Family Care Council
educate and empower

Family Care Council Guidebook



November 2026

APD
Agency for Persons with Disabilities
Promoting Independence. Celebrating Potential.

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Family Care Council Guidebook
Purpose and Objective

The Family Care Council (FCC) Guidebook provides guidance to council members on fulfilling their responsibilities under section 393.502, Florida Statutes (F.S.). It serves as a resource for understanding the roles, responsibilities, policies, and procedures associated with serving on the Statewide and Local FCC.

The guidebook also provides an overview of the Agency for Persons with Disabilities (APD) and explains how FCC members and APD staff work collaboratively to support individuals with developmental disabilities and their families in living, learning, and working in their communities.

For additional information or assistance, FCC members may contact their designated APD regional FCC liaison.

Agency for Persons with Disabilities History and Overview

In 2004, the Florida Legislature created APD (or agency) in Chapter 20.197, F.S. to address the unique and significant challenges faced by individuals with developmental disabilities. The agency's responsibilities are defined in Chapter 393, F.S.

APD's mission is to support individuals with disabilities and their families in living, learning and working within their communities.

The agency assists individuals with cerebral palsy, spina bifida, intellectual disabilities, Down syndrome, Prader-Willi syndrome, Phelan-McDermid syndrome, Tatton-Brown-Rahman Syndrome, individuals who are severely impaired by autism, and children ages 3 to 5 who are at a high risk of a developmental disability.

APD provides assistance in identifying and addressing the service needs of individuals with disabilities and ensuring access to a comprehensive range of supports that promote well-being and quality of life. These supports can include social, medical, behavioral, residential, and therapeutic services. Floridians can access these services through multiple programs.

Family Care Council History and Overview

The Florida Legislature established FCCs in 1993 under section 393.502, F.S. Originally established within the service districts of the Department of Health and Rehabilitative Services (HRS), the councils were responsible for advising the department's health and human services councils, assisting in the development of local family support plans, and monitoring the implementation and effectiveness of services and supports.

In 1996, the Florida Legislature reorganized HRS into the Department of Children and Families and the Department of Health. Responsibility for developmental disability services was assigned to the Department of Children and Families' Developmental Disabilities Program, which became APD in 2004.

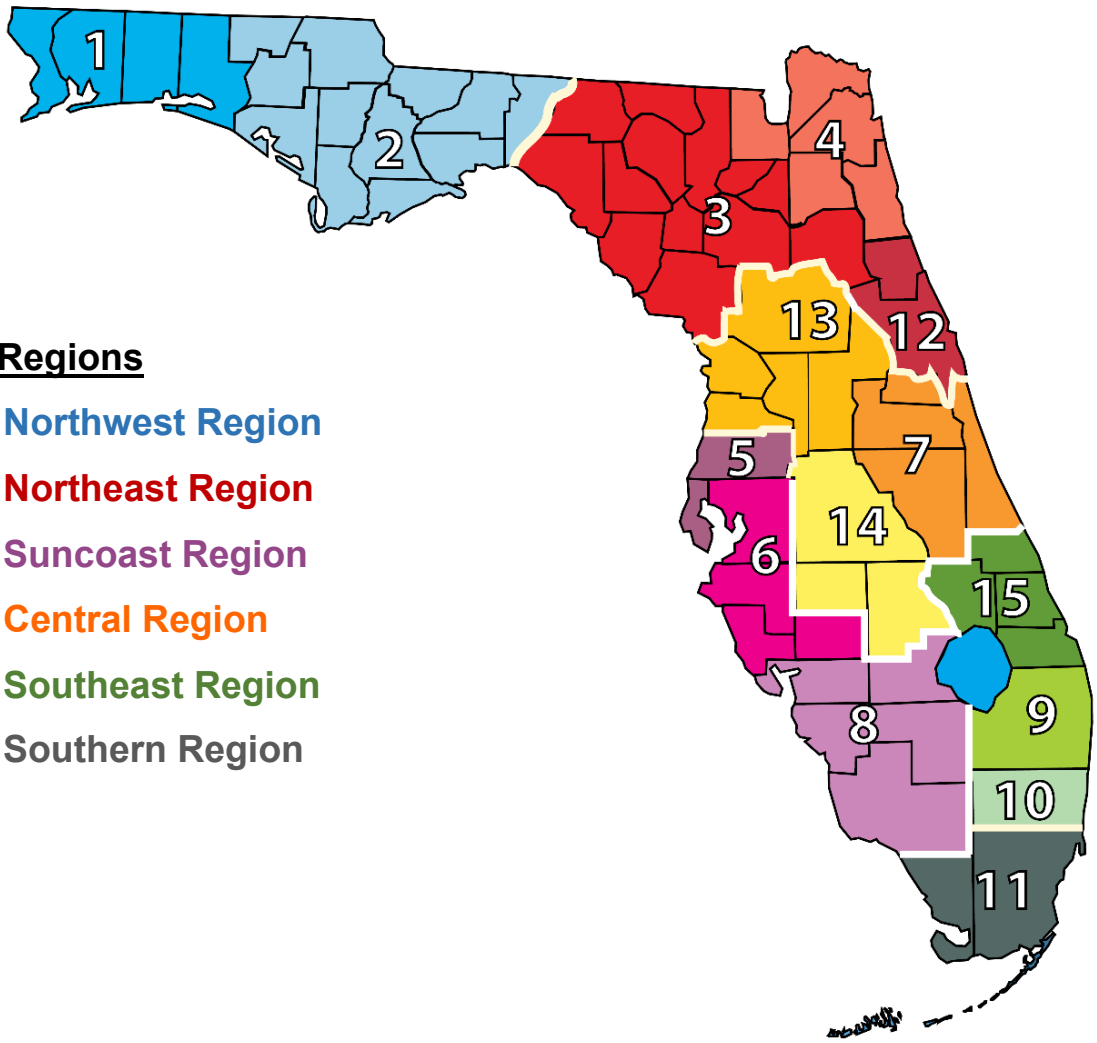
Today, FCCs continue to serve in an advisory capacity to APD. Council members provide information about available services and community resources, identify local needs, and support individuals with developmental disabilities and their families in accessing opportunities to live meaningful and integrated lives in their communities.

The FCC network consists of one Statewide FCC and local FCCs throughout Florida. In collaboration with APD and community organizations, FCCs participate in outreach activities, educational forums, events, and conferences to connect individuals and families with information and resources.

Family Care Councils
Overview of Structure, Purpose, and Responsibilities

The FCCs connect families and individuals with developmental disabilities to information, resources, and local support throughout Florida. The organizational structure consists of a Statewide FCC and Local FCCs, with each local council serving families within a designated geographic area. Council members are appointed volunteers who educate individuals with developmental disabilities and their families about services and resources available in Florida, so they may live meaningful lives in their community.

Map of Local FCCs and APD Regions



APD Regions

- Northwest Region
- Northeast Region
- Suncoast Region
- Central Region
- Southeast Region
- Southern Region

Northwest Region Councils

- Area 1 Family Care Council - serving Escambia, Santa Rosa, Okaloosa, and Walton counties
- Area 2 Family Care Council - serving Bay, Jackson, Calhoun, Jefferson, Franklin, Leon, Gadsden, Liberty, Gulf, Holmes, Washington, and Wakulla counties

Northeast Region Councils

- Area 3 Family Care Council - serving Madison, Taylor, Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties
- Area 4 Family Care Council - serving Baker, Clay, Duval, Nassau, and St. John counties
- Area 12 Family Care Council - serving Flagler and Volusia counties

Suncoast Region Councils

- Area 5 Family Care Council - serving Pasco and Pinellas counties
- Area 6 Family Care Council - serving DeSoto, Hillsborough, Manatee, and Sarasota counties
- Area 8 Family Care Council - serving Charlotte, Collier, Glades, Hendry, and Lee counties

Central Region Councils

- Area 7 Family Care Council - serving Brevard, Seminole, Orange, and Osceola counties
- Area 13 Family Care Council - serving Citrus, Hernando, Lake, Marion, and Sumter counties
- Area 14 Family Care Council - serving Hardee, Highlands, and Polk counties

Southeast Region Councils

- Area 9 Family Care Council - serving Palm Beach County
- Area 10 Family Care Council - serving Broward County
- Area 15 Family Care Council - serving Indian River, Martin, Okeechobee, and St. Lucie counties

Southern Region Council

- Area 11 Family Care Council - serving Dade and Monroe counties

STATEWIDE FAMILY CARE COUNCIL

In the 2024 Legislative Session, the Florida Legislature created the Statewide FCC in section 393.502(1), F.S. , to connect local FCCs and facilitate direct communication between local councils and APD, with the goal of enhancing the quality of and access to resources and supports for individuals with developmental disabilities and their families.

STATEWIDE FCC MEMBERSHIP

The Statewide FCC consists of the following members appointed by the Governor, section 393.502(2), F.S.:

- One representative from each of the local family care councils, who must be a resident of the area served by that local council. Among these representatives must be at least one individual who is receiving waiver services from the agency under section 393.065, F.S., and at least one individual who is assigned to a pre-enrollment category for waiver services under section 393.065, F.S.
- One individual representing an advocacy organization that represents individuals with disabilities.
- One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver service contract with the agency.

Employees of APD or the Agency for Health Care Administration (AHCA) are not eligible to serve on the statewide council.

STATEWIDE FCC DUTIES

The duties of the Statewide FCC are established in section 393.502(1)(b), F.S. The following section outlines these statutory responsibilities and provides recommended steps to assist council members in fulfilling them.

These recommendations are intended to support effective council operations and should not be interpreted as additional statutory requirements.

Review annual reports, policy proposals, and program recommendations submitted by the local family care councils.

Recommended Steps:

- Establish an annual review calendar with deadlines for submission, initial review, discussion, final assessment, and subsequent action if necessary.
- Assign review teams or subcommittees to analyze reports and extract key findings and recommendations.
- Conduct in-person or virtual meetings to review trends, strengths, challenges, and emerging issues.

Advise the agency on statewide policies, programs, and service delivery improvements based on the collective recommendations of the local councils.

Recommended Steps:

- Compile recommendations from local council reports and statewide council discussions.
- Assess alignment with existing statewide policies to determine areas needing modification or new initiatives.
- Meet regularly with APD leadership to present findings, discuss implications, and collaborate on feasible improvements.
- Follow up on the APD's response to assist with implementation planning if needed.

Identify systemic barriers to the effective delivery of services and recommend solutions to address such barriers.

Recommended Steps:

- Analyze trends and recurring issues across all local council submissions to pinpoint systemic barriers.
- Conduct focus sessions or interviews with local council chairs, service providers, and stakeholders to validate identified barriers.
- Prioritize barriers based on urgency, frequency, and impact on service delivery.
- Develop actionable solution recommendations, including policy changes, resource needs, or operational adjustments.
- Present findings to APD to address identified barriers.

Foster collaboration and the sharing of best practices and available resources among local family care councils to improve service delivery across regions.

Recommended Steps:

- Host quarterly statewide meetings or learning sessions where councils can share successful programs, tools, and strategies.
- Encourage peer mentoring by pairing established councils with emerging or struggling councils.
- Develop and distribute an annual “Best Practices Bulletin” summarizing innovative approaches and effective solutions from local councils.
- Maintain a resource library with templates, guides, and examples of high-quality work from councils statewide.

Submit an annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency. The report shall include a summary of local council findings, policy recommendations, and an assessment of the agency’s actions in response to previous recommendations of the local councils.

Recommended Steps:

- Establish a timeline for developing the yearly report to ensure ample time for compilation and review.
- Designate a report-writers responsible for drafting, editing, and finalizing content.
- Incorporate summaries of local council findings, policy recommendations, and evaluation of APD responses to past recommendations.

- Review the draft with full FCC membership for accuracy, completeness, and consensus.
- Submit the final report to the Governor, Senate President, House Speaker, and APD by the deadline.
- Share the final report with local councils and public stakeholders for transparency and awareness.

LOCAL FAMILY CARE COUNCILS

Local FCCs were originally established to advise APD, develop local plans for family support services, and monitor the implementation and effectiveness of those services. Today, the role of the local FCC has expanded to emphasize collaboration, identify local needs and service gaps, and carry out advocacy for individuals served and their families.

LOCAL FCC MEMBERSHIP

Each FCC consists of 10-15 members appointed by the Governor of Florida. The council is comprised of individuals with developmental disabilities receiving or pre-enrolled for APD services, as well as parents, grandparents, siblings, and legal guardians of individuals with developmental disabilities. The council membership should reflect the geographical areas and the various disabilities, ethnicities, and ages served by the agency. Grandparents must submit the *FCC Grandparent Consent Form* (Attachment A) to show the legal representative's consent.

LOCAL FCC DUTIES

The responsibilities of local FCCs are established in section 393.502(6), F.S. The following section outlines each statutory duty and provides recommended steps to assist councils in meeting their responsibilities.

These recommendations are intended to support consistent practices, encourage community engagement, and strengthen collaboration between local FCCs and APD.

Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.

Recommended Steps:

- Conduct outreach through community events, stakeholder and partner activities, and direct engagement with families.

- Connect families with peer mentors who can share lived experience, guidance, and social support to help new families understand available services through relatable perspectives.
- Coordinate with peer mentors and community stakeholders to expand reach and effectiveness.
- Maintain updated contact lists and ensure timely follow-up with families seeking assistance.

Convene family listening sessions at least twice a year to gather input on local service delivery challenges.

Recommended Steps:

- Provide opportunities for families to connect, share experiences, and develop peer-support relationships.
- Establish a regular schedule and publish notices to ensure broad awareness of upcoming sessions.
- Use listening sessions to identify families interested in giving or receiving peer support.
- Engage peer mentors to facilitate small-group discussions.
- Prepare structured discussion prompts focused on identifying service gaps and family needs. Identify recurring issues that may require follow-up, additional inquiry, or policy recommendations, and document feedback for council review.

Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.

Recommended Steps:

- Issue timely publicly noticed meeting announcements through multiple communication channels to maximize participation.
- Present updates on council activities, accomplishments, and ongoing initiatives.
- Provide a structured opportunity for attendees to offer comments, questions, and recommendations.
- Document and summarize public input for use in planning and reporting activities.

- Highlight peer-mentoring opportunities and allow current mentors to share success stories or insights.

Share information with other local family care councils.

Recommended Steps:

- Participate in statewide council meetings, workgroups, and information-sharing sessions.
- Provide timely updates regarding local initiatives, emerging challenges, and effective practices.
- Exchange effective peer-mentoring practices, tools, and resources that support family engagement.
- Contribute data, materials, and observations that support statewide coordination.

Identify policy issues relevant to the community and family support system in the region.

Recommended Steps:

- Review input from listening sessions, public forums, and community stakeholders.
- Analyze trends in service delivery challenges and unmet family needs. Consider feedback from peer mentors and mentees when identifying gaps in services or supports.
- Assess potential impact of proposed or existing policies on families and service outcomes.
- Formulate policy recommendations supported by evidence and stakeholder perspectives.
- Highlight how peer mentoring can address systemic challenges and improve family experience.

Submit to the Statewide Family Care Council, no later than September 1 of each year, an annual report detailing proposed policy changes, program recommendations, and identified service delivery challenges within its region.

Recommended Steps:

- Compile and review all relevant data gathered throughout the year with public input and council activity summaries, including peer-mentoring activities, participation, and observed impact.
- Draft the annual report using a standardized reporting format to ensure clarity and consistency.
- Obtain council approval for the final report before submission.
- Establish a timeline with deadlines for drafting, initial review, discussion, and final assessment to ensure the completed report is submitted by September 1.

FCCS' ROLE AS ADVISORS

Family Care Councils serve in an advisory capacity to APD, offering recommendations and representing the interests of individuals and families. In general, an advisory council is a group of individuals who bring a variety of perspectives and knowledge to an executive body to help them effectively lead an organization. Advisory councils do not govern the organization but rather serve to share essential information and make recommendations for potential solutions and improvements.

The FCCs bring a unique perspective as advisors for APD. While the councils do not govern APD, their experience as self-advocates and family members assist the agency in understanding how state programs and policies affect the lives of Floridians with developmental disabilities.

Each APD Regional Office has a Regional Operations Manager (ROM). The ROM oversees the day-to-day operations of the regions. The local FCCs have been charged with the responsibility of advising the ROMs with respect to their local community and family support system. At least one APD staff member in each region has been designated as the FCC liaison. The FCCs' relationship with APD State Office is carried out primarily through the APD Regional Offices.

ADVISING VERSUS LOBBYING

Family Care Councils serve in an advisory capacity to the APD. Council members provide information, share concerns, and offer recommendations regarding programs, policies, and services affecting individuals with developmental disabilities and their families.

It is important for council members to understand the distinction between advising and lobbying. While FCCs may provide recommendations to APD regarding service delivery and policy issues, council members must distinguish their official advisory responsibilities from personal advocacy activities.

Individual council members may communicate with elected officials about matters affecting themselves, their families, or their communities. However, when engaging in personal advocacy, members must make clear that they are expressing their individual views and are not speaking on behalf of the FCC or APD.

Lobbying is defined in section 11.045, F.S. Council members should review applicable statutory requirements and consult with their APD Regional Operations Manager or FCC Liaison when questions arise regarding permissible activities.

Council members may:

- Share personal stories and experiences
- Share local and statewide concerns gathered from council listening sessions
- Offer recommendations to APD

Council members may **not**:

- Endorse political candidates or parties
- Advocate for or against legislation on behalf of the FCCs

HOW FCCS EFFECTIVELY ADVISE APD

The FCCs can effectively advise APD by studying the agency's programs, as well as raise the issues individuals with developmental disabilities encounter in Florida. Councils are encouraged to create committees to study the issues and share findings and recommendations with the agency through their regional APD representatives. The Statewide and Local FCCs are required to provide reports to assist in advising APD. Additional information about advisory and annual reports is provided in the *Family Care Council Documents* section on page 27.

While APD employees cannot be appointed as members of the FCCs, it is important to include them in FCC committees to ensure councils receive accurate and up-to-date information. Committees must submit their findings and recommendations to the local council for approval before officially submitting an advisory report to the agency.

STATE AND LOCAL FCC MEETINGS

The Statewide FCC is required to meet quarterly, and each local FCC is required to meet at least six times per year. Local councils may meet more frequently as needed. Meeting dates and times can be found on the council's website at www.fccflorida.org or by contacting the local FCC chairperson or APD's FCC liaison. Additional information regarding meeting notice requirements can be found in the *Florida's Open Government Laws* section of this guidebook.

These regularly scheduled meetings provide valuable opportunities for APD staff to engage with local councils and support ongoing communication and collaboration. Through their participation, APD staff can share current information about agency programs, policies, and procedures, while also listening to council concerns, recommendations, and feedback.

FCC COMMUNITY ACTIVITIES

Most FCCs partner with local organizations to provide community forums, events, and conferences to educate individuals with developmental disabilities and their families on programs and resources available in their local community. Council members are often requested to sit on APD or community meetings and committees that make determinations in the lives of individuals with developmental disabilities.

SHARING INFORMATION WITH OTHER FCCS

An FCC requirement in the Florida Statutes is to *"meet and share information with other local family care councils"* (Chapter 393.502(6)(d), F.S.). APD provides opportunities for FCCs to share information with each other and APD leadership. A chairperson or governor-appointed representative from each council meets with APD representatives to make recommendations on current issues and concerns affecting the lives of Floridians with developmental disabilities.

Family Care Council Legal Responsibilities

The Florida Statutes are a collection of the laws for the State of Florida, created by the Florida Legislature (the Florida House of Representatives and the Florida Senate). These laws are updated each year to add new laws and revise or remove existing ones. The legal responsibilities of FCCs are described in section 393.502, F.S..

FLORIDA STATUTES REGARDING FCCS*

Title XXIX	Chapter 393
PUBLIC HEALTH	DEVELOPMENTAL DISABILITIES

393.502 Family care councils.—

(1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE COUNCIL.—

(a) The Statewide Family Care Council is established to connect local family care councils and facilitate direct communication between local councils and the agency, with the goal of enhancing the quality of and access to resources and supports for individuals with developmental disabilities and their families.

(b) The statewide council shall:

1. Review annual reports, policy proposals, and program recommendations submitted by the local family care councils.

2. Advise the agency on statewide policies, programs, and service delivery improvements based on the collective recommendations of the local councils.

3. Identify systemic barriers to the effective delivery of services and recommend solutions to address such barriers.

4. Foster collaboration and the sharing of best practices and available resources among local family care councils to improve service delivery across regions.

5. Submit an annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency. The report shall include a summary of local council findings, policy recommendations, and an assessment of the agency's actions in response to previous recommendations of the local councils.

(c) The agency shall provide a written response within 60 days after receipt, including a detailed action plan outlining steps taken or planned to address recommendations. The response must specify whether recommendations will be

implemented and provide a timeline for implementation or include justification if recommendations are not adopted.

(2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

(a) The statewide council shall consist of the following members appointed by the Governor:

1. One representative from each of the local family care councils, who must be a resident of the area served by that local council. Among these representatives must be at least one individual who is receiving waiver services from the agency under s. 393.065, F.S. and at least one individual who is assigned to a preenrollment category for waiver services under s. 393.065, F.S..

2. One individual representing an advocacy organization representing individuals with disabilities.

3. One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver service contract with the agency.

(b) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on the statewide council.

(3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.—

(a) Statewide council members shall be initially appointed to staggered 2 and 4 year terms, with subsequent terms of 4 years. Members may be reappointed to one additional consecutive term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending service on the statewide council.

(c) Upon expiration of a term or in the case of any other vacancy, the statewide council shall, by majority vote, recommend to the Governor for appointment at least one person for each vacancy.

1. The Governor shall make an appointment within 45 days after receiving a recommendation from the statewide council. If the Governor fails to make an appointment for a member under subsection (2), the chair of the local council may appoint a member meeting the requirements of subsection (2) to act as the statewide council representative for that local council until the Governor makes an appointment.

2. If no member of a local council is willing and able to serve on the statewide council, the Governor shall appoint an individual from another local council to serve on the statewide council.

(4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.—The statewide council shall meet at least quarterly. The council meetings may be held in person or via teleconference or other electronic means.

(a) The Governor shall appoint the initial chair from among the members of the statewide council. Subsequent chairs shall be elected annually by a majority vote of the council.

(b) Members of the statewide council shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 112.061, F.S..

(c) A majority of the members of the statewide council shall constitute a quorum.

(5) LOCAL FAMILY CARE COUNCILS.—There is established and located within each service area of the agency a local family care council to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families.

(6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family care councils shall:

(a) Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.

(b) Convene family listening sessions at least twice a year to gather input on local service delivery challenges.

(c) Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.

(d) Share information with other local family care councils.

(e) Identify policy issues relevant to the community and family support system in the region.

(f) Submit to the Statewide Family Care Council, no later than September 1 of each year, an annual report detailing proposed policy changes, program recommendations, and identified service delivery challenges within its region.

(7) LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

(a) Each local family care council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the local family care council and appointed by the Governor.

(b) At least three of the members of the council shall be individuals receiving or waiting to receive services from the agency. One such member shall be an individual who has been receiving services within the 4 years before the date of recommendation. The remainder of the council members shall be parents, grandparents, guardians, or siblings of individuals who have developmental

disabilities and qualify for services pursuant to this chapter. For a grandparent to be a council member, the grandchild's parent or legal guardian must consent to the appointment and report the consent to the agency.

(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.

(d) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on a local family care council.

(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.

(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may not serve more than four 1-year terms as chair.

(8) LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.—

(a) Local family council members shall be appointed for 3-year terms, except as provided in subsection (11), and may be reappointed to one additional term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.

(c) 1. Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy based on recommendations received from the family-led nominating committee described in paragraph (9)(a).

2. The Governor shall make an appointment within 45 days after receiving a recommendation. If the Governor fails to make an appointment within 45 days, the local council shall, by majority vote, select an interim appointment for each vacancy from the panel of candidates recommended by the family-led nomination committee.

(9) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

(a) The chair of each local family care council shall create, and appoint individuals receiving or waiting to receive services from the agency and their relatives, to serve on a family-led nominating committee. Members of the family-led nominating council need not be members of the local council. The family-led nominating committee shall nominate candidates for vacant positions on the local family council.

(b) The chair of the local family care council may appoint persons to serve on additional council committees. Such persons may include current members of the council and former members of the council and persons not eligible to serve on the council.

(10) LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061, F.S.. Local councils shall meet at least six times per year. Meetings may be held in person or by teleconference or other electronic means.

(11) NEW LOCAL FAMILY CARE COUNCILS.—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.

(12) FUNDING; FINANCIAL REVIEW.—The statewide and local family care councils may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

(13) TRAINING.—

(a) The agency, in consultation with the statewide and local councils, shall establish and provide a training program for council members.

(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.

(c) All persons newly appointed to the statewide or a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement is considered to have resigned from the council. The agency may make additional training available to council members.

(14) DUTIES.—The agency shall publish on its website all annual reports submitted by the local family care councils and the Statewide Family Care Council within 15 days after receipt of such reports in a designated and easily accessible section of the website.

(15) ADMINISTRATIVE SUPPORT.—The agency shall provide administrative support to the statewide council and local councils, including, but not limited to, staff assistance and meeting facilities, within existing resources.

History.—s. 4, ch. 93-143; s. 94, ch. 99-8; s. 5, ch. 2000-139; s. 82, ch. 2004-267; s. 1, ch. 2014-87; s. 3, ch. 2025-130.

**Updated and posted annually at www.leg.state.fl.us.*

Family Care Council Operations

FCC members are considered public officers and there are Florida laws that govern how the FCCs operate. These laws provide guidance and set ethical standards to promote consistency in conduct across the state.

CODE OF ETHICS

In 1968, Florida revised its Constitution to require a Code of Ethics for all state employees and public officials. The purpose of this Code is to prevent conflicts between public responsibilities and private interests. Florida's Code of Ethics for Public Officers and Employees can be found in Chapter 112, Part III, F.S..

The Code applies to public officials and employees at both the state and local levels of government, as well as members of advisory councils. Its goals are to:

- Promote the public interest and maintain public trust in government
- Ensure that public officials act independently and fairly, and do not use their positions for personal gain beyond the compensation allowed by law
- Protect the integrity of government while avoiding unnecessary barriers to public service

The Florida Commission on Ethics created the *Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees* to help public officials and employees better understand these laws. Additional information about the Code and the Florida Commission on Ethics is available online at www.ethics.state.fl.us.

FLORIDA'S OPEN GOVERNMENT LAWS

Part 1: Government-in-the-Sunshine Law

Florida's *Government-in-the-Sunshine Law* (often called the **Sunshine Law**) gives the public the right to attend meetings where government decisions are discussed or made.

This law applies to **Family Care Councils (FCCs)**. It covers any meeting where **two or more members of the same council** get together to talk about council business that may later come before the council for action.

Under section 286.011, F.S, there are three basic requirements:

1. **Meetings must be open to the public**
2. **Reasonable notice of the meeting must be provided**
3. **Minutes must be taken and recorded promptly**

A public meeting includes any gathering of two or more council members where they discuss issues the council may take action on in the future. This applies to:

- In-person meetings
- Conference calls
- Virtual meetings

Social events are **not** subject to the Sunshine Law, as long as **council members do not discuss official council business**.

The Sunshine Law does not clearly define what "reasonable notice" means. However, councils must give notice early enough, and in a way that allows the public and media the opportunity to attend.

Because FCC meetings are public meetings, each meeting must be properly noticed in accordance with applicable state requirements. APD supports the councils in meeting these notice requirements by submitting FCC meeting notices to the Florida Administrative Register (FAR) on behalf of the councils. The FAR is the state's official publication for notices of public meetings, hearings, and other official state government notices.

To allow sufficient time for APD to prepare and submit a notice for publication in the FAR, local FCCs should provide the following information to their APD FCC liaison:

Local FCCs should provide the following information to their APD FCC liaison with sufficient lead time for APD to prepare and submit the notice for publication in the FAR:

- Specific meeting dates and start times
- The complete physical meeting location, including the street address. For virtual or hybrid meetings, include the applicable online meeting information and/or call-in information.
- A brief description of the business to be conducted or discussed. For example, "Family Care Council monthly meeting" or a description of specific business to be addressed.

- Information on how the public can obtain a copy of the meeting agenda
- A contact person and timeframe for requesting ADA accommodations
- Contact information for questions about the meeting

FCC chairs should coordinate with their FCC liaison when establishing meeting schedules and promptly communicate any changes to meeting dates, times, locations, or other information previously submitted for publication in the FAR.

The law also requires that minutes be taken at all FCC meetings and made available for public review.

Minutes should include a brief summary of what was discussed and any actions taken. They are **not** required to be a word-for-word transcript of the meeting.

Part 2: Public Records Law

Florida's Public Records Law (Chapter 119, Florida Statutes) gives people the right to access records from state and local government agencies, as well as private organizations acting on their behalf.

A "public record" includes more than just written documents. It can also include content like audio recordings, videos, software, and maps.

State agencies and councils are required to keep copies of all documents based on the state's record-retention rules. Council members should work closely with the agency to make sure FCC materials are properly saved and archived.

For more information about Florida's Open Government laws, you can visit the Florida Office of the Attorney General's website and review the *Government-in-the-Sunshine Manual* at www.myfloridalegal.com/open-government/sunshine-manual.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects people's medical records and other personal health information. It sets rules for how health information can be used or shared and requires safeguards to keep that information private.

FCC members must respect the privacy and confidentiality of individuals receiving or seeking APD services. Council members do not have access to confidential personal

records or identifying information maintained by APD concerning individuals receiving services or those on the agency's pre-enrollment list.

Before using an individual's name or taking action on their behalf, FCC members must obtain the appropriate signed authorization for the release of information.

When individuals or families contact an FCC for assistance, council members should focus on providing information, identifying available resources, and encouraging individuals and families to advocate for themselves.

The FCC's role is to educate, guide, and empower individuals and families while respecting their privacy, independence, and right to make informed decisions.

STATE OF FLORIDA EXPENDITURE GUIDELINES

As stated in Section 393.502(10), F.S., appointed members serve on a voluntary basis without payment for their services except for reimbursement for per diem and travel expenses.

State funds allocated to the FCCs are used to purchase supplies and materials for FCC meetings and events, as well as to reimburse travel expenses for governor-appointed and interim FCC members.

FCCs are required to comply with the State of Florida expenditure guidelines and must follow the procedures for all purchases and travel as specified in the *"Reference Guide for State Expenditures*". A copy of the reference guide is available online at www.myfloridacfo.com/division/aa/manuals. Much of the information in the reference guide does not pertain to the FCCs; therefore, a summary of the areas that relate to councils is detailed in Attachment B: *FCC Travel and Purchasing Guidelines*.

FUNDRAISING

The Statewide and Local FCCs may receive and manage funds from sources outside of APD**,** including grants, gifts, donations, bequests, and other contributions from public or private entities. With this responsibility comes an expectation of transparency, accountability, and thoughtful stewardship of all funds.

FCCs that maintain a bank account must ensure that the account is reviewed annually. This annual financial review will be conducted by staff assigned by APD and is required for compliance with the Florida Statutes to ensure that resources are used in a way that

supports the FCC mission and the individuals and families they serve. FCCs maintaining bank accounts are encouraged to provide for more than one authorized signer on accounts to facilitate future transition and transparency.

Annual Financial Review Requirement
To support consistency and accountability**,** any council - statewide or local - that maintains a bank account must submit the following information to APD each year:

Required Information:

- Name of financial institution
- Account type (e.g., checking, savings)
- Last four digits of the account number *(do not submit full account numbers)*
- Current authorized signers on the account
- Most recent bank statement
- Year-end balance (or most recent available balance)

Additional documentation may be requested by APD staff as needed

Submission Methods:

- Encrypted email to APD-designated staff
- Other secure method as directed by APD

Submission Timeline:

- Required information must be **reported by June 30 to the APD State Office FCC Liaison each year**.

Family Care Council Documents

Each FCC is responsible for creation and review of the following documents:

- Bylaws
- Minutes
- Action Plan
- Spending Plan
- Advisory Reports
- Statewide and Local FCC Annual Reports
- FCC Applicant Profile

BYLAWS

Bylaws establish the rules and procedures governing the organization and operation of each Family Care Council. They provide a framework for council administration, decision-making, officer responsibilities, meetings, and committee activities.

Each council should maintain bylaws that clearly define its organizational structure and operating procedures. Bylaws should be reviewed annually to ensure they remain consistent with applicable statutory requirements and council operations.

Council bylaws should include:

- How officers are chosen
- What each officer's responsibilities are
- How special or temporary (ad hoc) committees are created

Bylaws should be reviewed every year by the council and remain in effect until they are amended. Bylaw amendments can only be made by providing notice and adopted by gaining a majority vote. **A copy of council bylaws should be on file with APD State and Regional offices**. Listed below is an example outline of bylaws.

Family Care Council bylaws should include:

Article I	Name	Article II	Purpose
Article III	Membership	Article IV	Officers
Article V	Meetings	Article VI	Committees
Article VII	Conflict of Interest	Article VIII	Parliamentary Authority
Article IX	Amendments of Bylaws		

For an example of council bylaws, see Attachment C: *Draft Statewide Bylaws*

MINUTES

Meeting minutes provide an official written record of council proceedings, including discussions, motions, decisions, and actions taken during meetings.

Minutes must be prepared promptly for Statewide and local FCC meetings and made available to the public in accordance with Florida's Government-in-the-Sunshine Law.

Meeting minutes are not required to provide a verbatim transcript. However, they should accurately document attendance, motions, votes, budget decisions, appointment recommendations, and other significant council actions.

Copies of all minutes should be on file with APD State and Regional offices and retained according to the Department of States' *General Records Schedule GS1-SL for State and Local Government Agencies.* A copy of the *General Records Schedule GS1-SL for State and Local Government Agencies* is available online at www.dos.myflorida.com.

For a template of council minutes, see Attachment D: *FCC Minutes Template*

ACTION PLAN

FCCs are instructed to *"to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families."* in section 393.502(5), F.S.

Each Local FCC creates an annual action plan to detail how they will fulfill the following legislated duties found in section 393.502(6), F.S.:

- Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.
- Convene family listening sessions at least twice a year to gather input on local service delivery challenges.
- Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.
- Share information with other local family care councils.

- Identify policy issues relevant to the community and family support system in the region.
- Submit to the Statewide Family Care Council, no later than September 1 of each year, an annual report detailing proposed policy changes, program recommendations, and identified service delivery challenges within its region.

See Attachment E: *Sample Action Plan*.

Action plans should be approved and submitted to APD State and Regional offices by July 1 each fiscal year.

SPENDING PLAN

APD allocates funds from its annual budget to assist the Family Care Councils (FCCs) in fulfilling their duties described in section 393.502(6), F.S. These state funds are allocated each fiscal year and do not carry over from year to year. Prior to the beginning of each fiscal year, the FCC creates a budget spending plan for their annual allotment. Spending plans are dynamic; therefore, priorities may change or need updating throughout the year. Any expenditure outside the approved spending plan must be presented to the council for approval at a business meeting, and the council's decision must be documented in the meeting minutes.

Spending plans must be approved by a majority vote of the council and submitted to APD State and Regional offices by July 1 each fiscal year. Councils that do not submit an approved spending plan by July 1 will not be able to expend funds until the plan is on file with APD.

All FCC expenditures must be in alignment with the Florida Department of Financial Service's *Reference Guide for State Expenditures*. All purchases must be procured through APD. FCC members cannot be reimbursed for out-of-pocket expenditures such as supplies, print services, food, decorations, etc.

When FCCs do not have at least 10 active governor-appointed members, they will work with their APD Regional Office to develop a spending plan. APD Regional Operations Managers are authorized to approve purchases and travel requests on behalf of the council when a council does not have at least 10 active members.

Below are examples of allowable and unallowable expenditures. These lists do not encompass all expenditures; some will need to be addressed on a case-by-case basis

through consultation with the State Office FCC Liaison and APD's Office of Budget and Planning.

Allowable Expenditures

- Local travel costs and costs to attend statewide APD meetings for governor-appointed and interim FCC members. Out-of-state travel for FCC members is allowed only through prior approval of the APD Director and the Governor.
- Speaker fees, transcription services, and translation services are allowable costs for specific short-term FCC activities.
- Training Services in support of the functions of the FCC are allowable costs.
- Meeting room or facility rental fees in support of FCC activities.
- Training materials and reference guides such as *Roberts Rules of Order*.
- Notice of an FCC public meeting or event in a local publication is considered a public service announcement.
- Computer or equipment used to enable the council to succeed in meeting the FCC legislated purpose and functions.
- Communication costs for computer/internet access. Any costs incurred for communication charges must be solely used with equipment purchased by the state in support of FCC activities.
- Printing/reproduction of brochures, banners, etc. with APD Communications Office approval.
- Postage/freight related to activities of the FCC.
- Office supplies and materials needed for FCC activities, such as pens, paper, notebooks.

Unallowable Expenditures

Expenditures from state funds for items listed below are unallowable unless "expressly provided by statute or proviso":

- FCC members or FCC family members cannot be paid for services rendered to the council such as but not limited to, transcription of minutes, event coordination, or speaker fees.
- Promotional items - promotional items are generally unallowable unless expressly provided by statute or proviso
- Flowers and/or sympathy gifts

- Entertainment for visiting dignitaries
- Refreshments such as coffee, snacks, meals, water, etc.
- Decorative items (globe, statues, potted plants, picture frames, etc.)
- Greeting Cards
- Gifts or event raffle items
- Donations, sponsorships, or scholarships to organizations, providers, etc.
- Media and magazine advertisements
- Mailing/delivery services such as contracted or privatized courier services, mailrooms, document folding and envelopes stuffing services

For an example of a council spending plan, see Attachment F: *Sample Spending Plan*

FCC FINANCIAL AUDITS

APD conducts annual reviews of FCC expenditures to ensure all expenses were in accordance with the State of Florida's expenditure guidelines. Each local council shall exercise care and prudence in the expenditure of funds. It is imperative that each council keep an account of all expenditures.

ADVISORY REPORTS - FCC RECOMMENDATIONS

The primary functions of the FCCs are to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families within each service area of the agency.

State and Local FCCs may create committees that will develop and submit written reports to the local council for review and approval. Once approved by the council, the Statewide FCC Chair should submit the report to the APD Director, and the Local FCC Chair should submit the report to the APD Regional Operations Manager on behalf of the council.

When presenting a report to APD, it is essential that FCCs keep the following in mind:

- Recommendations should have clear and concise language with a few sentences describing the council's findings and recommended solutions
- Recommendations should identify reasons for the changes suggested

- Recommendations should reflect the views of a consensus or a majority of council members
- Proposed solutions should be viable and cost-effective

The advisory report will be reviewed by the ROM and subsequently submitted to State Office for further review, consideration, and follow-up when necessary.
A template for an advisory report is available in Attachment G: *Local FCC Advisory Report Template*.

FCC ANNUAL REPORTS

The Statewide FCC must submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency **no later than December 1 of each year**. The report shall include a summary of local council findings, policy recommendations, and an assessment of the agency's actions in response to previous recommendations of the local councils.

The Local FCCs must submit annual reports to the Statewide Council **by September 1 of each year**. Annual reports should detail proposed policy changes, program recommendations, and identified service delivery challenges within its region.
See Attachment H: *Draft Statewide FCC Annual Report Template* and Attachment I: *Draft Local FCC Annual Report Template*.

FCC MEMBERSHIP INTEREST FORM

The FCC Membership Interest Form is a brief form that captures key information about someone interested in serving on their local FCC. It highlights eligibility, background, interests, qualifications, relevant experience, and community involvement. The profile helps council members evaluate candidates, ensure they meet membership requirements, and understand how their skills and interests align with the needs of the council. See Attachment J: *FCC Membership Interest Form*.

Family Care Council Officers

"A chair for the council shall be chosen by the council members to service for 1 year. A person may serve no more than four 1-year terms as chair." - Section 393.502(7)(f), F.S.

FCC CHAIRPERSON

The duties and responsibilities of the chairperson are established by the council and documented in the bylaws. A good place to start is a general understanding of how the FCC is described in section 393.502, of the Florida Statutes. This outlines the council's membership, purpose, training requirements, and more. Understanding how the FCCs are referenced in statute will assist the chairperson in guiding the council in advising APD.

Parliamentary procedures are rules on how the council conducts official business such as how to call a meeting to order, conduct a vote, and hold elections. Many FCCs have chosen *Robert's Rules of Order* as their parliamentary authority for meeting proceedings which provides a step-by-step guide on how to conduct an organized meeting.

COMMITTEES

The chair of the FCC may appoint individuals to serve on council committees. Committee members may include current and former council members, as well as community members who are not eligible to serve on the council. APD staff participation on committees is also important to provide current information on agency programs, policies, procedures, and community resources. Committees meet outside regular council meetings. Committee recommendations, findings, decisions, or actions must be reported to the full council during a properly noticed meeting.

The chair of each local FCC shall create and appoint individuals receiving or waiting to receive services from the agency and their relatives, to serve on a **family-led nominating committee**. Members of the family-led nominating council need not be members of the local council. The family-led nominating committee shall nominate candidates for vacant positions on the local family council.

ADDITIONAL FCC OFFICERS

The Florida Statutes instruct each council to appoint a chair; however, councils may establish additional officers to assist them in fulfilling their responsibilities. Below is a list of additional officers that may benefit councils. FCC council members establish the roles and responsibilities for each officer and document them in their bylaws.

- **Vice Chairperson**
  The vice-chairperson assumes the role of the chairperson in their absence; a person who acts for and assists the chairperson.
- **Secretary**
  The secretary assists in managing the administration of the council. The secretary is responsible for distributing meeting notices and agendas, as well as recording and circulating council minutes.
- **Treasurer**
  The treasurer oversees the council's annual budget, reviews monthly expenditure reports, and advises the council on financial strategy.

KEEPING MEETINGS ON TRACK

Creating a meeting agenda will help councils keep their meetings on track. An agenda sets the order in which topics are discussed, speakers present, and when official council business is conducted. The agenda also assists in keeping the council minutes organized. When creating the meeting agenda, minutes and notes from the previous meeting should be reviewed for any old business or questions that arose which need to be discussed at this meeting. Agendas remain in draft form until they are adopted by the council at the beginning of the meeting.

One suggestion, if conversations become too lengthy, appoint a committee to study the issue and report back to the council at the next meeting. Another suggestion is to create a "parking lot" area in the meeting room. By adding a topic to the parking lot, the new (unrelated) subject is documented for discussion later. This reassures the person who raised the point that it will be discussed in the future. This will help the council continue moving through the agenda.

Family Care Council Communications Protocol

In section 393.502 (6), F.S., FCCs are instructed to assist in providing information and conducting outreach to individuals with developmental disabilities and their families. To ensure accurate and consistent information is disseminated, FCCs must first coordinate with their Regional Operations Manager and local FCC Liaison when initiating any publication or external communication project. Upon completion of development, the Regional Operations Manager or local FCC Liaison will coordinate submission of the project to the APD Communications Office for final review and approval prior to distribution.

The following items require coordination through the APD Communications Office:

- Any communication with the media
- Conference/event presentations
- Publications include all printed and digital materials, including but not limited to brochures, flyers, and banners.

The APD Communications Office is also available to assist FCCs with the creation and design of FCC publications.

FCCs may not use names, pictures, or any references in publicity or public release without prior signed authorization for release from that person or legal guardian. The FCCs must receive consent from the person or family through submission of the *APD Consent to Obtain or Release Confidential Information form*.

Agency for Persons with Disabilities
Understanding Services, Eligibility, and Supports

As of October 1, 2025, APD serves approximately 60,000 individuals with developmental disabilities. Over 37,000 of these individuals are served on the iBudget Florida waiver.

DEVELOPMENTAL DISABILITIES SERVED BY APD

As defined in Chapter 393 of the Florida Statutes, the agency serves the following developmental disabilities:

Autism — a condition characterized by impairment in social interactions and communication abilities and unusual or restricted ranges of play and interest. Autism may result in social isolation and varying degrees of unusual behaviors.

Cerebral Palsy (CP) — “Cerebral” means the brain. “Palsy” means movement of the muscles in a way that the person cannot control. It refers to a group of motor disabilities that arise because of injury to the developing brain before or during birth or during the first year of life. These motor disabilities generally do not worsen over time. Cerebral palsy keeps the brain from communicating necessary tasks to the rest of the body.

Intellectual Disability — a significant limitation in functioning related to sub-average intelligence, manifested prior to the age of 18. Individuals who have an intellectual disability may learn more slowly than other people and may need assistance in areas such as communication, self-care, self-direction, health and safety, leisure, work, and functional academics. While the term “mental retardation” is still clinically correct, “intellectual disability” is the preferred nomenclature.

Prader-Willi Syndrome — an inherited condition characterized by severe lack of muscle tone and failure to thrive in early infancy. Later on, excessive drive to eat usually leads to significant weight problems. Obsessive-compulsive behaviors and difficulty with social interactions are often present. Individuals with Prader-Willi syndrome are usually shorter in height than average with small hands and feet and typically have mild intellectual disabilities.

Spina Bifida — a divided backbone or spine. When an individual has spina bifida, the spine and the cord inside the spine do not grow the way most spines grow. Normally, the spinal cord carries messages from the brain to other parts of the body, but when an

individual has spina bifida, the spinal cord does not carry all of the messages to the rest of the body. Individuals with spina bifida typically have limited mobility and often have an intellectual disability as well.

Down Syndrome — a genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21. This genetic disorder, also known as trisomy 21, varies in severity, causes lifelong intellectual disability and developmental delays, and, in some people, causes health problems.

Phelan-McDermid Syndrome — a rare condition due to a chromosomal abnormality. Symptoms vary in range and severity, but often include low muscle tone, difficulty moving, absent-to-severely delayed speech, autistic features, moderate-to-profound intellectual disability, and epilepsy.

Tatton-Brown-Rahman Syndrome (TBRS) – a rare genetic condition caused by changes in the *DNMT3A* gene that affects growth, learning, and development. Individuals with TBRS are often taller than average and may have a larger head size. Symptoms vary widely but commonly include developmental delays, intellectual disability ranging from mild to severe, low muscle tone, and flexible joints. Some individuals may also have autism, Attention-Deficit/Hyperactivity Disorder (ADHD), seizures, or other medical concerns.

High Risk — children from three to five years of age who are at high risk of developing a developmental disability.

HOW APD IS FUNDED

Many services provided by the APD are funded through the Medicaid program. These funds are used to assist individuals through the following categories:

- Florida's Developmental Disabilities Medicaid Home and Community-Based Services waiver (also called the iBudget Florida waiver)
- State General Revenue and Federal Block Grant funds
- Developmental Disability Centers (Civil) – two state-operated Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- Developmental Disability Centers (Forensic) – a state-operated facility for forensic clients who have been charged with crimes but are not competent to participate in judicial proceedings

FLORIDA'S DEVELOPMENTAL DISABILITIES HCBS (iBUDGET FLORIDA) WAIVER

The iBudget Florida Waiver is a Medicaid home and community-based services (HCBS) program that provides assistance in the community to eligible APD clients with developmental disabilities who would otherwise need services in an institutional setting, like an ICF/DD.

Through the iBudget Florida Waiver, individuals can access a variety of medically necessary social, medical, behavioral, therapeutic, and residential services based on their needs and goals.

The iBudget Florida waiver gives APD clients control and flexibility to choose services that are important to them to meet their health and safety needs. Through the waiver, individuals can choose to live in their own home, family home, or community-based licensed residential facility.

CONSUMER DIRECTED CARE PLUS (CDC+)

Consumer Directed Care Plus (CDC+) is an offering within APD's iBudget waiver that allows APD clients to become employers with the ability to choose what services and supports they need and who will provide them.

Key Features of CDC+:

- **Participant Empowerment:** Individuals are empowered to make decisions pertaining to their supports and have the flexibility to determine, choose, and pay for services through a monthly budget.
- **Choice of Service Provider:** The program provides individuals with unique benefits such as the ability to select providers who are not on the Medicaid network and the ability to customize services to meeting individual care goals. Individuals can hire family members or friends to provide customized care.
- **Supports:** A trained CDC+ consultant (who is also considered a Waiver Support Coordinator) is always available to provide guidance and assistance.
- **Management Options:** Participants can choose to manage the program on their own or appoint a representative to assist in managing their budget and help make decisions regarding their care.

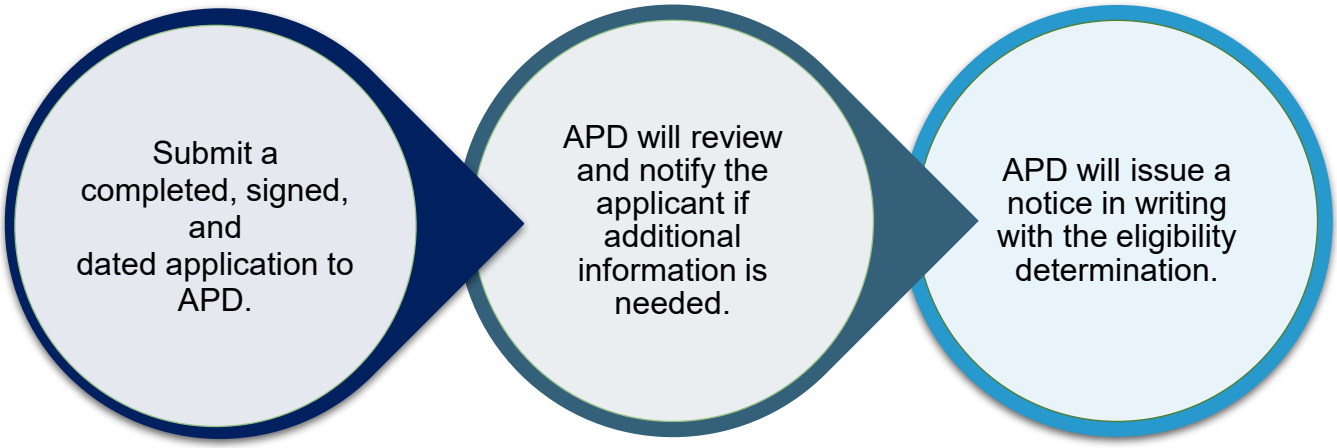
APPLYING FOR APD SERVICES

To apply for services with APD, which includes participation in the iBudget Home and Community-Based Services Waiver, placement in an ICF/DD, or other community services, submit an application to a local APD office by mail, in person, or apply online at applynow.apd.myflorida.com. The location and contact information for all local regional offices is provided on the agency's website at APDcares.org.

APD has developed a Quick Guide to support individuals and families through the application process. APD's Quick Guide: Applying for APD Services (apd.myflorida.com/services/guide.htm) is an online resource that shares pre-screening items the agency uses to determine eligibility.

Once an individual applies for agency services, the agency reviews the application to determine iBudget Florida waiver eligibility.

Application & Eligibility Determination Process



iBUDGET FLORIDA WAIVER ELIGIBILITY

To be eligible for the iBudget Florida waiver, an individual must be Medicaid eligible at time of enrollment, meet the eligibility criteria for APD services, and meet the level of care required for individuals served in institutional settings.

Medicaid eligibility is determined by the Economic Self-Sufficiency Office within the Department of Children and Families (DCF). For additional information on applying for Medicaid, visit MyACCESS (myaccess.myflfamilies.com/). In Florida, people receiving Supplemental Security Income (SSI) are automatically eligible for Medicaid. Individuals determined to be APD eligible but not Medicaid eligible may have access to services funded through APD's General Revenue called Individual and Family Supports (IFS) funding. These funds are limited and are offered as a one-time allowance and/or emergency assistance as funds are available.

APD eligibility requirements are set forth in Chapter 393, F.S. To be eligible for this program, the individual must be:

- Domiciled in Florida
- Have a developmental disability before the age of 18
- Be diagnosed with one of the developmental disabilities listed in Chapter 393, F.S.
- Be three years of age or older. Children between the ages of three and five years who are at high risk for a developmental disability are also eligible for the program. Children with special needs who are between the ages of birth and three years are served by Children's Medical Services through the Department of Health (DOH)

Chapter 393, F.S., requires eligibility determinations for children under 6 years of age to be made within 45 days of receipt of a signed application for services and within 60 days after the date the application is signed for all other applicants.

APD PRE-ENROLLMENT LIST FOR SERVICES

Individuals who are seeking iBudget Waiver services who are determined eligible are assigned a Pre-Enrollment Category.

Pre-Enrollment Categories are determined based on criteria defined in section 393.065(5), F.S. The pre-enrollment categories are listed from the highest priority to the lowest. Category 1 is the highest priority. Category 7 is the lowest priority.

- **Category 1** includes clients deemed to be in crisis as described in Rule 65G-1.047, Florida Administrative Code. Crisis includes homelessness, danger to self or others, and caregivers unable to give care.

- **Category 2** includes individuals with an open case in the DCF's statewide automated child welfare information system who are either:
    1. Transitioning out of the child welfare system into permanency; or
    2. At least 18 years old but not yet 22 years old and who need both waiver services and extended foster care services; or
    3. At least 18 years old but not yet 22 years old who withdrew consent pursuant to section 39.6251(5)(c), F.S., to remain in the extended foster care system.

- **Category 3** includes clients:
    1. Whose caregiver has a documented condition that is expected to render the caregiver unable to provide care within the next 12 months and for whom a caregiver is required but no alternate caregiver is available.
    2. Who are at substantial risk of incarceration or court commitment without supports, who are currently incarcerated and are expected to be released within 12 months from law enforcement, and court ordered competency evaluations.
    3. Whose documented behaviors or physical needs place them or their caregiver at risk of serious harm and other supports are not currently available to meet their needs.
    4. Who are identified as ready for discharge within the next year from a state mental health hospital, ICF/DD, skilled nursing facility, correctional facility, or a secure forensic facility within the next 12 months.
    5. Individuals receiving Voluntary Protective Services (VPS) or requesting DCF assistance to prevent their child from entering foster care

- **Category 4** includes clients whose caregivers are 60 years of age or older, and for whom a caregiver is required but no alternate caregiver is available.

- **Category 5** includes clients who are expected to graduate within the next 12 months from secondary school or have received a special diploma and need

support to obtain or maintain competitive employment, or who have applied for and been accepted to an accredited institution for post-secondary education.

- **Category 6** includes clients 21 years of age or older who do not meet the criteria for category 1, category 2, category 3, category 4, or category 5.

- **Category 7** includes clients younger than 21 years of age who do not meet the criteria for category 1, category 2, category 3, or category 4. Prevention and early intervention services that are critical to the child's developmental growth shall be a high priority for services from the Agency as well as support to the parents or caregivers to maintain the child in the family home.

For the latest information on pre-enrollment, please visit the APD website and check the "*Pre-Enrollment Numbers by Priority Category and County*" report located in the *Agency Reports* section at https://apd.myflorida.com/resources/reports.htm. This report is updated every five days and provides current data for each pre-enrollment category organized by county.

SERVICES AVAILABLE THROUGH THE iBUDGET FLORIDA WAIVER

The iBudget Florida waiver enhances each client's opportunity for participant direction by providing choice among services within the limits of an individual budget. To facilitate this, similar services are grouped in eight broad categories called "service families", also referred to by their group numbers. Services are approved based on medical necessity and program coverage and limitations.

GROUP 1 – LIFE SKILLS DEVELOPMENT

Life Skills Development Level 1 (Companion) • This service includes nonmedical care and socialization activities provided to an adult on a one-to-one basis or in groups of up to three recipients.

Life Skills Development Level 2 (Supported Employment) • This service helps individuals find and keep a job in the community.

Life Skills Development Level 3 (Adult Day Training) • This service provides training and assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills in the community. Adult Day services may include recreational and other activities to enhance social development and development of skills in performing activities of daily living and community living.

Life Skills Development Level 4 (Prevocational) • This service provides learning and work experiences, where individuals can develop general, non-job-task-specific strengths and skills that contribute to paid employment. Services are intended to develop and teach general skills that lead to competitive and integrated employment.

GROUP 2 – SUPPLIES AND EQUIPMENT

Consumable Medical Supplies • This service provides nondurable supplies and items that enable individuals to perform activities of daily living, not otherwise available through Medicaid State Plan. Examples include incontinence supplies, wipes, and pads.

Durable Medical Equipment and Supplies • This service provides equipment, prescribed by a physician, that is not covered by Medicaid State Plan. Examples include lap trays, grab bars, lifts, and individualized positioning equipment.

Environmental Accessibility Adaptations • This service provides physical adaptations to the home that are required by the individual's support plan and are medically necessary to avoid institutional placement of the individual and enable him to function with greater independence in the home.

Personal Emergency Response Systems • This service provides the equipment and monitoring service that enables an individual to secure help in the event of an emergency. The individual may wear a portable "help" button that allows for mobility while at home or in the community.

GROUP 3 – PERSONAL SUPPORTS

Personal Supports • This service is for adults and provides assistance and training in activities of daily living such as eating, bathing, dressing, personal hygiene, and preparation of meals.

Respite Care • This service provides supportive care and supervision to individuals under age 21, living in the family home, when the primary caregiver is unavailable due to a brief planned or emergency absence, or when the primary caregiver is temporarily physically unable to provide care.

GROUP 4 – RESIDENTIAL SERVICES

Residential Habilitation • These services provide supervision and training to individuals in licensed residential facilities that help the clients acquire, maintain

and improve skills related to activities of daily living. The services focus on personal hygiene skills such as bathing and oral hygiene; homemaking skills such as food preparation, vacuuming and laundry; and on social and adaptive skills that enable the individual to reside in the community. The types of residential habilitation include:

- ***Standard Residential Habilitation***
- ***Behavior-Focused Residential Habilitation***
- ***Intensive-Behavior Residential Habilitation***
- ***Enhanced Intensive Behavior Residential Habilitation***

Specialized Medical Home Care • This service provides up to 24-hour-a-day nursing services and medical supervision to residents of licensed group homes that serve individuals with complex medical conditions.

Supported Living Coaching • This service provides training and assistance in a wide variety of activities to support individuals who live in and maintain homes or apartments of their own.

GROUP 5 – SUPPORT COORDINATION

Support Coordination • These services include case management through a waiver support coordinator to identify, develop, coordinate, and access supports and services on the person's behalf, regardless of funding source, in the most cost-effective manner possible. There are three types of support coordination:

- ***Limited Support Coordination***
- ***Full Support Coordination***
- ***Enhanced Support Coordination***

GROUP 6 – THERAPEUTIC SUPPORTS AND WELLNESS

Private Duty Nursing • This service is for persons requiring individual, continuous care by registered or licensed practical nurses as prescribed by a physician.

Residential Nursing • This service is prescribed by a physician and consists of continuous care provided by registered or licensed practical nurses to individuals in residential facilities, group homes, or foster homes.

Skilled Nursing • This service is prescribed by a physician and consists of part-time or intermittent care provided by registered or licensed practical nurses.

Dietitian Services • These services are prescribed by a physician as being necessary to maintain or improve the overall physical health of an individual. They include assessing nutritional status and needs, recommending an appropriate diet, and providing counseling and education.

Respiratory Therapy • This service relates to impairment of respiratory function and other deficiencies of the cardiopulmonary system. It requires a physician's prescription.

Speech Therapy • This service is prescribed by a physician as necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing, or language disability.

Occupational Therapy • This service is prescribed by a physician with the goal of producing specific functional outcomes in self-help, adaptive, and sensory motor skill areas, and assisting the individual to control and maneuver within the environment.

Physical Therapy • This service produces specific functional outcomes in ambulation, muscle control, and postural development and prevents or reduces further physical disability. It requires a physician's prescription.

Specialized Mental Health Counseling • This service is provided to treat or control an individual's mental illness and restore the person to the best possible functional level.

Behavior Analysis Services • These services include the analysis, development, modification, and monitoring of behavior for the purpose of changing an individual's behavior.

Behavior Assistant Services • These services are provided for a limited time, under supervision by a behavior analyst, to train paid or unpaid support persons in how to assist the individual in functioning more independently.

GROUP 7 – TRANSPORTATION

Transportation • This service provides rides between the individual's home and community-based waiver service providers, enabling the individual to receive the

supports and services identified on both the support plan and approved cost plan, when such services cannot be accessed through natural (unpaid) supports.

GROUP 8 – DENTAL SERVICES

Adult Dental Services • These services provide dental treatments and procedures that are not otherwise covered by Medicaid State Plan services.

ROLE OF WAIVER SUPPORT COORDINATORS

Waiver Support Coordinators (WSCs) are Medicaid providers who provide case management services to clients receiving iBudget Waiver services. CDC+ Consultants are WSCs who assist clients enrolled in the CDC+ program. WSCs and CDC+ Consultants are employees of Qualified Organizations. Everyone enrolled on the iBudget waiver selects a WSC or CDC+ Consultant to assist the client and their legal representative with accessing supports to meet the client's needs and achieve their personal goals.

WSCs and CDC+ Consultants facilitate Person-Centered Planning to help clients determine their needs and goals for their support plan. The Person-Centered Support Plan helps to highlight clients' strengths and experiences, identify where they want to live and with whom, help them choose what they want to do during the day, and how they want to be involved in the community. The support plan also includes plans addressing risks.

WSCs and CDC+ Consultants assist clients in requesting and accessing services through the waiver and other resources. They also help clients access appropriate services when needs change. WSCs and CDC+ Consultants can provide information to help clients select providers, schedule services, and plan for the future.

Although a WSC is selected when the individual first enrolls on the waiver, the client may work with their APD Regional Office to request a change in WSC or CDC+ Consultant at any time.

SUPPORTED LIVING

Supported living is an independent living support service for adults with developmental disabilities who choose where, how, and with whom they live. People receive personalized training and supports needed to maintain their own private home or apartment. Clients must meet certain criteria to be eligible for supported living:

- Adults 18 years of age or older
- Want to live in own home or apartment with no more than two other individuals

- Individual's name must appear on the lease either singularly, with roommate, or with guarantor when renting and receiving supported living services
- Requires ongoing supports and services
- Services authorized by the agency must be medically necessary

Each person who participates in supported living may select from a variety of supports to enable them to maintain a home of their own. Examples of services include:

- Personal supports
- Supported Living Coaching
- Life Skills Development including Supported Employment, Adult Day Training, and Companion services
- Transportation
- Other therapeutic services and supplies

Clients who choose supported living coaching select their own coach. Supported Living Coaches are expected to:

- Assist individuals in procurement of affordable housing of their choice
- Assist individuals to develop, retain, and improve daily living skills such as personal hygiene and grooming, household chores, meal planning and preparation, shopping, personal banking and financial planning, and adaptive skills
- Assist with tasks associated with community living
- Work with WSCs to coordinate community resources, connections, and natural supports
- Provide clients with access to services for immediate assistance 24 hours per day, seven days per week
- Assign a backup provider if services are provided by a sole proprietor. The backup provider must be enrolled as a Medicaid waiver provider and certified as a Supported Living Coaching provider

Individuals residing in a family, group, or foster home are not eligible for Supported Living Coaching services unless they are actively planning to move into their own homes or apartments within 90 days following the request for services.

ADDITIONAL RESIDENTIAL SERVICE OPTIONS

There are several options available for residential services outside the individual's own home or family home depending on an individual's preference or situation.

- Group Home Facility: A residential facility which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility is at least four residents, but not more than 15 residents.

- Foster Care Facility or Foster Home: A residential facility which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility is not more than three residents.

- Intermediate Care Facility for the Developmentally Disabled (ICF/DD): These institutional facilities are licensed and certified by AHCA and are funded through Medicaid. The ICF/DD facilities are operated by AHCA and private companies. These facilities provide services to fulfill the needs identified in the individual's active treatment plan. The services may include behavior management, nursing, medical, dental, work activities, personal care, transportation, recreation, adaptive equipment, and other needs identified for the individual. To enter an ICF/DD, the individual must disenroll from the iBudget Florida waiver program.

WAIVER SERVICE RATES

Most waiver services are paid using standardized rates, which are authorized in rule by the AHCA. The rate table can be found on AHCA's website under the *Adopted Rules – Reimbursement Policies* page (ahca.myflorida.com/medicaid/rules). Services for transportation, environmental modifications, adult dental, and durable medical equipment do not have standardized rates at this time. The rates for these services are currently negotiated.

ZERO TOLERANCE INITIATIVE

Many individuals with intellectual and developmental disabilities rely on others for some level of care or support. This makes them especially vulnerable to abuse, neglect, or exploitation during their lifetime. To combat this, the Agency established a Zero Tolerance Initiative in 2004 and a policy addressing all forms of abuse, neglect, and exploitation, including human trafficking. This policy is a collaborative effort among service providers, families, individuals with disabilities, and other stakeholders. Measures include training, education, monitoring, quality assurance, administrative rules, procedures, and Florida Statutes to improve both prevention and reporting.

The Florida Legislature has designated the responsibility for investigating allegations of suspected abuse, neglect or mistreatment of children and vulnerable adults in Florida to DCF. APD does not conduct investigations nor employ investigators. **The Florida Abuse Hotline serves as the central reporting center for allegations of abuse, neglect, and/or exploitation for all children and vulnerable adults in Florida.**

As part of communicating with individuals and families, FCC members may be exposed to a situation where they have great concerns about an individual's health and safety. Any person who knows, or has reasonable cause to suspect, that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member or, in the case of self-neglect, by themselves, is required to report such knowledge or suspicion to the **Florida Abuse Hotline at 1-800-96-ABUSE (or 1-800-962-2873**). APD's Regional Operations Managers are available to educate families on the importance of this initiative.

CARE NAVIGATION

APD offers care navigation services at the time of application and to anyone with a disability seeking such assistance.

Care navigation is designed to help individuals with disabilities and their families navigate and connect to resources that promote independence and community integration based on personalized goals and needs

Family Care Council Guidebook

ATTACHMENTS

Family Care Council Grandparent Consent Form

Applicant Information

Applicant Name:		Date	
Local Council:			

Grandchild Information

Parent/Guardian Name:	
Address:	
Phone Number:	
Email Address:	
Child Name:	
Choose all that apply:	☐ APD Customer Receiving Services ☐ APD Pre-Enrollment Customer

I hereby grant my approval for the above applicant, as a grandparent to my child, to serve on the Family Care Council to help in advising the Agency for Persons with Disabilities and provide information and outreach to individuals and families with developmental disabilities.

Parent/Guardian Signature _____ Date _____

FCC Travel and Purchasing Guidelines

Just like state agencies, Family Care Council (FCC) members must exercise care in spending tax dollars. The FCCs are required to comply with state expenditure guidelines and must follow the procedures for all purchases and travel as specified in the *"Reference Guide for State Expenditures*". The following guidelines are summarized from this manual. A copy of this reference guide is available online at myfloridacfo.com. Much of the information does not pertain to the FCCs; therefore, outlined here are some general guidelines.

TRAVEL OVERVIEW

All travel must be approved in advance by the local FCC members and APD. FCCs must document the approval of all sponsored travel requests in their meeting minutes. Councils may approve a one-time travel sponsorship to applicants being considered for membership by the Governor's Office.

The "*Authorization to Incur Travel Expenses*" form (Attachment B-1) must be completed and fully approved prior to making any travel arrangements. Minutes must include the name of the traveler being reimbursed. Travel authorizations must be submitted to the agency at least two weeks before the date of travel.

The state of Florida requires all travelers to use the most economical method when traveling. If the traveler is requesting reimbursement for their expenses, they must submit the "*Voucher for Reimbursement of Traveling Expenses*" form (Attachment B-2). It is very important that travelers keep **receipts for all expenditures** (*except* meals). This includes receipts such as hotel, parking, tolls, airfare, rental cars, fuel (for rental cars only), and taxi fares. Travel reimbursements must be submitted to the agency within five days of the last day of travel.

Economical Transportation

Travelers will only be reimbursed the most economical mode of transportation. Travel by personal vehicle will be reimbursed at the approved state rate and will only be reimbursed if the cost is less than traveling by the state-contracted rental car. If reimbursement for mileage is more than the state-contracted rental rate, travelers will be reimbursed the state-contracted rental rate per day.

When using a personal vehicle, mileage must be recorded and submitted on the *Vicinity Map Mileage* form (Attachment B-3). Date, time, odometer readings, and mileage (start to finish) must all be recorded throughout the trip. FCC members should request a letter of introduction from APD to ensure they receive the state-contracted rate at the time of vehicle pickup. Requests for a letter of introduction should be sent to the FCC Liaison.

State-Contracted Rental Car Vendor
Avis Budget Group
Reservation Portal: www.carrental.com/abgPartners/sof
Avis AWD Number: A113454
Budget BCD Number: T122000

ADA Accommodation Requests

If traveling by personal vehicle is necessary for Americans with Disabilities Act (ADA) accommodation, travelers must submit a written request along with a physician's note to the agency's ADA Coordinator for approval prior to the date of travel. Traveler's seeking an ADA accommodation approval should work with their FCC Liaison to submit the proper paperwork. Additional types of ADA accommodation requests include, but are not limited to, hotel pet fees for service animals, portage fees for assistance with transporting medical equipment, etc.

Lodging Reimbursement

A traveler will be reimbursed actual hotel expenditures and maximum meal allowance pursuant to section 112.061, F.S. The maximum allowable rate is $225, before taxes. If the room rate is over $225 per night, a written justification must be provided. Travelers seeking reimbursement for room rates above $225 without a written justification and approval prior to the date of travel will only be reimbursed up to the maximum allowable rate.

NOTE: A traveler will only be reimbursed for overnight stay if the distance traveled is greater than 50 miles.

- Hotel Costs Shared by Multiple Travelers
    - When multiple travelers share the hotel room and the bill is paid by one of the travelers, the traveler paying the bill will be reimbursed for the total amount of the bill. The traveler whose bill is being paid must file a reimbursement voucher and state on the voucher *"hotel room compliments of (name of person who paid)"*

- If two travelers share a hotel room and split the bill, each traveler may claim one-half (½) of the hotel bill on their travel reimbursement voucher

Meal Allotment

Receipts for meals are not necessary since the state reimburses meals at a set rate.

NOTE: Overnight travel is required to claim meals. There is no meal allowance for same day trips.

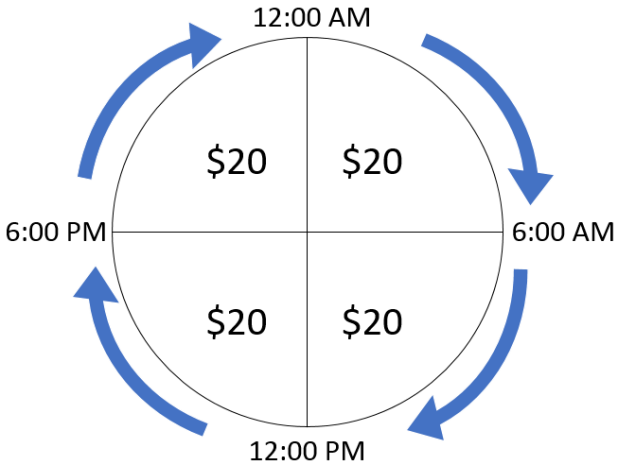
Meal Allotment Breakdown

Meal	Traveler Must Depart Before	AND Return After	To Claim Meal Allowance of
To claim **Breakfast**	6 AM	8 AM	$6
To claim **Lunch**	Noon	2 PM	$11
To claim **Dinner**	6 PM	8 PM	$19
To claim **ALL** meals	6 AM	8 PM	$36

Per Diem

Per Diem is an allowance for daily expenses in place of hotel and meal expenses. The maximum per diem allowed for each 24-hour period is $80. Per diem is computed at a rate of $20 per quarter-hour (see chart below) and is received on the last day of travel for overnight trips or when a traveler chooses to lodge at the home of family member or friend rather than a hotel. Additional expenses incurred (e.g., rental car, tolls, airfare, etc.) may be reimbursed with appropriate receipts.

Per Diem Chart



Incidental Travel Expenses

Tips and gratuities for baggage and taxis are reimbursable to no more than $1 per bag and a total of $5 per instance. Receipts are always required regardless of how much is spent.

Travel Reimbursements for Minors

The State of Florida is unable to issue travel reimbursement checks to children under the age of 18 and individuals who have a legal guardian. Requests for these travelers should be included on the parent or legal guardian's *Authorization to Incur Travel Expenses* and *Voucher for Reimbursement of Traveling Expenses* forms.

Travel Advances

A traveler may request an advance to cover up to 80 percent of estimated cost of travel. The advancement may include projected expenses such the costs of meals, airfare, hotel, and rental car. The traveler will be reimbursed the remaining 20 percent of the travel expense after they return and submit the required reimbursement paperwork.

Travel advances will not be authorized for less than $100 and travelers can only have one travel advance outstanding at any time. Travelers must submit the *"Application for Advance of Travel Expense* form (Attachment B-4) at least three weeks prior to the date of travel.

Travelers must submit travel reimbursements within five days of the last day of travel even if there are no funds due to the traveler. If a traveler receive a travel advanced in excess of the travel expenses allowed for a travel period, the traveler must reimburse the state the difference.

Travel Tips

Before you travel:

1. Submit travel request to local FCC for a vote of approval.
2. If an ADA accommodation is needed, submit a request and a physician's note to the FCC Liaison for agency approval.
3. If renting a vehicle, request a letter of introduction to ensure you receive the state-contracted rental rate at the time of vehicle pickup.
4. If approved, submit the *"Authorization to Incur Travel Expenses*" form and a copy of the FCC minutes documenting approval to the regional APD office for agency

approval. Authorization forms must be submitted at least two weeks before the date of travel.

5. Do not travel until you receive official notification that the agency has approved the travel authorization.

While you travel:

1. Keep copies of all travel-related receipts (except meals – travelers will receive a meal allotment if approved by council)
2. Keep copies of agendas
3. Keep a record of odometer readings (only when driving personal vehicle)

After you return:

1. Submit all travel-related receipts and agendas to the regional APD office.
2. APD will assist you with completing the "*Voucher for Reimbursement of Traveling Expenses*" form and the *Vicinity Map Mileage* form (if applicable).
3. Verify address, signature, and dates on all forms.
4. Submit completed forms, along with a copy of the approved *"Authorization to Incur Travel Expenses"* form and the FCC minutes, to the regional APD office to process.

   The complete FCC travel reimbursement packet must include:

   a. *Voucher for Reimbursement of Traveling Expenses* form
   b. *Vicinity Map Mileage* form (if driving personal vehicle) **or** rental car and fuel receipts
   c. Meeting or conference agendas
   d. Copy of the approved *"Authorization to Incur Travel Expenses"* form
   e. Copy of the FCC minutes that documents council's approval to reimburse travel expenses.

FCC PURCHASING REQUESTS

All FCC purchases for goods and services must be acquired through state-approved or contracted vendors. Purchase requisitions are submitted by APD on behalf of the FCCs through the state's purchasing system, MyFloridaMarketPlace (MFMP). All FCC purchases must be approved by the council and documented in the council's minutes. After the council approves the expense, they should work with their local APD Liaison to submit their order.

Printed materials and outreach campaigns must be developed in collaboration with APD's Communications Office. See *"FCC Communications Protocol"* on page 35 of the *Family Care Council Guidebook*.

State funds cannot be expended to satisfy the personal preference of FCC members. In addition, state funds cannot be used to pay council or council members for rendering services such as transcription of minutes or event coordination. When in doubt about the appropriateness of a purchase, members should contact their APD Liaison or APD's Budget and Planning Office for clarification.

AUTHORIZATION TO INCUR TRAVEL EXPENSES

STATE OF FLORIDA	NAME	OFFICIAL LOCATION	DATE
AUTHORIZATION TO INCUR TRAVEL EXPENSES		UNIT: Family Care Council	OFFICE PHONE NUMBER
DEPARTURE DATE:		RETURN DATE:	CONTACT PHONE NUMBER WHILE IN TRAVEL STATUS
DEPARTURE TIME:		RETURN TIME:	

DESTINATION AND PURPOSE OF TRIP	ESTIMATED COST									
	REGISTRATION FEE	PER DIEM	MEALS	AIRLINE	CAR RENTAL	GROUND TRANSPOR-TATION	MILEAGE	HOTEL	PARKING	MISC
Total Estimated Cost: $ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Verify Funding Available	Yes ☑	No ☐
Funding Source:		
ORG CODE	**EO**	**OCA**

Mission Critical:
Please insert the travel purpose that is critical to the agency from the Director's Travel letter below.

☐ Travel by the Florida Family Care Council staff and APD employees to attend meetings or conduct specific outreach initiatives as outlined in statute, or as directed by the External Affairs Director.

EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA.

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

SIGNED	APPROVED BY - UNIT SUPERVISOR
Date	Date
Budget Officer	APPROVED BY - AGENCY HEAD /DESIGNEE
Date	Date

Form DFS-AA-13

VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVELING EXPENSES
---------- APD ----------

Payee _____ SSN _____
Address _____ Headquarters _____
City _____ City of Residence _____
Mark One: Regular Employee OPS Employee Nonemployee/Independent Contractor X Special Shift Hours

Date 2026	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Class A and B Meals	Per Diem or Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type

This voucher must be date stamped at each location received to comply with F.S. 215.422.

Column Total	Column Total	0 Miles @ 0.445 $./mile	Column Total	SUMMARY TOTAL
Less non Reimbursable items included on purchasing card				
Less advance received				
Plus supplemental page				
NET AMOUNT DUE				

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expense in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statues.

Preparer's Name: _____
Preparer's Phone No.: _____

PAYEE'S SIGNATURE: _____ DATE _____

Pursuant to 112.061(3)(a),Florida Statute, I hereby certify or affirm that to the best of my knowledge the above travel was official business of the State of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: Title: DATE APPROVED:

ORG CODE _____ EO _____

PAYEE'S SSN _____ OCA _____

OBJECT	AMOUNT	OBJECT	AMOUNT
261038		261409	
261054		261514	
261104			
261204			
261304			

Form DFS-AA-15

VICINITY MAP MILEAGE

Audited By/Date:													
Department: Agency for Persons with Disabilities/Family Care Council								**Office Address:**					
Pay To:								**SSN:**					
Home Address:													
Org 67					**EO:**			**Date:**					
BE: 67100200				**FUND:** 000328				**Category:**					
Date	**Actual Point of Origin**	**Point of Destination**	**Purpose of Travel**	**If OnCall**	**Arrive Time**	**Depart Time**	**Begin Odometer**	**End Odometer**	**Map Mileage**	**Vicinity Mileage**	**Total Mileage**	**Incidental Type**	**Incidental Amount**
TOTAL(for ALL Pages): 1								**Mileage (Map & Vicinity)**				**Incidental**	

I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duties. This claim is true and correct in every material matter and conforms to every respect with the requirements of Section 112.061, Florida Statutes.

Traveler's Signature: _____ **Date:** _____

Pursuant to Section 112.061 (3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the State of Florida and performed for the purposes as stated above.

Supervisor's Signature: _____ **Date:** _____

Form C676 VM

OFFICE OF THE STATE COMPTROLLER
STATE OF FLORIDA

APPLICATION FOR ADVANCE OF TRAVEL EXPENSE

Payee: _____ SSN#: _____

Headquarters: _____ Department: APD/Family Care Council

Travel Period: _____ (date) thru _____ (date) Destination: _____ (from) _____ (to)

Purpose of Travel: _____

Justification: The inclusion and involvement is pursuant to Chapter 393.502 (7) of the Florida Statutes.

ESTIMATED COST OF TRAVEL (Does not include costs directly billed):

$ _____ per day X _____ days = $ _____
If the per day allowance exceeds $80.00, an explanation must be furnished.

Mileage Private Vehicle – miles: _____ X $0.445 = $ _____

Incidental Expenses: Type Hotel - _____

Type Rental Car - _____

Total Incidental Expenses $ _____

Total Estimated Expenses $ _____

TOTAL TRAVEL ADVANCE ALLOWED
(Total Estimated Expenses X 80%) $ _____

I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention directly relates to the official duties of the Agency; any meals or lodging included in a registration fee have been deducted from this travel advance request. If the travel advance exceeds actual travel expenses incurred, I will refund to the State of Florida the remaining unexpended funds within 30 days after completion of the travel period.

Employee Signature: _____ Phone #: _____

Title: Family Care Council Member Date Prepared: _____

Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above anticipated travel will be on official business of the State of Florida.

Supervisor Signature: _____

Title: _____ Date Signed: _____

Date	Organization	EO	Object	Amount	Check #	Check Date

APPROVED (DISTRICT FISCAL OFFICER): _____

DFS-AA-25, PDF 07/2006

DRAFT

Statewide Family Care Council Bylaws

ARTICLE I: NAME

The name of this organization shall be The Statewide Family Care Council (Statewide FCC). (Herein and after referred to as the "Council")

ARTICLE II: MISSION AND VISION

The mission of the Statewide FCC is to advocate, educate, and empower individuals with developmental disabilities and their families, while partnering with the Agency for Persons with Disabilities (APD or Agency) to bring quality services to individuals for dignity and choice.

The vision of the Council is that all individuals with developmental disabilities will have the opportunity to achieve their dreams.

ARTICLE III: PURPOSE

The purpose of the Statewide FCC is to implement section 393.502, F.S. "The Statewide FCC is established to connect local family care councils and facilitate direct communication between local councils and the agency, with the goal of enhancing the quality of and access to resources and supports for individuals with developmental disabilities and their families." Specifically, the Council shall:

1. Review annual reports, policy proposals, and program recommendations submitted by the local family care councils.
2. Advise the agency on statewide policies, programs, and service delivery improvements based on the collective recommendations of the local councils.
3. Identify systemic barriers to the effective delivery of services and recommend solutions to address such barriers.
4. Foster collaboration and the sharing of best practices and available resources among local family care councils to improve service delivery across regions.

5. Submit an annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency. The report shall include a summary of local council findings, policy recommendations, and an assessment of the agency's actions in response to previous recommendations of the local councils.

ARTICLE IV: MEMBERSHIP

The Statewide FCC shall consist of the following members appointed by the Governor:

1. One representative from **each** of the local family care councils, who must be a resident of the area**/region** served by that local council. Of these representatives:
    a. At least one individual must be receiving waiver services from the agency under section 393.065, F.S.
    b. At least one individual who is assigned to a pre enrollment category for waiver services under section 393.065, F.S.
2. One individual representing an advocacy organization representing individuals with disabilities.
3. One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver services contract with the agency.

Council members shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to section 112.061, F.S.

ARTICLE V: APPOINTMENTS

The Governor shall appoint the initial chair of the Statewide Council from among the members of the statewide council. Subsequent chairs shall be elected annually by a majority vote of the council.

Council members shall be initially appointed to staggered 2- and 4-year terms, with subsequent terms of 4 years. Members may be reappointed to one additional consecutive term.

Upon expiration of a term or in the case of another vacancy, the statewide council shall, by majority vote, recommend to the Governor for appointment at least one person for each vacancy. The Governor shall make an appointment within 45 days after receiving a recommendation from the statewide council. If an appointment is not made, the chair of the local council may appoint a qualified acting member to the statewide council until the Governor makes an appointment.

ARTICLE VI: OFFICERS

1. The five officers of the Council shall consist of Chairperson, Vice Chairperson, Secretary, Treasurer, and Past Chairperson. Officers will serve for 1 (one) year terms. Officers may serve no more than 4 (four) 1-year terms. Terms commence in July.
2. Duties of the Chairperson:
    a. Preside at all meetings during the term of office.
    b. Set the meeting agenda with input from all area/regional Family Care Councils and APD State Office and facilitate communication among the Councils. The Chairperson shall vote only in the case of a tie.
    c. Sign correspondence on behalf of the Council
    d. Ensure the Council fulfills their responsibilities as articulated in Article III of the Bylaws and Chapter 393.502, F.S.
    e. Oversee activities of committees working in support of Council activities.
    f. The Chairperson or designee may participate in activities of any community group on related issues.
    g. The Chairperson shall appoint all Committee Chairs except the Nominating Committee, which should be elected by the Council membership
3. Duties of the Vice Chairperson:
    a. Assume the role of the Chairperson in the absence of the Chairperson.
    b. Carry out duties as delegated by the Chairperson.

c. Ensure the Council fulfills the responsibilities as articulated in Article III of the Bylaws and Chapter 393.502, F.S.

4. Duties of the Treasurer:
   a. Review and present a statement of accounts at each meeting.
   b. Prepare an end-of-year fiscal report.
   c. Work with the Agency regarding fiscal protocols and responsibilities.
5. Duties of the Secretary:
   a. Prepare for and set-up meetings.
   b. Record minutes at all meetings of the Council.
   c. Support the development of the annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency.
   d. Follow, and provide guidance on Robert's Rules of Order, current edition to effectively guide meeting protocols.
6. Duties of Past chairperson:
   a. Mentor the current Chair.
   b. Provide the continuity of process and resources for the Statewide Council.
   c. Ensure the Statewide Council fulfills the responsibilities of the Council as articulated in Article III of the Bylaws and Chapter 393.502, F.S.
   d. Sustain the relationships and identity of the Statewide Council with all stakeholders.

ARTICLE VII: MEETINGS

The Statewide Council shall meet at least quarterly either in person or via teleconference or other electronic means.

1. The Council shall meet on alternate months and at least four times a year.

2. Meetings of the Council shall be open to the public (pursuant to Chapter 286, Florida Statues).
3. A Quorum shall consist of a simple majority of the members. A simple majority of members present, and voting is required to take official final action on a matter before the Council.

ARTICLE VIII: FUNDING

1. The Council fiscal year will coincide with the state government fiscal year, currently July 1 to through June 30.

ARTICLE IX: CONFLICT OF INTEREST

1. Members are required to declare any conflict of interest that might pertain to any voting matter coming before the Council.

ARTICLE X: PARLIMENTARY PROCEDURES

Robert's Rules of Order, current edition, will govern the Council in all cases to which they are applicable and not inconsistent with these bylaws.

ARTICLE XI: BYLAW CHANGES

Bylaws may be amended at any regular meeting of the Council by a two-thirds (2/3) vote, provided the amendment has been submitted in writing at the previous regular meeting or by other means of communication such as fax, email or mail to all Council members. Amended Bylaws must adhere to the principles as outlined in section 393.502, F.S. An amendment to the Bylaws goes into effect immediately upon its adoption unless a motion to adopt specifies another time for it becoming effective, or the Council has set such time by previously adopted motion.

TEMPLATE

Family Care Councils

Meeting Minutes

[Meeting Date] – [Meeting Time]

CALL TO ORDER: A [*meeting type*] of the [*Area Council*] Family Care Council was held on [*date*] at [*location*]. The meeting was held at [*time*] and was presided over by [*chairperson's name*], Council Chair.

ATTENDEES

Present Voting Members

- *List of appointed and interim members in attendance*

Absent Voting Members

- *List of excused and unexcused appointed and interim members that did not attend the meeting*

Guests

- *List of all guests, including presenters.*

APPROVAL OF MINUTES

A motion to approve the minutes of the [*meeting date*] meeting was made by [*council member name*] and seconded by [*council member name*]. The motion [*carried or failed*] with [*number of yeas*] in favor and [*number of nays*] against.

COMMITTEE REPORTS *List of all committee reports presented during the meeting.*

- [*Report name*] was presented by [*name of presenter*]

OTHER REPORTS/PRESENTATIONS *List of other reports or presentations shared during the meeting. Record brief summary of information presented by partner agencies. If no report is available, simply record 'no report'.*

- [*Partner presentation topic/name*] was presented by [*name of presenter*]

MAIN MOTIONS *All main motions (except ones that are withdrawn), along with the name of the member making the motion (but not the name of the person who seconded the motion).*

- Motion: Moved by [*Name*] and seconded that [*state the motion here*]. The motion [*carried or failed*] with [*number of yeas*] in favor and [*number of nays*] against by a roll call vote.

ANNOUNCEMENTS/UPCOMING EVENTS

ADJOURNMENT

[*Name of* mover] moved that the meeting be adjourned, and this was agreed upon at [*time of adjournment*]. Next meeting will be held on [*date of next meeting*] at [*location*].

[*Name of recorder*]

SAMPLE

Family Care Council Action Plan

"There is established and located within each service area of the agency a local family care council to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families. - Section 393.502(5), Florida Statutes.

FCC Legislated Duty	Goal for Change	Action Plan	Budget
Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.	Help individuals and families understand the importance of person-centered planning and natural supports, as well as help educate them on state programs and local resources	Host an annual conference to educate individuals and families on person-centered planning, as well as exhibit available local and state resources that offer free or low-cost programs for individuals with developmental disabilities	$4,000
Convene family listening sessions at least twice a year to gather input on local service delivery challenges.	Provide space for families to connect informally and explore peer-mentoring relationships.	Host in-person sessions in Spring and Fall of 2026	$1,000
Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.	Provide an opportunity for public feedback on FCC activities.	Host in-person and virtual forums twice a year to gather feedback	$1,500
Share information with other local family care councils.	Remain in communication with the Statewide FCC and other local FCCs to learn best practices	FCC Chair to attend Statewide FCC meetings and report meeting discussions, activities and feedback to local FCC.	$1,500
Identify policy issues relevant to the community and family support system in the region.	To advise APD on relevant issues families encounter within the local FCC vicinity.	Compile input from listening sessions, public forums, partner agencies, and community stakeholders to share with Statewide FCC.	$0
Submit to the Statewide Family Care Council, no later than September 1 of each year, an annual report detailing proposed policy changes, program recommendations, and identified service delivery challenges within its region.	To fulfill legislated reporting mandate.	Draft the annual report using a standardized reporting format to ensure clarity and consistency.	$0



SAMPLE

Family Care Council Spending Plan

Expense	Justification	Budget
Education Conference • Conference room rental • Program and signage printing	Assist in providing information and conducting outreach to individuals with developmental disabilities and their families. Help individuals and families understand the importance of person-centered planning and natural supports, as well as help educate them on state programs and local resources	$4,000
Listening Sessions and Public Forums • Conference Room Rental • Brochure printing	Convene family listening sessions at least twice a year to gather input on local service delivery challenges. Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.	$2,500
Travel • Statewide FCC Meetings • APD Director recommended meetings and events	Share information with other local family care councils.	$2,500

DRAFT

Family Care Council
Advisory Report Template

"There is established and located within each service area of the agency a local family care council to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families." – Section 393.502(5), F.S.

Background/Overview
Finding
Recommendation

Region: _____ Area Council: _____ Date: _____

Draft Statewide FCC Annual Report Template

[Organization Name]
For the Fiscal Year Ending [Date]

1. Executive Summary

- Brief overview of the council's purpose and role within APD
- Summary of key accomplishments during the year
- Note from the Council Chair (optional).

2. Council Overview

- Legislative Authority
- Council Composition

Member	Seat	Affiliation	Attendance	Term Dates

- Roles (Chair, Vice-Chair, etc.)
- Meeting Schedule
- Number of meetings held
- Name of APD Leadership Representee and State Office Liaison

3. Activities and Accomplishments

Highlights of major initiatives or activities undertaken by the council:

- Program or project input
- Fundraising or partnership support
- Advocacy or public relations efforts

4. Committee Reports (if applicable)

For councils with sub-committees:

- Committee Reports should include:
    - Names of Committee Chair and members
    - Committee purpose
    - Activities conducted
    - Outcomes

5. Key Metrics and Impact

- Attendance rate
- Community or organizational impact influenced by the council's work
- Funds raised or facilitated (if applicable)

6. Challenges and Opportunities

- Summary local council findings
- Policy recommendations
- Assessment of the agency's actions in response to previous recommendations of the local councils
- Opportunities identified for the coming year

7. Goals for Next Year

- Council goals and focus areas for the upcoming year
- Planned improvements or developments

8. Acknowledgments

- Recognition of Council members completing terms or rolling off
- Recognition of community partnerships
- Thank you to Council members and contributors
- Any special recognitions or awards

Prepared by:
Name
Title
Date

Draft Local FCC Annual Report Template

[Organization Name]
For the Fiscal Year Ending [Date]

1. Executive Summary

- Brief overview of the council's purpose and role within APD.
- Summary of key accomplishments during the year.
- Note from the Council Chair (optional).

2. Council Overview

- Legislative Authority
- Council Service Area
- Council composition

Member	Seat	Affiliation	Attendance	Term Dates

- Roles (Chair, Vice-Chair, etc.)
- Meeting Schedule
- Number of meetings held
- Name of APD Regional Operations Manager (ROM) and Liaison

3. Activities and Accomplishments

Highlights of major initiatives or activities undertaken by the council:

- Program or project input
- Fundraising or partnership support
- Advocacy or public relations efforts
- Family Forums
- Family Listening Sessions

4. Committee Reports (if applicable)

For councils with sub-committees:

- Family-led Nominating Committee
    - Reports should include:
        - Names of Committee Chair and members
        - Committee purpose
        - Activities conducted
        - Outcomes

5. Key Metrics and Impact

- Attendance rate
- Community or organizational impact influenced by the council's work
- Funds raised or facilitated (if applicable)

6. Challenges and Opportunities

- Summary of service delivery challenges identified in the region
- Proposed policy changes
- Program recommendations
- Lessons learned
- Opportunities identified for the coming year

7. Goals for Next Year

- Council goals and focus areas for the upcoming year
- Planned improvements or developments

8. Acknowledgments

- Recognition of Council members completing terms or rolling off
- Recognition of community partnerships
- Thank you to Council members and contributors
- Any special recognitions or awards

Prepared by:
Name
Title
Date

Family Care Council
Membership Interest Form

Photo	***APPLICANT NAME:***
	LOCAL FAMILY CARE COUNCIL:
	BRIEF BIOGRAPHY
CONTACT	
Phone: Email: Address:	
SEAT INTEREST	
☐ Consumer – receiving APD services ☐ Consumer – receiving APD services within 4 years ☐ Consumer – Pre-Enrollment ☐ Parent ☐ Sibling ☐ Grandparent ☐ Legal Guardian	

What interests you most about the Family Care Councils (FCCs)?
What skills or experience do you have that would assist the FCCs in meeting their mandated duties detailed in section 393.502(6) of the Florida Statutes?
What role do you hope to play on the FCC?
What do you hope to achieve within your term limit?
Family Care Councils must meet at least 6 times a year. Are there any limitations that may prevent you from serving at full capacity?

Per section 393.502(7)(a), F.S., the above applicant is being recommended by a majority vote of the local FCC. The council voted and approved the applicant with the vote recorded in the Family Care Council minutes on _____ .



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Updated November 9, 2026