

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

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1 A bill to be entitled
2 An act relating to medically complex children;
3 amending s. 39.001, F.S.; revising the purposes of ch.
4 39, F.S.; providing for the provision of services for
5 medically complex children; conforming cross-
6 references; amending s. 39.01, F.S.; defining the term
7 "medical neglect"; conforming cross-references;
8 amending s. 39.303, F.S.; revising legislative intent;
9 providing requirements for a child protection team
10 that evaluates a report of medical neglect and
11 assesses the health care needs of a medically complex
12 child; creating s. 39.3068, F.S.; providing
13 requirements for an investigation of medical neglect;
14 amending s. 409.165, F.S.; revising provisions
15 relating to the cost of services; requiring the
16 Department of Children and Families to work with the
17 Department of Health and the Agency for Health Care
18 Administration to care for medically complex children;
19 allowing the Department of Children and Families to
20 place children in a medical foster home; conforming
21 provisions to changes made by the act; amending s.
22 409.962, F.S.; redefining the term "provider service
23 network"; amending s. 409.967, F.S.; requiring
24 Medicaid managed care plans to provide specified
25 information on children under the care of the
26 Department of Children and Families; amending s.
27 409.974, F.S.; providing for contracting with eligible
28 plans; revising provisions relating to negotiation
29 with a provider service network; providing

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30 requirements for termination of a contract with a
31 provider service network; amending ss. 39.302, 39.524,
32 316.613, 409.1678, and 960.065, F.S.; conforming
33 cross-references; providing an effective date.
34

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

37 Section 1. Paragraph (o) is added to subsection (1) of
38 section 39.001, Florida Statutes, and paragraph (k) of that
39 subsection is amended, present paragraphs (f) through (h) of
40 subsection (3) of that section are redesignated as paragraphs
41 (g) through (i), respectively, and a new paragraph (f) is added
42 to that subsection, and present subsections (4) through (11) of
43 that section are redesignated as subsections (5) through (12),
44 respectively, a new subsection (4) is added to that section, and
45 paragraph (c) of present subsection (8) and paragraph (b) of
46 present subsection (10) of that section are amended, to read:

47 39.001 Purposes and intent; personnel standards and
48 screening.—

49 (1) PURPOSES OF CHAPTER.—The purposes of this chapter are:

50 (k) To make every possible effort, if ~~when~~ two or more
51 children who are in the care or under the supervision of the
52 department are siblings, to place the siblings in the same home;
53 and in the event of permanent placement of the siblings, to
54 place them in the same adoptive home or, if the siblings are
55 separated while under the care or supervision of the department
56 or in a permanent placement, to keep them in contact with each
57 other.

58 (o) To preserve and strengthen families who are caring for

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59 medically complex children.

60 (3) GENERAL PROTECTIONS FOR CHILDREN.—It is a purpose of
61 the Legislature that the children of this state be provided with
62 the following protections:

63 (f) Access to sufficient home and community-based support
64 for medically complex children to allow them to remain in the
65 least restrictive and most nurturing environment, which includes
66 sufficient home and community-based services in an amount and
67 scope comparable to those the child would receive in out-of-home
68 care placement.

69 (4) SERVICES FOR MEDICALLY COMPLEX CHILDREN.—The department
70 shall maintain a program of family-centered services and
71 supports for medically complex children. The purpose of the
72 program is to prevent abuse and neglect of medically complex
73 children while enhancing the capacity of families to provide for
74 their children's needs. Program services must include outreach,
75 early intervention, and provision of home and community-based
76 services such as care coordination, respite care, and direct
77 home care. The department shall work with the Agency for Health
78 Care Administration and the Department of Health to provide
79 needed services.

80 (9) ~~(8)~~ OFFICE OF ADOPTION AND CHILD PROTECTION.—

81 (c) The office is authorized and directed to:

82 1. Oversee the preparation and implementation of the state
83 plan established under subsection (10) ~~(9)~~ and revise and update
84 the state plan as necessary.

85 2. Provide for or make available continuing professional
86 education and training in the prevention of child abuse and
87 neglect.

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88 3. Work to secure funding in the form of appropriations,
89 gifts, and grants from the state, the Federal Government, and
90 other public and private sources in order to ensure that
91 sufficient funds are available for the promotion of adoption,
92 support of adoptive families, and child abuse prevention
93 efforts.

94 4. Make recommendations pertaining to agreements or
95 contracts for the establishment and development of:

96 a. Programs and services for the promotion of adoption,
97 support of adoptive families, and prevention of child abuse and
98 neglect.

99 b. Training programs for the prevention of child abuse and
100 neglect.

101 c. Multidisciplinary and discipline-specific training
102 programs for professionals with responsibilities affecting
103 children, young adults, and families.

104 d. Efforts to promote adoption.

105 e. Postadoptive services to support adoptive families.

106 5. Monitor, evaluate, and review the development and
107 quality of local and statewide services and programs for the
108 promotion of adoption, support of adoptive families, and
109 prevention of child abuse and neglect and shall publish and
110 distribute an annual report of its findings on or before January
111 1 of each year to the Governor, the Speaker of the House of
112 Representatives, the President of the Senate, the head of each
113 state agency affected by the report, and the appropriate
114 substantive committees of the Legislature. The report shall
115 include:

116 a. A summary of the activities of the office.

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117 b. A summary of the adoption data collected and reported to
118 the federal Adoption and Foster Care Analysis and Reporting
119 System (AFCARS) and the federal Administration for Children and
120 Families.

121 c. A summary of the child abuse prevention data collected
122 and reported to the National Child Abuse and Neglect Data System
123 (NCANDS) and the federal Administration for Children and
124 Families.

125 d. A summary detailing the timeliness of the adoption
126 process for children adopted from within the child welfare
127 system.

128 e. Recommendations, by state agency, for the further
129 development and improvement of services and programs for the
130 promotion of adoption, support of adoptive families, and
131 prevention of child abuse and neglect.

132 f. Budget requests, adoption promotion and support needs,
133 and child abuse prevention program needs by state agency.

134 6. Work with the direct-support organization established
135 under s. 39.0011 to receive financial assistance.

136 (11)~~(10)~~ FUNDING AND SUBSEQUENT PLANS.—

137 (b) The office and the other agencies and organizations
138 listed in paragraph (10) (a) ~~(9) (a)~~ shall readdress the state
139 plan and make necessary revisions every 5 years, at a minimum.
140 Such revisions shall be submitted to the Speaker of the House of
141 Representatives and the President of the Senate no later than
142 June 30 of each year divisible by 5. At least biennially, the
143 office shall review the state plan and make any necessary
144 revisions based on changing needs and program evaluation
145 results. An annual progress report shall be submitted to update

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146 the state plan in the years between the 5-year intervals. In
147 order to avoid duplication of effort, these required plans may
148 be made a part of or merged with other plans required by either
149 the state or Federal Government, so long as the portions of the
150 other state or Federal Government plan that constitute the state
151 plan for the promotion of adoption, support of adoptive
152 families, and prevention of child abuse, abandonment, and
153 neglect are clearly identified as such and are provided to the
154 Speaker of the House of Representatives and the President of the
155 Senate as required above.

156 Section 2. Present subsections (42) through (76) of section
157 39.01, Florida Statutes, are redesignated as subsections (43)
158 through (77), respectively, a new subsection (42) is added to
159 that section, and subsections (10) and (33) are amended, to
160 read:

161 39.01 Definitions.—When used in this chapter, unless the
162 context otherwise requires:

163 (10) "Caregiver" means the parent, legal custodian,
164 permanent guardian, adult household member, or other person
165 responsible for a child's welfare as defined in subsection (48)
166 ~~(47)~~.

167 (33) "Institutional child abuse or neglect" means
168 situations of known or suspected child abuse or neglect in which
169 the person allegedly perpetrating the child abuse or neglect is
170 an employee of a private school, public or private day care
171 center, residential home, institution, facility, or agency or
172 any other person at such institution responsible for the child's
173 care as defined in subsection (48) ~~(47)~~.

174 (42) "Medical neglect" means the failure to provide or to

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175 allow needed care as recommended by a health care practitioner
176 for a physical injury, illness, medical condition, or
177 impairment, or the failure to seek timely and appropriate
178 medical care for a serious health problem that a reasonable
179 person would have recognized as requiring professional medical
180 attention. Medical neglect does not occur if:

181 (a) The parent or legal custodian of the child has made
182 reasonable attempts to obtain necessary health care services or
183 the immediate health condition giving rise to the allegation of
184 neglect is a known and expected complication of the child's
185 diagnosis or treatment; and

186 (b) The recommended care offers limited net benefit to the
187 child and the morbidity or other side effects of the treatment
188 may be considered to be greater than the anticipated benefit.

189 Section 3. Section 39.303, Florida Statutes, is amended to
190 read:

191 39.303 Child protection teams; services; eligible cases.—
192 The Children's Medical Services Program in the Department of
193 Health shall develop, maintain, and coordinate the services of
194 one or more multidisciplinary child protection teams in each of
195 the service districts of the Department of Children and Family
196 Services. Such teams may be composed of appropriate
197 representatives of school districts and appropriate health,
198 mental health, social service, legal service, and law
199 enforcement agencies. ~~The Legislature finds that optimal~~
200 ~~coordination of child protection teams and sexual abuse~~
201 ~~treatment programs requires collaboration between~~ The Department
202 of Health and the Department of Children and Families ~~Family~~
203 ~~Services. The two departments~~ shall maintain an interagency

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204 agreement that establishes protocols for oversight and
205 operations of child protection teams and sexual abuse treatment
206 programs. The State Surgeon General and the Deputy Secretary for
207 Children's Medical Services, in consultation with the Secretary
208 of Children and Family Services, shall maintain the
209 responsibility for the screening, employment, and, if necessary,
210 the termination of child protection team medical directors, at
211 headquarters and in the 15 districts. Child protection team
212 medical directors shall be responsible for oversight of the
213 teams in the districts.

214 (1) The Department of Health shall use ~~utilize~~ and convene
215 the teams to supplement the assessment and protective
216 supervision activities of the family safety and preservation
217 program of the Department of Children and Families ~~Family~~
218 ~~Services~~. ~~Nothing in This section does not shall be construed to~~
219 remove or reduce the duty and responsibility of any person to
220 report pursuant to this chapter all suspected or actual cases of
221 child abuse, abandonment, or neglect or sexual abuse of a child.
222 The role of the teams shall be to support activities of the
223 program and to provide services deemed by the teams to be
224 necessary and appropriate to abused, abandoned, and neglected
225 children upon referral. The specialized diagnostic assessment,
226 evaluation, coordination, consultation, and other supportive
227 services that a child protection team shall be capable of
228 providing include, but are not limited to, the following:

229 (a) Medical diagnosis and evaluation services, including
230 provision or interpretation of X rays and laboratory tests, and
231 related services, as needed, and documentation of related
232 findings ~~relative thereto~~.

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233 (b) Telephone consultation services in emergencies and in
234 other situations.

235 (c) Medical evaluation related to abuse, abandonment, or
236 neglect, as defined by policy or rule of the Department of
237 Health.

238 (d) Such psychological and psychiatric diagnosis and
239 evaluation services for the child or the child's parent or
240 parents, legal custodian or custodians, or other caregivers, or
241 any other individual involved in a child abuse, abandonment, or
242 neglect case, as the team may determine to be needed.

243 (e) Expert medical, psychological, and related professional
244 testimony in court cases.

245 (f) Case staffings to develop treatment plans for children
246 whose cases have been referred to the team. A child protection
247 team may provide consultation with respect to a child who is
248 alleged or is shown to be abused, abandoned, or neglected. The
249 ~~which~~ consultation shall be provided at the request of a
250 representative of the family safety and preservation program or
251 at the request of any other professional involved with a child
252 or the child's parent or parents, legal custodian or custodians,
253 or other caregivers. In every such child protection team case
254 staffing, consultation, or staff activity involving a child, a
255 family safety and preservation program representative shall
256 attend and participate.

257 (g) Case service coordination and assistance, including the
258 location of services available from other public and private
259 agencies in the community.

260 (h) Such training services for program and other employees
261 of the Department of Children and Families ~~Family Services~~,

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262 employees of the Department of Health, and other medical
263 professionals as is deemed appropriate to enable them to develop
264 and maintain their professional skills and abilities in handling
265 child abuse, abandonment, and neglect cases.

266 (i) Educational and community awareness campaigns on child
267 abuse, abandonment, and neglect in an effort to enable citizens
268 more successfully to prevent, identify, and treat child abuse,
269 abandonment, and neglect in the community.

270 (j) Child protection team assessments that include, as
271 appropriate, medical evaluations, medical consultations, family
272 psychosocial interviews, specialized clinical interviews, or
273 forensic interviews.

274
275 All medical personnel participating on a child protection team
276 must successfully complete the required child protection team
277 training curriculum as set forth in protocols determined by the
278 Deputy Secretary for Children's Medical Services and the
279 Statewide Medical Director for Child Protection. A child
280 protection team that is evaluating a report of medical neglect
281 and assessing the health care needs of a medically complex child
282 shall consult with a physician who has experience in treating
283 children with the same condition.

284 (2) The child abuse, abandonment, and neglect reports that
285 must be referred by the department to child protection teams of
286 the Department of Health for an assessment and other appropriate
287 available support services as set forth in subsection (1) must
288 include cases involving:

289 (a) Injuries to the head, bruises to the neck or head,
290 burns, or fractures in a child of any age.

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- 291 (b) Bruises anywhere on a child 5 years of age or under.
- 292 (c) Any report alleging sexual abuse of a child.
- 293 (d) Any sexually transmitted disease in a prepubescent
294 child.
- 295 (e) Reported malnutrition of a child and failure of a child
296 to thrive.
- 297 (f) Reported medical neglect of a child.
- 298 (g) Any family in which one or more children have been
299 pronounced dead on arrival at a hospital or other health care
300 facility, or have been injured and later died, as a result of
301 suspected abuse, abandonment, or neglect, when any sibling or
302 other child remains in the home.
- 303 (h) Symptoms of serious emotional problems in a child when
304 emotional or other abuse, abandonment, or neglect is suspected.
- 305 (3) All abuse and neglect cases transmitted for
306 investigation to a district by the hotline must be
307 simultaneously transmitted to the Department of Health child
308 protection team for review. For the purpose of determining
309 whether face-to-face medical evaluation by a child protection
310 team is necessary, all cases transmitted to the child protection
311 team which meet the criteria in subsection (2) must be timely
312 reviewed by:
- 313 (a) A physician licensed under chapter 458 or chapter 459
314 who holds board certification in pediatrics and is a member of a
315 child protection team;
- 316 (b) A physician licensed under chapter 458 or chapter 459
317 who holds board certification in a specialty other than
318 pediatrics, who may complete the review only when working under
319 the direction of a physician licensed under chapter 458 or

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320 chapter 459 who holds board certification in pediatrics and is a
321 member of a child protection team;

322 (c) An advanced registered nurse practitioner licensed
323 under chapter 464 who has a specialty ~~speciality~~ in pediatrics
324 or family medicine and is a member of a child protection team;

325 (d) A physician assistant licensed under chapter 458 or
326 chapter 459, who may complete the review only when working under
327 the supervision of a physician licensed under chapter 458 or
328 chapter 459 who holds board certification in pediatrics and is a
329 member of a child protection team; or

330 (e) A registered nurse licensed under chapter 464, who may
331 complete the review only when working under the direct
332 supervision of a physician licensed under chapter 458 or chapter
333 459 who holds certification in pediatrics and is a member of a
334 child protection team.

335 (4) A face-to-face medical evaluation by a child protection
336 team is not necessary when:

337 (a) The child was examined for the alleged abuse or neglect
338 by a physician who is not a member of the child protection team,
339 and a consultation between the child protection team board-
340 certified pediatrician, advanced registered nurse practitioner,
341 physician assistant working under the supervision of a child
342 protection team board-certified pediatrician, or registered
343 nurse working under the direct supervision of a child protection
344 team board-certified pediatrician, and the examining physician
345 concludes that a further medical evaluation is unnecessary;

346 (b) The child protective investigator, with supervisory
347 approval, has determined, after conducting a child safety
348 assessment, that there are no indications of injuries as

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349 described in paragraphs (2) (a)-(h) as reported; or

350 (c) The child protection team board-certified pediatrician,
351 as authorized in subsection (3), determines that a medical
352 evaluation is not required.

353
354 Notwithstanding paragraphs (a), (b), and (c), a child protection
355 team pediatrician, as authorized in subsection (3), may
356 determine that a face-to-face medical evaluation is necessary.

357 (5) In all instances in which a child protection team is
358 providing certain services to abused, abandoned, or neglected
359 children, other offices and units of the Department of Health,
360 and offices and units of the Department of Children and Families
361 ~~Family Services~~, shall avoid duplicating the provision of those
362 services.

363 (6) The Department of Health child protection team quality
364 assurance program and the Department of Children and Families'
365 ~~Family Services'~~ Family Safety Program Office quality assurance
366 program shall collaborate to ensure referrals and responses to
367 child abuse, abandonment, and neglect reports are appropriate.
368 Each quality assurance program shall include a review of records
369 in which there are no findings of abuse, abandonment, or
370 neglect, and the findings of these reviews shall be included in
371 each department's quality assurance reports.

372 Section 4. Section 39.3068, Florida Statutes, is created to
373 read:

374 39.3068 Reports of medical neglect.-

375 (1) A report of medical neglect as defined in s. 39.01 must
376 be investigated by staff who have specialized training in
377 medical neglect and medically complex children.

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378 (2) The investigation must identify any immediate medical
379 needs of the child and must use a family-centered approach to
380 assess the capacity of the family to meet those needs.

381 (3) A family-centered approach is intended to increase
382 independence on the part of the family, accessibility to
383 programs and services within the community, and collaboration
384 between families and their service providers. The ethnic,
385 cultural, economic, racial, social, and religious diversity of
386 families must be respected and considered in the development and
387 provision of services.

388 (4) An investigation of cases involving medically complex
389 children must include determination of Medicaid coverage for
390 needed services and coordination with the Agency for Health Care
391 Administration to secure such covered services.

392 Section 5. Section 409.165, Florida Statutes, is amended to
393 read:

394 409.165 Alternate care for children.—

395 (1) Within funds appropriated, the department shall
396 establish and supervise a program of emergency shelters, runaway
397 shelters, foster homes, group homes, agency-operated group
398 treatment homes, nonpsychiatric residential group care
399 facilities, psychiatric residential treatment facilities, and
400 other appropriate facilities to provide shelter and care for
401 dependent children who must be placed away from their families.
402 The department, in accordance with outcome ~~established~~ goals
403 established in s. 409.986, shall contract for the provision of
404 such shelter and care by counties, municipalities, nonprofit
405 corporations, and other entities capable of providing needed
406 services if:

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407 (a) The services so provided comply with all department
408 standards, policies, and procedures ~~are available;~~

409 (b) The services can be ~~se~~ provided at a reasonable cost
410 ~~are more cost-effective than those provided by the department;~~
411 and

412 (c) Unless otherwise provided by law, such providers of
413 shelter and care are licensed by the department.

414

415 ~~It is the legislative intent that the~~

416 (2) Funds appropriated for the alternate care of children
417 as described in this section may be used to meet the needs of
418 children in their own homes or those of relatives if the
419 children can be safely served in such settings ~~their own homes,~~
420 ~~or the homes of relatives,~~ and the expenditure of funds in such
421 manner is equal to or less than the cost of out-of-home
422 placement ~~calculated by the department to be an eventual cost~~
423 ~~savings over placement of children.~~

424 (3) ~~(2)~~ The department shall ~~may~~ cooperate with all child
425 service institutions or agencies within the state which meet the
426 department's standards in order to maintain a comprehensive,
427 coordinated, and inclusive system for promoting and protecting
428 the well-being of children, consistent with the goals
429 established in s. 409.986 ~~rules for proper care and supervision~~
430 ~~prescribed by the department for the well-being of children.~~

431 (a) The department shall work with the Department of Health
432 in the development, utilization, and monitoring of medical
433 foster homes for medically complex children.

434 (b) The department shall work with the Agency for Health
435 Care Administration to provide such home and community-based

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436 services as may be necessary to maintain medically complex
437 children in the least restrictive and most nurturing
438 environment.

439 (4)~~(3)~~ With the written consent of parents, custodians, or
440 guardians, or in accordance with those provisions in chapter 39
441 that relate to dependent children, the department, under rules
442 properly adopted, may place a child:

443 (a) With a relative;

444 (b) With an adult nonrelative approved by the court for
445 long-term custody;

446 (c) With a person who is considering the adoption of a
447 child in the manner provided for by law;

448 (d) When limited, except as provided in paragraph (b), to
449 temporary emergency situations, with a responsible adult
450 approved by the court;

451 (e) With a person or family approved by the department to
452 serve as a medical foster home;

453 (f)~~(e)~~ With a person or agency licensed by the department
454 in accordance with s. 409.175; or

455 (g)~~(f)~~ In a subsidized independent living situation,
456 subject to the provisions of s. 409.1451(4)(c),

457
458 under such conditions as are determined to be for the best
459 interests or the welfare of the child. Any child placed in an
460 institution or in a family home by the department or its agency
461 may be removed by the department or its agency, and such other
462 disposition may be made as is for the best interest of the
463 child, including transfer of the child to another institution,
464 another home, or the home of the child. Expenditure of funds

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465 appropriated for out-of-home care can be used to meet the needs
466 of a child in the child's own home or the home of a relative if
467 the child can be safely served in the child's own home or that
468 of a relative if placement can be avoided by the expenditure of
469 such funds, and if the expenditure of such funds in this manner
470 is equal to or less than the cost of out-of-home placement
471 ~~calculated by the department to be a potential cost savings.~~

472 Section 6. Subsection (13) of section 409.962, Florida
473 Statutes, is amended to read:

474 409.962 Definitions.—As used in this part, except as
475 otherwise specifically provided, the term:

476 (13) "Provider service network" means an entity qualified
477 pursuant to s. 409.912(4)(d) of which a controlling interest is
478 owned by a health care provider, or group of ~~affiliated~~
479 providers affiliated for the purpose of providing health care,
480 or a public agency or entity that delivers health services.
481 Health care providers include Florida-licensed health care
482 professionals or licensed health care facilities, federally
483 qualified health care centers, and home health care agencies.

484 Section 7. Paragraph (c) of subsection (2) of section
485 409.967, Florida Statutes, is amended to read:

486 409.967 Managed care plan accountability.—

487 (2) The agency shall establish such contract requirements
488 as are necessary for the operation of the statewide managed care
489 program. In addition to any other provisions the agency may deem
490 necessary, the contract must require:

491 (c) Access.—

492 1. The agency shall establish specific standards for the
493 number, type, and regional distribution of providers in managed

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494 care plan networks to ensure access to care for both adults and
495 children. Each plan must maintain a regionwide network of
496 providers in sufficient numbers to meet the access standards for
497 specific medical services for all recipients enrolled in the
498 plan. The exclusive use of mail-order pharmacies may not be
499 sufficient to meet network access standards. Consistent with the
500 standards established by the agency, provider networks may
501 include providers located outside the region. A plan may
502 contract with a new hospital facility before the date the
503 hospital becomes operational if the hospital has commenced
504 construction, will be licensed and operational by January 1,
505 2013, and a final order has issued in any civil or
506 administrative challenge. Each plan shall establish and maintain
507 an accurate and complete electronic database of contracted
508 providers, including information about licensure or
509 registration, locations and hours of operation, specialty
510 credentials and other certifications, specific performance
511 indicators, and such other information as the agency deems
512 necessary. The database must be available online to both the
513 agency and the public and have the capability to compare the
514 availability of providers to network adequacy standards and to
515 accept and display feedback from each provider's patients. Each
516 plan shall submit quarterly reports to the agency identifying
517 the number of enrollees assigned to each primary care provider.

518 2. Each managed care plan must publish any prescribed drug
519 formulary or preferred drug list on the plan's website in a
520 manner that is accessible to and searchable by enrollees and
521 providers. The plan must update the list within 24 hours after
522 making a change. Each plan must ensure that the prior

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523 authorization process for prescribed drugs is readily accessible
524 to health care providers, including posting appropriate contact
525 information on its website and providing timely responses to
526 providers. For Medicaid recipients diagnosed with hemophilia who
527 have been prescribed anti-hemophilic-factor replacement
528 products, the agency shall provide for those products and
529 hemophilia overlay services through the agency's hemophilia
530 disease management program.

531 3. Managed care plans, and their fiscal agents or
532 intermediaries, must accept prior authorization requests for any
533 service electronically.

534 4. Managed care plans serving children in the care and
535 custody of the Department of Children and Families must maintain
536 complete medical, dental, and behavioral health information and
537 provide such information to the department for inclusion in the
538 state's child welfare data system. Using such documentation, the
539 agency and the department shall determine the plan's compliance
540 with standards for access to medical, dental, and behavioral
541 health services, the use of psychotropic medications, and
542 followup on all medically necessary services recommended as a
543 result of early and periodic screening diagnosis and treatment.

544 Section 8. Subsection (1) of section 409.974, Florida
545 Statutes, is amended to read:

546 409.974 Eligible plans.—

547 (1) ELIGIBLE PLAN SELECTION AND CONTRACTING.—The agency
548 shall select eligible plans through the procurement process
549 described in s. 409.966. The agency shall notice invitations to
550 negotiate no later than January 1, 2013.

551 (a) The agency shall procure and contract with two plans

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552 for Region 1. At least one plan shall be a provider service
553 network if any provider service networks submit a responsive
554 bid.

555 (b) The agency shall procure and contract with two plans
556 for Region 2. At least one plan shall be a provider service
557 network if any provider service networks submit a responsive
558 bid.

559 (c) The agency shall procure and contract with at least
560 three plans and up to five plans for Region 3. At least one plan
561 must be a provider service network if any provider service
562 networks submit a responsive bid.

563 (d) The agency shall procure and contract with at least
564 three plans and up to five plans for Region 4. At least one plan
565 must be a provider service network if any provider service
566 networks submit a responsive bid.

567 (e) The agency shall procure and contract with at least two
568 plans and up to four plans for Region 5. At least one plan must
569 be a provider service network if any provider service networks
570 submit a responsive bid.

571 (f) The agency shall procure and contract with at least
572 four plans and up to seven plans for Region 6. At least one plan
573 must be a provider service network if any provider service
574 networks submit a responsive bid.

575 (g) The agency shall procure and contract with at least
576 three plans and up to six plans for Region 7. At least one plan
577 must be a provider service network if any provider service
578 networks submit a responsive bid.

579 (h) The agency shall procure and contract with at least two
580 plans and up to four plans for Region 8. At least one plan must

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581 be a provider service network if any provider service networks
582 submit a responsive bid.

583 (i) The agency shall procure and contract with at least two
584 plans and up to four plans for Region 9. At least one plan must
585 be a provider service network if any provider service networks
586 submit a responsive bid.

587 (j) The agency shall procure and contract with at least two
588 plans and up to four plans for Region 10. At least one plan must
589 be a provider service network if any provider service networks
590 submit a responsive bid.

591 (k) The agency shall procure and contract with at least
592 five plans and up to 10 plans for Region 11. At least one plan
593 must be a provider service network if any provider service
594 networks submit a responsive bid.

595

596 If no provider service network submits a responsive bid, the
597 agency shall procure and contract with no more than one less
598 than the maximum number of eligible plans permitted in that
599 region, and, within the next. ~~Within 12 months after the initial~~
600 ~~invitation to negotiate~~, the agency shall issue an invitation to
601 negotiate in order attempt to procure and contract with a
602 provider service network. The agency shall terminate the
603 contract and provide notice for another invitation to negotiate
604 when changes in the corporate ownership and structure of the
605 only with provider service network networks in a region causes
606 the managed care plan to no longer meet the definition of a
607 provider service network under s. 409.962(13) those regions
608 ~~where no provider service network has been selected.~~

609 Section 9. Subsection (1) of section 39.302, Florida

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610 Statutes, is amended to read:

611 39.302 Protective investigations of institutional child
612 abuse, abandonment, or neglect.—

613 (1) The department shall conduct a child protective
614 investigation of each report of institutional child abuse,
615 abandonment, or neglect. Upon receipt of a report that alleges
616 that an employee or agent of the department, or any other entity
617 or person covered by s. 39.01(33) or (48) ~~(47)~~, acting in an
618 official capacity, has committed an act of child abuse,
619 abandonment, or neglect, the department shall initiate a child
620 protective investigation within the timeframe established under
621 s. 39.201(5) and notify the appropriate state attorney, law
622 enforcement agency, and licensing agency, which shall
623 immediately conduct a joint investigation, unless independent
624 investigations are more feasible. When conducting investigations
625 or having face-to-face interviews with the child, investigation
626 visits shall be unannounced unless it is determined by the
627 department or its agent that unannounced visits threaten the
628 safety of the child. If a facility is exempt from licensing, the
629 department shall inform the owner or operator of the facility of
630 the report. Each agency conducting a joint investigation is
631 entitled to full access to the information gathered by the
632 department in the course of the investigation. A protective
633 investigation must include an interview with the child's parent
634 or legal guardian. The department shall make a full written
635 report to the state attorney within 3 working days after making
636 the oral report. A criminal investigation shall be coordinated,
637 whenever possible, with the child protective investigation of
638 the department. Any interested person who has information

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639 regarding the offenses described in this subsection may forward
640 a statement to the state attorney as to whether prosecution is
641 warranted and appropriate. Within 15 days after the completion
642 of the investigation, the state attorney shall report the
643 findings to the department and shall include in the report a
644 determination of whether or not prosecution is justified and
645 appropriate in view of the circumstances of the specific case.

646 Section 10. Subsection (1) of section 39.524, Florida
647 Statutes, is amended to read:

648 39.524 Safe-harbor placement.—

649 (1) Except as provided in s. 39.407 or s. 985.801, a
650 dependent child 6 years of age or older who has been found to be
651 a victim of sexual exploitation as defined in s. 39.01(68)(g) ~~s.~~
652 ~~39.01(67)(g)~~ must be assessed for placement in a safe house as
653 provided in s. 409.1678. The assessment shall be conducted by
654 the department or its agent and shall incorporate and address
655 current and historical information from any law enforcement
656 reports; psychological testing or evaluation that has occurred;
657 current and historical information from the guardian ad litem,
658 if one has been assigned; current and historical information
659 from any current therapist, teacher, or other professional who
660 has knowledge of the child and has worked with the child; and
661 any other information concerning the availability and
662 suitability of safe-house placement. If such placement is
663 determined to be appropriate as a result of this assessment, the
664 child may be placed in a safe house, if one is available. As
665 used in this section, the term "available" as it relates to a
666 placement means a placement that is located within the circuit
667 or otherwise reasonably accessible.

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668 Section 11. Subsection (6) of section 316.613, Florida
669 Statutes, is amended to read:

670 316.613 Child restraint requirements.—

671 (6) The child restraint requirements imposed by this
672 section do not apply to a chauffeur-driven taxi, limousine,
673 sedan, van, bus, motor coach, or other passenger vehicle if the
674 operator and the motor vehicle are hired and used for the
675 transportation of persons for compensation. It is the obligation
676 and responsibility of the parent, guardian, or other person
677 responsible for a child's welfare, ~~as defined in s. 39.01(47),~~
678 to comply with the requirements of this section.

679 Section 12. Paragraph (d) of subsection (1) of section
680 409.1678, Florida Statutes, is amended to read:

681 409.1678 Safe harbor for children who are victims of sexual
682 exploitation.—

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

684 (d) "Sexually exploited child" means a dependent child who
685 has suffered sexual exploitation as defined in s. 39.01(68)(g)
686 ~~s. 39.01(67)(g)~~ and is ineligible for relief and benefits under
687 the federal Trafficking Victims Protection Act, 22 U.S.C. ss.
688 7101 et seq.

689 Section 13. Subsection (5) of section 960.065, Florida
690 Statutes, is amended to read:

691 960.065 Eligibility for awards.—

692 (5) A person is not ineligible for an award pursuant to
693 paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c) if that
694 person is a victim of sexual exploitation of a child as defined
695 in s. 39.01(68)(g) ~~s. 39.01(67)(g)~~.

696 Section 14. This act shall take effect July 1, 2014.