriffs to adopt Florida's Child Welfare Practice Model and operate under certain provisions of law; providing for the calculation of the allocation of core plus funds, etc.  CF 01/21/2020 Favorable AHS 01/28/2020 Favorable AHS 01/29/2020 AP	

Other Related Meeting Documents



# **Senate Appropriations Subcommittee on (Health and Human Services)**

**FY 2020-2021 Subcommittee Budget Proposal**

*Budget Spreadsheet  
Conforming/Substantive Bill Summary*

Senator Bean, Chair  
Senator Harrell, Vice Chair

January 29, 2020

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
1		<b>HEALTH CARE ADMIN</b>									1
2	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>1,523.50</b>	<b>71,952,863</b>	<b>7,072,763,354</b>		<b>269,108,002</b>	<b>4,434,905,623</b>	<b>17,507,188,008</b>	<b>29,283,964,987</b>	2
3	160S300	Correct Funding Source Identifier - Add			-			221,098	147,398	368,496	3
4	160S310	Correct Funding Source Identifier - Deduct			-			(166,176)	(202,320)	(368,496)	4
5	160S400	Correct Funding Source Identifier for the Medicaid Fiscal Contract - Deduct			-			(1,734,033)		(1,734,033)	5
6	160S410	Correct Funding Source Identifier for the Medicaid Fiscal Contract - Add			-				1,734,033	1,734,033	6
7	1700050	Transfer to the Agency for Persons with Disabilities Home and Community Based Services Waiver			(604,876)				(980,228)	(1,585,104)	7
8	2000700	Transfer Positions from Medicaid to Health Quality Assurance - Deduct	(8.00)	(186,457)	-			(166,176)	(202,320)	(368,496)	8
9	2000710	Transfer Positions from Medicaid to Health Quality Assurance - Add	8.00	186,457	-			166,176	202,320	368,496	9
10	2000720	Transfer Budget Authority to Fund Other Personal Services Staff Converted to Full-Time Equivalent Positions - Deduct			(334,590)				(334,590)	(669,180)	10
11	2000730	Transfer Budget Authority to Fund Other Personal Services Staff Converted to Full-Time Equivalent Positions - Add			334,590				334,590	669,180	11
12	2301510	Institutional and Prescribed Drug Providers			182,900,700				38,100,456	221,001,156	12
13	2503080	Direct Billing for Administrative Hearings			(44,761)			(286,616)	(44,761)	(376,138)	13
14	3000A80	Convert Other Personal Services Staff to Full-Time Equivalent Positions	9.00	465,102	-			999	999	1,998	14
15	3000340	Additional Funding for Field Operations Staffing		261,560	-			254,982	169,986	424,968	15
16	3000400	Canadian Prescription Drug Importation Program			15,000,000					15,000,000	16
17	3001A90	Additional Salary Budget to Cover Overtime Costs			-			596,514	403,486	1,000,000	17
18	3001780	Children's Special Health Care			74,745,856			(21,149,761)	(22,092,074)	31,504,021	18
19	3004500	Medicaid Services			(38,399,335)		68,291,998	(15,373,328)	665,224,563	679,743,898	19
20	33V0020	Reduce Hospital Rate Enhancements			(26,402,263)				(42,786,056)	(69,188,319)	20
21	36301C0	Florida Medicaid Management Information System (FMMS)			-			6,000,000	54,000,000	60,000,000	21
22	36308C0	Bureau of Financial Services Enterprise Financial System			-			950,000		950,000	22
23	4100096	Pediatric Cardiac Technical Advisory Panel			-			150,000		150,000	23

## Health & Human Services Subcommittee

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
24	4100420	Medical School Faculty Physician Supplemental Payments			-			1,765,334	2,860,804	4,626,138	24
25	4100540	Florida Healthy Kids Lifetime Maximum Repeal			281,163				892,373	1,173,536	25
26	4101500	Increase Hospital Enhanced Ambulatory Grouping (EAPG) Base Rate			4,501,975				7,295,654	11,797,629	26
27	4101651	Nursing Home Reimbursement Rate Adjustment			40,000,000				64,821,803	104,821,803	27
28	4101710	Graduate Medical Education Program			-			12,856,924	20,835,226	33,692,150	28
29	4101730	Increase Hospital Diagnosis Related Grouping (DRG) Base Rate			18,100,288				29,332,331	47,432,619	29
30	4105400	Establish Budget Authority for Medicaid Services			-			61,968,723	100,414,387	162,383,110	30
31	4105650	MediKids Full Pay Premium Spending Authority Per Statute			-			30,286,449		30,286,449	31
32	4106120	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Reimbursement Rates			14,639,481				23,723,940	38,363,421	32
33	4107190	Cancer Center Medicaid Prospective Payment Exemption			-			53,979,408	87,476,064	141,455,472	33
34	4200350	Electronic Visit Verification - Behavior Analysis			-			1,575,000	1,575,000	3,150,000	34
35	4301010	Hospital Quality Incentive Program			3,800,000				6,158,071	9,958,071	35
36	54R0010	Casualty Insurance Premium Readjustment			61,699			114,638	105,833	282,170	36
37	54R0020	Casualty Insurance Premium Distribution Modification			(51,882)			(96,396)	(88,992)	(237,270)	37
38	<b>Total</b>	<b>HEALTH CARE ADMIN</b>	<b>1,532.50</b>	<b>72,679,525</b>	<b>7,361,291,399</b>	<b>-</b>	<b>337,400,000</b>	<b>4,566,819,382</b>	<b>18,546,265,984</b>	<b>30,811,776,765</b>	38
39											39
40		<b>PERSONS WITH DISABILITIES</b>									40
41	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>2,700.50</b>	<b>102,503,771</b>	<b>577,572,780</b>			<b>3,292,867</b>	<b>824,366,065</b>	<b>1,405,231,712</b>	41
42	160S100	Correct Funding Source Identifier - Add			11,108,623					11,108,623	42
43	160S200	Correct Funding Source Identifier - Deduct			(11,108,623)					(11,108,623)	43
44	1700020	Transfer from the Agency for Health Care Administration Intermediate Care Facilities to the Agency for Persons with Disabilities - Waivers			604,876				980,228	1,585,104	44
45	20082C0	Realign Budget Between Appropriation Categories - Iconnect - Deduct			(639,446)				(1,514,446)	(2,153,892)	45
46	20083C0	Realign Budget Between Appropriation Categories - Iconnect - Add			639,446				1,514,446	2,153,892	46
47	2401500	Replacement of Motor Vehicles			-	90,750				90,750	47
48	2402420	Replacement of Motor Vehicles - Forensic			-	230,215				230,215	48

## Health & Human Services Subcommittee

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
49	2402430	Replacement of Motor Vehicles - Civil			-	345,868				345,868	49
50	2503080	Direct Billing for Administrative Hearings			(31,746)				(880)	(32,626)	50
51	3000290	Contracted Services for Developmental Disabilities Centers Nurses			-	313,867			504,133	818,000	51
52	3401470	Changes to Federal Financial Participation Rate - State			(6,221,121)					(6,221,121)	52
53	3401480	Changes to Federal Financial Participation Rate - Federal			-				6,221,121	6,221,121	53
54	3407000	Developmental Disabilities Centers Fund Shift for Long Term Care - Add			206,622					206,622	54
55	3407010	Developmental Disabilities Centers Fund Shift for Long Term Care - Deduct			(206,622)					(206,622)	55
56	36202C0	Computer Refresh			-	494,300				494,300	56
57	36204C0	Iconnect System			-	376,002			1,152,164	1,528,166	57
58	4000050	Employment and Internships - Individual and Family Supports			-	1,000,000				1,000,000	58
59	4000200	Next Generation Questionnaire for Situational Information Allocation Methodology			-	60,000			60,000	120,000	59
60	4000370	Additional Operations and Maintenance Trust Fund Authority for Developmental Disabilities Centers			-				331,878	331,878	60
61	4000530	Adult Day Training Provider Rate Increase			1,000,000				1,620,545	2,620,545	61
62	4000540	Personal Supports Provider Rate Increase			10,913,337				17,685,555	28,598,892	62
63	4000550	Residential Habilitation Provider Rate Increase			7,766,045				12,585,226	20,351,271	63
64	4000710	Resources for Persons with Unique Abilities			51,247,866				83,049,477	134,297,343	64
65	4001200	Serve Additional Clients on the Home and Community Based Services Waiver Waitlist			11,533,269				18,690,182	30,223,451	65
66	4001262	Easterseals Southwest Florida, Inc.			-	983,888				983,888	66
67	4001263	Easterseals of Northeast Central Florida Autism Center of Excellence			-	175,000				175,000	67
68	4001265	Easterseals Southwest Florida - Mental Wellness for Persons with Devel Opmental Disabilities			-	1,728,000				1,728,000	68
69	4003304	Southwest Florida Autism Project for Community and Clinical Support - Family Initiative			-	250,000				250,000	69
70	4003306	Operation Grow - Seminole County Work Opportunity Program			-	250,000				250,000	70
71	4003308	Area Stage Company (ASC) Developmental Disabilities Theater Program for Children			-	250,000				250,000	71

## Health & Human Services Subcommittee

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72	4003316	ARC Jacksonville			-	300,000				300,000	72
73	4003318	Jewish Adoption and Family Care Options (JAFCO) Children's Ability Center			-	250,000				250,000	73
74	4003320	DNA Comprehensive Therapy Services			-	1,000,000				1,000,000	74
75	4003321	Club Challenge			-	303,998				303,998	75
76	4003327	Aceing Autism Florida Adaptive Tenn Is Project			-	25,000				25,000	76
77	54R0010	Casualty Insurance Premium Readjustment			61,498			4,331	34,247	100,076	77
78	54R0020	Casualty Insurance Premium Distribution Modification			78,904			5,557	43,939	128,400	78
79	990C000	Code Corrections			-					-	79
80	080754	APD/FCO Needs/Cen Mgd Facs			-			2,655,886		2,655,886	80
81	990G000	Grants and Aids - Fixed Capital Outlay			-					-	81
82	140211	The ARC Nature Coast			-	1,100,000				1,100,000	82
83	140211	Hialeah Gardens Therapy Center for the Physically Challenged			-	250,000				250,000	83
84	990M000	Maintenance and Repair			-					-	84
85	080754	APD/FCO Needs/Cen Mgd Facs			-	2,870,000				2,870,000	85
86	<b>Total</b>	<b>PERSONS WITH DISABILITIES</b>	<b>2,700.50</b>	<b>102,503,771</b>	<b>654,525,708</b>	<b>12,646,888</b>	<b>-</b>	<b>5,958,641</b>	<b>967,323,880</b>	<b>1,640,455,117</b>	86
87											87
88		<b>CHILDREN &amp; FAMILIES</b>									88
89	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>12,050.75</b>	<b>502,168,124</b>	<b>1,823,063,177</b>			<b>44,832,511</b>	<b>1,284,091,958</b>	<b>3,151,987,646</b>	89
90	1600990	Distribution of Fiscal Year 2019-20 Assistant State Attorney and Assistant Public Defender Pay Increase - Effective 10/1/2019			1,563				2,064	3,627	90
91	2000430	Realignment of Transfer to Department of Management Services Human Resources Services Category - Add			103,133			29,228	141,216	273,577	91
92	2000440	Realignment of Transfer to Department of Management Services Human Resources Services Category - Deduct			(103,133)			(29,228)	(141,216)	(273,577)	92
93	2000760	Realignment of Resources Within the Department - Add	9.00	431,698	446,750				222,135	668,885	93
94	2000770	Realignment of Resources Within the Department - Deduct	(9.00)	(431,698)	(446,750)				(222,135)	(668,885)	94
95	2001010	Title IV-E Guardianship Assistance Program Payments Realignment - Add			9,220,580					9,220,580	95
96	2001020	Title IV-E Guardianship Assistance Program Payments Realignment - Deduct			(9,220,580)					(9,220,580)	96
97	2503080	Direct Billing for Administrative Hearings			(42,295)					(42,295)	97



## Health & Human Services Subcommittee

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
98	2600990	Annualization of Assistant State Attorney and Assistant Public Defender FY 2019-20 Pay Increase - 3 Months Annualization			521				688	1,209	98
99	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment			(3,452,454)				(4,507,909)	(7,960,363)	99
100	33B2200	Optional State Supplementation Due to Surplus			(1,000,000)					(1,000,000)	100
101	33V0020	South Florida State Hospital Bond Payment Reduction			(111,500)					(111,500)	101
102	33V7530	Florida Civil Commitment Center Contract			(992,280)					(992,280)	102
103	3400330	Replace Trust Fund Budget with Administrative Trust Fund In the Transfer to DMS Human Resources Services Category - Add			-				719,625	719,625	103
104	3400340	Replace Trust Fund Budget with Administrative Trust Fund In the Transfer to DMS Human Resources Services Category - Deduct			-			(29,228)	(690,397)	(719,625)	104
105	3401470	Changes to Federal Financial Participation Rate - State			(36,197)					(36,197)	105
106	3401480	Changes to Federal Financial Participation Rate - Federal			-				36,197	36,197	106
107	3401640	Transfer the Federal Grants Trust Fund to the Grants and Donations Trust Fund for the Fostering Success Pilot Project - Add			-			100,000		100,000	107
108	3401650	Transfer the Federal Grants Trust Fund to the Grants and Donations Trust Fund for the Fostering Success Pilot Project - Deduct			-				(100,000)	(100,000)	108
109	4000120	Implement Anti-Ligature Improvements to Comply with Federal Regulation			-	1,668,339				1,668,339	109
110	4000210	Foster Parent Cost of Living Adjustment Growth Rate			452,152				332,498	784,650	110
111	4000360	Supplemental Nutrition Assistance Program (SNAP) Employment and Training Third Party Partners			-				2,000,000	2,000,000	111
112	4000410	Transition Funding to Assist States with Implementation of Family First Prevention Services Act			-				10,000,000	10,000,000	112
113	4000420	Supplemental Nutrition Assistance Program (SNAP) Education Continuation Funding			-				2,584,337	2,584,337	113
114	4001360	State Opioid Response Grant Budget Authority Request			-				69,094,783	69,094,783	114
115	4001380	Forensic Community Transitional Beds			2,102,400					2,102,400	115
116	4001750	Increasing Access to Mental Health Services Through Telehealth			4,000,000					4,000,000	116

## Health & Human Services Subcommittee

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117	4002030	Title IV-E Guardianship Assistance Program Payments			-				7,592,655	7,592,655	117
118	4002040	Path Forward Funding - Restore			-				4,475,249	4,475,249	118
119	4002070	Community Based Care Safety Management Services Restoration			5,175,706				2,911,334	8,087,040	119
120	4003200	Adoption Incentive Benefits for State Employees and Other Applicants			1,600,000					1,600,000	120
121	4004580	Cost of Living Adjustment - Mental Health Contracted Agencies			3,569,872					3,569,872	121
122	4004810	Transfer Funding to Expand Community Capacity to Serve Individuals In Need of Psychiatric Treatment In NW Florida - Add			5,823,881					5,823,881	122
123	4004840	Transfer Funding to Expand Community Capacity to Serve Individuals In Need of Psychiatric Treatment In NW Florida - Deduct			(5,823,881)					(5,823,881)	123
124	4004980	Increasing Employment Opportunities for Individuals with Mental Illnesses			1,700,000					1,700,000	124
125	4005150	Children's Community Action Teams			1,500,000					1,500,000	125
126	4005210	Juvenile Incompetent to Proceed Program			1,683,514					1,683,514	126
127	4006010	Maintenance Adoption Subsidy and Other Adoption Assistance			7,211,986	2,209,000			10,623,666	20,044,652	127
128	4006420	Vehicle Insurance Allowance for Child Care Family Service Counselors			-			98,771		98,771	128
129	4008300	Child Abuse Prevention and Treatment Act (CAPTA) Grant Budget Authority			-				1,000,000	1,000,000	129
130	4402006	Clay Behavioral Health Community Crisis Prevention Team			-	500,000				500,000	130
131	4402007	Devereux, Inc. Services to Sexually Exploited Youth			-	250,000				250,000	131
132	4402027	Directions for Living			-	250,000				250,000	132
133	4402031	David Lawrence Center Providing Behavioral Health Services			-	279,112				279,112	133
134	4402037	Ft. Myers Salvation Army Providing Behavior Health Services			-	250,000				250,000	134
135	4402038	Stewart-Marchman Behavioral Healthcare			-	250,000				250,000	135
136	4402043	Place of Hope Providing Child Welfare Services			-	250,000				250,000	136
137	4402052	Alpha & Omega Freedom Ministries - Hannah's House			-	105,500				105,500	137

## Health & Human Services Subcommittee

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
138	4402055	Starting Point Behavioral Healthcare			-	250,000				250,000	138
139	4402060	Veterans Alternative Retreat Program			-	450,000				450,000	139
140	4402067	Florida Baptist Children's Home - Brave Moms Program			-	250,000				250,000	140
141	4402088	Personal Enrichment Mental Health Services Crisis Stabilization Unit			-	250,000				250,000	141
142	4402097	Trilogy Intergrated Resources			-	262,650				262,650	142
143	4402099	Family Support Services of North Florida - Services to at Risk Youth			-	650,000				650,000	143
144	4600046	Centerstone Psychiatric Residency			-	1,000,000				1,000,000	144
145	4600050	Florida Alliance of Boys and Girls Clubs - Youth Opioid Prevention Program			-	750,000				750,000	145
146	4600105	Road to Recovery - Modernizing Behavioral Health System			-	250,000				250,000	146
147	4600114	Project Lift - Life Initiatives for Teens			-	145,000				145,000	147
148	4600121	The Parent Help Center - Operation Empowered Parent			-	250,000				250,000	148
149	4600122	Johns Hopkins All Children's Hospital - Management of Postpartum Depression			-	250,000				250,000	149
150	4600123	Alpert Jewish Family Services - Mental Health First Aid Coalition			-	100,000				100,000	150
151	4600126	The Salvation Army of Sarasota - Community Addiction Recovery Program			-	250,000				250,000	151
152	4600145	Family First - All Pro Dad Adoption Promotion Services			-	400,000				400,000	152
153	4600155	St. Johns Epic Recovery Center - Detoxification and Residential Treatment Bed Capacity			-	250,000				250,000	153
154	4600156	Reach and Teach for Mental Health - Broward County			-	150,000				150,000	154
155	4600191	Project Opioid, Inc. - Florida Opioid Crisis Pilot Project			-	384,700				384,700	155
156	4600195	Lifestream Behavioral Center Central Receiving System - Citrus			-	750,000				750,000	156
157	4600211	LGBT+Center Orlando - Mental Health Counseling			-	40,000				40,000	157
158	4600212	Devereux - Dual Diagnosis Services for Mental Health and Intellectual/Developmental Disabilities			-	666,713				666,713	158
159	4600215	Florida Recovery Schools - Youth Behavioral Health Wraparound Services			-	250,000				250,000	159
160	4600220	Memorial Regional Hospital Maternal Addiction Treatment Program			-				500,000	500,000	160

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
161	4600231	Drug Free America Foundation - Substance Abuse Prevention Summit			-	100,000				100,000	161
162	4600236	Metropolitan Ministries - Miracles for Pasco Program			-	250,000				250,000	162
163	4600241	All Star Children's Foundation - Campus for Hope and Healing			-	500,000				500,000	163
164	4600245	Twin Oaks Juvenile Development - Waypoint Career and Technical College			-	250,000				250,000	164
165	4600255	Florida Network Youth and Family Services - Stop Now and Plan Program			-	250,000				250,000	165
166	4600272	Mental Health Association - Walk In and Counseling Center - Indian River			-	250,000				250,000	166
167	4600275	School Telehealth Services for Fiscally Constrained Counties			-	1,000,000				1,000,000	167
168	4600281	Voices for Children - Normalcy Needs Program - Broward			-	100,000				100,000	168
169	4600295	Mental Health and Substance Abuse Pretrial Diversion Program - Okaloosa and Walton Counties			-	250,000				250,000	169
170	4600316	Gateway Community Services - Project Saves Lives			-	747,582				747,582	170
171	4600318	Informed Families of Florida - Healthy Communities			-	350,000				350,000	171
172	4600325	Youth Crisis Center - Touchstone Village			-	200,000				200,000	172
173	4600335	Hillsborough County - Baker Act Crisis Stabilization Unit			-	250,000				250,000	173
174	4600365	Miami Bridge - Host Homes for Youth			-	200,500				200,500	174
175	4600385	University of Florida Health Center for Psychiatry			-	250,000				250,000	175
176	4600421	Hillsborough County Short -Term Residential Treatment			-	250,000				250,000	176
177	4600436	The Transition House of Starke - Homeless Relief Program			-	250,000				250,000	177
178	4600438	Comprehensive Emergency Services Center (CESC) - Homeless Services and Residential Support			-	716,000				716,000	178
179	4600495	Safe Children Coalition			-	1,000,000				1,000,000	179
180	4600512	First Hug Program - Pasco and Pinellas			-	800,000				800,000	180
181	4600535	Baycare Behavioral Health - Veterans			-	485,000				485,000	181
182	4600555	Department of Children and Families Pharmaceutical Program			-	1,000,000				1,000,000	182
183	4600581	Assisted Living Services for Mental Health Clients - the Renaissance Manor			-	1,250,000				1,250,000	183

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
184	4600590	Homeless Veterans Housing Assistance - Brevard and Surrounding Counties			-	190,000				190,000	184
185	4600670	4Kids Foster Parent Recruitment Project			-	250,000				250,000	185
186	4600710	Lifestream Crisis Stabilization Unit			-	250,000				250,000	186
187	54R0010	Casualty Insurance Premium Readjustment			134,788			7,532	1,349,616	1,491,936	187
188	54R0020	Casualty Insurance Premium Distribution Modification			(657,233)			(2,321)	(122,750)	(782,304)	188
189	990G000	Grants and Aids - Fixed Capital Outlay			-					-	189
190	140183	Meridian Behavioral Health			-	250,000				250,000	190
191	146057	City/Sunrise Facility Ctr			-	200,000				200,000	191
192	146063	Lakeland Behavioral Center			-	250,000				250,000	192
193	146312	Proj Lift Bldg Renovation			-	105,000				105,000	193
194	146415	Hannah's House			-	50,000				50,000	194
195	990M000	Maintenance and Repair			-					-	195
196	080751	HRS/Cap Needs/Cen Mgd Facs			-	2,850,000				2,850,000	196
197	<b>Total</b>	<b>CHILDREN &amp; FAMILIES</b>	<b>12,050.75</b>	<b>502,168,124</b>	<b>1,845,903,720</b>	<b>29,105,096</b>	<b>-</b>	<b>45,007,265</b>	<b>1,391,893,614</b>	<b>3,311,909,695</b>	197
198											198
199		<b>ELDER AFFAIRS</b>									199
200	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>404.00</b>	<b>17,697,712</b>	<b>154,470,000</b>			<b>592,152</b>	<b>180,449,903</b>	<b>335,512,055</b>	200
201	2503080	Direct Billing for Administrative Hearings			(43,902)					(43,902)	201
202	3000090	Workload Increase for Adult Care Food Program (ACFP)			-				1,000,000	1,000,000	202
203	3400100	Realignment of Funds to Support the Comprehensive Eligibility Services Program - General Revenue			1,166,729					1,166,729	203
204	3400110	Realignment of Funds to Support the Comprehensive Eligibility Services Program - Operations and Maintenance Trust Fund			-				(1,166,729)	(1,166,729)	204
205	3401470	Changes to Federal Participation Rate - State Expenses			(347,360)					(347,360)	205
206	3401480	Changes to Federal Participation Rate - Federal Expenses			-				347,360	347,360	206
207	36201C0	Client Information and Registration Tracking System Project Implementation			21,875	161,420			1,518,405	1,701,700	207
208	36204C0	Cybersecurity Risk Assessment			-	250,000				250,000	208
209	36206C0	Community Outreach and Accessibility			-	100,000				100,000	209
210	4100030	Aging Resource Centers			1,000,000				1,000,000	2,000,000	210
211	4100040	Alzheimer's Disease Initiative - Frail Elders Waiting for Services			1,839,911					1,839,911	211

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
212	4100055	Miami Shores Village - Active Adult Enrichment Programs			-	21,000				21,000	212
213	4100200	Serve Additional Clients In the Community Care for the Elderly (CCE) Program			3,219,444					3,219,444	213
214	4100210	Serve Additional Clients In the Home Care for the Elderly (HCE) Program			600,000					600,000	214
215	4100214	North Miami Foundation for Senior Citizens Services, Inc.			-	250,000				250,000	215
216	4100271	Alzheimer's Community Care, Inc.			-	250,000				250,000	216
217	4100278	Jewish Family and Community Services of Southwest Florida			-	75,000				75,000	217
218	4100300	North East Florida Senior Home Delivered Meals Program			-	400,000				400,000	218
219	4100323	David Posnack Jewish Community Center - Senior Kosher Meal Program			-	149,537				149,537	219
220	4100327	Deerfield Beach Day Care Center			-	195,150				195,150	220
221	4100330	New Horizons Better Being Senior Program			-	250,000				250,000	221
222	4100333	Jewish Family and Community Services - Holocaust Survivor Support Services			-	250,000				250,000	222
223	4300090	Little Havana Activity Center Adult Day Care			-	250,000				250,000	223
224	4300100	Little Havana Activity Center Respite Services			-	154,500				154,500	224
225	4300110	Little Havana Activity Center Meals Program			-	154,500				154,500	225
226	4300145	Florida Association of Centers for Independent Living - Home Modification Services for Seniors			-	250,000				250,000	226
227	4300750	PACE Expansion - Add			1,000,000				1,620,545	2,620,545	227
228	4400080	Recurring Funding for Public Guardianship Program			10,032,340					10,032,340	228
229	4400090	Office of Public and Professional Guardians Monitoring Tool			-	500,000				500,000	229
230	54R0010	Casualty Insurance Premium Readjustment			3,503				33,298	36,801	230
231	54R0020	Casualty Insurance Premium Distribution Modification			(13,043)				(6,100)	(19,143)	231
232	990G000	Grants and Aids - Fixed Capital Outlay			-					-	232
233	140052	G/A Easter Seals			-	250,000				250,000	233
234	140080	G/A Hilliard Westside Senior Center			-	600,000				600,000	234
235	140080	G/A-CARES One Stop Senior Center			-	750,000				750,000	235
236	<b>Total</b>	<b>ELDER AFFAIRS</b>	<b>404.00</b>	<b>17,697,712</b>	<b>172,949,497</b>	<b>5,261,107</b>	<b>-</b>	<b>592,152</b>	<b>184,796,682</b>	<b>363,599,438</b>	236
237											237

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
238		<b>HEALTH</b>									238
239	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>12,839.51</b>	<b>558,186,862</b>	<b>502,487,067</b>		<b>72,094,658</b>	<b>956,591,621</b>	<b>1,472,438,217</b>	<b>3,003,611,563</b>	239
240	160F390	Continuation of Budget Amendment Transfer Between Categories Prescription Drug Monitoring Program - General Revenue - Deduct			(64,561)					(64,561)	240
241	160F400	Continuation of Budget Amendment Transfer Between Categories Prescription Drug Monitoring Program - General Revenue - Add			64,561					64,561	241
242	160F410	Continuation of Budget Amendment Transfer Between Budget Entities Radiation Protection Trust Fund - Deduct			-			(27,736)		(27,736)	242
243	160F420	Continuation of Budget Amendment Transfer Between Budget Entities Radiation Protection Trust Fund - Add			-			27,736		27,736	243
244	160F430	Continuation of Budget Amendment Transfer Between Categories Disease Control Health Protection Federal Grants Trust Fund - Deduct			-				(569,906)	(569,906)	244
245	160F440	Continuation of Budget Amendment Transfer Between Categories Disease Control Health Protection Federal Grants Trust Fund - Add			-				569,906	569,906	245
246	160F450	Continuation of Budget Amendment Transfer Between Categories Community Health Promotion Federal Grants Trust Fund - Deduct			-				(754,978)	(754,978)	246
247	160F460	Continuation of Budget Amendment Transfer Between Categories Community Health Promotion Federal Grants Trust Fund - Add			-				754,978	754,978	247
248	1601580	Continuation of Budget Amendment for Prescription Drug Monitoring Program Harold Rogers Federal Grant			-				146,596	146,596	248
249	1701100	Transfer the Correctional Medical Authority from the Executive Office of the Governor to the Department of Health - Add	6.00	355,802	748,674					748,674	249
250	2002000	Realign Housing Opportunities for Persons with Aids (HOPWA) Between Categories - Deduct			-				(4,918,213)	(4,918,213)	250
251	2002010	Realign Housing Opportunities for Persons with Aids (HOPWA) Between Categories - Add			-				4,918,213	4,918,213	251
252	2503080	Direct Billing for Administrative Hearings			-			173,683	20,768	194,451	252
253	3000600	Workload - Office of Medical Marijuana Use (OMMU)			-			8,132,183		8,132,183	253

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
254	3000700	Workload - Medical Quality Assurance - Deduct	(5.00)	(164,115)	-						- 254
255	3000710	Workload - Medical Quality Assurance - Add	5.00	164,115	-			312,511		312,511	255
256	3008000	Transfer Full Time Positions from County Health Department to Correctional Medical Authority - Deduct	(4.00)		-						- 256
257	3008100	Increase Workload for Correctional Medical Authority - Add	4.00	218,000	719,812					719,812	257
258	33J0010	Children's Medical Services - Workforce Reduction and Identified Cost Savings	(79.00)	(2,967,872)	-			(24,692)	(7,340,916)	(7,365,608)	258
259	3302100	Eliminate Diaphragmatic Pacing Demonstration Project			(500,000)					(500,000)	259
260	3306000	Reduce Excess Budget Authority			-				(10,000,000)	(10,000,000)	260
261	36208C0	Information Technology - Accounting and Budgeting System			-				1,563,473	1,563,473	261
262	36328C0	Children's Medical Services - Early Steps Administrative System			-				2,478,074	2,478,074	262
263	4000530	Change In Medicaid Federal Medical Assistance Percentage (FMAP)			(50,456)					(50,456)	263
264	4000600	Visionquest			-	250,000				250,000	264
265	4100090	Additional Funding for Child Protection Teams			1,500,000					1,500,000	265
266	4100160	Partnership for Child Health - Pediatric Integrated Behavioral Health Services			-	150,000				150,000	266
267	4100165	University of Florida - Jacksonville Child Abuse Pediatrics Fellowship			-	300,000				300,000	267
268	4100190	Auditory - Oral Services for Children with Hearing Loss			-	750,000				750,000	268
269	4200302	University of Miami Miller School of Medicine - Florida Stroke Registry			-	250,000				250,000	269
270	4300040	Live Like Bella Childhood Cancer Foundation			-	750,000				750,000	270
271	4300100	Epilepsy Services Program			-	250,000				250,000	271
272	4300285	Broward County HIV Test and Treat Program			-	250,000				250,000	272
273	4300380	Debbie Turner Cancer Care and Resource Center Operation Funding			-	135,000				135,000	273
274	4300410	Baptist Health Research Institute Familial Screening for Brain Aneurysms			-	250,000				250,000	274
275	4301090	Miami Project to Cure Paralysis			-	250,000				250,000	275
276	4309000	Tobacco Constitutional Amendment			-		1,294,346			1,294,346	276
277	4800100	Fetal Alcohol Spectrum Disorder Program			-	250,000				250,000	277



## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
278	4800190	Project Be Strong - Teen Pregnancy Prevention Program			-	50,000				50,000	278
279	4800200	Nova Southeastern University - Clinic-Based Service Outreach			-	250,000				250,000	279
280	4800210	Additional Federal Grants Trust Fund Appropriation for Community Health Promotion New Or Increased Grants			-				2,366,237	2,366,237	280
281	51R0120	Transfer Rate Between Budget Entities for Office of Medical Marijuana Use - Deduct		(521,997)	-						281
282	51R0130	Transfer Rate Between Budget Entities for Office of Medical Marijuana Use - Add		521,997	-						282
283	5300010	Expansion of Children's Medical Services Newborn Screening Genetics Program			-	1,000,000				1,000,000	283
284	5300190	Increase Title XXI Based on Estimating Conference						16,373,196	26,533,501	42,906,697	284
285	5300200	St. Joseph's Children's Hospital			-	250,000				250,000	285
286	5300240	Maternal Fetal Medicine			-	700,000				700,000	286
287	5300320	Early Steps State Match			-	5,407,541				5,407,541	287
288	54R0010	Casualty Insurance Premium Readjustment			456,651			459,859	37,732	954,242	288
289	54R0020	Casualty Insurance Premium Distribution Modification			(785,984)			287,191	(30,835)	(529,628)	289
290	5800180	Funding to Study Health Effects from Long Term Exposure to Blue Green Algae and Red Tide Toxins			350,000					350,000	290
291	6200085	Broward Community and Family Health Centers Cervical Cancer Prevention and Detection			-	246,732				246,732	291
292	6200190	Healthy Floridians Healthy Future Racial and Ethnic Disparities Closing the Gap			2,000,000					2,000,000	292
293	6200200	Housing Opportunities for Persons with Aids (HOPWA)			-				9,100,000	9,100,000	293
294	6200220	Realign Children's Medical Services Managed Care Plan Administrative Savings - Deduct			(10,271,253)				(2,478,074)	(12,749,327)	294
295	6200230	Early Steps Program Increased Enrollment - Add			6,754,050					6,754,050	295
296	6200240	Early Steps Program Local Early Step Providers Moving Expenses - Add			254,562					254,562	296
297	6200250	Early Steps Program State Systemic Improvement Plan (SSIP) - Add			960,641					960,641	297
298	6200260	Florida Poison Information Center Network (FPICN)			702,000					702,000	298
299	6200270	Florida's Healthy Children - Expand Genetic Services			-			800,000		800,000	299
300	6200280	Expansion of Genetic Services Through Telemedicine			-			359,634		359,634	300
301	6201190	Center for Disease Control Federal Opioid Grant			-				6,492,848	6,492,848	301

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
302	64P0300	Bitner/Plante Amyotrophic Lateral Sclerosis Initiative			-	400,000				400,000	302
303	6500020	Hospital Readmission Reduction/Diversion			-	2,000,000				2,000,000	303
304	6500145	Pancare School Telehealth			-	149,628				149,628	304
305	6500235	Memorial Healthcare System - Telehealth Access for Patients (TAP) Program			-	250,000				250,000	305
306	6510120	Alachua County Organization for Rural Needs Pilot Expanded Services of Low-Income Dental Clinic In North Central Florida			-	150,000				150,000	306
307	6510130	Lake Erie College of Osteopathic Medicine (LECOM) Clinic Based Health Service Outreach			-	5,000,000				5,000,000	307
308	6510140	University of Florida Health Jacksonville Trauma and Emergency Upgrades			-	2,964,000				2,964,000	308
309	7800105	Andrews Regenerative Medicine Center			-	500,000				500,000	309
310	990C000	Code Corrections			-					-	310
311	081108	Hlth Fac Repair/Maint-Stw			-			7,401,420		7,401,420	311
312	990G000	Grants and Aids - Fixed Capital Outlay			-					-	312
313	140998	G/A-Immokalee Unique Abilities Center			-	500,000				500,000	313
314	140998	G/A-Focused Ultrasound Neurological Research Inst			-	250,000				250,000	314
315	990S000	Special Purpose			-					-	315
316	084093	Cnst/Reno/Equip-Chu			-			913,053	490,000	1,403,053	316
317	<b>Total</b>	<b>HEALTH</b>	<b>12,766.51</b>	<b>555,792,792</b>	<b>505,325,764</b>	<b>23,902,901</b>	<b>73,389,004</b>	<b>991,779,659</b>	<b>1,501,817,621</b>	<b>3,096,214,949</b>	317
318											318
319		<b>VETERANS' AFFAIRS</b>									319
320	<b>1100001</b>	<b>Startup (OPERATING)</b>	<b>1,411.50</b>	<b>51,499,439</b>	<b>8,668,899</b>			<b>84,119,692</b>	<b>33,932,827</b>	<b>126,721,418</b>	320
321	2402350	Additional Medical/Non-Medical and Recreational Equipment and Furniture In State Veterans' Homes			-			1,205,300		1,205,300	321
322	3000600	State Veterans' Nursing Homes Staffing Increase	16.00	862,836	-			1,527,336		1,527,336	322
323	3400650	Transfer to Operations and Maintenance Trust Fund			-	9,380,000				9,380,000	323
324	36370C0	Health Information Technology Systems Upgrade			-			419,900		419,900	324
325	4000090	Florida Department of Veterans' Affairs, Florida Is for Veterans, Inc., Workforce Training Grant Aid to Local Governments			-	1,500,000				1,500,000	325
326	4000100	Florida Department of Veterans' Affairs, Florida Is for Veterans Inc., Entrepreneur Training Grant			-	1,000,000				1,000,000	326

## Health & Human Services Subcommittee

			SUBCOMMITTEE PROPOSED BUDGET								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
327	4109010	Initial Staffing and Start Up Operations for Ardie R. Copas, State Veterans' Nursing Home, St. Lucie County	17.00	557,981	-			4,619,804		4,619,804	327
328	4109020	Initial Staffing and Start Up Operations for Lake Baldwin, State Veterans' Nursing Home, Orange County	17.00	633,249	-			2,903,823		2,903,823	328
329	4200150	Increase Base Budget Authority for Contracted Services for Homes Program			-			1,577,785		1,577,785	329
330	4600150	K9s for Warriors			-	600,000				600,000	330
331	4600160	Five Star Veterans Center Homeless Housing and Reintegration Project			-	374,000				374,000	331
332	4600170	Network of Care for Veterans and Military Service - Trilogy Integrated Resources, LLC			-	135,000				135,000	332
333	4600172	Veterans Helping Veterans USA, Inc.			-	160,000				160,000	333
334	4600173	Northeast Florida Fire Watch			-	250,000				250,000	334
335	4600174	The Transition House, Inc., Homeless Veterans Program			-	250,000				250,000	335
336	4600175	American Legion Post 270 Walk-In Cooler/Freezer			-	41,000				41,000	336
337	4600176	Vietnam Veterans 50 Year Commemorative Book			-	250,000				250,000	337
338	4600190	Florida Veterans Legal Helpline			-	250,000				250,000	338
339	54R0010	Casualty Insurance Premium Readjustment			(71,326)			(94,730)	(38,090)	(204,146)	339
340	54R0020	Casualty Insurance Premium Distribution Modification			2,640			202,929	102,626	308,195	340
341	990G000	Grants and Aids - Fixed Capital Outlay			-					-	341
342	140085	Treasure Coast Homeless Veterans Assistance Center				250,000				250,000	342
343	140085	North Miami Beach Challenger Park All Wars Veteran Memorial Wall Resoration			-	150,000				150,000	343
344	990M000	Maintenance and Repair			-					-	344
345	080007	Add & Imprv/Veterans' Home			-			962,500	5,167,500	6,130,000	345
346	080859	Maint/Rep/Res Fac/Veterans			-			2,000,000		2,000,000	346
347	<b>Total</b>	<b>VETERANS' AFFAIRS</b>	<b>1,461.50</b>	<b>53,553,505</b>	<b>8,600,213</b>	<b>14,590,000</b>	<b>-</b>	<b>99,444,339</b>	<b>39,164,863</b>	<b>161,799,415</b>	347
348	<b>Grand Total</b>		<b>30,915.76</b>	<b>1,304,395,429</b>	<b>10,548,596,301</b>	<b>85,505,992</b>	<b>410,789,004</b>	<b>5,709,601,438</b>	<b>22,631,262,644</b>	<b>39,385,755,379</b>	348

**Proposed Conforming Bill  
Fiscal Year 2020-2021**

Line	Description
1	Transfers the State of Florida Correctional Medical Authority from the Executive Office of the Governor to the Department of Health via a type two transfer.
2	Amends s. 945.602, F.S., to create the State of Florida Correctional Medical Authority in the Department of Health.
3	The bill has an effective date of July 1, 2020.



**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: SB 52

INTRODUCER: Senator Bean

SUBJECT: Medicaid Services

DATE: January 27, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Williams</u>	<u>Brown</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>McKnight</u>	<u>Kidd</u>	<u>AHS</u>	<b>Pre-meeting</b>
3.	_____	_____	<u>AP</u>	_____

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**I. Summary:**

SB 52 amends section 409.904, Florida Statutes, to delete a current-law provision that will cause subsection (12) of that statute to expire on July 1, 2020. By deleting the expiration date, the bill maintains Florida’s current policy to limit a non-pregnant adult’s retroactive eligibility for the Medicaid program to the first day of the month in which such an adult’s application to be enrolled in the program is filed.

A fiscal impact estimate for this bill has not been provided by the Agency for Health Care Administration. See Section V for historical cost estimates.

The bill takes effect on July 1, 2020.

**II. Present Situation:**

**Florida Medicaid Program**

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare & Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, service coverage policies, and reimbursement methodologies.

Florida’s Medicaid program is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds. According to the most recently published estimates, approximately 3.8 million Floridians are currently enrolled in Medicaid, and the program’s projected expenditures for the 2020-2021 fiscal year are \$29.2 billion.<sup>1</sup>

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<sup>1</sup> See Social Services Estimating Conference, Medicaid Caseloads and Expenditures, December 20, 2019, and January 7, 2020, respectively, available at <http://edr.state.fl.us/Content/conferences/medicaid/index.cfm> (last visited Jan. 22, 2020).

Eligibility for Florida Medicaid is based on several factors, including age, household or individual income, and assets. State Medicaid payment guidelines are provided in s. 409.903, F.S., (Mandatory Payments for Eligible Persons) and s. 409.904, F.S., (Optional Payments for Eligible Persons). Minimum coverage thresholds are established in federal law for certain population groups, such as children or pregnant women.

## **Medicaid Retroactive Eligibility**

### ***Federal Requirements***

The Social Security Act provides requirements under which state Medicaid programs must operate. For most eligibility groups, federal law<sup>2</sup> directs state Medicaid programs to make payment for Medicaid-covered services furnished in or after the third month before the month in which a Medicaid-eligible individual makes application to enroll in the program, if such individual would have been determined Medicaid-eligible at the time such services were furnished.<sup>3</sup> However, the requirement for retroactive eligibility may be waived pursuant to federal waiver laws and regulations.

### ***Florida's State Plan for Medicaid***

In compliance with the federal requirement for retroactive eligibility, the Florida Medicaid State Plan previously provided that “[c]overage is available beginning the first day of the third month before the date of application if individuals who are aged, blind or disabled, or who are AFDC-related,<sup>4</sup> would have been eligible at any time during that month, had they applied.” These provisions had been applicable to the Florida Medicaid State Plan as state policy since at least October 1, 1991, until the 2018-2019 fiscal year.<sup>5</sup>

### ***Florida's 2018 Policy Change***

In 2018, the Legislature, via the General Appropriations Act (GAA)<sup>6</sup> and the accompanying Implementing Bill,<sup>7</sup> directed the AHCA to seek a waiver from federal CMS to limit the retroactive eligibility period for non-pregnant adults aged 21 and older. For these adults, eligibility would become retroactively effective on the first day of the month in which their Medicaid application was filed, instead of the first day of the third month prior to the date of application, if federal waiver authority to that effect were granted.

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<sup>2</sup> 42 U.S.C. s. 1396a(a)(34).

<sup>3</sup> Under this latter aspect of retroactive eligibility, a newly-eligible Medicaid recipient must be deemed to have been eligible during the retroactive period in order for Medicaid to make payment for covered services provided during that period. A lack of eligibility during the retroactive period would result in no payments being made by Medicaid for such expenses, regardless of prospective eligibility.

<sup>4</sup> Aid to Families with Dependent Children (AFDC) was a federal assistance program in effect from 1935 to 1996 created by the Social Security Act and administered by the United States Department of Health and Human Services that provided financial assistance to children whose families had low or no income.

<sup>5</sup> See Florida Medicaid State Plan, page 373 of 431, *available at* [https://ahca.myflorida.com/medicaid/stateplanpdf/Florida\\_Medicaid\\_State\\_Plan\\_Part\\_I.pdf](https://ahca.myflorida.com/medicaid/stateplanpdf/Florida_Medicaid_State_Plan_Part_I.pdf) (last visited Dec. 11, 2019).

<sup>6</sup> See Specific Appropriation 199 of the General Appropriations Act for Fiscal Year 2018-2019, Chapter 2018-9, Laws of Fla., *available at* <http://www.flsenate.gov/Session/Bill/2018/5001/Amendment/616813/pdf> (last visited Dec. 10, 2019).

<sup>7</sup> See section 20 of the Implementing Bill for Fiscal Year 2018-2019, Chapter 2018-10, Laws of Fla., *available at* <https://www.flsenate.gov/Session/Bill/2018/5003/BillText/er/PDF> (last visited Dec. 10, 2019).

As directed by the 2018 Legislature, the AHCA requested an amendment to the federal waiver for Florida's section 1115 demonstration project, titled Managed Medical Assistance (MMA) Program (Project No. 11-W-00206/4). As a waiver amendment, there were comment periods at the state level prior to submission of the waiver request and at the federal level after submission of the waiver request. The waiver request that included the retroactive eligibility item was submitted to federal CMS by the AHCA on April 27, 2018, and was approved on November 30, 2018. The approval letter from federal CMS contained the following waiver authority:

[Effective February 1, 2019], to enable Florida to not provide medical assistance for any month prior to the month in which a beneficiary's Medicaid application is filed, for adult beneficiaries who are not pregnant or within the 60-day period after the last day of the pregnancy, and are aged 21 and older. The waiver of retroactive eligibility does not apply to pregnant women (or during the 60-day period beginning on the last day of the pregnancy), infants under one year of age, or individuals under age 21. The state currently has state legislative authority for this waiver through June 30, 2019. The state must submit a letter to CMS by May 17, 2019, if it receives state legislative authority to continue the waiver past June 30, 2019. In the event the state does not receive legislative authority to continue this waiver through June 30, 2019 and timely submit a letter to CMS to this effect, this waiver authority ends June 30, 2019.<sup>8</sup>

This change in the state's retroactive eligibility policy was implemented in February 2019 but was limited in duration under both federal authority and state law. In terms of state law, since the change was enacted via the Fiscal Year 2018-2019 Implementing Bill, it was applicable only in the fiscal year for which it was enacted and did not have ongoing applicability beyond June 30, 2019.

### ***Continuation of Florida's Policy in 2019***

The 2019 Legislature renewed the 2018 Medicaid retroactive eligibility policy by enacting statutory language in the Fiscal Year 2019-2020 Implementing Bill, or SB 2502,<sup>9</sup> which created s. 409.904(12), F.S., and required the AHCA, effective July 1, 2019, to make payments to Medicaid providers for Medicaid-covered services as follows:

- On behalf of eligible children and pregnant women, retroactive for a period of no more than 90 days before the month in which an application for Medicaid is submitted; or
- On behalf of eligible non-pregnant adults, retroactive to the first day of the month in which an application for Medicaid is submitted.

SB 2502 was passed by both chambers of the Florida Legislature on May 4, 2019. The AHCA notified federal CMS of the bill's passage prior to the May 17, 2019, deadline imposed under the

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<sup>8</sup> See the November 30, 2018, CMS letter and waiver approval document, including waiver Special Terms and Conditions, available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-mma-ca.pdf> (last visited Dec. 10, 2019).

<sup>9</sup> See s. 24 of ch. 2019-116, Laws of Fla., or the enacted version of SB 2502, available at <http://www.flsenate.gov/Session/Bill/2019/2502/BillText/er/PDF> (last visited Jan. 15, 2020).



waiver authority granted in November 2018, thereby enabling the waiver authority to continue for the 2019-2020 fiscal year.

However, s. 409.904(12), F.S., will expire under current law on July 1, 2020, consistent with the expiration of other statutory provisions in SB 2502. The AHCA needs both federal waiver authority, which is currently granted, and a continuation of authority under state law to continue the state's current retroactive eligibility policy beyond June 30, 2020.

### ***Reports and Evaluations***

In addition to enacting the statutory language in s. 409.904(12), F.S., SB 2502 also directed the AHCA to compile and submit specified information relating to retroactive eligibility in a report to the Governor and the Legislature by January 10, 2020.<sup>10, 11</sup> In the report, the AHCA indicated the following:

- Federal CMS is working with states to standardize evaluation methodologies for waivers of retroactive eligibility so that it can better assess the impacts of changes to Medicaid retroactive eligibility policy. To this end, federal CMS provided detailed evaluation design guidance to be used as a basis for discussions with the evaluators.<sup>12</sup>
- The AHCA used this guidance in its proposed evaluation design, which was submitted to federal CMS on July 24, 2019. The proposed evaluation design was included as an Appendix to the report submitted by the AHCA on January 10, 2020. The proposed evaluation design includes six specific research questions, three of which are key review questions, and three of which may be included contingent on results for one of the key questions. For each research question, the research design addresses outcome measures, sample populations, data sources, and analytic methods.
- The AHCA is awaiting federal CMS feedback on the draft evaluation design and must submit a revised draft within 60 days after receipt of any additional edits from federal CMS. Upon federal CMS approval of the draft Evaluation Design, the document will be included as an attachment to the Florida MMA 1115 waiver Special Terms and Conditions. The AHCA will publish the approved Evaluation Design within 30 days of federal CMS approval.
- The AHCA has contracted with the University of Florida to evaluate the Florida Medicaid 1115 waiver, including a segment on the change to retroactive eligibility policy. The evaluation of retroactive eligibility policy is anticipated to be completed in the Fall of 2020.

### ***Policy Objectives***

An objective of Florida's current retroactive eligibility policy is to encourage Medicaid recipients to obtain and maintain health coverage even when they are healthy, as opposed to applying for Medicaid only after they need and have obtained health care services. Obtaining and maintaining coverage in advance of illness should increase continuity of care and reduce gaps in coverage when recipients "churn" on and off of Medicaid enrollment by enrolling only when

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<sup>10</sup> See s. 25 of ch. 2019-116, Laws of Fla., or the enacted version of SB 2502, *available at* <http://www.flsenate.gov/Session/Bill/2019/2502/BillText/er/PDF> (last visited Jan. 15, 2020).

<sup>11</sup> The January 10, 2020, report, "Florida Medicaid Retroactive Eligibility Legislative Report," was submitted by the AHCA on January 10, 2020 (on file with the Senate Committee on Health Policy).

<sup>12</sup> See *Appendix to Evaluation Design Guidance for Section 1115 Eligibility and Coverage Demonstrations: Retroactive Eligibility Waivers*, an undated 2019 release *available at* <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/ce-evaluation-design-guidance-retro-eligibility-appendix.pdf> (last visited Dec. 11, 2019).

sick. Recipients should remain healthier on an ongoing basis and expenditures for treating acute illnesses should be mitigated if recipients obtain and maintain coverage in a more continuous fashion.<sup>13</sup>

### **Medicaid Retroactive Eligibility in Other States**

When the Legislature considered changing Medicaid retroactive eligibility in 2018, several states had already reduced retroactive eligibility periods so that retroactive eligibility begins on the first day of the month in which application is made. Iowa, New Hampshire, Arkansas, and Indiana made such changes in conjunction with Medicaid program expansion under the federal Patient Protection and Affordable Care Act (PPACA). Several other states had already modified retroactive eligibility prior to the enactment of the PPACA, including Delaware, Massachusetts, Maryland, Tennessee, and Utah.<sup>14</sup>

During the Florida Legislature's 2019 Regular Session, Florida was one of a total of eight states that had eliminated or was proposing to eliminate or place limits on retroactive eligibility for one or more eligibility groups in 2018 or 2019. The states in addition to Florida were Arkansas, New Hampshire, Iowa, Kentucky, Maine, New Mexico, and Utah.<sup>15</sup>

More recently, a few states other than Florida have obtained waivers to eliminate or reduce retroactive coverage. Effective July 1, 2019, Arizona eliminated retroactive coverage for most newly-eligible Medicaid recipients, excluding pregnant women and children. Although Maine received waiver approval (in December 2018) to eliminate retroactive eligibility, in January 2019, the incoming governor informed federal CMS that the state would not accept the terms of the approved waiver. Similarly, in New Mexico, a Section 1115 waiver amendment was approved in December 2018 that allowed the state to limit retroactive coverage to one month for most Medicaid managed care members; however, under the new governor, the state submitted an amendment in June 2019 to reinstate the full 90-day retroactive coverage period. Finally, as a result of litigation challenging Section 1115 waivers, retroactive coverage restrictions have been set aside in Arkansas, Kentucky, and New Hampshire.<sup>16</sup>

### **III. Effect of Proposed Changes:**

**Section 1** deletes the statutory expiration date of July 1, 2020, from s. 409.904(12), F.S., which was enacted in 2019 to limit retroactive Medicaid eligibility for non-pregnant adults to the first day of the month in which they apply for Medicaid.

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<sup>13</sup> *Supra*, note 8.

<sup>14</sup> Musumeci, MaryBeth, and Rudowitz, Robin, *Medicaid Retroactive Coverage Waivers; Implications for Beneficiaries, Providers, and States*, November 2017, Kaiser Family Foundation, available at <https://www.kff.org/medicaid/issue-brief/medicaid-retroactive-coverage-waivers-implications-for-beneficiaries-providers-and-states/> (last visited Jan. 16, 2020).

<sup>15</sup> Gifford, Kathleen, et al., *States Focus on Quality and Outcomes Amid Waiver Changes, Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2018 and 2019* (October 2018), available at <https://www.kff.org/medicaid/report/states-focus-on-quality-and-outcomes-amid-waiver-changes-results-from-a-50-state-medicaid-budget-survey-for-state-fiscal-years-2018-and-2019/> (last visited Jan. 16, 2020).

<sup>16</sup> Gifford, Kathleen, et al., *A View from the States: Key Medicaid Policy Changes Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020* (October 2018), available at <https://www.kff.org/medicaid/report/a-view-from-the-states-key-medicaid-policy-changes-results-from-a-50-state-medicaid-budget-survey-for-state-fiscal-years-2019-and-2020/> (last visited Jan. 16, 2020).

**Section 2** establishes an effective date of July 1, 2020.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Under SB 52, the retroactive eligibility policy that has been in effect since February 1, 2019, will remain in effect beyond the current the 2019-2020 fiscal year, meaning that Medicaid providers who provide covered services to newly-eligible, non-pregnant Medicaid recipients aged 21 or older, earlier than the first day of the month in which the recipient applies for Medicaid, will continue to receive no Medicaid reimbursement for those services.

C. Government Sector Impact:

If the waiver authority for retroactive eligibility granted by federal CMS on November 30, 2018, and implemented on February 1, 2019, had not been continued for Fiscal Year 2019-2020, the AHCA estimated in 2019 that the Legislature would have needed to appropriate an additional \$103.6 million in order to restore the reduction made

during the 2018 Regular Session. Of this total, \$40.1 million would have been general revenue and \$63.5 million would have been federal funding.<sup>17</sup>

As part of its analysis of this bill, the AHCA provided the following fiscal impact statement:

SB 52 allows the State to continue the savings gained when the [current retroactive eligibility] policy was initially enacted. If the current retroactive policy expires July 1, 2020, Medicaid will revert to the prior policy of allowing all applicants with unreimbursed medical expenses to have up to 90 days of retroactive eligibility. This would have a fiscal impact to Medicaid.<sup>18</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 409.904 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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<sup>17</sup> Agency for Health Care Administration, *Senate Bill 192 Analysis* (February 27, 2019) (on file with the Senate Committee on Health Policy).

<sup>18</sup> Agency for Health Care Administration, *Senate Bill 52 Analysis* (January 7, 2020) (on file with the Senate Committee on Health Policy).

By Senator Bean

4-01795A-20

202052\_\_

1 A bill to be entitled  
 2 An act relating to Medicaid services; amending s.  
 3 409.904, F.S.; deleting the expiration of a  
 4 requirement for the Agency for Health Care  
 5 Administration to make payments for Medicaid-covered  
 6 services for certain persons based on specified  
 7 retroactive eligibility timeframes; providing an  
 8 effective date.

9  
 10 Be It Enacted by the Legislature of the State of Florida:

11  
 12 Section 1. Subsection (12) of section 409.904, Florida  
 13 Statutes, is amended to read:

14 409.904 Optional payments for eligible persons.—The agency  
 15 may make payments for medical assistance and related services on  
 16 behalf of the following persons who are determined to be  
 17 eligible subject to the income, assets, and categorical  
 18 eligibility tests set forth in federal and state law. Payment on  
 19 behalf of these Medicaid eligible persons is subject to the  
 20 availability of moneys and any limitations established by the  
 21 General Appropriations Act or chapter 216.

22 (12) Effective July 1, 2019, the agency shall make payments  
 23 for ~~to~~ Medicaid-covered services:

24 (a) For eligible children and pregnant women, retroactive  
 25 for a period of no more than 90 days before the month in which  
 26 an application for Medicaid is submitted.

27 (b) For eligible nonpregnant adults, retroactive to the  
 28 first day of the month in which an application for Medicaid is  
 29 submitted.

Page 1 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

4-01795A-20

202052\_\_

30  
 31 ~~This subsection expires July 1, 2020.~~  
 32 Section 2. This act shall take effect July 1, 2020.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: SB 82

INTRODUCER: Senator Bean

SUBJECT: Individuals with Disabilities

DATE: January 27, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Hendon</u>	<u>CF</u>	<b>Favorable</b>
2.	<u>Gerbrandt</u>	<u>Kidd</u>	<u>AHS</u>	<b>Pre-meeting</b>
3.	<u>                    </u>	<u>                    </u>	<u>AP</u>	<u>                    </u>

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**I. Summary:**

SB 82 makes operational changes to the Medicaid Home and Community-Based Services (HCBS) Waiver to improve the quality of services provided and to standardize agency processes by:

- Requiring support coordination services to be provided by qualified organizations who contract with the Agency for Persons with Disabilities (APD); and
- Requiring the Agency for Health Care Administration (AHCA) to contract with a qualified organization to perform medical necessity determinations.

The bill eliminates the criteria that APD must consider when authorizing supplemental funding for a significant additional needs request, and instead creates a standard definition of a ‘significant additional need.’ The bill requires APD to certify and document that a HCBS Waiver client has utilized all available resources prior to the submission of a significant additional needs request.

The bill requires all service providers to bill for services and submit all required documentation through the agency’s electronic client data management system.

The bill eliminates obsolete language from chapter 393 of the Florida Statutes. The bill also allows AHCA to seek federal approval to implement an increased rate for Medicaid intermediate care facilities that serve individuals with developmental disabilities who have severe behavioral or mental health needs.

The bill is not expected to have a fiscal impact on state expenditures. If the bill results in any cost savings, the savings would allow the agency to address the HCBS Waiver waitlist.

The bill takes effect on July 1, 2020.

## II. Present Situation:

### Agency for Persons with Disabilities

Florida obtained waivers of federal Medicaid requirements to enable the provision of home and community-based services to persons at risk of institutionalization.<sup>1</sup> The Agency for Persons with Disabilities (APD) is responsible the provision of services to individuals with developmental disabilities<sup>2</sup> and for administering the Home and Community-Based Services (HCBS) Waiver.<sup>3</sup> The HCBS Waiver provides services to individuals with developmental disabilities that allow them to continue to live in their home or home-like setting and avoid institutionalization.<sup>4</sup> Eligible individuals must meet institutional level of care requirements.<sup>5</sup>

Individuals who have a developmental disability and who meet Medicaid eligibility requirements, may receive services in the community through the state's HCBS Waiver or in an institution, such as an intermediate care facility for the developmentally disabled (ICF/DD) through the state's Medicaid program.

### Home and Community-Based Services Waiver (iBudget Florida)

The HCBS Waiver for individuals with developmental disabilities, known as the iBudget, provides 26 supports and services including, but not limited to, residential habilitation, behavioral services, companion services, adult day training, employment services, and physical therapy.<sup>6</sup> Services provided through the HCBS Waiver enable individuals to live in the community in their own home, a family home, or in a licensed residential setting, thereby avoiding institutionalization.

The iBudget Florida program was developed in response to legislative direction requiring a plan for an individual budgeting approach for improving the management of the HCBS waiver program.<sup>7</sup> The iBudget involves the use of an algorithm<sup>8</sup> to set individual allocation amounts<sup>9</sup> for each client by allocating available funding based on an assessment of the needs of each client.

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<sup>1</sup> Rule 59G-13.080(1), F.A.C.

<sup>2</sup> A developmental disability is defined as a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely. *See s. 393.0612(12), F.S.*

<sup>3</sup> Section 20.197(3), F.S.

<sup>4</sup> The Centers for Medicare and Medicaid Services, Home and Community-Based Services 1915(c), available at: <https://www.medicare.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html> (last visited January 21, 2020).

<sup>5</sup> *Supra* note 1.

<sup>6</sup> A full list of covered services offered under Florida's HCBS Waiver can be found at: [https://ahca.myflorida.com/Medicaid/hcbs\\_waivers/ibudget.shtml](https://ahca.myflorida.com/Medicaid/hcbs_waivers/ibudget.shtml) (last visited January 17, 2020).

<sup>7</sup> Agency for Persons with Disabilities, Report to the Legislature on the Agency's Plan for Implementing Individual Budgeting "iBudget Florida" (February 1, 2010), available at: <http://apd.myflorida.com/ibudget/rules-regs.htm> (last visited January 13, 2020).

<sup>8</sup> The allocation algorithm is a mathematical formula based upon statistically validated relationships between individual characteristics (variables) and the individual's level of need for services provided through the Waiver. *See* Rule 65G-4.0213(1), F.A.C.

<sup>9</sup> The allocation algorithm amount is the result of the allocation algorithm apportioned according to available funding. *See* Rule 65G-4.0213(2), F.A.C.

The APD uses an assessment tool known as the Questionnaire for Situational Information (QSI) to determine a client's needs in the areas of functional, behavioral, and physical status.<sup>10</sup> All clients must have a QSI assessment completed prior to calculating the allocation amount. Clients can be reassessed any time there has been a significant change in the circumstance or condition that would impact any of the questions that are used as variables in the algorithm.<sup>11</sup>

After a client's initial allocation amount is determined, the client and their family meet with a Waiver Support Coordinator (WSC)<sup>12</sup> to discuss their allocation and develop a cost plan. The cost plan is an annual document that lists all authorized services, the anticipated costs of each service and the approved provider of each service.<sup>13</sup> The cost of all services within a client's cost plan must be lower than the client's allocation amount unless there is a significant additional need demonstrated.<sup>14</sup> Every proposed cost plan is reviewed and approved by the APD.<sup>15</sup>

If the client or the client's representative feels that the needs of the client cannot be met within the allocation amount, the WSC must identify and document the additional service request and submit it to the APD. The APD is required to approve requests for increases to the allocation amount if the request meets the Significant Additional Needs criteria (see subsection below titled Significant Additional Needs Criteria).<sup>16</sup> The APD is required to ensure that the sum of all clients' proposed expenditures do not exceed the agency's annual appropriation.<sup>17</sup>

As of October 2019, 34,919 individuals were enrolled in the iBudget program.<sup>18</sup> In Fiscal Year 2019-2020 the Legislature appropriated \$1.2 billion for the iBudget program, including \$462.8 million in general revenue funds and \$733.6 million in federal trust funds.<sup>19</sup>

### ***Waiver Waitlist***

The APD maintains a prioritized wait list for HCBS Waiver services.<sup>20</sup> Currently, there are 21,433 people on the HCBS Waiver waitlist.<sup>21</sup> Medicaid-eligible persons on the wait list can continue to receive Medicaid services offered through the Agency for Health Care Administration (AHCA).

<sup>10</sup> Rule 65G-4.0213(18), F.A.C.

<sup>11</sup> Rule 65G-4.0214(1)(d), F.A.C.

<sup>12</sup> Waiver support coordinators assist Waiver clients and their families in identifying, developing, coordinating and accessing supports and services in their communities. Supports and services can be provided through a variety of funding sources such as the iBudget, third-party payers and natural supports. *See* Rule 65G-4.0213(27), F.A.C.

<sup>13</sup> Rule 65G-4.0213(4), F.A.C.

<sup>14</sup> Rule 65G-4.0215(1)(c), F.A.C. A significant additional need represents a need for additional funding that if not provided would place the health and safety of the client, their caregiver, or public in serious jeopardy. *See* s. 393.0662(1)(b), F.S.

<sup>15</sup> The APD conducts an individual review of information submitted by a WSC, to determine if the request meets significant additional needs criteria. *See* Rule 65G-4.0213(14), F.A.C.

<sup>16</sup> Rule 65G-4.0216(3), F.A.C. Significant additional needs criteria can be found at Section 393.0662(1)(b), F.S. and Rule 65G-4.0218, F.A.C.

<sup>17</sup> *See* s. 393.0662(1)(c), F.S., and Rules 65G-4.0216(5), and 65G-4.0218(2), F.A.C.

<sup>18</sup> Attachment to e-mail from Jeff Ivey, Legislative Affairs Director, Agency for Persons with Disabilities. (Oct. 17, 2019) (on file with the Senate Committee on Children, Families and Elder Affairs).

<sup>19</sup> *See* Specific Appropriation 245, section 3, Ch. 2019-115, Laws of Florida.

<sup>20</sup> Section 393.065(5), F.S.

<sup>21</sup> Email from Jeff Ivey, Legislative Affairs Director, Agency for Persons with Disabilities, to Peter Delia, Senior Attorney, Senate Committee on Children, Families, and Elder Affairs (on file with the Appropriations Subcommittee on Health and Human Services).



### ***Significant Additional Needs Criteria***

Currently, clients can request supplemental funding, in addition to that allocated through the algorithm, that if not provided would place the health and safety of the client, the client's caregiver, or public in serious jeopardy.<sup>22</sup> This supplemental funding, known as a 'Significant Additional Need,' is categorized as an extraordinary need, a significant need for one time or temporary support or services, or a significant increase in the need for services after the beginning of the service plan year, and a significant need for transportation services.<sup>23</sup>

An extraordinary need may include, but is not limited to:<sup>24</sup>

- A documented history of significant, potentially life-threatening behaviors, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention;
- A complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a nonlicensed person;
- A chronic comorbid condition; or
- A need for total physical assistance with activities such as eating, bathing, toileting, grooming, and personal hygiene.

A significant need for one-time or temporary support or services may include, but is not limited to the need for:<sup>25</sup>

- Environmental modifications;
- Durable medical equipment;
- Services to address the temporary loss of support from a caregiver; or
- Special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition.

A significant increase in the need for services after the beginning of the service plan year may include, but is not limited to:<sup>26</sup>

- Permanent or long-term loss or incapacity of a caregiver;
- Loss of services authorized under the state Medicaid plan due to a change in age; or
- A significant change in medical or functional status which requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget.

If public transportation is not an option due to the unique needs of the client or other transportation resources are not reasonably available, supplemental funding may be approved for transportation services to a waiver-funded adult day training program or employment services.<sup>27</sup>

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<sup>22</sup> Section 393.0662(1)(b), F.S.

<sup>23</sup> Rule 65G-4.0213(23), F.A.C.

<sup>24</sup> Section 393.0662(1)(b)1., F.S.

<sup>25</sup> Section 393.0662(1)(b)2., F.S.

<sup>26</sup> Section 393.0662(1)(b)3., F.S.

<sup>27</sup> Section 393.0662(1)(b)4., F.S.

The APD is required to approve requests for increases to the allocation amount if the request meets the Significant Additional Needs criteria.<sup>28</sup> If a client's allocation amount includes significant additional needs beyond what is determined by the algorithm and the APD determines that the service intensity, frequency or duration is no longer necessary, the APD is required to adjust the services to match the current need.<sup>29</sup>

Currently, the APD is required to document the information necessary to evaluate significant additional needs requests. The documentation may include the following:<sup>30</sup>

- Support plans;
- QSI results;
- Cost plans;
- Expenditure history;
- Current living situation;
- Interviews with the client or the client's caregiver;
- Prescriptions;
- Data regarding the results of previous therapies and interventions;
- Assessments; and
- Provider documentation.

Currently, no additional funding for significant additional needs can be provided if the need for additional funding is not premised upon a need that arises after the implementation of the initial iBudget amount,<sup>31</sup> or is created by a client's failure to ensure that funding remained sufficient to cover previously authorized services.<sup>32</sup>

### ***Medical Necessity***

There is no federal definition of medical necessity. Instead, the federal government has left it up to each state to create its own definition of medical necessity and limit Medicaid services based on that definition.<sup>33</sup> Any optional service provided under Medicaid, such as home and community-based services, must be provided only when medically necessary.<sup>34</sup>

Medically necessary or medical necessity is defined in Florida as medical or allied care, goods, or services furnished or ordered that meet the following conditions:<sup>35</sup>

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain,

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<sup>28</sup> Rule 65G-4.0216(3), F.A.C. Significant additional needs criteria can be found at Section 393.0662(1)(b), F.S. and Rule 65G-4.0218, F.A.C.

<sup>29</sup> Rule 65G-4.0218(4), F.A.C.

<sup>30</sup> Rule 65G-4.0218(5), F.A.C.

<sup>31</sup> The iBudget amount is the total amount of funds approved by the APD. See Rules 65G-4.0213, F.A.C., and 65G-4.0216, F.A.C.

<sup>32</sup> Rule 65G-4.0218(7), F.A.C.

<sup>33</sup> Memorandum to Stuart Williams, General Counsel, Agency for Health Care Administration from Tracy George, Chief Appellate Counsel, Agency for Health Care Administration (January 8, 2013) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

<sup>34</sup> Section 409.906, F.S.

<sup>35</sup> Rule 59G-1.1010, F.A.C.

- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs,
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational,
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide, and
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary, or a medical necessity or a covered service.

Currently, the APD, with concurrence of the AHCA, may contract for the determination of medical necessity and establishment of individual budgets.<sup>36</sup> Additionally, the AHCA may implement a utilization management program designed to prior authorize home and community-based services, preauthorize high-cost or highly utilized services, or make any other adjustments necessary to comply with the limitations or directions provided for in the General Appropriations Act.<sup>37</sup>

### **iBudget Program Deficits**

In Fiscal Year 2017-2018, the APD exceeded its legislative appropriation for the iBudget by \$56.9 million. In Fiscal Year 2018-2019, the APD exceeded its legislative appropriation for the iBudget by \$107.9 million, and the APD is projected to exceed its appropriation in Fiscal Year 2019-2020 by \$134.3 million.

In 2019, the Florida Auditor General evaluated the APD's administration of the iBudget, including the effectiveness of the allocation methodology and algorithm in achieving the legislative intent of the iBudget.<sup>38,39</sup> The evaluation concluded that despite statistical validity underlying the algorithm, statutory allowances for significant additional needs have prevented APD from achieving the financial management goals of the iBudget and reducing the number of individuals on the waiting list.<sup>40</sup>

As a result of continued deficits, the 2019 Legislature directed APD, in conjunction with AHCA, to develop a plan to redesign the iBudget program and submit the plan to the Legislature.<sup>41</sup> The plan was required to address the following areas:<sup>42</sup>

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<sup>36</sup> Section 393.0661(1)(b), F.S.

<sup>37</sup> Section 409.906(13), F.S.

<sup>38</sup> State of Florida Auditor General Report No. 2020-012, August 2019, *available at* [https://flauditor.gov/pages/pdf\\_files/2020-012.pdf](https://flauditor.gov/pages/pdf_files/2020-012.pdf) (last visited January 13, 2020).

<sup>39</sup> The Legislature intended that the iBudget improve the financial management of the existing HCBS Waiver to avoid deficits that impeded the provision of services to individuals who are on the waiting list for enrollment in the program. *See s.* 393.0662, F.S.

<sup>40</sup> *Supra* note 44.

<sup>41</sup> Ch. 2019-116, Laws of Florida.

<sup>42</sup> *Id.*

- Specific steps to restrict spending to budgeted amounts based on alternatives to the iBudget and four-tiered Medicaid waiver models;
- Identification of core services that are essential to provide for client health and safety and recommend elimination of coverage for other services that are not affordable based on available resources;
- The redesign shall be responsive to individual needs and to the extent possible encourage client control over allocated resources for their needs; and
- The plan shall modify the manner of providing support coordination services to improve management of service utilization and increase accountability and responsiveness to agency priorities.

In response, the APD submitted a proposed redesign of the iBudget consisting of the following elements:<sup>43</sup>

- Inclusion of the iBudget waiver program in the Social Services Estimating Conference;
- Implementation of a behavioral health intermediate care facility service rate;
- Individual caps on the dollar amount of services for waiver clients;
- Budget transfers from the Medicaid State Plan to the iBudget waiver program for waiver clients turning 21;
- Expansion of the Medicaid Assistive Care Services program to include waiver group homes;
- Service limitations on Life Skills Development services;
- Centralization of the Significant Additional Needs approval process;
- Restructuring of support coordination services; and
- Implementation of a new client needs assessment tool, specifically the Next Generation Questionnaire for Situational Information.

### **Waiver Support Coordination**

Waiver support coordination services are provided by waiver support coordinators (WSCs), who assist clients in gaining access to needed medical, social, educational and other services, regardless of funding source.<sup>44</sup> All iBudget clients are required to receive a certain level of waiver support coordination services.<sup>45</sup> WSCs are responsible for the ongoing monitoring of supports and services provided to clients and are tasked with ensuring that clients receive the level of services they are entitled to and need under the iBudget including:<sup>46</sup>

- Locating, selecting and coordinating services and supports, whether paid with waiver funds or other resources;
- Documenting monthly progress of services rendered;

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<sup>43</sup> Agency for Persons with Disabilities; Agency for Health Care Administration: 2019 iBudget Waiver Redesign (on file with the Senate Children, Families, and Elder Affairs Committee).

<sup>44</sup> Rule 59G-13.080(3)(e), F.A.C.

<sup>45</sup> There are 3-levels of waiver support coordination services: full, enhanced and limited. The level of service requirements are described in the Agency for Health Care Administration, *Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook* (2015), available at: <http://apd.myflorida.com/ibudget/rules-regs.htm> (last visited January 19, 2020).

<sup>46</sup> Agency for Health Care Administration, *Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook* (2015), available at: <http://apd.myflorida.com/ibudget/rules-regs.htm> (last visited January 19, 2020).

- A minimum of two monthly contacts with or on behalf of the Waiver client, or contact with another provider to discuss progress toward achieving goals identified in the client's support plan (WSCs are expected to meet the needs of the individuals they serve regardless of the number of contacts it takes to meet those needs);
- Monitoring client's health and safety and well-being and assist them in reaching desired outcomes; and
- Maintaining client's current annual support plan, cost plan and supporting documents.

WSCs must pass a level-two background screen, meet provider qualifications<sup>47</sup> and requirements,<sup>48</sup> complete a Medicaid Provider Enrollment application, complete an APD provider application, and be assigned a Medicaid provider number.<sup>49</sup>

WSCs enroll as either a solo<sup>50</sup> or an agency<sup>51</sup> Medicaid provider.<sup>52</sup> For most services under the waiver, other than support coordination, agency providers can bill at an agency rate. Waiver support coordination services, however, are billed at one rate.<sup>53</sup>

Support coordination agencies have additional responsibilities to:<sup>54</sup>

- Have a comprehensive internal quality assurance management plan (which should include a systematic method of inspecting and reviewing all required documentation and activities) to actively monitor and supervise WSCs employed by their agency;
- Provide ongoing technical assistance and training to their employees in order to ensure that they are adequately fulfilling their job requirements as a WSC and Medicaid provider; and
- Maintain personnel files documenting the qualifications of all employees, completion of all required training, and background screening results.

The APD, the AHCA, or an authorized representative of the state monitor support coordinators on an annual basis.<sup>55</sup> The quality assurance process includes both a provider performance review, which is a review of regulatory compliance, and a person-centered review that focuses on an interview with the client receiving services to assure outcomes are being met, adequate follow through is being done and services are satisfactory to the client.<sup>56</sup>

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<sup>47</sup> Qualifications include, but are not limited to, a bachelor's degree, and, at a minimum, 2-years of paid, supervised experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services.

<sup>48</sup> Requirements include, but are not limited to, a minimum of 60 hours of pre-service training, including 34 hours of statewide pre-service training, and 26 hours of district-specific training, which includes orientation to the district, local resources and local operational procedures.

<sup>49</sup> *Supra* note 46.

<sup>50</sup> A solo or independent provider is a person who personally renders waiver services directly to recipients and does not employ others to render waiver services for which the rate is being paid. *See Supra* note 46 at pg. 1-10.

<sup>51</sup> An agency provider is a business or organization enrolled to provider waiver services that has two or more employees to carry out the enrolled service, including the agency owner. An agency or group provider for rate purposes is a provider that employees staff to perform waiver services. A provider that hires only subcontractors to perform waiver services is not considered an agency provider for rate purposes. *See Supra* note 46 at pg. 1-2.

<sup>52</sup> *Id.*

<sup>53</sup> Rule 59G-13.081, F.A.C.

<sup>54</sup> *Supra* note 46 at pg. 2-84.

<sup>55</sup> *Supra* note 46 at pg. A-9.

<sup>56</sup> *Supra* note 46.

HCBS Waiver services should be one element of the supports available to clients. Clients, families, legal representatives, WSCs, and providers are responsible for seeking non-waiver supports to augment and even replace HCBS waiver-paid services. The HCBS Waiver should be the payer of last resort.<sup>57</sup>

### **Client Data Management System (iConnect)**

The federal Centers for Medicare and Medicaid Services requires that all states that offer personal care and/or home health services through a waiver must utilize an electronic visit verification (EVV) system to verify when and where a service is being provided and the actual amount of time the provider spends with the customer.<sup>58</sup> APD has contracted with a vendor to create a central client data management system, known as iConnect. The iConnect system will provide EVV functionality, as well as electronic billing and centralization of client records.

Currently, providers bill for services through the AHCA Florida Medicaid Management Information System (FMMIS).<sup>59</sup>

### **Agency for Health Care Administration**

Individuals who have a developmental disability and who meet Medicaid eligibility requirements may receive services in an institution, such as an intermediate care facility for the developmentally disabled (ICF/DD) through the state's Medicaid program. The AHCA is responsible for licensing and oversight of ICF/DDs in Florida.<sup>60</sup> ICF/DDs provide the following services: nursing services, activity services, dental services, dietary services, pharmacy services, physician services, rehabilitative care services, room/bed and maintenance services and social services.<sup>61</sup>

While the majority of individuals who have a developmental disability live in the community, a small number live in ICF/DDs. In Florida, there are 88 privately owned ICF/DD facilities. As of April 2018, the ICF/DDs are 94.6 percent occupied, with 1,948 individuals in 2,060 possible slots.<sup>62</sup>

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<sup>57</sup> *Supra* note 46 at pg. 2-75.

<sup>58</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Frequently Asked Questions: Section 12006 of the 21<sup>st</sup> Century Cures Act, Electronic Visit Verification (EVV) Systems for Personal Care Services (PCS) and Home Health Care Services (HHCS)*, available at: <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/electronic-visit-verification-evv/index.html> (last visited January 21, 2020).

<sup>59</sup> Agency for Persons with Disabilities iConnect Proposed Redraft Analysis. On file with the Senate Children, Families, and Elder Affairs Committee.

<sup>60</sup> See ss. 400.962 and 400.967, F.S.

<sup>61</sup> Agency for Health Care Administration, *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/DD) Services*, available at: [https://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/behavioral\\_health\\_coverage/bhfu/Intermediate\\_Care.shtml](https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/Intermediate_Care.shtml) (last visited January 21, 2020).

<sup>62</sup> Florida Medicaid ICF/IID Rate Study Report, prepared by Navigant for the Florida Agency for Health Care Administration, 2019 (on file with the Senate Children and Families and Elder Affairs Committee).

ICF/DDs are considered institutional placements and are reimbursed for care through the AHCA Medicaid program. ICF/DDs are reimbursed based on two levels of care, which are based on the client's mobility:<sup>63</sup>

- ICF Level of Reimbursement One- A reimbursement level for recipients who are ambulatory or self-mobile using mechanical devices and are able to transfer themselves without human assistance, but may require assistance and oversight to ensure safe evacuation; and
- ICF Level of Reimbursement Two- A reimbursement level for recipients who are capable of mobility only with human assistance or require human assistance to transfer to or from a mobility device or require continuous medical and nursing supervision.

ICF/DD providers in Florida have reported an increase in the number of recipients with severe behavioral needs that require significant resources to provide appropriate care beyond what is currently provided through the level one and level two-reimbursement methodology.<sup>64</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 393.063, F.S., defining 'significant additional needs' as medically necessary needs for service increases arising after the beginning of the service plan year which would place the health and safety of the client, their caregiver, or the public in serious jeopardy. The bill also redefines support coordinators as employees of a qualified organization contracted by the APD.

**Section 2** amends s. 393.066, F.S., requiring all HCBS Waiver service providers to bill for services through the iConnect system and requiring submission of documentation verifying services rendered prior to receiving payment.

**Section 3** repeals section 393.0661, F.S. This section contains outdated provisions relating to the waiver program design prior to the implementation of the iBudget. The bill also eliminates the existing review criteria for significant additional needs requests. Such criteria has not been effective in limiting the iBudget supplemental funding increases approved by APD. Other provisions are moved to s. 393.0662, F.S.

**Section 4** amends s. 393.0662, F.S., requiring that funding for significant additional needs, as defined in the bill, may be provided only after the determination of a client's initial iBudget allocation amount is assigned and after the agency has certified and documented, in the client's cost plan, the use of all available resources under the Medicaid state plan.

The bill also preserves language from current law in s. 393.0661, F.S., relating to premiums and cost sharing, rate adjustments, the ability of AHCA to seek federal approval to amend waivers as needed, and the responsibility of APD to submit certain reports to the Governor and the Legislature. The bill also provides rulemaking authority for both APD and AHCA regarding criteria and processes for clients to access funds for significant additional needs.

**Section 5** creates s. 393.0663, F.S., requiring APD to competitively procure two or more qualified organizations to provide all support coordination services to HCBS Waiver clients. The

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<sup>63</sup> *Id.*

<sup>64</sup> *Id.*

bill requires the agency to consider price, quality, and accessibility when awarding contracts, and it requires procurement to begin on October 1, 2020. The bill provides that the contracts must include provisions requiring:

- Compliance with existing agency cost-containment initiatives;
- Support coordinators to ensure client budgets are linked to respective levels of need;
- Support coordinators to avoid potential conflicts of interest; and
- WSC organizations to perform and meet all standards related to support coordination currently in statute and rule.

The bill requires that the contracts be three years in length and permits a contract to be renewed up to three times, but each renewal may not exceed one year in length. The bill also provides APD with discretion to choose whether support coordination services are provided statewide or by agency region.

**Section 6** amends s. 409.906, F.S., requiring AHCA to competitively procure a qualified organization to perform medical necessity determinations of all significant additional needs requests. The bill directs AHCA to seek federal approval to implement an increased rate for Medicaid intermediate care facilities for the developmentally disabled that serve individuals with developmental disabilities who have severe behavioral and mental health needs.

**Section 7** amends s. 409.968, F.S., to conform a cross-reference.

**Section 8** amends s. 1002.385, F.S., to conform a cross-reference.

**Section 9** provides an effective date of July 1, 2020.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.



**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

SB 82 will have a negative but indeterminate fiscal impact on current waiver support coordinators who do not successfully bid for support coordination contracts provided under the bill. Qualified organizations who successfully acquire contracts for support coordination and for medical necessity determinations will see a positive fiscal impact.

Service providers who do not have hardware/software that can potentially interface with the Agency for Persons with Disabilities (APD) iConnect billing system may be required to purchase new hardware/software that can interface with iConnect, and to train staff on the use of iConnect. Service providers may also incur costs associated with dual data entry if the provider utilizes a different IT system and must manually input data into iConnect. The fiscal impact of the iConnect billing requirements on private service providers is negative but indeterminate.

**C. Government Sector Impact:**

The bill's requirement to centralize medical necessity determinations with a third party contractor may have a positive fiscal impact on state expenditures by decreasing the number of employees at APD that currently provide medical necessity determinations. However, this cost savings will be offset by the required increase in the contracted services category, under the Agency for Health Care Administration, to contract out this function. Any cost savings realized as a function of contracting medical necessity out to a third party would allow the agency to address the Home and Community-based Waiver waitlist.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 393.063, 393.066, 393.0662, 409.906, 409.968, and 1002.385.

This bill creates section 393.0663 of the Florida Statutes.

This bill repeals section 393.0661 of the Florida Statutes.

**IX. Additional Information:**

A. **Committee Substitute – Statement of Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. **Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2020	.	
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Appropriations Subcommittee on Health and Human Services (Bean)  
recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Present subsections (39) through (45) of section  
393.063, Florida Statutes, are redesignated as subsections (40)  
through (46), respectively, a new subsection (39) is added to  
that section, and present subsection (41) of that section is  
amended, to read:

393.063 Definitions.—For the purposes of this chapter, the



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11 term:

12 (39) "Significant additional need" means an additional need  
13 for medically necessary services which would place the health  
14 and safety of the client, the client's caregiver, or the public  
15 in serious jeopardy if it is not met. The agency may only  
16 provide additional funding after the determination of a client's  
17 initial allocation amount and after the qualified organization  
18 has documented the availability of nonwaiver resources.

19 (42)-(41) "Support coordinator" means an employee of a  
20 qualified organization pursuant to s. 393.0663 a person who is  
21 designated by the agency to assist individuals and families in  
22 identifying their capacities, needs, and resources, as well as  
23 finding and gaining access to necessary supports and services;  
24 coordinating the delivery of supports and services; advocating  
25 on behalf of the individual and family; maintaining relevant  
26 records; and monitoring and evaluating the delivery of supports  
27 and services to determine the extent to which they meet the  
28 needs and expectations identified by the individual, family, and  
29 others who participated in the development of the support plan.

30 Section 2. Subsection (2) of section 393.066, Florida  
31 Statutes, is amended to read:

32 393.066 Community services and treatment.—

33 (2) Necessary services shall be purchased, rather than  
34 provided directly by the agency, when the purchase of services  
35 is more cost-efficient than providing them directly. All  
36 purchased services must be approved by the agency. As a  
37 condition of payment, persons or entities under contract with  
38 the agency to provide services shall use agency data management  
39 systems to document service provision to clients before billing



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40 and must use the agency data management systems to bill for  
41 services. Contracted persons and entities shall meet the minimum  
42 hardware and software technical requirements established by the  
43 agency for the use of such systems. Such persons or entities  
44 shall also meet any requirements established by the agency for  
45 training and professional development of staff providing direct  
46 services to clients.

47 Section 3. Section 393.0661, Florida Statutes, is repealed.

48 Section 4. Section 393.0662, Florida Statutes, is amended  
49 to read:

50 393.0662 Individual budgets for delivery of home and  
51 community-based services; iBudget system established.—The  
52 Legislature finds that improved financial management of the  
53 existing home and community-based Medicaid waiver program is  
54 necessary to avoid deficits that impede the provision of  
55 services to individuals who are on the waiting list for  
56 enrollment in the program. The Legislature further finds that  
57 clients and their families should have greater flexibility to  
58 choose the services that best allow them to live in their  
59 community within the limits of an established budget. Therefore,  
60 the Legislature intends that the agency, in consultation with  
61 the Agency for Health Care Administration, shall manage the  
62 service delivery system using individual budgets as the basis  
63 for allocating the funds appropriated for the home and  
64 community-based services Medicaid waiver program among eligible  
65 enrolled clients. The service delivery system that uses  
66 individual budgets shall be called the iBudget system.

67 (1) The agency shall administer an individual budget,  
68 referred to as an iBudget, for each individual served by the



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69 home and community-based services Medicaid waiver program. The  
70 funds appropriated to the agency shall be allocated through the  
71 iBudget system to eligible, Medicaid-enrolled clients. For the  
72 iBudget system, eligible clients shall include individuals with  
73 a developmental disability as defined in s. 393.063. The iBudget  
74 system shall provide for: enhanced client choice within a  
75 specified service package; appropriate assessment strategies; an  
76 efficient consumer budgeting and billing process that includes  
77 reconciliation and monitoring components; a role for support  
78 coordinators that avoids potential conflicts of interest; a  
79 flexible and streamlined service review process; and the  
80 equitable allocation of available funds based on the client's  
81 level of need, as determined by the allocation methodology.

82 (a) In developing each client's iBudget, the agency shall  
83 use the allocation methodology as defined in s. 393.063(4), in  
84 conjunction with an assessment instrument that the agency deems  
85 to be reliable and valid, including, but not limited to, the  
86 agency's Questionnaire for Situational Information. The  
87 allocation methodology shall determine the amount of funds  
88 allocated to a client's iBudget.

89 (b) The agency may authorize additional funding based on a  
90 client having one or more significant additional needs ~~of the~~  
91 ~~following needs~~ that cannot be accommodated within the funding  
92 determined by the algorithm and having no other resources,  
93 supports, or services available to meet the needs. Such  
94 additional funding may be provided only after the determination  
95 of a client's initial allocation amount and after the qualified  
96 organization has documented the availability of all nonwaiver  
97 resources. Upon receipt of an incomplete request for significant



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98 additional needs, the agency shall close the request.

99 (c) The agency shall centralize, within its headquarters  
100 office, medical necessity determinations of requested services  
101 made through the significant additional needs process. The  
102 process must ensure consistent application of medical necessity  
103 criteria. This process must provide opportunities for targeted  
104 training, quality assurance, and inter-rater reliability. need:

105 ~~1. An extraordinary need that would place the health and~~  
106 ~~safety of the client, the client's caregiver, or the public in~~  
107 ~~immediate, serious jeopardy unless the increase is approved.~~  
108 ~~However, the presence of an extraordinary need in and of itself~~  
109 ~~does not warrant authorized funding by the agency. An~~  
110 ~~extraordinary need may include, but is not limited to:~~

111 ~~a. A documented history of significant, potentially life-~~  
112 ~~threatening behaviors, such as recent attempts at suicide,~~  
113 ~~arson, nonconsensual sexual behavior, or self-injurious behavior~~  
114 ~~requiring medical attention;~~

115 ~~b. A complex medical condition that requires active~~  
116 ~~intervention by a licensed nurse on an ongoing basis that cannot~~  
117 ~~be taught or delegated to a nonlicensed person;~~

118 ~~e. A chronic comorbid condition. As used in this~~  
119 ~~subparagraph, the term "comorbid condition" means a medical~~  
120 ~~condition existing simultaneously but independently with another~~  
121 ~~medical condition in a patient; or~~

122 ~~d. A need for total physical assistance with activities~~  
123 ~~such as eating, bathing, toileting, grooming, and personal~~  
124 ~~hygiene.~~

125 ~~2. A significant need for one-time or temporary support or~~  
126 ~~services that, if not provided, would place the health and~~



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127 ~~safety of the client, the client's caregiver, or the public in~~  
128 ~~serious jeopardy. A significant need may include, but is not~~  
129 ~~limited to, the provision of environmental modifications,~~  
130 ~~durable medical equipment, services to address the temporary~~  
131 ~~loss of support from a caregiver, or special services or~~  
132 ~~treatment for a serious temporary condition when the service or~~  
133 ~~treatment is expected to ameliorate the underlying condition. As~~  
134 ~~used in this subparagraph, the term "temporary" means a period~~  
135 ~~of fewer than 12 continuous months. However, the presence of~~  
136 ~~such significant need for one-time or temporary supports or~~  
137 ~~services in and of itself does not warrant authorized funding by~~  
138 ~~the agency.~~

139 ~~3. A significant increase in the need for services after~~  
140 ~~the beginning of the service plan year that would place the~~  
141 ~~health and safety of the client, the client's caregiver, or the~~  
142 ~~public in serious jeopardy because of substantial changes in the~~  
143 ~~client's circumstances, including, but not limited to, permanent~~  
144 ~~or long-term loss or incapacity of a caregiver, loss of services~~  
145 ~~authorized under the state Medicaid plan due to a change in age,~~  
146 ~~or a significant change in medical or functional status which~~  
147 ~~requires the provision of additional services on a permanent or~~  
148 ~~long-term basis that cannot be accommodated within the client's~~  
149 ~~current iBudget. As used in this subparagraph, the term "long-~~  
150 ~~term" means a period of 12 or more continuous months. However,~~  
151 ~~such significant increase in need for services of a permanent or~~  
152 ~~long-term nature in and of itself does not warrant authorized~~  
153 ~~funding by the agency.~~

154 ~~4. A significant need for transportation services to a~~  
155 ~~waiver-funded adult day training program or to waiver-funded~~





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156 ~~employment services when such need cannot be accommodated within~~  
157 ~~a client's iBudget as determined by the algorithm without~~  
158 ~~affecting the health and safety of the client, if public~~  
159 ~~transportation is not an option due to the unique needs of the~~  
160 ~~client or other transportation resources are not reasonably~~  
161 ~~available.~~

162  
163 ~~The agency shall reserve portions of the appropriation for the~~  
164 ~~home and community-based services Medicaid waiver program for~~  
165 ~~adjustments required pursuant to this paragraph and may use the~~  
166 ~~services of an independent actuary in determining the amount to~~  
167 ~~be reserved.~~

168 (d) ~~(e)~~ A client's annual expenditures for home and  
169 community-based Medicaid waiver services may not exceed the  
170 limits of his or her iBudget. The total of all clients'  
171 projected annual iBudget expenditures may not exceed the  
172 agency's appropriation for waiver services.

173 (2) The Agency for Health Care Administration, in  
174 consultation with the agency, shall seek federal approval to  
175 amend current waivers, request a new waiver, and amend contracts  
176 as necessary to manage the iBudget system, improve services for  
177 eligible and enrolled clients, and improve the delivery of  
178 services through the home and community-based services Medicaid  
179 waiver program and the Consumer-Directed Care Plus Program,  
180 including, but not limited to, enrollees with a dual diagnosis  
181 of a developmental disability and a mental health disorder.

182 (3) The agency must certify and document within each  
183 client's cost plan that the a client has used ~~must use~~ all  
184 available services authorized under the state Medicaid plan,



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185 school-based services, private insurance and other benefits, and  
186 any other resources that may be available to the client before  
187 using funds from his or her iBudget to pay for support and  
188 services.

189 (4) Rates for any or all services established under rules  
190 of the Agency for Health Care Administration must be designated  
191 as the maximum rather than a fixed amount for individuals who  
192 receive an iBudget, except for services specifically identified  
193 in those rules that the agency determines are not appropriate  
194 for negotiation, which may include, but are not limited to,  
195 residential habilitation services.

196 (5) The agency shall ensure that clients and caregivers  
197 have access to training and education that inform them about the  
198 iBudget system and enhance their ability for self-direction.  
199 Such training and education must be offered in a variety of  
200 formats and, at a minimum, must address the policies and  
201 processes of the iBudget system and the roles and  
202 responsibilities of consumers, caregivers, waiver support  
203 coordinators, providers, and the agency, and must provide  
204 information to help the client make decisions regarding the  
205 iBudget system and examples of support and resources available  
206 in the community.

207 (6) The agency shall collect data to evaluate the  
208 implementation and outcomes of the iBudget system.

209 (7) The Agency for Health Care Administration shall seek  
210 federal approval to provide a consumer-directed option for  
211 persons with developmental disabilities. The agency and the  
212 Agency for Health Care Administration may adopt rules necessary  
213 to administer this subsection.



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214 (8) The Agency for Health Care Administration shall seek  
215 federal waivers and amend contracts as necessary to make changes  
216 to services defined in federal waiver programs as follows:

217 (a) Supported living coaching services may not exceed 20  
218 hours per month for persons who also receive in-home support  
219 services.

220 (b) Limited support coordination services are the only  
221 support coordination services that may be provided to persons  
222 under the age of 18 who live in the family home.

223 (c) Personal care assistance services are limited to 180  
224 hours per calendar month and may not include rate modifiers.  
225 Additional hours may be authorized for persons who have  
226 intensive physical, medical, or adaptive needs if such hours  
227 will prevent institutionalization.

228 (d) Residential habilitation services are limited to 8  
229 hours per day. Additional hours may be authorized for persons  
230 who have intensive medical or adaptive needs and if such hours  
231 will prevent institutionalization, or for persons who possess  
232 behavioral problems that are exceptional in intensity, duration,  
233 or frequency and present a substantial risk of harm to  
234 themselves or others.

235 (e) The agency shall conduct supplemental cost plan reviews  
236 to verify the medical necessity of authorized services for plans  
237 that have increased by more than 8 percent during either of the  
238 2 preceding fiscal years.

239 (f) The agency shall implement a consolidated residential  
240 habilitation rate structure to increase savings to the state  
241 through a more cost-effective payment method and establish  
242 uniform rates for intensive behavioral residential habilitation



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243 services.

244 (g) The geographic differential for Miami-Dade, Broward,  
245 and Palm Beach Counties for residential habilitation services  
246 must be 7.5 percent.

247 (h) The geographic differential for Monroe County for  
248 residential habilitation services must be 20 percent.

249 (9) The agency shall collect premiums or cost sharing  
250 pursuant to s. 409.906(13)(c).

251 (10) This section or any related rule does not prevent or  
252 limit the Agency for Health Care Administration, in consultation  
253 with the agency, from adjusting fees, reimbursement rates,  
254 lengths of stay, number of visits, or number of services, or  
255 from limiting enrollment or making any other adjustment  
256 necessary to comply with the availability of moneys and any  
257 limitations or directions provided in the General Appropriations  
258 Act.

259 (11) A provider of services rendered to persons with  
260 developmental disabilities pursuant to a federally approved  
261 waiver shall be reimbursed according to a rate methodology based  
262 upon an analysis of the expenditure history and prospective  
263 costs of providers participating in the waiver program, or under  
264 any other methodology developed by the Agency for Health Care  
265 Administration in consultation with the agency and approved by  
266 the Federal Government in accordance with the waiver.

267 (12) The agency shall submit quarterly status reports to  
268 the Executive Office of the Governor, the chair of the Senate  
269 Appropriations Committee or its successor, and the chair of the  
270 House Appropriations Committee or its successor containing all  
271 of the following information:



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272       (a) The financial status of home and community-based  
273 services, including the number of enrolled individuals receiving  
274 services through one or more programs.

275       (b) The number of individuals who have requested services  
276 and who are not enrolled but who are receiving services through  
277 one or more programs, with a description indicating the programs  
278 from which the individual is receiving services.

279       (c) The number of individuals who have refused an offer of  
280 services but who choose to remain on the list of individuals  
281 waiting for services.

282       (d) The number of individuals who have requested services  
283 but who are receiving no services.

284       (e) A frequency distribution indicating the length of time  
285 individuals have been waiting for services.

286       (f) Information concerning the actual and projected costs  
287 compared to the amount of the appropriation available to the  
288 program and any projected surpluses or deficits.

289       (13) If at any time an analysis by the agency, in  
290 consultation with the Agency for Health Care Administration,  
291 indicates that the cost of services is expected to exceed the  
292 amount appropriated, the agency shall submit a plan in  
293 accordance with subsection (10) to the Executive Office of the  
294 Governor, the chair of the Senate Appropriations Committee or  
295 its successor, and the chair of the House Appropriations  
296 Committee or its successor to remain within the amount  
297 appropriated. The agency shall work with the Agency for Health  
298 Care Administration to implement the plan so as to remain within  
299 the appropriation.

300       (14) The agency, in consultation with the Agency for Health



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301 Care Administration, shall provide a quarterly reconciliation  
302 report of all home and community-based services waiver  
303 expenditures from the Agency for Health Care Administration's  
304 claims management system with service utilization from the  
305 Agency for Persons with Disabilities Allocation, Budget, and  
306 Contract Control system. The reconciliation report shall be  
307 submitted to the Governor, the President of the Senate, and the  
308 Speaker of the House of Representatives no later than 30 days  
309 after the close of each quarter.

310 (15)-(7) The agency and the Agency for Health Care  
311 Administration may adopt rules specifying the allocation  
312 algorithm and methodology; criteria and processes for clients to  
313 access reserved funds for significant additional needs  
314 extraordinary needs, temporarily or permanently changed needs,  
315 and one-time needs; and processes and requirements for selection  
316 and review of services, development of support and cost plans,  
317 and management of the iBudget system as needed to administer  
318 this section.

319 Section 5. Section 393.0663, Florida Statutes, is created  
320 to read:

321 393.0663 Support coordination; legislative intent;  
322 qualified organizations; agency duties; due process;  
323 rulemaking.-

324 (1) LEGISLATIVE INTENT.-To enable the state to provide a  
325 systematic approach to service oversight for persons providing  
326 care to individuals with developmental disabilities, it is the  
327 intent of the Legislature that the agency work in collaboration  
328 with relevant stakeholders to ensure that waiver support  
329 coordinators have the knowledge, skills, and abilities necessary



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330 to competently provide services to individuals with  
331 developmental disabilities by requiring all support coordinators  
332 to be employees of a qualified organization.

333 (2) QUALIFIED ORGANIZATIONS.—

334 (a) As used in this section, the term "qualified  
335 organization" means an organization determined by the agency to  
336 meet the requirements of this section and of the Developmental  
337 Disabilities Individual Budgeting Waiver Services Coverage and  
338 Limitations Handbook.

339 (b) The agency shall use qualified organizations for the  
340 purpose of providing all support coordination services to  
341 iBudget clients in this state. A qualified organization must:

342 1. Employ four or more support coordinators;

343 2. Maintain a professional code of ethics and a  
344 disciplinary process that apply to all support coordinators  
345 within the organization;

346 3. Comply with the agency's cost containment initiatives;

347 4. Require support coordinators to ensure client budgets  
348 are linked to levels of need;

349 5. Require support coordinators to perform all duties and  
350 meet all standards related to support coordination as provided  
351 in the Developmental Disabilities Individual Budgeting Waiver  
352 Services Coverage and Limitations Handbook;

353 6. Prohibit dual employment of a support coordinator which  
354 adversely impacts the support coordinator's availability to  
355 clients;

356 7. Educate clients and families regarding identifying and  
357 preventing abuse, neglect, and exploitation;

358 8. Instruct clients and families on mandatory reporting



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359 requirements for abuse, neglect, and exploitation;  
360 9. Submit within established timeframes all required  
361 documentation for requests for significant additional needs;  
362 10. Require support coordinators to successfully complete  
363 training and professional development approved by the agency;  
364 11. Require support coordinators to pass a competency-based  
365 assessment established by the agency; and  
366 12. Implement a mentoring program approved by the agency  
367 for support coordinators who have worked as a support  
368 coordinator for less than 12 months.  
369 (3) DUTIES OF THE AGENCY.—The agency shall:  
370 (a) Require all qualified organizations to report to the  
371 agency any violation of ethical or professional conduct by  
372 support coordinators employed by the organization;  
373 (b) Maintain a publicly accessible registry of all support  
374 coordinators, including any history of ethical or disciplinary  
375 violations; and  
376 (c) Impose an immediate moratorium on new client  
377 assignments, impose an administrative fine, require plans of  
378 remediation, and terminate the Medicaid Waiver Services  
379 Agreement of any qualified organization that is noncompliant  
380 with applicable laws or rules.  
381 (4) DUE PROCESS.—Any decision by the agency to take action  
382 against a qualified organization as described in paragraph  
383 (3) (c) is reviewable by the agency. Upon receiving an adverse  
384 determination, the qualified organization may request an  
385 administrative hearing pursuant to ss. 120.569 and 120.57(1)  
386 within 30 days after completing any appeals process established  
387 by the agency.





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388 (5) RULEMAKING.—The agency may adopt rules to implement  
389 this section.

390 Section 6. Subsection (6) is added to section 400.962,  
391 Florida Statutes, to read:

392 400.962 License required; license application.—

393 (6) An applicant that has been granted a certificate-of-  
394 need exemption under s. 408.036(3)(o) must also demonstrate and  
395 maintain compliance with the following criteria:

396 (a) The total number of beds per home within the facility  
397 may not exceed eight, with each resident having his or her own  
398 bedroom and bathroom. Each eight-bed home must be colocated on  
399 the same property with two other eight-bed homes and must serve  
400 individuals with severe maladaptive behaviors and co-occurring  
401 psychiatric diagnoses.

402 (b) A minimum of 16 beds within the facility must be  
403 designated for individuals with severe maladaptive behaviors who  
404 have been assessed using the Agency for Persons with  
405 Disabilities' Global Behavioral Service Need Matrix with a score  
406 of at least Level 3 and up to Level 6, or assessed using the  
407 criteria deemed appropriate by the Agency for Health Care  
408 Administration regarding the need for a specialized placement in  
409 an intermediate care facility for the developmentally disabled.

410 (c) The applicant has not had a facility license denied,  
411 revoked, or suspended within the 36 months preceding the request  
412 for exemption.

413 (d) The applicant must have at least 10 years of experience  
414 serving individuals with severe maladaptive behaviors in this  
415 state.

416 (e) The applicant must implement a state-approved staff



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417 training curriculum and monitoring requirements specific to the  
418 individuals whose behaviors require higher intensity, frequency,  
419 and duration of services.

420 (f) The applicant must make available medical and nursing  
421 services 24 hours per day, 7 days per week.

422 (g) The applicant must demonstrate a history of using  
423 interventions that are least restrictive and that follow a  
424 behavioral hierarchy.

425 (h) The applicant must maintain a policy prohibiting the  
426 use of mechanical restraints.

427 Section 7. Paragraph (o) is added to subsection (3) of  
428 section 408.036, Florida Statutes, to read:

429 408.036 Projects subject to review; exemptions.-

430 (3) EXEMPTIONS.-Upon request, the following projects are  
431 subject to exemption from subsection (1):

432 (o) For a new intermediate care facility for the  
433 developmentally disabled as defined in s. 408.032 which has a  
434 total of 24 beds, comprising three eight-bed homes, for use by  
435 individuals exhibiting severe maladaptive behaviors and co-  
436 occurring psychiatric diagnoses requiring increased levels of  
437 behavioral, medical, and therapeutic oversight. The facility  
438 must not have had a license denied, revoked, or suspended within  
439 the 36 months preceding the request for exemption and must have  
440 at least 10 years of experience serving individuals with severe  
441 maladaptive behaviors in this state. The agency may not grant an  
442 additional exemption to a facility that has been granted an  
443 exemption under this paragraph unless the facility has been  
444 licensed and operational for a period of at least 2 years. The  
445 exemption under this paragraph does not require a specific



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446 legislative appropriation.

447 Section 8. Subsection (15) of section 409.906, Florida  
448 Statutes, is amended to read:

449 409.906 Optional Medicaid services.—Subject to specific  
450 appropriations, the agency may make payments for services which  
451 are optional to the state under Title XIX of the Social Security  
452 Act and are furnished by Medicaid providers to recipients who  
453 are determined to be eligible on the dates on which the services  
454 were provided. Any optional service that is provided shall be  
455 provided only when medically necessary and in accordance with  
456 state and federal law. Optional services rendered by providers  
457 in mobile units to Medicaid recipients may be restricted or  
458 prohibited by the agency. Nothing in this section shall be  
459 construed to prevent or limit the agency from adjusting fees,  
460 reimbursement rates, lengths of stay, number of visits, or  
461 number of services, or making any other adjustments necessary to  
462 comply with the availability of moneys and any limitations or  
463 directions provided for in the General Appropriations Act or  
464 chapter 216. If necessary to safeguard the state's systems of  
465 providing services to elderly and disabled persons and subject  
466 to the notice and review provisions of s. 216.177, the Governor  
467 may direct the Agency for Health Care Administration to amend  
468 the Medicaid state plan to delete the optional Medicaid service  
469 known as "Intermediate Care Facilities for the Developmentally  
470 Disabled." Optional services may include:

471 (15) INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY  
472 DISABLED SERVICES.—The agency may pay for health-related care  
473 and services provided on a 24-hour-a-day basis by a facility  
474 licensed and certified as a Medicaid Intermediate Care Facility



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475 for the Developmentally Disabled, for a recipient who needs such  
476 care because of a developmental disability. Payment shall not  
477 include bed-hold days except in facilities with occupancy rates  
478 of 95 percent or greater. The agency is authorized to seek any  
479 federal waiver approvals to implement this policy. The agency  
480 shall seek federal approval to implement a payment rate for  
481 Medicaid intermediate care facilities serving individuals with  
482 developmental disabilities, severe maladaptive behaviors, severe  
483 maladaptive behaviors and co-occurring complex medical  
484 conditions, or a dual diagnosis of developmental disability and  
485 mental illness.

486 Section 9. Paragraph (d) of subsection (2) of section  
487 1002.385, Florida Statutes, is amended to read:

488 1002.385 The Gardiner Scholarship.—

489 (2) DEFINITIONS.—As used in this section, the term:

490 (d) "Disability" means, for a 3- or 4-year-old child or for  
491 a student in kindergarten to grade 12, autism spectrum disorder,  
492 as defined in the Diagnostic and Statistical Manual of Mental  
493 Disorders, Fifth Edition, published by the American Psychiatric  
494 Association; cerebral palsy, as defined in s. 393.063(6); Down  
495 syndrome, as defined in s. 393.063(15); an intellectual  
496 disability, as defined in s. 393.063(24); Phelan-McDermid  
497 syndrome, as defined in s. 393.063(28); Prader-Willi syndrome,  
498 as defined in s. 393.063(29); spina bifida, as defined in s.  
499 393.063(41) ~~s. 393.063(40)~~; being a high-risk child, as defined  
500 in s. 393.063(23) (a); muscular dystrophy; Williams syndrome;  
501 rare diseases which affect patient populations of fewer than  
502 200,000 individuals in the United States, as defined by the  
503 National Organization for Rare Disorders; anaphylaxis; deaf;



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504 visually impaired; traumatic brain injured; hospital or  
505 homebound; or identification as dual sensory impaired, as  
506 defined by rules of the State Board of Education and evidenced  
507 by reports from local school districts. The term "hospital or  
508 homebound" includes a student who has a medically diagnosed  
509 physical or psychiatric condition or illness, as defined by the  
510 state board in rule, and who is confined to the home or hospital  
511 for more than 6 months.

512 Section 10. This act shall take effect January 1, 2021.

513

514 ===== T I T L E A M E N D M E N T =====

515 And the title is amended as follows:

516 Delete everything before the enacting clause  
517 and insert:

518 A bill to be entitled  
519 An act relating to individuals with disabilities;  
520 amending s. 393.063, F.S.; defining the term  
521 "significant additional need"; revising the definition  
522 of the term "support coordinator"; amending s.  
523 393.066, F.S.; requiring persons and entities under  
524 contract with the Agency for Persons with Disabilities  
525 to use the agency data management systems to bill for  
526 services; repealing s. 393.0661, F.S., relating to the  
527 home and community-based services delivery system;  
528 amending s. 393.0662, F.S.; revising criteria used by  
529 the agency to develop a client's iBudget; revising  
530 criteria used by the agency to authorize additional  
531 funding for certain clients; requiring the agency to  
532 centralize medical necessity determinations of certain



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533 services; requiring the agency to certify and document  
534 the use of certain services before approving the  
535 expenditure of certain funds; requiring the Agency for  
536 Health Care Administration to seek federal approval to  
537 provide consumer-directed options; authorizing the  
538 Agency for Persons with Disabilities and the Agency  
539 for Health Care Administration to adopt rules;  
540 requiring the Agency for Health Care Administration to  
541 seek federal waivers and amend contracts under certain  
542 conditions; requiring the Agency for Persons with  
543 Disabilities to collect premiums or cost sharing;  
544 providing construction; providing for the  
545 reimbursement of certain providers of services;  
546 requiring the Agency for Persons with Disabilities to  
547 submit quarterly status reports to the Executive  
548 Office of the Governor, the chair of the Senate  
549 Appropriations Committee, and the chair of the House  
550 Appropriations Committee or their successors;  
551 providing requirements for such reports; requiring the  
552 Agency for Persons with Disabilities, in consultation  
553 with the Agency for Health Care Administration, to  
554 submit a certain plan to the Executive Office of the  
555 Governor, the chair of the Senate Appropriations  
556 Committee, and the chair of the House Appropriations  
557 Committee under certain conditions; requiring the  
558 agency to work with the Agency for Health Care  
559 Administration to implement such plan; requiring the  
560 Agency for Persons with Disabilities, in consultation  
561 with the Agency for Health Care Administration, to



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562 provide quarterly reconciliation reports to the  
563 Governor and the Legislature within a specified  
564 timeframe; revising rulemaking authority of the Agency  
565 for Persons with Disabilities and the Agency for  
566 Health Care Administration; creating s. 393.0663,  
567 F.S.; providing legislative intent; defining the term  
568 "qualified organization"; requiring the Agency for  
569 Persons with Disabilities to use qualified  
570 organizations to provide support coordination services  
571 for certain clients; providing requirements for  
572 qualified organizations; providing agency duties;  
573 providing for the review and appeal of certain  
574 decisions made by the agency; authorizing the agency  
575 to adopt rules; amending s. 400.962, F.S.; requiring  
576 certain facilities that have been granted a  
577 certificate-of-need exemption to demonstrate and  
578 maintain compliance with specified criteria; amending  
579 s. 408.036, F.S.; providing an exemption from a  
580 certificate-of-need requirement for certain  
581 intermediate care facilities; prohibiting the Agency  
582 for Health Care Administration from granting an  
583 additional exemption to a facility unless a certain  
584 condition is met; providing that a specific  
585 legislative appropriation is not required for such  
586 exemption; amending s. 409.906, F.S.; requiring the  
587 agency to seek federal approval to implement certain  
588 payment rates; amending s. 1002.385, F.S.; conforming  
589 a cross-reference; providing an effective date.

By Senator Bean

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1 A bill to be entitled  
 2 An act relating to individuals with disabilities;  
 3 amending s. 393.063, F.S.; defining the term  
 4 "significant additional need"; revising the definition  
 5 of the term "support coordinator"; amending s.  
 6 393.066, F.S.; requiring persons and entities under  
 7 contract with the Agency for Persons with Disabilities  
 8 to use the agency data management systems to bill for  
 9 services; repealing s. 393.0661, F.S., relating to the  
 10 home and community-based services delivery system;  
 11 amending s. 393.0662, F.S.; revising criteria used by  
 12 the agency to develop a client's iBudget; revising  
 13 criteria used by the agency to authorize additional  
 14 funding for certain clients; requiring the agency to  
 15 certify and document the use of certain services  
 16 before approving the expenditure of certain funds;  
 17 requiring the Agency for Health Care Administration to  
 18 seek federal approval to provide consumer-directed  
 19 options; authorizing the Agency for Persons with  
 20 Disabilities and the Agency for Health Care  
 21 Administration to adopt rules; requiring the Agency  
 22 for Health Care Administration to seek federal waivers  
 23 and amend contracts under certain conditions;  
 24 requiring the Agency for Persons with Disabilities to  
 25 collect premiums or cost sharing; providing  
 26 construction; providing for the reimbursement of  
 27 certain providers of services; requiring the Agency  
 28 for Persons with Disabilities to submit quarterly  
 29 status reports to the Governor, the chair of the

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

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30 Senate Appropriations Committee, and the chair of the  
 31 House Appropriations Committee; requiring the Agency  
 32 for Persons with Disabilities, in consultation with  
 33 the Agency for Health Care Administration, to submit a  
 34 certain plan to the Governor, the chair of the Senate  
 35 Appropriations Committee, and the chair of the House  
 36 Appropriations Committee under certain conditions;  
 37 requiring the Agency for Persons with Disabilities, in  
 38 consultation with the Agency for Health Care  
 39 Administration, to provide quarterly reconciliation  
 40 reports to the Governor and the Legislature within a  
 41 specified timeframe; revising rulemaking authority of  
 42 the Agency for Persons with Disabilities and the  
 43 Agency for Health Care Administration; creating s.  
 44 393.0663, F.S.; requiring the Agency for Persons with  
 45 Disabilities to competitively procure qualified  
 46 organizations to provide support coordination  
 47 services; requiring such procurement to be initiated  
 48 on a specified date; providing requirements for  
 49 contracts awarded by the agency; amending s. 409.906,  
 50 F.S.; requiring the Agency for Health Care  
 51 Administration to contract with an external vendor for  
 52 certain medical necessity determinations; requiring  
 53 the Agency for Persons with Disabilities to seek  
 54 federal approval to implement certain payment rates;  
 55 amending ss. 409.968 and 1002.385, F.S.; conforming  
 56 cross-references; providing an effective date.  
 57  
 58 Be It Enacted by the Legislature of the State of Florida:

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59  
60 Section 1. Present subsections (39) through (45) of section  
61 393.063, Florida Statutes, are redesignated as subsections (40)  
62 through (46), respectively, a new subsection (39) is added to  
63 that section, and present subsection (41) of that section is  
64 amended, to read:

65 393.063 Definitions.—For the purposes of this chapter, the  
66 term:

67 (39) "Significant additional need" means a medically  
68 necessary need for a service increase arising after the  
69 beginning of the service plan year which would place the health  
70 and safety of the client, the client's caregiver, or the public  
71 in serious jeopardy.

72 (42)(41) "Support coordinator" means an employee of a  
73 qualified organization pursuant to s. 393.0663 a person who is  
74 designated by the agency to assist individuals and families in  
75 identifying their capacities, needs, and resources, as well as  
76 finding and gaining access to necessary supports and services;  
77 coordinating the delivery of supports and services; advocating  
78 on behalf of the individual and family; maintaining relevant  
79 records; and monitoring and evaluating the delivery of supports  
80 and services to determine the extent to which they meet the  
81 needs and expectations identified by the individual, family, and  
82 others who participated in the development of the support plan.

83 Section 2. Subsection (2) of section 393.066, Florida  
84 Statutes, is amended to read:

85 393.066 Community services and treatment.—

86 (2) Necessary services shall be purchased, rather than  
87 provided directly by the agency, when the purchase of services

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88 is more cost-efficient than providing them directly. All  
89 purchased services must be approved by the agency. As a  
90 condition of payment, persons or entities under contract with  
91 the agency to provide services shall use agency data management  
92 systems to document service provision to clients before billing  
93 and must use the agency data management systems to bill for  
94 services. Contracted persons and entities shall meet the minimum  
95 hardware and software technical requirements established by the  
96 agency for the use of such systems. Such persons or entities  
97 shall also meet any requirements established by the agency for  
98 training and professional development of staff providing direct  
99 services to clients.

100 Section 3. Section 393.0661, Florida Statutes, is repealed.

101 Section 4. Section 393.0662, Florida Statutes, is amended  
102 to read:

103 393.0662 Individual budgets for delivery of home and  
104 community-based services; iBudget system established.—The  
105 Legislature finds that improved financial management of the  
106 existing home and community-based Medicaid waiver program is  
107 necessary to avoid deficits that impede the provision of  
108 services to individuals who are on the waiting list for  
109 enrollment in the program. The Legislature further finds that  
110 clients and their families should have greater flexibility to  
111 choose the services that best allow them to live in their  
112 community within the limits of an established budget. Therefore,  
113 the Legislature intends that the agency, in consultation with  
114 the Agency for Health Care Administration, shall manage the  
115 service delivery system using individual budgets as the basis  
116 for allocating the funds appropriated for the home and

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117 community-based services Medicaid waiver program among eligible  
118 enrolled clients. The service delivery system that uses  
119 individual budgets shall be called the iBudget system.

120 (1) The agency shall administer an individual budget,  
121 referred to as an iBudget, for each individual served by the  
122 home and community-based services Medicaid waiver program. The  
123 funds appropriated to the agency shall be allocated through the  
124 iBudget system to eligible, Medicaid-enrolled clients. For the  
125 iBudget system, eligible clients shall include individuals with  
126 a developmental disability as defined in s. 393.063. The iBudget  
127 system shall provide for: enhanced client choice within a  
128 specified service package; appropriate assessment strategies; an  
129 efficient consumer budgeting and billing process that includes  
130 reconciliation and monitoring components; a role for support  
131 coordinators that avoids potential conflicts of interest; a  
132 flexible and streamlined service review process; and the  
133 equitable allocation of available funds based on the client's  
134 level of need, as determined by the allocation methodology.

135 (a) In developing each client's iBudget, the agency shall  
136 use the allocation methodology as defined in s. 393.063(4), in  
137 conjunction with an assessment instrument that the agency deems  
138 to be reliable and valid, including, but not limited to, the  
139 agency's Questionnaire for Situational Information. The  
140 allocation methodology shall determine the amount of funds  
141 allocated to a client's iBudget.

142 (b) The agency may authorize additional funding based on a  
143 client having one or more significant additional needs ~~of the~~  
144 ~~following needs~~ that cannot be accommodated within the funding  
145 determined by the algorithm and having no other resources,

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146 supports, or services available to meet the needs. Such  
147 additional funding may be provided only after the determination  
148 of a client's initial allocation amount and after the agency has  
149 certified and documented the use of all available resources  
150 under the Medicaid state plan as described in subsection (2).  
151 ~~need.~~

152 ~~1. An extraordinary need that would place the health and~~  
153 ~~safety of the client, the client's caregiver, or the public in~~  
154 ~~immediate, serious jeopardy unless the increase is approved.~~  
155 ~~However, the presence of an extraordinary need in and of itself~~  
156 ~~does not warrant authorized funding by the agency. An~~  
157 ~~extraordinary need may include, but is not limited to:~~

158 ~~a. A documented history of significant, potentially life-~~  
159 ~~threatening behaviors, such as recent attempts at suicide,~~  
160 ~~arsen, nonconsensual sexual behavior, or self-injurious behavior~~  
161 ~~requiring medical attention;~~

162 ~~b. A complex medical condition that requires active~~  
163 ~~intervention by a licensed nurse on an ongoing basis that cannot~~  
164 ~~be taught or delegated to a nonlicensed person;~~

165 ~~c. A chronic comorbid condition. As used in this~~  
166 ~~subparagraph, the term "comorbid condition" means a medical~~  
167 ~~condition existing simultaneously but independently with another~~  
168 ~~medical condition in a patient; or~~

169 ~~d. A need for total physical assistance with activities~~  
170 ~~such as eating, bathing, toileting, grooming, and personal~~  
171 ~~hygiene.~~

172 ~~2. A significant need for one-time or temporary support or~~  
173 ~~services that, if not provided, would place the health and~~  
174 ~~safety of the client, the client's caregiver, or the public in~~

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175 serious jeopardy. A significant need may include, but is not  
 176 limited to, the provision of environmental modifications,  
 177 durable medical equipment, services to address the temporary  
 178 loss of support from a caregiver, or special services or  
 179 treatment for a serious temporary condition when the service or  
 180 treatment is expected to ameliorate the underlying condition. As  
 181 used in this subparagraph, the term "temporary" means a period  
 182 of fewer than 12 continuous months. However, the presence of  
 183 such significant need for one-time or temporary supports or  
 184 services in and of itself does not warrant authorized funding by  
 185 the agency.

186 3. A significant increase in the need for services after  
 187 the beginning of the service plan year that would place the  
 188 health and safety of the client, the client's caregiver, or the  
 189 public in serious jeopardy because of substantial changes in the  
 190 client's circumstances, including, but not limited to, permanent  
 191 or long-term loss or incapacity of a caregiver, loss of services  
 192 authorized under the state Medicaid plan due to a change in age,  
 193 or a significant change in medical or functional status which  
 194 requires the provision of additional services on a permanent or  
 195 long-term basis that cannot be accommodated within the client's  
 196 current iBudget. As used in this subparagraph, the term "long-  
 197 term" means a period of 12 or more continuous months. However,  
 198 such significant increase in need for services of a permanent or  
 199 long-term nature in and of itself does not warrant authorized  
 200 funding by the agency.

201 4. A significant need for transportation services to a  
 202 waiver-funded adult day training program or to waiver-funded  
 203 employment services when such need cannot be accommodated within

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204 a client's iBudget as determined by the algorithm without  
 205 affecting the health and safety of the client, if public  
 206 transportation is not an option due to the unique needs of the  
 207 client or other transportation resources are not reasonably  
 208 available.

209  
 210 ~~The agency shall reserve portions of the appropriation for the~~  
 211 ~~home and community-based services Medicaid waiver program for~~  
 212 ~~adjustments required pursuant to this paragraph and may use the~~  
 213 ~~services of an independent actuary in determining the amount to~~  
 214 ~~be reserved.~~

215 (c) A client's annual expenditures for home and community-  
 216 based Medicaid waiver services may not exceed the limits of his  
 217 or her iBudget. The total of all clients' projected annual  
 218 iBudget expenditures may not exceed the agency's appropriation  
 219 for waiver services.

220 (2) The Agency for Health Care Administration, in  
 221 consultation with the agency, shall seek federal approval to  
 222 amend current waivers, request a new waiver, and amend contracts  
 223 as necessary to manage the iBudget system, improve services for  
 224 eligible and enrolled clients, and improve the delivery of  
 225 services through the home and community-based services Medicaid  
 226 waiver program and the Consumer-Directed Care Plus Program,  
 227 including, but not limited to, enrollees with a dual diagnosis  
 228 of a developmental disability and a mental health disorder.

229 (3) The agency must certify and document within each  
 230 client's cost plan that the a client has used must use all  
 231 available services authorized under the state Medicaid plan,  
 232 school-based services, private insurance and other benefits, and

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233 any other resources that may be available to the client before  
 234 using funds from his or her iBudget to pay for support, ~~and~~  
 235 services, and any significant additional needs as determined by  
 236 a qualified organization contracted pursuant to s.  
 237 409.906(13)(c).

238 (4) Rates for any or all services established under rules  
 239 of the Agency for Health Care Administration must be designated  
 240 as the maximum rather than a fixed amount for individuals who  
 241 receive an iBudget, except for services specifically identified  
 242 in those rules that the agency determines are not appropriate  
 243 for negotiation, which may include, but are not limited to,  
 244 residential habilitation services.

245 (5) The agency shall ensure that clients and caregivers  
 246 have access to training and education that inform them about the  
 247 iBudget system and enhance their ability for self-direction.  
 248 Such training and education must be offered in a variety of  
 249 formats and, at a minimum, must address the policies and  
 250 processes of the iBudget system and the roles and  
 251 responsibilities of consumers, caregivers, waiver support  
 252 coordinators, providers, and the agency, and must provide  
 253 information to help the client make decisions regarding the  
 254 iBudget system and examples of support and resources available  
 255 in the community.

256 (6) The agency shall collect data to evaluate the  
 257 implementation and outcomes of the iBudget system.

258 (7) The Agency for Health Care Administration shall seek  
 259 federal approval to provide a consumer-directed option for  
 260 persons with developmental disabilities. The agency and the  
 261 Agency for Health Care Administration may adopt rules necessary

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262 to administer this subsection.

263 (8) The Agency for Health Care Administration shall seek  
 264 federal waivers and amend contracts as necessary to make changes  
 265 to services defined in federal waiver programs as follows:

266 (a) Supported living coaching services may not exceed 20  
 267 hours per month for persons who also receive in-home support  
 268 services.

269 (b) Limited support coordination services are the only type  
 270 of support coordination services which may be provided to  
 271 persons under the age of 18 who live in the family home.

272 (c) Personal care assistance services are limited to 180  
 273 hours per calendar month and may not include rate modifiers.  
 274 Additional hours may be authorized for persons who have  
 275 intensive physical, medical, or adaptive needs if such hours are  
 276 essential for avoiding institutionalization.

277 (d) Residential habilitation services are limited to 8  
 278 hours per day. Additional hours may be authorized for persons  
 279 who have intensive medical or adaptive needs and if such hours  
 280 are essential for avoiding institutionalization, or for persons  
 281 who possess behavioral problems that are exceptional in  
 282 intensity, duration, or frequency and present a substantial risk  
 283 of harming themselves or others.

284 (e) The agency shall conduct supplemental cost plan reviews  
 285 to verify the medical necessity of authorized services for plans  
 286 that have increased by more than 8 percent during either of the  
 287 2 preceding fiscal years.

288 (f) The agency shall implement a consolidated residential  
 289 habilitation rate structure to increase savings to the state  
 290 through a more cost-effective payment method and establish

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291 uniform rates for intensive behavioral residential habilitation  
292 services.

293 (g) The geographic differential for Miami-Dade, Broward,  
294 and Palm Beach Counties for residential habilitation services  
295 must be 7.5 percent.

296 (h) The geographic differential for Monroe County for  
297 residential habilitation services must be 20 percent.

298 (9) The agency shall collect premiums or cost sharing  
299 pursuant to s. 409.906(13) (c).

300 (10) This section or any related rule does not prevent or  
301 limit the Agency for Health Care Administration, in consultation  
302 with the agency, from adjusting fees, reimbursement rates,  
303 lengths of stay, number of visits, or number of services, or  
304 from limiting enrollment or making any other adjustment  
305 necessary to comply with the availability of moneys and any  
306 limitations or directions provided in the General Appropriations  
307 Act.

308 (11) A provider of services rendered to persons with  
309 developmental disabilities pursuant to a federally approved  
310 waiver shall be reimbursed according to a rate methodology based  
311 upon an analysis of the expenditure history and prospective  
312 costs of providers participating in the waiver program, or under  
313 any other methodology developed by the Agency for Health Care  
314 Administration, in consultation with the agency, and approved by  
315 the Federal Government in accordance with the waiver.

316 (12) The agency shall submit quarterly status reports to  
317 the Executive Office of the Governor, the chair of the Senate  
318 Appropriations Committee or its successor, and the chair of the  
319 House Appropriations Committee or its successor containing all

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320 of the following information:

321 (a) The financial status of home and community-based  
322 services, including the number of enrolled individuals who are  
323 receiving services through one or more programs.

324 (b) The number of individuals who have requested services  
325 who are not enrolled but who are receiving services through one  
326 or more programs, with a description indicating the programs  
327 from which the individual is receiving services.

328 (c) The number of individuals who have refused an offer of  
329 services but who choose to remain on the list of individuals  
330 waiting for services.

331 (d) The number of individuals who have requested services  
332 but who are receiving no services.

333 (e) A frequency distribution indicating the length of time  
334 individuals have been waiting for services.

335 (f) Information concerning the actual and projected costs  
336 compared to the amount of the appropriation available to the  
337 program and any projected surpluses or deficits.

338 (13) If at any time an analysis by the agency, in  
339 consultation with the Agency for Health Care Administration,  
340 indicates that the cost of services is expected to exceed the  
341 amount appropriated, the agency shall submit a plan in  
342 accordance with subsection (10) to the Executive Office of the  
343 Governor, the chair of the Senate Appropriations Committee or  
344 its successor, and the chair of the House Appropriations  
345 Committee or its successor to remain within the amount  
346 appropriated. The agency shall work with the Agency for Health  
347 Care Administration to implement the plan so as to remain within  
348 the appropriation.

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349 (14) The agency, in consultation with the Agency for Health  
 350 Care Administration, shall provide a quarterly reconciliation  
 351 report of all home and community-based services waiver  
 352 expenditures from the Agency for Health Care Administration's  
 353 claims management system with service utilization from the  
 354 Agency for Persons with Disabilities Allocation, Budget, and  
 355 Contract Control system. The reconciliation report shall be  
 356 submitted to the Governor, the President of the Senate, and the  
 357 Speaker of the House of Representatives no later than 30 days  
 358 after the close of each quarter.

359 (15)(7) The agency and the Agency for Health Care  
 360 Administration may adopt rules specifying the allocation  
 361 algorithm and methodology; criteria and processes for clients to  
 362 access reserved funds for significant additional needs  
 363 extraordinary needs, temporarily or permanently changed needs,  
 364 and one-time needs; and processes and requirements for selection  
 365 and review of services, development of support and cost plans,  
 366 and management of the iBudget system as needed to administer  
 367 this section.

368 Section 5. Section 393.0663, Florida Statutes, is created  
 369 to read:

370 393.0663 Waiver support coordination services.—The agency  
 371 shall competitively procure two or more qualified organizations  
 372 to provide support coordination services. In awarding a contract  
 373 to a qualified organization, the agency shall take into account  
 374 price, quality, and accessibility to these services. The agency  
 375 shall initiate procurement on October 1, 2020.

376 (1) The contract must include provisions requiring  
 377 compliance with agency cost-containment initiatives.

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378 (2) The contract must require support coordinators to  
 379 ensure client budgets are linked to levels of need.

380 (3) The contract must require support coordinators to avoid  
 381 potential conflicts of interest.

382 (4) The contract must require the organization to perform  
 383 all duties and meet all standards related to support  
 384 coordination as provided in the Developmental Disabilities  
 385 Waiver Services Coverage and Limitations Handbook.

386 (5) The contract shall be 3 years in duration. Following  
 387 the initial 3-year period, the contract may be renewed annually  
 388 for 3 consecutive years and may not exceed 1 year in duration.

389 (6) The contract may provide for support coordination  
 390 services statewide or by agency region, at the discretion of the  
 391 agency.

392 Section 6. Present paragraphs (c) and (d) of subsection  
 393 (13) of section 409.906, Florida Statutes, are redesignated as  
 394 paragraphs (d) and (e), respectively, a new paragraph (c) is  
 395 added to that subsection, and subsection (15) of that section is  
 396 amended, to read:

397 409.906 Optional Medicaid services.—Subject to specific  
 398 appropriations, the agency may make payments for services which  
 399 are optional to the state under Title XIX of the Social Security  
 400 Act and are furnished by Medicaid providers to recipients who  
 401 are determined to be eligible on the dates on which the services  
 402 were provided. Any optional service that is provided shall be  
 403 provided only when medically necessary and in accordance with  
 404 state and federal law. Optional services rendered by providers  
 405 in mobile units to Medicaid recipients may be restricted or  
 406 prohibited by the agency. Nothing in this section shall be

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407 construed to prevent or limit the agency from adjusting fees,  
 408 reimbursement rates, lengths of stay, number of visits, or  
 409 number of services, or making any other adjustments necessary to  
 410 comply with the availability of moneys and any limitations or  
 411 directions provided for in the General Appropriations Act or  
 412 chapter 216. If necessary to safeguard the state's systems of  
 413 providing services to elderly and disabled persons and subject  
 414 to the notice and review provisions of s. 216.177, the Governor  
 415 may direct the Agency for Health Care Administration to amend  
 416 the Medicaid state plan to delete the optional Medicaid service  
 417 known as "Intermediate Care Facilities for the Developmentally  
 418 Disabled." Optional services may include:

419 (13) HOME AND COMMUNITY-BASED SERVICES.-

420 (c) The agency shall competitively procure a qualified  
 421 organization to perform medical necessity determinations of  
 422 significant additional needs requests, as defined in s. 393.063.

423 (15) INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY  
 424 DISABLED SERVICES.-The agency may pay for health-related care  
 425 and services provided on a 24-hour-a-day basis by a facility  
 426 licensed and certified as a Medicaid Intermediate Care Facility  
 427 for the Developmentally Disabled, for a recipient who needs such  
 428 care because of a developmental disability. Payment shall not  
 429 include bed-hold days except in facilities with occupancy rates  
 430 of 95 percent or greater. The agency is authorized to seek any  
 431 federal waiver approvals to implement this policy. The agency  
 432 shall seek federal approval to implement a payment rate for  
 433 Medicaid intermediate care facilities serving individuals with  
 434 developmental disabilities, severe maladaptive behaviors, severe  
 435 maladaptive behaviors and co-occurring complex medical

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436 conditions, or a dual diagnosis of developmental disability and  
 437 mental illness.

438 Section 7. Paragraph (a) of subsection (4) of section  
 439 409.968, Florida Statutes, is amended to read:

440 409.968 Managed care plan payments.-

441 (4) (a) Subject to a specific appropriation and federal  
 442 approval under s. 409.906(13) (e) ~~s. 409.906(13) (d)~~, the agency  
 443 shall establish a payment methodology to fund managed care plans  
 444 for flexible services for persons with severe mental illness and  
 445 substance use disorders, including, but not limited to,  
 446 temporary housing assistance. A managed care plan eligible for  
 447 these payments must do all of the following:

448 1. Participate as a specialty plan for severe mental  
 449 illness or substance use disorders or participate in counties  
 450 designated by the General Appropriations Act;

451 2. Include providers of behavioral health services pursuant  
 452 to chapters 394 and 397 in the managed care plan's provider  
 453 network; and

454 3. Document a capability to provide housing assistance  
 455 through agreements with housing providers, relationships with  
 456 local housing coalitions, and other appropriate arrangements.

457 Section 8. Paragraph (d) of subsection (2) of section  
 458 1002.385, Florida Statutes, is amended to read:

459 1002.385 The Gardiner Scholarship.-

460 (2) DEFINITIONS.-As used in this section, the term:

461 (d) "Disability" means, for a 3- or 4-year-old child or for  
 462 a student in kindergarten to grade 12, autism spectrum disorder,  
 463 as defined in the Diagnostic and Statistical Manual of Mental  
 464 Disorders, Fifth Edition, published by the American Psychiatric

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465 Association; cerebral palsy, as defined in s. 393.063(6); Down  
466 syndrome, as defined in s. 393.063(15); an intellectual  
467 disability, as defined in s. 393.063(24); Phelan-McDermid  
468 syndrome, as defined in s. 393.063(28); Prader-Willi syndrome,  
469 as defined in s. 393.063(29); spina bifida, as defined in s.  
470 393.063(41) ~~s. 393.063(40)~~; being a high-risk child, as defined  
471 in s. 393.063(23)(a); muscular dystrophy; Williams syndrome;  
472 rare diseases which affect patient populations of fewer than  
473 200,000 individuals in the United States, as defined by the  
474 National Organization for Rare Disorders; anaphylaxis; deaf;  
475 visually impaired; traumatic brain injured; hospital or  
476 homebound; or identification as dual sensory impaired, as  
477 defined by rules of the State Board of Education and evidenced  
478 by reports from local school districts. The term "hospital or  
479 homebound" includes a student who has a medically diagnosed  
480 physical or psychiatric condition or illness, as defined by the  
481 state board in rule, and who is confined to the home or hospital  
482 for more than 6 months.

483 Section 9. This act shall take effect July 1, 2020.



**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: SB 1020

INTRODUCER: Senator Bean

SUBJECT: Institutional Formularies Established by Nursing Home Facilities

DATE: January 27, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kibbey</u>	<u>Brown</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>McKnight</u>	<u>Kidd</u>	<u>AHS</u>	<b>Recommend: Favorable</b>
3.	_____	_____	<u>AP</u>	_____

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**I. Summary:**

SB 1020 authorizes a nursing home facility to establish and implement an institutional formulary (a list of medicinal drugs) that a pharmacist may use as a therapeutic substitution to replace a resident's prescribed medicinal drug with a chemically different drug listed in the formulary that is expected to have the same clinical effect.

The bill:

- Provides definitions, requirements, and operational parameters for a nursing home facility's implementation of an institutional formulary and for participation by prescribers and pharmacists.
- Requires participating nursing home facilities to establish a committee to develop the institutional formulary and perform quarterly monitoring of clinical outcomes when a therapeutic substitution occurs.
- Requires each prescriber to annually approve, for his or her patients, the use of, and any subsequent changes made to, an institutional formulary and allows a prescriber to opt out of the institutional formulary with regard to a particular patient, medicinal drug, or class of medicinal drugs.
- Prohibits a nursing home facility from taking adverse action against a prescriber for not agreeing to use the facility's institutional formulary.

The bill does not have a fiscal impact on state revenues or expenditures.

The bill takes effect on July 1, 2020.

## II. Present Situation:

### Substitution of Drug Products

To contain drug costs, virtually every state has adopted laws and regulations that encourage the substitution of drug products.<sup>1</sup> These state laws generally require a substitution be limited to drugs on a specific list (the positive drug formulary approach) or that it be permitted for all drugs except those prohibited by a particular list (the negative drug formulary approach).<sup>2</sup> Florida law authorizes the negative drug formulary approach.

The negative drug formulary is composed of medicinal drugs that have been specifically determined by the Board of Pharmacy and the Board of Medicine to demonstrate clinically significant biological or therapeutic inequivalence and that, if substituted, could produce adverse clinical effects, or could otherwise pose a threat to the health and safety of patients receiving such prescription medications.<sup>3</sup>

Florida law requires pharmacists to substitute a less expensive generic medication for a prescribed brand name medication, unless otherwise indicated by the purchaser.<sup>4</sup> Generic drugs are chemically very similar to their corresponding brand-name drugs. They contain the same active ingredient, have the same strength, use the same dosage form and route of administration, and meet the same quality standards as those of brand-name drugs.<sup>5</sup>

Florida law authorizes, but does not require, a pharmacist to substitute a biosimilar<sup>6</sup> for a prescribed biological product<sup>7</sup> if the biosimilar has been determined by the U.S. Food and Drug Administration to be interchangeable with the prescribed biological product and the prescriber does not express a preference against substitution in writing, orally, or electronically.<sup>8</sup>

For generic and biosimilar substitutions, the pharmacist must notify the patient and advise the patient of the right to reject the substitution and request the prescribed brand name medication or biologic.<sup>9</sup>

Without the express authorization of the prescriber, Florida law does not provide for the substitution of a medicinal drug that is therapeutically equivalent to, but chemically different from, the originally prescribed drug and that is expected to produce a similar patient outcome as

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<sup>1</sup> U.S. Food and Drug Administration, *Orange Book Preface* (Feb. 5, 2018), available at <https://www.fda.gov/drugs/development-approval-process-drugs/orange-book-preface> (last visited Jan. 8, 2020).

<sup>2</sup> *Id.*

<sup>3</sup> Section 465.025(6), F.S.; see also Rule 64B-16.27.500, F.A.C.

<sup>4</sup> Section 465.025(2), F.S.

<sup>5</sup> U.S. Food and Drug Administration, *Understanding Generic Drugs* (Sept. 13, 2017), available at <https://www.fda.gov/drugs/generic-drugs/overview-basics> (last visited Jan. 8, 2020).

<sup>6</sup> 42 U.S.C. s. 262 (i)(2) defines a “biosimilar” is a biological product that is highly similar to the licensed biological product or reference product, that has no clinically meaningful differences in terms of safety, purity, and potency of the product.

<sup>7</sup> 42 U.S.C. s. 262 (i)(1) defines “biological product” as a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein, or analogous product, or arsphenamine or derivative of arsphenamine, applicable to the prevention, treatment, or cure of a disease or condition of human beings.

<sup>8</sup> Section 465.0252(2), F.S.

<sup>9</sup> Sections 465.025(3)(a) and 465.0252(2)(c), F.S., respectively.

the reference drug or treatment. Possible consequences of such therapeutic substitution may include different adverse effects and under- or over-treatment.<sup>10</sup>

### Therapeutic Substitution in Other States

There is little research available on the approaches to, and outcomes of, therapeutic substitution laws and regulations in other states. However, research that is available pertains to three states that authorize therapeutic substitution in community pharmacies.<sup>11</sup>

In 2003, Kentucky was the first state to pass a law authorizing therapeutic substitution in community pharmacies. Arkansas followed suit in 2015, and Idaho's legislation took effect on July 1, 2018.<sup>12</sup> In all three states, a prescriber must opt in to allow the therapeutic substitution and the pharmacist must notify the prescriber if any therapeutic substitution is made to ensure a complete and accurate medical record.<sup>13, 14, 15</sup> Arkansas and Kentucky require a pharmacist to notify the prescriber in the first 24 business hours after a therapeutic substitution.<sup>16</sup> Idaho requires such notification within five days.<sup>17</sup> In Idaho and Arkansas, but not in Kentucky, the patient is notified and has a right to refuse the therapeutic substitution.<sup>18</sup>

Idaho and Kentucky require that the substitution be in compliance with the patient's health plan formulary, such as changing from a nonpreferred drug to a preferred drug.<sup>19</sup> Arkansas states that the substitution must be to a drug "that is at a lower cost to the patient."<sup>20</sup> Idaho adopts this lower cost language for patients who do not have health plan coverage.<sup>21</sup>

Several states, including Idaho, have authorized therapeutic substitution in institutional settings.<sup>22</sup> Additionally, Connecticut authorizes a medical director of a nursing home facility to make a substitution for a drug prescribed to a patient of the facility after obtaining authorization from the prescriber.<sup>23</sup> Wisconsin authorizes a pharmacist to make therapeutic substitutions for a

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<sup>10</sup> Robert L. Talbert., *Therapeutic Substitution*, National Conference of State Legislatures, available at <http://www.ncsl.org/documents/statetribe/RTalbert61010.pdf> (last visited Jan. 8, 2020).

<sup>11</sup> Section 465.003(11)(a)1., F.S., defines a community pharmacy as a location where medicinal drugs are compounded, dispensed, stored, or sold or where prescriptions are filled or dispensed on an outpatient basis.

<sup>12</sup> Thomas Vanderholm, Donald Klepser, Alex J. Adams, *State Approaches to Therapeutic Interchange in Community Pharmacy Settings: Legislative and Regulatory Authority*, *Journal of Managed Care & Specialty Pharmacy*, Dec. 2018, 24(12): 1260-1263, <https://www.jmcp.org/doi/10.18553/jmcp.2018.24.12.1260> (last visited Jan. 8, 2020).

<sup>13</sup> 201 K.A.R. 2:280, <https://apps.legislature.ky.gov/law/kar/201/002/280.pdf> (last visited Jan 9, 2020).

<sup>14</sup> Section 54-1768, Idaho Code, <https://legislature.idaho.gov/statutesrules/idstat/Title54/T54CH17/SECT54-1768/> (last visited Jan 8, 2020).

<sup>15</sup> Arkansas Register, Regulation 7—drug products/prescriptions. 07-00-0010: Therapeutic substitution, <https://www.sos.arkansas.gov/uploads/rulesRegs/Arkansas%20Register/2014/dec2014/070.00.14-006.pdf> (last visited Jan. 9, 2020).

<sup>16</sup> *Supra* notes 13 and 15.

<sup>17</sup> *Supra* note 14.

<sup>18</sup> *Supra* notes 14 and 15.

<sup>19</sup> *Supra* note 12.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> *Supra* note 14.

<sup>23</sup> Conn. Gen. Stat. Ch. 368v 19a-521d., [https://www.cga.ct.gov/current/pub/chap\\_368v.htm#sec\\_19a-521d](https://www.cga.ct.gov/current/pub/chap_368v.htm#sec_19a-521d) (last visited Jan. 9, 2020).

nursing home patient if approved by the patient's attending physician for the patient's period of stay within the facility.<sup>24</sup>

### **Institutional Formulary Systems in Florida**

Section 465.019, F.S., authorizes a Class II<sup>25</sup> or Class III<sup>26</sup> institutional pharmacy to adopt an institutional formulary system for use with approval of the medical staff for the purpose of identifying those medicinal drugs, proprietary preparations, biologics, biosimilars, and biosimilar interchangeables that may be dispensed by the pharmacists employed in such institution. The term "institutional formulary system" means "a method whereby the medical staff evaluates, appraises, and selects those medicinal drugs or proprietary preparations which in the medical staff's clinical judgment are most useful in patient care, and which are available for dispensing by a practicing pharmacist in a Class II or Class III institutional pharmacy."<sup>27</sup>

A facility that adopts an institutional formulary system under section 465.019, F.S., must establish policies and procedures for the development of the system in accordance with the joint standards of the American Hospital Association and the American Society of Hospital Pharmacists (now known as the American Society of Health-System Pharmacists<sup>28</sup>) for the utilization of a hospital formulary system, which must be approved by the medical staff.

### **Nursing Homes and Residents' Rights**

Federal law requires nursing home facilities to provide routine and emergency drugs to residents, or to obtain them under an agreement.<sup>29</sup> A nursing home facility must employ or obtain the services of a licensed pharmacist and provide pharmaceutical services to meet the needs of each resident.<sup>30</sup> Florida law requires the Agency for Health Care Administration to license and regulate nursing homes pursuant to part II of chapter 408 and part II of chapter 400, F.S., respectively.

Section 400.022, F.S., requires a nursing home facility to adopt a statement of residents' rights and to provide a copy of the statement to each resident or the resident's legal representative at or before the resident's admission to the facility. The statement must assure each resident the right to:

- Civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to

---

<sup>24</sup> Wis. Stat. s. 450.01(16)(hm) <https://docs.legis.wisconsin.gov/statutes/statutes/450/13> (last visited Jan. 8, 2020).

<sup>25</sup> Section 465.019(2)(b), F.S. defines "class II institutional pharmacies" as those institutional pharmacies which employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, shall provide dispensing and consulting services on the premises to patients of that institution, for use on the premises of that institution.

<sup>26</sup> Section 465.019(2)(d)1., F.S., defines "class III institutional pharmacies" as those institutional pharmacies, including central distribution facilities, affiliated with a hospital that provide the same services that are authorized by a Class II institutional pharmacy permit that may also dispense, distribute, compound, and fill prescriptions for medicinal drugs and prepare prepackaged drug products.

<sup>27</sup> Section 465.003, F.S.

<sup>28</sup> American Society of Health-System Pharmacists, *ASHP History*, <https://www.ashp.org/About-ASHP/Our-History/ASHP-History> (last visited Jan. 9, 2020).

<sup>29</sup> 42 CFR § 483.45.

<sup>30</sup> *Id.*

encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.

- Be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.
- Receive adequate and appropriate health care and protective and support services.
- Obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Medicaid.

A nursing home that violates the statement of resident's rights set forth in s. 400.022, F.S., may be subject to administrative fines, emergency moratorium on admissions, or denial, suspension, or revocation of license if it violates a resident's rights, depending on the nature of the violation and the gravity of its probable effect on clients.<sup>31</sup>

### III. Effect of Proposed Changes:

**Section 1** creates s. 400.143, F.S., to

- Add definitions for "institutional formulary," "medicinal drug," "prescriber," and "therapeutic substitution."
- Authorize a nursing home facility to establish and implement an institutional formulary that a pharmacist may use as a therapeutic substitution for a medicinal drug prescribed to a resident of the facility.
- Require a nursing home facility that implements an institutional formulary to:
  - Establish a committee to develop the institutional formulary, as well as written guidelines or procedures. The committee must consist of, at a minimum, the facility's medical director and director of nursing, and a consultant pharmacist licensed by the Department of Health.
  - Establish methods and criteria for selecting and objectively evaluating all available pharmaceutical products that may be used as therapeutic substitutes.
  - Establish policies and procedures for developing and maintaining the formulary and for approving and notifying prescribers of the formulary.
  - Perform quarterly monitoring to ensure compliance of policies and procedures and monitor clinical outcomes when a therapeutic substitution occurs.
- Require the nursing home facility to maintain and make available all written policies and procedures for the institutional formulary.
- Require a prescriber to annually authorize, for his or her patients, the institutional formulary and opt into any subsequent changes made to the facility's institutional formulary. The prescriber may opt out of the institutional formulary with regard to a specific patient, a particular drug, or a class of drugs. A prescriber may prevent a therapeutic substitution for a specific medication order by indicating verbally or electronically on the prescription "NO THERAPEUTIC SUBSTITUTION."

<sup>31</sup> Sections 400.022 and 408.813, F.S.

- Prohibit a nursing home facility from taking adverse action against a prescriber for not agreeing to use the facility's institutional formulary.

**Section 2** amends s. 465.025, F.S., to authorize, but not require, a pharmacist to therapeutically substitute medicinal drugs for a resident of a nursing home in accordance with the nursing home's institutional formulary if the prescriber has agreed to the use of the institutional formulary and has not indicated "NO THERAPEUTIC SUBSTITUTION."

**Section 3** establishes an effective date of July 1, 2020.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

#### **VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 400.143 of the Florida Statutes.

This bill substantially amends section 465.025 of the Florida Statutes.

**IX. Additional Information:**

A. **Committee Substitute – Statement of Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. **Amendments:**

None.

By Senator Bean

4-01221-20

20201020\_\_

1 A bill to be entitled  
 2 An act relating to institutional formularies  
 3 established by nursing home facilities; creating s.  
 4 400.143, F.S.; defining terms; authorizing a nursing  
 5 home facility to establish and implement an  
 6 institutional formulary; requiring such formulary to  
 7 be developed by a committee established by the nursing  
 8 home facility; providing for committee membership;  
 9 providing requirements for the development and  
 10 implementation of the institutional formulary;  
 11 requiring a nursing home facility to maintain written  
 12 policies and procedures for the institutional  
 13 formulary; requiring a nursing home facility to make  
 14 available such policies and procedures to the Agency  
 15 for Health Care Administration, upon request;  
 16 requiring a prescriber to annually authorize the use  
 17 of the institutional formulary for certain patients;  
 18 requiring the prescriber to opt into any changes made  
 19 to the institutional formulary; authorizing a  
 20 prescriber to opt out of use of the institutional  
 21 formulary or to prevent a therapeutic substitution,  
 22 under certain circumstances; prohibiting a nursing  
 23 home facility from taking adverse action against a  
 24 prescriber for refusing to agree to the use of the  
 25 institutional formulary; amending s. 465.025, F.S.;  
 26 authorizing a pharmacist to therapeutically substitute  
 27 medicinal drugs under an institutional formulary  
 28 established by a nursing home facility, under certain  
 29 circumstances; prohibiting a pharmacist from

Page 1 of 4

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

4-01221-20

20201020\_\_

30 therapeutically substituting a medicinal drug, under  
 31 certain circumstances; providing an effective date.  
 32  
 33 Be It Enacted by the Legislature of the State of Florida:  
 34  
 35 Section 1. Section 400.143, Florida Statutes, is created to  
 36 read:  
 37 400.143 Institutional formularies established by nursing  
 38 home facilities.—  
 39 (1) For purposes of this section, the term:  
 40 (a) "Institutional formulary" means a list of medicinal  
 41 drugs established by a nursing home facility under this section  
 42 for which a pharmacist may use a therapeutic substitution for a  
 43 medicinal drug prescribed to a resident of the facility.  
 44 (b) "Medicinal drug" has the same meaning as provided in s.  
 45 465.003(8).  
 46 (c) "Prescriber" has the same meaning as provided in s.  
 47 465.025(1).  
 48 (d) "Therapeutic substitution" means the practice of  
 49 replacing a nursing home facility resident's prescribed  
 50 medicinal drug with another chemically different medicinal drug  
 51 that is expected to have the same clinical effect.  
 52 (2) A nursing home facility may establish and implement an  
 53 institutional formulary in accordance with the requirements of  
 54 this section.  
 55 (3) A nursing home facility that implements an  
 56 institutional formulary under this section shall:  
 57 (a) Establish a committee to develop the institutional  
 58 formulary and written guidelines or procedures for such

Page 2 of 4

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



4-01221-20

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59 institutional formulary. The committee must consist of, at a  
60 minimum, all of the following:

- 61 1. The facility's medical director.
- 62 2. The facility's director of nursing services.
- 63 3. A consultant pharmacist licensed by the Department of  
64 Health and certified under s. 465.0125.

65 (b) Establish methods and criteria for selecting and  
66 objectively evaluating all available pharmaceutical products  
67 that may be used as therapeutic substitutes.

68 (c) Establish policies and procedures for developing and  
69 maintaining the institutional formulary and for approving,  
70 disseminating, and notifying prescribers of the institutional  
71 formulary.

72 (d) Perform quarterly monitoring to ensure compliance with  
73 the policies and procedures established under paragraph (c) and  
74 monitor the clinical outcomes in circumstances in which a  
75 therapeutic substitution has occurred.

76 (4) The nursing home facility shall maintain all written  
77 policies and procedures for the institutional formulary  
78 established under this section. Each nursing home facility shall  
79 make available such policies and procedures to the agency, upon  
80 request.

81 (5) (a) A prescriber shall annually authorize the  
82 institutional formulary for his or her patients and shall opt  
83 into any subsequent changes made to a nursing home facility's  
84 institutional formulary.

85 (b) A prescriber may opt out of the nursing home facility's  
86 institutional formulary with respect to a particular patient,  
87 medicinal drug, or class of medicinal drugs.

4-01221-20

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88 (c) A prescriber may prevent a therapeutic substitution for  
89 a specific medication order if such order is provided verbally  
90 or generated and transmitted electronically by indicating "NO  
91 THERAPEUTIC SUBSTITUTION" on the prescription.

92 (d) A nursing home facility may not take adverse action  
93 against a prescriber for refusing to agree to the use of the  
94 facility's institutional formulary.

95 Section 2. Subsection (9) is added to section 465.025,  
96 Florida Statutes, to read:

97 465.025 Substitution of drugs.—

98 (9) A pharmacist may therapeutically substitute medicinal  
99 drugs in accordance with an institutional formulary established  
100 under s. 400.143 for the resident of a nursing home facility if  
101 the prescriber has agreed to the use of such institutional  
102 formulary. The pharmacist may not therapeutically substitute a  
103 medicinal drug pursuant to the facility's institutional  
104 formulary if the prescriber indicates verbally or electronically  
105 on the prescription "NO THERAPEUTIC SUBSTITUTION," as authorized  
106 under s. 400.143(5) (c).

107 Section 3. This act shall take effect July 1, 2020.

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-29-20

Meeting Date

SB 1020

Bill Number (if applicable)

Topic HT Formularies

Amendment Barcode (if applicable)

Name Cliff Bauer

Job Title VP

Address 5200 NE 2nd Ave

Phone 954-465-7431

Street Miami FL

Email cbauer@miamijewishhealth

City State Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Miam. Jewish Health

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

~~SB 1320~~  
~~CS/SB 1324~~  
SB 1020

1/28/20  
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Bill Number (if applicable)

Topic What We Can Do Today Can Improve Amendment Barcode (if applicable)

Name David Sender All Out Taverning

Job Title Credited Commercial Cleaner / Florist owner Retired

Address 66 Wintersgreen Drive Phone 352 805 6597

Street

Fruitland Park Florida 34731

City

State

Zip

Email goltsendave1955@gmail.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida's Society / USA's Society

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-28-20

Meeting Date

SB 1020

Bill Number (if applicable)

Topic NA Formularies

Amendment Barcode (if applicable)

Name CLIFF BAUER

Job Title VP - Miami Jewish Health

Address 5200 NE 2nd Ave

Phone 954-465-7471

Street MIAM

City MIAM State FL Zip 331

Email

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Miami Jewish Health

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/28/20  
Meeting Date

1020  
Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Bon Asztalos

Job Title Chief Lobbyist

Address 307 W Park Ave  
Street

Phone 850-284-1166

Tallahassee FL 32301  
City State Zip

Email basztalos@fha.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida Health Care Assoc

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**

1/28/20

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1020

Bill Number (if applicable)

Topic Institutional FORMULARIES

Amendment Barcode (if applicable)

Name GREG MILANICH

Job Title VP Pharmacy Services

Address 8442 Settlers Pass

Phone 440-785-4488

Street BRECKSVILLE State OH Zip 44141

Email GMILANICH@HCR-ManorCare.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Pro Medica-HCR ManorCare

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-28-2020

Meeting Date

1020

Bill Number (if applicable)

Topic Institutional Formularies

Amendment Barcode (if applicable)

Name Carlos Cruz

Job Title Govt Consultant

Address 307 W Park Avenue

Phone 904-214-5724

Street  
Tallahassee, FL ~~32200~~ 32301

Email Cruz@convergegov.com

City State Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Polaris Pharmacy Services

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

---

BILL: CS/SB 1324

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Simpson

SUBJECT: Child Welfare

DATE: January 27, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Preston</u>	<u>Hendon</u>	<u>CF</u>	<b>Fav/CS</b>
2.	<u>Sneed</u>	<u>Kidd</u>	<u>AHS</u>	<b>Recommend: Favorable</b>
3.	_____	_____	<u>AP</u>	_____

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1324 makes a number of changes to the laws relating to child welfare designed to increase the accountability of parents with children in out-of-home care, encourage better communication between caregivers and birth parents, and shorten the length of time children spend in out-of-home care. Specifically, the bill:

- Requires circuit and county court judges for dependency cases to receive education relating to early childhood development, which includes the value of strong parent-child relationships, secure attachments, stable placements and the impact of trauma on children in out-of-home care.
- Codifies the creation and establishment of early childhood court (ECC) programs that serve the needs of children (typically under the age of three) in dependency court by using specialized dockets, multidisciplinary teams, evidence-based treatment and a nonadversarial approach.
- Requires that background screenings for prospective foster parents be completed within 14 business days after criminal history results are received by the Department of Children and Families (DCF), unless additional information is needed to complete processing.
- Requires the DCF to notify the court of any report to the central abuse hotline that involves a child under court jurisdiction.
- Allows the DCF to file a shelter or dependency petition without the need for a new child protective investigation or the concurrence of the child protective investigator if the department determines that the safety plan is no longer sufficient to keep the child safe or



that the parent or caregiver has not sufficiently increased his or her level of protective capacities to ensure the child's safety.

- Provides factors for the court to consider when determining whether a change of legal custody or placement is in the child's best interest.
- Provides circumstances under which a court may remove a child and place him or her in out-of-home care if a child was placed in the child's own home with an in-home safety plan or was reunited with a parent with an in home safety plan.
- Provides legislative findings and intent and codifies provisions and responsibilities for working partnerships between foster parents and birth parents in order to ensure that children in out-of-home care achieve permanency as soon as possible, to reduce the likelihood they will re-enter care, and to ensure that families are prepared to resume care of their children.
- Provides a process for a community-based care lead agency (CBC) to demonstrate the need to directly provide more than 35 percent of all child welfare services in the lead agency's service area.
- Specifies timelines and steps in the process necessary for both foster parent licensing and approval of adoptive parents.
- Contingent upon an annual appropriation, requires the Office of the State Courts Administrator (OSCA) to establish a community coordinator position for each circuit to coordinate the ECC program and manage data collection between the participating ECC court teams.
- Authorizes OSCA to hire a statewide training specialist to provide training to the ECC court teams, contingent upon an annual appropriation.
- Contingent upon an annual appropriation, requires the DCF to contract with one or more university-based centers with expertise in mental health, requiring that the center(s) hire a clinical director to oversee the clinical training of ECC court teams.

The bill will have a significant, additional fiscal impact on state government. See Section V.

The bill takes effect on July 1, 2020.

## **II. Present Situation:**

### **Judicial Education**

The Florida Court Education Council was established in 1978 and charged with providing oversight of the development and maintenance of a comprehensive educational program for Florida judges and certain court support personnel. The Council's responsibilities include making budgetary, programmatic, and policy recommendations to the Supreme Court regarding continuing education for Florida judges and certain court professionals.

All judges new to the bench are required to complete the Florida Judicial College program during their first year of judicial service following selection to the bench. Taught by faculty chosen from among the state's most experienced trial and appellate court judges, the College's curriculum includes:

- A comprehensive orientation program in January, including an in-depth trial skills workshop, a mock trial experience and other classes.

- Intensive substantive law courses in March, incorporating education for both new trial judges and those who are switching divisions.
- A separate program designed especially for new appellate judges.
- A mentor program providing new trial court judges regular one-to-one guidance from experienced judges.<sup>1</sup>

All Florida county, circuit, and appellate judges and Florida supreme court justices are required to comply with the following judicial education requirements:

- Each judge and justice shall complete a minimum of 30 credit hours of approved judicial education programs every three years.
- Each judge or justice must complete four hours of training in the area of judicial ethics. Approved courses in fairness and diversity also can be used to fulfill the judicial ethics requirement.
- In addition to the 30-hour requirement, every judge new to a level of trial court must complete the Florida Judicial College program in that judge's first year of judicial service following selection to that level of court.
- Every new appellate court judge or justice must, within two years following selection to that level of court, complete an approved appellate-judge program. Every new appellate judge who has never been a trial judge or who has never attended Phase I of the Florida Judicial College as a magistrate must also attend Phase I of the Florida Judicial College in that judge's first year of judicial service following appointment.<sup>2</sup>

To help judges satisfy this educational requirement, Florida Judiciary Education currently presents a variety of educational programs for new judges, experienced judges, and some court staff. About 900 hours of instruction are offered each year through live presentations and distance learning formats. This education helps judges and staff to enhance their legal knowledge, administrative skills and ethical standards.

In addition, extensive information is available to judges handling dependency cases in the Dependency Benchbook. The book is a compilation of promising and science-informed practices as well as a legal resource guide. It is a comprehensive tool for judges, providing information regarding legal and non-legal considerations in dependency cases. Topics covered include the importance of a secure attachment with a primary caregiver, the advantages of stable placements and the effects of trauma on child development.<sup>3</sup>

## **Early Childhood Courts**

### ***Problem-Solving Courts***

In 1989, Florida started problem-solving court initiatives by creating the first drug court in the

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<sup>1</sup> The Florida Courts, *Information for New Judges*, available at: <https://www.flcourts.org/Resources-Services/Judiciary-Education/Information-for-New-Judges> (Last visited December 26, 2019).

<sup>2</sup> Fla. R. Jud. Admin. 2.320 As amended through August 29, 2019, available at: <https://casetext.com/rule/florida-court-rules/florida-rules-of-judicial-administration/part-iii-judicial-officers/rule-2320-continuing-judicial-education> (Last visited December 26, 2019).

<sup>3</sup> The Florida Courts, *Dependency Benchbook*, available at <https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Dependency/Dependency-Benchbook> (Last visited December 27, 2019).

United States in Miami-Dade County. Other types of problem-solving court dockets subsequently followed using the drug court model and were implemented to assist individuals with a range of problems such as drug addiction, mental illness, domestic violence, and child abuse and neglect.<sup>4</sup>

Florida's problem-solving courts address the root causes of an individual's involvement with the justice system through specialized dockets, multidisciplinary teams, and a nonadversarial approach. Offering evidence-based treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, to reduce recidivism and promote confidence and satisfaction with the justice system process.<sup>5</sup>

### ***Early Childhood Courts in Florida***

Early childhood courts (ECC) address child welfare cases involving children typically under the age of three. ECC is considered a "problem-solving court" that is coordinated by the Office of the State Courts Administrator with a goal of improving child safety and well-being, healing trauma and repairing the parent-child relationship, expediting permanency, preventing recurrence of maltreatment, and stopping the intergenerational cycle of abuse/neglect/violence.<sup>6</sup>

Using the Miami Child Well-Being Court model and the National ZERO TO THREE organization's Safe Babies Court Teams approach, Florida's ECC program began a little more than four years ago.<sup>7</sup> Currently, there are 24 ECC programs in Florida.

The Legislature appropriated \$11.3 million in the State Courts in Fiscal Year 2019-2020 for problem-solving courts, including early childhood courts. The Trial Court Budget Commission determines the allocation of those funds to the circuits.<sup>8</sup>

### ***The Miami Child Well-Being Court***

The development of the Miami Child Well-Being Court (CWBC) model began in the early 1990s out of an atypical collaboration that included a judge, a psychologist, and an early interventionist/education expert. The Miami CWBC model evolved over the course of more than a decade and is now widely recognized as one of the country's leading court improvement efforts, with ties to the National Council for Juvenile and Family Court Judges and Office of Juvenile Justice and Delinquency Prevention Model Courts Project.<sup>9</sup>

The Miami CWBC was unique due to the leadership of a judge who insisted that the court process should be informed by the science of early childhood development and who required the

---

<sup>4</sup> The most common problem-solving courts in Florida are drug courts, mental health courts, veterans courts and early childhood courts. Florida Courts, Office of Court Improvement, Problem-Solving Courts, *available at*: <https://www.flcourts.org/Resources-Services/Court-Improvement/Problem-Solving-Courts> (last visited October 2, 2019).

<sup>5</sup> *Id.*

<sup>6</sup> Center for Prevention & Early Intervention Policy, Florida State University, Florida's Early Childhood Court Manual, April 2017, *available at*: <http://cpeip.fsu.edu/babyCourt/resources/Early%20Childhood%20Court%20Manual%204172015.pdf>. (last visited October 2, 2019).

<sup>7</sup> *Id.*

<sup>8</sup> Chapter 2019-115, L.O.F. Specific Appropriation 3247.

<sup>9</sup> The Miami Child Well-Being Court Model, Essential Elements and Implementation Guidance, *available at*: <http://www.floridaschildrenfirst.org/wp-content/uploads/2013/02/MiamiChild.pdf>. (last visited October 3, 2019).

court to engage in intensive efforts to heal the child and—if possible—the parent-child relationship. As with the problem-solving approach of drug and mental health courts, such leadership represented a paradigm shift away from the traditional adversarial culture of the court for one in which judges utilize a systems-integration approach to promote healing and recovery from trauma in maltreated young children and to break the intergenerational nature of child abuse and neglect.<sup>10,11</sup>

The Miami CWBC galvanized the long-term commitment and shared vision of decision-makers across the judiciary, child welfare, child mental health, and other child- and family-serving systems in Miami-Dade to create meaningful, lasting change for court involved children and their families. The Miami CWBC model is anchored by three essential principles:

- The needs of vulnerable children involved in dependency court will be best served through a problem-solving court approach led by a science informed judge. This approach is realized through a court team that is committed to collaboration in the interest of the child’s safety and emotional well-being. In addition to the judge, the court team includes the attorney representing the parent, the attorney for the state, the guardian ad litem (GAL) or court-appointed special advocate, child’s attorney, or both; and the child welfare caseworker.
- Young children exposed to maltreatment and other harmful experiences need evidence-based clinical intervention to restore their sense of safety and trust and ameliorate early emotional and behavioral problems. Such intervention must address the child-caregiver relationship and has the potential to catalyze the parent’s insight to address the risks to the child’s safety and well-being. The intervention employed in the Miami CWBC is Child-Parent Psychotherapy applied to the context of court-ordered treatment.
- The judicial decision-making process is improved when the treating clinician provides ongoing assessment of the child-parent relationship, the parent’s ability to protect and care for the child, and the child’s wellbeing. This is best accomplished by involving the clinician on the court team to collaborate with the other parties involved in the court proceeding. This unusual role for the clinician in the court process is actively supported by the judge.<sup>12</sup>

### ***Safe Babies Court Teams***

The ZERO TO THREE program was founded in 1977 as the National Center for Clinical Infant Programs by internationally recognized professionals in the fields of medicine, mental health, social science research, child development and community leadership interested in advancing the healthy development of infants, toddlers, and families. ZERO TO THREE has a history of turning the science of early development into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers. The organization houses a number of programs including Safe Babies Court Teams.<sup>13</sup>

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<sup>10</sup> Harvard Law School, Child Advocacy Program, The Miami Child Well Being Court Model, *available at*: [http://cap.law.harvard.edu/wp-content/uploads/2015/07/22\\_miami-child-well-being-court-model.pdf](http://cap.law.harvard.edu/wp-content/uploads/2015/07/22_miami-child-well-being-court-model.pdf) (last visited October 3, 2019).

<sup>11</sup> In 1994, Dr. Joy Osofsky began developing a similar court in New Orleans, working through an “infant team” of judges, lawyers, therapists and others to provide interventions for abused and neglected babies. They had two goals: to achieve permanency more quickly, although not necessarily reunification, and to prevent further abuse and neglect.

<sup>12</sup> The Miami Child Well-Being Court Model, Essential Elements and Implementation Guidance, *available at*: <http://www.floridaschildrenfirst.org/wp-content/uploads/2013/02/MiamiChild.pdf>. (last visited October 3, 2019).

<sup>13</sup> ZERO TO THREE, Our History, *available at*: <https://www.zerotothree.org/about/our-history> (last visited September 30, 2019).

In 2003, in partnership with the National Council of Juvenile and Family Court Judges, Court Teams for Maltreated Infants and Toddlers were conceptualized and in 2005, the first court teams were established in Fort Bend, Texas; Hattiesburg, Mississippi; and Des Moines, Iowa. Currently, the initiative operates in multiple sites around the country.<sup>14</sup>

Based on the Miami Child Well-Being Court and the New Orleans models,<sup>15,16</sup> the Safe Babies Court Teams Project is based on developmental science and aims to:

- Increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and,
- Change local systems to improve outcomes and prevent future court involvement in the lives of very young children.<sup>17</sup>

This approach is recognized by the California Evidence-Based Clearinghouse for Child Welfare as being highly relevant to the child welfare system and demonstrating promising research evidence.<sup>18</sup>

The following timeframes are based on data extracted from the Florida Dependency Court Information System (FDCIS) in December 2018, for children who were removed from their parents’ care due to allegations of abandonment, abuse, or neglect. These measures compare groups of children ages 0 to 3 at the time of removal who were in the Early Childhood Court (ECC) program to children ages 0 to 3 who were not in the ECC program.<sup>19</sup>

Measure	# For Children not in ECC	# For Children in ECC
Median number of days from removal to reunification closure	736.2	477.1
Median number of days from removal to adoption closure	699.0	687.3
Median number of days from removal to permanent guardianship	683.3	453.1
Average time to overall permanency in days	695.0	552.9
Children in ECC had a 40% reduction in recurrence of maltreatment compared to non-ECC children		

<sup>14</sup> ZERO TO THREE, The Safe Babies Court Team Approach: Championing Children, Encouraging Parents, Engaging Communities, available at: <https://www.zerotothree.org/resources/528-the-safe-babies-court-team-approach-championingchildren-encouraging-parents-engaging-communities>. (last visited September 30, 2019).

<sup>15</sup> ACES Too High, In Safe Babies Courts, 99% of kids don’t suffer more abuse — but less than 1% of U.S. family courts are Safe Babies Courts. February 23, 2015, available at: <https://acestoohigh.com/2015/02/23/in-safe-babies-courts-99-of-kids-dont-suffer-more-abuse-but-less-than-1-of-u-s-family-courts-are-safe-babies-courts/> (last visited October 1, 2019).

<sup>16</sup> *Id.* Safe Babies Courts differ from the other models by providing community coordinators who work with court personnel to keep the process on track.

<sup>17</sup> ZERO TO THREE, Safe Babies Court Teams, available at: <https://www.zerotothree.org/our-work/safe-babies-court-team> (last visited October 1, 2019).

<sup>18</sup> The California Evidence-Based Clearinghouse for Child Welfare, available at: <http://www.cebc4cw.org/program/safe-babies-court-teams-project/> (last visited September 30, 2019).

<sup>19</sup> Florida Courts, Office of Court Improvement, Early Childhood Courts, available at: <https://www.flcourts.org/Resources-Services/Court-Improvement/Problem-Solving-Courts/Early-Childhood-Courts> (last visited October 1, 2019).

Shortening the time children spend in out-of-home care should serve as a potential cost savings for the state due to the reduction in out-of-home care cost.

**Differences Between Early Childhood Courts and Regular Dependency Courts**

Services	Early Childhood Court	“Regular” Dependency Court
Court hearings	Monthly hearings assess progress and solve problems quickly.	Only a 6-month judicial review.
Community Coordinator	Coordinates monthly parent team meetings to prioritize family services, integrate fast track services to expedite permanency for the child.	No coordinator. Case plans may not address real family needs. Reviewed every 6 months; not fluid to changing family needs that impact permanency. Needed services often delayed or wait listed.
Integrated Multidisciplinary Team approach	Families encouraged and supported by multidisciplinary team including court staff, community-based care case managers, attorneys, GAL staff & volunteers, and clinicians specializing in Child Parent Therapy.	No teams. Piecemeal services. Not integrated. Families struggle to get needed services timely and to complete case plan.
Visitation	Daily contact encouraged (3x week minimum) to strengthen parent child attachment & promote reunification.	Only monthly visitation required in statute.
Evidence based Clinical services	Child Parent Therapy offered to all families in ECC to heal trauma, improve parenting & optimize child/parent relationship. Clinician reports to court to inform decisions toward stable placement.	Therapies and evidence-based interventions not usually offered to children younger than age 5 and their families.
Time to permanency	Spent 112 days less in the system than non-ECC children to reach a permanent stable family (reunification or placed with relative or non-relative) in 2016.	Stayed in out-of-home care 112 days longer than ECC children in 2016.
Re-entry into child welfare	Only two ECC children re-entered the system in 2016 (3.39% compared to 3.86% for non-ECC children).	Statewide recurrence is 9.69%.

**Post Disposition Change of Custody**

Currently, the court may change the temporary legal custody or the conditions of protective supervision at a post disposition hearing, without the necessity of another adjudicatory hearing. The standard for changing custody of the child is in the best interest of the child. When applying this standard, the court considers the continuity of the child’s placement in the same out-of-home residence as a factor when determining the best interests of the child. If the child is not placed in

foster care, then the new placement for the child must meet the home study criteria and court approval pursuant to this chapter.<sup>20</sup>

- In cases where the issue before the court is whether a child should be reunited with a parent, the court reviews the conditions for return and determine whether the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the DCF will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health.<sup>21</sup>
- In cases where the issue before the court is whether a child who is placed in the custody of a parent should be reunited with the other parent upon a finding that the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home of the other parent with an in-home safety plan prepared or approved by the DCF will not be detrimental to the child, the standard is that the safety, well-being, and physical, mental, and emotional health of the child would not be endangered by reunification and that reunification would be in the best interest of the child.<sup>22</sup>

### **Adoption Home Study and Screening**

- The adoption of a child from Florida's foster care system is a process that the DCF estimates can usually be completed within nine months. The process typically includes an orientation session, an in-depth training program to help prospective parents determine if adoption is right for the family, a home study and a background check. Once the process has been completed, prospective parents are ready to be matched with a child available for adoption.<sup>23</sup>
- The prospective adoptive parents' initial inquiry to the department or to the community-based care lead agency (CBC) or subcontractor staff, whether written or verbal, must receive a written response or a telephone call within seven business days. Prospective adoptive parents who indicate an interest in adopting children must be referred to a department approved adoptive parent training program, as prescribed in rule 65C-13.024, F.A.C.
- An application to adopt must be made on the "Adoptive Home Application."
- An adoptive home study which includes observation, screening and evaluation of the child and adoptive applicants must be completed by a staff person with the CBC, subcontractor agency, or other licensed child-placing agency prior to the adoptive placement of the child. The aim of this evaluation is to select families who will be able to meet the physical, emotional, social, educational and financial needs of a child, while safeguarding the child from further loss and separation from siblings and significant adults. The adoptive home study is valid for 12 months from the approval date. An adoptive parent application file consists of the following documentation including, but not limited to:
  - The child's choice, if the child is developmentally able to participate in the decision. The child's consent to the adoption is required if the child is age 12 or older unless excused by the court;

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<sup>20</sup> Section 39.522, F.S.

<sup>21</sup> *Id.*

<sup>22</sup> *Id.*

<sup>23</sup> Florida Department of Children and Families, The Road to Adoption, *available at*: <http://www.adoptflorida.org/roadtoadoption.shtml> (last visited December 30, 2019).

- The ability and willingness of the adoptive family to adopt some or all of a sibling group, although no individual child shall be impeded or disadvantaged in receiving an adoptive family due to the inability of the adoptive family to adopt all siblings. The needs of each individual child must be considered, as well as the family's demonstrated efforts to maintain the sibling connection;
- The commitment of the applicant to value, respect, appreciate, and educate the child regarding his or her racial and ethnic heritage and to permit the child the opportunity to know and appreciate that ethnic and racial heritage;
- The family's child rearing experience;
- Marital status;
- Residence;
- Income;
- Housing;
- Health;
- Other children and household members;
- All adoptive applicants must complete the requirements for background screening as outlined in rule 65C-16.007, F.A.C. which includes abuse and neglect history checks on all adoptive applicants and other household members 12 years of age and older, pursuant to sections 39.0138 and 39.521, F.S.; and
- References.

The department approved adoptive parent training must be provided to and successfully completed by all prospective adoptive parents except licensed foster parents and relative and non-relative caregivers who previously attended the training within the last five years, as prescribed in rule 65C-13.024, F.A.C., or have the child currently placed in their home for six months or longer and been determined to understand the challenges and parenting skills needed to successfully parent the children available for adoption from foster care.

There are a number of factors that can affect the time necessary for the typical adoption home study process to be completed.

### **Foster Care Licensing Home Study and Background Screening**

Current law provides for the establishment of licensing requirements for family foster homes, residential child-caring agencies, and child-placing agencies in order to protect the health, safety, and well-being of all children in the state who are cared for by these homes and agencies and provides procedures to determine adherence to these requirements.<sup>24</sup>

- Each applicant wishing to become a licensed out-of-home caregiver must complete the "Application for License to Provide Out-of-Home Care for Dependent Children." Persons living together in a caretaking role must both sign the application.
- The child-placing agency completing the Unified Home Study must, at a minimum, conduct two visits to the applicant's home, inspect the entire indoor and outdoor premises, document the conditions, and conduct face-to-face interviews with all household members. The dates, names of persons interviewed and summary of these interviews shall be documented in the Unified Home Study.

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<sup>24</sup> Section 409.175, F.S.



- A staff person, certified pursuant to section 402.40, F.S., from the supervising agency must perform a thorough assessment of each prospective licensed out-of-home caregiver and document this assessment in the Unified Home Study section of Florida Safe Families Network (FSFN). The assessment must include an extensive and comprehensive list of information.
- The Unified Home Study must be reviewed and signed by the applicant, licensing counselor and his or her supervisor. A copy of the Unified Home Study shall be provided to the applicant. The complete application file must be submitted in accordance with the traditional or attestation model for licensure. A request for additional information shall be submitted by the Regional Licensing Authority within 10 business days of receipt of the file. A traditional licensing application file must consist of the following documentation including, but not limited to:
  - Application for license to provide out-of-home care for dependent children;
  - Unified home study;
  - Proof of income;
  - A “Partnership Plan for Children in Out-of-Home Care;”
  - Parent Preparation Pre-service Training certificate;
  - Verification of criminal history screening for applicant and all household members as specified in subsection 65C-13.023(2), F.A.C.;
  - Required references; and
  - Family documents.

A licensing specialist who has been trained by the DCF or other state entity, such as the local health department, in the areas of water supply, food holding temperature, plumbing, pest control, sewage, and garbage disposal, must complete the Foster Home Inspection Checklist, incorporated by reference in rule 65C-13.025, F.A.C.

If the application file is approved, a license must be issued to the applicant. The license must include the name and address of the caregiver, the name of the supervising agency, the licensed capacity, and the dates for which the license is valid. The DCF Regional Managing Director or designee within upper level management shall sign the license. Any limitations must be displayed on the license. The CBC or supervising agency is responsible for ensuring the license is sent to the foster parent.<sup>25</sup>

If the DCF determines that the application will be denied, the department must within 10 business days notify the applicant and supervising agency by certified mail, identifying the reasons for the denial of the license, the statutory authority for the denial of the license, and the applicant’s right of appeal pursuant to chapter 120, F.S.<sup>26</sup>

## **Parenting Partnerships**

### ***Quality Parenting Initiative (QPI)***

The Quality Parenting Initiative, a strategy of the Youth Law Center in California, is an approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare

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<sup>25</sup> 65C-13025, F.A.C.

<sup>26</sup> *Id.*

system. It was launched in 2008 in Florida, and as of 2018, over 75 jurisdictions in 10 states (California, Florida, Illinois, Louisiana, Minnesota, Nevada, Ohio, Pennsylvania, Texas and Wisconsin) have adopted the QPI approach.<sup>27</sup>

In order to thrive, all children need excellent parenting. When parents cannot care for their children, the foster parent or other caregiver must be able to provide the loving, committed, skilled care that the child needs, in partnership with the system, to ensure that children thrive. Both the caregiver's parenting skills and the system's policies and practices should be based on child development research, information and tools. QPI is based on five core principles:

- Excellent parenting is the most important service we can provide to children in out-of-home care. Children need families, not beds;
- Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential;
- Each community must define excellent parenting for itself;
- Policy and practice must be changed to align with that definition; and
- Participants in the system are in the best position to recommend and implement that change.<sup>28</sup>

QPI is an approach, a philosophy and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. The child welfare system commits to fully supporting excellent parenting by putting the needs of the child first. QPI was developed to ensure that every child removed from the home because of abandonment, abuse or neglect is cared for by a foster family who provides skilled, nurturing parenting while helping the child maintain connections with his or her family.<sup>29</sup>

When QPI is successful, caregivers have a voice. They work as a team with agency staff, case workers, birth parents, courts, attorneys and others to protect the child's best interests. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children and their families will improve.<sup>30</sup>

In 2013, the legislature enacted some of the basic principles of quality parenting including, but not limited to, roles and responsibilities for caregivers, the DCF, CBC and other agency staff, transitions for children changing placements and information sharing.<sup>31</sup>

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<sup>27</sup> QPI Florida, Quality Parenting Initiative, Just in Time Training, available at: <http://www.qpiflorida.org/about.html> (Last visited December 26, 2019).

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> *Id.*

<sup>31</sup> Section 409.145, F.S.

### III. Effect of Proposed Changes:

**Section 1** amends s. 25.385, F.S., relating to standards for instruction of circuit and county court judges, to require circuit and county court judges for dependency cases to receive education relating to the value of secure attachments, stable placements and the impact of trauma on children in out-of-home care.

**Section 2** creates s. 39.01304, F.S., relating to early childhood courts, to codify the creation and establishment of early childhood court programs that serve cases involving children typically under the age of three by using specialized dockets, multidisciplinary teams, evidence-based treatment and a nonadversarial approach.

**Section 3** amends s. 39.0138, F.S., relating to criminal history and other records checks, to require that background screenings for prospective foster parents be completed within 14 business days after criminal history results are received by the Department of Children and Families (DCF), unless additional information regarding the criminal history is required to complete processing.

**Section 4** amends s. 39.301, F.S., relating to protective investigations, to require the DCF to notify the court of any report to the central abuse hotline that involves a child under court jurisdiction. The amendments to s. 39.301, F.S., also allow the department to file a shelter or dependency petition without the need for a new child protective investigation or the concurrence of the child protective investigator if the department determines that the safety plan is no longer sufficient to keep the child safe or that the parent or caregiver has not sufficiently increased his or her level of protective capacities to ensure the child's safety.

**Section 5** amends s. 39.522, F.S., relating to post disposition change of custody, to provide factors for the court to consider when determining whether a change of legal custody or placement is in the child's best interest. Those factors include:

- The child's age.
- The developmental and therapeutic benefits to the child of remaining in his or her current placement or moving to the proposed placement.
- The stability and longevity of the child's current placement.
- The established bonded relationship between the child and the current or proposed caregiver.
- The reasonable preference of the child, if the court has found that the child is of sufficient intelligence, understanding, and experience to express a preference.
- The recommendation of the child's current caregiver.
- The recommendation of the child's guardian ad litem, if one has been appointed.
- The quality of the child's relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- The likelihood of the child attaining permanency in the current or proposed placement.
- Any other relevant factors.

The amendments to s. 39.522, F.S., also provide circumstances under which a court may remove a child and place a child in out-of-home care if such child was placed in his or her own home

with an in-home safety plan or was reunited with a parent with an in-home safety plan. Those circumstances include:

- The child is abused, neglected, or abandoned by the parent or caregiver, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment.
- The parent or caregiver has materially violated a condition of placement imposed by the court, including, but not limited to, not complying with the in-home safety plan or case plan.
- The parent or caregiver is unlikely within a reasonable amount of time to achieve the full protective capacities needed to keep the child safe without an in-home safety plan.

If a child meets the above criteria for removal and placement in out-of-home care, the court must consider all of the following in making its determination to remove the child and place the child in out-of-home care:

- The circumstances that caused the child's dependency and other identified issues.
- The length of time the child has been placed in the home with an in-home safety plan.
- The parent's or caregiver's current level of protective capacities.
- The level of increase, if any, in the parent's or caregiver's protective capacities since the child's placement in the home, based on the length of time the child has been placed in the home.

**Section 6** amends s. 39.6011, F.S., relating to case plan development, to include in provisions required in a case plan the responsibility of the parents and caregivers to work together to successfully implement the case plan. The case plan must specify how the case manager will assist the parents and caregivers in developing a productive relationship, including meaningful communication and mutual support.

**Section 7** amends s. 39.701, F.S., relating to judicial reviews, to require the court to retain jurisdiction over a child placed in a home with a parent or caregiver with an in-home safety plan and update language related to service providers. It also requires the case plan assessment made before every judicial review to include a statement related to the working relationship between the parents of a child and the caregivers.

**Section 8** amends s. 63.092, F.S., relating to preliminary home studies, to require that preliminary home studies for identified prospective adoptive minors that are in the custody of the DCF be completed within 30 days of initiation.

**Section 9** creates s. 63.093, F.S., relating to the adoption of a child from the child welfare system to specify the requirements in the process.

**Section 10** creates s. 409.1415, F.S., relating to parenting partnerships, to provide legislative findings and intent and codify provisions and responsibilities for working partnerships between foster parents and birth parents in order to ensure that children in out-of-home care achieve permanency as soon as possible, to reduce the likelihood they will re-enter care and to ensure that families are prepared to resume care of their children.

**Section 11** amends s. 409.145, F.S., relating to care of children and quality parenting, to remove similar provisions being relocated to newly created s. 409.1415, F.S.

**Section 12** amends s. 409.175, F.S., relating to licensure of family foster homes, residential child-caring agencies, and child-placing agencies, to require that a licensing study of a family foster home must be completed by the DCF or an authorized licensed child-placing agency within 30 days of initiation. It also sets timelines and requirements for the entire licensure process.

**Section 13** amends s. 409.988, F.S., relating to duties of community-based care lead agencies, to provide a process for a lead agency to demonstrate the need to provide more than 35 percent of all child welfare services in the lead agency's service area. Currently, a lead agency is prohibited from directly providing more than 35 percent of all child welfare services in the lead agency's service area.

**Section 14** amends s. 39.302, F.S., relating to protective investigations of institutional child abuse, to conform to changes made by the act.

**Section 15** amends s. 39.6225, F.S., relating to the Guardianship Assistance Program, to conform to changes made by the act.

**Section 16** amends s. 393.065, F.S., relating to application and eligibility determination for developmental disability services, to conform to changes made by the act.

**Section 17** amends s. 409.1451, F.S., relating to independent living services, to conform to changes made by the act.

**Section 18** provides an effective date of July 1, 2020.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

CS/SB 1324 is expected to have a significant fiscal impact on the expenditures of the State Courts and Department of Children and Families (DCF) due to the need for additional staffing, training and contracted services. However, CS/SB 1324 provides that funding is “*contingent upon an annual appropriation by the Legislature, and subject to available resources.*”

**State Courts*****Judicial Time and Workload***

The total fiscal impact of the bill cannot be accurately determined due to the unavailability of data needed to quantifiably establish the increase in judicial time and workload resulting from increased time or quantity of early childhood court (ECC) hearings as well as the actual number of staff required to meet the requirements of the bill.<sup>32</sup>

Trial court judicial workload is measured using a case weighting system that calculates the amount of time that it takes for a judge to dispose of a case. Passage of this bill may impact the case weighting system. The number of case filings using the case weighting system is used to determine the needs for additional judicial resources each year. Any judicial workload increases in the future as a result of this bill will be reflected in the Supreme Court’s annual opinion In re: Certification of Need for Additional Judges.<sup>33</sup>

***Additional Positions and Training***

The bill will also have a fiscal impact on the state by requiring specialized staff and support services. Each circuit with an early childhood court would need a community coordinator. In addition, the bill would require training for judges, magistrates and staff. The Office of State Courts Administrator estimates the additional costs of the bill as follows:

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<sup>32</sup> Office of the State Courts Administrator, 2020 Judicial Impact Statement, SB 1324, January 14, 2020.

<sup>33</sup> *Id.*

<b>FTE and Other Costs</b>	<b>Number of FTE</b>	<b>Recurring Cost</b>
Statewide training specialist	1	\$101,442
Court community coordinators and oversight positions	20	\$1,912,128
Training requirements		\$100,000
<b>Total FTE/Costs for State Courts</b>	<b>21</b>	<b>\$2,113,570</b>

Potentially, a cost savings from the use of an ECC program might be realized in the future when the federal Families First Prevention Services Act is implemented during federal Fiscal Year 2021-2022. The ECC program and its use of some model of parent-child therapy might be eligible for federal funding for prevention services.

**Department of Children and Families**

The bill requires the department to contract with one or more university-based centers with an expertise in infant mental health, and the center(s) must hire a statewide clinical director. The statewide clinical director is responsible for ensuring the quality, accountability, and fidelity of the ECC program’s evidence-based treatment, training, and technical assistance related to clinical services. The clinical director is also responsible for ongoing clinical training for ECC court teams. The projected annual recurring cost for the DCF to contract with a university-based center is \$136,120.<sup>34</sup>

Any additional judicial and state agency workload may be offset to the extent the ECC program and services reduce recidivism. Shortening the time children spend in out-of-home care may reduce costs to the state due to the reduction in out-of-home care costs as well as court time and resources.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 25.385, 39.0138, 39.301, 39.302, 39.522, 39.6011, 39.6225, 39.701, 63.092, 393.065, 409.145, 409.1451, 409.175, and 409.988.

This bill creates the following sections of the Florida Statutes: 39.01304, 63.093, and 409.1415.

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<sup>34</sup> Department of Children and Families, 2020 Bill Analysis, SB 236, September 30, 2019.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs on January 15, 2020:**

- Makes changes to provisions relating to the timeframes relating to the completion of background screenings and home or licensing studies to reflect the steps in the approval of adoptive parents and the licensure of foster homes.

- B. **Amendments:**

None.



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

586-02285A-20

20201324c1

1 A bill to be entitled  
2 An act relating to child welfare; amending s. 25.385,  
3 F.S.; requiring the Florida Court Educational Council  
4 to establish certain standards for instruction of  
5 circuit and county court judges for dependency cases;  
6 requiring the council to provide such instruction on a  
7 periodic and timely basis; creating s. 39.01304, F.S.;  
8 providing legislative intent; providing a purpose;  
9 authorizing circuit courts to create early childhood  
10 court programs; requiring that early childhood court  
11 programs have certain components; defining the term  
12 "therapeutic jurisprudence"; providing requirements  
13 and guidelines for the Office of the State Courts  
14 Administrator when hiring community coordinators and a  
15 statewide training specialist; requiring the  
16 Department of Children and Families to contract with  
17 certain university-based centers; requiring the  
18 university-based centers to hire a clinical director;  
19 amending s. 39.0138, F.S.; requiring the department to  
20 complete background screenings within a specified  
21 timeframe; providing an exception; amending s. 39.301,  
22 F.S.; requiring the department to notify the court of  
23 certain reports; authorizing the department to file  
24 specified petitions under certain circumstances;  
25 amending s. 39.522, F.S.; requiring the court to  
26 consider specified factors when making a certain  
27 determination; authorizing the court or any party to  
28 the case to file a petition to place a child in out-  
29 of-home care under certain circumstances; requiring

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30 the court to consider specified factors when  
31 determining whether the child should be placed in out-  
32 of-home care; requiring the court to evaluate and  
33 change a child's permanency goal under certain  
34 circumstances; amending s. 39.6011, F.S.; revising and  
35 providing requirements for case plan descriptions;  
36 amending s. 39.701, F.S.; requiring the court to  
37 retain jurisdiction over a child under certain  
38 circumstances; requiring specified parties to disclose  
39 certain information to the court; providing for  
40 certain caregiver recommendations to the court;  
41 requiring the court and citizen review panel to  
42 determine whether certain parties have developed a  
43 productive relationship; amending s. 63.092, F.S.;  
44 providing a deadline for completion of a preliminary  
45 home study; creating s. 63.093, F.S.; providing  
46 requirements and processes for the adoption of  
47 children from the child welfare system; creating s.  
48 409.1415, F.S.; providing legislative findings and  
49 intent; requiring the department and community-based  
50 care lead agencies to develop and support  
51 relationships between certain foster families and  
52 legal parents of children; providing responsibilities  
53 for foster parents, birth parents, the department,  
54 community-based care lead agency staff, and other  
55 agency staff; defining the term "excellent parenting";  
56 requiring caregivers employed by residential group  
57 homes to meet specified requirements; requiring the  
58 department to adopt rules; amending s. 409.145, F.S.;

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59 conforming provisions to changes made by the act;  
 60 amending s. 409.175, F.S.; revising requirements for  
 61 the licensure of family foster homes; requiring the  
 62 department to issue determinations for family foster  
 63 home licenses within a specified timeframe; providing  
 64 an exception; amending s. 409.988, F.S.; authorizing a  
 65 lead agency to provide more than 35 percent of all  
 66 child welfare services under certain conditions;  
 67 requiring a specified local community alliance, or  
 68 specified representatives in certain circumstances, to  
 69 review and recommend approval or denial of the lead  
 70 agency's request for a specified exemption; amending  
 71 ss. 39.302, 39.6225, 393.065, and 409.1451, F.S.;  
 72 conforming cross-references; providing an effective  
 73 date.

74  
 75 Be It Enacted by the Legislature of the State of Florida:

76  
 77 Section 1. Section 25.385, Florida Statutes, is amended to  
 78 read:

79 25.385 Standards for instruction of circuit and county  
 80 court judges ~~in handling domestic violence cases.-~~

81 (1) The Florida Court Educational Council shall establish  
 82 standards for instruction of circuit and county court judges who  
 83 have responsibility for domestic violence cases, and the council  
 84 shall provide such instruction on a periodic and timely basis.

85 ~~(2) As used in this subsection, section-~~

86 ~~(a)~~ the term "domestic violence" has the meaning set forth  
 87 in s. 741.28.

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88 ~~(b) "Family or household member" has the meaning set forth~~  
 89 ~~in s. 741.28.~~

90 (2) The Florida Court Educational Council shall establish  
 91 standards for instruction of circuit and county court judges who  
 92 have responsibility for dependency cases regarding the benefits  
 93 of a secure attachment with a primary caregiver, the importance  
 94 of a stable placement, and the impact of trauma on child  
 95 development. The council shall provide such instruction to the  
 96 circuit and county court judges handling dependency cases on a  
 97 periodic and timely basis.

98 Section 2. Section 39.01304, Florida Statutes, is created  
 99 to read:

100 39.01304 Early childhood court programs.-

101 (1) It is the intent of the Legislature to encourage the  
 102 department, the Department of Health, the Association of Early  
 103 Learning Coalitions, and other such agencies; local governments;  
 104 interested public or private entities; and individuals to  
 105 support the creation and establishment of early childhood court  
 106 programs. The purpose of an early childhood court program is to  
 107 address the root cause of court involvement through specialized  
 108 dockets, multidisciplinary teams, evidence-based treatment, and  
 109 the use of a nonadversarial approach. Such programs depend on  
 110 the leadership of a judge or magistrate who is educated about  
 111 the science of early childhood development and who requires  
 112 rigorous efforts to heal children physically and emotionally in  
 113 the context of a broad collaboration among professionals from  
 114 different systems working directly in the court as a team,  
 115 recognizing that the parent-child relationship is the foundation  
 116 of child well-being.

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117 (2) A circuit court may create an early childhood court  
 118 program to serve the needs of infants and toddlers in dependency  
 119 court. An early childhood court program must have all of the  
 120 following components:

121 (a) Therapeutic jurisprudence, which must drive every  
 122 aspect of judicial practice. The judge or magistrate must  
 123 support the therapeutic needs of the parent and child in a  
 124 nonadversarial manner. As used in this paragraph, the term  
 125 "therapeutic jurisprudence" means the study of how the law may  
 126 be used as a therapeutic agent and focuses on how laws impact  
 127 emotional and psychological well-being.

128 (b) A procedure for coordinating services and resources for  
 129 families who have a case on the court docket. To meet this  
 130 requirement, the court may create and fill at least one  
 131 community coordinator position pursuant to paragraph (3) (a).

132 (c) A multidisciplinary team made up of key community  
 133 stakeholders who commit to work with the judge or magistrate to  
 134 restructure the way the community responds to the needs of  
 135 maltreated children. The team may include, but is not limited  
 136 to, early intervention specialists; mental health and infant  
 137 mental health professionals; attorneys representing children,  
 138 parents, and the child welfare system; children's advocates;  
 139 early learning coalitions and child care providers; substance  
 140 abuse program providers; primary health care providers; domestic  
 141 violence advocates; and guardians ad litem. The  
 142 multidisciplinary team must address the need for children in an  
 143 early childhood court program to receive medical care in a  
 144 medical home, a screening for developmental delays conducted by  
 145 the local agency responsible for complying with part C of the

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146 federal Individuals with Disabilities Education Act, and quality  
 147 child care.

148 (d) A continuum of mental health services which includes a  
 149 focus on the parent-child relationship and is appropriate for  
 150 each child and family served.

151 (3) Contingent upon an annual appropriation by the  
 152 Legislature, and subject to available resources:

153 (a) The Office of the State Courts Administrator shall  
 154 coordinate with each participating circuit court to create and  
 155 fill at least one community coordinator position for the  
 156 circuit's early childhood court program. Each community  
 157 coordinator shall provide direct support to the program by  
 158 coordinating between the multidisciplinary team and the  
 159 judiciary, coordinating the responsibilities of the  
 160 participating agencies and service providers, and managing the  
 161 collection of data for program evaluation and accountability.  
 162 The Office of State Courts Administrator may hire a statewide  
 163 training specialist to provide training to the participating  
 164 court teams.

165 (b) The department shall contract with one or more  
 166 university-based centers that have expertise in infant mental  
 167 health, and such university-based centers shall hire a clinical  
 168 director charged with ensuring the quality, accountability, and  
 169 fidelity of the program's evidence-based treatment, including,  
 170 but not limited to, training and technical assistance related to  
 171 clinical services, clinical consultation and guidance for  
 172 difficult cases, and ongoing clinical training for court teams.

173 Section 3. Subsection (1) of section 39.0138, Florida  
 174 Statutes, is amended to read

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175 39.0138 Criminal history and other records checks; limit on  
176 placement of a child.-

177 (1) The department shall conduct a records check through  
178 the State Automated Child Welfare Information System (SACWIS)  
179 and a local and statewide criminal history records check on all  
180 persons, including parents, being considered by the department  
181 for placement of a child under this chapter, including all  
182 nonrelative placement decisions, and all members of the  
183 household, 12 years of age and older, of the person being  
184 considered. For purposes of this section, a criminal history  
185 records check may include, but is not limited to, submission of  
186 fingerprints to the Department of Law Enforcement for processing  
187 and forwarding to the Federal Bureau of Investigation for state  
188 and national criminal history information, and local criminal  
189 records checks through local law enforcement agencies of all  
190 household members 18 years of age and older and other visitors  
191 to the home. Background screenings must be completed within 14  
192 business days after the department receives the criminal history  
193 results, unless additional information regarding the criminal  
194 history is required to complete processing. An out-of-state  
195 criminal history records check must be initiated for any person  
196 18 years of age or older who resided in another state if that  
197 state allows the release of such records. The department shall  
198 establish by rule standards for evaluating any information  
199 contained in the automated system relating to a person who must  
200 be screened for purposes of making a placement decision.

201 Section 4. Subsection (1) and paragraph (a) of subsection  
202 (9) of section 39.301, Florida Statutes, are amended to read:

203 39.301 Initiation of protective investigations.-

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204 (1) (a) Upon receiving a report of known or suspected child  
205 abuse, abandonment, or neglect, or that a child is in need of  
206 supervision and care and has no parent, legal custodian, or  
207 responsible adult relative immediately known and available to  
208 provide supervision and care, the central abuse hotline shall  
209 determine if the report requires an immediate onsite protective  
210 investigation. For reports requiring an immediate onsite  
211 protective investigation, the central abuse hotline shall  
212 immediately notify the department's designated district staff  
213 responsible for protective investigations to ensure that an  
214 onsite investigation is promptly initiated. For reports not  
215 requiring an immediate onsite protective investigation, the  
216 central abuse hotline shall notify the department's designated  
217 district staff responsible for protective investigations in  
218 sufficient time to allow for an investigation. At the time of  
219 notification, the central abuse hotline shall also provide  
220 information to district staff on any previous report concerning  
221 a subject of the present report or any pertinent information  
222 relative to the present report or any noted earlier reports.

223 (b) The department shall promptly notify the court of any  
224 report to the central abuse hotline that is accepted for a  
225 protective investigation and involves a child over whom the  
226 court has jurisdiction.

227 (9) (a) For each report received from the central abuse  
228 hotline and accepted for investigation, the department or the  
229 sheriff providing child protective investigative services under  
230 s. 39.3065, shall perform the following child protective  
231 investigation activities to determine child safety:

232 1. Conduct a review of all relevant, available information

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233 specific to the child and family and alleged maltreatment;  
 234 family child welfare history; local, state, and federal criminal  
 235 records checks; and requests for law enforcement assistance  
 236 provided by the abuse hotline. Based on a review of available  
 237 information, including the allegations in the current report, a  
 238 determination shall be made as to whether immediate consultation  
 239 should occur with law enforcement, the Child Protection Team, a  
 240 domestic violence shelter or advocate, or a substance abuse or  
 241 mental health professional. Such consultations should include  
 242 discussion as to whether a joint response is necessary and  
 243 feasible. A determination shall be made as to whether the person  
 244 making the report should be contacted before the face-to-face  
 245 interviews with the child and family members.

246 2. Conduct face-to-face interviews with the child; other  
 247 siblings, if any; and the parents, legal custodians, or  
 248 caregivers.

249 3. Assess the child's residence, including a determination  
 250 of the composition of the family and household, including the  
 251 name, address, date of birth, social security number, sex, and  
 252 race of each child named in the report; any siblings or other  
 253 children in the same household or in the care of the same  
 254 adults; the parents, legal custodians, or caregivers; and any  
 255 other adults in the same household.

256 4. Determine whether there is any indication that any child  
 257 in the family or household has been abused, abandoned, or  
 258 neglected; the nature and extent of present or prior injuries,  
 259 abuse, or neglect, and any evidence thereof; and a determination  
 260 as to the person or persons apparently responsible for the  
 261 abuse, abandonment, or neglect, including the name, address,

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262 date of birth, social security number, sex, and race of each  
 263 such person.

264 5. Complete assessment of immediate child safety for each  
 265 child based on available records, interviews, and observations  
 266 with all persons named in subparagraph 2. and appropriate  
 267 collateral contacts, which may include other professionals. The  
 268 department's child protection investigators are hereby  
 269 designated a criminal justice agency for the purpose of  
 270 accessing criminal justice information to be used for enforcing  
 271 this state's laws concerning the crimes of child abuse,  
 272 abandonment, and neglect. This information shall be used solely  
 273 for purposes supporting the detection, apprehension,  
 274 prosecution, pretrial release, posttrial release, or  
 275 rehabilitation of criminal offenders or persons accused of the  
 276 crimes of child abuse, abandonment, or neglect and may not be  
 277 further disseminated or used for any other purpose.

278 6. Document the present and impending dangers to each child  
 279 based on the identification of inadequate protective capacity  
 280 through utilization of a standardized safety assessment  
 281 instrument. If present or impending danger is identified, the  
 282 child protective investigator must implement a safety plan or  
 283 take the child into custody. If present danger is identified and  
 284 the child is not removed, the child protective investigator  
 285 shall create and implement a safety plan before leaving the home  
 286 or the location where there is present danger. If impending  
 287 danger is identified, the child protective investigator shall  
 288 create and implement a safety plan as soon as necessary to  
 289 protect the safety of the child. The child protective  
 290 investigator may modify the safety plan if he or she identifies

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291 additional impending danger.

292 a. If the child protective investigator implements a safety  
 293 plan, the plan must be specific, sufficient, feasible, and  
 294 sustainable in response to the realities of the present or  
 295 impending danger. A safety plan may be an in-home plan or an  
 296 out-of-home plan, or a combination of both. A safety plan may  
 297 include tasks or responsibilities for a parent, caregiver, or  
 298 legal custodian. However, a safety plan may not rely on  
 299 promissory commitments by the parent, caregiver, or legal  
 300 custodian who is currently not able to protect the child or on  
 301 services that are not available or will not result in the safety  
 302 of the child. A safety plan may not be implemented if for any  
 303 reason the parents, guardian, or legal custodian lacks the  
 304 capacity or ability to comply with the plan. If the department  
 305 is not able to develop a plan that is specific, sufficient,  
 306 feasible, and sustainable, the department shall file a shelter  
 307 petition. A child protective investigator shall implement  
 308 separate safety plans for the perpetrator of domestic violence,  
 309 if the investigator, using reasonable efforts, can locate the  
 310 perpetrator to implement a safety plan, and for the parent who  
 311 is a victim of domestic violence as defined in s. 741.28.  
 312 Reasonable efforts to locate a perpetrator include, but are not  
 313 limited to, a diligent search pursuant to the same requirements  
 314 as in s. 39.503. If the perpetrator of domestic violence is not  
 315 the parent, guardian, or legal custodian of any child in the  
 316 home and if the department does not intend to file a shelter  
 317 petition or dependency petition that will assert allegations  
 318 against the perpetrator as a parent of a child in the home, the  
 319 child protective investigator shall seek issuance of an

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320 injunction authorized by s. 39.504 to implement a safety plan  
 321 for the perpetrator and impose any other conditions to protect  
 322 the child. The safety plan for the parent who is a victim of  
 323 domestic violence may not be shared with the perpetrator. If any  
 324 party to a safety plan fails to comply with the safety plan  
 325 resulting in the child being unsafe, the department shall file a  
 326 shelter petition.

327 b. The child protective investigator shall collaborate with  
 328 the community-based care lead agency in the development of the  
 329 safety plan as necessary to ensure that the safety plan is  
 330 specific, sufficient, feasible, and sustainable. The child  
 331 protective investigator shall identify services necessary for  
 332 the successful implementation of the safety plan. The child  
 333 protective investigator and the community-based care lead agency  
 334 shall mobilize service resources to assist all parties in  
 335 complying with the safety plan. The community-based care lead  
 336 agency shall prioritize safety plan services to families who  
 337 have multiple risk factors, including, but not limited to, two  
 338 or more of the following:

- 339 (I) The parent or legal custodian is of young age;  
 340 (II) The parent or legal custodian, or an adult currently  
 341 living in or frequently visiting the home, has a history of  
 342 substance abuse, mental illness, or domestic violence;  
 343 (III) The parent or legal custodian, or an adult currently  
 344 living in or frequently visiting the home, has been previously  
 345 found to have physically or sexually abused a child;  
 346 (IV) The parent or legal custodian or an adult currently  
 347 living in or frequently visiting the home has been the subject  
 348 of multiple allegations by reputable reports of abuse or

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349 neglect;

350 (V) The child is physically or developmentally disabled; or

351 (VI) The child is 3 years of age or younger.

352 c. The child protective investigator shall monitor the  
 353 implementation of the plan to ensure the child's safety until  
 354 the case is transferred to the lead agency at which time the  
 355 lead agency shall monitor the implementation.

356 d. The department may file a petition for shelter or  
 357 dependency without a new child protective investigation or the  
 358 concurrence of the child protective investigator if the child is  
 359 unsafe but for the use of a safety plan and the parent or  
 360 caregiver has not sufficiently increased protective capacities  
 361 within 90 days after the transfer of the safety plan to the lead  
 362 agency.

363 Section 5. Subsection (1) of section 39.522, Florida  
 364 Statutes, is amended, and subsection (4) is added to that  
 365 section, to read:

366 39.522 Postdisposition change of custody.—The court may  
 367 change the temporary legal custody or the conditions of  
 368 protective supervision at a postdisposition hearing, without the  
 369 necessity of another adjudicatory hearing.

370 (1)(a) At any time before a child is residing in the  
 371 permanent placement approved at the permanency hearing, a child  
 372 who has been placed in the child's own home under the protective  
 373 supervision of an authorized agent of the department, in the  
 374 home of a relative, in the home of a legal custodian, or in some  
 375 other place may be brought before the court by the department or  
 376 by any other interested person, upon the filing of a motion  
 377 alleging a need for a change in the conditions of protective

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378 supervision or the placement. If the parents or other legal  
 379 custodians deny the need for a change, the court shall hear all  
 380 parties in person or by counsel, or both. Upon the admission of  
 381 a need for a change or after such hearing, the court shall enter  
 382 an order changing the placement, modifying the conditions of  
 383 protective supervision, or continuing the conditions of  
 384 protective supervision as ordered. The standard for changing  
 385 custody of the child shall be the best interests ~~interest~~ of the  
 386 child. When determining whether a change of legal custody or  
 387 placement is in applying this standard, the court shall consider  
 388 the continuity of the child's placement in the same out-of-home  
 389 residence as a factor when determining the best interests of the  
 390 child, the court shall consider:

391 1. The child's age.

392 2. The physical, mental, and emotional health benefits to  
 393 the child by remaining in his or her current placement or moving  
 394 to the proposed placement.

395 3. The stability and longevity of the child's current  
 396 placement.

397 4. The established bonded relationship between the child  
 398 and the current or proposed caregiver.

399 5. The reasonable preference of the child, if the court has  
 400 found that the child is of sufficient intelligence,  
 401 understanding, and experience to express a preference.

402 6. The recommendation of the child's current caregiver.

403 7. The recommendation of the child's guardian ad litem, if  
 404 one has been appointed.

405 8. The child's previous and current relationship with a  
 406 sibling, if the change of legal custody or placement will

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407 separate or reunite siblings.

408 9. The likelihood of the child attaining permanency in the  
 409 current or proposed placement.

410 10. Any other relevant factors.

411 (b) If the child is not placed in foster care, ~~then~~ the new  
 412 placement for the child must meet the home study criteria and  
 413 court approval under ~~pursuant to~~ this chapter.

414 (4) (a) The court or any party to the case may file a  
 415 petition to place a child in out-of-home care after the child  
 416 was placed in the child's own home with an in-home safety plan  
 417 or the child was reunified with a parent or caregiver with an  
 418 in-home safety plan if:

419 1. The child has again been abused, neglected, or abandoned  
 420 by the parent or caregiver, or is suffering from or is in  
 421 imminent danger of illness or injury as a result of abuse,  
 422 neglect, or abandonment that has reoccurred; or

423 2. The parent or caregiver has materially violated a  
 424 condition of placement imposed by the court, including, but not  
 425 limited to, not complying with the in-home safety plan or case  
 426 plan.

427 (b) If a child meets the criteria in paragraph (a) to be  
 428 removed and placed in out-of-home care, the court must consider,  
 429 at a minimum, the following in making its determination to  
 430 remove the child and place the child in out-of-home care:

431 1. The circumstances that caused the child's dependency and  
 432 other subsequently identified issues.

433 2. The length of time the child has been placed in the home  
 434 with an in-home safety plan.

435 3. The parent's or caregiver's current level of protective

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436 capacities.

437 4. The level of increase, if any, in the parent's or  
 438 caregiver's protective capacities since the child's placement in  
 439 the home based on the length of time the child has been placed  
 440 in the home.

441 (c) The court shall evaluate the child's permanency goal  
 442 and change the permanency goal as needed if doing so would be in  
 443 the best interests of the child.

444 Section 6. Subsection (5) of section 39.6011, Florida  
 445 Statutes, is amended to read:

446 39.6011 Case plan development.—

447 (5) The case plan must describe all of the following:

448 (a) The role of the foster parents or caregivers ~~legal~~  
 449 ~~custodians~~ when developing the services that are to be provided  
 450 to the child, foster parents, or caregivers. ~~legal custodians,~~

451 (b) The responsibility of the parents and caregivers to  
 452 work together to successfully implement the case plan, how the  
 453 case manager will assist the parents and caregivers in  
 454 developing a productive relationship that includes meaningful  
 455 communication and mutual support, and the ability of the parents  
 456 or caregivers to notify the court or the case manager if  
 457 ineffective communication takes place that negatively impacts  
 458 the child.

459 ~~(c) (b)~~ The responsibility of the case manager to forward a  
 460 relative's request to receive notification of all proceedings  
 461 and hearings submitted under ~~pursuant to~~ s. 39.301(14) (b) to the  
 462 attorney for the department. ~~+~~

463 ~~(d) (e)~~ The minimum number of face-to-face meetings to be  
 464 held each month between the parents and the department's family



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465 services counselors to review the progress of the plan, to  
 466 eliminate barriers to progress, and to resolve conflicts or  
 467 disagreements between parents and caregivers, service providers,  
 468 or any other professional assisting the parents in the  
 469 completion of the case plan. ~~and~~

470 ~~(e)~~~~(d)~~ The parent's responsibility for financial support of  
 471 the child, including, but not limited to, health insurance and  
 472 child support. The case plan must list the costs associated with  
 473 any services or treatment that the parent and child are expected  
 474 to receive which are the financial responsibility of the parent.  
 475 The determination of child support and other financial support  
 476 shall be made independently of any determination of indigency  
 477 under s. 39.013.

478 Section 7. Paragraph (b) of subsection (1) and paragraphs  
 479 (a) and (c) of subsection (2) of section 39.701, Florida  
 480 Statutes, are amended to read:

481 39.701 Judicial review.—

482 (1) GENERAL PROVISIONS.—

483 (b)1. The court shall retain jurisdiction over a child  
 484 returned to his or her parents for a minimum period of 6 months  
 485 following the reunification, but, at that time, based on a  
 486 report of the social service agency and the guardian ad litem,  
 487 if one has been appointed, and any other relevant factors, the  
 488 court shall make a determination as to whether supervision by  
 489 the department and the court's jurisdiction shall continue or be  
 490 terminated.

491 2. Notwithstanding subparagraph 1., the court must retain  
 492 jurisdiction over a child if the child is placed in the home  
 493 with a parent or caregiver with an in-home safety plan and such

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494 safety plan remains necessary for the child to reside safely in  
 495 the home.

496 (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF  
 497 AGE.—

498 (a) *Social study report for judicial review.*—Before every  
 499 judicial review hearing or citizen review panel hearing, the  
 500 social service agency shall make an investigation and social  
 501 study concerning all pertinent details relating to the child and  
 502 shall furnish to the court or citizen review panel a written  
 503 report that includes, but is not limited to:

504 1. A description of the type of placement the child is in  
 505 at the time of the hearing, including the safety of the child  
 506 and the continuing necessity for and appropriateness of the  
 507 placement.

508 2. Documentation of the diligent efforts made by all  
 509 parties to the case plan to comply with each applicable  
 510 provision of the plan.

511 3. The amount of fees assessed and collected during the  
 512 period of time being reported.

513 4. The services provided to the foster family or caregiver  
 514 ~~legal custodian~~ in an effort to address the needs of the child  
 515 as indicated in the case plan.

516 5. A statement that either:

517 a. The parent, though able to do so, did not comply  
 518 substantially with the case plan, and the agency  
 519 recommendations;

520 b. The parent did substantially comply with the case plan;

521 or

522 c. The parent has partially complied with the case plan,

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523 with a summary of additional progress needed and the agency  
524 recommendations.

525 6. A statement from the foster parent or caregiver ~~legal~~  
526 ~~custodian~~ providing any material evidence concerning the well-  
527 being of the child, the impact of any services provided to the  
528 child, the working relationship between the parents and  
529 caregivers, and the return of the child to the parent or  
530 parents.

531 7. A statement concerning the frequency, duration, and  
532 results of the parent-child visitation, if any, and the agency  
533 and caregiver recommendations for an expansion or restriction of  
534 future visitation.

535 8. The number of times a child has been removed from his or  
536 her home and placed elsewhere, the number and types of  
537 placements that have occurred, and the reason for the changes in  
538 placement.

539 9. The number of times a child's educational placement has  
540 been changed, the number and types of educational placements  
541 which have occurred, and the reason for any change in placement.

542 10. If the child has reached 13 years of age but is not yet  
543 18 years of age, a statement from the caregiver on the progress  
544 the child has made in acquiring independent living skills.

545 11. Copies of all medical, psychological, and educational  
546 records that support the terms of the case plan and that have  
547 been produced concerning the parents or any caregiver since the  
548 last judicial review hearing.

549 12. Copies of the child's current health, mental health,  
550 and education records as identified in s. 39.6012.

551 (c) *Review determinations.*—The court and any citizen review

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552 panel shall take into consideration the information contained in  
553 the social services study and investigation and all medical,  
554 psychological, and educational records that support the terms of  
555 the case plan; testimony by the social services agency, the  
556 parent, the foster parent or caregiver ~~legal custodian~~, the  
557 guardian ad litem or surrogate parent for educational  
558 decisionmaking if one has been appointed for the child, and any  
559 other person deemed appropriate; and any relevant and material  
560 evidence submitted to the court, including written and oral  
561 reports to the extent of their probative value. These reports  
562 and evidence may be received by the court in its effort to  
563 determine the action to be taken with regard to the child and  
564 may be relied upon to the extent of their probative value, even  
565 though not competent in an adjudicatory hearing. In its  
566 deliberations, the court and any citizen review panel shall seek  
567 to determine:

568 1. If the parent was advised of the right to receive  
569 assistance from any person or social service agency in the  
570 preparation of the case plan.

571 2. If the parent has been advised of the right to have  
572 counsel present at the judicial review or citizen review  
573 hearings. If not so advised, the court or citizen review panel  
574 shall advise the parent of such right.

575 3. If a guardian ad litem needs to be appointed for the  
576 child in a case in which a guardian ad litem has not previously  
577 been appointed or if there is a need to continue a guardian ad  
578 litem in a case in which a guardian ad litem has been appointed.

579 4. Who holds the rights to make educational decisions for  
580 the child. If appropriate, the court may refer the child to the

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581 district school superintendent for appointment of a surrogate  
 582 parent or may itself appoint a surrogate parent under the  
 583 Individuals with Disabilities Education Act and s. 39.0016.

584 5. The compliance or lack of compliance of all parties with  
 585 applicable items of the case plan, including the parents'  
 586 compliance with child support orders.

587 6. The compliance or lack of compliance with a visitation  
 588 contract between the parent and the social service agency for  
 589 contact with the child, including the frequency, duration, and  
 590 results of the parent-child visitation and the reason for any  
 591 noncompliance.

592 7. The frequency, kind, and duration of contacts among  
 593 siblings who have been separated during placement, as well as  
 594 any efforts undertaken to reunite separated siblings if doing so  
 595 is in the best interests ~~interest~~ of the child.

596 8. The compliance or lack of compliance of the parent in  
 597 meeting specified financial obligations pertaining to the care  
 598 of the child, including the reason for failure to comply, if  
 599 applicable.

600 9. Whether the child is receiving safe and proper care  
 601 according to s. 39.6012, including, but not limited to, the  
 602 appropriateness of the child's current placement, including  
 603 whether the child is in a setting that is as family-like and as  
 604 close to the parent's home as possible, consistent with the  
 605 child's best interests and special needs, and including  
 606 maintaining stability in the child's educational placement, as  
 607 documented by assurances from the community-based care lead  
 608 agency provider that:

609 a. The placement of the child takes into account the

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610 appropriateness of the current educational setting and the  
 611 proximity to the school in which the child is enrolled at the  
 612 time of placement.

613 b. The community-based care lead agency has coordinated  
 614 with appropriate local educational agencies to ensure that the  
 615 child remains in the school in which the child is enrolled at  
 616 the time of placement.

617 10. A projected date likely for the child's return home or  
 618 other permanent placement.

619 11. When appropriate, the basis for the unwillingness or  
 620 inability of the parent to become a party to a case plan. The  
 621 court and the citizen review panel shall determine if the  
 622 efforts of the social service agency to secure party  
 623 participation in a case plan were sufficient.

624 12. For a child who has reached 13 years of age but is not  
 625 yet 18 years of age, the adequacy of the child's preparation for  
 626 adulthood and independent living. For a child who is 15 years of  
 627 age or older, the court shall determine if appropriate steps are  
 628 being taken for the child to obtain a driver license or  
 629 learner's driver license.

630 13. If amendments to the case plan are required. Amendments  
 631 to the case plan must be made under s. 39.6013.

632 14. If the parents and caregivers have developed a  
 633 productive relationship that includes meaningful communication  
 634 and mutual support.

635 Section 8. Subsection (3) of section 63.092, Florida  
 636 Statutes, is amended to read:

637 63.092 Report to the court of intended placement by an  
 638 adoption entity; at-risk placement; preliminary study.-

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639 (3) PRELIMINARY HOME STUDY.—Before placing the minor in the  
 640 intended adoptive home, a preliminary home study must be  
 641 performed by a licensed child-placing agency, a child-caring  
 642 agency registered under s. 409.176, a licensed professional, or  
 643 an agency described in s. 61.20(2), unless the adoptee is an  
 644 adult or the petitioner is a stepparent or a relative. If the  
 645 adoptee is an adult or the petitioner is a stepparent or a  
 646 relative, a preliminary home study may be required by the court  
 647 for good cause shown. The department is required to perform the  
 648 preliminary home study only if there is no licensed child-  
 649 placing agency, child-caring agency registered under s. 409.176,  
 650 licensed professional, or agency described in s. 61.20(2), in  
 651 the county where the prospective adoptive parents reside. The  
 652 preliminary home study must be made to determine the suitability  
 653 of the intended adoptive parents and may be completed prior to  
 654 identification of a prospective adoptive minor. Preliminary home  
 655 studies initiated for identified prospective adoptive minors  
 656 that are in the custody of the department must be completed  
 657 within 30 days of initiation. A favorable preliminary home study  
 658 is valid for 1 year after the date of its completion. Upon its  
 659 completion, a signed copy of the home study must be provided to  
 660 the intended adoptive parents who were the subject of the home  
 661 study. A minor may not be placed in an intended adoptive home  
 662 before a favorable preliminary home study is completed unless  
 663 the adoptive home is also a licensed foster home under s.  
 664 409.175. The preliminary home study must include, at a minimum:  
 665 (a) An interview with the intended adoptive parents;  
 666 (b) Records checks of the department's central abuse  
 667 registry, which the department shall provide to the entity

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668 conducting the preliminary home study, and criminal records  
 669 correspondence checks under s. 39.0138 through the Department of  
 670 Law Enforcement on the intended adoptive parents;  
 671 (c) An assessment of the physical environment of the home;  
 672 (d) A determination of the financial security of the  
 673 intended adoptive parents;  
 674 (e) Documentation of counseling and education of the  
 675 intended adoptive parents on adoptive parenting, as determined  
 676 by the entity conducting the preliminary home study. The  
 677 training specified in s. 409.175(14) shall only be required for  
 678 persons who adopt children from the department;  
 679 (f) Documentation that information on adoption and the  
 680 adoption process has been provided to the intended adoptive  
 681 parents;  
 682 (g) Documentation that information on support services  
 683 available in the community has been provided to the intended  
 684 adoptive parents; and  
 685 (h) A copy of each signed acknowledgment of receipt of  
 686 disclosure required by s. 63.085.  
 687  
 688 If the preliminary home study is favorable, a minor may be  
 689 placed in the home pending entry of the judgment of adoption. A  
 690 minor may not be placed in the home if the preliminary home  
 691 study is unfavorable. If the preliminary home study is  
 692 unfavorable, the adoption entity may, within 20 days after  
 693 receipt of a copy of the written recommendation, petition the  
 694 court to determine the suitability of the intended adoptive  
 695 home. A determination as to suitability under this subsection  
 696 does not act as a presumption of suitability at the final

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697 hearing. In determining the suitability of the intended adoptive  
698 home, the court must consider the totality of the circumstances  
699 in the home. A minor may not be placed in a home in which there  
700 resides any person determined by the court to be a sexual  
701 predator as defined in s. 775.21 or to have been convicted of an  
702 offense listed in s. 63.089(4)(b)2.

703 Section 9. Section 63.093, Florida Statutes, is created to  
704 read:

705 63.093 Adoption of a child from the child welfare system.—  
706 The adoption of a child from Florida's foster care system is a  
707 process that typically includes an orientation session, an in-  
708 depth training program to help prospective parents determine if  
709 adoption is right for the family, a home study, and a background  
710 check. Once the process has been completed, prospective parents  
711 are ready to be matched with a child available for adoption.

712 (1) The prospective adoptive parents' initial inquiry to  
713 the department or to the community-based care lead agency or  
714 subcontractor staff, whether written or verbal, must receive a  
715 written response or a telephone call from the department or  
716 agency or subcontractor staff, as applicable, within 7 business  
717 days after receipt of the inquiry. Prospective adoptive parents  
718 who indicate an interest in adopting children in the custody of  
719 the department must be referred by the department or agency or  
720 subcontractor staff to a department-approved adoptive parent  
721 training program as prescribed in rule.

722 (2) An application to adopt must be made on the "Adoptive  
723 Home Application" published by the department.

724 (3) An adoptive home study that includes observation,  
725 screening, and evaluation of the child and adoptive applicants

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726 must be completed by a staff person with the community-based  
727 care lead agency, the subcontractor agency, or another licensed  
728 child-placing agency prior to the adoptive placement of the  
729 child. The purpose of this evaluation is to select families who  
730 will be able to meet the physical, emotional, social,  
731 educational, and financial needs of a child, while safeguarding  
732 the child from further loss and separation from siblings and  
733 significant adults. The adoptive home study is valid for 12  
734 months from the approval date.

735 (4) In addition to other required documentation, an  
736 adoptive parent application file must include the adoptive home  
737 study and verification that all background screening  
738 requirements have been met.

739 (5) The department-approved adoptive parent training must  
740 be provided to and successfully completed by all prospective  
741 adoptive parents except licensed foster parents and relative and  
742 nonrelative caregivers who previously attended the training  
743 within the last 5 years, as prescribed in rule, or have the  
744 child currently placed in their home for 6 months or longer, and  
745 been determined to understand the challenges and parenting  
746 skills needed to successfully parent the children available for  
747 adoption from foster care.

748 (6) At the conclusion of the preparation and study process,  
749 the counselor and supervisor shall make a decision about the  
750 family's appropriateness to adopt. The decision to approve or  
751 not to approve will be reflected in the final recommendation  
752 included in the home study. If the recommendation is for  
753 approval, the adoptive parent application file must be submitted  
754 to the community-based lead agency or subcontractor agency for

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755 approval, which must be made within 14 business days.  
 756 Section 10. Section 409.1415, Florida Statutes, is created  
 757 to read:  
 758 409.1415 Parenting partnerships for children in out-of-home  
 759 care.—  
 760 (1) LEGISLATIVE FINDINGS AND INTENT.—  
 761 (a) The Legislature finds that reunification is the most  
 762 common outcome for children in out-of-home care and that foster  
 763 parents are one of the most important resources to help children  
 764 reunify with their families.  
 765 (b) The Legislature further finds that the most successful  
 766 foster parents understand that their role goes beyond supporting  
 767 the children in their care to supporting the children’s  
 768 families, as a whole, and that children and their families  
 769 benefit when foster and birth parents are supported by an agency  
 770 culture that encourages a meaningful partnership between them  
 771 and provides quality support.  
 772 (c) Therefore, in keeping with national trends, it is the  
 773 intent of the Legislature to bring birth parents and foster  
 774 parents together in order to build strong relationships that  
 775 lead to more successful reunifications and more stability for  
 776 children being fostered in out-of-home care.  
 777 (2) PARENTING PARTNERSHIPS.—  
 778 (a) General provisions.—In order to ensure that children in  
 779 out-of-home care achieve legal permanency as soon as possible,  
 780 to reduce the likelihood that they will re-enter care or that  
 781 other children in the family are abused or neglected or enter  
 782 out-of-home care, and to ensure that families are fully prepared  
 783 to resume custody of their children, the department and

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784 community-based care lead agencies shall develop and support  
 785 relationships between foster families and the legal parents of  
 786 children in out-of-home care to the extent that it is safe and  
 787 in the child’s best interest, by:  
 788 1. Facilitating telephone communication between the foster  
 789 parent and the birth or legal parent as soon as possible after  
 790 the child is placed in the home.  
 791 2. Facilitating and attending an in-person meeting between  
 792 the foster parent and the birth or legal parent within 2 weeks  
 793 after placement.  
 794 3. Developing and supporting a plan for birth or legal  
 795 parents to participate in medical appointments, educational and  
 796 extracurricular activities, and other events involving the  
 797 child.  
 798 4. Facilitating participation by the foster parent in  
 799 visitation between the birth parent and the child.  
 800 5. Involving the foster parent in planning meetings with  
 801 the birth parent.  
 802 6. Developing and implementing effective transition plans  
 803 for the child’s return home or placement in any other living  
 804 environment.  
 805 7. Supporting continued contact between the foster family  
 806 and the child after the child returns home or moves to another  
 807 permanent living arrangement.  
 808 8. Supporting continued connection with the birth parent  
 809 after adoption.  
 810 (b) Responsibilities.—To ensure that a child in out-of-home  
 811 care receives support for healthy development which gives him or  
 812 her the best possible opportunity for success, foster parents,

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813 birth parents, the department, community-based care lead agency  
 814 staff, and other agency staff, as applicable, shall work  
 815 cooperatively in a respectful partnership by adhering to the  
 816 following requirements:

817 1. All members of the partnership must interact and  
 818 communicate professionally with one another, must share all  
 819 relevant information promptly, and must respect the  
 820 confidentiality of all information related to a child and his or  
 821 her family.

822 2. Caregivers, the family, the department, community-based  
 823 care lead agency staff, and other agency staff must participate  
 824 in developing a case plan for the child and family, and all  
 825 members of the team must work together to implement the plan.  
 826 Caregivers must participate in all team meetings or court  
 827 hearings related to the child's care and future plans. The  
 828 department, community-based care lead agency staff, and other  
 829 agency staff must support and facilitate caregiver participation  
 830 through timely notification of such meetings and hearings and an  
 831 inclusive process, and by providing alternative methods for  
 832 participation for caregivers who cannot be physically present at  
 833 a meeting or hearing.

834 3. Excellent parenting is a reasonable expectation of  
 835 caregivers. Caregivers must provide, and the department,  
 836 community-based care lead agency staff, and other agency staff  
 837 must support, excellent parenting. As used in this subparagraph,  
 838 the term "excellent parenting" means a loving commitment to the  
 839 child and the child's safety and well-being; appropriate  
 840 supervision and positive methods of discipline; encouragement of  
 841 the child's strengths; respect for the child's individuality and

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842 likes and dislikes; providing opportunities for the child to  
 843 develop interests and skills; being aware of the impact of  
 844 trauma on behavior; facilitating equal participation of the  
 845 child in family life; involving the child within his or her  
 846 community; and a commitment to enable the child to lead a normal  
 847 life.

848 4. Children in out-of-home care may be placed only with a  
 849 caregiver who has the ability to care for the child; is willing  
 850 to accept responsibility for providing care; and is willing and  
 851 able to learn about and be respectful of the child's culture,  
 852 religion, and ethnicity, his or her special physical or  
 853 psychological needs, any circumstances unique to the child, and  
 854 family relationships. The department, the community-based care  
 855 lead agency, and other agencies must provide a caregiver with  
 856 all available information necessary to assist the caregiver in  
 857 determining whether he or she is able to appropriately care for  
 858 a particular child.

859 5. A caregiver must have access to and take advantage of  
 860 all training that he or she needs to improve his or her skills  
 861 in parenting a child who has experienced trauma due to neglect,  
 862 abuse, or separation from home; to meet the child's special  
 863 needs; and to work effectively with child welfare agencies, the  
 864 courts, the schools, and other community and governmental  
 865 agencies.

866 6. The department, community-based care lead agency staff,  
 867 and other agency staff must provide caregivers with the services  
 868 and support they need to enable them to provide quality care for  
 869 the child.

870 7. Once a family accepts the responsibility of caring for a

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871 child, the child may be removed from that family only if the  
 872 family is clearly unable to care for him or her safely or  
 873 legally, when the child and his or her biological family are  
 874 reunified, when the child is being placed in a legally permanent  
 875 home in accordance with a case plan or court order, or when the  
 876 removal is demonstrably in the best interests of the child.

877 8. If a child must leave the caregiver's home for one of  
 878 the reasons stated in subparagraph 7., and in the absence of an  
 879 unforeseeable emergency, the transition must be accomplished  
 880 according to a plan that involves cooperation and sharing of  
 881 information among all persons involved, respects the child's  
 882 developmental stage and psychological needs, ensures the child  
 883 has all of his or her belongings, allows for a gradual  
 884 transition from the caregiver's home, and, if possible, allows  
 885 for continued contact with the caregiver after the child leaves.

886 9. When the plan for a child includes reunification,  
 887 caregivers and agency staff must work together to assist the  
 888 biological parents in improving their ability to care for and  
 889 protect their children and to provide continuity for the child.

890 10. A caregiver must respect and support the child's ties  
 891 to his or her biological family, including parents, siblings,  
 892 and extended family members, and must assist the child in  
 893 visitation and other forms of communication. The department,  
 894 community-based care lead agency staff, and other agency staff  
 895 must provide caregivers with the information, guidance,  
 896 training, and support necessary for fulfilling this  
 897 responsibility.

898 11. A caregiver must work in partnership with the  
 899 department, community-based care lead agency staff, and other

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900 agency staff to obtain and maintain records that are important  
 901 to the child's well-being including, but not limited to, child  
 902 resource records, medical records, school records, photographs,  
 903 and records of special events and achievements.

904 12. A caregiver must effectively advocate for a child in  
 905 his or her care with the child welfare system, the court, and  
 906 community agencies, including schools, child care providers,  
 907 health and mental health providers, and employers. The  
 908 department, community-based care lead agency staff, and other  
 909 agency staff must support a caregiver in effectively advocating  
 910 for a child and may not retaliate against the caregiver as a  
 911 result of this advocacy.

912 13. A caregiver must be as fully involved in the child's  
 913 medical, psychological, and dental care as he or she would be  
 914 for his or her biological child. Agency staff must support and  
 915 facilitate such participation. Caregivers, the department,  
 916 community-based care lead agency staff, and other agency staff  
 917 must share information with each other about the child's health  
 918 and well-being.

919 14. A caregiver must support a child's school success,  
 920 including, when possible, maintaining school stability by  
 921 participating in school activities and meetings, including  
 922 individual education plan meetings; assisting with school  
 923 assignments; supporting tutoring programs; meeting with teachers  
 924 and working with an educational surrogate, if one has been  
 925 appointed; and encouraging the child's participation in  
 926 extracurricular activities. Agency staff must facilitate this  
 927 participation and must be kept informed of the child's progress  
 928 and needs.



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929 15. Caseworkers and caseworker supervisors must mediate  
 930 disagreements that occur between foster parents and birth  
 931 parents.

932 (c) Residential group homes.—All caregivers employed by  
 933 residential group homes must meet the same education, training,  
 934 and background and other screening requirements as foster  
 935 parents and must adhere to the requirements in paragraph (b).

936 (3) RULEMAKING.—The department shall adopt by rule  
 937 procedures to administer this section.

938 Section 11. Section 409.145, Florida Statutes, is amended  
 939 to read:

940 409.145 Care of children; ~~quality parenting~~; “reasonable  
 941 and prudent parent” standard.—The child welfare system of the  
 942 department shall operate as a coordinated community-based system  
 943 of care which empowers all caregivers for children in foster  
 944 care to provide quality parenting, including approving or  
 945 disapproving a child’s participation in activities based on the  
 946 caregiver’s assessment using the “reasonable and prudent parent”  
 947 standard.

948 (1) SYSTEM OF CARE.—The department shall develop,  
 949 implement, and administer a coordinated community-based system  
 950 of care for children who are found to be dependent and their  
 951 families. This system of care must be directed toward the  
 952 following goals:

953 (a) Prevention of separation of children from their  
 954 families.

955 (b) Intervention to allow children to remain safely in  
 956 their own homes.

957 (c) Reunification of families who have had children removed

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958 from their care.

959 (d) Safety for children who are separated from their  
 960 families by providing alternative emergency or longer-term  
 961 parenting arrangements.

962 (e) Focus on the well-being of children through emphasis on  
 963 maintaining educational stability and providing timely health  
 964 care.

965 (f) Permanency for children for whom reunification with  
 966 their families is not possible or is not in the best interest of  
 967 the child.

968 (g) The transition to independence and self-sufficiency for  
 969 older children who remain in foster care through adolescence.

970 ~~(2) QUALITY PARENTING. A child in foster care shall be~~  
 971 ~~placed only with a caregiver who has the ability to care for the~~  
 972 ~~child, is willing to accept responsibility for providing care,~~  
 973 ~~and is willing and able to learn about and be respectful of the~~  
 974 ~~child’s culture, religion and ethnicity, special physical or~~  
 975 ~~psychological needs, any circumstances unique to the child, and~~  
 976 ~~family relationships. The department, the community-based care~~  
 977 ~~lead agency, and other agencies shall provide such caregiver~~  
 978 ~~with all available information necessary to assist the caregiver~~  
 979 ~~in determining whether he or she is able to appropriately care~~  
 980 ~~for a particular child.~~

981 ~~(a) Roles and responsibilities of caregivers.—A caregiver~~  
 982 ~~shall+~~

983 ~~1. Participate in developing the case plan for the child~~  
 984 ~~and his or her family and work with others involved in his or~~  
 985 ~~her care to implement this plan. This participation includes the~~  
 986 ~~caregiver’s involvement in all team meetings or court hearings~~

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987 ~~related to the child's care.~~

988 2. Complete all training needed to improve skills in  
 989 ~~parenting a child who has experienced trauma due to neglect,~~  
 990 ~~abuse, or separation from home, to meet the child's special~~  
 991 ~~needs, and to work effectively with child welfare agencies, the~~  
 992 ~~court, the schools, and other community and governmental~~  
 993 ~~agencies.~~

994 ~~3. Respect and support the child's ties to members of his~~  
 995 ~~or her biological family and assist the child in maintaining~~  
 996 ~~allowable visitation and other forms of communication.~~

997 4. Effectively advocate for the child in the caregiver's  
 998 ~~care with the child welfare system, the court, and community~~  
 999 ~~agencies, including the school, child care, health and mental~~  
 1000 ~~health providers, and employers.~~

1001 5. Participate fully in the child's medical, psychological,  
 1002 ~~and dental care as the caregiver would for his or her biological~~  
 1003 ~~child.~~

1004 6. Support the child's educational success by participating  
 1005 ~~in activities and meetings associated with the child's school or~~  
 1006 ~~other educational setting, including Individual Education Plan~~  
 1007 ~~meetings and meetings with an educational surrogate if one has~~  
 1008 ~~been appointed, assisting with assignments, supporting tutoring~~  
 1009 ~~programs, and encouraging the child's participation in~~  
 1010 ~~extracurricular activities.~~

1011 a. Maintaining educational stability for a child while in  
 1012 ~~out-of-home care by allowing the child to remain in the school~~  
 1013 ~~or educational setting that he or she attended before entry into~~  
 1014 ~~out-of-home care is the first priority, unless not in the best~~  
 1015 ~~interest of the child.~~

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1016 b. If it is not in the best interest of the child to remain  
 1017 ~~in his or her school or educational setting upon entry into out-~~  
 1018 ~~of-home care, the caregiver must work with the case manager,~~  
 1019 ~~guardian ad litem, teachers and guidance counselors, and~~  
 1020 ~~educational surrogate if one has been appointed to determine the~~  
 1021 ~~best educational setting for the child. Such setting may include~~  
 1022 ~~a public school that is not the school of origin, a private~~  
 1023 ~~school pursuant to s. 1002.42, a virtual instruction program~~  
 1024 ~~pursuant to s. 1002.45, or a home education program pursuant to~~  
 1025 ~~s. 1002.41.~~

1026 7. Work in partnership with other stakeholders to obtain  
 1027 ~~and maintain records that are important to the child's well-~~  
 1028 ~~being, including child resource records, medical records, school~~  
 1029 ~~records, photographs, and records of special events and~~  
 1030 ~~achievements.~~

1031 8. Ensure that the child in the caregiver's care who is  
 1032 ~~between 13 and 17 years of age learns and masters independent~~  
 1033 ~~living skills.~~

1034 9. Ensure that the child in the caregiver's care is aware  
 1035 ~~of the requirements and benefits of the Road to Independence~~  
 1036 ~~Program.~~

1037 10. Work to enable the child in the caregiver's care to  
 1038 ~~establish and maintain naturally occurring mentoring~~  
 1039 ~~relationships.~~

1040 ~~(b) Roles and responsibilities of the department, the~~  
 1041 ~~community-based care lead agency, and other agency staff. The~~  
 1042 ~~department, the community-based care lead agency, and other~~  
 1043 ~~agency staff shall:~~

1044 1. Include a caregiver in the development and

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1045 implementation of the case plan for the child and his or her  
 1046 family. The caregiver shall be authorized to participate in all  
 1047 team meetings or court hearings related to the child's care and  
 1048 future plans. The caregiver's participation shall be facilitated  
 1049 through timely notification, an inclusive process, and  
 1050 alternative methods for participation for a caregiver who cannot  
 1051 be physically present.

1052 ~~2. Develop and make available to the caregiver the~~  
 1053 ~~information, services, training, and support that the caregiver~~  
 1054 ~~needs to improve his or her skills in parenting children who~~  
 1055 ~~have experienced trauma due to neglect, abuse, or separation~~  
 1056 ~~from home, to meet these children's special needs, and to~~  
 1057 ~~advocate effectively with child welfare agencies, the courts,~~  
 1058 ~~schools, and other community and governmental agencies.~~

1059 ~~3. Provide the caregiver with all information related to~~  
 1060 ~~services and other benefits that are available to the child.~~

1061 ~~4. Show no prejudice against a caregiver who desires to~~  
 1062 ~~educate at home a child placed in his or her home through the~~  
 1063 ~~child welfare system.~~

1064 ~~(c) Transitions.—~~

1065 ~~1. Once a caregiver accepts the responsibility of caring~~  
 1066 ~~for a child, the child will be removed from the home of that~~  
 1067 ~~caregiver only if:~~

1068 ~~a. The caregiver is clearly unable to safely or legally~~  
 1069 ~~care for the child;~~

1070 ~~b. The child and his or her biological family are~~  
 1071 ~~reunified;~~

1072 ~~c. The child is being placed in a legally permanent home~~  
 1073 ~~pursuant to the case plan or a court order; or~~

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1074 ~~d. The removal is demonstrably in the child's best~~  
 1075 ~~interest.~~

1076 ~~2. In the absence of an emergency, if a child leaves the~~  
 1077 ~~caregiver's home for a reason provided under subparagraph 1.,~~  
 1078 ~~the transition must be accomplished according to a plan that~~  
 1079 ~~involves cooperation and sharing of information among all~~  
 1080 ~~persons involved, respects the child's developmental stage and~~  
 1081 ~~psychological needs, ensures the child has all of his or her~~  
 1082 ~~belongings, allows for a gradual transition from the caregiver's~~  
 1083 ~~home and, if possible, for continued contact with the caregiver~~  
 1084 ~~after the child leaves.~~

1085 ~~(d) Information sharing. Whenever a foster home or~~  
 1086 ~~residential group home assumes responsibility for the care of a~~  
 1087 ~~child, the department and any additional providers shall make~~  
 1088 ~~available to the caregiver as soon as is practicable all~~  
 1089 ~~relevant information concerning the child. Records and~~  
 1090 ~~information that are required to be shared with caregivers~~  
 1091 ~~include, but are not limited to:~~

1092 ~~1. Medical, dental, psychological, psychiatric, and~~  
 1093 ~~behavioral history, as well as ongoing evaluation or treatment~~  
 1094 ~~needs;~~

1095 ~~2. School records;~~

1096 ~~3. Copies of his or her birth certificate and, if~~  
 1097 ~~appropriate, immigration status documents;~~

1098 ~~4. Consents signed by parents;~~

1099 ~~5. Comprehensive behavioral assessments and other social~~  
 1100 ~~assessments;~~

1101 ~~6. Court orders;~~

1102 ~~7. Visitation and case plans;~~

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1103 ~~8. Guardian ad litem reports;~~  
 1104 ~~9. Staffing forms; and~~  
 1105 ~~10. Judicial or citizen review panel reports and~~  
 1106 ~~attachments filed with the court, except confidential medical,~~  
 1107 ~~psychiatric, and psychological information regarding any party~~  
 1108 ~~or participant other than the child.~~

1109 ~~(e) Caregivers employed by residential group homes. All~~  
 1110 ~~caregivers in residential group homes shall meet the same~~  
 1111 ~~education, training, and background and other screening~~  
 1112 ~~requirements as foster parents.~~

1113 (2)(3) REASONABLE AND PRUDENT PARENT STANDARD.-

1114 (a) *Definitions.*-As used in this subsection, the term:

1115 1. "Age-appropriate" means an activity or item that is  
 1116 generally accepted as suitable for a child of the same  
 1117 chronological age or level of maturity. Age appropriateness is  
 1118 based on the development of cognitive, emotional, physical, and  
 1119 behavioral capacity which is typical for an age or age group.

1120 2. "Caregiver" means a person with whom the child is placed  
 1121 in out-of-home care, or a designated official for a group care  
 1122 facility licensed by the department under s. 409.175.

1123 3. "Reasonable and prudent parent" standard means the  
 1124 standard of care used by a caregiver in determining whether to  
 1125 allow a child in his or her care to participate in  
 1126 extracurricular, enrichment, and social activities. This  
 1127 standard is characterized by careful and thoughtful parental  
 1128 decisionmaking that is intended to maintain a child's health,  
 1129 safety, and best interest while encouraging the child's  
 1130 emotional and developmental growth.

1131 (b) *Application of standard of care.*-

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1132 1. Every child who comes into out-of-home care pursuant to  
 1133 this chapter is entitled to participate in age-appropriate  
 1134 extracurricular, enrichment, and social activities.

1135 2. Each caregiver shall use the reasonable and prudent  
 1136 parent standard in determining whether to give permission for a  
 1137 child living in out-of-home care to participate in  
 1138 extracurricular, enrichment, or social activities. When using  
 1139 the reasonable and prudent parent standard, the caregiver must  
 1140 consider:

1141 a. The child's age, maturity, and developmental level to  
 1142 maintain the overall health and safety of the child.

1143 b. The potential risk factors and the appropriateness of  
 1144 the extracurricular, enrichment, or social activity.

1145 c. The best interest of the child, based on information  
 1146 known by the caregiver.

1147 d. The importance of encouraging the child's emotional and  
 1148 developmental growth.

1149 e. The importance of providing the child with the most  
 1150 family-like living experience possible.

1151 f. The behavioral history of the child and the child's  
 1152 ability to safely participate in the proposed activity.

1153 (c) *Verification of services delivered.*-The department and  
 1154 each community-based care lead agency shall verify that private  
 1155 agencies providing out-of-home care services to dependent  
 1156 children have policies in place which are consistent with this  
 1157 section and that these agencies promote and protect the ability  
 1158 of dependent children to participate in age-appropriate  
 1159 extracurricular, enrichment, and social activities.

1160 (d) *Limitation of liability.*-A caregiver is not liable for

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1161 harm caused to a child who participates in an activity approved  
 1162 by the caregiver, provided that the caregiver has acted in  
 1163 accordance with the reasonable and prudent parent standard. This  
 1164 paragraph may not be interpreted as removing or limiting any  
 1165 existing liability protection afforded by law.

1166 ~~(3)~~(4) FOSTER CARE ROOM AND BOARD RATES.—

1167 (a) Effective July 1, 2018, room and board rates shall be  
 1168 paid to foster parents as follows:

1169

Monthly Foster Care Rate

1170

0-5 Years Age	6-12 Years Age	13-21 Years Age
\$457.95	\$469.68	\$549.74

1171

1172

1173 (b) Each January, foster parents shall receive an annual  
 1174 cost of living increase. The department shall calculate the new  
 1175 room and board rate increase equal to the percentage change in  
 1176 the Consumer Price Index for All Urban Consumers, U.S. City  
 1177 Average, All Items, not seasonally adjusted, or successor  
 1178 reports, for the preceding December compared to the prior  
 1179 December as initially reported by the United States Department  
 1180 of Labor, Bureau of Labor Statistics. The department shall make  
 1181 available the adjusted room and board rates annually.

1182 (c) Effective July 1, 2019, foster parents of level I  
 1183 family foster homes, as defined in s. 409.175(5)(a) shall  
 1184 receive a room and board rate of \$333.

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1185 (d) Effective July 1, 2019, the foster care room and board  
 1186 rate for level II family foster homes as defined in s.  
 1187 409.175(5)(a) shall be the same as the new rate established for  
 1188 family foster homes as of January 1, 2019.

1189 (e) Effective January 1, 2020, paragraph (b) shall only  
 1190 apply to level II through level V family foster homes, as  
 1191 defined in s. 409.175(5)(a).

1192 (f) The amount of the monthly foster care room and board  
 1193 rate may be increased upon agreement among the department, the  
 1194 community-based care lead agency, and the foster parent.

1195 (g) From July 1, 2018, through June 30, 2019, community-  
 1196 based care lead agencies providing care under contract with the  
 1197 department shall pay a supplemental room and board payment to  
 1198 foster care parents of all family foster homes, on a per-child  
 1199 basis, for providing independent life skills and normalcy  
 1200 supports to children who are 13 through 17 years of age placed  
 1201 in their care. The supplemental payment shall be paid monthly to  
 1202 the foster care parents in addition to the current monthly room  
 1203 and board rate payment. The supplemental monthly payment shall  
 1204 be based on 10 percent of the monthly room and board rate for  
 1205 children 13 through 21 years of age as provided under this  
 1206 section and adjusted annually. Effective July 1, 2019, such  
 1207 supplemental payments shall only be paid to foster parents of  
 1208 level II through level V family foster homes.

1209 ~~(4)~~(5) RULEMAKING.—The department shall adopt by rule  
 1210 procedures to administer this section.

1211 Section 12. Paragraph (b) of subsection (6) of section  
 1212 409.175, Florida Statutes, is amended, and paragraph (d) is  
 1213 added to that subsection, to read:

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1214 409.175 Licensure of family foster homes, residential  
1215 child-caring agencies, and child-placing agencies; public  
1216 records exemption.-

1217 (6)

1218 (b) Upon application for licensure, the department shall  
1219 conduct a licensing study based on its licensing rules; shall  
1220 inspect the home or the agency and the records, including  
1221 financial records, of the applicant or agency; and shall  
1222 interview the applicant. The department may authorize a licensed  
1223 child-placing agency to conduct the licensing study of a family  
1224 foster home to be used exclusively by that agency and to verify  
1225 to the department that the home meets the licensing requirements  
1226 established by the department. A licensing study of a family  
1227 foster home must be completed by the department or an authorized  
1228 licensed child-placing agency within 30 days of initiation. The  
1229 department shall post on its website a list of the agencies  
1230 authorized to conduct such studies.

1231 1. The complete application file shall be submitted in  
1232 accordance with the traditional or attestation model for  
1233 licensure as prescribed in rule. In addition to other required  
1234 documentation, a traditional licensing application file must  
1235 include a completed licensing study and verification of  
1236 background screening requirements.

1237 2. The department regional licensing authority shall ensure  
1238 that the licensing application file is complete and that all  
1239 licensing requirements are met for the issuance of the license.  
1240 If the child-placing agency is contracted with a community-based  
1241 care lead agency, the licensing application file must contain  
1242 documentation of a review by the community-based care lead

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1243 agency and the regional licensing authority and a recommendation  
1244 for approval or denial by the community-based care lead agency  
1245 ~~Upon certification by a licensed child-placing agency that a~~  
1246 ~~family foster home meets the licensing requirements and upon~~  
1247 ~~receipt of a letter from a community based care lead agency in~~  
1248 ~~the service area where the home will be licensed which indicates~~  
1249 ~~that the family foster home meets the criteria established by~~  
1250 ~~the lead agency, the department shall issue the license. A~~  
1251 ~~letter from the lead agency is not required if the lead agency~~  
1252 ~~where the proposed home is located is directly supervising~~  
1253 ~~foster homes in the same service area.~~

1254 3. An application file must be approved or denied within 10  
1255 business days after receipt by the regional licensing authority.  
1256 If the application file is approved, a license must be issued to  
1257 the applicant. The must shall include the name and address of  
1258 the caregiver, the name of the supervising agency, the licensed  
1259 capacity, and the dates for which the license is valid. The  
1260 department regional managing director or designee within upper  
1261 level management shall sign the license. Any limitations must be  
1262 displayed on the license.

1263 4. The regional licensing authority shall provide a copy of  
1264 the license to the community-based care lead agency or  
1265 supervising agency. The community-based care lead agency or  
1266 supervising agency shall ensure that the license is sent to the  
1267 foster parent.

1268 (d) The department shall issue a determination regarding an  
1269 application for a family foster home license within 100 days of  
1270 completion of orientation as provided in s. 409.175(14) (b)1.  
1271 Licenses that require additional certifications pursuant to s.

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1272 409.175(5)(a) may be given additional time to issue a  
 1273 determination.  
 1274 Section 13. Paragraph (j) of subsection (1) of section  
 1275 409.988, Florida Statutes, is amended to read:  
 1276 409.988 Lead agency duties; general provisions.—  
 1277 (1) DUTIES.—A lead agency:  
 1278 (j) May subcontract for the provision of services required  
 1279 by the contract with the lead agency and the department;  
 1280 however, the subcontracts must specify how the provider will  
 1281 contribute to the lead agency meeting the performance standards  
 1282 established pursuant to the child welfare results-oriented  
 1283 accountability system required by s. 409.997. The lead agency  
 1284 shall directly provide no more than 35 percent of all child  
 1285 welfare services provided unless it can demonstrate a need,  
 1286 within the lead agency's geographic service area, to exceed this  
 1287 threshold. The local community alliance in the geographic  
 1288 service area in which the lead agency is seeking to exceed the  
 1289 threshold shall review the lead agency's justification for need  
 1290 and recommend to the department whether the department should  
 1291 approve or deny the lead agency's request for an exemption from  
 1292 the services threshold. If there is not a community alliance  
 1293 operating in the geographic service area in which the lead  
 1294 agency is seeking to exceed the threshold, such review and  
 1295 recommendation shall be made by representatives of local  
 1296 stakeholders, including at least one representative from each of  
 1297 the following:  
 1298 1. The department.  
 1299 2. The county government.  
 1300 3. The school district.

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1301 4. The county United Way.  
 1302 5. The county sheriff's office.  
 1303 6. The circuit court corresponding to the county.  
 1304 7. The county children's board, if one exists.  
 1305 Section 14. Paragraph (b) of subsection (7) of section  
 1306 39.302, Florida Statutes, is amended to read:  
 1307 39.302 Protective investigations of institutional child  
 1308 abuse, abandonment, or neglect.—  
 1309 (7) When an investigation of institutional abuse, neglect,  
 1310 or abandonment is closed and a person is not identified as a  
 1311 caregiver responsible for the abuse, neglect, or abandonment  
 1312 alleged in the report, the fact that the person is named in some  
 1313 capacity in the report may not be used in any way to adversely  
 1314 affect the interests of that person. This prohibition applies to  
 1315 any use of the information in employment screening, licensing,  
 1316 child placement, adoption, or any other decisions by a private  
 1317 adoption agency or a state agency or its contracted providers.  
 1318 (b) Likewise, if a person is employed as a caregiver in a  
 1319 residential group home licensed pursuant to s. 409.175 and is  
 1320 named in any capacity in three or more reports within a 5-year  
 1321 period, the department may review all reports for the purposes  
 1322 of the employment screening required pursuant to s.  
 1323 409.1415(2)(c) ~~s. 409.145(2)(e).~~  
 1324 Section 15. Paragraph (d) of subsection (5) of section  
 1325 39.6225, Florida Statutes, is amended to read:  
 1326 39.6225 Guardianship Assistance Program.—  
 1327 (5) A guardian with an application approved pursuant to  
 1328 subsection (2) who is caring for a child placed with the  
 1329 guardian by the court pursuant to this part may receive

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1330 guardianship assistance payments based on the following  
1331 criteria:

1332 (d) The department shall provide guardianship assistance  
1333 payments in the amount of \$4,000 annually, paid on a monthly  
1334 basis, or in an amount other than \$4,000 annually as determined  
1335 by the guardian and the department and memorialized in a written  
1336 agreement between the guardian and the department. The agreement  
1337 shall take into consideration the circumstances of the guardian  
1338 and the needs of the child. Changes may not be made without the  
1339 concurrence of the guardian. However, in no case shall the  
1340 amount of the monthly payment exceed the foster care maintenance  
1341 payment that would have been paid during the same period if the  
1342 child had been in licensed care at his or her designated level  
1343 of care at the rate established in s. 409.145(3) ~~s. 409.145(4)~~.

1344 Section 16. Paragraph (b) of subsection (5) of section  
1345 393.065, Florida Statutes, is amended to read:

1346 393.065 Application and eligibility determination.—

1347 (5) The agency shall assign and provide priority to clients  
1348 waiting for waiver services in the following order:

1349 (b) Category 2, which includes individuals on the waiting  
1350 list who are:

1351 1. From the child welfare system with an open case in the  
1352 Department of Children and Families' statewide automated child  
1353 welfare information system and who are either:

1354 a. Transitioning out of the child welfare system at the  
1355 finalization of an adoption, a reunification with family  
1356 members, a permanent placement with a relative, or a  
1357 guardianship with a nonrelative; or

1358 b. At least 18 years but not yet 22 years of age and who

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1359 need both waiver services and extended foster care services; or  
1360 2. At least 18 years but not yet 22 years of age and who  
1361 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the  
1362 extended foster care system.

1363  
1364 For individuals who are at least 18 years but not yet 22 years  
1365 of age and who are eligible under sub-subparagraph 1.b., the  
1366 agency shall provide waiver services, including residential  
1367 habilitation, and the community-based care lead agency shall  
1368 fund room and board at the rate established in s. 409.145(3) ~~s.~~  
1369 ~~409.145(4)~~ and provide case management and related services as  
1370 defined in s. 409.986(3)(e). Individuals may receive both waiver  
1371 services and services under s. 39.6251. Services may not  
1372 duplicate services available through the Medicaid state plan.

1373  
1374 Within categories 3, 4, 5, 6, and 7, the agency shall maintain a  
1375 waiting list of clients placed in the order of the date that the  
1376 client is determined eligible for waiver services.

1377 Section 17. Paragraph (b) of subsection (2) of section  
1378 409.1451, Florida Statutes, is amended to read:

1379 409.1451 The Road-to-Independence Program.—

1380 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

1381 (b) The amount of the financial assistance shall be as  
1382 follows:

1383 1. For a young adult who does not remain in foster care and  
1384 is attending a postsecondary school as provided in s. 1009.533,  
1385 the amount is \$1,256 monthly.

1386 2. For a young adult who remains in foster care, is  
1387 attending a postsecondary school, as provided in s. 1009.533,



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1388 and continues to reside in a licensed foster home, the amount is  
1389 the established room and board rate for foster parents. This  
1390 takes the place of the payment provided for in s. 409.145(3) ~~s.~~  
1391 ~~409.145(4)~~.

1392 3. For a young adult who remains in foster care, but  
1393 temporarily resides away from a licensed foster home for  
1394 purposes of attending a postsecondary school as provided in s.  
1395 1009.533, the amount is \$1,256 monthly. This takes the place of  
1396 the payment provided for in s. 409.145(3) ~~s. 409.145(4)~~.

1397 4. For a young adult who remains in foster care, is  
1398 attending a postsecondary school as provided in s. 1009.533, and  
1399 continues to reside in a licensed group home, the amount is  
1400 negotiated between the community-based care lead agency and the  
1401 licensed group home provider.

1402 5. For a young adult who remains in foster care, but  
1403 temporarily resides away from a licensed group home for purposes  
1404 of attending a postsecondary school as provided in s. 1009.533,  
1405 the amount is \$1,256 monthly. This takes the place of a  
1406 negotiated room and board rate.

1407 6. A young adult is eligible to receive financial  
1408 assistance during the months when he or she is enrolled in a  
1409 postsecondary educational institution.

1410 Section 18. This act shall take effect July 1, 2020.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: SB 1326

INTRODUCER: Senator Simpson

SUBJECT: Department of Children and Families

DATE: January 27, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	<b>Favorable</b>
2.	<u>Sneed</u>	<u>Kidd</u>	<u>AHS</u>	<b>Recommend: Favorable</b>
3.	_____	_____	<u>AP</u>	_____

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**I. Summary:**

SB 1326 makes a number of changes to the child welfare and behavioral health programs administered by the Department of Children and Families (the department) to promote accountability and improve program performance. The bill establishes an Office of Quality Assurance and Improvement within the department to measure and monitor the performance of internal and contracted operations of the department. The bill revises the current child welfare and behavioral health accountability reporting requirements. The department will assign a letter grade to contracted entities based on whether they meet performance standards. Those contracted entities that receive poor grades will be offered technical assistance. If improvements are not made, the department will terminate contracts with low performing contracted entities.

The bill requires community based care lead agencies (CBCs), Sheriff's Offices that investigate child abuse, and contracted attorneys to use the Florida Child Welfare Practice Model. The bill allows the department to investigate certain child abuse reports within 72 hours as opposed to the current requirement of 24 hours, based on certain safety factors. The bill establishes a new funding formula for allocating funds to the CBCs. The bill requires increased funding for CBCs over a four year period based on historical funding inequities and CBC performance.

The bill has a significant fiscal impact on state government. See Section V.

The bill takes effect on July 1, 2020.

## II. Present Situation:

### Child Abuse and Child Welfare

A child protective investigation begins with a report by any person to the Florida Abuse Hotline. The state is required to maintain a 24/hour, 7/day capacity for receiving reports of maltreatments. The reports are sent out to child protective investigators (CPIs) across the state to investigate.

The CPI receiving the report is most commonly a department employee, but in seven counties the local sheriff's office performs the investigative function. There are currently 1,789 positions within the department and Sheriff's Offices to conduct child abuse investigations.<sup>1</sup>

Court hearings are required whenever a child is removed from his or her home. The attorneys in these cases are either department employees or employees of the Attorney General's Office under contract to the department or, in one case, the state attorney's office in the 6<sup>th</sup> circuit (Pinellas and Pasco Counties).

The lead agencies and their subcontractors are the primary providers of services to children and families in the child welfare system. There are currently 17 CBCs with contracts covering all 20 judicial circuits.<sup>2</sup> The CBCs and their subcontractors employ case managers to oversee the provision of services to children in the child welfare system. Many of the services are not directly provided by the CBCs or the case management subcontractors, but are provided by health care, substance abuse, mental health, and other specialized community based providers.

### Child Welfare Accountability

Section 409.996 (18), F.S., requires the department, in consultation with the CBCs, to establish a quality assurance program for contracted services to dependent children. The quality assurance program must be based on standards established by federal and state law and national accrediting organizations.

Section 409.997, F.S., established the Child Welfare Results-Oriented Accountability Program. The law states that the department, the CBCs, and the CBC's subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2), F.S. The purpose of the results-oriented accountability program is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes. The program includes data analysis, research review, and evaluation. The program is to produce an assessment of individual entities' performance, as well as the performance of groups of entities working together on a local, regional, and statewide basis to provide an integrated system of care. Data analyzed and communicated through the accountability program is to inform the department's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement which promotes individual skill building as well as organizational learning.

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<sup>1</sup> Department of Children and Families SB 1326 Bill Analysis, dated January 14, 2020. On file with the Senate Committee on Children, Families and Elder Affairs.

<sup>2</sup> Department of Children and Families website. See [https://www.myflfamilies.com/service-programs/community-based-care/docs/lead\\_agency\\_map.pdf](https://www.myflfamilies.com/service-programs/community-based-care/docs/lead_agency_map.pdf). Last visited January 17, 2020.

## **Behavioral Health Managing Entities**

In 2008, the Legislature required the department to implement a system of behavioral health managing entities that would serve as regional agencies to manage and pay for mental health and substance abuse services.<sup>3</sup> Prior to this time, the department, through its regional offices, contracted directly with behavioral health service providers. The Legislature found that a management structure that places the responsibility for publicly-financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level, would promote improved access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. These entities do not provide direct services; rather, they allow the department's funding to be tailored to the specific behavioral health needs in the various regions of the State. There are currently seven managing entities across the state.<sup>4</sup>

## **Community Based Care Funding Formula**

Section 409.991, F.S., provides the basis for allocating funds for CBCs and defines the differences between "core services" and other specific appropriations that may be provided to CBCs. The core services funds are currently allocated through the equity allocation model. The law defines the three components of the model: proportion of children in the population, proportion of Hotline workload, and proportion of children in care. This method supports per child funding inequities by establishing that 100 percent of recurring core funding is based upon the fiscal year 2014-2015 recurring base of core funding.<sup>5</sup> The equity allocation model is only applied to new funding that is appropriated to the system of care. The statute further establishes that 70 percent of any new funding for the system of care is shared by all CBCs and 30 percent of any new funds will be allocated among CBCs funded below their equitable share.

Because the core services funding for each CBC was established based upon the total expenditure by the Department when the CBCs were created, significant core funding inequities have been institutionalized into the system of care. Since 2006, the "per child in care funding" varies as much as 2:1, from the highest to lowest funded CBC. The lack of equitable funding has led to the creation of risk pool funding, contract amendments, and specific mid-year appropriations to address current year deficits in multiple CBCs. Over the last five fiscal years, the Legislature has appropriated an additional \$95 million in nonrecurring funds, or about \$19 million annually, to address these operational shortfalls. Additionally, when the Department has reprocured services in these districts, more than half of the markets are essentially non-competitive. According to the department, in eight of the last 19 solicitations, only one provider bid on services for a service area. These districts represent 52 percent of the population of Florida. The perceived underfunding of CBCs has constrained the department's efforts to hold CBCs accountable for performance and improvement, and to competitively procure for the best providers available.

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<sup>3</sup> See s. 394.9082, F.S., as created by Chapter 2008-243, Laws of Fla.

<sup>4</sup> Department of Children and Families website, <https://www.myflfamilies.com/service-programs/samh/managing-entities/> (last visited January 17, 2020).

<sup>5</sup> Department of Children and Families SB 1326 Bill Analysis, dated January 14, 2020. On file with the Senate Committee on Children, Families and Elder Affairs.

### III. Effect of Proposed Changes:

**Section 1** provides a short title for the bill of the “DCF Accountability Act.”

**Section 2** amends s. 20.19, F.S., relating to the organizational structure of the Department of Children and Families, to create the Office of Quality Assurance and Improvement. The secretary of the department shall appoint a Chief Quality Officer to ensure the department and its contracted providers meet the highest level of performance. The bureau-level position is directed to:

- Analyze and monitor the implementation of federal and state laws, rules and policies;
- Develop and implement performance standards and metrics to determine the departments compliance with federal and state laws, rules and policies;
- Identify strengths and weaknesses in the department’s data and its analytic capabilities;
- Identify performance standards and metrics for the department and its service providers, including law enforcement agencies, behavioral health managing entities, CBCs and attorneys;
- Recommend initiatives to correct program and system deficiencies;
- Collaborate with the department’s partners to improve quality, efficiency and effectiveness;
- Report any persistent failures by the department to meet performance standards and recommend corrective actions provided under the bill; and
- Prepare an annual report of all contractual performance metrics for the Secretary of the department.

**Section 3** creates s. 39.0012, F.S., entitled child welfare accountability. The bill provides intent language that the Legislature finds that:

- The child welfare system must be accountable for providing exemplary service in a transparent manner;
- The department must be accountable to the Governor and Legislature for carrying out its responsibilities and that the department must only contract with entities that carry out the purposes of the department;
- The department, other agencies, the state court system, law enforcement agencies, local communities and contracted child welfare providers be held to the highest standards;
- When the department delegates child welfare duties to other agencies, law enforcement agencies, local communities and contracted child welfare providers, the department retains responsibility for quality assurance;
- The department, in consultation with child welfare providers, must set performance levels and metrics for any entity providing child welfare services that contracts with the department;
- The department must offer increasing levels of support for child welfare providers with performance deficiencies. The department may not continue to contract with child welfare providers that persistently fail to meet performance standards for three or more years.

The bill requires the department to report to the Governor and Legislature, all performance levels for contracted entities by November 1<sup>st</sup> of each year. The report must be published on the department’s website and contain:

- Performance metrics for the child welfare system, including letter grades for the community based care lead agencies;
- Performance metrics by region and type of child welfare provider;
- A list of child welfare providers not meeting performance metrics; and
- Detailed corrective action taken to bring child welfare providers into compliance with performance metrics.

**Section 4** amends s. 39.01, F.S., regarding definitions. “Best practices” is defined as a method or program that the department recognizes as successful in meeting performance standards. “Child welfare service provider” is defined as public or private agencies, and private individuals that the department contracts with to meet its responsibilities. “Florida’s Child Welfare Practice Model” is defined as the methodology the department uses to ensure the permanency, safety and well-being of children. “Performance standards and metrics” is defined as the quantifiable measures the department uses to track and assess performance.

**Section 5** amends s. 39.201, F.S., relating to reporting of child abuse, abandonment or neglect. The bill allows the department to begin the investigation of certain child abuse reports within 72 hours rather the current requirement that such investigations begin within 24 hours. The bill provides factors to consider when determining the timeframe for investigations. These factors include:

- Whether the abuse is alleged to have occurred more than 30 days prior to the report;
- Whether the alleged perpetrator will have access to the child in the next 72 hours following the report; and
- Whether the alleged victim still resides in the home or facility where the abuse was alleged to have happened.

The bill requires that investigations of alleged sexual abuse, human trafficking, or alleged victims under 1 year of age begin within 24 hours. The bill allows the department to contact families of alleged victims when the report does not meet the criteria for abuse, abandonment or neglect to offer services.

**Section 6** amends s. 39.301, F.S., regarding the initiation of child abuse investigations. The bill requires the department to notify the regional offices of abuse reports that require a 24 hour investigation, a 72 hour investigation or an offer for services. Contacts with families of children where an abuse report did not meet criteria for an abuse investigation to offer services shall be announced in advance when possible.

**Section 7** amends s. 39.3065, F.S., relating to those Sheriff’s Offices responsible for providing child protective investigations. The bill states that it is the intent of the Legislature that these sheriffs adopt the department’s Florida Child Welfare Practice Model and implement a plan to prevent child abuse. The bill requires these Sheriff’s Offices operate in accordance with federal performance standards and metrics for child welfare. The bill requires the department and these Sheriff’s Offices to collaborate on program performance evaluations and meet quarterly to work on quality assurance and quality improvement initiatives. The bill requires program performance evaluations be based on a random sample of cases selected by the department. The department’s annual report on the performance of the Sheriff’s Offices that investigate child abuse is due

November 1<sup>st</sup>. These Sheriff's Offices that are responsible for conducting child protective investigations must submit to the department, for its approval, a prevention plan by June 30<sup>th</sup> each year. The bill allows the Secretary of the department to offer resources to any Sheriff's Office that investigates child abuse and has demonstrated performance deficiencies.

**Section 8** amends s. 394.67, F.S., relating to mental health, to add new definitions. "Performance standards and metrics" is defined as the quantifiable measures the department uses to track and assess performance.

**Section 9** amends s. 394.9082, F.S., relating to behavioral health managing entities. The bill states that the Legislature intends that:

- The department contract only with managing entities that carry out the responsibilities assigned by law;
- The department and managing entities be held to the highest standards. The Legislature also finds that when the department delegates duties to managing entities, the department retains responsibility for quality assurance;
- The department, in consultation with managing entities, will set performance levels and metrics for services provided by the managing entities. Such performance standards must address the tasks in the department's contract with a managing entity; and
- The department offer increasing levels of support for managing entities with performance deficiencies. The department may not continue to contract with managing entities that persistently fail to meet performance standards for three or more years.

The bill requires the department to report to the Governor and Legislature, all performance levels for managing entities each November 1<sup>st</sup>. The report must be published on the department's website and contain:

- Performance metrics, including letter grades, for the managing entities;
- Performance metrics by region and type of managing entity;
- A list of managing entities not meeting performance metrics; and
- Detailed corrective action taken to bring managing entities into compliance with performance metrics.

The bill requires the department to develop a grading system to assess the performance of managing entities using letter grades. A managing entity will earn a grade of "A" if it has a weighted score of 4.0. The bill does not prescribe which performance metrics will be used for grading or how they will be weighted. A managing entity will earn a grade of "B" if it has a weighted score of 3.0, or "C" if it has a weighted score of 2.0, or "D" if it has a weighted score of 1.0, or "F" if it has a weighted score of less than 1.0.

The bill requires the department to renew managing entity contracts with renewal options for those that receive a grade of "A" for the two years preceding the end of the contract. The bill requires the department to develop support and improvement strategies for low performing managing entities. The department may provide assistance, including adoption of best practices and corrective action plans, to such managing entities. If a managing entity receives a "D" or "F" letter grade, the department must work with stakeholders to develop a turnaround option plan. Such a plan may include adoption of best practices and corrective action plans. Turnaround

option plans must be approved by the department before implementation by the managing entity. If a managing entity receives a “D” or “F” for three years in a row, the department must terminate the contract. The secretary of the department may offer resources to a managing entity with poor performance. The department may also terminate a contract with a managing entity that receives a “F” grade on its performance. The state may not be able to terminate an existing contract as envisioned in the bill. See section IV on Constitutional Issues of this analysis for more information.

The bill requires managing entities to pay any federal fines that result from a managing entity’s failure to meet performance standards. In addition, the managing entity shall retain responsibility for performance failures even if the service was subcontracted to another provider by the managing entity.

The bill requires the department to conduct onsite program performance evaluations of managing entities each year. The evaluation shall be based on a review of a random sample of cases selected by the department.

The bill strikes existing law directing the department to evaluate managing entities based on:

- The extent to which persons receive services, including services to parents of children in the child welfare system;
- The improvement in the overall behavioral health of the community served;
- The improvement in functioning and recovery of persons in the community;
- The success in diverting admissions to hospitals, jails, prisons, and forensic facilities by persons with behavioral health needs who have multiple admissions to such facilities;
- The integration of behavioral health services with the child welfare system;
- The extent to which managing entities address the housing needs of individuals released from facilities that are likely to become homeless;
- Consumer and family satisfaction with behavioral health care services; and
- The extent to which managing entities work with local community partners such as law enforcement agencies, CBCs, juvenile justice agencies, the state court system, school districts, local governments, and hospitals.

**Section 10** amends s. 409.986, F.S., providing definitions and intent for community based child welfare agencies. The bill defines “Best practices” as a method or program that the department recognizes as successful in meeting performance standards. “Florida’s Child Welfare Practice Model” is defined as the methodology the department uses to ensure the permanency, safety and well-being of children. “Performance standards and metrics” is defined as the quantifiable measures the department uses to track and assess performance.

**Section 11** amends s. 409.991, F.S., relating to the allocation of certain funds to the CBCs. Currently, the funding formula is used to distribute additional funding provided over the base budget for core services. The bill states that it is the intent of the Legislature that there is a need for accountability in the child welfare system and that equitable funding is needed to ensure quality services to all persons served.

The bill establishes a new funding formula based on the following factors in each CBC:



- Area cost differential – this is defined as the district cost differential used in the s. 1011.62, F.S., for the Florida Education Finance Program. The education funding formula uses average wage data for persons in each county as a way of estimating the cost of living.
- Caseload – this is defined using 7 different components. These include: caseload data for case managers, the amount of foster homes, the number of new foster homes needed, the number of foster homes relicensed, data on the number of child removed from their homes, the number of adoptions, and data on the number of children in foster homes, group homes and residential treatment facilities.
- Core plus funds – this is based on the funding for community based care and the funding for community based care to provide for behavioral health services.
- Florida funding for children model – this is based on prevention services, client services, licensed out-of-home care, and staffing. These terms are not further defined.
- Group home ceiling – this is based on the usage of group homes.
- Optimal funding amount – this means 100 percent of the Florida funding for children model.
- Prevention services – these are the services or costs for preventing children from entering or re-entering foster care.

The allocation of core plus funds is based on the total of prevention services, client services, licensed out-of-home care, and staffing and a comparison of the total optimal funding and the allocated funding.

The bill provides additional definitions and calculations to be used to calculate the funding for each community based care lead agency.

The bill provides for a transition to implement the new funding formula over the beginning in fiscal year 2020-2021 and with full implementation in fiscal year 2023-2024.

**Section 12** amends s. 409.996, F.S., relating to the duties of the department in the community based care system for child welfare. The bill adds language authorizing the department to terminate contracts for CBCs that fail to meet performance standards and metrics. At a minimum, the bill lists 12 performance metrics used by the state and federal government to evaluate child welfare services. Metrics include such things as the number of children who achieve permanency within a year and the number of children who are abused while in out-of-home care.

The bill requires the department to develop a grading system to assess the performance of CBCs using letter grades. A CBC will earn a grade of “A” if it has a weighted score of 4.0. The bill does not prescribe how the performance metrics will be weighted. A CBC will earn a grade of “B” if it has a weighted score of 3.0; “C” if it has a weighted score of 2.0; “D” if it has a weighted score of 1.0; or “F” if it has a weighted score of less than 1.0.

The bill requires the department to renew contracts with a renewal option for CBCs with an “A” grade for the two years preceding the end of the contract. The bill also requires the department to develop support and improvement strategies for low performing CBCs. The department may provide assistance, including adoption of best practices and corrective action plans, to such lead agencies. If a CBC receives a “D” or “F” grade, the department must work with stakeholders to

develop a turnaround option plan. Such a plan may include adoption of best practices and corrective action plans. Turnaround option plans must be approved by the department before implementation by the CBC. If a CBC receives a “D” or “F” for three years in a row, the department must terminate the contract. The secretary of the department may offer resources to a lead agency with poor performance. The bill requires the department to terminate a contract with a CBC that receives an “F” grade on its performance. In some cases, the state may not be able to terminate an existing contract. See section IV of this analysis on Constitutional Issues for more information.

The bill requires CBCs to pay any federal fines that result from an agency’s failure to meet performance standards. In addition, the lead agency shall retain responsibility for performance failures even if the service was subcontracted to another provider by the lead agency.

The bill requires the department to conduct onsite program performance evaluations of CBCs each year. The evaluation shall be based on a review of a random sample of cases selected by the department. The agency is authorized to adopt rules to implement the requirements of this section.

In the areas of the state where the department contracts for legal services for child welfare, the bill provides new accountability measures. The bill requires the contracted attorneys to use the Florida’s Child Welfare Practice Model. Program performance evaluations are to be conducted on an ongoing basis using criteria developed by the department. The evaluation must be conducted by a team of peer reviewers and use a random sample of cases. The department must report each November 1<sup>st</sup> to the Governor and Legislature on the performance of contracted attorneys providing children’s legal services on behalf of the department. The secretary may offer resources to contracted attorneys when there are performance deficiencies.

**Section 13** amends s. 409.997, F.S., relating to Child Welfare Results-Oriented Accountability Program. The bill requires that department data from the accountability system be provided to the department’s Office of Quality Assurance and Improvement. The bill requires the department to conduct onsite program performance evaluations of each community based care lead agency annually using a random sample of cases.

**Section 14** amends s. 39.202, F.S., relating to confidentiality of abuse reports to correct a cross reference.

**Section 15** amends s. 39.502, F.S., relating to notice to parents in dependency proceedings to correct cross references.

**Section 16** amends 39.521, F.S., relating to disposition hearings in dependency cases to correct a cross reference.

**Section 17** amends s. 39.6011, F.S., relating to case plan development, to correct cross references.

**Section 18** amends s. 39.6012, F.S., relating to case plan tasks, to correct a cross reference.

**Section 19** amends s. 39.701, F.S., relating to judicial reviews for dependency cases, to correct a cross reference.

**Section 20** amends s. 39.823, F.S., relating to guardian advocates for drug dependent newborns, to correct a cross reference.

**Section 21** amends s. 322.09, F.S., relating to driver's licenses for dependent children, to correct a cross reference.

**Section 22** amends s. 393.065, F.S., relating to the children in the child welfare system that qualify for the Agency for Persons with Disabilities' Home and Community Based Services Medicaid Waiver to correct a cross reference.

**Section 23** amends s. 394.495, F.S., relating to child mental health, to correct a cross reference.

**Section 24** amends s. 394.674, F.S., relating to eligibility for substance abuse and mental health services, to correct a cross reference.

**Section 25** amends s. 409.987, F.S., relating to the procurement of CBCs, to correct a cross reference.

**Section 26** amends s. 409.988, F.S., relating to duties of CBCs, to correct a cross reference.

**Section 27** amends s. 627.746, F.S., relating to insurance coverage for minor drivers, to correct a cross reference.

**Section 28** amends s. 934.255, F.S., relating to subpoenas in investigations of sexual offenses, to correct a cross reference.

**Section 29** amends s. 960.065, F.S., relating to eligibility of crime victim awards, to correct a cross reference.

**Section 30** reenacts and amends s. 39.302 (1), F.S., relating to child abuse investigations in institutions, to correct a cross reference and reenact the subsection.

**Section 31** reenacts s. 409.988 (1) (b) to incorporate amendments made to s. 409.997, F.S.

**Section 32** reenacts s. 409.996 (1) (a) to incorporate amendments made to s. 409.997, F.S.

**Section 33** provides an effective date of July 1, 2020.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

Section 10 of the Florida Constitution states that “No bill of attainder, ex post facto law or law impairing the obligation of contracts shall be passed.” Sections 9 and 12 of the bill would allow the department to cancel contracts with behavioral health managing entities and CBCs. Department contracts with both CBCs and managing entities are in effect for five years and staggered so that they do not expire at the same time. The department would need to incorporate the accountability system in the bill in future contracts in order to provide for termination based on performance. Otherwise, the bill could be considered to impair the obligation of an existing contract.

A new law which affects either past legal relationships or decisions made by private parties in reliance on prior law may result in a legal challenge. If the new law is to apply retroactively, it may affect previously-established rights or legal relationships, such as those contained in a contractual agreement. Retroactive application of a new law may attach legal consequences to decisions made by private parties who did not anticipate these consequences at the time the decision was made.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

Community based care lead agencies (CBCs) and behavioral health managing entities (MEs) could see their contracts with the department terminated based on poor performance.

**C. Government Sector Impact:**

The department estimates the annual cost of the bill as follows.<sup>6</sup> The department has included the cost of the bill in their Legislative Budget Request.

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<sup>6</sup> Department of Children and Families SB 1326 Bill Analysis, dated January 14, 2020. On file with the Senate Committee on Children, Families and Elder Affairs.

Initiatives	Recurring Cost
Quality Assurance and Performance Monitoring	\$11.7 million
24-Hour and 72-Hour Child Abuse Investigations	\$2.0 million
CBC Funding Formula	\$25.6 million
Total	<b>\$39.3 million</b>

**VI. Technical Deficiencies:**

Section 3 of the bill states that the department may not continue to contract with child welfare providers that persistently fail to meet performance standards for three or more years. This substantive language is in the intent section of the bill and would not have the force of law.

Section 9 of the bill states that the department may not continue to contract with behavioral health managing entities that persistently fail to meet performance standards for three or more years. This substantive language is in the intent section of the bill and would not have the force of law.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 20.19, 39.01, 39.201, 39.301, 39.3065, 394.67, 394.9082, 409.986, 409.991, 409.996, 409.997, 39.202, 39.502, 39.521, 39.6011, 39.6012, 39.701, 39.823, 322.09, 393.065, 394.495, 394.674, 409.987, 409.988, 627.746, 934.255, 960.065, and 39.302.

This bill creates section 39.0012 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
01/28/2020	.	
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Appropriations Subcommittee on Health and Human Services  
(Harrell) recommended the following:

**Senate Amendment (with title amendment)**

Between lines 532 and 533

insert:

Section 8. Section 39.820, Florida Statutes, is amended to  
read:

39.820 Definitions.—As used in this chapter part, the term:

(1) "Guardian ad litem" as referred to in any civil or  
criminal proceeding includes the following: The Statewide  
Guardian Ad Litem Office, which includes circuit a certified



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11 guardian ad litem programs; ~~program~~, a duly certified volunteer,  
12 a staff member, a staff attorney, contract attorney, or  
13 ~~certified~~ pro bono attorney working on behalf of a guardian ad  
14 litem ~~or the program; staff members of a program office~~; a  
15 court-appointed attorney; or a responsible adult who is  
16 appointed by the court to represent the best interests of a  
17 child in a proceeding as provided for by law, including, but not  
18 limited to, this chapter, who is a party to any judicial  
19 proceeding as a representative of the child, and who serves  
20 until discharged by the court.

21 (2) "Guardian advocate" means a person appointed by the  
22 court to act on behalf of a drug dependent newborn pursuant to  
23 the provisions of this part.

24  
25 ===== T I T L E A M E N D M E N T =====

26 And the title is amended as follows:

27 Delete line 50

28 and insert:

29 certain purposes; amending s. 39.820, F.S.; revising  
30 the definition of the term "guardian ad litem";  
31 amending s. 394.67, F.S.; defining

By Senator Simpson

10-01854-20

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1 A bill to be entitled  
 2 An act relating to the Department of Children and  
 3 Families; providing a short title; amending s. 20.19,  
 4 F.S.; providing for the creation of the Office of  
 5 Quality Assurance and Improvement in the Department of  
 6 Children and Families; requiring the Secretary of  
 7 Children and Families to appoint a chief quality  
 8 officer; providing duties of the chief quality  
 9 officer; creating s. 39.0012, F.S.; providing  
 10 legislative intent; requiring the department to  
 11 annually report certain information to the Governor  
 12 and the Legislature by a specified date; requiring the  
 13 department to publish such report on its website;  
 14 providing requirements for such report; amending s.  
 15 39.01, F.S.; defining terms; amending s. 39.201, F.S.;  
 16 extending the timeframe within which a protective  
 17 investigation is required to be commenced in certain  
 18 circumstances; specifying factors to be considered  
 19 when determining when to commence a protective  
 20 investigation; authorizing certain reports to the  
 21 central abuse hotline to be referred for precrisis  
 22 preventive services; amending s. 39.301, F.S.;  
 23 requiring notification of certain staff of certain  
 24 reports to the central abuse hotline; requiring  
 25 detailed documentation for preventive services;  
 26 requiring the department to incorporate into its  
 27 quality assurance program the monitoring of reports  
 28 that receive preventive services; providing that  
 29 onsite investigation visits must be unannounced unless

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30 a certain finding is made; requiring that contacts  
 31 made involving preventive services be announced unless  
 32 there is no reasonable means to do so; amending s.  
 33 39.3065, F.S.; providing legislative intent; requiring  
 34 certain sheriffs to adopt Florida's Child Welfare  
 35 Practice Model and operate under certain provisions of  
 36 law; requiring the department and sheriffs to  
 37 collaborate and conduct program performance  
 38 evaluations; requiring the department and sheriffs, or  
 39 their designees, to meet at least quarterly for a  
 40 specified purpose; providing that program performance  
 41 evaluations be based on criteria developed by the  
 42 department; requiring such evaluations to be  
 43 standardized using a random sample of cases; revising  
 44 the date by which the department is required to submit  
 45 an annual report to the Governor and the Legislature;  
 46 requiring certain sheriffs to annually submit to the  
 47 department a prevention plan; providing requirements  
 48 for such prevention plans; authorizing the secretary  
 49 of the department to offer resources to sheriffs for  
 50 certain purposes; amending s. 394.67, F.S.; defining  
 51 the term "performance standards and metrics"; amending  
 52 s. 394.9082, F.S.; providing legislative intent;  
 53 requiring the department to annually provide a report  
 54 containing certain information to the Governor and the  
 55 Legislature by a specified date; requiring the  
 56 department to publish such report on its website;  
 57 providing requirements for such report; requiring the  
 58 department to grade each managing entity based on



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59 specified criteria; requiring the department to renew  
 60 contracts with managing entities that receive a  
 61 specified grade; requiring the department to develop a  
 62 system of support and improvement strategies for  
 63 certain managing entities; authorizing the department  
 64 to provide assistance to certain managing entities;  
 65 requiring the department to take certain actions in  
 66 response to managing entities that receive a grade of  
 67 "D" or "F"; authorizing the department to  
 68 competitively procure and contract under certain  
 69 circumstances; authorizing the secretary of the  
 70 department to direct resources to managing entities  
 71 for certain purposes and to terminate contracts with  
 72 certain entities; requiring managing entities to pay  
 73 certain fines incurred by the department; requiring  
 74 managing entities to retain responsibility for any  
 75 failures of compliance if the managing entity  
 76 subcontracts its duties or services; requiring the  
 77 department to conduct program performance evaluations  
 78 of managing entities at least annually; requiring  
 79 managing entities to allow the department access to  
 80 make onsite visits to contracted providers; requiring  
 81 the department to adopt rules; deleting provisions  
 82 relating to a requirement for the department to  
 83 establish performance standards for managing entities;  
 84 amending s. 409.986, F.S.; defining terms; amending s.  
 85 409.991, F.S.; providing legislative findings and  
 86 intent; defining terms; providing for the calculation  
 87 of the allocation of core plus funds; prohibiting the

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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88 department from reducing or redistributing the  
 89 allocation budget for certain lead agencies before the  
 90 2023-2024 fiscal year; providing for funding of lead  
 91 agencies; providing for the distribution of additional  
 92 funding to lead agencies; amending s. 409.996, F.S.;  
 93 revising requirements for contracts entered into by  
 94 the department with lead agencies; requiring the  
 95 department to provide grades for lead agencies based  
 96 on specified criteria; requiring the department to  
 97 renew contracts with lead agencies that receive a  
 98 specified grade; requiring the department to develop a  
 99 system of support and improvement strategies for  
 100 certain lead agencies; authorizing the department to  
 101 provide assistance to certain lead agencies; requiring  
 102 the department to take certain actions in response to  
 103 lead agencies that receive a grade of "D" or "F";  
 104 authorizing the department to competitively procure  
 105 and contract under certain circumstances; authorizing  
 106 the secretary of the department to offer resources to  
 107 lead agencies for certain purposes and to terminate  
 108 contracts with certain entities; requiring lead  
 109 agencies to pay certain fines incurred by the  
 110 department; requiring lead agencies to retain  
 111 responsibility for any failures of compliance if the  
 112 lead agency subcontracts its duties or services;  
 113 requiring the department to adopt rules; requiring  
 114 attorneys contracted by the department to adopt  
 115 Florida's Child Welfare Practice Model and to operate  
 116 in accordance with specified provisions of law;

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117 requiring the department and contracted attorneys to  
 118 collaborate and conduct program performance  
 119 evaluations; requiring the department and attorneys or  
 120 their designees to meet at least quarterly for a  
 121 specified purpose; providing requirements for annual  
 122 program performance evaluations; requiring the  
 123 department to annually submit a report containing  
 124 certain information to the Governor and the  
 125 Legislature by a specified date; authorizing the  
 126 secretary of the department to offer resources to  
 127 contracted attorneys for certain purposes; amending s.  
 128 409.997, F.S.; requiring certain data to be provided  
 129 to the Office of Quality Assurance and Improvement;  
 130 requiring the department to conduct certain  
 131 evaluations of lead agencies at least annually;  
 132 requiring lead agencies to allow the department access  
 133 to make onsite visits to contracted providers;  
 134 amending ss. 39.202, 39.502, 39.521, 39.6011, 39.6012,  
 135 39.701, 39.823, 322.09, 393.065, 394.495, 394.674,  
 136 409.987, 409.988, 627.746, 934.255, and 960.065, F.S.;

137 conforming cross-references; reenacting and amending  
 138 s. 39.302(1), F.S., relating to protective  
 139 investigations of institutional child abuse,  
 140 abandonment, or neglect, to incorporate the amendments  
 141 made to s. 39.201, F.S.; reenacting ss. 409.988(1)(b)  
 142 and 409.996(1)(a), F.S., relating to lead agency  
 143 duties and duties of the department, respectively, to  
 144 incorporate the amendment made to s. 409.997, F.S., in  
 145 references thereto; providing an effective date.

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146  
 147 Be It Enacted by the Legislature of the State of Florida:  
 148  
 149 Section 1. This act may be cited as the "DCF Accountability  
 150 Act."  
 151 Section 2. Present subsections (5) and (6) of section  
 152 20.19, Florida Statutes, are redesignated as subsections (6) and  
 153 (7), respectively, and a new subsection (5) is added to that  
 154 section, to read:  
 155 20.19 Department of Children and Families.—There is created  
 156 a Department of Children and Families.  
 157 (5) There is created in the department an Office of Quality  
 158 Assurance and Improvement.  
 159 (a) The secretary shall appoint a chief quality officer to  
 160 lead the office and ensure that the department and its service  
 161 providers meet the highest level of performance standards. The  
 162 chief quality officer shall serve at the pleasure of the  
 163 secretary.  
 164 (b) The chief quality officer shall:  
 165 1. Analyze and monitor the development and implementation  
 166 of federal and state laws, rules, and regulations and other  
 167 governmental policies and actions that pertain to persons being  
 168 served by the department.  
 169 2. Develop and implement performance standards and metrics  
 170 for determining the department's compliance with federal and  
 171 state laws, rules, and regulations and other governmental  
 172 policies and actions.  
 173 3. Strengthen the department's data and analytic  
 174 capabilities to identify systemic strengths and deficiencies.

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175 4. Identify performance standards and metrics for the  
 176 department and all other service providers, including, but not  
 177 limited to, law enforcement agencies, managing entities, lead  
 178 agencies, and attorney services.

179 5. Recommend unique and varied initiatives to correct  
 180 programmatic and systemic deficiencies.

181 6. Collaborate and engage partners of the department to  
 182 improve quality, efficiency, and effectiveness.

183 7. Report any persistent failure by the department to meet  
 184 performance standards and recommend to the secretary corrective  
 185 courses prescribed by statute.

186 8. Prepare an annual report of all contractual performance  
 187 metrics, including the most current status of such metrics, to  
 188 the secretary.

189 Section 3. Section 39.0012, Florida Statutes, is created to  
 190 read:  
 191 39.0012 Child welfare accountability.—  
 192 (1) It is the intent of the Legislature that:  
 193 (a) Florida's child welfare system be held accountable for  
 194 providing exemplary services in a manner that is transparent and  
 195 that inspires public confidence in the Department of Children  
 196 and Families.  
 197 (b) The department be held accountable to the Governor and  
 198 the Legislature for carrying out the purposes of, and the  
 199 responsibilities established in, this chapter. It is further the  
 200 intent of the Legislature that the department only contract with  
 201 entities that carry out the purposes of, and the  
 202 responsibilities established in, this chapter.  
 203 (c) The department, other agencies, the courts, law

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204 enforcement agencies, local communities, and other contracted  
 205 child welfare service providers are all held accountable to the  
 206 highest standards.

207 (d) While the department has been directed to delegate the  
 208 duties of child welfare to other entities, law enforcement  
 209 agencies, local communities, and other contracted child welfare  
 210 service providers, the department retains direct responsibility  
 211 for quality assurance.

212 (e) The department, in consultation with child welfare  
 213 service providers, establish overall performance levels and  
 214 metrics for any entity that the department contracts with to  
 215 provide child welfare services.

216 (f) The department acts to offer increasing levels of  
 217 support for child welfare service providers with performance  
 218 deficiencies. However, the department may not continue to  
 219 contract with child welfare service providers that persistently  
 220 fail to meet performance standards and metrics for three or more  
 221 consecutive annual performance reviews.

222 (2) By November 1 of each year, the department shall report  
 223 on all performance levels and contractual performance metrics,  
 224 including the most current status of such levels and metrics, to  
 225 the Governor, the President of the Senate, and the Speaker of  
 226 the House of Representatives. The department must annually  
 227 publish the report on its website. The report must contain the  
 228 following information:  
 229 (a) Performance metrics for the entire child welfare  
 230 system, including grades for the lead agencies.  
 231 (b) Performance metrics by region and type of child welfare  
 232 service provider, including performance levels.

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233 (c) A list of the child welfare service providers not in  
 234 compliance with performance metrics.

235 (d) Detailed corrective action taken, if any, to bring  
 236 child welfare service providers back into compliance with  
 237 performance metrics.

238 Section 4. Present subsections (10) through (12), (13)  
 239 through (29), (30) through (58), and (59) through (87) of  
 240 section 39.01, Florida Statutes, are redesignated as subsections  
 241 (11) through (13), (15) through (31), (33) through (61), and  
 242 (63) through (91), respectively, new subsections (10), (14),  
 243 (32), and (62) are added to that section, and present  
 244 subsections (10) and (37) of that section are amended, to read:

245 39.01 Definitions.—When used in this chapter, unless the  
 246 context otherwise requires:

247 (10) “Best practices” means a method or program that has  
 248 been recognized by the department and has been found to be  
 249 successful for compliance with performance standards and  
 250 metrics.

251 (11)~~(10)~~ “Caregiver” means the parent, legal custodian,  
 252 permanent guardian, adult household member, or other person  
 253 responsible for a child’s welfare as defined in subsection (57)  
 254 ~~(54)~~.

255 (14) “Child welfare service provider” means county and  
 256 municipal governments and agencies, public and private agencies,  
 257 and private individuals and entities with which the department  
 258 has a contract or agreement to carry out the purposes of, and  
 259 responsibilities established in, this chapter.

260 (32) “Florida’s Child Welfare Practice Model” means the  
 261 methodology developed by the department, based on child welfare

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262 statutes and rules, to ensure the permanency, safety, and well-  
 263 being of children.

264 (40)~~(37)~~ “Institutional child abuse or neglect” means  
 265 situations of known or suspected child abuse or neglect in which  
 266 the person allegedly perpetrating the child abuse or neglect is  
 267 an employee of a public or private school, public or private day  
 268 care center, residential home, institution, facility, or agency  
 269 or any other person at such institution responsible for the  
 270 child’s welfare as defined in subsection (57) ~~(54)~~.

271 (62) “Performance standards and metrics” means quantifiable  
 272 measures used to track and assess performance, as determined by  
 273 the department.

274 Section 5. Subsection (5) of section 39.201, Florida  
 275 Statutes, is amended to read:

276 39.201 Mandatory reports of child abuse, abandonment, or  
 277 neglect; mandatory reports of death; central abuse hotline.—

278 (5) The department shall be capable of receiving and  
 279 investigating, 24 hours a day, 7 days a week, reports of known  
 280 or suspected child abuse, abandonment, or neglect and reports  
 281 that a child is in need of supervision and care and has no  
 282 parent, legal custodian, or responsible adult relative  
 283 immediately known and available to provide supervision and care.

284 (a) If it appears that the immediate safety or well-being  
 285 of a child is endangered, that the family may flee or the child  
 286 will be unavailable for purposes of conducting a child  
 287 protective investigation, or that the facts otherwise so  
 288 warrant, the department shall commence an investigation  
 289 immediately, regardless of the time of day or night.

290 (b) In all other child abuse, abandonment, or neglect

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291 cases, a child protective investigation shall be commenced  
 292 within either 24 or 72 hours after receipt of the report,  
 293 depending upon the severity of the alleged abuse, abandonment,  
 294 or neglect and assessed risk to the child.

295 1. Factors to be considered in the assessed severity and  
 296 risk to the child include, but are not limited to:

297 a. Whether the alleged abuse, abandonment, or neglect  
 298 incident is alleged to have occurred more than 30 days prior to  
 299 the reporter's contact with the central abuse hotline.

300 b. Whether there is credible information to support a  
 301 finding that the alleged perpetrator will not have access to the  
 302 alleged child victim for at least 72 hours following the  
 303 reporter's contact with the central abuse hotline.

304 c. Whether the alleged child victim no longer resides at or  
 305 attends the facility where the abuse, abandonment, or neglect is  
 306 alleged to have occurred.

307 2. A child protective investigation must be commenced  
 308 within 24 hours if the incident involves any of the following:

309 a. Sexual abuse allegations.  
 310 b. Human trafficking allegations.  
 311 c. The alleged victim is under 1 year of age.

312 (c) For reports that do not meet the statutory criteria for  
 313 abuse, abandonment, or neglect, but the circumstances  
 314 surrounding a family are precrisis in nature, the department may  
 315 contact and attempt to engage the family in preventive services  
 316 to prevent the need for more intrusive interventions in the  
 317 future.

318 (d) In an institutional investigation, the alleged  
 319 perpetrator may be represented by an attorney, at his or her own

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320 expense, or accompanied by another person, if the person or the  
 321 attorney executes an affidavit of understanding with the  
 322 department and agrees to comply with the confidentiality  
 323 provisions of s. 39.202. The absence of an attorney or other  
 324 person does not prevent the department from proceeding with  
 325 other aspects of the investigation, including interviews with  
 326 other persons. In institutional child abuse cases when the  
 327 institution is not operating and the child cannot otherwise be  
 328 located, the investigation shall commence immediately upon the  
 329 resumption of operation. If requested by a state attorney or  
 330 local law enforcement agency, the department shall furnish all  
 331 investigative reports to that agency.

332 Section 6. Present subsections (14) through (23) of section  
 333 39.301, Florida Statutes, are redesignated as subsections (15)  
 334 through (24), respectively, a new subsection (14) is added to  
 335 that section, and subsections (1), (10), (11), and (13) of that  
 336 section are amended, to read:

337 39.301 Initiation of protective investigations.—

338 (1) Upon receiving a report of known or suspected child  
 339 abuse, abandonment, or neglect, or that a child is in need of  
 340 supervision and care and has no parent, legal custodian, or  
 341 responsible adult relative immediately known and available to  
 342 provide supervision and care, the central abuse hotline shall  
 343 determine if the report requires an immediate onsite protective  
 344 investigation. For reports requiring an immediate onsite  
 345 protective investigation, the central abuse hotline shall  
 346 immediately notify the department's designated regional district  
 347 staff responsible for protective investigations to ensure that  
 348 an onsite investigation is promptly initiated. For reports not

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349 requiring an immediate onsite protective investigation, the  
 350 central abuse hotline shall determine whether the report meets  
 351 criteria for a 24- or 72-hour investigation, or preventive  
 352 services, and notify the department's designated regional  
 353 ~~district~~ staff responsible for protective investigations in  
 354 sufficient time to allow for an investigation. At the time of  
 355 notification, the central abuse hotline shall also provide  
 356 information to regional ~~district~~ staff on any previous report  
 357 concerning a subject of the present report or any pertinent  
 358 information relative to the present report or any noted earlier  
 359 reports.

360 (10) (a) The department's training program for staff  
 361 responsible for responding to reports accepted by the central  
 362 abuse hotline must also ensure that child protective responders:

363 1. Know how to fully inform parents or legal custodians of  
 364 their rights and options, including opportunities for audio or  
 365 video recording of child protective responder interviews with  
 366 parents or legal custodians or children.

367 2. Know how and when to use the injunction process under s.  
 368 39.504 or s. 741.30 to remove a perpetrator of domestic violence  
 369 from the home as an intervention to protect the child.

370 3. Know how to explain to the parent, legal custodian, or  
 371 person who is alleged to have caused the abuse, neglect, or  
 372 abandonment the results of the investigation and to provide  
 373 information about his or her right to access confidential  
 374 reports in accordance with s. 39.202, prior to closing the case.

375 (b) To enhance the skills of individual staff members and  
 376 to improve the region's ~~and district's~~ overall child protection  
 377 system, the department's training program at the regional level

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378 ~~and district levels~~ must include results of qualitative reviews  
 379 of child protective investigation cases handled within the  
 380 region ~~or district~~ in order to identify weaknesses as well as  
 381 examples of effective interventions which occurred at each point  
 382 in the case.

383 (c) For all reports received, detailed documentation is  
 384 required for the investigative activities or preventive  
 385 services.

386 (11) The department shall incorporate into its quality  
 387 assurance program the monitoring of reports that receive a child  
 388 protective investigation or preventive services to determine the  
 389 quality and timeliness of safety assessments, engagements with  
 390 families, teamwork with other experts and professionals, and  
 391 appropriate investigative activities or preventive services that  
 392 are uniquely tailored to the safety factors and service needs  
 393 associated with each child and family.

394 (13) Onsite investigation visits and face-to-face  
 395 interviews with the child or family shall be unannounced unless  
 396 it is determined by the department or its agent or contract  
 397 provider that such unannounced visit would threaten the safety  
 398 of the child.

399 (14) Any contact with the child or family involving  
 400 preventive services must be announced unless the department or  
 401 its agent has no means to schedule a visit with the parent or  
 402 caregiver.

403 Section 7. Section 39.3065, Florida Statutes, is amended to  
 404 read:

405 39.3065 Sheriffs of certain counties to provide child  
 406 protective investigative services; procedures; funding.-

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407 (1) It is the intent of the Legislature that each sheriff  
 408 providing child protective investigative services under this  
 409 section, in consultation with the Department of Children and  
 410 Families, adopt Florida's Child Welfare Practice Model and  
 411 implement a prevention plan for his or her county.

412 (2) As described in this section, the Department of  
 413 Children and Families shall, by the end of fiscal year 1999-  
 414 2000, transfer all responsibility for child protective  
 415 investigations for Pinellas County, Manatee County, Broward  
 416 County, and Pasco County to the sheriff of that county in which  
 417 the child abuse, neglect, or abandonment is alleged to have  
 418 occurred. Each sheriff is responsible for the provision of all  
 419 child protective investigations in his or her county. Each  
 420 individual who provides these services must complete the  
 421 training provided to and required of protective investigators  
 422 employed by the Department of Children and Families.

423 (3) ~~(2)~~ During fiscal year 1998-1999, the Department of  
 424 Children and Families and each sheriff's office shall enter into  
 425 a contract for the provision of these services. Funding for the  
 426 services will be appropriated to the Department of Children and  
 427 Families, and the department shall transfer to the respective  
 428 sheriffs for the duration of fiscal year 1998-1999, funding for  
 429 the investigative responsibilities assumed by the sheriffs,  
 430 including federal funds that the provider is eligible for and  
 431 agrees to earn and that portion of general revenue funds which  
 432 is currently associated with the services that are being  
 433 furnished under contract, and including, but not limited to,  
 434 funding for all investigative, supervisory, and clerical  
 435 positions; training; all associated equipment; furnishings; and

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436 other fixed capital items. The contract must specify whether the  
 437 department will continue to perform part or none of the child  
 438 protective investigations during the initial year. The sheriffs  
 439 may either conduct the investigations themselves or may, in  
 440 turn, subcontract with law enforcement officials or with  
 441 properly trained employees of private agencies to conduct  
 442 investigations related to neglect cases only. If such a  
 443 subcontract is awarded, the sheriff must take full  
 444 responsibility for any safety decision made by the subcontractor  
 445 and must immediately respond with law enforcement staff to any  
 446 situation that requires removal of a child due to a condition  
 447 that poses an immediate threat to the child's life. The contract  
 448 must specify whether the services are to be performed by  
 449 departmental employees or by persons determined by the sheriff.  
 450 During this initial year, the department is responsible for  
 451 quality assurance, and the department retains the responsibility  
 452 for the performance of all child protective investigations. The  
 453 department must identify any barriers to transferring the entire  
 454 responsibility for child protective services to the sheriffs'  
 455 offices and must pursue avenues for removing any such barriers  
 456 by means including, but not limited to, applying for federal  
 457 waivers. By January 15, 1999, the department shall submit to the  
 458 President of the Senate, the Speaker of the House of  
 459 Representatives, and the chairs of the Senate and House  
 460 committees that oversee departmental activities a report that  
 461 describes any remaining barriers, including any that pertain to  
 462 funding and related administrative issues. Unless the  
 463 Legislature, on the basis of that report or other pertinent  
 464 information, acts to block a transfer of the entire

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465 responsibility for child protective investigations to the  
466 sheriffs' offices, the sheriffs of Pasco County, Manatee County,  
467 Broward County, and Pinellas County, beginning in fiscal year  
468 1999-2000, shall assume the entire responsibility for such  
469 services, as provided in subsection (4) ~~(3)~~.

470 (4) ~~(3)~~ (a) Beginning in fiscal year 1999-2000, the sheriffs  
471 of Pasco County, Manatee County, Broward County, and Pinellas  
472 County have the responsibility to provide all child protective  
473 investigations in their respective counties. Beginning in fiscal  
474 year 2000-2001, the Department of Children and Families is  
475 authorized to enter into grant agreements with sheriffs of other  
476 counties to perform child protective investigations in their  
477 respective counties.

478 (b) The sheriffs shall adopt Florida's Child Welfare  
479 Practice Model and operate in accordance with the same federal  
480 performance standards and metrics regarding child welfare and  
481 protective investigations imposed on operate, at a minimum, in  
482 accordance with the performance standards and outcome measures  
483 established by the Legislature for protective investigations  
484 conducted by the Department of Children and Families. Each  
485 individual who provides these services must complete, at a  
486 minimum, the training provided to and required of protective  
487 investigators employed by the Department of Children and  
488 Families.

489 (c) Funds for providing child protective investigations  
490 must be identified in the annual appropriation made to the  
491 Department of Children and Families, which shall award grants  
492 for the full amount identified to the respective sheriffs'  
493 offices. Notwithstanding ~~the provisions of~~ ss. 216.181(16) (b)

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494 and 216.351, the Department of Children and Families may advance  
495 payments to the sheriffs for child protective investigations.  
496 Funds for the child protective investigations may not be  
497 integrated into the sheriffs' regular budgets. Budgetary data  
498 and other data relating to the performance of child protective  
499 investigations must be maintained separately from all other  
500 records of the sheriffs' offices and reported to the Department  
501 of Children and Families as specified in the grant agreement.

502 (d) The Department of Children and Families and each  
503 sheriff shall collaborate and conduct program performance  
504 evaluations on an ongoing basis. The department and each sheriff  
505 or their designees shall meet at least quarterly to collaborate  
506 on federal and state quality assurance and continuous quality  
507 improvement initiatives.

508 (e) ~~(d)~~ The annual program performance evaluation shall be  
509 based on criteria developed by mutually agreed upon by the  
510 respective sheriffs and the Department of Children and Families  
511 for use with all child protective investigators statewide. The  
512 program performance evaluation shall be conducted by a team of  
513 peer reviewers from the respective sheriffs' offices that  
514 perform child protective investigations and representatives from  
515 the department. The program performance evaluation shall be  
516 standardized using a random sample of cases selected by the  
517 department. The Department of Children and Families shall submit  
518 an annual report regarding quality performance, outcome-measure  
519 attainment, and cost efficiency to the President of the Senate,  
520 the Speaker of the House of Representatives, and ~~to~~ the Governor  
521 no later than November 1 ~~January 31~~ of each year the sheriffs  
522 are receiving general appropriations to provide child protective

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523 investigations.

524 (f) By June 30 of each year, each sheriff shall submit to  
 525 the department for approval a prevention plan that details his  
 526 or her approach to prevention within his or her community. The  
 527 plan must include provisions for engaging prevention services at  
 528 the earliest point practicable and for using community  
 529 resources.

530 (g) At any time, the secretary may offer resources to  
 531 sheriffs to address any performance deficiencies that directly  
 532 impact the safety of children in this state.

533 Section 8. Present subsections (17) through (24) of section  
 534 394.67, Florida Statutes, are redesignated as subsections (18)  
 535 through (25), respectively, a new subsection (17) is added to  
 536 that section, and subsection (3) of that section is amended, to  
 537 read:

538 394.67 Definitions.—As used in this part, the term:

539 (3) "Crisis services" means short-term evaluation,  
 540 stabilization, and brief intervention services provided to a  
 541 person who is experiencing an acute mental or emotional crisis,  
 542 as defined in subsection (18) ~~(17)~~, or an acute substance abuse  
 543 crisis, as defined in subsection (19) ~~(18)~~, to prevent further  
 544 deterioration of the person's mental health. Crisis services are  
 545 provided in settings such as a crisis stabilization unit, an  
 546 inpatient unit, a short-term residential treatment program, a  
 547 detoxification facility, or an addictions receiving facility; at  
 548 the site of the crisis by a mobile crisis response team; or at a  
 549 hospital on an outpatient basis.

550 (17) "Performance standards and metrics" means quantifiable  
 551 measures used to track and assess performance, as determined by

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552 the department.

553 Section 9. Subsections (1) and (7) of section 394.9082,  
 554 Florida Statutes, are amended, and paragraph (m) is added to  
 555 subsection (3) of that section, to read:

556 394.9082 Behavioral health managing entities.—

557 (1) INTENT AND PURPOSE.—

558 (a) The Legislature finds that untreated behavioral health  
 559 disorders constitute major health problems for residents of this  
 560 state, are a major economic burden to the citizens of this  
 561 state, and substantially increase demands on the state's  
 562 juvenile and adult criminal justice systems, the child welfare  
 563 system, and health care systems. The Legislature finds that  
 564 behavioral health disorders respond to appropriate treatment,  
 565 rehabilitation, and supportive intervention. The Legislature  
 566 finds that local communities have also made substantial  
 567 investments in behavioral health services, contracting with  
 568 safety net providers who by mandate and mission provide  
 569 specialized services to vulnerable and hard-to-serve populations  
 570 and have strong ties to local public health and public safety  
 571 agencies. The Legislature finds that a regional management  
 572 structure that facilitates a comprehensive and cohesive system  
 573 of coordinated care for behavioral health treatment and  
 574 prevention services will improve access to care, promote service  
 575 continuity, and provide for more efficient and effective  
 576 delivery of substance abuse and mental health services. It is  
 577 the intent of the Legislature that managing entities work to  
 578 create linkages among various services and systems, including  
 579 juvenile justice and adult criminal justice, child welfare,  
 580 housing services, homeless systems of care, and health care.

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581 (b) The purpose of the behavioral health managing entities  
582 is to plan, coordinate, and contract for the delivery of  
583 community mental health and substance abuse services, to improve  
584 access to care, to promote service continuity, to purchase  
585 services, and to support efficient and effective delivery of  
586 services.

587 (c) It is the further intent of the Legislature that:

588 1. The department only contract with managing entities that  
589 carry out the purposes of, and the responsibilities established  
590 in, this chapter.

591 2. The department and the contracted managing entities are  
592 all held accountable to the highest standards. While the  
593 department may delegate the duties of specific services to  
594 managing entities, the department retains responsibility for  
595 quality assurance.

596 3. The department, in consultation with the contracted  
597 managing entities, establish overall performance levels and  
598 metrics for the services provided by the managing entities. The  
599 performance standards set by the department for the contracted  
600 managing entities must, at a minimum, address the tasks  
601 contained in the managing entity's contract with the department.

602 4. The department offers increasing levels of support for  
603 managing entities with performance deficiencies. However, the  
604 department may not continue to contract with managing entities  
605 that consistently fail to meet performance standards and metrics  
606 for three or more consecutive annual performance reviews.

607 (3) DEPARTMENT DUTIES.—The department shall:

608 (m) By November 1 of each year, provide a report on all  
609 performance levels and contractual performance metrics, and the

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610 most current status of such levels and metrics, to the Governor,  
611 the President of the Senate, and the Speaker of the House of  
612 Representatives. The department must annually publish the report  
613 on its website. The report must contain the following  
614 information:

615 1. Performance metrics, including grades, for the managing  
616 entities.

617 2. Performance metrics by region and type of managing  
618 entity, including performance levels.

619 3. A list of the managing entities not in compliance with  
620 performance metrics.

621 4. Detailed corrective action taken, if any, to bring  
622 managing entities back into compliance with performance metrics.

623 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—Managing  
624 entities shall collect and submit data to the department  
625 regarding persons served, outcomes of persons served, costs of  
626 services provided through the department's contract, and other  
627 data as required by the department. The department shall  
628 evaluate managing entity performance and the overall progress  
629 made by the managing entity.

630 (a) The department shall provide a grade to each managing  
631 entity based on the department's annual review of the entity's  
632 compliance with performance standards and metrics.

633 (b) A managing entity's performance shall be graded based  
634 on a weighted score of the entity's compliance with performance  
635 standards and metrics using one of the following grades:

636 1. "A," managing entities with a weighted score of 4.0 or  
637 higher.

638 2. "B," managing entities with a weighted score of 3.0 to

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639 3.99.

640 3. "C," managing entities with a weighted score of 2.0 to

641 2.99.

642 4. "D," managing entities with a weighted score of 1.0 to

643 1.99.

644 5. "F," managing entities with a weighted score of less

645 than 1.0.

646 (c) If the current contract has a renewal option, the

647 department shall renew the contract of a managing entity that

648 has received an "A" grade for the 2 years immediately preceding

649 the renewal date of the contract.

650 (d) The department shall develop a multitiered system of

651 support and improvement strategies designed to address low

652 performance of managing entities.

653 (e) The department may provide assistance to any managing

654 entity for the purpose of meeting performance standards and

655 metrics. Assistance may include, but is not limited to,

656 recommendations for best practices and implementation of a

657 corrective action plan.

658 (f) The department shall provide assistance to a managing

659 entity that receives a "C" grade or lower on its annual review

660 until it has improved to at least a "B" grade.

661 (g) For any managing entity that has received a grade of

662 "D" or "F," the department shall take immediate action to engage

663 stakeholders in a needs assessment to develop a turnaround

664 option plan. The turnaround option plan may include, but is not

665 limited to, the implementation of corrective actions and best

666 practices designed to improve performance. The department must

667 review and approve the plan before implementation by the

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668 managing entity.

669 (h) Upon a managing entity's receipt of a third consecutive

670 "D" grade or lower, the department shall initiate proceedings to

671 terminate any contract with the managing entity.

672 (i) If cancellation of a contract with a managing entity

673 occurs in a manner that threatens a lapse in services, the

674 department may procure and contract pursuant to s.

675 287.057(3)(a).

676 (j) At any time, the secretary may offer resources to a

677 managing entity to address any deficiencies in meeting

678 performance standards and metrics which directly impact the

679 safety of persons receiving services from the managing entity.

680 (k) Notwithstanding paragraphs (d) through (j), the

681 secretary, at his or her discretion, may terminate a contract

682 with a managing entity that has received an "F" grade or upon

683 the occurrence of an egregious act or omission by the managing

684 entity or its subcontractor.

685 (l) The managing entity shall pay any federal fines

686 incurred by the department as the result of that managing

687 entity's failure to comply with the performance standards and

688 metrics.

689 (m) If the managing entity subcontracts any of its duties

690 or services, the managing entity shall retain responsibility for

691 its failure to comply with performance standards and metrics.

692 (n) The department shall conduct an onsite program

693 performance evaluation of each managing entity at least once per

694 year. Each managing entity must allow the department access to

695 make onsite visits at its discretion to any contracted provider.

696 The onsite evaluation shall consist of a review of a random

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697 ~~sample of cases selected by the department.~~

698 (o) The department shall adopt rules to administer this  
 699 ~~section , together with other systems, in meeting the~~  
 700 ~~community's behavioral health needs, based on consumer-centered~~  
 701 ~~outcome measures that reflect national standards, if possible,~~  
 702 ~~that can be accurately measured. The department shall work with~~  
 703 ~~managing entities to establish performance standards, including,~~  
 704 ~~but not limited to:~~

705 ~~(a) The extent to which individuals in the community~~  
 706 ~~receive services, including, but not limited to, parents or~~  
 707 ~~caregivers involved in the child welfare system who need~~  
 708 ~~behavioral health services.~~

709 ~~(b) The improvement in the overall behavioral health of a~~  
 710 ~~community.~~

711 ~~(c) The improvement in functioning or progress in the~~  
 712 ~~recovery of individuals served by the managing entity, as~~  
 713 ~~determined using person-centered measures tailored to the~~  
 714 ~~population.~~

715 ~~(d) The success of strategies to:~~

716 ~~1. Divert admissions from acute levels of care, jails,~~  
 717 ~~prisons, and forensic facilities as measured by, at a minimum,~~  
 718 ~~the total number and percentage of clients who, during a~~  
 719 ~~specified period, experience multiple admissions to acute levels~~  
 720 ~~of care, jails, prisons, or forensic facilities;~~

721 ~~2. Integrate behavioral health services with the child~~  
 722 ~~welfare system; and~~

723 ~~3. Address the housing needs of individuals being released~~  
 724 ~~from public receiving facilities who are homeless.~~

725 ~~(e) Consumer and family satisfaction.~~

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726 ~~(f) The level of engagement of key community~~  
 727 ~~constituencies, such as law enforcement agencies, community-~~  
 728 ~~based care lead agencies, juvenile justice agencies, the courts,~~  
 729 ~~school districts, local government entities, hospitals, and~~  
 730 ~~other organizations, as appropriate, for the geographical~~  
 731 ~~service area of the managing entity.~~

732 Section 10. Subsection (3) of section 409.986, Florida  
 733 Statutes, is amended to read:

734 409.986 Legislative findings and intent; child protection  
 735 and child welfare outcomes; definitions.-

736 (3) DEFINITIONS.-As used in this part, except as otherwise  
 737 provided, the term:

738 (a) "Best practices" means a method or program that has  
 739 been recognized by the department and has been found to be  
 740 successful for ensuring compliance with performance standards  
 741 and metrics.

742 (b) (a) "Care" means services of any kind which are designed  
 743 to facilitate a child remaining safely in his or her own home,  
 744 returning safely to his or her own home if he or she is removed  
 745 from the home, or obtaining an alternative permanent home if he  
 746 or she cannot remain at home or be returned home. The term  
 747 includes, but is not limited to, prevention, diversion, and  
 748 related services.

749 (c) (b) "Child" or "children" has the same meaning as  
 750 provided in s. 39.01.

751 (d) (e) "Community alliance" or "alliance" means the group  
 752 of stakeholders, community leaders, client representatives, and  
 753 fundors of human services established pursuant to s. 20.19(6) ~~s.~~  
 754 20.19(5) to provide a focal point for community participation

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755 and oversight of community-based services.

756 ~~(e)(d)~~ "Community-based care lead agency" or "lead agency"  
757 means a single entity with which the department has a contract  
758 for the provision of care for children in the child protection  
759 and child welfare system in a community that is no smaller than  
760 a county and no larger than two contiguous judicial circuits.  
761 The secretary of the department may authorize more than one  
762 eligible lead agency within a single county if doing so will  
763 result in more effective delivery of services to children.

764 (f) "Florida's Child Welfare Practice Model" means the  
765 methodology developed by the department based on child welfare  
766 statutes and rules to ensure the permanency, safety, and well-  
767 being of children.

768 (g) "Performance standards and metrics" means quantifiable  
769 measures used to track and assess performance as determined by  
770 the department.

771 (h)(e) "Related services" includes, but is not limited to,  
772 family preservation, independent living, emergency shelter,  
773 residential group care, foster care, therapeutic foster care,  
774 intensive residential treatment, foster care supervision, case  
775 management, coordination of mental health services,  
776 postplacement supervision, permanent foster care, and family  
777 reunification.

778 Section 11. Section 409.991, Florida Statutes, is amended  
779 to read:

780 (Substantial rewording of section. See s. 409.991,  
781 F.S., for present text.)

782 409.991 Allocation of funds for community-based care lead  
783 agencies.-

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784 (1) (a) The Legislature finds that there is a need for  
785 accountability across the child welfare system and that the  
786 distribution of equitable funding across the system to  
787 community-based care lead agencies is necessary to ensure the  
788 provision of quality services to all persons being served by the  
789 contracted lead agencies.

790 (b) It is the intent of the Legislature that the department  
791 calculate funding for lead agencies using a consistent and  
792 equitable allocation formula to ensure the provision of quality  
793 services to all persons being served by the department.

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

795 (a) "Area cost differential" means the district cost  
796 differential as computed in s. 1011.62(2).

797 (b) "Caseload" is determined by the following factors:

798 1. For case managers and program support, caseload is the  
799 most recent month-end average of in-home and out-of-home  
800 children using counts from the department's child welfare  
801 information system for the most recent 24 months.

802 2. For foster home recruiters and initial licensing staff,  
803 homes needed is the sum of 25 percent of the current homes  
804 licensed using the most recent month data available plus one-  
805 third of the total new homes needed.

806 3. New homes needed is calculated as 1.6 times the current  
807 number of children in foster homes and group homes less the  
808 current number of licensed homes.

809 4. Homes relicensed is calculated as 75 percent of the  
810 current homes licensed using the most recent month data  
811 available.

812 5. Removals are the most recent annual average for the

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813 previous 24 months for staff costs, except for the previous 12  
 814 months for board costs, including, but not limited to, clothing.  
 815 6. The average number of adoptions finalized during the  
 816 most recent 24 months.  
 817 7. For board, licensed care caseload is the most recent  
 818 month-end average of foster home, group home and residential  
 819 treatment facility using counts from the department's child  
 820 welfare information system for the most recent 12 months.  
 821 (c) "Core plus funds" means:  
 822 1. All funds made available in the community-based care  
 823 lead agency category of the General Appropriations Act for the  
 824 applicable fiscal year. The term does not include funds  
 825 appropriated in the community-based care lead agency category of  
 826 the General Appropriations Act for the applicable fiscal year  
 827 for independent living.  
 828 2. All funds allocated by contract with the department to  
 829 the lead agency for substance abuse and mental health, or any  
 830 funds directly contracted by the department for the sole benefit  
 831 of the lead agency.  
 832 (d) "Florida funding for children model" means an  
 833 allocation model that uses the following factors:  
 834 1. Prevention services;  
 835 2. Client services;  
 836 3. Licensed out-of-home care; and  
 837 4. Staffing.  
 838 (e) "Group home ceiling" means the difference between the  
 839 actual group home average census and the expected group home  
 840 census times 50 percent of the average group home board payment.  
 841 For purposes of this paragraph:

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842 1. "Actual group home average" means the monthly average  
 843 number of children in group care and residential treatment  
 844 facilities for the prior 12 months.  
 845 2. "Expected group home census" means the total number of  
 846 removals for the prior 12 months times 1.4 times the ceiling  
 847 percentage. The ceiling percentage is 10 percent for the 2021-  
 848 2022 fiscal year, 9 percent for the 2022-2023 fiscal year, and 8  
 849 percent for the 2023-2024 fiscal year and all subsequent years.  
 850 (f) "Optimal funding amount" means 100 percent of the  
 851 Florida funding for children model amount as calculated by the  
 852 department.  
 853 (g) "Prevention services" means any services or costs  
 854 incurred to prevent children from entering or re-entering foster  
 855 care, or any services provided to the child or the child's  
 856 family or caregiver.  
 857 (3) The allocation of core plus funds shall be calculated  
 858 based on the total of prevention services, client services,  
 859 licensed out-of-home care, and staffing and a comparison of the  
 860 total optimal funding amount to the actual allocated funding  
 861 amount for the most recent fiscal year used to determine the  
 862 percentage of optimal funding the lead agency is currently  
 863 receiving.  
 864 (a) Prevention services shall be determined by the most  
 865 recent fiscal year of prevention spending by the lead agency  
 866 plus 10 percent for general and administrative costs.  
 867 1. If final expenditure reporting has not yet been  
 868 completed, an estimate made to be used for the initial  
 869 allocation and final allocations are determined after the  
 870 expenditure reporting has been completed.

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871 2. If a lead agency's board costs from the previous year  
 872 are reduced, the savings in board costs may be transferred to  
 873 prevention services in the following year and counted towards  
 874 prevention spending by the lead agency.

875 (b) Client services shall be calculated as an average  
 876 amount per caseload as determined by the department then  
 877 multiplied by the area cost differential. Caseload is determined  
 878 by adding together the following:

879 1. The most recent month-end average of in-home and out-of-  
 880 home children using counts from the department's child welfare  
 881 information system for the most recent 24 months; and

882 2. The average annual number of adoption finalizations  
 883 calculated based on the most recent 24 months.

884 (c) Licensed out-of-home care is calculated based on board  
 885 costs.

886 1. Board costs are calculated by multiplying the annual  
 887 licensed care caseload times the average board rate plus the  
 888 number of annual removals times initial clothing allowance as  
 889 determined by the department.

890 2. The annual licensed care caseload is determined by  
 891 adding together the following:

892 a. The month-end average of foster home, group home and  
 893 residential treatment facility using counts from the  
 894 department's child welfare information system for the most  
 895 recent 12 months.

896 b. The estimated number of Level 1 foster homes as  
 897 determined by calculating 40 percent of the total relative and  
 898 nonrelative placements for the most recent 12 months.

899 c. The average board rate is the most recent total amount

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900 of full month payments for all items charged for room and board  
 901 in the department's child welfare information system divided by  
 902 the number of children included in those payments divided by the  
 903 number of days in that month.

904 (d) Staffing is calculated based on the following:

905 1. Staffing need as determined by the following defined  
 906 ratios:

907 a. The ratio for case managers as follows:

908 (I) One case manager per 17 children for the 2020-2021  
 909 fiscal year.

910 (II) One case manager per 16 children for the 2021-2022  
 911 fiscal year.

912 (III) One case manager per 15 children for the 2022-2023  
 913 fiscal year.

914 (IV) One case manager per 14 children for the 2023-2024  
 915 fiscal year and all subsequent years.

916 b. One case manager supervisor per five case managers.

917 c. One paraprofessional per four case managers.

918 d. One safety practice expert per lead agency.

919 e. One other professional staff per lead agency plus 1 per  
 920 every 100 case managers, rounded to the nearest whole number.

921 f. One service coordinator per 20 case managers.

922 g. One service coordination supervisor per five service  
 923 coordinators.

924 h. One foster home recruiter per every 50 homes needed.

925 i. One licensing staff:

926 (I) Per every 16 new homes needed;

927 (II) Per every 20 homes relicensed; and

928 (III) Per every 50 Level 1 homes licensed.

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929 j. One placement staff per every 168 removals.

930 k. One out-of-home care supervisor per every five of the

931 total number of foster home recruiters and all licensing staff

932 and placement staff.

933 l. One adoption staff per every 51.33 adoptions.

934 m. One adoption supervisor per five adoption staff.

935 n. One director staff per every five of the total number of

936 case manager supervisors, service coordination supervisors, out-

937 of-home care supervisors, and adoption supervisors, rounded to

938 the nearest whole number.

939 o. One administrative support staff per every four of the

940 total number of case manager supervisors, service coordination

941 supervisors, out-of-home care supervisors, and adoption

942 supervisors.

943 2. Program support is calculated by multiplying the average

944 caseload times the Florida average cost per caseload, determined

945 by the department annually. The caseload is determined by adding

946 together the following:

947 a. The most recent month-end average of in-home and out-of-

948 home children using counts from the department's child welfare

949 information system for the most recent 24 months.

950 b. The average annual number of adoption finalizations

951 calculated based on the most recent 24 months.

952 3. Area cost differential.

953 4. Per position costs for all noted staff positions, as

954 determined by the department annually.

955 5. General and administrative costs of 10 percent

956 multiplied by the total staff costs including all items above.

957 (4) Before full implementation in the 2023-2024 fiscal

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958 year, the department may not reduce or redistribute the

959 allocation budget for a lead agency that is funded at more than

960 110 percent of its optimal funding amount.

961 (5) Unless otherwise specified in the General

962 Appropriations Act, any new core plus funds shall be allocated

963 based on the Florida funding for children model to achieve 90

964 percent or more of optimal funding for all lead agencies.

965 (6) Unless otherwise specified in the General

966 Appropriations Act, any new funds for core services shall be

967 allocated based on the Florida funding for children model.

968 (7) Beginning with the 2020-2021 fiscal year, any

969 additional funding provided to lead agencies must be distributed

970 following the establishment of performance standards and metrics

971 in accordance with rules adopted by the department. For

972 subsequent years, any additional funding provided to lead

973 agencies by the Legislature must be distributed by the

974 department as follows:

975 (a) On July 1, 50 percent of the total additional funding

976 allocated to the lead agency must be distributed.

977 (b) By January 1, the department must evaluate specified

978 performance standards and metrics for the lead agency to

979 determine whether the lead agency's performance has improved

980 since the initial funding was distributed on July 1. If the

981 Office of Quality Assurance and Improvement determines that the

982 lead agency has improved in performance standards and metrics,

983 then the remaining funding must be distributed by February 1. If

984 the lead agency fails to improve performance, then the remaining

985 funding must be redistributed to other lead agencies as

986 determined by the Florida funding for children model.



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987 Section 12. Present subsections (2) through (23) of section  
988 409.996, Florida Statutes, are redesignated as subsections (16)  
989 through (37), respectively, new subsections (2) through (15) are  
990 added to that section, and subsection (1) and present  
991 subsections (17) and (21) are amended, to read:

992 409.996 Duties of the Department of Children and Families.—  
993 The department shall contract for the delivery, administration,  
994 or management of care for children in the child protection and  
995 child welfare system. In doing so, the department retains  
996 responsibility for the quality of contracted services and  
997 programs and shall ensure that services are delivered in  
998 accordance with applicable federal and state statutes and  
999 regulations.

1000 (1) The department shall enter into contracts with lead  
1001 agencies for the performance of the duties by the lead agencies  
1002 pursuant to s. 409.988. At a minimum, the contracts must:

1003 (a) Provide for the services needed to accomplish the  
1004 duties established in s. 409.988 and provide information to the  
1005 department which is necessary to meet the requirements for a  
1006 quality assurance program pursuant to subsection (32) ~~(18)~~ and  
1007 the child welfare results-oriented accountability system  
1008 pursuant to s. 409.997.

1009 (b) Provide for graduated penalties for failure to comply  
1010 with contract terms, including the department terminating the  
1011 contract for failure to meet the performance standards and  
1012 metrics set by the department. The performance standards set by  
1013 the department for the lead agencies must, at a minimum, address  
1014 the following areas:

1015 1. Abuse per 100,000 days in out-of-home care;

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1016 2. Abuse during in-home services;  
1017 3. Children entering care and achieving permanency within  
1018 12 months;  
1019 4. Children in care 12 to 23 months achieving permanency  
1020 within 12 months;  
1021 5. Abuse within 6 months of closure of services;  
1022 6. Children receiving dental services;  
1023 7. Children receiving medical services;  
1024 8. Children under supervision who are seen every 30 days;  
1025 9. Children who do not reenter care within 12 months of  
1026 moving to a permanent home;  
1027 10. Placement moves per 1,000 days in out-of-home care;  
1028 11. Sibling groups where all siblings are placed together;  
1029 and  
1030 12. Young adults aging out and educational achievement.

1031  
1032 Such penalties may include financial penalties, enhanced  
1033 monitoring and reporting, corrective action plans, and early  
1034 termination of contracts or other appropriate action to ensure  
1035 contract compliance. The financial penalties shall require a  
1036 lead agency to reallocate funds from administrative costs to  
1037 direct care for children.

1038 (c) Ensure that the lead agency shall furnish current and  
1039 accurate information on its activities in all cases in client  
1040 case records in the state's statewide automated child welfare  
1041 information system.

1042 (d) Specify the procedures to be used by the parties to  
1043 resolve differences in interpreting the contract or to resolve  
1044 disputes as to the adequacy of the parties' compliance with

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1045 their respective obligations under the contract.

1046 (2) The department shall provide a grade for each lead  
 1047 agency based on the department's annual review of the agency's  
 1048 compliance with performance standards and metrics.

1049 (3) A lead agency's performance shall be graded based on a  
 1050 weighted score of its compliance with performance standards and  
 1051 metrics using one of the following grades:

1052 (a) "A," lead agencies with a weighted score of 4.0 or  
 1053 higher.

1054 (b) "B," lead agencies with a weighted score of 3.0 to  
 1055 3.99.

1056 (c) "C," lead agencies with a weighted score of 2.0 to  
 1057 2.99.

1058 (d) "D," lead agencies with a weighted score of 1.0 to  
 1059 1.99.

1060 (e) "F," lead agencies with a weighted score of less than  
 1061 1.0.

1062 (4) If the current contract has a renewal option, the  
 1063 department shall renew the contract of a lead agency that has  
 1064 received an "A" grade for the 2 years immediately preceding the  
 1065 renewal date of the contract.

1066 (5) The department shall develop a multitiered system of  
 1067 support and improvement strategies designed to address the low  
 1068 performance of a lead agency.

1069 (6) The department may provide assistance to a lead agency  
 1070 for the purpose of meeting performance standards and metrics.  
 1071 Assistance may include, but is not limited to, recommendations  
 1072 for best practices and implementation of a corrective action  
 1073 plan.

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1074 (7) The department shall provide assistance to a lead  
 1075 agency that receives a "C" grade or lower on its annual review  
 1076 until such time that it has improved to at least a "B" grade.

1077 (8) For any lead agency that has received a "D" or "F"  
 1078 grade, the department shall take immediate action to engage  
 1079 stakeholders in a needs assessment to develop a turnaround  
 1080 option plan. The turnaround option plan may include, but is not  
 1081 limited to, the implementation of corrective actions and best  
 1082 practices designed to improve performance. The department must  
 1083 review and approve the plan before implementation by the lead  
 1084 agency.

1085 (9) If cancellation of a contract with a lead agency occurs  
 1086 in a manner that threatens a lapse in services, the department  
 1087 may procure and contract pursuant to s. 287.057(3)(a).

1088 (10) Upon a lead agency's receipt of a third consecutive  
 1089 "D" grade or lower, the department must initiate proceedings to  
 1090 terminate any contract with the lead agency.

1091 (11) At any time, the secretary may offer resources to a  
 1092 lead agency to address any deficiencies in meeting performance  
 1093 standards and metrics which directly impact the safety of  
 1094 children.

1095 (12) Notwithstanding subsections (5) through (11), the  
 1096 secretary, at his or her discretion, may terminate a contract  
 1097 with a lead agency that has received an "F" grade or upon the  
 1098 occurrence of an egregious act or omission by the lead agency or  
 1099 its subcontractor.

1100 (13) The lead agency shall pay any federal fines incurred  
 1101 by the department as the result of that lead agency's failure to  
 1102 comply with the performance standards and metrics.

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1103 (14) If the lead agency chooses to subcontract any duties  
 1104 or services, the lead agency shall retain responsibility for its  
 1105 failure to comply with performance standards and metrics.

1106 (15) The department shall adopt rules to administer  
 1107 subsections (2) through (14).

1108 ~~(31)-(17)~~ The department shall directly or through contract  
 1109 provide attorneys to prepare and present cases in dependency  
 1110 court and shall ensure that the court is provided with adequate  
 1111 information for informed decisionmaking in dependency cases,  
 1112 including a face sheet for each case which lists the names and  
 1113 contact information for any child protective investigator, child  
 1114 protective investigation supervisor, case manager, and case  
 1115 manager supervisor, and the regional department official  
 1116 responsible for the lead agency contract. The department shall  
 1117 provide to the court the case information and recommendations  
 1118 provided by the lead agency or subcontractor. For the Sixth  
 1119 Judicial Circuit, the department shall contract with the state  
 1120 attorney for the provision of these services.

1121 (a) The contracted attorneys shall adopt Florida's Child  
 1122 Welfare Practice Model and operate in accordance with the same  
 1123 federal performance standards and metrics regarding child  
 1124 welfare and protective investigations imposed on the department.

1125 (b) Program performance evaluations shall be collaborative  
 1126 and conducted on an ongoing basis. The department and each  
 1127 contracted attorney or their designee shall meet at least  
 1128 quarterly to collaborate on federal and state quality assurance  
 1129 and continuous quality improvement initiatives.

1130 (c) Annual program performance evaluation shall be based on  
 1131 criteria developed by the department for use with all children's

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1132 legal services counsel statewide. The program performance  
 1133 evaluation shall be conducted by a team of peer reviewers from  
 1134 the respective attorneys' offices that perform children's legal  
 1135 services and representatives from the department. The program  
 1136 performance evaluation shall be standardized using a random  
 1137 sample of cases selected by the department. By November 1 of  
 1138 each year, the department shall submit an annual report to the  
 1139 Governor, the President of the Senate, and the Speaker of the  
 1140 House of Representatives regarding quality performance, outcome-  
 1141 measure attainment, and cost efficiency of contracted attorneys  
 1142 who receive general appropriations to provide children's legal  
 1143 services for the department.

1144 (d) At any time, the secretary may offer resources to a  
 1145 contracted attorney to address any performance deficiencies that  
 1146 directly impact the safety of children.

1147 ~~(35)-(21)~~ The department shall periodically, and before  
 1148 procuring a lead agency, solicit comments and recommendations  
 1149 from the community alliance established in s. 20.19(6) ~~or~~  
 1150 ~~20.19(5)~~, any other community groups, or public hearings. The  
 1151 recommendations must include, but are not limited to:

1152 (a) The current and past performance of a lead agency.

1153 (b) The relationship between a lead agency and its  
 1154 community partners.

1155 (c) Any local conditions or service needs in child  
 1156 protection and child welfare.

1157 Section 13. Subsection (4) is added to section 409.997,  
 1158 Florida Statutes, and subsection (2) of that section is  
 1159 republished, to read:

1160 409.997 Child welfare results-oriented accountability

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1161 program.-

1162 (2) The purpose of the results-oriented accountability  
 1163 program is to monitor and measure the use of resources, the  
 1164 quality and amount of services provided, and child and family  
 1165 outcomes. The program includes data analysis, research review,  
 1166 and evaluation. The program shall produce an assessment of  
 1167 individual entities' performance, as well as the performance of  
 1168 groups of entities working together on a local, regional, and  
 1169 statewide basis to provide an integrated system of care. Data  
 1170 analyzed and communicated through the accountability program  
 1171 shall inform the department's development and maintenance of an  
 1172 inclusive, interactive, and evidence-supported program of  
 1173 quality improvement which promotes individual skill building as  
 1174 well as organizational learning. Additionally, outcome data  
 1175 generated by the program may be used as the basis for payment of  
 1176 performance incentives if funds for such payments are made  
 1177 available through the General Appropriations Act. The  
 1178 information compiled and utilized in the accountability program  
 1179 must incorporate, at a minimum:

1180 (a) Valid and reliable outcome measures for each of the  
 1181 goals specified in this subsection. The outcome data set must  
 1182 consist of a limited number of understandable measures using  
 1183 available data to quantify outcomes as children move through the  
 1184 system of care. Such measures may aggregate multiple variables  
 1185 that affect the overall achievement of the outcome goals. Valid  
 1186 and reliable measures must be based on adequate sample sizes, be  
 1187 gathered over suitable time periods, and reflect authentic  
 1188 rather than spurious results, and may not be susceptible to  
 1189 manipulation.

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1190 (b) Regular and periodic monitoring activities that track  
 1191 the identified outcome measures on a statewide, regional, and  
 1192 provider-specific basis. Monitoring reports must identify trends  
 1193 and chart progress toward achievement of the goals specified in  
 1194 this subsection. The accountability program may not rank or  
 1195 compare performance among community-based care regions unless  
 1196 adequate and specific adjustments are adopted which account for  
 1197 the diversity in regions' demographics, resources, and other  
 1198 relevant characteristics. The requirements of the monitoring  
 1199 program may be incorporated into the department's quality  
 1200 assurance program.

1201 (c) An analytical framework that builds on the results of  
 1202 the outcomes monitoring procedures and assesses the statistical  
 1203 validity of observed associations between child welfare  
 1204 interventions and the measured outcomes. The analysis must use  
 1205 quantitative methods to adjust for variations in demographic or  
 1206 other conditions. The analysis must include longitudinal studies  
 1207 to evaluate longer term outcomes, such as continued safety,  
 1208 family permanence, and transition to self-sufficiency. The  
 1209 analysis may also include qualitative research methods to  
 1210 provide insight into statistical patterns.

1211 (d) A program of research review to identify interventions  
 1212 that are supported by evidence as causally linked to improved  
 1213 outcomes.

1214 (e) An ongoing process of evaluation to determine the  
 1215 efficacy and effectiveness of various interventions. Efficacy  
 1216 evaluation is intended to determine the validity of a causal  
 1217 relationship between an intervention and an outcome.  
 1218 Effectiveness evaluation is intended to determine the extent to

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1219 which the results can be generalized.

1220 (f) Procedures for making the results of the accountability  
1221 program transparent for all parties involved in the child  
1222 welfare system as well as policymakers and the public, which  
1223 shall be updated at least quarterly and published on the  
1224 department's website in a manner that allows custom searches of  
1225 the performance data. The presentation of the data shall provide  
1226 a comprehensible, visual report card for the state and each  
1227 community-based care region, indicating the current status of  
1228 the outcomes relative to each goal and trends in that status  
1229 over time. The presentation shall identify and report outcome  
1230 measures that assess the performance of the department, the  
1231 community-based care lead agencies, and their subcontractors  
1232 working together to provide an integrated system of care.

1233 (g) An annual performance report that is provided to  
1234 interested parties including the dependency judge or judges in  
1235 the community-based care service area. The report shall be  
1236 submitted to the Governor, the President of the Senate, and the  
1237 Speaker of the House of Representatives by October 1 of each  
1238 year.

1239 (4) Data generated in accordance with this section shall be  
1240 provided directly to the department's Office of Quality  
1241 Assurance and Improvement in a manner dictated by the  
1242 department. The department shall conduct an onsite program  
1243 performance evaluation of each lead agency at least once per  
1244 year. The department must also have access to make onsite visits  
1245 at its discretion to any provider contracted by the lead agency.  
1246 The onsite evaluation must consist of a review using a random  
1247 sample of cases selected by the department.

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1248 Section 14. Paragraph (t) of subsection (2) of section  
1249 39.202, Florida Statutes, is amended to read:

1250 39.202 Confidentiality of reports and records in cases of  
1251 child abuse or neglect.—

1252 (2) Except as provided in subsection (4), access to such  
1253 records, excluding the name of, or other identifying information  
1254 with respect to, the reporter which shall be released only as  
1255 provided in subsection (5), shall be granted only to the  
1256 following persons, officials, and agencies:

1257 (t) Persons with whom the department is seeking to place  
1258 the child or to whom placement has been granted, including  
1259 foster parents for whom an approved home study has been  
1260 conducted, the designee of a licensed child-caring agency as  
1261 defined in s. 39.01(44) ~~s. 39.01(41)~~, an approved relative or  
1262 nonrelative with whom a child is placed pursuant to s. 39.402,  
1263 preadoptive parents for whom a favorable preliminary adoptive  
1264 home study has been conducted, adoptive parents, or an adoption  
1265 entity acting on behalf of preadoptive or adoptive parents.

1266 Section 15. Subsections (1) and (19) of section 39.502,  
1267 Florida Statutes, are amended to read:

1268 39.502 Notice, process, and service.—

1269 (1) Unless parental rights have been terminated, all  
1270 parents must be notified of all proceedings or hearings  
1271 involving the child. Notice in cases involving shelter hearings  
1272 and hearings resulting from medical emergencies must be that  
1273 most likely to result in actual notice to the parents. In all  
1274 other dependency proceedings, notice must be provided in  
1275 accordance with subsections (4)-(9), except when a relative  
1276 requests notification pursuant to s. 39.301(15)(b) ~~s.~~

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1277 ~~39.301(14)(b)~~, in which case notice shall be provided pursuant  
1278 to subsection (19).

1279 (19) In all proceedings and hearings under this chapter,  
1280 the attorney for the department shall notify, orally or in  
1281 writing, a relative requesting notification pursuant to s.  
1282 39.301(15)(b) ~~s. 39.301(14)(b)~~ of the date, time, and location  
1283 of such proceedings and hearings, and notify the relative that  
1284 he or she has the right to attend all subsequent proceedings and  
1285 hearings, to submit reports to the court, and to speak to the  
1286 court regarding the child, if the relative so desires. The court  
1287 has the discretion to release the attorney for the department  
1288 from notifying a relative who requested notification pursuant to  
1289 s. 39.301(15)(b) ~~s. 39.301(14)(b)~~ if the relative's involvement  
1290 is determined to be impeding the dependency process or  
1291 detrimental to the child's well-being.

1292 Section 16. Paragraph (c) of subsection (1) of section  
1293 39.521, Florida Statutes, is amended to read:

1294 39.521 Disposition hearings; powers of disposition.—

1295 (1) A disposition hearing shall be conducted by the court,  
1296 if the court finds that the facts alleged in the petition for  
1297 dependency were proven in the adjudicatory hearing, or if the  
1298 parents or legal custodians have consented to the finding of  
1299 dependency or admitted the allegations in the petition, have  
1300 failed to appear for the arraignment hearing after proper  
1301 notice, or have not been located despite a diligent search  
1302 having been conducted.

1303 (c) When any child is adjudicated by a court to be  
1304 dependent, the court having jurisdiction of the child has the  
1305 power by order to:

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1306 1. Require the parent and, when appropriate, the legal  
1307 guardian or the child to participate in treatment and services  
1308 identified as necessary. The court may require the person who  
1309 has custody or who is requesting custody of the child to submit  
1310 to a mental health or substance abuse disorder assessment or  
1311 evaluation. The order may be made only upon good cause shown and  
1312 pursuant to notice and procedural requirements provided under  
1313 the Florida Rules of Juvenile Procedure. The mental health  
1314 assessment or evaluation must be administered by a qualified  
1315 professional as defined in s. 39.01, and the substance abuse  
1316 assessment or evaluation must be administered by a qualified  
1317 professional as defined in s. 397.311. The court may also  
1318 require such person to participate in and comply with treatment  
1319 and services identified as necessary, including, when  
1320 appropriate and available, participation in and compliance with  
1321 a mental health court program established under chapter 394 or a  
1322 treatment-based drug court program established under s. 397.334.  
1323 Adjudication of a child as dependent based upon evidence of harm  
1324 as defined in s. 39.01(38)(g) ~~s. 39.01(35)(g)~~ demonstrates good  
1325 cause, and the court shall require the parent whose actions  
1326 caused the harm to submit to a substance abuse disorder  
1327 assessment or evaluation and to participate and comply with  
1328 treatment and services identified in the assessment or  
1329 evaluation as being necessary. In addition to supervision by the  
1330 department, the court, including the mental health court program  
1331 or the treatment-based drug court program, may oversee the  
1332 progress and compliance with treatment by a person who has  
1333 custody or is requesting custody of the child. The court may  
1334 impose appropriate available sanctions for noncompliance upon a

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1335 person who has custody or is requesting custody of the child or  
 1336 make a finding of noncompliance for consideration in determining  
 1337 whether an alternative placement of the child is in the child's  
 1338 best interests. Any order entered under this subparagraph may be  
 1339 made only upon good cause shown. This subparagraph does not  
 1340 authorize placement of a child with a person seeking custody of  
 1341 the child, other than the child's parent or legal custodian, who  
 1342 requires mental health or substance abuse disorder treatment.

1343 2. Require, if the court deems necessary, the parties to  
 1344 participate in dependency mediation.

1345 3. Require placement of the child either under the  
 1346 protective supervision of an authorized agent of the department  
 1347 in the home of one or both of the child's parents or in the home  
 1348 of a relative of the child or another adult approved by the  
 1349 court, or in the custody of the department. Protective  
 1350 supervision continues until the court terminates it or until the  
 1351 child reaches the age of 18, whichever date is first. Protective  
 1352 supervision shall be terminated by the court whenever the court  
 1353 determines that permanency has been achieved for the child,  
 1354 whether with a parent, another relative, or a legal custodian,  
 1355 and that protective supervision is no longer needed. The  
 1356 termination of supervision may be with or without retaining  
 1357 jurisdiction, at the court's discretion, and shall in either  
 1358 case be considered a permanency option for the child. The order  
 1359 terminating supervision by the department must set forth the  
 1360 powers of the custodian of the child and include the powers  
 1361 ordinarily granted to a guardian of the person of a minor unless  
 1362 otherwise specified. Upon the court's termination of supervision  
 1363 by the department, further judicial reviews are not required if

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1364 permanency has been established for the child.

1365 4. Determine whether the child has a strong attachment to  
 1366 the prospective permanent guardian and whether such guardian has  
 1367 a strong commitment to permanently caring for the child.

1368 Section 17. Subsection (5) of section 39.6011, Florida  
 1369 Statutes, is amended to read:

1370 39.6011 Case plan development.—

1371 (5) The case plan must describe:

1372 (a) The role of the foster parents or legal custodians when  
 1373 developing the services that are to be provided to the child,  
 1374 foster parents, or legal custodians;

1375 (b) The responsibility of the case manager to forward a  
 1376 relative's request to receive notification of all proceedings  
 1377 and hearings submitted pursuant to s. 39.301(15)(b) ~~or~~  
 1378 ~~39.301(14)(b)~~ to the attorney for the department;

1379 (c) The minimum number of face-to-face meetings to be held  
 1380 each month between the parents and the department's family  
 1381 services counselors to review the progress of the plan, to  
 1382 eliminate barriers to progress, and to resolve conflicts or  
 1383 disagreements; and

1384 (d) The parent's responsibility for financial support of  
 1385 the child, including, but not limited to, health insurance and  
 1386 child support. The case plan must list the costs associated with  
 1387 any services or treatment that the parent and child are expected  
 1388 to receive which are the financial responsibility of the parent.  
 1389 The determination of child support and other financial support  
 1390 shall be made independently of any determination of indigency  
 1391 under s. 39.013.

1392 Section 18. Paragraph (c) of subsection (1) of section

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1393 39.6012, Florida Statutes, is amended to read:

1394 39.6012 Case plan tasks; services.-

1395 (1) The services to be provided to the parent and the tasks  
1396 that must be completed are subject to the following:

1397 (c) If there is evidence of harm as defined in s.  
1398 39.01(38)(g) ~~s. 39.01(35)(g)~~, the case plan must include as a  
1399 required task for the parent whose actions caused the harm that  
1400 the parent submit to a substance abuse disorder assessment or  
1401 evaluation and participate and comply with treatment and  
1402 services identified in the assessment or evaluation as being  
1403 necessary.

1404 Section 19. Paragraph (g) of subsection (1) of section  
1405 39.701, Florida Statutes, is amended to read:

1406 39.701 Judicial review.-

1407 (1) GENERAL PROVISIONS.-

1408 (g) The attorney for the department shall notify a relative  
1409 who submits a request for notification of all proceedings and  
1410 hearings pursuant to s. 39.301(15)(b) ~~s. 39.301(14)(b)~~. The  
1411 notice shall include the date, time, and location of the next  
1412 judicial review hearing.

1413 Section 20. Section 39.823, Florida Statutes, is amended to  
1414 read:

1415 39.823 Guardian advocates for drug dependent newborns.-The  
1416 Legislature finds that increasing numbers of drug dependent  
1417 children are born in this state. Because of the parents'  
1418 continued dependence upon drugs, the parents may temporarily  
1419 leave their child with a relative or other adult or may have  
1420 agreed to voluntary family services under s. 39.301(15) ~~s.~~  
1421 ~~39.301(14)~~. The relative or other adult may be left with a child

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1422 who is likely to require medical treatment but for whom they are  
1423 unable to obtain medical treatment. The purpose of this section  
1424 is to provide an expeditious method for such relatives or other  
1425 responsible adults to obtain a court order which allows them to  
1426 provide consent for medical treatment and otherwise advocate for  
1427 the needs of the child and to provide court review of such  
1428 authorization.

1429 Section 21. Subsection (4) of section 322.09, Florida  
1430 Statutes, is amended to read:

1431 322.09 Application of minors; responsibility for negligence  
1432 or misconduct of minor.-

1433 (4) Notwithstanding subsections (1) and (2), if a caregiver  
1434 of a minor who is under the age of 18 years and is in out-of-  
1435 home care as defined in s. 39.01(58) ~~s. 39.01(55)~~, an authorized  
1436 representative of a residential group home at which such a minor  
1437 resides, the caseworker at the agency at which the state has  
1438 placed the minor, or a guardian ad litem specifically authorized  
1439 by the minor's caregiver to sign for a learner's driver license  
1440 signs the minor's application for a learner's driver license,  
1441 that caregiver, group home representative, caseworker, or  
1442 guardian ad litem does not assume any obligation or become  
1443 liable for any damages caused by the negligence or willful  
1444 misconduct of the minor by reason of having signed the  
1445 application. Before signing the application, the caseworker,  
1446 authorized group home representative, or guardian ad litem shall  
1447 notify the caregiver or other responsible party of his or her  
1448 intent to sign and verify the application.

1449 Section 22. Paragraph (b) of subsection (5) of section  
1450 393.065, Florida Statutes, is amended to read:

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1451 393.065 Application and eligibility determination.—

1452 (5) The agency shall assign and provide priority to clients

1453 waiting for waiver services in the following order:

1454 (b) Category 2, which includes individuals on the waiting

1455 list who are:

1456 1. From the child welfare system with an open case in the

1457 Department of Children and Families' statewide automated child

1458 welfare information system and who are either:

1459 a. Transitioning out of the child welfare system at the

1460 finalization of an adoption, a reunification with family

1461 members, a permanent placement with a relative, or a

1462 guardianship with a nonrelative; or

1463 b. At least 18 years but not yet 22 years of age and who

1464 need both waiver services and extended foster care services; or

1465 2. At least 18 years but not yet 22 years of age and who

1466 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the

1467 extended foster care system.

1468

1469 For individuals who are at least 18 years but not yet 22 years

1470 of age and who are eligible under sub-subparagraph 1.b., the

1471 agency shall provide waiver services, including residential

1472 habilitation, and the community-based care lead agency shall

1473 fund room and board at the rate established in s. 409.145(4) and

1474 provide case management and related services as defined in s.

1475 409.986(3)(h) ~~s. 409.986(3)(c)~~. Individuals may receive both

1476 waiver services and services under s. 39.6251. Services may not

1477 duplicate services available through the Medicaid state plan.

1478

1479 Within categories 3, 4, 5, 6, and 7, the agency shall maintain a

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1480 waiting list of clients placed in the order of the date that the

1481 client is determined eligible for waiver services.

1482 Section 23. Paragraph (p) of subsection (4) of section

1483 394.495, Florida Statutes, is amended to read:

1484 394.495 Child and adolescent mental health system of care;

1485 programs and services.—

1486 (4) The array of services may include, but is not limited

1487 to:

1488 (p) Trauma-informed services for children who have suffered

1489 sexual exploitation as defined in s. 39.01(81)(g) ~~s.~~

1490 ~~39.01(77)(g)~~.

1491 Section 24. Paragraph (a) of subsection (1) of section

1492 394.674, Florida Statutes, is amended to read:

1493 394.674 Eligibility for publicly funded substance abuse and

1494 mental health services; fee collection requirements.—

1495 (1) To be eligible to receive substance abuse and mental

1496 health services funded by the department, an individual must be

1497 a member of at least one of the department's priority

1498 populations approved by the Legislature. The priority

1499 populations include:

1500 (a) For adult mental health services:

1501 1. Adults who have severe and persistent mental illness, as

1502 designated by the department using criteria that include

1503 severity of diagnosis, duration of the mental illness, ability

1504 to independently perform activities of daily living, and receipt

1505 of disability income for a psychiatric condition. Included

1506 within this group are:

1507 a. Older adults in crisis.

1508 b. Older adults who are at risk of being placed in a more

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1509 restrictive environment because of their mental illness.

1510 c. Persons deemed incompetent to proceed or not guilty by

1511 reason of insanity under chapter 916.

1512 d. Other persons involved in the criminal justice system.

1513 e. Persons diagnosed as having co-occurring mental illness

1514 and substance abuse disorders.

1515 2. Persons who are experiencing an acute mental or

1516 emotional crisis as defined in s. 394.67(18) ~~s. 394.67(17)~~.

1517 Section 25. Subsection (2) of section 409.987, Florida

1518 Statutes, is amended to read:

1519 409.987 Lead agency procurement.—

1520 (2) The department shall produce a schedule for the

1521 procurement of community-based care lead agencies and provide

1522 the schedule to the community alliances established pursuant to

1523 s. 20.19(6) ~~s. 20.19(5)~~ and post the schedule on the

1524 department's website.

1525 Section 26. Paragraph (c) of subsection (1) of section

1526 409.988, Florida Statutes, is amended to read:

1527 409.988 Lead agency duties; general provisions.—

1528 (1) DUTIES.—A lead agency:

1529 (c) Shall follow the financial guidelines developed by the

1530 department and provide for a regular independent auditing of its

1531 financial activities. Such financial information shall be

1532 provided to the community alliance established under s. 20.19(6)

1533 ~~s. 20.19(5)~~.

1534 Section 27. Section 627.746, Florida Statutes, is amended

1535 to read:

1536 627.746 Coverage for minors who have a learner's driver

1537 license; additional premium prohibited.—An insurer that issues

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1538 an insurance policy on a private passenger motor vehicle to a

1539 named insured who is a caregiver of a minor who is under the age

1540 of 18 years and is in out-of-home care as defined in s.

1541 39.01(58) ~~s. 39.01(55)~~ may not charge an additional premium for

1542 coverage of the minor while the minor is operating the insured

1543 vehicle, for the period of time that the minor has a learner's

1544 driver license, until such time as the minor obtains a driver

1545 license.

1546 Section 28. Paragraph (c) of subsection (1) of section

1547 934.255, Florida Statutes, is amended to read:

1548 934.255 Subpoenas in investigations of sexual offenses.—

1549 (1) As used in this section, the term:

1550 (c) "Sexual abuse of a child" means a criminal offense

1551 based on any conduct described in s. 39.01(81) ~~s. 39.01(77)~~.

1552 Section 29. Subsection (5) of section 960.065, Florida

1553 Statutes, is amended to read:

1554 960.065 Eligibility for awards.—

1555 (5) A person is not ineligible for an award pursuant to

1556 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c) if that

1557 person is a victim of sexual exploitation of a child as defined

1558 in s. 39.01(81)(g) ~~s. 39.01(77)(g)~~.

1559 Section 30. For the purpose of incorporating the amendment

1560 made by this act to section 39.201, Florida Statutes, in a

1561 reference thereto, subsection (1) of section 39.302, Florida

1562 Statutes, is reenacted and amended to read:

1563 39.302 Protective investigations of institutional child

1564 abuse, abandonment, or neglect.—

1565 (1) The department shall conduct a child protective

1566 investigation of each report of institutional child abuse,

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1567 abandonment, or neglect. Upon receipt of a report that alleges  
 1568 that an employee or agent of the department, or any other entity  
 1569 or person covered by s. 39.01(40) or (57) ~~s. 39.01(37) or (54)~~,  
 1570 acting in an official capacity, has committed an act of child  
 1571 abuse, abandonment, or neglect, the department shall initiate a  
 1572 child protective investigation within the timeframes ~~timeframe~~  
 1573 established under s. 39.201(5) and notify the appropriate state  
 1574 attorney, law enforcement agency, and licensing agency, which  
 1575 shall immediately conduct a joint investigation, unless  
 1576 independent investigations are more feasible. When conducting  
 1577 investigations or having face-to-face interviews with the child,  
 1578 investigation visits shall be unannounced unless it is  
 1579 determined by the department or its agent that unannounced  
 1580 visits threaten the safety of the child. If a facility is exempt  
 1581 from licensing, the department shall inform the owner or  
 1582 operator of the facility of the report. Each agency conducting a  
 1583 joint investigation is entitled to full access to the  
 1584 information gathered by the department in the course of the  
 1585 investigation. A protective investigation must include an  
 1586 interview with the child's parent or legal guardian. The  
 1587 department shall make a full written report to the state  
 1588 attorney within 3 working days after making the oral report. A  
 1589 criminal investigation shall be coordinated, whenever possible,  
 1590 with the child protective investigation of the department. Any  
 1591 interested person who has information regarding the offenses  
 1592 described in this subsection may forward a statement to the  
 1593 state attorney as to whether prosecution is warranted and  
 1594 appropriate. Within 15 days after the completion of the  
 1595 investigation, the state attorney shall report the findings to

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1596 the department and shall include in the report a determination  
 1597 of whether or not prosecution is justified and appropriate in  
 1598 view of the circumstances of the specific case.  
 1599 Section 31. For the purpose of incorporating the amendment  
 1600 made by this act to section 409.997, Florida Statutes, in a  
 1601 reference thereto, paragraph (b) of subsection (1) of section  
 1602 409.988, Florida Statutes, is reenacted to read:  
 1603 409.988 Lead agency duties; general provisions.—  
 1604 (1) DUTIES.—A lead agency:  
 1605 (b) Shall provide accurate and timely information necessary  
 1606 for oversight by the department pursuant to the child welfare  
 1607 results-oriented accountability system required by s. 409.997.  
 1608 Section 32. For the purpose of incorporating the amendment  
 1609 made by this act to section 409.997, Florida Statutes, in a  
 1610 reference thereto, paragraph (a) of subsection (1) of section  
 1611 409.996, Florida Statutes, is reenacted to read:  
 1612 409.996 Duties of the Department of Children and Families.—  
 1613 The department shall contract for the delivery, administration,  
 1614 or management of care for children in the child protection and  
 1615 child welfare system. In doing so, the department retains  
 1616 responsibility for the quality of contracted services and  
 1617 programs and shall ensure that services are delivered in  
 1618 accordance with applicable federal and state statutes and  
 1619 regulations.  
 1620 (1) The department shall enter into contracts with lead  
 1621 agencies for the performance of the duties by the lead agencies  
 1622 pursuant to s. 409.988. At a minimum, the contracts must:  
 1623 (a) Provide for the services needed to accomplish the  
 1624 duties established in s. 409.988 and provide information to the

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1625 department which is necessary to meet the requirements for a  
1626 quality assurance program pursuant to subsection (18) and the  
1627 child welfare results-oriented accountability system pursuant to  
1628 s. 409.997.

1629 Section 33. This act shall take effect July 1, 2020.

# CourtSmart Tag Report

**Room:** KN 412

**Case No.:**

**Type:**

**Caption:** Senate Appropriations Subcommittee on Health and Human Services **Judge:**

**Started:** 1/29/2020 11:02:48 AM

**Ends:** 1/29/2020 11:23:04 AM

**Length:** 00:20:17

**11:02:54 AM** Sen. Bean (Chair)  
**11:05:49 AM** S 52 tp  
**11:06:21 AM** Sen. Harrell (Chair)  
**11:06:29 AM** S 1020  
**11:06:33 AM** Sen. Bean  
**11:07:56 AM** Cliff Bauer, VP, Miami Jewish Health (waives in support)  
**11:08:12 AM** Sen. Rouson  
**11:08:26 AM** Sen. Bean  
**11:09:04 AM** Sen. Rouson  
**11:09:21 AM** Sen. Bean  
**11:10:52 AM** Sen. Bean (Chair)  
**11:11:01 AM** TAB 1 - Review and Discussion of Fiscal Year 2020-2021 Budget Issues  
**11:22:18 AM** Sen. Flores  
**11:22:30 AM** Sen. Hooper  
**11:22:42 AM** Sen. Bean