

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/HB 475](#)

TITLE: Out-of-Home Placement Providers and Treatment Facilities

SPONSOR(S): Salzman

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: [SB 1560](#) (Simon)

Committee References

[Human Services](#)

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SUMMARY

Effect of the Bill:

CS/HB 475 requires the Department of Children and Families, Department of Health, Agency for Persons with Disabilities, and Agency for Health Care Administration to provide weekly data reports to the community-based care lead agencies regarding real-time bed availability in licensed out-of-home placement providers and treatment facilities.

The bill also directs the Office of Program Policy Analysis and Government Accountability to conduct a comprehensive analysis of the state's capacity to care for high acuity children in out-of-home placements and treatment facilities with an interim report to be submitted to the Legislature by October 1, 2026 and a final report by December 1, 2026.

Fiscal or Economic Impact:

The bill may result in an insignificant negative fiscal impact to DCF, DOH, APD and ACHA for staff time involved in the preparation and transmittal of the weekly data files, but these state agencies can absorb these costs within existing resources.

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ANALYSIS

EFFECT OF THE BILL:

Interagency Coordination with Community-Based Care Lead Agencies

CS/HB 475 mandates a weekly interagency data-sharing protocol to expedite out-of-home placements for high acuity children. It requires the Department of Children and Families (DCF), the Department of Health (DOH), the Agency for Health Care Administration (AHCA), and the Agency for Persons with Disabilities (APD) to provide Community-Based Care lead agencies (CBCs) with real-time reports on licensed out-of-home placements provider and facility bed availability. (Section 1).

Study on Specialized Placements and Treatment Facilities

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to study the demand for specialized placements and treatment facilities, and whether there is a sufficient supply of each, to address the needs of children identified as high acuity (i.e., children aged 0-18 who present with intensive and complex medical, developmental, behavioral health, or disability needs across multiple areas of functioning) or diagnosed with co-occurring disorders. OPPAGA must assess interagency coordination as it relates to finding appropriate care settings for high-acuity children, which may help policymakers perceive the extent to which, if any, the perceived supply-demand imbalance is aggravated by insufficient coordination.

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To perform the comprehensive review, the bill specifically requires OPPAGA to:

- Include, in its review, certain classes of specialized placements, including, but not limited to:
 - Family foster homes licensed by DCF as therapeutic foster homes, professional foster homes, and medical foster homes;
 - Placements licensed by DCF as behavioral qualified residential treatment programs;
 - Placements licensed by AHCA as qualified residential treatment programs;
 - Residential treatment centers for children and adolescents licensed by AHCA; and
 - Specialized therapeutic group homes licensed by AHCA; and
 - Placements licensed by APD as foster care facilities and group homes.
- Include, in its review, treatment facilities, which comprise any medical facility that treats a child and does not constitute an out-of-home placement within the child welfare system. This includes, but is not limited to, statewide inpatient psychiatric programs licensed by AHCA.
- Evaluate supply-demand trends in bed availability and bed utilization, which includes compiling data for the last three fiscal years on:
 - The total number of licensed beds for each specialized placement and treatment facility;
 - The average daily census for each specialized placement and treatment facility;
 - The percentage of capacity utilized each month for each specialized placement and treatment facility;
 - The case mix for each specialized placement and treatment facility that concurrently serves children inside and outside the child welfare system;
 - The diagnoses of children referred to or placed in specialized treatments or treatment facilities;
 - The total number of requests, orders, or referrals for each specialized placement and treatment facility, the number of placements made, the specific reasons such placements were not made, and the numbers for alternative services provided such as step-down or in-lieu-of-services provided;
 - The total distance of intrastate placements for each child placed in a setting outside the county of the child's residence;
 - The total number of placements at out-of-state specialized placements, the reasons for such placements, and the CBC region of origin;
 - The average duration of time for qualified evaluators¹ to complete suitability assessments for specialized placements and treatment facilities, and whether there is a shortage of qualified evaluators;
 - The average duration of time from the determination of clinical need by a qualified evaluator to the actual admission or placement of the child in a specialized placement or treatment facility;
 - The average length of stay per specialized placement and treatment facility type, stratified by the primary behavioral or medical condition treated; and
 - The prevalence of courts disregarding specialized placement or treatment facility recommendations made by DCF, and the reasons why.
- Assess the state's management of programs relating to specialized placements and treatment facilities, which includes reviewing:
 - The roles and responsibilities of DCF, DOH, AHCA, APD, and the CBCs in recruiting and retaining specialized placement providers and treatment facility providers;
 - The methods employed by DCF, DOH, AHCA, and APD to communicate the availability of specialized placement beds and treatment facility beds to the CBCs;
 - The process employed by DOH for establishing, screening, and placing children into medical foster homes, which must include the extent of Child Protection Team involvement; and

¹ For residential treatment center placements, the qualified evaluator must be a Florida-licensed psychiatrist or psychologist with a minimum of 3 years' experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who lacks actual or perceived conflicts of interest with any residential treatment programs. For therapeutic group homes specifically, the qualified evaluator must be a Florida-licensed psychiatrist, psychologist, or mental health counselor with at least 2 years' experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and lack actual or perceived conflicts of interest with any residential treatment programs. Ss. 39.407(6)(a)-(b), F.S.

- The quality and uniformity of training provided amongst the CBCs to CBC case managers to support both high acuity children and specialized placements.

The bill requires OPPAGA to submit an interim report to the Legislature by October 1, 2026, and a final report by December 1, 2026, that documents its findings and recommendations. (Section 2).

The bill has an effective date of July 1, 2026. (Section 3).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill may result in an insignificant negative fiscal impact to DCF, DOH, APD and ACHA for staff time involved in the preparation and transmittal of the weekly data files, but any costs associated with such activity can be absorbed within existing resources.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's System of Care for High Acuity Children

No one state agency exercises licensure authority and regulatory oversight over the entire array of specialized placements and treatment facilities for children in the child welfare system identified as high acuity or diagnosed with co-occurring disorders. Instead, current law specifically directs at least four state agencies, including the Department of Children and Families (DCF), the Department of Health (DOH), the Agency for Health Care Administration (AHCA), and the Agency for Persons with Disabilities (APD) to administer certain parts of the whole system of care, which includes the licensure of certain placements and facilities and the referral of child welfare children to certain placements and facilities.

Department of Children and Families

Administered by DCF, Florida's child welfare system seeks to:

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;
- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state's care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.²

DCF licenses and regulates out-of-home care placement service providers (i.e., child-placing agencies)³ and foster care providers (i.e., family foster homes⁴ and residential child-caring agencies⁵).

² S. [39.001\(1\)\(a\), F.S.](#)

³ A child-placing agency is a person, corporation, or agency, public or private, other than the parent or legal guardian of the child or an adoption intermediary, that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child-caring agency, or adoptive home. [S. 409.175\(2\)\(d\), F.S.](#)

⁴ "Family foster home" means a residence licensed by the department in which children who are unattended by a parent or legal guardian are provided 24-hour care. The term does not include an adoptive home that has been approved by the department or approved by a licensed child-placing agency for children placed for adoption. s. 409.175(2)(e), F.S.

⁵ "Residential child-caring agency" means any person, corporation, or agency, public or private, other than the child's parent or legal guardian, that provides staffed 24-hour care for children in facilities maintained for that purpose, regardless of whether operated for profit or whether a fee is charged. Such residential child-caring agencies include, but are not limited to, maternity homes, runaway shelters, group homes that are administered by an agency, emergency shelters that are not in private residences, and wilderness camps. Residential child-

Community-Based Care Lead Agencies

DCF outsources some child protection and child welfare services to 15 community-based care lead agencies (CBCs) through contracts.⁶ A CBC is a single entity with which DCF has a contract for the provision of care⁷ for children in the child protection and child welfare system in a community that is no smaller than a county and no larger than two contiguous judicial circuits.⁸ CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.⁹ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.¹⁰

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.¹¹ Ultimately, DCF must ensure children receive appropriate, quality care because providing such care is ultimately the state's responsibility.¹²

Home Removals

DCF temporarily shelters a child in out-of-home care when it believes the child cannot remain safely at home after child protection investigators find evidence of abuse, neglect, or abandonment.¹³ Current law requires DCF to petition the dependency court for a hearing on the child's shelter status.¹⁴ If the presiding judge agrees with the necessity of home removal and that in-home remedial services would not eliminate the necessity of out-of-home care, the judge will adjudicate the child dependent and temporarily continue the child's shelter placement.¹⁵ At the next scheduled hearing, the judge orders a foster care placement for the child and, if necessary, the accompanying array of social and rehabilitative services.¹⁶ Current law prioritizes placements that are the least restrictive, most family-like settings which are available in close proximity to the child's home and meets the child's needs.¹⁷

Foster Care Placements

DCF serves children identified as high acuity or diagnosed with co-occurring disorders at certain licensed family foster homes and certain licensed group home settings.

Therapeutic Foster Homes

caring agencies do not include hospitals, boarding schools, summer or recreation camps, nursing homes, or facilities operated by a governmental agency for the training, treatment, or secure care of delinquent youth, or facilities licensed under s. 393.067 or s. 394.875 or chapter 397. [s. 409.175\(2\)\(l\), F.S.](#)

⁶ [S. 409.986, F.S.](#)

⁷ "Care" means services of any kind which are designed to facilitate a child remaining safely in his or her own home, returning safely to his or her own home if he or she is removed from the home, or obtaining an alternative permanent home if he or she cannot remain at home or be returned home. The term includes, but is not limited to, prevention, diversion, and related services. [S. 409.986, F.S.](#)

⁸ However, Florida law authorizes DCF's Secretary to authorize more than one eligible CBC within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁹ [S. 409.986\(3\), F.S.](#)

¹⁰ S. [409.988\(1\)\(j\), F.S.](#) Current law requires a CBC to recruit other provider groups when the CBC seeks DCF's approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC's geographic service area still lacks a qualified provider after the CBC's good faith recruitment efforts. s. 409.988(1)(j), F.S.

¹¹ [S. 409.996, F.S.](#)

¹² [S. 409.986\(1\)\(b\), F.S.](#), [409.996, F.S.](#), [409.997, F.S.](#)

¹³ S. 39.402, F.S.

¹⁴ S. 39.401, F.S. A "shelter hearing" means a hearing in which the court determines whether probable cause exists to keep a child in shelter status pending further investigation of the case. S. [39.01\(82\), F.S.](#)

¹⁵ Ss. [39.402\(2\), F.S.](#), [39.402\(8\)\(h\), F.S.](#)

¹⁶ S. [39.521\(1\)\(a\), F.S.](#)

¹⁷ Ss. [39.4021, F.S.](#), [39.523\(1\), F.S.](#) The statutory hierarchy of preferred placements for a child, in descending order, is with the nonoffending parent, a relative caregiver, an adoptive parent of the child's sibling, fictive kin with a close existing relationship to the child, a nonrelative caregiver who lacks an existing relationship with the child, licensed foster care, and group or congregate care.

Therapeutic foster homes are a type of licensed family foster home where DCF places children with a foster family that received specialized training to care for children and adolescents who have significant emotional, behavioral, or social needs.¹⁸

As of June 2025, DCF licensed 820 therapeutic foster homes.¹⁹

Professional Treatment Foster Homes

Professional treatment foster homes are licensed family foster homes in which DCF places a child identified as high acuity or diagnosed with co-occurring disorders with a foster family that received specialized training in care coordination, de-escalation, crisis management, and other necessary behavioral health training to treat children with unmet, elevated behavioral health needs. Children eligible for placement in a professional treatment foster home are children with the potential for frequent placement changes due to current or past behavior, which includes, but is not limited to, children with involvement in the juvenile justice system. Eligible children also include foster children discharged from inpatient residential treatment.

DCF and the CBCs recruit, train, and compensate professional treatment foster home providers for rendering professional services. One foster parent with specialized training must be available in the treatment foster care home at all times, and DCF must provide the foster parent with 24-hour, on-call in-home crisis intervention and placement stabilization services. Current law limits the maximum placement capacity of a professional treatment foster home to two eligible children simultaneously and restricts each child's stay to a maximum of nine months, plus a one-time three-month extension at DCF's discretion.

Under current law, the professional treatment foster home setting is a pilot program. DCF is testing professional treatment foster home pilot program in two judicial circuits for a four-year period running from 2026 through 2029.²⁰

Behavioral Qualified Residential Treatment Programs

DCF administers the behavioral qualified residential treatment program (BQRTP) in DCF-licensed therapeutic group homes which are accredited by The Joint Commission or another DCF-approved nonprofit accrediting agency. A BQRTP employs a 24-hour trauma-informed treatment model which providing services for youth who have serious emotional or behavioral disorders or disturbances, which includes services relating to:

- Substance abuse and mental health screening and treatment, if applicable;
- Family/group/individual therapy;
- Behavioral management;
- Psychiatric services;
- Support groups;
- Specialized intervention services;
- Social & rehabilitative services; and
- Psycho-educational services.²¹

Maladaptive behaviors are typically the underling factor for admission into a BQRTP.²²

¹⁸ "Levels of Foster Care Licensure," *Department of Children and Families*, <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited Feb. 10, 2026). See 409.175(5)(a), F.S.

¹⁹ Office of Child and Family Well-Being, "Children in Out-of-Home Care by Placement Type: Percent and Count of Foster Home Bed Capacity by License Type and CBC Lead Agency," *Department of Children and Families*, <https://www.myflfamilies.com/services/child-family/placement-data> (last visited Feb. 10, 2026).

²⁰ S. 409.996(27), F.S.

²¹ Rule 65C-46.0211, F.A.C.

DCF rule requires all direct care staff at a BQRTP to complete standard foster care pre-service training requirements and an additional 24 hours of specialized training specific to the treatment of serious emotional or behavioral disorders or disturbances. Staff must also be experienced in addressing maladaptive behaviors. Each BQRTP must have registered or licensed nursing and other licensed clinical staff located onsite and available 24-hours a day, seven days a week for response, regardless of whether the BQRTP utilizes a shift care staffing model or a house parent staffing model.²³

As of December 5, 2025, DCF reported four licensed BQRTP facilities, each with a 30-bed capacity.²⁴

Department of Health

Supervision of Medical Foster Homes

DOH provides medical services to children and youth with special health care needs and medically fragile children. DOH administers the Medical Foster Care Program (MFCP), subject to the licensure of medical foster home providers by DCF. DOH recruits, trains, and monitors MFCP providers. DOH monitors access to, and facilitates the admissions of, children in foster care who require medical foster home placements, working in coordination with DCF.²⁵ DOH gives MFCP providers access to:

- A team of health care providers, including a pediatrician, nurse and social worker, who coordinate care for the children with medical specialists, hospitals, equipment providers, therapists, health facilities, schools, foster care staff, and families;
- A 24-hour on-call medical support line is available no matter the time of day or day of the week;
- Home and community visits for assessment and support; and
- Referrals for needed resources.²⁶

As of January 28, 2026, DOH recorded a total of 179 DCF-licensed medical foster homes statewide with a total capacity of 323 beds and a 54% bed utilization rate, which means about 147 beds were available statewide.²⁷

Agency for Health Care Administration

The Division of Health Quality Assurance (HQA), housed within AHCA, licenses, certifies, and regulates 30 different types of health care providers. In total, HQA regulates more than 50,000 individual providers.²⁸ Of those, the statewide inpatient psychiatric program and certain residential treatment centers serve children identified as high acuity or diagnosed with co-occurring disorders.

²² "Residential Group Care Licensing: Obtaining a License," *Department of Children and Families*, <https://www.myflfamilies.com/services/licensing/residential-group-care-licensing/obtaining-license> (last visited Feb. 10, 2026).

²³ Rule 65C-46.0211, F.A.C.

²⁴ Virtual meeting with Chancer Teal, DCF Legislative Affairs Director, held on December 5, 2025; for Fiscal Year 2025-2026, DCF requested funding to support a total need of 115 BQRTP beds to serve 230 children.

²⁵ See Department of Children and Families, "Agency Legislative Budget Request for Fiscal Year 2025-2026: Exhibit D-3A: Expenditures by Issue and Appropriation Category," *Florida Fiscal Portal*, pp. 107-110 (Oct. 11, 2024)

<http://floridafiscalportal.state.fl.us/Publications.aspx?AgyID=6000> (last visited Feb. 11, 2026).

²⁶ S. 391.025(1)(f), F.S., s. 391.026(15), F.S.

²⁷ "Medical Foster Care," *Department of Health*, <https://www.floridahealth.gov/individual-family-health/child-infant-youth/special-health-care-needs/medical-foster-care/> (last visited Feb. 10, 2026).

²⁸ Email from JP Bell, Director, Office of Legislative Planning, Department of Health on Feb. 9, 2026, on file with the House Health & Human Services Committee.

²⁹ Agency for Health Care Administration, *Health Quality Assurance*, 2026, available at <https://ahca.myflorida.com/health-quality-assurance> (last visited February 9, 2026).

Statewide Inpatient Psychiatric Program

The Statewide Inpatient Psychiatric Program (SIPP) is licensed by AHCA and administered by AHCA in partnership with DCF.²⁹

Individuals under the age of 21 who require medically necessary treatment in a psychiatric residential setting due to a primary diagnosis of emotional disturbance³⁰ or serious emotional disturbance³¹ qualify for admittance into a SIPP facility.

The child or young adult must have been assessed within 90 days prior to placement by a Florida-licensed psychologist or psychiatrist with experience or training in children's disorders, who attests, in writing that:

- The child has an emotional disturbance or a serious emotional disturbance;
- The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment setting;
- A less restrictive setting than residential treatment is not available or clinically recommended;
- The treatment provided in the residential treatment setting is reasonably likely to resolve the child or young adult's presenting problems as identified by the psychologist or psychiatrist; and
- The nature, purpose, and expected length of treatment have been explained to the child or young adult and their parent or guardian.³²

SIPP services include:

- Individual plan of care
- Assessment
- Routine medical and dental care
- Certified educational programming
- Recreational, vocational, and behavior analysis service
- Therapeutic home assignment³³

Residential Treatment Centers

Residential treatment centers for children and adolescents (RTC) are AHCA-licensed 24-hour residential programs. RTCs are designed to provide mental health treatment and services to children under the age of 18 who have been

²⁹ Department of Children and Families, *Program Guidance for Managing Entity Contracts, Guidance 5, Residential Mental Health Treatment for Children and Adolescents*, available at <https://www.myflfamilies.com/sites/default/files/2025-06/2023-2024%20Guidance%205%20%20Residential%20Mental%20Health%20Treatment%20for%20Children%20and%20Adolescents.pdf> (last visited Feb. 9, 2026).

³⁰ A child or adolescent who has an emotional disturbance means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. S. 394.492(5), F.S.

³¹ A child or adolescent who has a serious emotional disturbance means a person under 18 years of age who: (a) is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and (b) exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

³² *Id.*

³³ Agency for Health Care Administration, *Florida Medicaid's Covered Services and HCBS Waivers, Statewide Inpatient Psychiatric Program Services*, available at <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/medical-and-behavioral-health-coverage-policy/behavioral-health-and-health-facilities/statewide-inpatient-psychiatric-program-services> (last visited Feb. 9, 2026).

diagnosed as having mental, emotional or behavioral disorders and require 24-hour supervision.³⁴ RTCs include therapeutic group homes.

Specialized Therapeutic Group Homes

A therapeutic group home is an RTC that offers a 24-hour residential program providing community-based mental health treatment and mental health support services to foster children who have an emotional disturbance or a serious emotional disturbance or mental illness.³⁵ As an RTC, it is licensed by AHCA. RTCs assist children with significant challenges who cannot function in a family setting but also do not need a locked RTC.

An RTC operating as a therapeutic group home is limited to 12 beds.³⁶

Qualified Residential Treatment Program

Qualified residential treatment programs (QRTP) were created by the Family First Prevention Services Act (FFPSA), which imposes specific requirements on congregate care settings to receive Title IV-E federal foster care maintenance payments.³⁷ The FFPSA requires a QRTP to be a trauma-informed treatment model, employ registered/licensed nursing and clinical staff, involve family members in treatment planning, provide discharge planning, and be licensed and accredited.

In Florida, a QRTP provides trauma-informed care and treatment for youth who have serious emotional or behavioral disorders or disturbances. QRTPs are licensed by AHCA as therapeutic group homes and can be credentialed as child-caring agencies by DCF.³⁸

As of October 8, 2025, there were seven QRTP providers in the state with a total of 98 beds.³⁹

Agency for Persons with Disabilities

APD was created to serve the needs of Floridians with developmental disabilities. APD works in partnership with local communities and private providers to assist people who have developmental disabilities and their families. APD serves more than 60,000 individuals with autism, cerebral palsy, spina bifida, intellectual disabilities, down syndrome, Prader-Willi syndrome, and Phelan-McDermid syndrome.⁴⁰

APD helps to support individuals with disabilities as young as age 3 and through their lifespan in providing them supports and services. Such supports and services include:

- Social, behavioral, medical, residential, and therapeutic services
- Daily living skills
- Transportation

³⁴ S. 394.875(1)(c), F.S.; see also Agency for Health Care Administration, *Residential Treatment Centers for Children and Adolescents*, available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/residential-treatment-centers-for-children-and-adolescents> (last visited Feb. 9, 2026).

³⁵ S. 39.407(6)(a)4., F.S.

³⁶ Agency for Health Care Administration, *Residential Treatment Centers for Children and Adolescents*, available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/residential-treatment-centers-for-children-and-adolescents> (last visited Feb. 9, 2026).

³⁷ Pub. Law 115-123, Title VII; 42 U.S.C. 672(k)(1)(B).

³⁸ Department of Children and Families, *Residential Group Care Licensing – Obtaining a License*, available at: <https://www.myflfamilies.com/services/licensing/residential-group-care-licensing/obtaining-license> (last visited Feb. 9, 2026); see also Department of Children and Families, *Family First Prevention Services Act 2021*, available at: <https://www.myflfamilies.com/sites/default/files/2023-05/Family%20First%20Prevention%20Services%20Act%202021.pdf> (last visited Feb. 9, 2026).

³⁹ Email from Jim Browne, Deputy Chief of Staff, Office of Legislative Affairs, Agency for Health Care Administration, dated October 8, 2025.

⁴⁰ Agency for Persons with Disabilities, *About Us*, <https://apd.myflorida.com/about/> (last visited Feb. 9, 2026).

- Medical and nursing services⁴¹

Out-of-home Placements for Children with Developmental Disabilities

Foster Care Facilities

APD uses foster care facilities licensed under chapter 393, F.S., to accommodate children with developmental disabilities in need of a family living environment including supervision and care necessary to meet their physical, emotional and social needs. No more than three residents may be housed in a foster care facility at one time.⁴²

If a child is in the child welfare system and has a developmental disability, the child may be placed in an APD-licensed foster care facility if the child's needs are too high for a standard foster parent licensed by DCF. APD foster care facilities are professional residential facilities licensed to provide habilitation⁴³ and behavioral support.

There are currently 137 APD-licensed active foster care facilities across the state.⁴⁴

Group Home Facilities

Group home facilities are APD-licensed residential facilities which provide a family living environment including supervision and care necessary to the physical, emotional and social needs of children with developmental disabilities. Group facilities must have at least 4 but not more than 15 residents at a given time.⁴⁵

There are currently 2,060 APD-licensed group homes across the state.⁴⁶

⁴¹ Agency for Persons with Disabilities, *Roadmap to Family Resources*, <https://apd.myflorida.com/resources.htm> (last visited Feb. 9, 2026).

⁴² S. 393.063(18), F.S.

⁴³ Habilitation means the process by which a client is assisted in acquiring and maintaining those like skills that enable the client to cope more effectively with the demands of his or her condition and environment and to raise the level of his or her physical, mental and social efficiency. It includes, but not limited to, programs of formal structured education and treatment. S. 393.063(22), F.S.

⁴⁴ Health Finder, *Facility/Provider Search by Location: Foster Care Facility*, available at <https://quality.healthfinder.fl.gov/Facility-Provider/FH?&type=1> (last visited Feb. 10, 2026).

⁴⁵ S. 393.063(19), F.S.

⁴⁶ Health Finder, *Facility/Provider Search by Location: APD Licensed Group Home*, available at <https://quality.healthfinder.fl.gov/Facility-Provider/FH?&type=1> (last visited Feb. 10, 2026).

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	14 Y, 0 N, As CS	2/12/2026	Mitz	DesRochers
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> • Removed provisions establishing a time-limited, court-supervised process for placing high-acuity children in certain clinically appropriate medical settings. • Removed provisions requiring Child Protection Teams to receive all central abuse hotline referrals of child maltreatment involving high acuity children, and to manage multidisciplinary team staffings, service referrals, and comprehensive clinical assessments relating to the needs of high acuity children. • Removed provisions making high acuity children eligible to receive services through the Children's Medical Services program and the developmental disabilities home and community-based services Medicaid waiver program. • Requires state agencies to share data with the CBCs on a weekly basis about the availability of out-of-home care placement providers and facility beds. • Requires the Office of Program Policy Analysis and Government Accountability to study bed capacity needs for high acuity children. 			

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
