



agency for persons with disabilities
State of Florida



Consumer/Representative Training

Ron DeSantis
Governor

Taylor Hatch
Director



Introductions

Mindy Whitehead, Administrator

Felicia Jones, Program Administrator

Tammy Ferrell, Program Administrator

Larry Hill, Trainer

Submit questions throughout this presentation
via chat or to:

Larry.Hill@apdcares.org



What is CDC+ and How does it work?

**Compare
and
Contrast
iConnect
and CDC+**

**Roles
and
Responsibilities**

Tools



iConnect

Support Plan

Cost Plan

**Waiver services and
providers**



iConnect

Support Plan

Cost Plan

**CDC+ Purchasing
Plan**

**Consumer's
Employees**



CDC+

- Household Employer



More Control

CDC+

More
Responsibility



CDC+ Team

Consumer

Representative

Consultant

Regional Liaison

**State Office –
Program and F/EA**



Role of Consumer

(when Representative not selected)

- **Decision Maker**
- **Trainee**
- **Employer**
- **Authorized Signer**
- **Custodian of Public Money**
- **Manager of the CDC+ Program**
- **Participate in Quality Assurance Monitoring**



Role of Representative

- **Decision Maker**
- **Trainee**
- **Employer**
- **Authorized Signer**
- **Custodian of Public Money**
- **Manager of the CDC+ Program**
- **Participate in Quality Assurance Monitoring**



Role of CDC+ Representative, continued

- **Unpaid Advocate; at least 18 years of age**
- **Sign an agreement with the Consumer**
- **Readily available to Consumer and
Consultant**



Role of the Consultant

- **Waiver Support Coordinator**
- **Sign a Consumer/Consultant agreement**
- **Assists with transitioning to and from the waiver**
- **Provides on-going technical assistance**
- **Reviews Purchasing Plan and ensure it meets program requirements.**



Role of the Consultant, continued

- **Responsible for appropriate use of public money**
- **Complies with training and monitoring requirements**
- **Develops, implements, and monitors Corrective Action Plans (CAP) as needed**
- **Monitors and reviews Consumer account activity**
- **Updates Support Plan, as needed**



Role of the Regional Liaison

- **Ensures Consumer's waiver cost plan is approved**
- **Reviews Purchasing Plans and Employment Packets**
- **Serves as the local program operations manager**
- **Ensures Corrective Actions Plans are completed**
- **Bridges the communication between Consumer, Consultant, and State office**



Role of State Office

- **Authorizes CDC+ Budget**
- **Administer the CDC+ program**
- **Develop & interpret policy**
- **Quality Assurance Monitoring**
- **Provide customer service & technical assistance**
- **Develop and update CDC+ training materials**
- **Conduct initial & on-going training**



Fiscal Employer/Agent (FE/A) State Office cont.

- **Enrolls Consumer as a Small Household Business with the IRS**
- **Complies with all employer tax reporting to the IRS**
- **Maintains the Consumer's CDC+ Account**
- **Assigns provider ID numbers**
- **Pays service claims and employer taxes**
- **Sends monthly statements**

CDC+ > Consumer Directed Care Plus (CDC+)

CDC+ is a long-term care program alternative to the Medicaid Home and Community-Based Services (HCBS) Medicaid Waiver. The program provides the opportunity for individuals to improve the quality of their lives by being empowered to make choices about the supports and services that will meet their long-term care needs and to help them reach their goals.

Enrolling onto CDC+

Thank you for your interest in CDC+! Click below for helpful information and resources for getting started on CDC+. If you have any questions, please contact our CDC+ Helpline at 1-866-761-7043.

- [CDC+ Welcome Packet](#)
-

Announcements

- CDC+ is pleased to announce the enrollment of a WSC to provide CDC+ services has been streamlined effective immediately. The process has changed including the required documentation needed to register as a consultant. CDC+ Consultants will no longer be required to obtain a CDC+ contract associated with their solo or agency Medicaid Provider ID. As long as the provider has an active Developmental Disabilities Contract with AHCA and are in good standing with APD, they are eligible to

Important Links

- [Consultants Resources](#)
- [Consumers Resources](#)
- [Provider Packets](#)
- [Household Employer Forms](#)
- [Secure Web-based Payroll System](#)
- [Training and Education](#)
- [CDC+ Connection](#)

Important Contact Information

CDC + > Consumers

Important Links

- [Consultants Resources](#)
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- [Training and Education](#)
- [CDC+ Connection](#)

Document	Description
CDC+ Handbook	Developmental Disabilities Medicaid Waivers Consumer-Directed Care Plus Program Coverage, Limitations, and Reimbursement Handbook
How-to Guide	This How-To Guide contains important information about how to navigate the Consumer-Directed Care Plus (CDC+) program.
Appendix to How-to Guide (January 2017)	This section provides all the forms used by participants in the CDC+ program. Just "click" on the document you want to review. Each appendix title contains a description of every document listed in that appendix title. The appendix will be updated periodically as forms are revised. Forms published on the Web site are the most recent forms, so please refer to this Web site often.

Peer Support Group Meetings

Miami

401 NW 2nd Ave. S811;

Chair: Yolanda Herrera, yolyherrera@bellsouth.net

Ft. Lauderdale

Important Contact Information



The image is a screenshot of a document viewer. In the top right corner, there is a search bar with the text 'Adult Day Training' and a dropdown arrow. Below the search bar are two buttons labeled 'Previous' and 'Next'. The main content of the viewer is the cover page of a handbook. It features a green outline map of Florida with a small red dot on the northern coast. Below the map, the text reads 'Florida Medicaid' in a large, bold, black font. Underneath that, the title of the handbook is displayed in all caps: 'CONSUMER-DIRECTED CARE PLUS PROGRAM COVERAGE, LIMITATIONS, AND REIMBURSEMENT HANDBOOK'. A horizontal line separates the title from the publisher information: 'Agency for Health Care Administration' and 'October 2015'. In the bottom right corner of the document, there is a circular logo for the Agency for Health Care Administration, State of Florida, which includes a stylized heartbeat line.



How-To Guide





APPENDIX to the CDC+ How-To Guide

- A** [Update Log](#)
- B** [CDC+ Contacts](#)
- C** [Glossary of Terms](#)
- D** Finding Employees to Work for You
 - 1 [Job Description-Employer/Employee Agreement](#)
 - 2 [Telephone Screening form](#)
 - 3 [Sample Interview Questions](#)
 - 4 [Potential Employee Information form](#)
 - 5 [Employment Candidate Evaluation form](#)
 - 6 [Reference Check Worksheet](#)
- E** Employee Packet
 - 1 [Instructions for Completing the Employee Packet](#)
 - 2 [Employee Information form](#)
 - 3 [Sample Completed Employee Information form](#)
 - 4 [IRS Form W-4](#)





**CDC+
-vs-
iConnect**

**Roles and
Responsibilities**

Tools



Monthly Budgets, Purchasing Plans and Quick Updates

**What is the
Monthly
Budget**

**What is a
Purchasing
Plan**

**What is a
Quick
Update**



**iConnect
Amount**

**Consultant
and OTE/STE**

**Discount Rate +
Administrative fees**



**Change
in
iConnec
t**



**Change
to CDC+
Monthly
Budget**



**Support
Plan**

A white arrow pointing to the right, containing the text 'Support Plan' in bold black font.

**Cost
Plan**

A white arrow pointing to the right, containing the text 'Cost Plan' in bold black font.

**Purchasing
Plan**

A white arrow pointing to the right, containing the text 'Purchasing Plan' in bold black font.



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PURCHASING PLAN



Allowable Purchases

Any item that is an allowed purchase using CDC+ funds must be related to the Consumer's long-term care needs or need for community supports as identified in the Consumer's support plan. Before a Consumer may purchase services or supports, the services or supports must be approved as being clearly associated with meeting the Consumer's identified needs and goals. A complete list of services available in the CDC+ Program is included in Chapter 4 of this Handbook.



Payment to Rep, Gifts or Loans, Rent or Mortgage, Utilities, Lottery Tickets, Alcohol or Tobacco, Entertainment Activities or Devices, Swimming pools or Spas, Educational equipment or supplies, Lessons, Home and Vehicle repairs or maintenance



Restricted Services VS Unrestricted Services



Restricted Services

Adult Dental Services	Behavior Analysis Services	Behavior Analysis Assessment	Behavior Assistant Services	Dietitian Services
Durable Medical Equipment and Supplies	Environmental Modifications	Occupational Therapy	Occupational Therapy Assessment	Personal Emergency Response System Installation
Physical Therapy	Physical Therapy Assessment	Private Duty Nursing	Respiratory Therapy	Respiratory Therapy Assessment
Skilled Nursing	Specialized Mental Health Services	Speech Therapy	Speech Therapy Assessment	Vehicle Modifications



Unrestricted Services

Adult Day Training	Advertising	Companion Services	Consumable Medical Supplies	Gym Membership
In-Home Support Services	Other Therapies	Over-the-Counter Medications	Parts and Repairs for Therapeutic or Adaptive Equipment	Personal Care Assistance
Personal Emergency Response System (PERS)	Residential Habilitation Services	Respite Care	Seasonal Camp	Specialized Training
Supported Employment	Supported Living Coaching	Transportation		



Critical Services

- Health, safety, or welfare would be at risk
- Requires two valid emergency backup providers
- Personal Care Assistance (PCA) service is **ALWAYS** considered a critical service



Quick Update

- **Replace a current authorized provider**
- **Change a vendor in Savings, OTE or STE**
- **Change only the estimated date of purchase for a Savings item or the End Date of an OTE or STE**
- **Add or replace a service or support in the Savings Section**
- **Add an emergency back-up provider**



**Monthly
Budget**

**Purchasing
Plan**

**Quick
Update**



Employees

**Types of
Employees**

**Find,
Hire,
Manage**

Cautions

**Background
Screening**



Provider Types

**Agency
Vendor**

**Independent
Contractor**

**Directly Hired
Employee**



Agency Vendors

- **Established Business**
- **Provides Services or Supplies**
 - **Examples: ADT programs, Dentist, Consumable Medical Supply Companies**



Independent Contractor

- **Single Person**
- **Licensed or Certified Professional**



Directly Hired Employee

- **Everyone else**



Finding and Hiring Employees

- **Job Description**
- **Interview Questions and Reference Checks**
- **Special Considerations**



Job Description

- **Basic Job Duties**
- **How the Job will be done**
- **Number of hours/days needed each week**



Interview

- **Establish Questions**
- **Interview all employees**
- **Establish Boundaries with family and friends**
- **Safety First**



Family and Friends

Benefits

- Easy to find
- More affordable
- Might already be a Live-in

Risks

- Harder to fire
- Difficult to manage
- Might make own decisions

Cautions

- Public Assistance
- No contribution to SS
- No contribution to Medicare



Additional Managing Tips

- Pay a fair wage
- Value and respect employees
- Be flexible
- Timely payroll submission



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IRS Notice 2014-7



Department of Labor

- **Minimum wage**
- **Child Labor laws**
- **Workers Compensation Insurance**



Background Screening



AGENCY FOR HEALTH CARE ADMINISTRATION

HOME

ABOUT US

MEDICAID

LICENSURE & REGULATION

FIND A FACILITY

REPORT FRAUD

AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:

Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)



How-to PowerPoint



CARE PROVIDER BACKGROUND
SCREENING CLEARINGHOUSE



Types of
Employees

Managing
Employees

Cautions

Background
Screenings



Payroll

**Timesheets
and
Invoices**

**Payroll
Schedule**

**Submitting
and
Tracking**

Reconciling



Types of Claims

**Directly Hired
Employees**

Timesheet

**Agency Vendors
& Independent
Contractors**

Invoice

**Representative
Reimbursements**

Receipt



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CDC+ Consumer Directed Care Plus		FLORIDA CDC+ WEEKLY TIMESHEET										apd agency for persons with disabilities State of Florida													
Employee: Millie Monroe		Employee ID Number		A	0	5	7	7	8	Plan Sections															
Participant: Patty Participant		Participant ID Number		0	0	1	2	3	4	5	R = Services Section S = Savings Section T = Short Term Expenditures														
Participant/Representative contact information if APD has questions:				Phone #: 123-456-1718		Email: SarahRep@yaho.com																			
Year: 2016		From Monday, 12/7			through Sunday, 12/13																				
Date Worked		Service	Enter Plan Section*	Back Up	Time IN					Time OUT					Total Hrs.										
Mo	Day	Code			H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM	Worked		
12	07	032	R	Y	0	8	0	0	AM		0	2	0	0	PM									6.00	
12	07	011	R	N													0	2	0	0	PM			1.00	
12	10	032	R	Y	0	8	0	0	AM		0	2	0	0	PM									6.00	
12	10	011	R	N													0	2	0	0	PM			1.00	
12	12	011	R	Y	1	2	0	0	PM		0	3	0	0	PM									3.00	
12	13	011	R	Y	1	2	0	0	PM		0	3	0	0	PM									3.00	
Service Code Totals:		#	32		12.00					#							#								
		#	11		8.00					#							#						ALL:	20.00	20.00
This is required information:				Live-in Employee:		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>																
<i>Millie Monroe</i>				12/14/2016		<i>Sarah Representative</i>				12/14/2016															
Employee Signature				Date		Participant/Representative Signature				Date															
We certify that the above information is true, accurate and complete. (Signatures are required BEFORE submitting for payment.)																									

Timesheet Sample



INVOICE SAMPLE

FROM						INVOICE #56789	
Name:		Consumable Supplies Inc. 1234 Easy Street Anywhere, FL 23569					
TO							
Consumer Name: Patty Participant				*Date of Invoice		12/1/2016	
Date of Service	Start Time	End Time	Units	Rate:/hr	Total		
11/21/2016			2	26.00	52.00		
2 cases of Lg Briefs							
#12345							
<i>Goods and Service received as shown</i>							
<i>Sarah Representative</i>				12/2/2016			
Sarah Representative							



RECEIPT SAMPLE

FROM							
Name: Consumable Supplies Inc. 1234 Easy Street Anywhere, FL 23569				*Date of Invoice 12/1/2016			
TO							
Consumer Name: Patty Participant							
Date of Service	Start Time	End Time	Units	Rate:/hr	Total	Paid	Balance Due
11/21/2016			2	26.00	52.00	52.00	0
2 cases of Lg Briefs							
#12345				Paid in full check #1678 12/1/2016 Mary Clark, Owner			
<i>Goods and Service received as shown</i>							
<i>Sarah Representative</i>				12/2/2016			
Sarah Representative							



Payroll Schedule

- **Work week = 12:00 am Mon. – 11:59 pm Sun.**
- **Bi-weekly Payroll**
- **Payroll entries must be *completed* by 5:00pm on Tuesday of payroll weeks**



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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dec-16	25	26	27 Pay Day	28	29	30	31
Jan-17	1 End Pay Period	2 New Year's Day (Observed) CDC+ Closed	3 Payroll Deadline 5 pm 12/19 - 1/1	4	5	6	7
	8	9	10 Pay Day	11	12	13	14
	15 End Pay Period	16 MLK Day CDC+ Closed	17 Payroll Deadline 5 pm 1/2 - 1/15	18	19	20	21
	22	23	24 Pay Day	25	26	27	28
	29 End Pay Period	30	31 Payroll Deadline 5 pm 1/16 - 1/29	1	2	3	4



Submitting Payroll



**Online Secure
Payroll**



**CDC+
Customer
Service**



Warning

APD CDC+ Secure Web-based Payroll System

This site is for the exclusive use of current CDC+ consumers and their authorized consumer representatives.

Unauthorized use or access of this application or its resources is strictly prohibited.

This application and its resources may only be used or accessed by explicitly authorized individuals.

Unauthorized use or access of this application or its resources will be prosecuted to the fullest extent of all applicable United States Federal and State of Florida laws.

If you have questions regarding your authorization to use this application or its resources, call 1-866-761-7043 Toll Free.

UserName

Password



[Main Menu](#)

[Log off](#)

APD CDC+ Secure Web-based Payroll System

MAIN MENU

This is where you are to enter your CDC+ timesheets, invoices, and reimbursement requests.

Entering information in this system does not guarantee payment. Payment depends on correct entry of all information based on your approved Purchasing Plan and availability of funds in your account.

After you have entered and submitted each timesheet, invoice, or reimbursement request, a new screen will appear and will give you a tracking number and instructions on how to check the status of your payment request.

PLEASE SELECT THE FORM YOU WANT TO ENTER

Employee Weekly Timesheet

Agency/Vendor or Independent Contractor Invoice

Consumer or Representative Reimbursement Request

Consumer Statement

Check Transaction Status

Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.



Employee Weekly Timesheet

Each week in the 2-week pay period coincides with the CDC+ work week which begins at 12:00 a.m. Monday and ends Sunday at 11:59 p.m.

At the end of each work week, you (i.e., the consumer or representative) should have a completed paper timesheet for each of your employees that both you and your employee have signed. Even though you may have more than one paper timesheet for an employee for services provided during the same work week, all the sheets together are considered one completed timesheet for that employee.

Enter the requested information from the employee's completed timesheet into the spaces shown below. You must enter ALL of the time worked for all services during one work week before you hit the submit button. Once you hit the submit button, you cannot enter any more services provided by that employee for that work week. When you have submitted your timesheet entry, you should have only one tracking number for each of your employees who worked during each work week.

Please notice that the paper timesheets require that you enter "time in" and "time out" for each day worked. However, when you enter the payroll information using the web-based system, you will provide only the TOTAL number of hours and minutes worked (to the nearest 15 minutes) in a lump sum for each work week for each service.

You may enter your employee's weekly timesheet(s) at the end of each work week if you wish to do so. As soon as the work week is over on Sunday at 11:59 p.m., and you have a completed and signed timesheet for the work week, you can enter that week's time worked until Tuesday at 5:00 p.m. after the end of the pay period. Please review the pay schedule to verify the end of each pay period. The pay schedule is posted on the CDC+ webpage at <http://apd.myflorida.com/cdcplus>.

If you receive an error message after hitting "Add" you can correct the error and hit "Add" again.

When you have completed the week's timesheet entry, hit "Submit Timesheet." You will then record your tracking number and check the status later.

Consumer: F39Name L39Name

Work Week:

Employee ID:

Click on the SUBMIT button ONLY if you have entered ALL of the services and time this employee has worked during the pay period. If you have more than one paper timesheet for this employee, enter ALL of the information from ALL of the timesheets before you submit for payment.

Services																		
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Provider	Hours	Minutes	BilledUnits	UnSubmitted Units	Submitted Units	Remaining Units	Edit	Delete
Savings																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	Hours	Minutes	BilledUnits	UnSubmitted Units	Submitted Units	Remaining Units	Edit	Delete		
Ste																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	Hours	Minutes	BilledUnits	UnSubmittedAmt	SubmittedUnits	RemainingUnits	Edit	Delete		



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Date of Invoice: mmdyyyy

Year:

Month:

Provider ID:

Invoice Number:

Services																				
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Provider	First Day of Service	Last Day of Service	Amount	Billed	Un-Submitted Amount	Submitted Amount	Remaining Amount	Edit	Delete	
154679	029	OT	4.00	66.76	0.00	267.04	09/01/2016	12/31/9999	No	LAMPERT'S HOME THERAPY, INC	<input type="text" value="v"/>	<input type="text" value="v"/>	\$ <input type="text"/>	0.00	0.00		0.00	267.04		

Savings																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
60605	029	OT	12.00	66.76	0.00	801.12	09/01/2016	09/01/2018	<input type="text" value="v"/>	<input type="text" value="v"/>	\$ <input type="text"/>	0.00	0.00		0.00	801.12		

STE																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
No Records Found																		

OTE																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
No Records Found																		



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Consumer: F39Name L39Name

Specify who is to be reimbursed:

Month:

Year:

Services																		
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Primary Provider	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

Savings																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

STE																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

OTE																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete



[Main Menu](#) [Log off](#)

Check Transaction Status

Enter your Tracking Number:

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This application is best viewed in the following browsers:
Microsoft Internet Explorer 6.0 or higher



Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.

It is very important (and it is the consumer /representative's responsibility) to check the tracking status. The consumer/representative is to use the issued tracking number(s) to "check transaction status" for each submitted claim a few hours after each timesheet, invoice, or request for reimbursement has been entered. To check your transaction status click on the fourth (bottom) button, above, entitled "Check Transaction Status. This will take you to a screen where you will enter your tracking number and then hit the "Search" button. You will then be provided the status of payment processing.

If you receive the message, "Processing, please check back for an updated status," please wait three to four hours and check back. If you enter payment information after 5 p.m. Eastern Time, processing may not be complete until the next morning.

The APD payment system functions very effectively but in order to help us provide on-time payments you must check the transaction status on all Web submissions, and alert CDC+ staff immediately when you receive any message other than "Processing" or "Approved".



[Main Menu](#) [Log off](#)

Monthly Statement

For the Month of the Report:

If the selected Statement displays no data, the report is not yet available

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This application is best viewed in the following browsers:
Microsoft Internet Explorer 6.0 or higher



Tracking Spending

- **Use Calendar**
- **Log or Track submissions**
- **Reconcile your account**



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DECEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours Week
1 Joe(32)7a-1p Dan(11)1p-9p	2 Kim(22)6:30a-8a Joe(32)2p-7:30p	3 Kim(22)6:30a-8a Joe(32)2p-7:30p	4 Kim(22)6:30a-8a Joe(32)2p-7:30pm	5 Kim(22)6:30a-8a Joe(32)2p-7:30p	6 Kim(22)6:30a-8a Joe(11)2p-7:30p	7 Joe(32)7a-1p Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
8 Joe(32)7a-1p Dan(11)1p-9p	9 Kim(22)6:30a-8a Joe(32)2p-7:30p	10 Kim(22)6:30a-8a Joe(32)2p-7:30p	11 Kim(22)6:30a-8a Joe(32)2p-7:30p	12 Kim(22)6:30a-8a Joe(32)2p-7:30p	13 Kim(22)6:30a-8a Joe(11)2p-7:30p	14 Joe(32)7a-1p Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
15 Joe(32)7a-1p Dan(11)1p-9p	16 Kim(22)6:30a-8a Joe(32)2p-7:30p	17 Kim(22)6:30a-8a Joe(32)2p-7:30p	18 Kim(22)6:30a-8a Joe(32)2p-7:30p	19 Kim(22)6:30a-8a Joe(32)2p-7:30p	20 Kim(22)6:30a-8a Joe(11)2p-7:30p	21 Joe(32)7a-1a Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
22 Joe(32)7a-1p Dan(11)1p-9p	23 Kim(22)6:30a-8a Joe(32)2p-9:00p	24 Kim(22)6:30a-8a Joe(32)2p-7:30p	25 Kim(22)6:30a-8a Joe(11)2p-7:30p	26 Kim(22)6:30a-8a Joe(32)2p-7:30p	27 Kim(22)6:30a-8a Joe(11)2p-7:30p	28 Joe(32)7a-2p Dan(11)2p-9p	Joe(32) = 31hrs Joe(11) = 11hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
29 Joe(32)7a-1p Dan(11)1p-9p	30 Kim(22)6:30a-8a Joe(32)2p-7:30p	31 Kim(22)6:30a-8a Joe(32)2p-7:30p			Monthly Hours Joe(32) = 149.0hrs Joe(11) = 27.5hrs Kim(22) = 33.0hrs Dan(11) = 68hrs } 179hrs		Joe(32) = 16.0hrs Kim(22) = 1.5hrs Dan(11) = 8hrs



Account Reconciliation

Monthly Deposit

- Timesheets
- Invoices
- Reimbursements

Remaining Balance



**Timesheets
and Invoices**

**Payroll
Schedule**

**Submitting
and Tracking**

Reconciling



Monitoring and Corrective Action Plans

**Quality
Assurance
Monitoring**

**Corrective
Action Plan**



Quality Assurance Reviews



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Disability Solutions

At Qlarant, we have an unmatched track record in helping clients manage quality improvement programs for individuals with intellectual and developmental disabilities. We put boots on the ground to improve service delivery and protect the people you fight for every day.



Organize, Organize, Organize

- **File cabinet**
- **3-ring binder**
- **Accordion file**
- **Other**



Missing Document

“not met” or Alert

**Plan of
Remediation**



Proper management =

**Needs and Goals being met
Increased Independence
Responsible Spending**



Corrective Action Plan



agency for persons with disabilities
State of Florida

Programmatic CAP



Financial CAP



Involuntary Disenrollment



Voluntary Disenrollment



**Quality
Assurance**

**Corrective
Action Plans**



Enrollment

**Application and
Enrollment**

**First Purchasing
Plan**



First Steps to CDC+

- ✓ **Enrolled in iConnect Waiver**
- ✓ **Select a Representative**
- ✓ **Take CDC+ Training**



First Steps to CDC+

- Live in your own home or family home**
- Select a CDC+ Consultant**
- Pass the New Representative Readiness Review with 85% or better**



**Application
Packet**

**CONSUMER
Signature**

**Enrollment
Packet**



CDC+ Application Packet

- **Representative Agreement**
 - **Participant/Consultant Agreement**
- **Emergency Back-up Plan**
 - **CDC+ Application**



agency for persons with disabilities
State of Florida



REPRESENTATIVE AGREEMENT

Participant Name:

Participant ID #

I, *(Representative Name)*

have received comprehensive training regarding the Consumer Directed Care Plus (CDC+) Program, and have had the opportunity to have all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Rule Handbook and the Fiscal/Employer Agent (FEA) documents.

I voluntarily agree to serve as Representative for

Agreed Upon Terms and Conditions for CDC+ Representatives



agency for persons with disabilities
State of Florida



***Consumer Directed Care Plus
Participant/Consultant Agreement***

The purpose of this agreement is to delineate the responsibilities of CDC+ participants and consultants, so that everyone understands those responsibilities.



What is your plan if:

- **A Provider of a Critical Service is not available?**
- **You had a personal emergency?**
- **There was a community-wide emergency?**
- **If there was an unexpected shortage of funds?**
- **Something happened to your Representative?**



CDC+ Enrollment Packet

- **Informed Consent for CDC+ F/EA**
- **8821**
- **2678**
- **Program Consent Form**



agency for persons with disabilities
State of Florida



Informed Consent Florida CDC+ Fiscal/Employer Agent



IRS Forms

- **2678 - Employer/Payer Appointment of Agent**
- **8821 - Tax Information Authorization**



Consumer Directed Care Plus Program Consent Form

I, , choose to participate in
Print Applicant's Name

the Consumer Directed Care Plus (CDC+) Program. I understand my participation in CDC+ is completely voluntary.



Training Certificate

Application Packet

Enrollment Packet

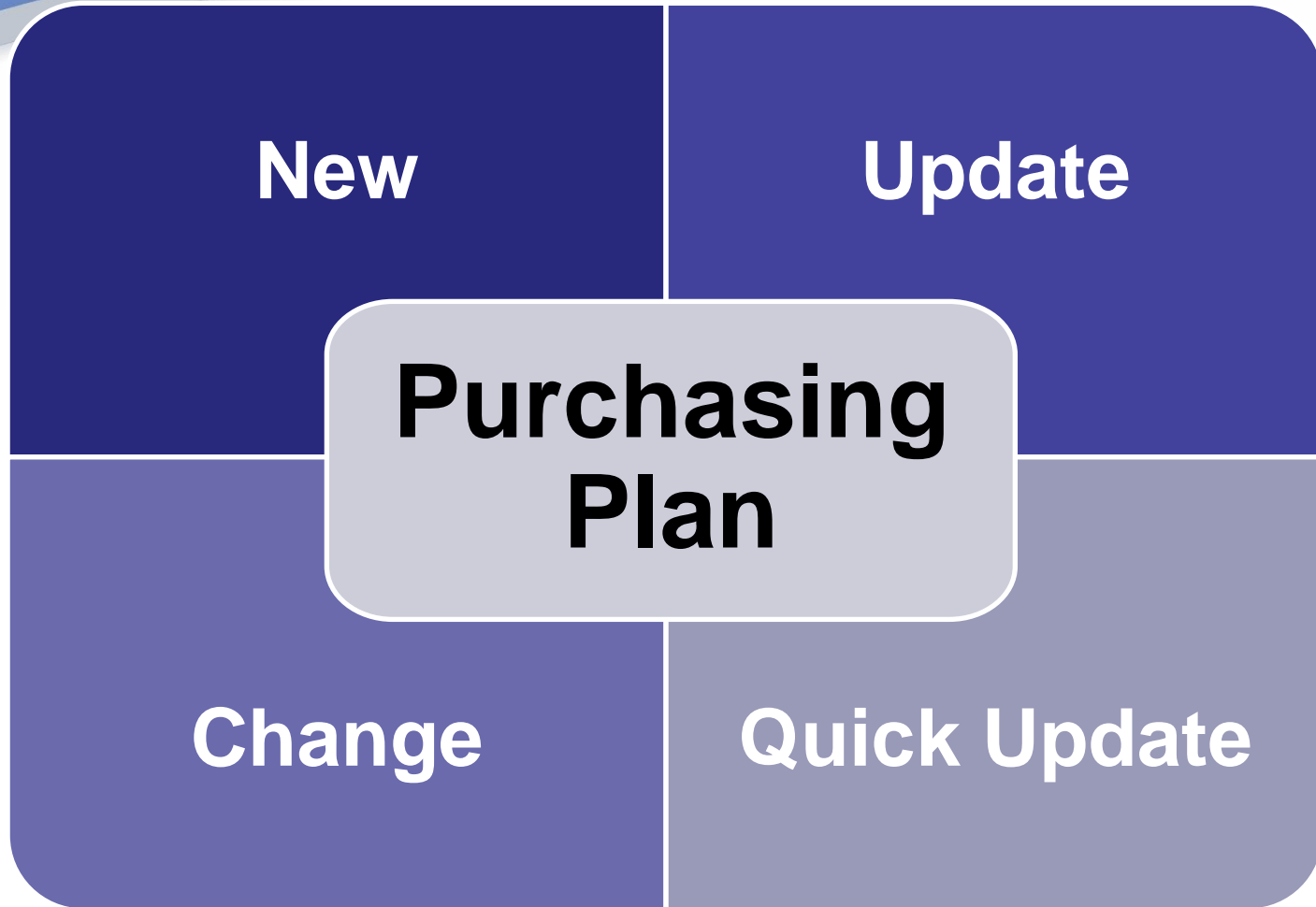
Begin Hiring Process

**Write you first
Purchasing Plan**



Purchasing Plan – Timelines

Person Responsible	Activity	Due Date
Consumer (Representative)	Complete Purchase Plan; submit to Consultant	On or before the close of business by the 5th of the month
Consultant	Review and sign; submit to Regional Liaison	On or before the close of business by the 10th of the month
Regional Liaison	Review and sign; submit to State Office	On or before the close of business by the 20th of the month





Purchasing Plan Change

- **Change in the monthly budget**
- **Adding a One-Time or Short-Term Expenditure**
- **Effective 1st day of month**



Immediately submit a Purchasing Plan Change anytime there is a change to the Consumer's Cost Plan



Purchasing Plan Update

- **Hire a new employee or agency/vendor**
- **Change the rate of pay**
- **Purchase different services or supports**
- **Increase the number of hours of a restricted or unrestricted service**
- **Decrease the number of hours of an unrestricted service**
- **Add a new Savings item**
- **Effective 1st day of month**



Quick Update

- **Replace a current authorized provider**
- **Change a vendor in Savings, OTE or STE**
- **Change only the estimated date of purchase for a Savings item or the End Date of an OTE or STE**
- **Add or replace a service or support in the Savings Section**
- **Add an emergency back-up provider**



Purchasing Plan



Enrollment

**Purchasing
Plans**



Thank you for your participation

For additional questions, please contact:

Larry Hill

Larry.Hill@apdcares.org

850-487-4839

Or CDC+ Customer Service

1-866-761-7043

CDC+ Website <http://apdcares.org/cdcplus/>