Title XXX SOCIAL WELFARE
Chapter 409 SOCIAL AND ECONOMIC ASSISTANCE

409.1671 Foster care and related services; outsourcing.

(1)(a) It is the intent of the Legislature that the Department of Children and Family Services shall outsource the provision of foster care and related services statewide. It is further the Legislature's intent to encourage communities and other stakeholders in the well-being of children to participate in assuring that children are safe and well-nurtured. However, while recognizing that some local governments are presently funding portions of certain foster care and related services programs and may choose to expand such funding in the future, the Legislature does not intend by its outsourcing of foster care and related services that any county, municipality, or special district be required to assist in funding programs that previously have been funded by the state. Counties that provide children and family services with at least 40 licensed residential group care beds by July 1, 2003, and provide at least $2 million annually in county general revenue funds to supplement foster and family care services shall continue to contract directly with the state and shall be exempt from the provisions of this section. Nothing in this paragraph prohibits any county, municipality, or special district from future voluntary funding participation in foster care and related services. As used in this section, the term "outsource" means to contract with competent, community-based agencies. The department shall submit a plan to accomplish outsourcing statewide, through a competitive process, phased in over a 3-year period beginning January 1, 2000. This plan must be developed with local community participation, including, but not limited to, input from community-based providers that are currently under contract with the department to furnish community-based foster care and related services, and must include a methodology for determining and transferring all available funds, including federal funds that the provider is eligible for and agrees to earn and that portion of general revenue funds which is currently associated with the services that are being furnished under contract. The methodology must provide for the transfer of funds appropriated and budgeted for all services and programs that have been incorporated into the project, including all management, capital (including current furniture and equipment), and administrative funds to accomplish the transfer of these programs. This methodology must address expected workload and at least the 3 previous years' experience in expenses and workload. With respect to any district or portion of a district in which outsourcing cannot be accomplished within the 3-year timeframe, the department must clearly state in its plan the reasons the timeframe cannot be met and the efforts that should be made to remediate the obstacles, which may include alternatives to total outsourcing, such as public-private partnerships. As used in this section, the term "related services" includes, but is not limited to, family preservation, independent living, emergency shelter,

residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, postplacement supervision, permanent foster care, and family reunification. Unless otherwise provided for, the state attorney shall provide child welfare legal services, pursuant to chapter 39 and other relevant provisions, in Pinellas and Pasco Counties. When a private nonprofit agency has received case management responsibilities, transferred from the state under this section, for a child who is sheltered or found to be dependent and who is assigned to the care of the outsourcing project, the agency may act as the child's guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained. The private nonprofit agency may also seek emergency medical attention for such a child, but only if a parent or guardian of the child is unavailable, his or her whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be obtained because of the severity of the emergency or because it is after normal working hours. However, the provider may not consent to sterilization, abortion, or termination of life support. If a child's parents' rights have been terminated, the nonprofit agency shall act as guardian of the child in all circumstances.

(b) It is the intent of the Legislature that the department will continue to work towards full outsourcing in a manner that assures the viability of the community-based system of care and best provides for the safety of children in the child protection system. To this end, the department is directed to continue the process of outsourcing services in those counties in which signed startup contracts have been executed. The department may also continue to enter into startup contracts with additional counties. However, no services shall be transferred to a community-based care lead agency until the department, in consultation with the local community alliance, has determined and certified in writing to the Governor and the Legislature that the district is prepared to transition the provision of services to the lead agency and that the lead agency is ready to deliver and be accountable for such service provision. In making this determination, the department shall conduct a readiness assessment of the district and the lead agency.

1. The assessment shall evaluate the operational readiness of the district and the lead agency based on:

a. A set of uniform criteria, developed in consultation with currently operating community-based care lead agencies and reflecting national accreditation standards, that evaluate programmatic, financial, technical assistance, training and organizational competencies; and

b. Local criteria reflective of the local community-based care design and the community alliance priorities.

2. The readiness assessment shall be conducted by a joint team of district and lead agency staff with direct experience with the start up and operation of a community-based care service program and representatives from the appropriate community alliance. Within resources available for this purpose, the department

may secure outside audit expertise when necessary to assist a readiness assessment team.
3. Upon completion of a readiness assessment, the assessment team shall conduct an exit conference with the district and lead agency staff responsible for the transition.
4. Within 30 days following the exit conference with staff of each district and lead agency, the secretary shall certify in writing to the Governor and the Legislature that both the district and the lead agency are prepared to begin the transition of service provision based on the results of the readiness assessment and the exit conference. The document of certification must include specific evidence of readiness on each element of the readiness instrument utilized by the assessment team as well as a description of each element of readiness needing improvement and strategies being implemented to address each one.
(c) The Auditor General and the Office of Program Policy Analysis and Government Accountability (OPPAGA), in consultation with The Child Welfare League of America and the Louis de la Parte Florida Mental Health Institute, shall jointly review and assess the department's process for determining district and lead agency readiness.
1. The review must, at a minimum, address the appropriateness of the readiness criteria and instruments applied, the appropriateness of the qualifications of participants on each readiness assessment team, the degree to which the department accurately determined each district and lead agency's compliance with the readiness criteria, the quality of the technical assistance provided by the department to a lead agency in correcting any weaknesses identified in the readiness assessment, and the degree to which each lead agency overcame any identified weaknesses.
2. Reports of these reviews must be submitted to the appropriate substantive and appropriations committees in the Senate and the House of Representatives on March 1 and September 1 of each year until full transition to community-based care has been accomplished statewide, except that the first report must be submitted by February 1, 2004, and must address all readiness activities undertaken through June 30, 2003. The perspectives of all participants in this review process must be included in each report.
(d) In communities where economic or demographic constraints make it impossible or not feasible to competitively contract with a lead agency, the department shall develop an alternative plan in collaboration with the local community alliance, which may include establishing innovative geographical configurations or consortia of agencies. The plan must detail how the community will continue to implement community-based care through competitively procuring either the specific components of foster care and related services or comprehensive services for defined eligible populations of children and families from qualified licensed agencies as part of its efforts to develop the local capacity for a community-based system of coordinated care. The plan must ensure local control over the management and administration of the service provision in

accordance with the intent of this section and may include recognized best business practices, including some form of public or private partnerships.
(e) As used in this section, the term "eligible lead community-based provider" means a single agency with which the department shall contract for the provision of child protective services in a community that is no smaller than a county. The secretary of the department may authorize more than one eligible lead community-based provider within a single county when to do so will result in more effective delivery of foster care and related services. To compete for an outsourcing project, such agency must have:
1. The ability to coordinate, integrate, and manage all child protective services in the designated community in cooperation with child protective investigations.
2. The ability to ensure continuity of care from entry to exit for all children referred from the protective investigation and court systems.
3. The ability to provide directly, or contract for through a local network of providers, all necessary child protective services. Such agencies should directly provide no more than 35 percent of all child protective services provided.
4. The willingness to accept accountability for meeting the outcomes and performance standards related to child protective services established by the Legislature and the Federal Government.
5. The capability and the willingness to serve all children referred to it from the protective investigation and court systems, regardless of the level of funding allocated to the community by the state, provided all related funding is transferred.
6. The willingness to ensure that each individual who provides child protective services completes the training required of child protective service workers by the Department of Children and Family Services.
7. The ability to maintain eligibility to receive all federal child welfare funds, including Title IV-E and IV-A funds, currently being used by the Department of Children and Family Services.
8. Written agreements with Healthy Families Florida lead entities in their community, pursuant to s. 409.153, to promote cooperative planning for the provision of prevention and intervention services.
9. A board of directors, of which at least 51 percent of the membership is comprised of persons residing in this state. Of the state residents, at least 51 percent must also reside within the service area of the lead community-based provider.
(f)1. The Legislature finds that the state has traditionally provided foster care services to children who have been the responsibility of the state. As such, foster children have not had the right to recover for injuries beyond the limitations specified in s. 768.28. The Legislature has determined that foster care and related services need to be outsourced pursuant to this section and that the provision of such services is of paramount importance to the state. The purpose for such outsourcing is to increase the level of safety, security, and stability of children who are or become the responsibility of the state. One of the components necessary to secure a safe and stable environment for such children

is that private providers maintain liability insurance. As such, insurance needs to be available and remain available to nongovernmental foster care and related services providers without the resources of such providers being significantly reduced by the cost of maintaining such insurance.

2. The Legislature further finds that, by requiring the following minimum levels of insurance, children in outsourced foster care and related services will gain increased protection and rights of recovery in the event of injury than provided for in s. 768.28.

(g) In any county in which a service contract has not been executed by December 31, 2004, the department shall ensure access to a model comprehensive residential services program as described in s. 409.1677 which, without imposing undue financial, geographic, or other barriers, ensures reasonable and appropriate participation by the family in the child's program.

1. In order to ensure that the program is operational by December 31, 2004, the department must, by December 31, 2003, begin the process of establishing access to a program in any county in which the department has not either entered into a transition contract or approved a community plan, as described in paragraph (d), which ensures full outsourcing by the statutory deadline.

2. The program must be procured through a competitive process.

3. The Legislature does not intend for the provisions of this paragraph to substitute for the requirement that full conversion to community-based care be accomplished.

(h) Other than an entity to which s. 768.28 applies, any eligible lead community-based provider, as defined in paragraph (e), or its employees or officers, except as otherwise provided in paragraph (i), must, as a part of its contract, obtain a minimum of $1 million per claim/$3 million per incident in general liability insurance coverage. The eligible lead community-based provider must also require that staff who transport client children and families in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily injury liability insurance in the amount of $100,000 per claim, $300,000 per incident, on their personal automobiles. In lieu of personal motor vehicle insurance, the lead community-based provider's casualty, liability, or motor vehicle insurance carrier may provide nonowned automobile liability coverage. This insurance provides liability insurance for automobiles that the provider uses in connection with the provider's business but does not own, lease, rent, or borrow. This coverage includes automobiles owned by the employees of the provider or a member of the employee's household but only while the automobiles are used in connection with the provider's business. The nonowned automobile coverage for the provider applies as excess coverage over any other collectible insurance. The personal automobile policy for the employee of the provider shall be primary insurance, and the nonowned automobile coverage of the provider acts as excess insurance to the primary insurance. The provider shall provide a minimum limit of $1 million in nonowned automobile coverage. In any tort action brought against such an eligible lead community-based provider or employee, net economic damages shall be limited to $1 million per liability

claim and $100,000 per automobile claim, including, but not limited to, past and future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such an eligible lead community-based provider, noneconomic damages shall be limited to $200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral source payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76. The lead community-based provider shall not be liable in tort for the acts or omissions of its subcontractors or the officers, agents, or employees of its subcontractors.

(i) The liability of an eligible lead community-based provider described in this section shall be exclusive and in place of all other liability of such provider. The same immunities from liability enjoyed by such providers shall extend as well to each employee of the provider when such employee is acting in furtherance of the provider's business, including the transportation of clients served, as described in this subsection, in privately owned vehicles. Such immunities shall not be applicable to a provider or an employee who acts in a culpably negligent manner or with willful and wanton disregard or unprovoked physical aggression when such acts result in injury or death or such acts proximately cause such injury or death; nor shall such immunities be applicable to employees of the same provider when each is operating in the furtherance of the provider's business, but they are assigned primarily to unrelated works within private or public employment. The same immunity provisions enjoyed by a provider shall also apply to any sole proprietor, partner, corporate officer or director, supervisor, or other person who in the course and scope of his or her duties acts in a managerial or policymaking capacity and the conduct that caused the alleged injury arose within the course and scope of those managerial or policymaking duties. Culpable negligence is defined as reckless indifference or grossly careless disregard of human life.

(j) Any subcontractor of an eligible lead community-based provider, as defined in paragraph (e), which is a direct provider of foster care and related services to children and families, and its employees or officers, except as otherwise provided in paragraph (i), must, as a part of its contract, obtain a minimum of $1 million per claim/$3 million per incident in general liability insurance coverage. The subcontractor of an eligible lead community-based provider must also require that staff who transport client children and families in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily injury liability insurance in the amount of $100,000 per claim, $300,000 per incident, on their personal automobiles. In lieu of personal motor vehicle insurance, the subcontractor's casualty, liability, or motor vehicle insurance carrier may provide nonowned automobile liability coverage. This insurance provides liability insurance for automobiles that the subcontractor uses in connection with the subcontractor's business but does not own, lease, rent, or borrow. This coverage includes automobiles owned by the employees of the subcontractor or a member of the employee's household but only while the automobiles are used in

connection with the subcontractor's business. The nonowned automobile coverage for the subcontractor applies as excess coverage over any other collectible insurance. The personal automobile policy for the employee of the subcontractor shall be primary insurance, and the nonowned automobile coverage of the subcontractor acts as excess insurance to the primary insurance. The subcontractor shall provide a minimum limit of $1 million in nonowned automobile coverage. In any tort action brought against such subcontractor or employee, net economic damages shall be limited to $1 million per liability claim and $100,000 per automobile claim, including, but not limited to, past and future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such subcontractor, noneconomic damages shall be limited to $200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral source payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76.

(k) The liability of a subcontractor of an eligible lead community-based provider that is a direct provider of foster care and related services as described in this section shall be exclusive and in place of all other liability of such provider. The same immunities from liability enjoyed by such subcontractor provider shall extend as well to each employee of the subcontractor when such employee is acting in furtherance of the subcontractor's business, including the transportation of clients served, as described in this subsection, in privately owned vehicles. Such immunities shall not be applicable to a subcontractor or an employee who acts in a culpably negligent manner or with willful and wanton disregard or unprovoked physical aggression when such acts result in injury or death or such acts proximately cause such injury or death; nor shall such immunities be applicable to employees of the same subcontractor when each is operating in the furtherance of the subcontractor's business, but they are assigned primarily to unrelated works within private or public employment. The same immunity provisions enjoyed by a subcontractor shall also apply to any sole proprietor, partner, corporate officer or director, supervisor, or other person who in the course and scope of his or her duties acts in a managerial or policymaking capacity and the conduct that caused the alleged injury arose within the course and scope of those managerial or policymaking duties. Culpable negligence is defined as reckless indifference or grossly careless disregard of human life.

(l) The Legislature is cognizant of the increasing costs of goods and services each year and recognizes that fixing a set amount of compensation actually has the effect of a reduction in compensation each year. Accordingly, the conditional limitations on damages in this section shall be increased at the rate of 5 percent each year, prorated from the effective date of this paragraph to the date at which damages subject to such limitations are awarded by final judgment or settlement.

(2)(a) The department may contract for the delivery, administration, or management of protective services, the services specified in subsection (1) relating to foster care, and other related services or programs, as appropriate.

The department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations. The department must adopt written policies and procedures for monitoring the contract for delivery of services by lead community-based providers. These policies and procedures must, at a minimum, address the evaluation of fiscal accountability and program operations, including provider achievement of performance standards, provider monitoring of subcontractors, and timely followup of corrective actions for significant monitoring findings related to providers and subcontractors. These policies and procedures must also include provisions for reducing the duplication of the department's program monitoring activities both internally and with other agencies, to the extent possible. The department's written procedures must ensure that the written findings, conclusions, and recommendations from monitoring the contract for services of lead community-based providers are communicated to the director of the provider agency as expeditiously as possible.

(b) Persons employed by the department in the provision of foster care and related services whose positions are being outsourced under this statute shall be given hiring preference by the provider, if provider qualifications are met.

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

(b) The contracts must also ensure that each community-based agency shall furnish information on its activities in all cases in client case records.

(c) The contract between the department and community-based agencies must include provisions that specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.

(d) Each contract with an eligible lead community-based provider shall provide for the payment by the department to the provider of a reasonable administrative cost in addition to funding for the provision of services.

(e) Each contract with an eligible lead community-based provider must include all performance outcome measures established by the Legislature and that are under the control of the lead agency. The standards must be adjusted annually by contract amendment to enable the department to meet the legislatively established statewide standards.

(4)(a) The department, in consultation with the community-based agencies that are undertaking the outsourced projects, shall establish a quality assurance program for privatized services. The quality assurance program shall be based

on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or CARF—the Rehabilitation Accreditation Commission. Each program operated under contract with a community-based agency must be evaluated annually by the department. The department shall, to the extent possible, use independent financial audits provided by the community-based care agency to eliminate or reduce the ongoing contract and administrative reviews conducted by the department. The department may suggest additional items to be included in such independent financial audits to meet the department's needs. Should the department determine that such independent financial audits are inadequate, then other audits, as necessary, may be conducted by the department. Nothing herein shall abrogate the requirements of s. 215.97. The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the minority leader of each house of the Legislature, and the Governor no later than January 31 of each year for each project in operation during the preceding fiscal year.

(b) The department shall use these findings in making recommendations to the Governor and the Legislature for future program and funding priorities in the child welfare system.

(5)(a) The community-based agency must comply with statutory requirements and agency rules in the provision of contractual services. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the community-based agency or agencies must be licensed by the Department of Children and Family Services under chapter 402 or this chapter. Each community-based agency must be licensed as a child-caring or child-placing agency by the department under this chapter. The department, in order to eliminate or reduce the number of duplicate inspections by various program offices, shall coordinate inspections required pursuant to licensure of agencies under this section.

(b) Substitute care providers who are licensed under s. 409.175 and have contracted with a lead agency authorized under this section shall also be authorized to provide registered or licensed family day care under s. 402.313, if consistent with federal law and if the home has met the requirements of s. 402.313.

(c) A foster home licensed under s. 409.175 may be dually licensed as a child care home under chapter 402 and may receive a foster care maintenance payment and, to the extent permitted under federal law, school readiness funding for the same child. The department may adopt rules necessary to administer this paragraph.

(6) Beginning January 1, 1999, and continuing at least through June 30, 2000, the Department of Children and Family Services shall outsource all foster care and related services in district 5 while continuing to contract with the current model programs in districts 1, 4, and 13, and in subdistrict 8A, and shall expand

the subdistrict 8A pilot program to incorporate Manatee County. Planning for the district 5 outsourcing shall be done by providers that are currently under contract with the department for foster care and related services and shall be done in consultation with the department. A lead provider of the district 5 program shall be competitively selected, must demonstrate the ability to provide necessary comprehensive services through a local network of providers, and must meet criteria established in this section. Contracts with organizations responsible for the model programs must include the management and administration of all outsourced services specified in subsection (1). However, the department may use funds for contract management only after obtaining written approval from the Executive Office of the Governor. The request for such approval must include, but is not limited to, a statement of the proposed amount of such funds and a description of the manner in which such funds will be used. If the community-based organization selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid provider number pursuant to s. 409.907 for the provision of services currently authorized under the state Medicaid plan to those children encompassed in this model and in a manner not to exceed the current level of state expenditure.

(7)(a) The department, in consultation with the Florida Coalition for Children, Inc., shall develop and implement a community-based care risk pool initiative to mitigate the financial risk to eligible lead community-based providers. This initiative shall include:

1. A risk pool application and protocol developed by the department that outline submission criteria, including, but not limited to, financial and program management, descriptive data requirements, and timeframes for submission of applications. Requests for funding from risk pool applicants shall be based on relevant and verifiable service trends and changes that have occurred during the current fiscal year. The application shall confirm that expenditure of approved risk pool funds by the lead community-based provider shall be completed within the current fiscal year.

2. A risk pool peer review committee, appointed by the secretary and consisting of department staff and representatives from at least three nonapplicant community-based care providers, that reviews and assesses all risk pool applications. Upon completion of each application review, the peer review committee shall report its findings and recommendations to the secretary providing, at a minimum, the following information:

a. Justification for the specific funding amount required by the risk pool applicant based on current year service trend data, including validation that the applicant's financial need was caused by circumstances beyond the control of the lead agency management;

b. Verification that the proposed use of risk pool funds meets at least one of the criteria in paragraph (c); and

c. Evidence of technical assistance provided in an effort to avoid the need to access the risk pool and recommendations for technical assistance to the lead

agency to ensure that risk pool funds are expended effectively and that the agency's need for future risk pool funding is diminished.
(b) Upon approval by the secretary of a risk pool application, the department may request funds from the risk pool in accordance with s. 216.181(6)(a).
(c) The purposes for which the community-based care risk pool shall be used include:
1. Significant changes in the number or composition of clients eligible to receive services.
2. Significant changes in the services that are eligible for reimbursement.
3. Continuity of care in the event of failure, discontinuance of service, or financial misconduct by a lead agency.
4. Significant changes in the mix of available funds.
(d) The department may also request in its annual legislative budget request, and the Governor may recommend, that the funding necessary to carry out paragraph (c) be appropriated to the department. In addition, the department may request the allocation of funds from the community-based care risk pool in accordance with s. 216.181(6)(a). Funds from this pool may be used to match available federal dollars.
1. Such funds shall constitute partial security for contract performance by lead agencies and shall be used to offset the need for a performance bond.
2. The department may separately require a bond to mitigate the financial consequences of potential acts of malfeasance, misfeasance, or criminal violations by the provider.
(e) The department may issue an interest-free loan to the Florida Coalition for Children, Inc., for the purpose of creating a self-insurance program pursuant to law. The loan shall be secured by the cumulative contractual revenue of the community-based care lead agencies participating in the self-insurance program. The amount of the loan shall be in an amount equal to the amount appropriated by the Legislature for this purpose. The terms of the repayment of the loan shall be based on the economic viability of the self-insurance program.
(8) A contract established between the department and a community-based care lead agency under this section must be funded by a grant of general revenue, other applicable state funds, or applicable federal funding sources. A community-based care lead agency may carry forward documented unexpended state funds from one fiscal year to the next; however, the cumulative amount carried forward may not exceed 8 percent of the total contract. Any unexpended state funds in excess of that percentage must be returned to the department. The funds carried forward may not be used in any way that would create increased recurring future obligations, and such funds may not be used for any type of program or service that is not currently authorized by the existing contract with the department. Expenditures of funds carried forward must be separately reported to the department. Any unexpended funds that remain at the end of the contract period shall be returned to the department. Funds carried forward may be retained through any contract renewals and any new procurements as long as the same community-based care lead agency is retained by the department.

Source:
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String&URL=0400-0499/0409/Sections/0409.1671.html

(9) The method of payment for a fixed-price contract with a community-based care lead agency shall provide for a 2-month advance payment at the beginning of each fiscal year and equal monthly payments thereafter.
(10) Notwithstanding the provisions of s. 215.425, all documented federal funds earned for the current fiscal year by the department and community-based agencies which exceed the amount appropriated by the Legislature shall be distributed to all entities that contributed to the excess earnings based on a schedule and methodology developed by the department and approved by the Executive Office of the Governor. Distribution shall be pro rata based on total earnings and shall be made only to those entities that contributed to excess earnings. Excess earnings of community-based agencies shall be used only in the service district in which they were earned. Additional state funds appropriated by the Legislature for community-based agencies or made available pursuant to the budgetary amendment process described in s. 216.177 shall be transferred to the community-based agencies. The department shall amend a community-based agency's contract to permit expenditure of the funds.
(11) Notwithstanding subsection (10), the amount of the annual contract for a community-based care lead agency may be increased by excess federal funds earned in accordance with s. 216.181(11).
(12) The department may outsource programmatic, administrative, or fiscal monitoring oversight of community-based care lead agencies.
(13) Notwithstanding any other provision of law, a community-based care lead agency may make expenditures for staff cellular telephone allowances, contracts requiring deferred payments and maintenance agreements, security deposits for office leases, related agency professional membership dues other than personal professional membership dues, promotional materials, and grant writing services. Expenditures for food and refreshments, other than those provided to clients in the care of the agency or to foster parents, adoptive parents, and caseworkers during training sessions, are not allowable.
(14) Each district and subdistrict that participates in the model program effort or any future outsourcing effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of outsourcing, including the cost of monitoring and evaluating the contracted services.
(15) The lead community-based providers and their subcontractors shall be exempt from state travel policies as set forth in s. 112.061(3)(a) for their travel expenses incurred in order to comply with the requirements of this section.
(16) A lead community-based provider and its subcontractors are exempt from including in written contracts and other written documents the statement "sponsored by the State of Florida" or the logo of the Department of Children and Family Services, otherwise required in s. 286.25, unless the lead community-based provider or its subcontractors receive more than 35 percent of their total funding from the state.

Source:
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String&URL=0400-0499/0409/Sections/0409.1671.html

History.—s. 49, ch. 94-164; s. 5, ch. 96-402; s. 193, ch. 97-101; s. 1, ch. 98-180; s. 14, ch. 99-168; s. 2, ch. 99-206; s. 9, ch. 2000-139; s. 10, ch. 2000-217; s. 4, ch. 2001-68; s. 8, ch. 2001-191; s. 4, ch. 2002-219; s. 17, ch. 2002-402; s. 7, ch. 2003-146; ss. 26, 27, ch. 2003-399; s. 49, ch. 2004-5; s. 12, ch. 2004-6; ss. 6, 7, 76, ch. 2004-269; s. 2, ch. 2004-356; s. 1, ch. 2005-105; s. 3, ch. 2005-222; s. 1, ch. 2006-30; s. 19, ch. 2008-245; s. 6, ch. 2010-158; s. 16, ch. 2010-210.