



agency for persons with disabilities
State of Florida



CDC+
Consumer-Directed Care Plus

Consumer/Representative Training
Module 5: Monitoring and Corrective
Action Plans

Rick Scott
Governor

Barbara Palmer
Director

Welcome to the Consumer Directed Care Plus Consumer/Representative Training. This is Training Module 5: Monitoring and Corrective Action Plans. We are very glad to have you join us. We hope that you will find this an informational training that will help you determine if the CDC+ program is right for you.



This is Representative Training Module 5: Quality Assurance and Corrective Actions. In this section, we will :

- 1) Discuss Quality Assurance Monitoring and what they are what your role will be
- 2) Discuss consequences for program and budget mismanagement



Part of the Waiver Rule is to ensure that people who have contracted with the Agency to provide services are providing services in accordance with their contract.

As an APD consumer, you may have participated in Delmarva Quality Assurance Review called a Person Centered Review (PCR). If you participated in a Person Centered Review, you would have been interviewed by a Delmarva Quality Insurance Reviewer; he or she would have asked you questions about your providers, the services they provide for you and your satisfaction with those services. You would have had the option to decline participation with this interview process.

As a CDC+ Consumer/Representative, you will be reviewed as a Provider. This review is called a Provider Discover Review (PDR); if selected, you are required to participate in this review. The PDR is not an optional review like the PCR is. The Delmarva Reviewer will schedule an appointment with you to review your files. The more organized your files are, the less time it will take for them to review them. We recommend you develop an organizational system that works for you and keep up with it. While Delmarva only reviews the past 12 months of documents, the record retention for CDC+ is 6 years.

Delmarva randomly selects a percentage of you Consultants CDC+ Consumer/representatives to review. Please understand, that if you are the only CDC+ person on your Consultants Case-load, you will be "randomly selected" each

year. This is because Delmarva is required to review a percentage of iBudget waiver consumers and a percentage of CDC+ participants from the WSC/Consultants case load annually. If you are the only one, you are the percentage.




Organize, Organize, Organize

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

The Delmarva reviewer has a check-list of all the documents they need to review. There are a lot of documents you need to keep up with on CDC+; we recommend you find an organizational system that works for you and begin using it as you start the enrollment process for CDC+. This will help to ensure that all documents are present and easy to locate. If you present the reviewer with an organized file(s) and they can easily locate and review the necessary documents, then your review should not take long. Several CDC+ Representatives have shared with us that they keep all documents organized in either a large 3 ring binder or an accordion file. Many Reps also opt to use the Delmarva reviewer's check list to help organize their files. A copy of the reviewer's check-list or "tool" is available on the Delmarva Website: www.dfmc-florida.org



If anything is incomplete or missing they must make a notation. If any of these documents are missing from your files, that review item will be marked as “not met”. If a critical document (such as a background screening) is missing then it will be marked as an Alert. Items that are “not met” will be sent to the APD Regional Quality Assurance reviewers. They will contact you to complete a Plan of Remediation, or POR. This is a written plan that 1) acknowledges what was amiss and 2) sets forth a plan to correct or prevent future concerns. Issues of this nature can usually be quickly resolved. You might be required to follow up with the Regional Quality Assurance reviewer a few weeks or months after the development of the POR to ensure that all issues have been addressed and corrected. Any items Delmarva reviewed that were marked as an Alert must be acted on immediately. Missing background screening information will always be an Alert. An Alert due to a missing background screening would need to be corrected immediately. The employee would have to stop working until a valid screening could be presented.



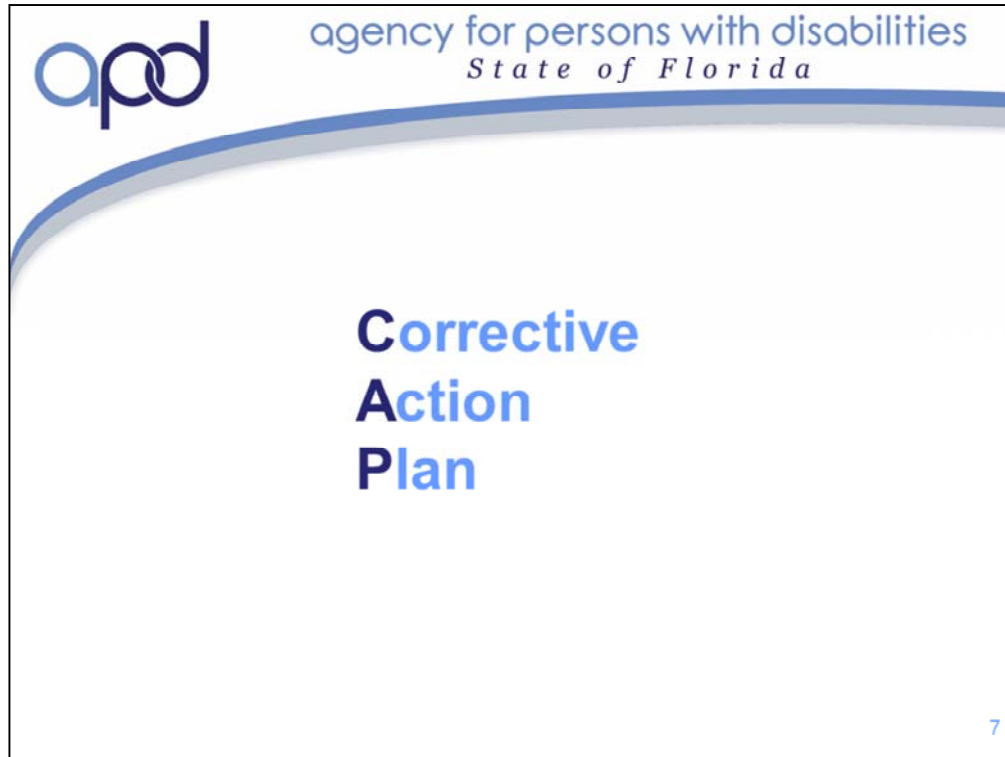
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Proper management =

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

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While Delmarva is the company who is contracted the complete annual Quality Assurance Reviews, they are not the sole monitors of the APD CDC+ program. It is everyone's responsibility to ensure that program participants are receiving quality care and that the care they receive is helping them to 1) achieve support plan goals and needs and 2) gain independence. It is also everyone's responsibility to ensure responsible spending of Medicaid funds. As the Consumer/Representative, you will be held responsible for appropriate management of the program and funds with the understanding that mismanagement can result in program disenrollment.



Again, it is everyone's responsibility to ensure the program and funds are being properly managed. If anyone finds that either the program or the funds are not being managed properly, then you will likely be put on a Corrective Action Plan, or CAP. A Corrective Action Plan is exactly what it sounds like. It is a written plan to correct an action. A CAP identifies the problem and outlines the pathway that will be taken to resolve the problem. The CAP also identifies who will be responsible for step needed to resolve the issue. CDC+ has two different types of Corrective Action Plans.

- 1) Program Corrective Action Plan – this is a CAP to correct issues non-financial issues
- 2) Financial Corrective Action Plan - this is a CAP to correct financial issues.



A Programmatic Corrective Action Plan will be written if you are consistently making the same errors on the “program side” of the CDC+. For example, if you are consistently making the same errors when writing your Purchasing Plan, or you always submit an incomplete employee packet, you might be put on a Programmatic CAP. Consistently making the same errors indicates that you may not fully understand what is required. Typically, either your consultant or someone from APD will contact you about the error(s) being made and will provide some guidance or additional training. If the errors continue, then you will likely be put on a CAP. The plan put in place will likely ask you to take some additional training or to review specific information and demonstrate you understand.

If the concern is that you have consistently entered the information on Page 2 of your purchasing plan incorrectly, you might be asked to review the Purchasing Plan Training Module 2, page 2 and then submit a correct page 2 to your Consultant.



A Financial Corrective Action Plan will be written for continual mismanagement of funds. For example, if you are continually overspending the CDC+ budget or if you have claims pending every month you will be put on a Financial CAP.

The way a CAP is written is specific to the individual and the situation being corrected. For example, if the CAP is because of continual overspending resulting in pending claims, then the plan written will indicate the full amount of claims Pending and will demonstrate how you will bring the account back into balance as well as how you will keep it in balance going forward. Pended claims means that the account is overspent; through the CAP you will have an opportunity to pay a portion of the Monthly Budget Amount towards the pended claims until the account is back in balance.



Mismanagement of the CDC+ program may result in the consumer being dis-enrolled from the program and moved back onto the iBudget Waiver. If you are on a CAP for the same reason multiple times, this could result in involuntary dis-enrollment. If you are placed on multiple CAPs at the same time, this could ultimately result in involuntary dis-enrollment. While the CAP is a tool used to help educate and guide Representatives about issues they may have with the CDC+ program, it is *not* required that you be placed on a CAP prior to being dis-enrolled from the program. Any gross mismanagement of the program will result in immediate involuntary program disenrollment. Keep in mind that CDC+ is a Medicaid Waiver program; this means that all funds are Medicaid funds. Medicaid funds are public dollars. Improperly management of any aspect of the program could be considered Medicaid Fraud and will not be tolerated.

Medicaid may recoup funds that have been mismanaged or improperly used. Dis-enrollment (either voluntary or involuntary) does not prevent the recoupment of these funds. Medicaid will look to the Representative to recoup the funds; not the CDC+ Program.

