

Risk Pool Application SFY 2016-17

Please complete all items and submit electronically to the Regional Managing Director. Upon review and concurrence of the Risk Pool Request, the Regional Managing Director will submit the application to the Deputy Secretary for the Department.

Lead Agency Name: **Kids Central, Inc.**

Region: **Central Region**

Contract No.: **PJL04**

Address: **901 Industrial Dr #200, Wildwood, FL 34785**

Lead Agency Contact: **John Cooper, CEO**

Phone No.: **(352) 873-6332**

Contract Manager: **Shelly LaFrance**

Phone No.: **(352) 873-6332**

This request is being submitted in response to an anticipated current year deficit in excess of available carry forward funds.

Financials:

- 1) Confirm the dollar amount being requested: **\$1,523,118**
- 2) Confirm that funds will be expended by the end of the current fiscal year: ☒ Yes ☐ No
- 3) How do you propose to use these funds to address or correct the underlying cause of the shortfall? **Funds from the risk pool will be used to cover increased expenditures generated by higher than projected removals and the resulting monthly out-of-home care volume.**

In collaboration with DCF Central Region and Circuit Five leadership, a pro-active plan to address factors leading to increased out-of-home care entries has been developed and implemented. The plan serves to reduce cost by:

- **Implementing a formal framework to review and validate case decisions at the point of entry,**
- **Promoting joint decision making to ensure reasonable efforts to prevent removal are made,**
- **Reviewing case circumstances at removal and prior to adjudication to validate the use of an in-home safety-plan to prevent removal is not feasible,**
- **Enhancing access to and availability of safety-management services,**
- **Maximizing the use of available community-based services and in-home evidence-based interventions capable of mitigating factors leading to removal, and;**
- **Leveraging available funds by supporting relative and non-relative placement and minimizing the use of congregate care ("high-end") care placements.**

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Lead Agency CEO/ED Name and Signature

11/29/2016

Date



CBC Contract Manager Name and Signature

12/1
Date

Regional Managing Director Name: **Bill D'Aiuto**

Please confirm the following:

The Lead Agency submitted a Financial Viability Plan.

☒ Yes

☐ No

The Lead Agency is actively working its Financial Viability Plan.

☒ Yes

☐ No

Please check the applicable box to indicate your level of support of this application:

☒ Concur

☐ *Do Not Concur



Regional Managing Director Signature

12/5/16
Date

Rationale:

(This item must be completed if "Do Not Concur" is checked.)

As the Regional Managing Director has concurred with this application, a written rationale is not required at this time.

Exhibit A

Section 409.990(7), Florida Statutes:

- (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 agencies. This initiative must include:
1. A risk pool application and protocol developed by the department which outlines 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 must be based on relevant and verifiable service trends and changes that have occurred during the current fiscal year. The application must confirm that expenditure of approved risk pool funds by the lead agency will 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 lead agencies, which 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 the current year's 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 purposes specified 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 effect 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 the 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 or misfeasance or criminal violations by the service provider.