



agency for persons with disabilities
State of Florida

CDC+ **Consultant Training**



Rick Scott, Governor



Introductions

Rhonda Sloan, CDC+ Administrator

Patricia Rush, Program Administrator

Mindy Whitehead, Training and Outreach Coordinator

Submit questions throughout this presentation via chat or to
Mindy.Whitehead@apdcares.org:



Training Objectives

Review Overall
Philosophy

Review CDC+
Operations

Share Policy &
Procedural
Changes/Updates



Learning Outcomes



Explain the benefits of a Participant-Driven program



Describe the decisions consumers are authorized to make as household employers



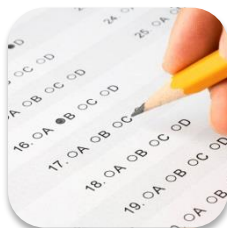
Explain the Five Principles of Self-Determination



Describe critical requirements of the CDC+ Program



Requirements



Complete an Assessment after the training is completed



Score 85% or better to pass and receive Certificate of Completion



Program Toolbox

CDC+ Rule Handbook

CDC+ Participant Notebook (under revision)

Appendix to the CDC+ Participant Notebook

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CONNECTING YOU TO THE COMMUNITY

Google™ Custom Search

Contact Us

f p t w

About Us Locations Providers Customers Waivers News

Important Links

- o Consultants
- o Consumers
- o Fiscal Employer/Agent Forms
- o Household Employer Forms
- o Secure Web-based Payroll System
- o Training and Education
- o CDC+ Connection

Important Contact Information

- Toll-free Customer Service line
1-866-761-7043
- Toll-free fax line
1-888-329-2731

CDC+
Consumer-Directed Care Plus

CDC+ Connection

CDC+ > Consumers

Document	Description
CDC+ Handbook	Developmental Disabilities Medicaid Waivers Consumer-Directed Care Plus Program Coverage, Limitations, and Reimbursement Handbook
Appendix to Participant Notebook (November 2009)	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.

<http://apdcares.org/cdcplus/consumers>



1 Stop Shopping for Consultant Resources

Secure Consultant Reporting System

Corrective Action Plan Template Forms

Important Links

- o Consultants
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- o Household Employer Forms
- o Participants
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Secure Web Consultant Reporting System

- Log-in
- Consultant Reporting System Mini-Guide
- Mini Guía de sistema de reporte para Consultores

Corrective Action Plan Template

1. Template File

CDC+ Consultant Forms

These forms are for the sole use of the consultant.

Document	Description
Steps to Becoming a Consultant	Tells you everything you need to know to become a consultant for CDC+.
Provider Enrollment Cover Sheet (Checklist)	This form is the cover sheet for the package you must complete to become authorized by Medicaid to provide consultant services and to be added to the CDC+ Consultant Registry so you can be selected by CDC+ participants to be their consultant.
File Maintenance Form - Blank	
Consultant Memorandum of Agreement	The Memorandum of Agreement is a written agreement between the APD area office and each consultant or consultant agency. The agreement

<http://www.apdcare.org/cdcplus/consultants/>



PCA Under 21

eQHealth Solutions

6-month maximum

Change requires Plan update

PCA forms on CDC+ website

The screenshot shows the APD CDC+ website with the following content:

- Navigation:** About Us, Locations, Providers, Customers, Waivers, News
- Important Links:**
 - Consultants
 - Fiscal Employer/Agent Forms
 - Household Employer Forms
 - Participants
 - Secure Web-based Payroll System
 - CDC+ Connection
- Important Contact Information:**
 - Toll-free Customer Service line: 1-866-761-7043
 - Toll-free fax line: 1-888-329-2731
- CDC+ Connection:** Your Monthly Source of Updates and Helpful Information
- APD > 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.
- Announcements:**
 - On January 1, 2014,** Florida's minimum wage increased to \$7.93 per hour. All workers, except for those who perform Companion service, must be paid at least \$7.93 per hour. If you currently have directly hired employees (DHEs) earning less than this amount, please plan to submit a Purchasing Plan Update increasing their hourly rate for an effective date of January 1.
 - Consumer Satisfaction Survey**
 - Quality Assurance Reviews:** The Delmarva Foundation is contracted by the Agency for Health Care Administration (AHCA) to provide quality assurance for the State's Developmental Disabilities Service system, which includes the Consumer Directed Care Plus program. The review process consists of two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). The PCR includes an interview with the CDC+ participant to determine the quality of the participant's service delivery system from the participant's view. The PDR focus is on the consultant and the representative in relation to compliance with standards set forth in the 1915(j) State Plan Amendment. When selected for review, the PCR component is voluntary but the PDR is mandatory. Please refer to the attached two documents for additional important information related to compliance with quality assurance reviews and background screening alerts.
 - Memo - Identified Alerts on Providers
 - CDC+ Quality Assurance Reviews Letter
- CDC+ Training Material:**
 - Consumer/Representative Training Presentation
 - CDC+ Consultant Training
 - Purchasing Plan Training
 - PCA Consultant Training Presentation, eQHealth Solutions
 - CDC+ PCA Under 21 Presentation, AHCA
 - CDC+ PCA Under 21 Training FAQs
 - CDC+ PCA Documentation Requirements, eQHealth Solutions
 - eQHealth Solutions Required Documentation



Allowable Purchases

Identified on
the support
plan

Meets needs
and goals



Allowable & Unallowable Purchases

- **Allowable purchases** (CDC+ Rule Handbook pgs.1-5, 3-8)
Related to long-term care needs and directly related to disability and health condition
- **Unallowable purchases** (CDC+ Rule Handbook pgs.1-19, 3-9)
Available through Medicaid, Medicare, at no charge through community resource. Any service not specifically provided under the CDC+ program

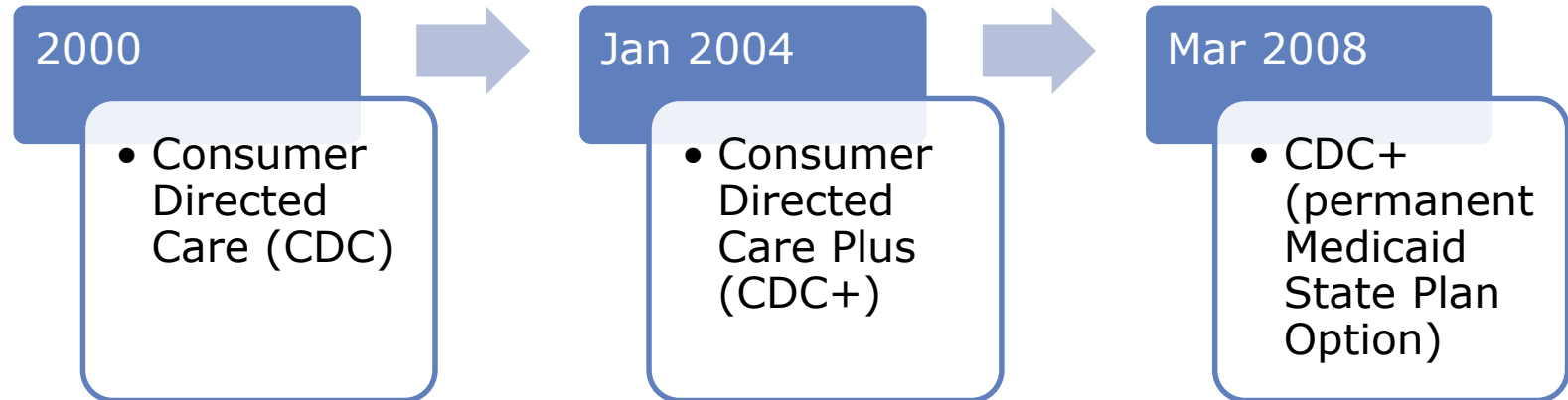


CDC+ Program Services

- Every service contains a definition to include: Descriptions, limitations, special conditions, provider qualifications and service type. (CDC+ Rule Handbook Chapter 4)
- Service codes and abbreviations can be found in the Service Code Chart
Appendix I of the Participant Notebook:
<http://apdcares.org/cdcplus/docs/appendix/service-codes.xls>



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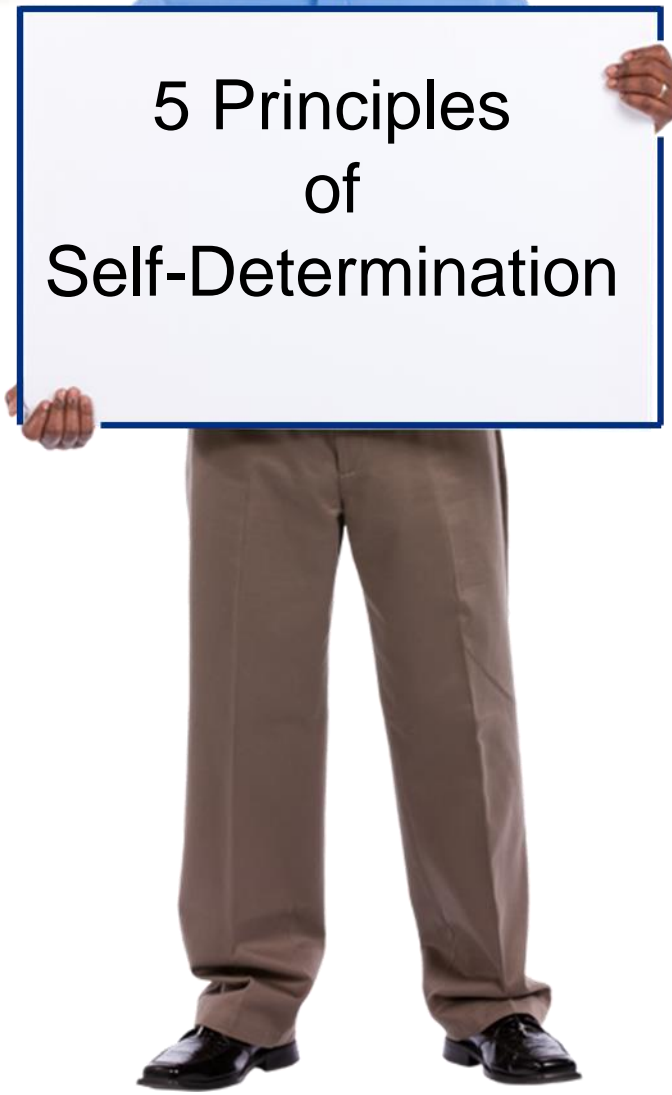
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What is CDC+ All About?





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A smiling man with short dark hair, wearing a light blue button-down shirt and khaki pants, stands holding a white rectangular sign with a blue border. The sign contains the text '5 Principles of Self-Determination'. The background is white with a large, curved blue and grey graphic element behind the man.

5 Principles
of
Self-Determination



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Responsibility



Control



Support



Authority



Freedom



The Consumer Controls

WHAT

WHO

WHEN

WHERE

HOW



How Does CDC+ Work

- Consumer driven
- Exchange waiver budget for a reduced budget
- CHOICE and FLEXIBILITY of supports/services
- Not limited to the same services as the waiver
- Find and hire your own providers
- Submit claims to pay providers
- Manage monthly budget responsibly



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Enrolled in the Individual Budgeting Waiver (iBudget)

Reside in own home or family home

Never been disenrolled from the CDC+ Program



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Roles and Responsibilities



**SECTION B: Consumer, Representative
Consultant, Liaison & Fiscal Employer Agent**



Learning Outcomes



Describe the roles and responsibilities of consumer (participant)



Describe the roles and responsibilities of representative



Describe the roles and responsibilities of consultant



Describe the roles and responsibilities of Regional liaison and State Office



Consumer Roles



Decide how best to meet the needs listed on the support/cost plan

Evaluate how well selected goods and services are meeting identified needs and goals



Consumer Responsibilities

Develop Purchasing Plan

Write job descriptions; train

Negotiate rates, hire, pay, manage
& terminate providers

Ensure background screening
requirements are met

Be authorized signer of program documents





Consumer Responsibilities (continued)

Maintain organized file system

Use monthly budget responsibly

Overtime is not good use of funds

Reconcile CDC+ monthly statement

Comply with any Corrective Action Plan (CAP)

Cooperate with Quality Assurance Monitoring





The Representative

Must be 18 years of age

Cannot be...

(1) Paid

(2) Benefit from any business
authorized to provide services
to or for the participant





Representative Responsibilities

Consumer duties/responsibilities

Involve consumer in decisions

Sign Consumer/Representative Agreement

Sign all program materials

Develop Purchase Plan

Comply with CAP

Be financially responsible and liable

Cooperate with QA monitoring





Consultant Requirements

Be a Waiver Support Coordinator in good standing

Complete CDC+ New Consultant Training

Pass Readiness Review

Enroll as a Medicaid provider for consultant services

Complete CDC+ registration forms

Sign Memorandum of Agreement



Consultant Roles

Review support plans

Ensure Medicaid eligibility

Accept all participants

Provide information, support & technical assistance with the development of the Purchasing Plan, but does NOT write it

Monitor health, safety & welfare

Report neglect, abuse or exploitation

Make monthly contact; two face-to-face visits per year, one of which must be in participant's place of residence





Consultant Responsibilities



Maintain all documentation

Review Consumer Statements

Ensure program compliance

Develop Corrective Action Plan (CAP)



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Regional CDC+ Liaison Role

Primary contact person for
Region CDC+ Program





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Regional Liaison Responsibilities

Reviews Purchasing Plans

Oversee local program operations,
Corrective Action Plans (CAP)

Facilitate communication between the
participants, consultants and the CDC+
Program State Office





CDC+ State Office

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 (F/EA)

Requests and receives monthly budget

Assigns provider ID number

Pays service claims and employer taxes

Sends monthly statements

Monitor consumer spending

Monitor consumer eligibility

A photograph of a spreadsheet titled 'Daily Balance' showing a list of dates and corresponding amounts.

Date	Amount
10/20	\$ 738.97
10/21	526.82
10/22	590.53
10/23	524.21
10/24	362.24
10/27	308.42



Quality Assurance Requirement

- Consultant
- Participant
 - ✓ Person-Centered Review
 - ✓ Provider Discovery Review



Requirements for Enrollment

Select a CDC+ representative

Complete the CDC+ New Participant Training Registration and the CDC+ New Participant Training Program Affirmation Form

Participate in orientation/training

Complete and pass the Readiness Review with at least a score of 85%

Select a CDC+ Consultant

Sign CDC+ required agreements





Steps for CDC+ Participant Enrollment, continued

- Application Packet
 - ✓ 2 page application document
- Enrollment Packet
 - ✓ 8821 – IRS
 - ✓ 2678 – IRS
 - ✓ Fiscal Informed Consent – new version
 - ✓ Program Consent Form
 - ✓ Representative Agreement



Steps for CDC+

Participant Enrollment, continued

- Consultant reviews and submits application and enrollment packets to State Office
- State Office calculates monthly budget and issues a Budget Authorization Form (BAF) after reviewing and approving the application and enrollment packets
- Participant chooses supports and services
- Participant interviews potential providers



CDC+ Participant Enrollment, cont'd

- Ensure providers complete Level 2 background screening

Please follow new screening process as of May 25, 2015 via Care Provider Background Screening Clearinghouse. Register by going to:

<https://apps.ahca.myflorida.com/SingleSignOnPortal>

ORI & OCA # = will be generated once rep registers and sends agreement along with photo ID to DCF.

- New employees will initiate a screening, select live scan vendor, make appointment, print appointment request form, and bring to live scan vendor.



Background Screening Requirements in F.S. 435.04 & 435.06 & CDC+ Rule 3-2

- Every provider is subject to Background Screening provisions of section 409.221(4)(i), and Chapter 435, F.S.; including family members.
- Providers who have been arrested for a disqualifying offense and who are awaiting disposition of the offense shall not provide services. Disqualifying offenses are listed in section 435, F.S.
- Failure to comply with Background Screening requirements, may lead to disenrollment from the program.
- Provider may not provide services or render care to a CDC+ consumer unless an exemption from disqualification has been granted by APD.

Visit <http://apdcare.org/cdcplus/participants/CDC+ Handbook>



Steps for CDC+ Participant Enrollment, continued

Participant will...

- Ensure providers complete background screening requirements
- Send to the CDC+ consultant for review
 1. Completed employee and vendor packets
 2. Draft copy of 1st purchasing plan
- Complete all requested revisions to the Purchasing Plan (if necessary)
- Sign and submit final Plan to consultant



Steps for CDC+ Participant Enrollment, continued

- Consultants must receive Plan by the 5th of the month for enrollment on the 1st of the following month
- Allow at least 3-4 weeks for processing
- CDC+ Customer Service
 - Notifies participants when they are authorized to start on CDC+
 - Provides employee ID numbers



Steps for CDC+ Participant Enrollment, continued

Participants can avoid delays in enrollment by ensuring that the Purchasing Plan and Provider Packets are free of errors and missing or incomplete information

****Continue to use your waiver providers until the transition to CDC+ is complete**





Learning Outcomes



Explain the difference between iBudget Florida and the CDC+ program



Explain the process for completing a Budget Calculation Worksheet



List three resources consumers need for developing a Purchasing Plan



Explain when to use a Purchasing Plan Change, Update and Quick Update



The CDC+ Monthly Budget

		CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)			
Purchasing Plan Effective Date:		Monthly Budget:		APD Area:	
					Participant is on FFI: Yes <input type="checkbox"/> No <input type="checkbox"/>
A. PARTICIPANT INFORMATION					
Participant Name:			Participant ID #:		Participant's AGE:
First	M	Last			
Representative Name:			Phone #:	Cell #:	Official Use Only
First	M	Last			
(TO BE COMPLETED BY CONSULTANT after Participant completes areas with *):					

SECTION D: Purchasing Plan Development, Purchasing Plan Revisions & Budget Management

Enter a valid cell phone number for the participant or representative

- 4 Add One Time Expenditure amount of up to 100% of what was approved in the Cost Plan: _____ Item must be entered in Section F with same effective date as this Purchasing Plan.
- 5 Add Short Term Expenditure amount not to exceed 92% of what was approved in the Cost Plan _____ Item must be entered in Section F with same effective date as this Purchasing Plan.



CDC+ Monthly Budget

Monthly services currently approved on consumer's cost plan are divided by the number of months authorized on cost plan

Cost plan amount

Discount rate applied

Administrative fee applied

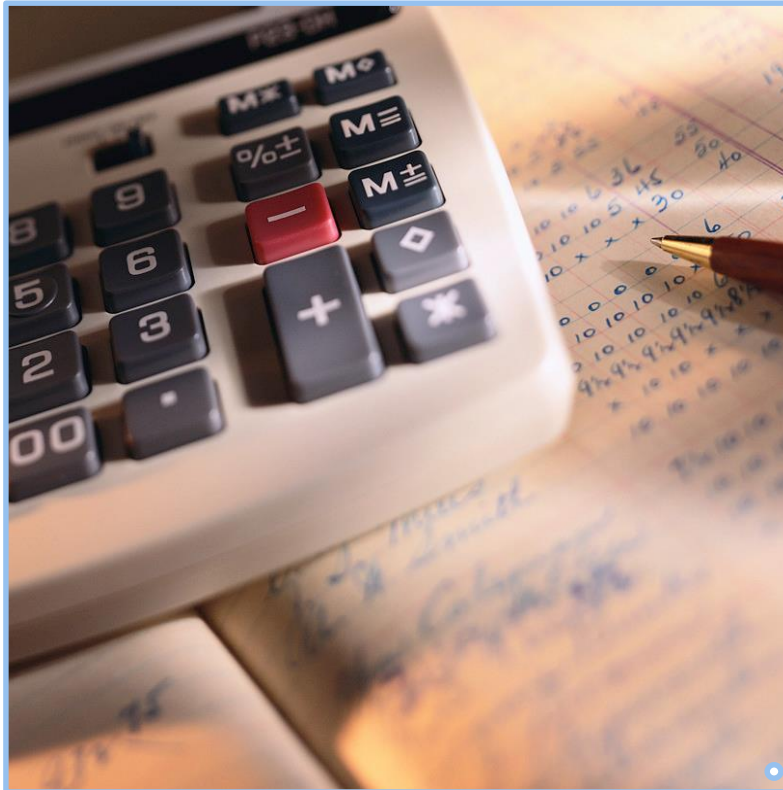
Consultant Fee is not part of monthly budget
(billed directly through FMMIS)

Flexible CDC+ monthly budget

Note: Unused CDC+ funds can be reinvested back to Medicaid



Budget Calculation Worksheet





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CONSUMER ID #:	0012345	CONSUMER INITIALS:	EE	AREA	10
				CREATED BY (INITIALS)	IG
Cost Plan Dates:	7/1/2013	to	6/30/2014	This calculation is to determine the monthly budget for CDC+ Purchasing Plan Effective: 10/1/2013	

Enter each approved Service Plan* in the Cost Plan, below:						
A	B Brief service name	C Begin Date	D End Date	E # of months in Service Plan	F Total Service Plan Amt	G Monthly Service Plan Amount (Col. F/Col. E)
# 1	PersonSup	07/01/13	06/30/14	12	\$ 7,200.00	\$ 600.00
# 2	Life Skills	07/01/13	06/30/14	12	\$ 8,870.40	\$ 739.20
# 3	PT	07/01/13	06/30/14	12	\$ 5,340.80	\$ 445.07
# 4	Trans	07/01/13	06/30/14	12	\$ 8,049.60	\$ 670.80
# 5	ST	07/01/13	06/30/14	12	\$ 3,204.98	\$ 267.08
# 6	Supplies	07/01/13	06/30/14	12	\$ 372.40	\$ 31.03
# 7				1	\$ -	\$ -
# 8				1	\$ -	\$ -
# 9				1	\$ -	\$ -
# 10				1	\$ -	\$ -
# 11				1	\$ -	\$ -
# 12				1	\$ -	\$ -
# 13				1	\$ -	\$ -
# 14				1	\$ -	\$ -
# 15				1	\$ -	\$ -
	Total			1	\$ 33,038.18	\$ 2,753.18
Multiply total Monthly CP Amount by:						
					0.92	0.04
					\$ 2,532.93	\$ 110.13
					(160.00)	
					\$ 2,372.93	
					\$ 2,753.18	
					0.92	
					\$ 2,532.93	
					(110.13)	
					\$ 2,422.80	

Drag and drop the red circle onto the correct monthly budget.

OR

4% Calc

If this figure is \$4,000 or more, use \$160 for fees.

If less than \$4,000, use the 4% calculation for fees.

Attach this spreadsheet to the consumer's Purchasing Plan CHANGE.

Be sure the consumer has a copy of the cost plan and this calculation.

* Enter only the services that the consumer uses every month. Do not enter any expired service plans. Do not enter consultant services or funds for either OTEs or STEs as defined by CDC+. Funds for OTEs and STEs are not included in the calculation of the consumer's monthly budget. 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 reflects the OTE or STE full authorized amount and Section F shows the amount the participant has been able to negotiate with each provider.) **NOTE:** The effective date of the OTE/STE in Section F must be the same as the Purchasing Plan effective date in order for the funds for the OTE/STE in Section F to be transferred to the consumer's CDC+ account.

Calculation of OTE				Calculation of STE			
The ONLY services and supports approved in the Cost Plan that are considered OTEs for CDC+ are Environmental Modifications, Vehicle modifications, and Therapeutic or Adaptive Equipment.				Includes all assessments, evals, installation of PERS, and services/supports authorized for periodic use or for a specific period of time six months or less, and the time is limited for a reason other than the end of the cost plan.			
Brief service name	Service Plan Begin Date	Service Plan End Date	Total Service Plan Amt	Brief service name	Service Plan Begin Date	Service Plan End Date	Total Service Plan Amt
EM			\$ -				\$ -
VE			\$ -				\$ -
Equipment			\$ -				\$ -



One-Time Expenditures

Medically necessary services/supports

Funded at 100%

- ✓ **Environmental modification**
- ✓ **Durable Medical Equipment**
- ✓ **Vehicle modification**

Restricted and time-limited



Cannot be spent on any other service





Short-Term Expenditures

Medically necessary services/supports

Periodic purchases or non on-going

92% discount rate

Restricted service

Can be any service



Cannot be spent on any other support or service



iBudget FL and CDC+

iBudget FL - Medicaid Waiver Seven (7) Service Families

- ▶ Life Skills Development
- ▶ **Supplies & Equipment**
- ▶ Personal Supports
- ▶ **Residential Services**
- ▶ Therapeutic Supports
- ▶ **Transportation**
- ▶ Dental





iBudget and CDC+ (cont.)

CDC+ Program Services

(8% + 4 % = 12% reduced budget)

iBudget FL services PLUS...

- ▶ Advertising
- ▶ **Seasonal Camp**
- ▶ Gym Membership
- ▶ **Over the Counter Medications**
- ▶ Personal Emergency Response
- ▶ **Parts & Repair**
- ▶ Therapeutic Equipment
- ▶ **Specialized Training**
- ▶ Other Therapies

*** Save up for these services or additional hours...





Morning Break

Q & A to follow



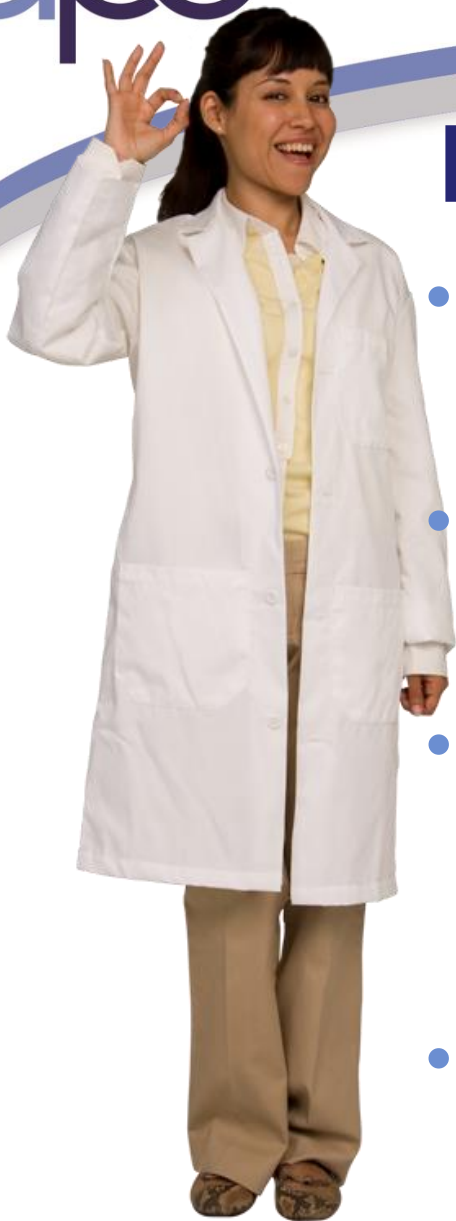


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CDC+ Services and Support Providers



**SECTION C: Provider Information,
Background Screening and Pay Rates**



Restricted Services

- Professionally licensed/certified providers
- **Allocated budget cannot be used on another service; funds reinvested**
- The consumer must purchase at least 92% of the units of measure that are approved in the Cost Plan.
- Regional Office approval



Restricted Services

Adult Dental	Behavior Analysis Services	Behavior Analysis Assessment	Behavior Assistant Services	Dietician Services
Durable Medical Equipment & 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

Non-medical nature services

Meet the participant's needs and goals

Don't need to be identical to or the same quantity





Unrestricted Services

Adult Day Training

Advertising

Companion

Consumable
Medical Supplies

Gym Memberships

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

- Any service, determined by the consumer or representative as being so important that without this service, the consumer's health, safety, or welfare would be at risk.
- Requires two emergency backup providers
- Personal Care Assistance (PCA) service is **ALWAYS** considered a critical service



Learning Outcomes



Describe the different CDC+ provider types



Distinguish between Agency/Vendor, Independent Contractor and Directly Hired Employee payment methods



Identify required forms for hiring providers



Explain background screening requirements



Provider Types



Agency/Vendor
(AV)



Independent
Contractor (IC)



Directly Hired
Employee (DHE)



Agency/Vendors and Independent Contractors

A person or business

Provides written description of services

**Participant controls/directs only the
result of work performed**

Paid by invoice

No taxes withheld or paid





Directly Hired Employees

Consumer hires

Decides what will be done

Determines how services will be performed

Paid by timesheet

Note: More than three (3) employees requires
worker's compensation insurance



Forms Needed for Hire

Agency/Vendor (A/V) or independent contractor (IC)

Vendor / Independent Contractor
Information Form

Internal Revenue Service (IRS) Form
W – 9

Background Screening Clearance
Letter

Affidavit of Good Moral Character
(notarized)

Directly Hired Employee (DHE)

Employee Information Form

Internal Revenue Service (IRS) Form
W - 4

Department of Homeland Security
(DHS) Form I – 9

Background Screening Clearance
Letter

Affidavit of Good Moral Character
(notarized)

Direct Deposit Form (EFT)- include a copy of a pre-printed voided check



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Consumer/Employer Issues

Consumers are
EMPLOYERS

**Public assistance could be
affected**





CAUTION-Who's Hired Matters



If consumers hire

Parents

A spouse

Their children (under 21)

The employee will not earn eligible wages to count toward

Social Security benefits or Medicare benefits

Unemployment Compensation

DHEs under the age of 18 will not earn eligible wages that count toward

Social Security or Medicare benefits



Who's Hired Matters, continued

Who is hired to provide services is a decision that needs to be carefully considered by the employee.

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.





Provider Eligibility for Federal Income Tax Exemption

On January 3, 2014, the Internal Revenue Service (Service) issued **Notice 2014-7**, addressing the income tax treatment of certain payments to an individual care provider under a state Home and Community-Based Services waiver (Medicaid Waiver) program. For more information including Q & A's, please go to **www.irs.gov/Individuals/Certain-Medicaid-Waiver-Payments-May-Be-Excludable-From-Income**





Offering Benefits at No Additional Cost

Representative will value the employees

Pay at fair wage (must follow minimum wage requirements – \$8.05 an hour as of 1/1/15)

Companion is only service exempt from minimum wage pending Department of Labor Home Care Rule

Be flexible if employees need time off-sick

Use the backup providers

Spread the hours between two (2) employees

Compliment the employees

Make the job interesting and fulfilling



The CDC+ Purchasing Plan Appendix J

Shows monthly spending budget

Describes how CDC+ budget will be spent

Tracks budget

Authorizes services/supports and providers

Informs the consultant





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Guidelines for Purchasing Plan Development





Developing a Purchasing Plan

Current Support Plan

Current Cost Plan

**Completed Budget Calculation
Worksheet**

**Names of hired service providers with
negotiated rates and provider types**

**List of CDC+ Service Codes and
Abbreviations**

CDC+ Handbook with list of services





Purchasing Plan Timelines

Person Responsible	Activity	Due Date
Participant (Representative)	Complete Purchase Plan; submit to Consultant	By the 5 th
Consultant	Review and sign; submit to Regional Liaison	By the 10 th
Regional Liaison	Review and sign; submit to State Office	By the 20 th



Three Types of Purchasing Plan Revisions

Change – revisions effect the monthly budget

Update - revisions are made; no change in the participant's monthly or overall budget

Quick Update Form - amends the current approved Purchasing Plan





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 budget change to the participant's Support Plan/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



Quick Update Form



Use only to make revisions to the Purchasing Plan in the middle of a month for a rare or unusual circumstance

Only one (1) revision is allowed

Must be completed at least 7 days before a new provider is anticipated to begin work

Please allow enough time for review and processing

Effective on the date indicated by participant



The CDC+ Purchasing Plan

Page 1 – Section A
Basic Information

Page 2 – Section B
Needs and Goals

Page 3 – Section C.1 and C.2
Services and Supplies

Page 4 – Section D – Cash
(not available) Justification

Page 5 – Sections E and F Savings
Plan and OTEs/STEs

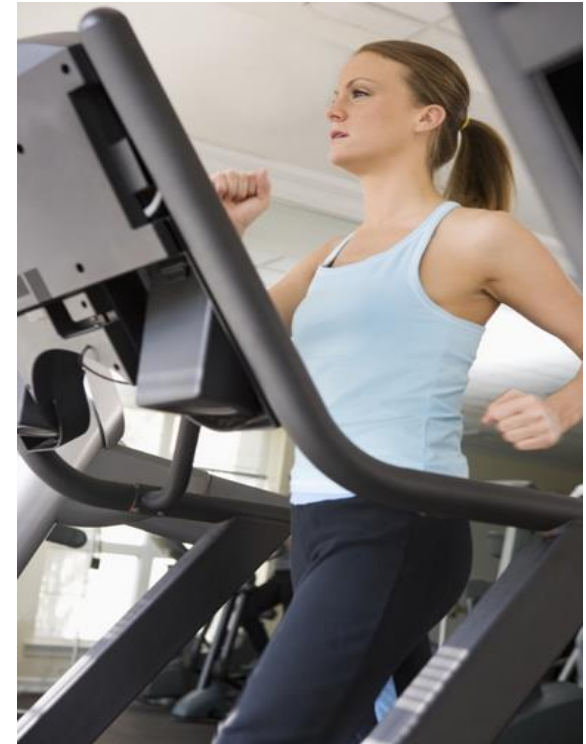
Page 6 – Budget Summary and
Signatures

CDC+ CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)					
Purchasing Plan Effective Date:		Monthly Budget:	APD Area:	Participant is on FFI: Yes <input type="checkbox"/> No <input type="checkbox"/>	
A. PARTICIPANT INFORMATION					
Participant Name:			Participant ID #:		Participant's AGE:
First	M	Last			
Representative Name:			Phone #:	Cell #:	Official Use Only
First	M	Last			
(TO BE COMPLETED BY CONSULTANT after Participant completes areas with *):					
1	<input type="checkbox"/> New Start (This	Enter the representative's legal first name, middle initial and last name. Only representatives who have passed the Readiness Review and signed a Representative Agreement		Enter a valid phone number for the participant or representative	Enter a valid cell phone number for the participant or representative
2	<input type="checkbox"/> Budget A:				
3	<input type="checkbox"/> Budget B:				
4	<input type="checkbox"/> Add One Time Expenditure amount of up to 100% of what was approved in the Cost Plan:	Item must be entered in Section F with same effective date as this Purchasing Plan.			
5	<input type="checkbox"/> Add Short Term Expenditure amount not to exceed 92% of what was approved in the Cost Pla	Item must be entered in Section F with same effective date as this Purchasing Plan.			



Purchasing Plan Exercise

- Walk through the Purchasing Plan review process





Q & A (time
permitting)
Lunch Break





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Purchasing Plan Submission Process

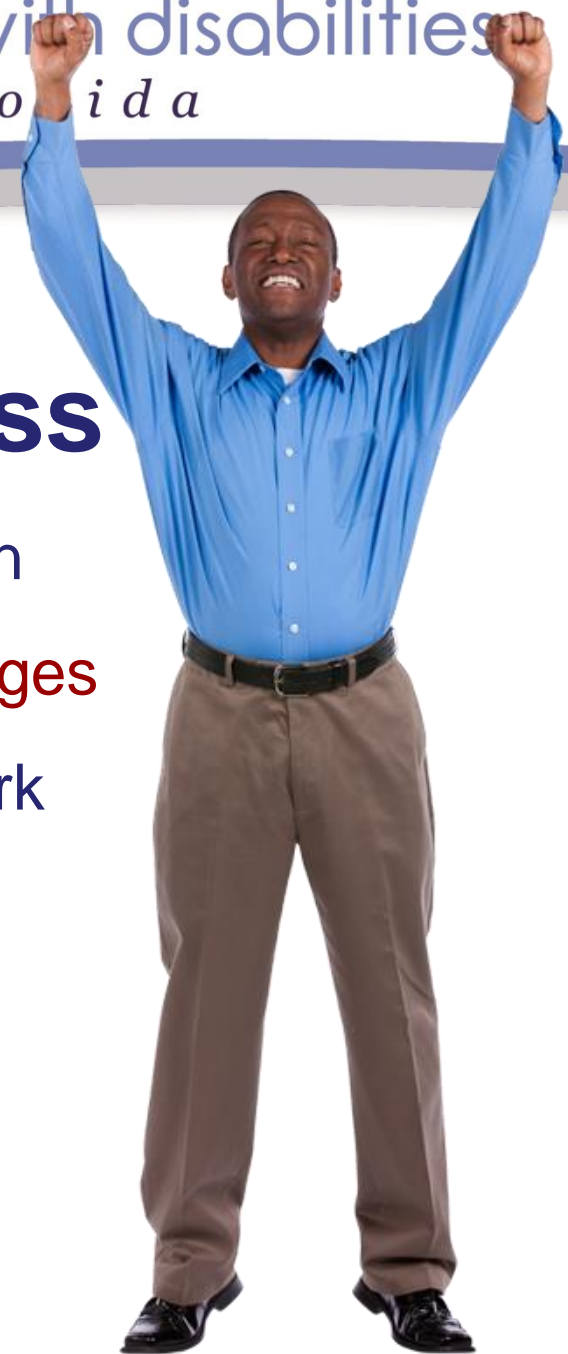
Double-check all information

Minimum six (6) completed pages

Submit all required paperwork

Retain copies

Submit by 5th of the month





Purchasing Plan Submission Process

Consultant Responsibilities:

- ✓ Review for accuracy
- ✓ Sign the Purchasing Plan
- ✓ Submit by 10th of the month





Purchasing Plan Submission Process

Regional Office Responsibilities:

- ✓ Review for accuracy and signatures
- ✓ Ensure all documents enclosed
- ✓ Submit by 20th of the month





Purchasing Plan Responsibilities CDC+ State Office

Quality Assurance Review

Approve Purchasing Plan

Process Documentation

Provide Provider ID Numbers

Provide Budget Summary



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Best Practices Managing CDC+ Budget



Timely submit payroll claims

Keep signed timesheets and receipts

Keep track of all services provided

Reconcile the CDC+ Monthly Statement



Best Practices Managing CDC+ Budget (continued)

Use the current month's budget deposit to pay for supports or services provided in the current month

Spend consistently within approved Purchasing Plan

Keep updated Purchasing Plan



Remember to budget at least

Section C.1 – Budget Details - # of Units:

- 22 weekdays in a month if employee works Monday - Friday workweek
- 9 weekend days in a month Saturday and Sunday workweek
- 31 calendar days in a month Always plan for the maximum number of days in a month



Program Activities



**SECTION E: Payroll, Reimbursement,
Corrective Action Plan and Disenrollment**



Learning Outcomes



Explain two outcomes that can result from program mismanagement



Explain two things that can happen for continuously overspending the CDC+ budget



Explain the process for submitting and processing provider payments



Explain the process utilized for paying PENDED claims



Submitting Payroll



Online Secure Payroll



CDC+ Customer Service

Warning

CDC+ Secure Web-based Payroll System

is for the exclusive use of current CDC+ consumers and their authorized 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.

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

UserName

Password

APD CDC+ Secure Web-based Payroll System

MAIN MENU

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

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

r you have entered and submitted each timesheet, invoice, or reimbursement st, 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



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CDOP Plus Timesheet - Microsoft Internet Explorer (powered by AOL)

http://apd04111.leg.state.fl.us/CDOPPLUS/CDOPPLUS/CDOPPlusTimesheetNew.aspx

Home Menu Log-off

Employee Weekly Timesheet

Consumer ID: 00000
Employee: 000173 Prev_First_Name1017 Prev_Last_Name1017
THIS IS YOUR TRACKING NUMBER ASSIGNMENT: 1811
Submitted on: 11/4/2009 4:55:18 PM and Passed Adjudicator

Please write down your tracking number or print a copy for your records. It is very important (and it is the consumer/representative responsibility) to check the tracking status and that the consumer/representative use the issued tracking number(s) to check transaction status for each submitted claim a few hours after you enter each timesheet, invoice, or request for reimbursement. If you receive a tracking number of 0 (zero) you need to call Customer Service as soon as possible because this timesheet or invoice has processed incorrectly.

Week: 10/26/2009-11/1/2009 Employee ID: 000173 Prev_First_Name1017 Prev_Last_Name1017

Service Code	Plan/Section	EDU	Hours	Minutes	Total
011	Services	H	07	45	07.75

Enter New Timesheet Print Timesheet

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This application is best viewed in the following browser:
Microsoft Internet Explorer 8.0 or higher



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Fiscal/Employer Agent and Payroll

Provide tracking number for
successful submissions

Compensation sent by direct
deposit (EFT)





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Timesheet Payroll

Directly hired employees

Submit a paper timesheet weekly

**Participant or representative
must approve and sign**

CDC+ work week:

Monday - 12:00 am to Sunday at 11:59 pm





Invoice Payments

Vendors and independent contractors must provide an invoice for payment.

Rep must write, “goods and services received as shown” on invoice.





Payroll Distribution

Distribute payroll in a
timely manner

Provide a copy of payment or
EFT notice to a vendor





Reimbursements

Issued for supports or services purchased from a vendor identified in the Savings or OTE / STE sections of the current approved Purchasing Plan

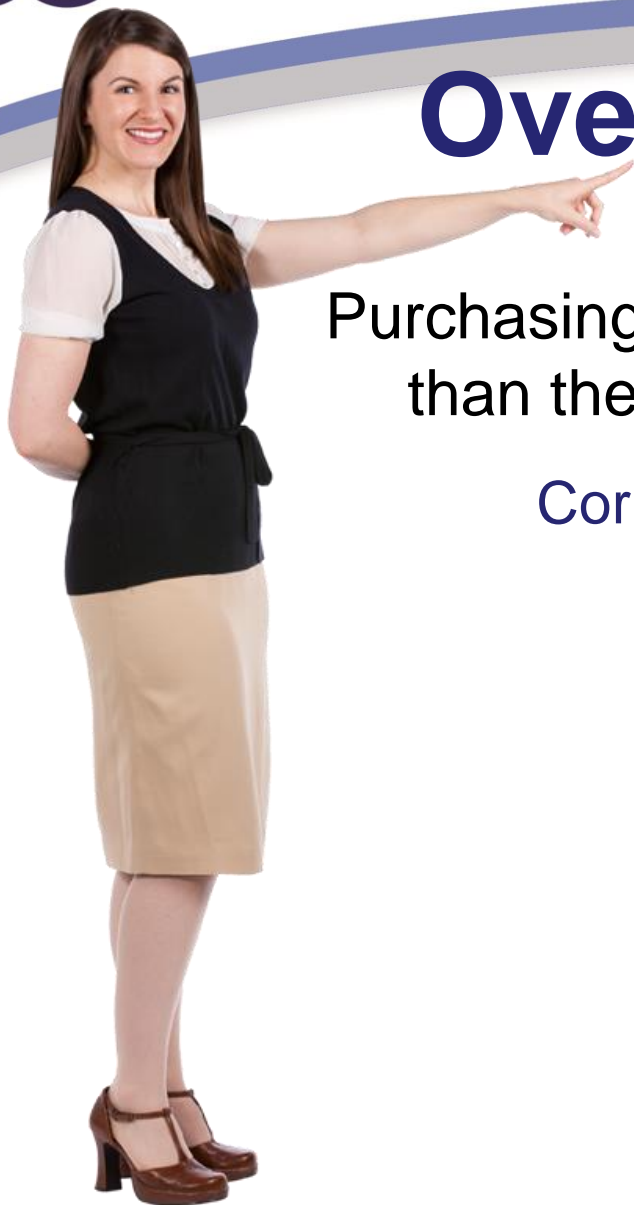


Managing Monthly Budget

- Spend within CDC+ monthly budget
 - ✓ Use Calendar Participant Notebook Appendix O (2)
 - ✓ Spend consistent with Purchasing Plan
- Overtime - Not good use of funds
- Reconcile Monthly Statements
 - ✓ Participant Notebook Appendix L
 - ✓ Track current account balance between statements



Overspending



Purchasing supports or services greater than the amount that is authorized

Corrective Action Plan (CAP)

PEND payments



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Budget Mismanagement

Corrective Action Plan (CAP)

or

Disenrollment





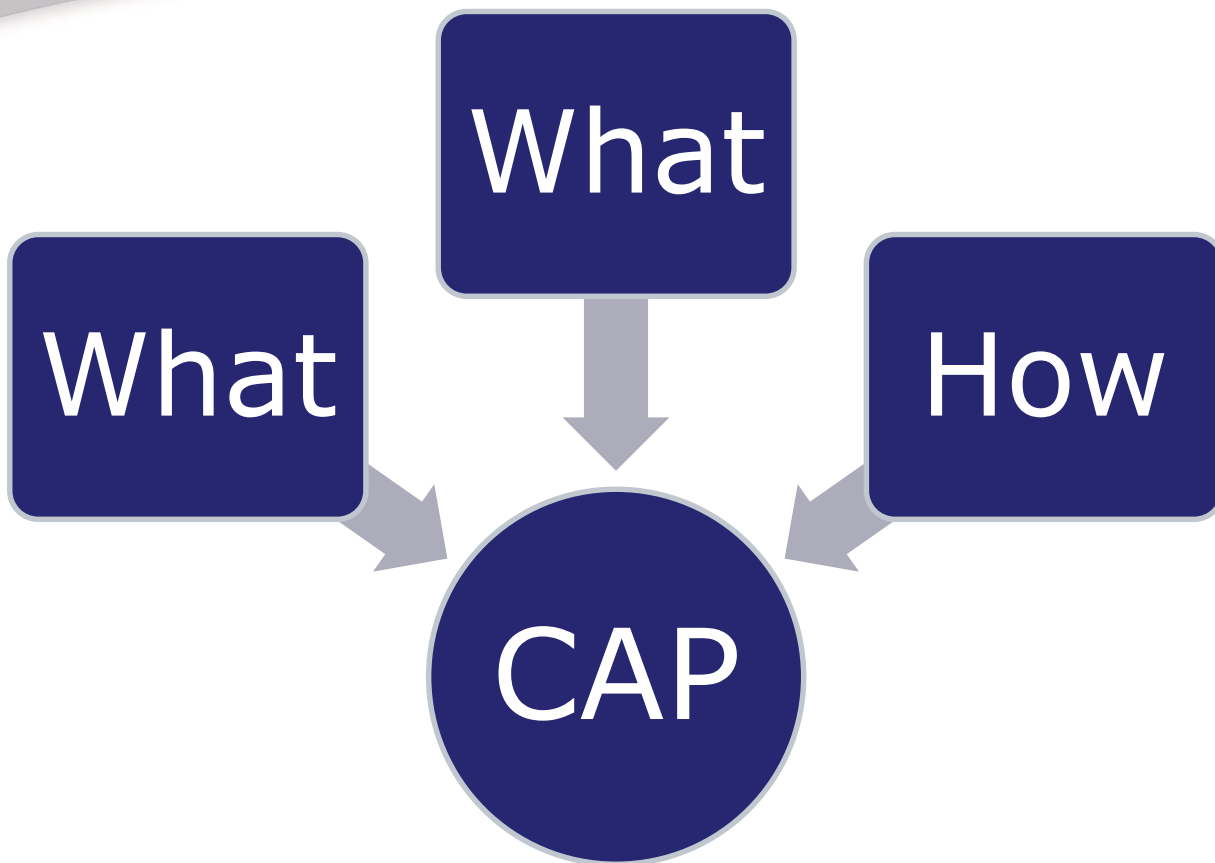
Corrective Action Plan

Implemented whenever a consultant or
APD Staff identifies program
mismanagement





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Pended Payments

Payment method: Timesheets, invoices, and reimbursement requests

Approved CAP – pay claim to the extent authorized

Negative accounts – claims pended (on hold)





Involuntary Disenrollment Overview

Regional Liaison

Notifies Consumer/Rep

Consumer may return to Waiver and has right to appeal

APD

Disenrollment in Purchasing Plan System

Outstanding claims are paid

Consultant

Ensures traditional waiver services are set for 1st of month

Consumer Rep

Pays all outstanding bills; records agree with final monthly statement

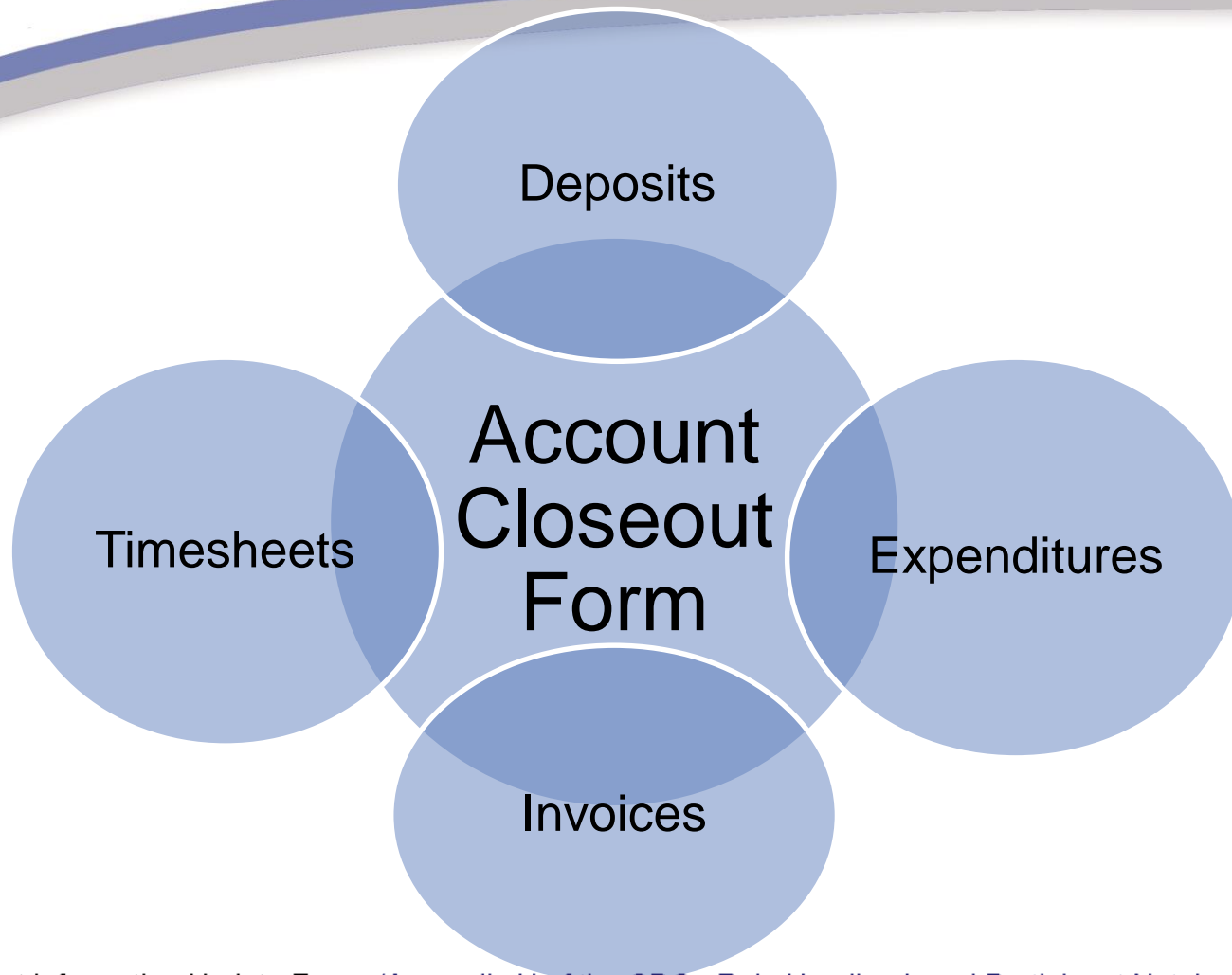
Provides final reconciliation documents and CDC+ records to Regional Office



Voluntary Disenrollment

Consumer elects to discontinue participation in the Consumer-Directed Care Plus (CDC+) program





- CDC+ Participant Information Update Form (Appendix H of the CDC+ Rule Handbook and Participant Notebook Appendix D-XV11)
- CDC+ Account Close-Out Procedure (Participant Notebook Appendix M(3))



The CDC+ Consultant Recap of Expectations

- Roles and responsibilities
- CDC+ Program Operations
- Providers
- iBudget versus CDC+
- Budget Calculation Worksheet
- Parts of a Purchasing Plan
- Types of Purchasing Plan Revisions
- Allowed Purchases
- Short-Term and One-Time Expenditures
- PENDED Claims
- Corrective Action Plan
- Voluntary and Involuntary disenrollment



Congratulations!

You have completed the Consultant Training

- ✓ **Complete and submit the Course Assessment
order to receive a Certificate of Completion**

Readiness Review

<http://apdcares.org/cdc-plus/newconsultantform.php>

Evaluations

<http://www.surveymonkey.com/s/HF5GNDH>

- ✓ **Pass with 85% or better**

You will be contacted if you need to retake the Assessment

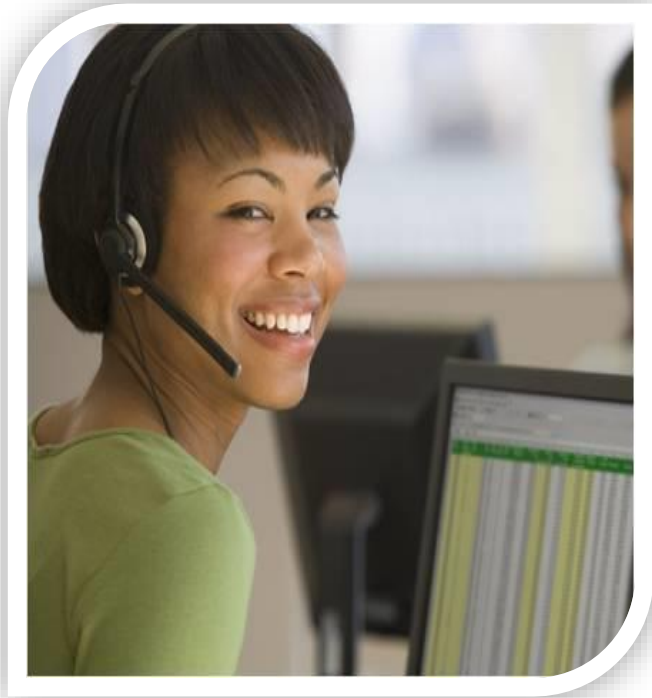


Contact Information

CDC+ Program Office Agency for Persons with Disabilities

Toll-free Customer Service line:
1-866-761-7043 or

Mindy Whitehead
Mindy.Whitehead@apdcares.org
850-414-6691





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Consultant Training
Updated 11/1/16