

# AGENCY FOR PERSONS WITH DISABILITIES

## CONSUMER DIRECTED CARE PLUS (CDC+) PROGRAM

### ONLINE PROGRAM STORYBOARD

#### Course: New Participant & Representative Training

**Goal:** To provide the participant and representative with a training that includes general and current updated information on the CDC+ Program

**Course Objectives:**

- Learn the general CDC+ Program information
- Learn the participant's and representative's roles within the CDC+ Program
- Provide CDC+ Program updates
- Provide the CDC+ Program resources and tools available

	NARRATION
<b>A.1 Slide 1</b>	<p>AGENCY FOR PERSONS WITH DISABILITIES CONSUMER DIRECTED CARE PLUS (CDC+) PROGRAM New CDC+ Participant Representative Training</p> <p>Welcome to the Consumer Directed Care Plus New Consumer/Representative Training. We are very glad to have you join us. We hope that you will find this a very informational training that will help you determine if the CDC+ program is right for you. You will have to take an active role in the program.</p>
<b>A.2 Slide 2</b>	<p>Our CDC+ Administrator is Rhonda Sloan who is responsible for ensuring that all fiscal components of the program are implemented in accordance to rules and policies.</p> <p>Patricia Rush is our Program Administrator</p> <p>Ivonne Gonzalez: The CDC+ program's Training and Outreach Coordinator</p> <p>You may also submit questions by e-mail to <a href="mailto:Ivonne.Gonzalez@apdcares.org">Ivonne.Gonzalez@apdcares.org</a></p> <p><b><i>It is suggested that you have the CDC+ Rule Handbook and Appendix available for reference as you view this presentation.</i></b></p>
<b>A.3 Slide 3</b>	<p><b>OBJECTIVES</b></p> <ol style="list-style-type: none"><li>1. This training will provide</li><li>2. Representatives with a review of the overall philosophy of the CDC+ program, which includes the principles of self-direction and person-centered planning.</li><li>3. Provide a review of CDC+ operations which, includes Program updates</li><li>4. As well as provide updates and changes to policies and procedures that affect the administration of the CDC+ program</li></ol> <p>*** Please note consumers/participants are the same person. These terms will be used interchangeably.</p>
<b>A.4 Slide 4</b>	<p>Upon completing this section Representatives should be able to:</p> <ol style="list-style-type: none"><li>1) Explain the benefits of a Participant-Driven program</li><li>2) Describe the decisions consumers are authorized to make as household employers</li></ol>

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	<p>3) Explain the five principles of Self-Determination</p> <p>4) Describe critical requirements of the CDC+ program</p>
<b>A.5 Slide 5</b>	<p>This training provides representatives with valuable information needed to actively assist consumers with achieving their goals and selecting services and supports to meet their long-term care needs.</p> <p>Representatives must complete an assessment at the end of this training and pass with a score of 85% or better in order to receive a Certificate of Completion and credit for this Training.</p>
<b>A.6 Slide 6</b>	<p>The CDC+ Program Participant Toolbox</p> <p>The <a href="http://www.apdcares.org/cdcplus">www.apdcares.org/cdcplus</a> website provides a link for the CDC+ Rule Handbook, the CDC+ Participant Notebook (which is currently under revision) as well as a link for the Appendix to the CDC+ Participant Notebook</p> <p>These resources are the guidebooks for the CDC+ program. Every Representative needs to be aware of the information contained in each.</p>
<b>A.7 Slide 7</b>	<p>As you know, the PCA Under 21 authorizations for CDC+ Consumers granted by <u>eQHealth Solution</u> are for a <u>maximum 6 month period</u>. Prior to their authorization expiring, consumer/ reps have to obtain request a new authorization (continuation of services) for the next 6 month period. If the authorization has expired and there is no current authorization for them now iBudget, then their monthly budget will change and consumer will not be able to use that service. Anytime there is a change in a PCA Under 21 consumers eQ authorization, <u>there should be a Purchasing Plan update/change</u> submitted to adjust services and monthly budget accordingly.</p> <p>Also, more importantly those consumers receiving PCA under 21 under iBudget waiver need to finish their authorizations and then request the PCA under 21 through the <u>CDC+ Program with the forms that are found in our website</u>.</p>
<b>A.8 Slide 8</b>	<p>Any item that is an allowable purchase must appear on the Purchasing Plan.</p> <p>CDC+ funds can only be used to purchase services and supports that are clearly identified on the consumer's support plan and serve to meet the consumer's identified needs and goals.</p> <p>Examples of Unallowable Purchases are listed in <b>Chapter 3-9</b> of the Rule handbook. Some examples are: payment for someone to be the CDC+ representative, clothing, groceries, gifts, lottery tickets, general purpose furniture. Duplication of service is unallowable as well.</p>
<b>A.9 Slide 9</b>	<p>Allowable purchases include items that are 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.</p> <p>Chapter 4 of the Rule Handbook gives a complete list of services available in the CDC+ program. These are divided into two (2) categories - Restricted and Unrestricted Services.</p>
<b>A.10 Slide 10</b>	<p>Every service contains a definition to include: Descriptions, limitations, special conditions, provider qualifications and service type found in Chapter 4 of the Rule Handbook.</p> <p>See the <b>Service Code Chart</b> listed under <b>Appendix I</b> for codes and Service abbreviations.</p>
<b>A.11 Slide 11</b>	<p>The CDC+ program began in 2000 as an 8-year research and demonstration project called Consumer Directed Care (CDC)</p> <p>In January 2004, (after three successful years as a research project) CDC was expanded and entered the demonstration phase called, Consumer-Directed Care Plus (CDC+).</p>

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	<p>In March 2008 CDC+ was offered as a permanent Florida Medicaid State Plan Option under the 1915J State Plan Amendment.</p> <p>As of today, 3/1/15, we currently have 2,192 consumers directing their care on the CDC+ Program Statewide.</p>
<b>A.12 Slide 12</b>	<p>CDC+ is a participant-driven, long-term care program alternative to the Medicaid Individual Budget Waiver. Participant-Driven means the consumer is expected to be involved in all aspects of planning for their supports and services</p> <p>The principles of self-determination along with person-centered planning gives consumers the control to seek opportunities for improving their quality of life.</p>
<b>A.13 Slide 13</b>	<ol style="list-style-type: none"> <li>1. FREEDOM to decide where and with whom the individual will live</li> <li>2. AUTHORITY to decide how the individual will live</li> <li>3. SUPPORT the individual will need to make decisions</li> <li>4. CONTROL over the resources needed for the individual's support</li> <li>5. RESPONSIBILITY for the individual's decisions and actions</li> </ol>
<b>A.14 Slide 14</b>	<p>In the CDC+ program the consumer is in charge of...</p> <ul style="list-style-type: none"> <li>○ WHAT supports and services are purchased</li> <li>○ WHO provides the supports and services</li> <li>○ WHEN supports and services will be provided and the quantity</li> <li>○ WHERE supports and services will be provided AND</li> <li>○ HOW supports and services will be provided</li> </ul>
<b>A.15 Slide 15</b>	<ul style="list-style-type: none"> <li>• The participant communicates his or her needs, preferences and expectations about the supports and services being purchased.</li> <li>• The CDC+ participant exchanges the total waiver budget of their current approved Medicaid waiver cost plan for a reduced budget which has greater flexibility. The budget is reduced because a discount of 8% is taken out to make the program cost-neutral. Also APD, as the fiscal/employer agent, charges a 4% administrative fee to fulfill its required fiscal/employer responsibilities, which include among others: accounting, check writing, and tax withholding.</li> <li>• The participant has the choice and flexibility about their services, purchases, and employees. With choice and flexibility, the participant also has more responsibility about making sure that he spends in accordance with his authorized Medicaid waiver budget and only purchases supports/services allowable under the rules of this program.</li> <li>• The participant is not limited to the same waiver services and can choose other services allowed in CDC+.</li> <li>• The participant can hire non-Medicaid enrolled providers.</li> <li>• The participant submits claims (timesheets, invoices, reimbursements) in order to pay their providers</li> <li>• The participant must ensure that he spends his monthly budget within the parameters of the CDC+ program</li> </ul>
<b>A.16 Slide 16</b>	<ul style="list-style-type: none"> <li>• A CDC+ participant must be enrolled in the <u>DD</u> Home Community Based Services Waiver and have an established annualized budget <u>on iBudget</u>. CDC+ does not have its own funding. CDC+ monthly budgets are calculated using the funding from the <u>DD/HCBS</u> waiver</li> <li>• Because CDC+ is Consumer Directed, if a participant cannot direct their own care, an eligible representative must be delegated.</li> <li>• An individual cannot reside in a group home <u>or any other type of licensed residential facility</u> and choose to participate in the consumer-directed care <u>plus</u> program.</li> </ul>
<b>B.1</b>	Objectives; Roles and Responsibilities

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<b>Slide 17</b>	In this section we will cover some of the key roles and responsibilities of the CDC+ program Consumer, Representative, Consultant, Regional Liaison and the State Office including the Fiscal Employer Agent.
<b>B.2 Slide 18</b>	<p>Learning Outcomes</p> <p>After completing this section B, Representatives should be able to:</p> <p>Describe the roles and responsibilities of CDC+ consumer, representative, consultant, Regional liaison and the State Office.</p>
<b>B.3 Slide 19</b>	<ul style="list-style-type: none"> <li>• The participant is the authorized signer of all required CDC+ program documents, unless a CDC+ representative has been selected.</li> <li>• The participant makes all decisions and directs their own care and manage the allocated funds that are deposited into their CDC+ account each month.</li> <li>• The participant is the employer. They hire, terminate and manage all their providers, making changes as needed. The participant is responsible <u>for</u> writing a job description for all their providers, negotiating the rate of pay for all their providers, submitting the appropriate level 2 background screening information for new employees in accordance with CDC+ rules and state law, setting their providers' schedules, signing and approving their timesheets/invoices, submitting their providers' employee/vendor packets before hiring, making sure their providers do not start to work until they have been assigned a provider ID by the F/EA, etc.</li> <li>• The participant develops their purchasing plan to include their needs as stated in their support plan, supports and service(s) that will be purchased with their authorized monthly budget to address each of their needs, rate of pay for each of their providers, and justification for purchases made using unspent/unrestricted funds that have accumulated in their CDC+ account. The consultant is there to provide technical assistance while developing the purchasing plan, but the participant/representative is responsible for developing the PP.</li> </ul>
<b>B.4 Slide 20</b>	<ul style="list-style-type: none"> <li>• Medicaid requires record retention for a minimum of 6 years. Some people keep their records in a file cabinet, in binders by employee, etc.</li> <li>• Being responsible for appropriate use of public money means the participant will use <u>their</u> budget responsibly. The CDC+ Monthly Budget must be used to meet the long-term care needs identified on the <u>participant's</u> Support Plan/Cost Plan and purchase only the services approved on the Purchasing Plan. The participant will be expected to understand the program <u>(or know where to go find the answers for)</u> and the necessary steps to take when there are issues that must be resolved regarding payroll, Purchasing Plans, employees, etc.</li> <li>• Comply with Training and monitoring requirements. The participant must receive training on every aspect of the CDC+ program and pass a Readiness Review before he or she can enroll in the program and begin managing their budget. There will be on-going training and technical assistance opportunities throughout his or her participation in the program. If selected by the Quality Assurance provider, the consumer/representative will be required to participate in the QA review. If they get a score less than 85%, they will be required to develop a Plan of Remediation. Non compliance with this requirement may lead to program disenrollment.</li> <li>• The Emergency Backup Plan is a requirement of the 1915j State Plan Amendment and not to be confused with the emergency backup provider. It is intended to be a contingency plan describing alternative service delivery method for instances such as natural disaster, loss of rep, house fire, or state budget shortfalls.</li> </ul>
<b>B.5 Slide 21</b>	<ul style="list-style-type: none"> <li>• Representative can act on behalf of the participant relating to CDC+, but as previously stated, the participant is always the employer of record.</li> </ul>

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	<ul style="list-style-type: none"> <li>As the Participant's Agent, the role of the CDC+ representative is basically the same as that of the participant. Making the best decisions and choices on behalf of the participant and managing all CDC+ care and financial responsibilities. A CDC+ representative must be at least 18 years of age and fully understand the participant's needs and goals.</li> <li>When a CDC+ Representative is chosen by the participant, he or she becomes the trainee and must receive training on every aspect of the CDC+ program, pass a Readiness Review and sign a Representative Agreement prior to acting as a CDC+ Representative. This has to take place before the participant can enroll and become active in the program.</li> <li>As an Advocate for the Participant, the CDC+ Representative should be readily available and involved in the <u>participant's</u> life. This will enable them to support the <u>participant's</u> wishes and needs by making the best choices.</li> <li>It is the responsibility of the Representative to ensure that the appropriate background screening information for all new employees is submitted in accordance with the requirement of CDC+ <u>rules and state law</u>.</li> <li>The CDC+ Representative is responsible for developing a Purchasing Plan which is a monthly plan of services. This plan describes how he or she plans to spend the funds deposited each month into the participant's account, making sure it is realistic and sufficient to meet the needs and goals identified in the participant's support plan.</li> <li>The CDC+ Representative is the authorized signer. Although their role is essentially the same as the participant, the participant and <u>only the participant, is considered the Employer of Record</u>. All official documents requiring the signature of the Employer, must be signed by the participant NOT their representative.</li> <li>A Representative cannot be paid to be the Representative or as a Provider. <b><u>CDC+ representatives cannot be an owner, co-owner, stockholder, president, vice president or in any way benefit from any business authorized to provide services to or for the participant.</u></b></li> <li>The CDC+ Representative is responsible for the appropriate use of public money and by signing a representative agreement is stating that he or she understands and accepts the responsibilities of the CDC+ Representative.</li> <li>The CDC+ Representative must comply with training and quality assurance monitoring requirements.</li> </ul>
<b>B.6 Slide 22</b>	<b>CDC+ CONSULTANT ROLES</b> <ul style="list-style-type: none"> <li>They are certified Medicaid Waiver Support Coordinator – must sign a consumer/consultant agreement and notify APD of selection as the consumer's consultant before officially acting as the CDC+ Consultant.</li> <li>Trained by APD staff in the philosophy of Self direction, in the operations of the CDC+ program, pass a readiness review is required to enroll as a Medicaid provider of CDC+ Consultant services. Receive annual CDC+ refresher training.</li> <li>Provide technical assistance to the participant/representative, as needed</li> <li>The consultant assists the participant/representative with the development of the Purchasing Plan but cannot write it for them.</li> <li>They review all documents before submitting them for agency review/approval.</li> </ul>
<b>B.7 Slide 23</b>	<ul style="list-style-type: none"> <li>Just like the participant and the representative, the consultant is also responsible for making sure that public funds are spent responsibly.</li> <li>The consultant must also comply with training and quality assurance / monitoring requirements.</li> <li>The consultant is responsible for working with the participant/representative in the development of a</li> </ul>

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	<p>Corrective Action Plan (CAP), if needed. The purpose of this is to ensure that the participant is aware of any issues related with non-compliance of program requirements and can use the CAP as a tool to learn how to fix them.</p> <ul style="list-style-type: none"> <li>As a WSC, the consultant is responsible for updating the consumer's support plan and waiver cost plan.</li> <li>The consultant must review the consumer's monthly statement to monitor the account activity and provide technical assistance, as needed.</li> </ul>
<b>B.8 Slide 24</b>	<ul style="list-style-type: none"> <li>The consultant must visit the participant in their home or community activity no less than once per six-month period. One of the face-to-face contacts per year must be in the participant's home. Face-to-face contacts shall relate to or accomplish the following. <ul style="list-style-type: none"> <li>Assist the consumer to reach goals on the Purchasing Plan.</li> <li>Monitor the health and well-being of the consumer.</li> <li>Monitor the consumer's involvement in the community.</li> <li>Promote advocacy or informed choice for the consumer.</li> <li>Follow-up on the consumer's or representative's concerns</li> <li>Look for indicators of fraud, abuse, neglect or exploitation and report these indicators to the proper authorities within 24 hours of the visit (and include APDs reporting requirements as well as requirements found in state and federal regulations)</li> </ul> </li> </ul> <p>The Support Planning Process will not change when an individual is participating in <u>the CDC+ program</u>.</p> <ul style="list-style-type: none"> <li>It is the responsibility of the consultant to provide any information that is needed to maintain the Medicaid eligibility of the participant. If left unattended, losing Medicaid eligibility may result in the consumer's disenrollment from CDC+ and the DD/HCBS waiver.</li> </ul>
<b>B.9 Slide 25</b>	<p><b>CDC+ Regional Liaison</b></p> <ul style="list-style-type: none"> <li>The Regional Liaison ensures that the consumer's waiver cost plan is approved. Any time there is a change in a consumer's waiver cost plan, the Regional liaison must ensure that the consumer is aware of changes in his/her approved CDC+ monthly budget.</li> <li>The Regional Liaison reviews the Purchasing Plan and any other program forms and submits to State Office for approval.</li> <li>The Regional Liaison is the Program manager of the local program operations and of corrective action plans.</li> <li>The Regional Liaison facilitates communication between participants, consultants, and State office.</li> </ul>
<b>B.10 Slide 26</b>	<p><b>CDC+ STATE OFFICE</b></p> <p>The CDC+ State Office (formerly known as Central Office) is located at the APD State Office in Tallahassee. Staff coordinates with the Agency for Health Care Administration (AHCA) in the development of all policies and procedures for the administration of the CDC+ program and ensures that all state and federal required guidelines, policies and procedures are followed, which includes quality assurance and monitoring.</p> <p>The State Office also provides customer service including on-going technical assistance to the consumer, representative and consultant, by answering questions and providing explanations.</p> <p>Program staff develop and update CDC+ training materials for consumers, representatives, consultants and CDC+ Area Liaisons</p> <p>Program staff conduct initial and ongoing CDC+ training for consumers, representatives, consultants and CDC+ Area Liaisons</p>

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<p><b>B.11</b> <b>Slide 27</b></p>	<p><b>The State Office also performs all the fiscal and payroll duties:</b></p> <p>The Fiscal/Employer Agent manages all aspects of the CDC+ program relevant to payroll, tax reporting, Monthly Statements, recoupment and re-investment of unexpended funds.</p> <p>The Fiscal Employer Agent (F/EA) receives the consumer’s monthly budget amount from Medicaid and maintains it in the participant’s account.</p> <p>Before a participant can start managing their CDC+ budget, they must first “enroll” with the Fiscal Employer/Agent. This gives the Fiscal Employer/Agent the legal authority to process all payrolls, withhold and pay taxes related to the participant as a <b>“small household business”</b>. All of your providers must also be “enrolled” with the F/EA when hired so the F/EA has the proper legal documents to be able to withhold, report, and pay all payroll taxes.</p> <p>The F/EA assigns CDC+ Provider ID numbers and provides banker, bill payer and tax payer services.</p> <p>Monthly statements are sent by the F/EA to the participant showing the amount of money that was deposited each month, the purchases that were made, and the ending balance of the participant’s account at the end of the statement month.</p> <p>On a monthly basis the F/EA reconciles the CDC+ account to ensure their bank statement balances against all submitted and processed claim files</p> <p><u>***However, It is the consumer’s responsibility to reconcile their CDC+ statement monthly and immediately report any discrepancies to APD CDC+ fiscal staff.</u></p> <p>Also, the F/EA will routinely notify consultants and the area office regarding consumer eligibility issues when consumer monthly budgets deposits are denied by FMMIS</p>
<p><b>B.12</b> <b>Slide 28</b></p>	<p>Currently the <b>Delmarva Foundation</b> has the contract with AHCA to conduct quality assurance reviews for the CDC+ program. They conduct random interviews with CDC+ participants to help us discover if they are satisfied with the services they have chosen to receive, if the services are meeting their needs and goals, and if their supports are following the state guidelines for health, safety and well-being.</p> <p>The tools that are used by Delmarva for both the Consultant interviews and the Participant interviews can be found on the Delmarva website.</p> <p>There are two components to the Delmarva review process:</p> <ol style="list-style-type: none"> <li><b>1. Person Centered Review (PCR):</b> This review consists of an interview with the CDC+ participant and should not take more than an hour to complete. If the participant wishes, their Consultant may be present with them in this process. A family member and/or their CDC+ representative can also be present if the participant chooses. The Delmarva reviewer has been professionally trained and will be asking questions to determine how well the services that are being provided are meeting the participants identified needs and goals.</li> <li><b>2. Provider Discovery Review:</b> The Delmarva reviewer will arrange to speak with the participants CDC+ Consultant to be sure the Consultant is helping to meet the goals and needs and is following state rules for service provision. The Delmarva reviewer will also ask to meet with the participant or their CDC+ Representative to review the documentation that a Participant/Representative is responsible to maintain. In preparation for this review, the participant and/or the Representative should review the CDC+ Participant/Representative tool</li> </ol> <p>Should the participant choose not to participate in the Person Centered Review, the Delmarva reviewer will conduct the Provider Discovery Review as planned.</p>
<p><b>B.13</b> <b>Slide 29</b></p>	<p>These are the steps for the participant who wants to begin CDC+.</p> <p>The first step for enrollment is to express interest in the CDC+ program, complete this training, which you’re currently taking, and pass the open book readiness review with a score of 85% or better.</p>

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<p><b>B.14</b> <b>Slide 30</b></p>	<p>Once you have completed the training and passed the readiness review, then you're ready to submit the application and enrollment packets.</p> <ul style="list-style-type: none"> <li>• The application packet consists of the program documents: 2 page application consisting of the consumer's legal name, demographic information, SS and Medicaid ID numbers, consultant and representative details, consumer's expected monthly budget amount and signatures.</li> <li>• The enrollment packet consists of the tax documents: These are the 8821 IRS form; 2678 IRS form and the fiscal informed consent form. These forms authorizes the APD Fiscal Employer Agent to act on the consumer's behalf with the IRS and DOR on issues related to employment taxes and unemployment compensation. It is important to understand that while the APD/CDC+ program acts on behalf of the consumer, the consumer is the employer of record and makes all decisions regarding who they hire. Other forms needed are the Program Consent Form which you complete to show you understand the CDC+ Program and your responsibility to manage your spending in accordance with your budget. The representative Agreement when signed means that the representative understands the CDC+ Program and that he or she is responsible for every document he or she signs on your behalf. <b>The Application will be emailed to you as well once you pass the Readiness Review.</b></li> </ul>
<p><b>B.15</b> <b>Slide 31</b></p>	<ul style="list-style-type: none"> <li>• State office calculates the participant's monthly budget using the CDC+ budget calculation worksheet. This worksheet has formulas in it that calculates the consumer's monthly budget including the 8% reduction and 4% administrative fee from the total approved waiver cost plan amount.</li> <li>• Consultant reviews the application and enrollment packets to check for accuracy and sends to the state office for approval. The state office reviews application and enrollment packets and sends out a Budget Authorization Form to the regional office indicating that all documents are correct, the consumer has been assigned a Consumer ID, and is in Application status on our CDCPP database.</li> <li>• Next the Participant chooses their supports and services and interviews potential providers.</li> </ul> <p>For Example (If a consumer wishes to enroll in the CDC+ program on May 1, the application/enrollment packets are due in the state office on March 22. If they wish to enroll on June 1, the packets are due on April 22)</p>
<p><b>B.16</b> <b>Slide 32</b></p>	<ul style="list-style-type: none"> <li>• Once the participant selects his/her providers, the participant directs the providers to obtain their level 2 background screenings.</li> <li>• New method as of May 25, 2015. There are multiple live scan vendors in each region. It is VERY important that you tell your providers to use the ORI and OCA numbers assigned to you before they get their scan done.</li> <li>• Ensure providers complete Level 2 background screening requirements via Care Provider Background Screening Clearinghouse; to preregister log onto</li> <li>• <a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">1. https://apps.ahca.myflorida.com/SingleSignOnPortal</a></li> <li>• 2. Click on the link for "New User Registration.</li> <li>• 3. Click the box for user Authorization and click "Continue" button.</li> <li>• 4. Representative will register using their personal email address.</li> <li>• 5. Then click "Register" button</li> <li>• 6. Click the "Return to Login" button on the next screen</li> <li>• 7. Log in using the username and password you created</li> <li>• 8. Select "Department of Children and Families" from the select program drop-down list and click</li> </ul>



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	<p>“request Program Access”.</p> <ul style="list-style-type: none"> <li>9. Select “Provider from the Role drop-down list</li> <li>10. Select “APD CDC”</li> <li>11. Begin typing name of provider/consumer you represent</li> <li>Select it from the list and see the OCA #.</li> <li>12. Click “add Provider”</li> <li>13. Repeat steps 10-12 for additional providers you represent.</li> <li>14. Click on “submit Request and Generate User Agreement”</li> <li>15. Print the agreement and sign it</li> <li>16. Send agreement and photo ID of Rep by mail, email or fax to DCF.</li> <li>17. You will receive an email when your registration is complete with a link to the Clearinghouse Results Portal and training materials.</li> <li>18. When new employee needs to get a new Background screening done, You need to log into the system, “initiate a Screening”, select the vendor and select appointment.</li> <li>19. Print Appointment Request Form and bring to vendor which lists name of employee, provider, and OCA#.</li> </ul>
<b>B.17 Slide 33</b>	<ul style="list-style-type: none"> <li>The participant develops and submits the purchasing plan and employee/vendor packets to their consultant.</li> <li>Once the purchasing plan is reviewed/approved by the agency; and, the employee/vendor packets have been reviewed/processed and provider ID numbers issued; THEN, the participant is ready to begin self-directing their supports and services in CDC+. ALL consumers begin in the CDC+ program on the first of a given month. No one can start in the middle of the month.</li> </ul>
<b>B.18 Slide 34</b>	<p><b>Customer Service will notify Rep that the participant is authorized to start.</b></p> <p><b>Continue to use your waiver providers until the transition to CDC+ is complete</b></p>
<b>C.1 Slide 35</b>	<p>After completing section C Representatives should be able to:</p> <p>Explain the process for completing a Budget Calculation Worksheet</p> <p>Explain the difference between iBudget Florida and the CDC+ program</p> <p>List three resources consumers need to assist with developing a Purchasing Plan</p> <p>Explain when to use a Purchasing Plan Change versus a Purchasing Plan Update or a Quick Update</p>
<b>C.2 Slide 36</b>	<ul style="list-style-type: none"> <li>Your CDC+ monthly budget is based on the cost of services that you have been approved to receive under the DD/HCBS Waiver used to purchase supports for you under the DD/HCBS Waiver are reduced by a set percentage and then provided to you in the form of the CDC+ monthly budget. If the Florida Legislature has not required any changes in the way the Medicaid Waiver operates, the monthly budget that was entered on your CDC+ application should continue unchanged.</li> <li>Using only the services that you receive on a monthly basis throughout the year, each of these services are divided by the number of months authorized. Those amount are totaled to give you the total monthly Cost Plan amount. <b>A discount rate and administrative fee are subtracted from the Cost Plan total.</b> <ul style="list-style-type: none"> <li>The CDC+ discount rate is applied to the monthly Cost Plan amount. <b>8%</b></li> <li>The rate of the F/EA administrative fee is applied to the monthly Cost Plan amount up to a</li> </ul> </li> </ul>

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	<p>maximum amount, or “cap”. The administrative fee is subtracted from the discounted monthly Cost Plan amount, and that gives you your CDC+ monthly budget. 4% or Max amount is <b>\$160.00</b></p> <ul style="list-style-type: none"> <li>The Monthly Budget will be brought up on the screen to demonstrate how the form calculates and the one for PCA. After 8% and before the 4%</li> </ul>
<b>C.3 Slide 37</b>	<p>The funds for any services in your Cost Plan that meet the definition of One-Time or Short-Term Expenditures are provided to you in a lump sum amount in the month authorized on your Purchasing Plan so the funds will be available to you when you need them. Shown on the bottom of budget calculation worksheet and are paid at 100% of waiver cost.</p>
<b>C.4 Slide 38</b>	<p>OTE’s are the only waiver funds that do not have the 8% discount applied. These funds are generally high dollar items.</p> <p>STE’s are periodic in nature, not annual services and for 6 months or less.</p>
<b>C.5 Slide 39</b>	<p>To calculate a <b>Monthly Budget</b> you would need to use the <b>Budget Calculation Worksheet</b>; Enter only the services that the consumer uses every month. Do not enter consultant services or funds for either OTEs or STEs. Funds for OTEs and STEs are not included in the calculation of the consumer's monthly budget.</p> <ul style="list-style-type: none"> <li>Funds for OTEs and STEs are given to the consumer over and above the monthly budget amount in the first month the service or support is authorized on the Purchasing Plan (i.e., page 1 reflects the OTE or STE amount and Section F shows the service/support being purchased.</li> </ul> <p><b>NOTE:</b> The effective date of the OTE/STE must be the same as the Purchasing Plan effective date in order for the funds for the OTE/STE to be transferred to the consumer's CDC+ account.)</p> <p style="text-align: center;">All DHE’s are paid based on an approved time sheet, not an invoice.</p>
<b>C.6 Slide 40</b>	<p>The Individual Budgeting System also known as iBudget Florida is a Medicaid waiver program. It is part of Florida’s overall solution to fairly serve people with developmental disabilities. Customer’s individual needs are met by blending the individual and family resources, community services, services provided under the Medicaid State Plan and other state programs.</p> <p>Each consumer has a budget and a waiver support coordinator and access to services like:</p> <ul style="list-style-type: none"> <li>Service Families</li> <li>Life Skills Development</li> <li>Supplies &amp; Equipment</li> <li>Personal Supports</li> <li>Residential Services</li> <li>Therapeutic Supports</li> <li>Transportation</li> <li>Dental</li> </ul> <p>However, iBudget Florida has limited flexibility when compared to CDC+. Under iBudget Florida consumers are required to utilize only Medicaid-waiver-enrolled providers.</p>
<b>C.7 Slide 41</b>	<p>The CDC+ uses the iBudget cost plan (minus consultant services), but reduces the overall budget by– 12% (8% discount rate +4% administration fee up to a maximum of \$160/per month)</p> <p>However, CDC+ allows the consumer more flexibility with their budget allowing them to negotiate the best rates for services and supports and using workers who are not Medicaid-waiver enrolled providers</p>

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	<p><i>You can use the iBudget services PLUS Additional services like...</i></p> <p><b><i>Advertising, Seasonal Camp, Gym Membership, Over-the-Counter Medications, Personal Emergency Response System, Parts and Repairs Therapeutic Equipment, Specialized Training, and other Therapies are offered or perhaps you may need additional hours of certain services.</i></b></p>
<b>C.8 Slide 42</b>	<b>15 minute morning break</b>
<b>D.1 Slide 43</b>	<p>Who can provide supports and services?</p> <p>Lets take a look at Provider Information, Background Screening and Pay Rates</p>
<b>D.2 Slide 44</b>	<p>After completing section D Representatives should be able to:</p> <p>Describe the various CDC+ provider types</p> <p>Distinguish between the different payment methods for Agency/Vendors, Independent Contractors and Directly Hired Employees</p> <p>Identify forms required for hiring providers</p> <p>Explain required background screening requirements</p>
<b>D.3 Slide 45</b>	<p>Services on an approved cost plan may be prescribed by a physician are <u>Restricted Services</u>. This means: Independent contractors or agency/vendors who perform a Restricted Service are required to be professionally licensed, certified or have received specific training to provide the service.</p> <p>If the consumer wishes to purchase a service that is normally considered “restricted” but, was not funded on cost plan the consumer may request approval from the APD Regional Office to purchase the service. However, these additional services must increase the consumers options for self-determination.</p>
<b>D.4 Slide 46</b>	<p>These are the 20 Restricted Services and these are not interchangeable. For example, if you request Physical Therapy, you need to purchase at least 92% of the units of measure of that same service, Physical Therapy. So, you cannot take the funding from Physical Therapy to purchase Speech Therapy.</p>
<b>D.5 Slide 47</b>	<p>Unrestricted Services are not prescribed by a physician, but they clearly meet needs and goals identified on the Support Plan.</p> <p>Unrestricted Services purchased in CDC+ do not need to be identical to or the same quantity as funded in the iBudget cost plan.</p> <p>Unused restricted funds (8%) can be used to purchase unrestricted services not listed on the cost plan. These services then become Unrestricted Services.</p>
<b>D.6 Slide 48</b>	<p>These are the 18 Unrestricted Services – these are interchangeable</p> <p><b><i>For additional information on Unrestricted Services, See Chapter 4 of the CDC+ Rule Handbook</i></b></p>
<b>D.7 Slide 49</b>	<p>PCA is the only service that is ALWAYS considered a critical service within CDC+. For all critical services, the designated EBU’s must be valid, background screened, with paperwork completed and a provider id assigned. If the EBU is a natural support, the person still must be listed by name and background screening clearance submitted. NO PENDING PROVIDERS should be listed.</p> <p>Just because the service is on the Cost plan doesn’t mean that the service is critical. That service is considered critical because the provider failed to show up at the last minute, the participant’s health and safety would be jeopardized. The family could not provide natural support without jeopardizing their own job outside the home.</p>
<b>D.8</b>	For the purposes of the CDC+ program the term “provider” includes all types of service providers in the

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<b>Slide 50</b>	<p>program including:</p> <p>Agency/Vendors (AV)</p> <p>Independent Contractors (IC) and</p> <p>Directly-Hired Employees (DHE)</p>
<b>D.9 Slide 51</b>	<p>There are different tools that will assist a participant in finding and hiring their providers. They can advertise in their local college, nursing schools or searching the web for <a href="http://www.care.com">www.care.com</a></p>
<b>D.10 Slide 52</b>	<ul style="list-style-type: none"> <li>• The consultant reviews all employee packet and vendor packet when a new employee or new vendor appears on the purchasing plan for the first time.</li> <li>• Each document of the employee packet will be brought up on the screen</li> <li>• Each document of the vendor packet will be brought up on the screen</li> <li>• Background screening must be in compliance with Chapter 435, FS.</li> <li>• Effective August 1, 2010, a successful Level 2 Background Screening is required for all new service providers <u>prior</u> to beginning work. This includes all minors and emergency back-ups (EBU's) who are listed on a Purchasing Plan as natural support. Per the law, there are <u>no</u> exceptions. No one is grandfathered in. (person had Level 1 before) Results can be shared between consumers and agencies. There cannot be a 90 day lapse in service.</li> </ul>
<b>D.11 Slide 53</b>	<p>A Directly Hired Employee (DHE) is an individual who is directly hired by a consumer, not through an agency, to provide long-term care services.</p> <p>The employer controls the details of what will be done and how services will be performed by a DHE.</p> <p>All DHEs are paid based on an approved time sheet, <u>not</u> an invoice.</p> <p>For example; mother, father, brother, neighbor, grandmother can be a DHE.</p>
<b>D.12 Slide 54</b>	<p>An agency/vendor is a person or business that provides services and supports to a consumer under the CDC+ program---this is a general term that includes Independent Contractors</p> <p>Agency/vendors must provide a written description of the services that will be provided by the Agency/Vendor.</p> <p>The consumer has the right to control or direct only the result of the work performed not the methods for accomplishing the result.</p> <p>Agencies, vendors and independent contractors must submit an invoice for payment.</p> <p>Remember you can hire an employee from the Agency that you use now from the waiver, but make sure she hasn't signed a contract with that agency that you cannot hire her directly. (non-complete clause)</p> <p>An example of an Independent Contractor is a Handyman. The I/C will know what to do like install grab bars.</p> <p>And a Speech Therapist will also know the steps to provide the participant with clearer speech.</p>
<b>D.13 Slide 55</b>	<p>All CDC+ providers must be at least 16 years of age and must satisfy the qualifications and requirements for the service that is to be provided. Information forms must be completed for all providers.</p> <p>Forms must be completed to collect tax-related information: Internal Revenue Service (IRS) Form W – 9 must be completed for Agency/Vendor / Independent Contractors. An IRS W-9 is not required for an Agency/Vendor that is a corporation.</p> <p>For Directly Hired Employees a W-4 form should be completed</p> <p>Also, DHEs must have a completed Department of Homeland Security (DHS) Form I-9.</p>

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	<p>A Level 2 Background Screening Clearance Letter should be included for each provider unless they were hired prior to August 1, 2010, or if there is an exemption letter from APD.</p> <p>A notarized affidavit of Good Moral Standing should be provided for providers</p> <p>The Direct Deposit (EFT) RapidPayCard®/Visa Payroll Card Form is required for any newly hired provider. The form is located on the CDC+ website.</p> <p><b><u>Vendor Forms can be found in Appendix G and Employee Packet forms can be found in Appendix H.</u></b></p>
<b>D.14 Slide 56</b>	<p>Direct Deposit is used in an effort to decrease the wait time for provider checks and to avoid checks lost in the mail, CDC+ is providing you and your employees with a great new benefit - the rapid! PayCard® Visa® Payroll Card. Your providers can automatically deposit their paycheck onto a debit card so they have instant access to their cash the same morning of payday! Your consumer/representative reimbursement payments can be received this way, too. No more waiting for the mail to arrive, no more lost checks or waiting 10 days to have one reissued. All newly hired providers will be required to select and receive their payments by either direct deposit to their bank account or onto a rapid! PayCard® Visa® Payroll Card.</p> <p>The direct deposit form found on the CDC+ website has been updated to allow the request of a rapid! PayCard® Visa® Payroll Card. You and your providers can sign up as soon as you are approved on the program.</p>
<b>D.15 Slide 57</b>	<p>This is different for every consumer-</p> <p>An example of a PCA job duties- get out of bed, dressed, toileting, bathing-Write it exactly how you want it done. Shampoo, conditioner, lotion on her legs, dress with school clothes, put on toilet, discard dirty diapers etc.</p> <p>An example of a Companion- go to the library-take out books at the library, meal preparation, have him learn prepare a sandwich, go to church, learn to take a public bus, volunteer, fill out a job application, etc.</p>
<b>D.16 Slide 58</b>	<p>Things to consider when hiring friends and family. How can you fire your mother or grandmother. Would they be hurt. For some families it works well for others it doesn't. Perhaps you may want to use your grandmother only on occasions not on a weekly basis.</p>
<b>D.17 Slide 59</b>	<p>Consumers are Employers. The wages you pay are income to the family. So if the employee is the mother or father the wages will affect the total household income.</p> <p>If you hire your parent, your spouse, your child (under age 21), or anyone under age 18, they do not earn eligible wages that will count toward Social Security or Medicare benefits.</p> <p>If you hire your parent, your spouse, or your child (under age 21) to work for you as a directly hired employee (DHE) in CDC+, they do not earn eligible wages and do not qualify for Unemployment Compensation.</p>
<b>D.18 Slide 60</b>	<p>This is a decision that needs to be carefully considered by the employee before working for a CDC+ Consumer. Visit IRS.gov to look at the Household Employer's Tax Guide, IRS Publication 926 and www.myflorida.com/dor to look at the Employer Guide to Unemployment Tax, UCT- 800002</p>
<b>D.19 Slide 61</b>	<p>Offering Benefits at No Additional Cost – Employee doesn't receive pay for sick time nor vacation time</p> <ul style="list-style-type: none"> <li>• Value your employees</li> <li>• Pay at fair wage (must follow minimum wage requirements – as of 1/1/15 \$8.05 an hour)</li> <li>• Be flexible if they need time off - sick time or vacation time</li> <li>• Use your backup providers</li> <li>• Spread the hours between two (2) employees</li> <li>• Compliment your employees</li> </ul>

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	<ul style="list-style-type: none"> <li>Make the job interesting and fulfilling</li> </ul>
<b>D.20 Slide 62</b>	<p><b>GUIDELINES FOR PURCHASING PLAN DEVELOPMENT</b></p> <p>Prior to making a purchase, the participant or representative must check that it is an allowable purchase and meets their identified needs and goals.</p> <p>Purchases using CDC+ funds must be related to the participant's long-term care needs or the needs for community supports as identified in their Support Plan and directly related to the participant's disability or health related condition.</p> <p>The CDC+ Monthly Budget may not be used to purchase services or items that are available through Medicare or Medicaid State Plan.</p>
<b>D.21 Slide 63</b>	<p><b>PURCHASING PLAN</b></p> <p>Effective on the 1<sup>st</sup> day of the month. Purchasing Plan should be developed by the Participant or Representative. <b>Consultant is not to create the PP for the Representative.</b> See CDC+ Rule Handbook Appendix J</p> <p>Creativity plays an important part in developing a cost effective Purchasing Plan. The participant is not required to use the same service providers nor their established rate used under the Waiver.</p>
<b>D.22 Slide 64</b>	<p>This is the timelines for a Purchasing Plan submittal; the Person Responsible, the Activity, and the Due Date. If the PP isn't submitted within the due date, then the Participant will have to wait for the next month to get their PP approved if everything is submitted correctly.</p> <p>All Purchasing Plans have an effective date of the first (1<sup>st</sup>) day of the month.</p> <p>The participant must submit their completed Purchasing Plan to their consultant for review no later than 5<sup>th</sup> of the month before the plan's effective date.</p> <p>Consultant will submit the Purchasing Plan to Regional liaison no later than close of business (COB) on the 10<sup>th</sup> of the month before the plan's effective date.</p> <p>After the Purchasing Plan is approved by the Regional liaison, the plan will be submitted to the CDC+ Program State Office no later than close of business (COB) on the 20<sup>th</sup> of the month.</p> <p><b><i>For additional information on Purchasing Plans, reference the CDC+ Rule Handbook E2-E9 and Appendix J</i></b></p>
<b>D.23 Slide 65</b>	<p>There are 4 Purchasing Plan Types:</p> <ol style="list-style-type: none"> <li>1) <u>A New Purchasing Plan</u> when the consumer first comes on the CDC+ Program</li> <li>2) <u>Purchasing Plan Change</u> is submitted when the monthly budget changes due to a change in the consumer's situation or needs – resulting in an amended Support Plan that is approved by the Specialist in each Region Or additional funding given to the Participant as an OTE/STE</li> <li>3) <u>Purchasing Plan Update</u> – when there is No change in CDC+ Monthly Budget</li> <li>4) If the update will be effective prior to the first of a given month and the normal purchasing plan submission timeframe cannot be met, then the <u>Quick Update</u> can be used.</li> </ol> <ul style="list-style-type: none"> <li>We will bring up Quick Update on the screen and go over in detail</li> </ul>
<b>D.24 Slide 66</b>	<p><b>PURCHASING PLAN CHANGE</b></p> <p>A Purchasing Plan Change is required when there is a</p> <ul style="list-style-type: none"> <li>✓ Change in the participant's monthly budget or</li> <li>✓ When a One-Time or Short-Term Expenditure is added.</li> </ul> <p>Purchasing plan changes are <u>effective on the first day of the month</u>.</p>

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	<p><b>Note: The effective date of the amended Purchasing Plan should be no later than one month after the effective date of the Support Plan/Cost Plan.</b></p> <p><i>!The Purchasing Plan monthly budget amount can only be changed if the participant's Support Plan / Cost Plan have been amended to change the overall budget!</i></p> <p>The participant and /or representative should contact their consultant for assistance, when needed.</p>
<b>D.25 Slide 67</b>	<p><b>PURCHASING PLAN UPDATE</b></p> <p>A <b>Purchasing Plan Update</b> is used for the following reasons:</p> <p>A Purchasing Plan Update is used:</p> <p>To <u>hire</u> a new employee or agency/vendor to take place of one who has stopped providing services.</p> <p>To <u>change</u> the rate of pay for an employee or vendor without changing the overall budget.</p> <p>To <u>purchase</u> different services or supports to meet identified needs or goals without changing the overall budget.</p> <p>To <u>increase</u> the number of hours of a restricted or unrestricted service and decrease the number of hours of an unrestricted service on approved Purchasing Plan and will not affect the overall budget.</p> <p>To <u>add</u> a new Savings item to the Purchasing Plan after available Savings funds have been spent on an approved special purchase.</p> <p>Purchasing plan updates are <u>effective on the first day of the month</u></p>
<b>D.26 Slide 68</b>	<p>Use the Quick Update Form to revise a Purchasing Plan that does not involve changing the services or supports that are currently approved on the Purchasing Plan. Monthly budget and current services and supports stay the same</p> <p>The Quick Update should be used for five (5) specific reasons:</p> <ol style="list-style-type: none"> <li>1. To <u>replace</u> a current authorized provider with a new provider. (provider type, rate of pay &amp; number of hours must be the same)</li> <li>2. To <u>change</u> a vendor of an approved Savings item, OTE or STE</li> <li>3. To <u>change</u> only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE.</li> <li>4. To <u>add</u> or <u>replace</u> a service or support in the Savings Section.</li> <li>5. To <u>add</u> an emergency back-up provider for a critical service in the Services Section.</li> </ol> <p>The Quick Update Form must be completed by the participant or representative at least seven (7) days <u>before</u> a new provider is anticipated to begin work.</p> <p>Appropriate provider packet information must accompany the Quick Update Form and is required to be completed correctly.</p> <p>Excessive use of the Quick Update Form indicates problems in managing the CDC+ Program and may result in a quality assurance review by APD to provide technical assistance.</p> <p>When using a Quick Update, it requires a new Purchasing Plan to be submitted effective the 1<sup>st</sup> of the following month.</p>
<b>D.27 Slide 69</b>	<p><b>The CDC+ purchasing plan consists of:</b></p> <ul style="list-style-type: none"> <li>✓ <b>Page 1 – Section A – Basic Information</b></li> <li>✓ <b>Page 2 – Section B – Needs and Goals</b></li> <li>✓ <b>Page 3 – Section C.1 and C.2 – Services and Supplies</b></li> <li>✓ <b>Page 4 – Section D – Cash (no longer available)</b></li> </ul>

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	<ul style="list-style-type: none"> <li>✓ <b>Page 4 – Bottom of Section D – Justification for Savings items in Section E</b></li> <li>✓ <b>Page 5 – Sections E and F – Savings Plan and OTEs/STEs</b></li> <li>✓ <b>Page 6 – Budget Summary and Signatures</b></li> </ul>
<b>D.28 Slide 70</b>	<p>Begin by downloading the most recent version of the purchasing plan (Version 3.0-C) in the Microsoft Excel format from APD's CDC+ Web site at <a href="http://apdcare.org/cdcplus/participants/appendix/purchasing-plan.xls">http://apdcare.org/cdcplus/participants/appendix/purchasing-plan.xls</a>. You must have the Microsoft Excel program on your computer to be able to download it. When updating your purchasing plan, always use the most recent version that is on the APD CDC+ Web site.</p> <p>Open a blank Purchasing Plan. Please follow along Slides 72- 115 or review our webpage for the Purchasing Plan Module under Training and Education.</p>
<b>D.29 Slide 71</b>	<b>Lunch Break</b>
<b>D.30 Slide 116</b>	<p><b>PURCHASING PLAN SUBMISSION PROCESS for Participant/Representative</b></p> <p>The participant is responsible for the following:</p> <p>The participant double-checks all plan information and makes any necessary edits.</p> <p>The participant ensures the Purchasing Plan has a minimum of six (6) completed pages.</p> <p>The participant must submit all required paperwork for new providers, including emergency back-up providers and all providers for special purchases listed in savings section who will be paid directly by CDC+.</p> <p>The participant retains a copy of all Purchasing Plan submission documents in their records.</p> <p>The completed Purchasing Plan is <u>due to the consultant no later than the 5<sup>th</sup> of the month prior to the effective date.</u></p>
<b>D.31 Slide 117</b>	<p><b>PURCHASING PLAN SUBMISSION PROCESS for Consultant</b></p> <p>The consultant is responsible for the following:</p> <p>The consultant reviews all plan information and accompanying documents for accuracy and signatures.</p> <p>If the plan meets the needs and goals of the participant and guidelines of the CDC+ program, then the consultant signs the plan.</p> <p>The consultant submits the signed Purchasing Plan to Regional office <u>no later than the 10<sup>th</sup> of the month prior to the effective date.</u></p>
<b>D.32 Slide 118</b>	<p><b>PURCHASING PLAN SUBMISSION PROCESS for Regional Liaison</b></p> <p>The Regional office is responsible for the following:</p> <p>The Regional office reviews the Purchasing Plan plus all enclosed documents for required signatures and ensures all documents are correct.</p> <p>Then, the Regional office forwards all documents to CDC+ State Office <u>no later than the 20<sup>th</sup> of the month prior to the effective date.</u></p>
<b>D.33 Slide 119</b>	<p><b>PURCHASING PLAN APPROVAL PROCESS for State Office</b></p> <p>CDC+ state office staff will review all submitted documents and information and contact the Regional office if revisions are needed.</p> <p>State office staff approves and processes submitted documents.</p> <p>State office staff assigns provider identification (ID) numbers.</p> <p>If the participant is a new start, state office staff will contact the participant or representative to give provider</p>



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	<p>ID numbers and confirm the program start date.</p> <p>A signed copy of the approved Budget Summary page will be forwarded to the Regional office and Consultant for distribution to the Representative and participant.</p> <p><u>Important:</u> No new providers can begin work without an assigned a provider ID number.</p>
<b>E.1 Slide 120</b>	<p><b>Section E</b></p> <p><b>Program Activities</b></p> <p><b>Let's take a look at Payroll and Reimbursement Issues, the Corrective Action Plan and Disenrollment</b></p>
<b>E.2 Slide 121</b>	<p><i>After completing this section E the Representative should be able to:</i></p> <p><i>(1) Explain two outcomes that can result from program mismanagement</i></p> <p><i>(2) Explain two things that can happen for continuously overspending the CDC+ budget</i></p> <p><i>(3) Explain the process for submitting and processing provider payments.</i></p> <p><i>(4) Explain the process utilized for paying PENDED claims</i></p>
<b>E.3 Slide 122</b>	<p><b>Types of Claims</b></p> <p><b>A participant/representative will only be allowed to submit payroll.</b></p> <p>There are 3 different documents that participants use when submitting payroll. What will determine the document that will be used for each provider is first the provider type (DHE, A/V, IC) and the second is who is authorized to receive payment.</p> <p>If a DHE provides the services – TIMESHEETS are used which shows time in and time out for each service provided by the day (use one timesheet per week)</p> <p>If a Vendor or Independent Contractor provides the services – The participant/representative will use the total from the INVOICE that the provider submitted for payment.</p> <p>If the purchase in Savings or OTE/STE is to be a Consumer/Representative Reimbursement, the participant/representative will use the total from the RECEIPT that was received when the purchase was made out of pocket.</p> <p>The provider's first payroll payment will always be sent as a paper check.</p> <p>Provider payrolls thereafter will be electronically sent to their designated bank account. It can take a minimum of two pay cycles to activate direct deposit.</p>
<b>E.4 Slide 123</b>	<p>CDC+ processes claims submitted by consumers/representative on a bi-weekly basis. All claims must be submitted by 5:00 PM EST on Tuesdays of payroll weeks. Claims that are not received by the 5:00 PM EST deadline will not be reviewed for processing until the next scheduled payroll. Payments are made and received the following week (generally on Tuesdays). All submission deadlines and pay dates are reflected in the payroll schedule found in the CDC+ Participant Notebook Appendix O, 4.</p> <p>The CDC+ workweek is (12:00am midnight Monday - 11:59pm Sunday)</p>
<b>E.5 Slide 124</b>	<p>Payroll information is due in the payroll system by 5:00 pm (eastern) following the bi-weekly payroll calendar.</p> <p><u>Only</u> the consumer or representative can make payroll timesheet or invoice or reimbursement submissions.</p> <p>Three (3) methods to submit payroll are:</p> <ol style="list-style-type: none"> <li>1. Online Secure Payroll (suggested method) See user guide under Online Submission for step by step instructions.</li> <li>2. Interactive Voice Response System (IVR)</li> <li>3. CDC+ Customer Service - Call toll-free to speak directly with a customer service representative (last resort)</li> </ol>

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	Each method requires a username and password which is issued by the CDC+ office and requires validation of the callers identity through a series of security questions to submit claims.
E.6 Slide 125	<b><i>This is what the secure web-based payroll system looks like when entering your username and password for submitting timesheets, invoices, and rep reimbursement via our Secure-Web based Payroll System. Call our customer service # to get your password.</i></b>
E.6 126	<b><i>This is the main menu of the secure web-based payroll system.</i></b>
E.6 127	<b><i>This is an example of the tracking # you will get when submitted payroll via the secure web-based payroll system.</i></b>
E.7 Slide 128	<b>Managing Monthly Budget</b> <ul style="list-style-type: none"> <li>• Spending within the monthly budget (Appendix L)</li> <li>• By using a calendar for each month, the participant/representative will be able to determine the number of hours a service can be provided in any given month without overspending the monthly budget. General rule of thumb, since there are not 4 equal weeks in each month, to obtain a weekly average number of hours, divide the monthly hours by 4.33. The consumer will better be able to stay on track using this method. Always plan for the max number of days in a month, 31 days (if the employee works everyday), if the employee works M-F then it would be 22 days and if the employee only works on the weekends, it's 9 days.</li> <li>• Since a purchasing plan has already been developed to spend the monthly budget, a consumer/representative should know how much they can purchase in services each week/month to stay within their budget.</li> <li>• Overtime is not a good use of funds. If an employee is already working enough hours that could possible create overtime, hiring a second DHE would be a more cost effective use of funds. So this means that if the same provider is working PCA and Respite, the combination of the weekly hours could result in OT. You should always guide your consumer to plan wisely and spread the hours between employees if needed.</li> <li>• Reconciling the monthly statement when it is received and tracking in between statements is the best way for the participant to know what is in his or her account that is available to be spent at any given time.</li> <li>• <b>See Payroll Schedule (Appendix N)</b></li> </ul>
E.8 Slide 129	<b>OVERSPENDING</b> <p>Overspending is purchasing supports or services greater than the amount that is authorized in the consumer's approved Purchasing Plan.</p> <p>Overspending of the consumer's monthly budget may result in a written Corrective Action Plan (CAP). The CAP is a privilege. The consumer is not entitled to a CAP before other sanctions can occur.</p> <p>Payments will PEND -be put on HOLD for any claim submitted if there are insufficient funds to cover those claims.</p> <p>PENDED claims are reviewed and processed in the next available scheduled payroll that includes sufficient funds in the account to cover the claims.</p> <p>Refer to PEND claims letter dated April 9, 2012</p>
E.9 Slide 130	<b>Budget Mismanagement</b> <p>The consumer or representative must responsibly manage the monthly budget while providing the participant with supports and services needed to meet identified needs and goals while maintaining the consumer's</p>

## NARRATION

	<p>health, safety and welfare.</p> <p>Budget mismanagement will lead to either the implementation of a Corrective Action Plan (CAP) or possible disenrollment and the participant's return to the iBudget Waiver.</p>
<b>E.10 Slide 131</b>	<p><b>Corrective Action Plan (CAP)</b></p> <p>Not all problems result in a Corrective Action Plan (CAP), the CAP is not an entitlement before other sanctions can occur. The information detailed in the CAP to correct the issue, must be designed to correct the problem. A minor problem may first be addressed with a thorough discussion of the issue between you the participant or representative and the consultant. Additional training or technical assistance may be provided to assist the participant/representative to correct the issue being addressed.</p> <ul style="list-style-type: none"> <li>• A CAP is completed by the participant and the consultant whenever a particular program requirement appears to be misunderstood by you as evidenced by your consultant or APD identifying the participant has failed to perform the requirement at least once after a verbal explanation. The CAP may also be completed whenever the consultant or APD staff identify budget mismanagement occurs.</li> <li>• When a minor problem occurs, the consultant is required to discuss the problem with the participant during the monthly review process or as soon as he or she becomes aware of the problem in order to help the participant correct the problem.</li> </ul>
<b>E.11 Slide 132</b>	<p>When a Corrective Action Plan (CAP) is required, this tool is completed by the consultant and the participant as a written plan.</p> <p>The Corrective Action Plan Form can be found in Appendix M on the CDC+ website <a href="http://apdcare.org/cdcplus/participants/Appendix">http://apdcare.org/cdcplus/participants/Appendix</a> M.</p> <p>Send resolved &amp; signed CAPs immediately to the CDC+ consultant for review.</p>
<b>E.12 Slide 133</b>	<p><b>Involuntary Disenrollment</b></p> <p>If the consumer or the representative has experienced difficulty in managing the CDC+ program that resulted in a Corrective Action Plan and ultimately non-compliance with program procedures as specified in the CDC+ Rule Handbook, the consultant must notify the Regional Liaison. The Regional Liaison is responsible for notifying the consumer or CDC+ representative of the agency's recommendation to disenroll the participant from CDC+ and return to the iBudget Waiver and the consumer's right to due process. The consumer has the right to appeal this recommendation within the time frame specified in the notice. While an appeal is in process, the consumer will remain on CDC+.</p> <p>Consumers who are disenrolled from CDC+ remain eligible for the iBudget Waiver and shall continue to receive services through the traditional Home and Community Based waiver service and programs after CDC+ disenrollment.</p> <p>Disenrollment from CDC+ does not limit APD's ability to seek any other administrative resolution available, including the funding of recoupment of Medicaid funds or resources that were improperly used.</p>
<b>E.13 Slide 134</b>	<p><b>Voluntary Disenrollment</b></p> <p>However, a Consumer may elect to discontinue participation in the Consumer-Directed Care Plus (CDC+) program at any time.</p> <p>If a consumer wishes to leave CDC+ on their own accord and return to the iBudget Waiver – i.e., a non-emergency disenrollment – the consultant shall complete and submit to the Regional liaison a Participant Information Update Form to "Stop Budget" on the last day of the appropriate month. The consultant should ensure a smooth transition back to the iBudget Waiver on the first of the month after ending CDC+.</p>

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<b>E.14 Slide 135</b>	<p>At the completion of CDC+, an Account Close-out Form is mandatory when a consumer disenrolls from CDC+ for any reason.</p> <p>An Account Close-out Form is <u>required</u> to account for all deposits and expenditures related to the consumer's CDC+ account.</p> <p>This form accounts for all outstanding timesheets and invoices for services rendered through the date the consumer was on CDC+ and that have not been submitted for payment.</p>
<b>E.15 Slide 136</b>	<p><b>Please know the Definitions of the follow terms in preparation for the Readiness Review</b></p> <ul style="list-style-type: none"> <li>✓ Roles and Responsibilities</li> <li>✓ Critical Service</li> <li>✓ Restricted Service</li> <li>✓ STE- Short Term Expenditure</li> <li>✓ Pended Claims</li> <li>✓ Representative Reimbursement</li> <li>✓ CAP- Corrective Action Plan</li> </ul> <p>See glossary of terms Appendix "C"</p>
<b>E.16 Slide 137</b>	<p><b>Congratulations</b></p> <p>You have completed the CDC+ Participant Representative training presentation.</p> <p>Copy and paste this <a href="http://apd.myflorida.com/cdc-plus/refreshform1.php">http://apd.myflorida.com/cdc-plus/refreshform1.php</a> to your web browser to complete the CDC+ Participant Representative Readiness Review. Provide all registration information including your name, address, date, consumer's name, and a valid email address. Answer all Readiness Review questions then click on "Submit" when you are done. Your answers will be sent to the CDC+ State Office for scoring. Please allow 72 hours for grading.</p> <p>You must pass with a score of 85% or better. You will be contacted if you need to retake the Readiness Review. Successful completion will result in a Certificate of Completion sent to the email address listed. It is important to retain a copy of your certificate in the CDC+ participant records for audit purposes.</p> <p>A record of your training will be retained in the participant's CDC+ State Office file.</p>
<b>E.17 Slide 138</b>	<p><b>THANK YOU for your Participation, if you should have some additional questions, please contact Ivonne Gonzalez, the CDC+ Trainer at <a href="mailto:Ivonne.Gonzalez@apdcares.org">Ivonne.Gonzalez@apdcares.org</a> or CDC+ Customer Service 1-866-761-7043</b></p>

Updated by Ivonne Gonzalez – Revised May 22 2015