DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

August 27, 2026

Brian Meyer, Medicaid Director
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #20
Tallahassee, FL 32308

Dear Director Meyer:

This letter and accompanying attachment represent the Centers for Medicare & Medicaid Services (CMS) updated approved corrective action plan (CAP) for the State of Florida to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42CFR §441.301(c)(4)-(5). The CAP was effective March 17, 2023.

The CAP provides the state with additional time to bring settings into compliance with the regulatory criteria directly impacted by the COVID-19 public health emergency. For remaining HCBS settings regulations not subject to the CAP, the state and all settings are expected to be fully compliant by the end of the transition period on March 17, 2023.

On June 24, 2026, the state advised CMS that remediation of heightened scrutiny site visit findings would be completed by June 1, 2026, and the state's oversight and validation activities would be completed by December 31, 2026. With this letter and updated CAP, CMS is granting an extension of the final due date to December 31, 2026.

The state will report to CMS on progress with activities, milestones, and timeframes outlined in the attachment. Full compliance is achieved when all Medicaid-funded HCBS is rendered in a compliant setting. Closure of the CAP will be granted after the state completes the activities described in the attachment, at which point the state will be in full compliance with all HCBS settings provisions of the regulation.

It is important to note that CMS approval of a CAP solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act or the Supreme Court's *Olmstead v. LC* decision.

Thank you for your efforts in establishing a CAP and completing this work to ensure all settings are compliant with the federal HCBS regulations. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Alice Hogan at Alice.Hogan@cms.hhs.gov or (404) 562-7432.

Sincerely,

[redacted]

Wendy Hill Petras, Deputy Director
Division of HCBS Operations and Oversight

Enclosure

cc: Curtis Cunningham, Director, Division of Long Term Services and Supports, CMS

# MEDICAID HOME AND COMMUNITY-BASED SERVICES SETTINGS REGULATIONS
# CORRECTIVE ACTION PLAN FOR THE STATE OF FLORIDA

## Medicaid authorities subject to the CAP

## 1915(c) HCBS Waivers:

- Developmental Disabilities Individual Budgeting Waiver (iBudget), FL.0867; and
- Long Term Care Managed Care Waiver, FL.0962

## Regulatory criteria subject to the CAP

*All settings:*

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS at 42 CFR §441.301(c)(4)(i) (entire criterion except for "control personal resources"),
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board at 42 CFR §441.301(c)(4)(ii),
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact at 42 CFR §441.301(c)(4)(iv), and
- Facilitates individual choice regarding services and supports, and who provides them at 42 CFR §441.301(c)(4)(v).

*Provider-owned or controlled residential settings:*

- Individuals sharing units have a choice of roommate in that setting at 42 CFR §441.301(c)(4)(vi)(B)(2), and
- Individuals have the freedom and support to control their own schedules and activities at 42 CFR §441.301(c)(4)(vi)(C) (entire criterion except for "have access to food at any time").

**State milestones and timeframes under the CAP**

| Milestone | Begin Date | Completion Date |
|---|---|---|
| **Statewide Transition Plan Settings Compliance Determination** | | |
| Aggregate validation data and compliance findings following validation of remediation for settings previously assessed. | July 10, 2019 | June 30, 2024 |
| **Statewide Transition Plan Assessment, Remediation, or Validation Activities** | | |
| ***All Settings*** | | |
| Completion of site-specific assessments. | July 1, 2024 | December 31, 2024 |
| Completion of validation activities for Long Tenn Care settings. | Januaiy 1, 2025 | Januai·y 31, 2025 |
| Aggregate assessment data for all settings. | Februaiy 1, 2025 | October 23, 2025 |
| Complete 30-day public comment period for aggregate assessment data for all settings, including settings oreviouslv assessed. | Mai·ch 1, 2025 | October 21, 2025 |
| Submit compliance results to CMS for all settings. | April 16, 2025 | April 30, 2025 |
| Communicate non-compliance concerns to providers and state issued remediation action plans with remediation to be completed by settings within two weeks of notification, but no later than the milestone completion date. | May 1, 2025 | May 31, 2025 |
| Complete remediation and validation activities (via desk review) to address community integration. 25% complete | June 1, 2025 | June 30, 2025 |
| Complete remediation and validation activities (via desk review) to address community integration. 50% complete | July 1, 2025 | July 31, 2025 |
| Complete remediation and validation activities (via desk review) to address community integration. 75% complete | August 1, 2025 | August 31, 2025 |
| Complete remediation and validation activities (via desk review) to address community integration. 100% complete | September 1, 2025 | October 15, 2025 |
| As applicable, furnish notices to providers to disemoll non-compliant settings and notify paiticipants. 100% complete | May 1, 2025 | November 15, 2025[1] |
| As applicable, complete provider disemollment and relocate paiticipants to compliant settings. 100% complete | June 1, 2025 | December 31, 2025 |
| ***I/DD Group Home Settings*** | | |

| Milestone | Begin Date | Completion Date |
|---|---|---|
| Assessment of all individuals in I/DD group home settings to determine if there is a requirement for restrictions on access to keys. 25 % complete | July 1, 2024 | September 30, 2024 |
| Assessment of all individuals in I/DD group home settings to determine if there is a requirement for restrictions on access to keys. 50 % complete | October 1, 2024 | June 30, 2025 |
| Assessment of all individuals in I/DD group home settings to determine if there is a requirement for restrictions on access to keys. 75 % complete | Janmuy 1, 2025 | June 30, 2025 |
| Assessment of all individuals in I/DD group home settings to determine if there is a requirement for restrictions on access to keys. 100 % complete | April 1, 2025 | September 30, 2025 |
| Update each person-centered service plan to reflect the assessment and detennination for restrictions on access to keys. 25 % complete | July 1, 2024 | September 30, 2024 |
| Update each person-centered service plan to reflect the assessment and determination for restrictions on access to keys. 50 % complete | October 1, 2024 | June 30, 2025 |
| Update each person-centered service plan to reflect the assessment and determination for restrictions on access to keys. 75 % complete | Janmuy 1, 2025 | June 30, 2025 |
| Update each person-centered service plan to reflect the assessment and detennination for restrictions on access to keys. 100 % complete | April 1, 2025 | September 30, 2025 |
| Provide keys to all individuals who were not assessed to require a restriction. 25 % complete | July 1, 2024 | September 30, 2024 |
| Provide keys to all individuals who were not assessed to require a restriction. 50% complete | October 1, 2024 | June 30, 2025 |
| Provide keys to all individuals who were not assessed to require a restriction. 75% complete | Januaiy 1, 2025 | June 30, 2025 |
| Provide keys to all individuals who were not assessed to require a restriction. 100% complete | April 1, 2025 | September 30, 2025 |
| ***I/DD Planned Residential Community Settings*** | | |
| Complete site-specific assessment (via onsite review) of Planned Residential Communities. 25% | December 12, 2022 | December 31, 2023 |
| Complete site-specific assessment (via onsite review) of Planned Residential Communities. 50% | December 12, 2022 | December 31, 2023 |
| Complete site-specific assessment (via onsite review) of Planned Residential Communities. 75% | December 12, 2022 | December 31, 2023 |

| Milestone | Begin Date | Completion Date |
|---|---|---|
| Complete site-specific assessment (via onsite review) of Planned Residential Communities. 100% | December 12, 2022 | December 31, 2024 |
| Complete remediation and validation activities (via onsite and desk review) of Planned Residential Communities. 25% complete | December 12, 2022 | December 31, 2023 |
| Complete remediation and validation activities (via onsite and desk review) of Planned Residential Communities. 50% complete | December 12, 2022 | December 31, 2023 |
| Complete remediation and validation activities (via onsite and desk review) of Planned Residential Communities. 75% complete | December 12, 2022 | December 31, 2023 |
| Complete remediation and validation activities (via onsite and desk review) of Planned Residential Communities. 100% complete | December 12, 2022 | January 31, 2025 |
| Provide CMS with final compliance detenninations for I/DD planned residential community settings. | Januaiy 1, 2024 | Februa1y 28, 2025 |
| As applicable, furnish notices to disemoll noncompliant settings and provide notice to paiticipants. 100% | Mai·ch 1, 2025 | March 31, 2025 |
| As applicable, complete disemollment of providers and relocation of paiiicipants to compliant settings or secure alternative funding. 100% complete | April 1, 2025 | June 30, 2025 |
| ***I/DD Foster Home Settings*** | | |
| Complete site-specific assessment (via onsite review) of foster home settings. 100% | Januaiy 1, 2016 | December 31, 2024 |
| Complete remediation and validation activities (via onsite and desk review) of foster home settings. 100% complete | Januaiy 1, 2016 | Januai·y 31, 2025 |
| Provide CMS with final compliance detenninations for I/DD foster home settings. | Januaiy 1, 2020 | Februa1y 28, 2025 |
| As applicable, furnish notices to disemoll noncompliant settings and provide notice to paiticipants. 100% | Mai·ch 1, 2025 | March 31, 2025 |
| As applicable, complete disemollment of providers and relocation of paiiicipants to compliant HCB settings or secure alternative funding. 100% complete | April 1, 2025 | June 30, 2025 |
| *Residential non-disability specific settings*<br>***Lonf! Term Care*** | | |
| Complete remediation and validation activities (via desk review) to address access to services in residential non-disability specific settings. 25% | September 1, 2024 | October 31, 2024 |
| Complete remediation and validation activities (via desk review) to address access to services in residential non-disability specific settings. 50% | November 1, 2024 | November 30, 2024 |

| Milestone | Begin Date | Completion Date |
|---|---|---|
| Complete remediation and validation activities (via desk review) to address access to services in residential non-disability specific settings. 75% | December 1, 2024 | December 31, 2024 |
| Complete remediation and validation activities (via desk review) to address access to services in residential non-disability specific settings. 100% | Janmuy 1, 2025 | January 31, 2025 |
| As applicable, furnish notices to disemoll noncompliant settings and provide notice to paiticipants. 100% | October 1, 2024 | Februaiy 28, 2025 |
| As applicable, complete disemollment of providers and relocation of paiiicipants to compliant HCB settings or secure alternative funding. 100% complete | November 1, 2024 | March 31, 2025 |
| ***Non-residential non-disability specific settings*** ***Loni( Term Care*** | | |
| Complete remediation and validation activities (via desk review) to address access to services **in** non-residential non-disability specific settings. 25% | September 1, 2024 | October 31, 2024 |
| Complete remediation and validation activities (via desk review) to address access to services in non-residential non-disability specific settings. 50% | November 1, 2024 | November 30, 2024 |
| Complete remediation and validation activities (via desk review) to address access to services **in** non-residential non-disability specific settings. 75% | December 1, 2024 | December 31, 2024 |
| Complete remediation and validation activities (via desk review) to address access to services **in** non-residential non-disability specific settings. 100% | Januaiy 1, 2025 | Januai·y 31, 2025 |
| As applicable, furnish notices to disemoll noncompliant settings and provide notice to paiticipants. 100% | October 1, 2024 | Februaiy 28, 2025 |
| As applicable, complete disemollment of providers and relocation of paiiicipants to compliant HCB settings or secure alternative funding. 100% complete | November 1, 2024 | March 31, 2025 |
| **Heightened Scrutiny - Statewide Transition Period Activities** | | |
| Submit the list of settings identified during the statewide transition period by settings type and catego1y of institutional presumption to CMS. | June 27, 2022 | June 27, 2022 |
| Submit info1mation to CMS on presumptively institutional settings selected by CMS for a sampled hei!llitened scrntinv review. | June 27, 2022 | Januai·y 31, 2025 |
| Address heightened scrntiny findings related to CMS' heightened scrntiny review including, as applicable, remediation of all similai·1y situated settings that utilize a similai·service delive1y model and, as aoolicable, any overall assessment processes of | Date CMS issues findings to the state | 3 months post the date CMS issues findings to the state |

| Milestone | Begin Date | Completion Date |
|---|---|---|
| all providers of HCBS in the state to ensure that all providers are being assessed appropriately against the regulato1y settings criteria. | | |
| **Heightened Scrutiny - Site Visit** | | |
| Address findings related to CMS heightened scmtiny site visit including, as applicable, needed remediation required to ensure compliance of the settings visited, remediation of all similarly situated settings that utilize a similar service delive1y model, systemic findings related to processes for the development and ongoing monitoring of the person-centered service plan, and application of site visit feedback to the overall assessment process of all providers of HCBS in the state to ensure that all providers are being assessed appropriately against the regulato1y settings criteria. | December 12, 2022 | December 31, 2026 |
| **Heightened Scrutiny - Prospective Activities** | | |
| As applicable, complete public comment for presmnptively institutional settings identified for heightened scmtiny by the state during the completion of assessment, remediation, and validation work. | *NIA* | *NIA* |
| As applicable, submit the list of settings identified by settings type and catego1y of institutional presUillption to CMS. | *NIA* | *NIA* |
| As applicable, submit infonnation to CMS on presllllptively institutional settings selected by CMS for a sampled heightened scmtiny review. | *NIA* | *NIA* |
| As applicable, address heightened scmtiny findings related to CMS' heightened scmtiny review including, as applicable, remediation of all similarly situated settings that utilize a similar service delivery model and, as applicable, any overall assessment processes of all providers of HCBS in the state to ensure that all providers are being assessed appropriately against the regulato1y settings criteria. | *NIA* | *NIA* |
| **Statewide Compliance** | | |
| Final compliance statewide with HCBS settings rule. | - | December 31, 2026 |