
Senate Fiscal Agency
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SFA**BILL ANALYSIS**

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Senate Bill 544 (Substitute S-1 as reported)

Sponsor: Senator Bill Schuette

Committee: Families, Mental Health and Human Services

CONTENT

The bill would amend the Foster Care and Adoption Services Act to establish requirements for a supervising agency (the department or agency in whose care a child was placed for foster care). Among other things, a supervising agency would have to make a placement decision after consulting with relatives; strive to achieve permanent placement within 12 months after a child's removal from his or her home; require its workers to make in-home visits; develop a medical passport for each child under its care; and obtain an assessment or psychological evaluation of children who had suffered sexual abuse or serious physical or emotional harm. The bill is tie-barred to Senate Bill 516, which would amend the juvenile code in regard to child abuse proceedings.

A supervising agency would have to identify, locate, and consult with relatives to determine placement with a fit and appropriate relative or member of the child's extended family as an alternative to foster care. The agency would have to make a placement decision and document the reason for the decision, and provide written notice of the decision and the reasons for it to the child's attorney, guardian, guardian ad litem, mother, and father; attorneys for the mother and father; all relatives or extended family members who had expressed an interest in caring for the child; the prosecutor; and the child, if he or she were old enough to express an opinion regarding placement. If the child's attorney determined that the decision was not in the child's best interest, he or she could petition the court for a review hearing.

A supervising agency would have to obtain for each child who was placed in foster care the name and address of the child's medical provider and a signed document for the release of the child's medical records. The agency also would have to require that a child's medical provider remain constant while the child was in foster care, unless the child's current primary medical provider was a managed care health plan or unless doing so would create an unreasonable burden for the relative, foster parent, or other custodian. For each child who came under its care, an agency would have to develop a medical passport that contained all information required by policy or law to be provided to foster parents; a basic medical history; a record of all immunizations; and any other information concerning the child's physical and mental health.

MCL 722.952 et al.

Legislative Analyst: P. Affholter

FISCAL IMPACT

The bill could have an indeterminate impact on State government. The development of a medical passport for children in foster care placement is included in the FY 1997-98 proposal for the Family Independence Agency (FIA) appropriation. It is anticipated that a managed care provider will maintain the child's complete medical history and provide this information to the FIA. Approximately \$500,000 is anticipated to be used for the medical passport program implementation. In addition, the implementation details will be developed in conjunction with the Medical Assistance Program in the Department of Community Health.

Date Completed: 6-3-97

Fiscal Analyst: C. Cole

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.