

(b) Subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) Request and receive the assistance of any state attorney or law enforcement agency in the investigation and prosecution of any violation of this section.

History.—s. 50, ch. 91-282; s. 6, ch. 94-251; s. 2, ch. 96-280; s. 6, ch. 96-387.

409.9205 Medicaid Fraud Control Unit; law enforcement officers.—All investigators employed by the Medicaid Fraud Control Unit who have been certified under s. 943.1395 are law enforcement officers of the state. Such investigators have the authority to conduct criminal investigations, bear arms, make arrests, and apply for, serve, and execute search warrants, arrest warrants, and capias throughout the state pertaining to Medicaid fraud as described in this chapter. The Attorney General shall provide reasonable notice of criminal investigations conducted by the Medicaid Fraud Control Unit to, and coordinate those investigations with, the sheriffs of the respective counties. Investigators employed by the Medicaid Fraud Control Unit are not eligible for membership in the Special Risk Class of the Florida Retirement System under s. 121.0515.

History.—s. 6, ch. 96-331.

409.921 Short title.—[Repealed by s. 111, ch. 96-175.]

409.922 Legislative intent.—[Repealed by s. 111, ch. 96-175.]

409.923 Definitions.—[Repealed by s. 111, ch. 96-175.]

409.924 Family transition program; general provisions.—[Repealed by s. 111, ch. 96-175.]

409.925 Federal waivers and evaluation.—[Repealed by s. 111, ch. 96-175.]

409.926 Responsibilities of the department.—[Repealed by s. 111, ch. 96-175.]

409.927 Benefits limitations and enhanced services applicable to all participants.—[Repealed by s. 111, ch. 96-175.]

409.928 Review panels; selection and responsibilities.—[Repealed by s. 111, ch. 96-175.]

409.929 Full durational review.—[Repealed by s. 111, ch. 96-175.]

409.930 Enhanced services; participant responsibilities.—[Repealed by s. 111, ch. 96-175.]

409.931 Court-ordered participation.—[Repealed by s. 111, ch. 96-175.]

409.932 Incentives for employers.—[Repealed by s. 111, ch. 96-175.]

409.933 Family transition program learnfare requirement.—[Repealed by s. 111, ch. 96-175.]

409.934 Family transition program AFDC dependency diversion.—[Repealed by s. 111, ch. 96-175.]

409.935 Rulemaking.—[Repealed by s. 111, ch. 96-175.]

409.936 Reporting.—[Repealed by s. 111, ch. 96-175.]

409.937 Family transition program; awards of recognition.—[Repealed by s. 111, ch. 96-175.]

409.938 Immunizations.—[Amended and transferred to s. 414.13 by s. 17, ch. 96-175.]

409.939 Required quarters of work for AFDC unemployed parent program.—[Repealed by s. 111, ch. 96-175.]

409.940 Vendor payment for housing authority.—[Repealed by s. 111, ch. 96-175.]

409.941 Periods of substantially high unemployment rates.—[Repealed by s. 111, ch. 96-175.]

409.942 Electronic benefit transfer program.—

(1) The Department of Health and Rehabilitative Services shall establish an electronic benefit transfer program for the dissemination of food stamp benefits and temporary assistance payments, including refugee cash assistance payments, asylum applicant payments, and child support disregard payments. If the Federal Government does not enact legislation or regulations providing for dissemination of supplemental security income by electronic benefit transfer, the state may include supplemental security income in the electronic benefit transfer program.

(2) The department shall, in accordance with applicable federal laws and regulations, develop minimum program requirements and other policy initiatives for the electronic benefit transfer program and shall have at least one operational pilot program in place by July 1, 1996.

(3) The department shall enter into public-private contracts for all provisions of electronic transfer of public assistance benefits, including, but not limited to, the necessary electronic equipment and technical support for the electronic benefit transfer pilot program.

History.—s. 9, ch. 95-431; s. 99, ch. 96-175.

Note.—The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403, and the Department of Health was created by s. 8, ch. 96-403.

409.943 Federal waivers necessary to implement ch. 95-431.—[Repealed by s. 111, ch. 96-175.]

CHAPTER 410

AGING AND ADULT SERVICES

410.037 Confidentiality of information.

410.605 Confidentiality of information.

410.037 Confidentiality of information.—Information about disabled adults who receive services under ss. 410.031–410.036 which is received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under ss. 410.031–410.036 through contracts with the department is confidential and exempt from the provisions of s. 119.07(1). The information may not be disclosed publicly in a manner that identifies a disabled adult, unless the person or his legal guardian provides written consent.

History.—s. 15, ch. 88-350; s. 10, ch. 91-71; s. 76, ch. 95-418; s. 261, ch. 96-406.

410.605 Confidentiality of information.—Information about disabled adults who receive services under ss. 410.601–410.606 which is received through files, reports, inspections, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under ss. 410.601–410.606 through contracts with the department is confidential and exempt from the provisions of s. 119.07(1). Such information may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult or his legal guardian provides written consent.

History.—s. 9, ch. 88-350; s. 13, ch. 91-71; s. 262, ch. 96-406.

CHAPTER 411

HANDICAP OR HIGH-RISK CONDITION PREVENTION AND EARLY CHILDHOOD ASSISTANCE

PART III

INFANTS AND TODDLERS

411.232 Children's Early Investment Program.

411.232 Children's Early Investment Program.—

(1) **CREATION.**—There is hereby created the Children's Early Investment Program for young children who are at risk of developmental dysfunction or delay and for their families. This program shall coordinate a variety of resources to program participants through a responsible agent for the child and the child's family. The services and assistance provided shall focus on the family and shall be comprehensive. The programs and services offered shall enhance family independence and shall provide social and educational resources needed for healthy child development.

(2) **GOALS.**—The goal of the Children's Early Investment Program is to encourage and assist an effective investment strategy for the at-risk young children in this state and their families so that they will develop into healthy and productive members of society. The Children's Early Investment Program is designed to provide intensive early intervention to at-risk expectant mothers, young children, and their families in order that this state will invest now for a future in which the workforce

is skilled and stable; in which crime rates are reduced; and in which the social and economic costs of high-risk pregnancies and low birthweight babies are reduced. The objectives of the Children's Early Investment Program are to increase the percentage of children entering the school system who are ready and able to learn; to reduce teenage pregnancies among this at-risk population; to reduce the numbers of cocaine babies born in this state; to reduce the crime rate among these children as they grow up; to reduce the rate of school dropouts in this state and to increase the basic skills and ability of the future workforce. It is anticipated the efforts targeted now to expectant mothers and young children will show their greatest results in the years when these at-risk children enter school and when they are teenagers and young adults. Benefits are also anticipated, however, as the families of these children are assisted in addressing their own needs, and corresponding reductions in foster care placements, low birthweight babies, teen pregnancy, economic instability and dependence, and other signs of dysfunction are anticipated.

(3) **ESSENTIAL ELEMENTS.**—

(a) Initially, the program shall be directed to geographic areas where at-risk young children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime rate, great incidence of low birthweight babies, high incidence of alcohol and drug abuse, and high rates of teenage pregnancy. The selection of a geographic site shall also consider the incidence of young children within these at-risk geographic areas who are cocaine babies, children of mothers who participate in the WAGES Program, children of teenage parents, low birthweight babies, and very young foster children. To receive funding under this section, an agency, board, council, or provider must demonstrate:

1. Its capacity to administer and coordinate the programs and services in a comprehensive manner and provide a flexible range of services;
2. Its capacity to identify and serve those children least able to access existing programs and case management services;
3. Its capacity to administer and coordinate the programs and services in an intensive and continuous manner;
4. The proximity of its facilities to young children, parents, and other family members to be served by the program, or its ability to provide offsite services;
5. Its ability to use existing federal, state, and local governmental programs and services in implementing the investment program;
6. Its ability to coordinate activities and services with existing public and private, state and local agencies and programs such as those responsible for health, education, social support, mental health, child care, respite care, housing, transportation, alcohol and drug abuse treatment and prevention, income assistance, employment training and placement, nutrition, and other relevant services, all the foregoing intended to assist children and families at risk;
7. How its plan will involve project participants and community representatives in the planning and operation of the investment program;