

# AGENCY FOR PERSONS WITH DISABILITIES

## CONSUMER DIRECTED CARE PLUS (CDC+) PROGRAM

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### ONLINE PROGRAM STORYBOARD

## Course: Consultant Refresher Training

**Goal:** To provide the CDC+ consultant with valuable information needed to actively assist consumers with achieving their goals and selecting services and supports to meet their long-term care needs.

### Training Objectives:

- Provide a review of the overall philosophy of the CDC+ program, which includes the principles of self-direction and person-centered planning
- Provide a review of CDC+ operations which includes Program updates
- Provide updates and changes to policies and procedures that affect the administration of the CDC+ Program

	NARRATION
Slide 1	<p><b>Welcome to the 2014 Consultant Refresher Training.</b></p> <ul style="list-style-type: none"><li>• This training was developed for Certified Consumer Directed Care Plus (CDC+) Consultants who currently provide consultant services to CDC+ consumers/participants.</li><li>• Consultants can use these modules to fulfill CDC+ Program consultant annual training requirement.</li></ul>
Slide 2	<p><b>Requirements</b></p> <ul style="list-style-type: none"><li>• This training provides consultants with valuable information needed to actively assist consumers with achieving their goals and selecting services and supports to meet their long-term care needs.</li><li>• Consultants 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 2 CDC+ credit hours for this Refresher Training.</li></ul> <p>Please, keep the CDC+ Rule Handbook and Appendix available for reference as you view this presentation.</p>

## NARRATION

<p><b>Slide 3</b></p>	<p><b>Training Objectives</b></p> <p>This training will provide Certified CDC+ consultants:</p> <ul style="list-style-type: none"> <li>• A review of the overall philosophy of the CDC+ program, which includes the principles of self-direction and person-centered planning,</li> <li>• A review of CDC+ operations which, includes Program updates</li> <li>• As well as provide updates and changes to policies and procedures that affect the administration of the CDC+ program</li> </ul>
<p><b>Slide 4</b></p>	<p><b>The CDC+ Program Participant Toolbox</b></p> <p>Questions about where to go for information or tools you will need to be an effective consultant?</p> <ul style="list-style-type: none"> <li>• The apdcares.org/cdcplus 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</li> <li>• These resources are the guidebooks for the CDC+ program. Every consultant needs to be aware of the information contained in each. It is advisable for consultants to bookmark this site for quicker access when needed (e.g. when providing technical assistance to consumers/representatives).</li> </ul>
<p><b>Slide 5</b></p>	<p><b>Consultant Resources</b></p> <p>Questions about where to go for information or tools you will need to be an effective consultant?</p> <ul style="list-style-type: none"> <li>• The apdcares.org/cdcplus website provides consultants a site for 1 stop shopping to assist in managing programmatic activities. For example,</li> <li>• Here, consultants can access the Secure Consultant Reporting System, the Corrective Action Plan (CAP) template as well as other forms that are utilized by CDC+ consultants.</li> </ul>
<p><b>Slide 6</b></p>	<p><b>PCA Under 21</b></p> <ul style="list-style-type: none"> <li>• As you know, the PCA Under 21 authorizations for CDC+ Consumers granted by <u>eQHealth Solutions</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 in iBudget, then their monthly budget will change and consumer will not be able to use that service. Remember. anytime there is a change in a PCA Under 21 consumer's eQ authorization, <u>there should be a Purchasing Plan update/change</u> submitted to adjust services and the monthly budget accordingly.</li> </ul>

## NARRATION

	<ul style="list-style-type: none"> <li>Also, more importantly those consumers receiving PCA under 21 through the 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></li> </ul>
<b>Slide 7</b>	<b>Please answer the following review questions regarding the introduction. You will be allowed multiple attempts for this review.</b>
<b>Slide A.8</b>	<b>Section A: CDC+ Program Review</b> Let's begin with our first training objective: reviewing the overall philosophy of the CDC+ program.
<b>Slide A.9</b>	<b>Learning Outcomes</b> Upon completing this section consultants should be able to: <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> <li>2) Explain the five principles of Self-Determination</li> <li>3) Describe critical requirements of the CDC+ Program</li> </ol>
<b>Slide A.10</b>	<ul style="list-style-type: none"> <li>The CDC+ program began in 2000 as an 8-year research and demonstration project called Consumer Directed Care (CDC)</li> <li>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+).</li> <li>In March 2008 CDC+ was offered as a permanent Florida Medicaid State Plan Option.</li> <li>Today, there are over 2,000 consumers self-directing their care in the CDC+ Program and more joining every day!</li> </ul>
<b>Slide A.11</b>	<b>What us CDC+ All About??</b> <ul style="list-style-type: none"> <li>CDC+ is a participant-driven, long-term care program alternative to the Medicaid Individual Budget Waiver.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Participant-Driven means the consumer is expected to be involved in all aspects of planning for their supports and services.</li> <li>• The principles of self-determination along with person-centered planning gives consumers the control to seek opportunities for improving their quality of life.</li> </ul>
<b>Slide A.12</b>	<p>5 Principles of Self-Determination</p> <ul style="list-style-type: none"> <li>• CDC+ offers a framework that supports what is important to the consumer right now, in their current stage of life, thus increasing their options for self-determination.</li> <li>• The five (5) principles of Self Determination are....</li> </ul>
<b>Slide A.13</b>	<ol style="list-style-type: none"> <li>1. FREEDOM to decide where and with whom the consumer will live</li> <li>2. AUTHORITY to decide how the consumer will live</li> <li>3. SUPPORT the consumer will need to make decisions</li> <li>4. CONTROL over the resources needed for the consumer's support</li> <li>5. RESPONSIBILITY for the consumer's decisions and actions</li> </ol>
<b>Slide A.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>

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<p><b>Slide A.15</b></p>	<p>During this segment Program Requirements such as CDC+ program eligibility, enrollment and disenrollment will be highlighted.</p> <p>Please, review the CDC+ Rule Handbook for more in-depth coverage of these topics.</p>
<p><b>Slide A.16</b></p>	<ul style="list-style-type: none"> <li>• Individuals eligible to participate in the CDC+ program for persons with developmental disabilities and Down syndrome must be currently enrolled in the – Individual Budgeting Waiver (also known as the iBudget waiver).</li> <li>• Reside in their own or family home, in accordance with 42 USC 1396n(j)(1); which states, “Self-directed personal assistance services may not be provided under this subsection to individuals who reside in a home or property that is owned, operated, or controlled by a provider of services, not related by blood or marriage.”</li> <li>• Also, they should not have been previously dis-enrolled from the CDC+ program due to their mismanagement or inappropriate use of Medicaid funds. Any CDC+ consumer/representative who has been previously dis-enrolled from the CDC+ program for mismanagement or inappropriate use of Medicaid funds will not be permitted to participate in the CDC+ program in any capacity.</li> </ul>
<p><b>Slide A.17</b></p>	<p><b>Requirements for Enrollment</b></p> <p>All eligible individuals are required to follow an enrollment process in order to participate in the CDC+ program:</p> <ul style="list-style-type: none"> <li>• They will select a CDC+ representative, if needed;</li> <li>• Complete the CDC+ New Participant Training Registration and the CDC+ New Participant Training Program Affirmation Form; then</li> <li>• Complete a New Participant orientation/training</li> <li>• After completing the training they must pass a Readiness Review with at least a score of 85%</li> <li>• Also, select a Waiver Support Coordinator, who is also a CDC+ Consultant, should be selected;</li> <li>• And the required CDC+ agreements should be signed</li> </ul>

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A.18**

### **Requirements for Enrollment (continued)**

To further complete the registration process

- CDC+ program enrollment materials which include IRS and Direct Deposit forms must be completed and submitted;
- Along with Fiscal Employer Agent (F/EA) enrollment documents which include the Informed Consent for the Fiscal Employer Agent;
- Consumers must write an Emergency Backup Plan. Consultants should be available to provide assistance;
- Also, during this time consumers might need to advertise for, interview, and hire employees;
- Background Screening and employment documentation for all directly hired employees should be processed as well

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A.19**

### **Requirements for Enrollment (continued)**

- The enrollment process is also the time consumers, if needed, hire Agencies /Vendors or maybe Independent Contractors to provide supports and services.
- Consumers will need to submit Agency/Vendor (A/V) information employment materials for processing;
- Now is when the initial Purchasing Plan is written. It should meet the consumer's needs and goals as identified on the support plan. The CDC+ consultant can provide assistance, but should not write the Purchasing plan.
- The consumer should submit to the consultant the Purchasing Plan and provider employment documentation for all employees, Agency or Vendors, Independent Contractors and Natural Supports identified on the Purchasing Plan. The consultant will submit the documents to the APD Regional Office for approval.

The consumer may begin self-directing services under the CDC+ program once the first Purchasing Plan has been approved and entered in the CDC+ Purchasing Plan Application System. But first, CDC will call consumers to let them know when their effective date has been set and give them provider ID numbers for anyone delivering services to the consumer.

The enrollment process typically takes approximately 45 days excluding time to correct errors or submit additional information.

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<p><b>Slide A.20</b></p>	<p><b>Disenrollment</b></p> <p>Disenrollment procedures can be initiated by the consumer, representative, consultant, APD Regional or State Offices <u>at any time</u>.</p>
<p><b>Slide A.21</b></p>	<p><b>Voluntary Disenrollment</b></p> <p><b>A consumer may elect to discontinue participation in the Consumer-Directed Care Plus (CDC+) program at any time</b> and return to the iBudget Waiver – e.g., a non-emergency disenrollment</p> <ul style="list-style-type: none"> <li>• In the case of a non-emergency disenrollment the consumer should submit in writing, their wish to leave CDC+ and return to the iBudget Waiver.</li> <li>• They should work with the consultant to complete and submit to the regional liaison a <b>Participant Information Update Form</b> to “Stop Budget” on the last day of the given month.</li> </ul> <p>The consultant should ensure a smooth transition back to the Waiver on the first of the month after ending CDC+.</p>
<p><b>Slide A.22</b></p>	<p><b>Disenrollment Overview</b></p> <ul style="list-style-type: none"> <li>• The CDC+ regional liaison is responsible for notifying the consumer or representative in writing of the agency’s intent to disenroll the consumer from CDC+ program; that the consumer may return to the iBudget Waiver and of the consumer’s right to appeal with due process. The consumer has the right to appeal the decision to disenroll within the time frame specified in the given notice.</li> <li>• The State Office disenrolls the consumer by closing out open authorizations then entering a disenrollment date into the Purchasing Plan System. Claims are paid for services rendered prior to the disenrollment date (provided the consumer has sufficient funds to pay levied claims). Upon disenrollment from CDC+ the consumer may still access waiver services through the iBudget Waiver.</li> <li>• The consultant is responsible for ensuring the consumer’s traditional iBudget Waiver services are set to begin on the first of the month after disenrollment from CDC+.</li> <li>• If the consumer dies or is placed in a residential facility on an emergency basis, the consultant must complete and submit to the regional+ liaison the required notice to stop the budget on the last day of the appropriate month, and must provide the date of disenrollment.</li> <li>• When a consumer disenrolls from CDC+, the consumer or representative is responsible for ensuring that all outstanding bills for services and supports provided have been paid, and that the consumer’s records are in agreement with the final monthly statement after disenrollment, If the consumer’s reconciled</li> </ul>

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	<p>account balance is overspent at the time of disenrollment, the consumer or representative is responsible for re-paying the overspent amount to APD by writing a check in the amount owed payable to the CDC+ program.</p> <ul style="list-style-type: none"> <li>• The consumer must provide final reconciliation documents to the APD Regional Office along with all CDC+ records.</li> <li>• All unexpended funds of the disenrolled consumer are collected through a reinvestment process and are reinvested to serve others and help keep the CDC+ program cost effective.</li> </ul>
<b>Slide A.23</b>	<p><b>Involuntary disenrollment can be initiated.</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> <ul style="list-style-type: none"> <li>• Consumers who are disenrolled from CDC+ remain eligible for the iBudget Waiver and</li> <li>• Shall continue to receive services through the traditional Developmental Disability waiver service and programs after CDC+ disenrollment.</li> <li>• Disenrollment from CDC+ does not limit APD's ability to seek any other administrative resolution available, including the recoupment of Medicaid funds or resources that were improperly used.</li> </ul>
<b>Slide A.24</b>	<p><b>Disenrollment Reasons</b></p> <p>Reasons for disenrollment include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• CDC+ representative not available</li> <li>• Consumer or CDC+ representative request</li> <li>• Mismanagement of budget</li> <li>• Permanent long-term care facility admission</li> <li>• Temporary long-term care facility admission for more than three months</li> </ul>



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	<ul style="list-style-type: none"> <li>• Hospitalization for more than 30 days</li> </ul>
Slide A.25	<p><b>Disenrollment Reasons (continued)</b></p> <p>Reasons for disenrollment include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Consumer moved out of state</li> <li>• Loss of Medicaid or Waiver eligibility</li> <li>• Death of participant</li> <li>• Consumer health or safety at risk</li> <li>• Consumer no longer requires Waiver services</li> <li>• Consumer can no longer be served safely in the community</li> </ul> <p>Note: Additional information on disenrollment can be found in Chapter 1 of the CDC+ Rule Handbook (Introduction, Legal Program Requirements, General Definitions)</p>
Slide A.26	<ul style="list-style-type: none"> <li>• At the completion of CDC+, an <b>Account Close-out Form</b> is mandatory when a consumer disenrolls from CDC+ for any reason.</li> <li>• An <b>Account Close-out Form</b> is <u>required</u> to account for all deposits and expenditures related to the consumer's CDC+ account.</li> <li>• 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.</li> </ul>
Slide A.27	<p><b>Please answer the following review questions regarding Section A. You are allowed one attempt per question. If you do not score 100% please select “Review Quiz” and review the correct answers. Also, you may want to review the material before proceeding to the next section.</b></p>
Slide B.28	<p><b>Roles and Responsibilities</b></p> <p>Section B:</p> <p>In this section we will cover some of the key roles and responsibilities of the CDC+ program consumer, representative, consultant, liaison and the State Office including the Fiscal Employer Agent.</p>

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<b>Slide B.29</b>	<p><b>Learning Objectives</b></p> <p>After completing Section B consultants should be able to:</p> <ul style="list-style-type: none"> <li>Describe the roles and responsibilities of CDC+ consumer, representative, consultant, regional liaison and the State Office.</li> </ul>
<b>Slide B.30</b>	<p><b>Consumer Roles</b></p> <p>As part of the participant-centered process CDC+ consumers (representatives) are expected to:</p> <ul style="list-style-type: none"> <li>Decide how best to meet the needs listed on the support/cost plan</li> <li>Evaluate how well selected goods and services are meeting identified needs and goals</li> </ul>
<b>Slide B.31</b>	<p><b>Consumer Responsibilities</b></p> <p>Once a consumer is enrolled into the CDC+ program they are expected to:</p> <ul style="list-style-type: none"> <li>Develop a Purchasing Plan and ensure it remains updated</li> <li>It is not the responsibility of the consultant to develop the purchasing Plan, only provide assistance</li> <li>Write a job description for each service provider or individual who is hired for the job and provide training to the new employee, as required</li> <li>As a household employer the CDC+ consumer has the power to- negotiate rates, hire, pay, manage, terminate providers and ensure background screening requirements are met.</li> <li>Other responsibilities include signing all program documents, for example, provider timesheets and invoices and tax documents.</li> </ul>
<b>Slide B.32</b>	<p><b>Consumer Responsibilities (continued)</b></p> <ul style="list-style-type: none"> <li>To increase the chances of success with managing the CDC+ program the consultant should ensure that the consumer:</li> <li>Sets up a well-organized file system to maintain the paperwork associated with their participation in the CDC+ program including saving receipts needed for reimbursements</li> <li>Uses the CDC+ monthly budget responsibly to meet the identified long-term care needs and goals; purchase only approved services and supports; do not</li> </ul>

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	<p>overspend the monthly allowance</p> <ul style="list-style-type: none"> <li>• The consultant should also encourage their consumers to reconcile their CDC+ monthly statement and immediately report any discrepancies.</li> <li>• And when things aren't going quite right the consultant should make sure the consumer complies with any Corrective Action Plan (CAP) that has been developed</li> <li>• Lastly, consultants should ensure that the consumer fully cooperates with the Quality Assurance process</li> </ul>
<b>Slide B.33</b>	<p><b>The Representative</b></p> <ul style="list-style-type: none"> <li>• If a consumer is not able to fulfill all the duties prescribed a representative may be chosen.</li> <li>• The representative must be at least 18 years of age.</li> <li>• A representative cannot be paid and must not be an owner, co-owner, stockholder of, or in any way benefit from, any profit or not-for-profit business authorized to provide services to or for the consumer.</li> </ul>
<b>Slide B.34</b>	<p><b>All Representatives are expected to:</b></p> <ul style="list-style-type: none"> <li>• Perform all the duties and assume all the responsibilities of the consumer, although the consumer is the employer of record</li> <li>• Be available to the consumer or consultant as needed to perform all required responsibilities for the CDC+ program</li> <li>• Must sign an agreement with the consumer to work on the consumer's behalf</li> <li>• Involve the consumer in decisions regarding the consumer's needs, wishes, services, budget and satisfaction with services</li> <li>• Sign all CDC+ required program materials on behalf of the consumer except the IRS and Florida Department of Revenue documents, which must be signed by the consumer as the employer of record</li> <li>• Assist the consumer to develop the Purchasing Plan in accordance with program</li> </ul>

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- Be responsible for complying with any Corrective Action Plan (CAP) written for the consumer; and assist the consumer with meeting the actions required in the CAP.
- Manage the CDC+ financial responsibilities and oversee services received on the consumer's behalf
- The representative must be responsible and financially liable for repayment of funds used in excess of what was authorized in the consumer's CDC+ monthly budget
- Cooperate with CDC+ Quality Assurance monitoring requirements for representatives as identified in the Rule

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B.35**

### **Consultant Roles**

Consultants are an integral part to the consumer's successful navigation and management of the CDC+ program.

- They have an active role in the participant's annual support planning process and ensuring Medicaid eligibility.
- The consultant is required to accept all consumers who select them for consultant services
- They should provide information, support and technical assistance as needed to the consumer for matters such as choosing supports and services to meet the consumer's current needs and goals and in planning for their future needs.
- They will also monitor the consumer's health, safety & welfare and immediately report any instance of neglect, abuse or exploitation.
- Having monthly contact with the consumer in the form of phone calls or in person, whichever is the consumer's preferred method, is a great way for consultants to continuously assess the consumer's well-being.
- However, the consultant must meet with the consumer at least every six months. During this time one visit must be in the participant's home.

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<p><b>Slide B.36</b></p>	<p><b>Consultant Responsibilities</b></p> <ul style="list-style-type: none"> <li>• The consultant is required to maintain all documentation of home visits and monthly contacts, including a monthly review of the Consumer Statements.</li> <li>• They should ensure the compliance of the consumer/representative with all CDC+ program requirements.</li> <li>• When there is a failure to comply with program requirements it's the <b>consultant's responsibility</b> to <u>work with</u> the consumer and representative to develop a Corrective Action Plan (CAP) if needed and follow-up as required.</li> </ul>
<p><b>Slide B.37</b></p>	<p><b>The Role of the CDC+ Regional Liaison</b></p> <ul style="list-style-type: none"> <li>• The regional CDC+ liaison is employed by the Agency for Persons with Disabilities and is the contact person at the local level for CDC+ program.</li> <li>• Consultants will provide all completed documents to the liaison for local level review.</li> </ul>
<p><b>Slide B.38</b></p>	<p><b>Regional Liaison Responsibilities</b></p> <ul style="list-style-type: none"> <li>• It is also the responsibility of the regional liaison to calculate the consumer's monthly budget before the consumer is allowed to develop a Purchasing Plan.</li> <li>• The regional liaison will oversee local program operations, Corrective Action Plans (CAP) and Background Screening.</li> <li>• The regional liaison ensures information is actively communicated between the consumers, consultants and the CDC+ Program State Office.</li> </ul>
<p><b>Slide B.39</b></p>	<p><b>CDC+ State Office</b></p> <ul style="list-style-type: none"> <li>• The CDC+ Program Office is located at the APD State Office in Tallahassee.</li> <li>• 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.</li> <li>• The State Office also provides customer service including on-going technical assistance to the consumer, representative and consultant, by answering questions and providing explanations.</li> <li>• Program staff develop and update CDC+ training materials for consumers, representatives, consultants and CDC+ regional liaisons</li> <li>• Program staff conduct initial and ongoing CDC+ training for consumers, representatives, consultants and CDC+ regional liaisons</li> </ul>

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<p><b>Slide B.40</b></p>	<p><b>The Fiscal/Employer Agent (F/EA)</b></p> <p>The State Office also performs all the fiscal and payroll duties: 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> <ul style="list-style-type: none"> <li>• The Fiscal Employer Agent (F/EA) receives the consumer's monthly budget amount from Medicaid and maintains it in the participant's account.</li> <li>• The F/EA assigns CDC+ Provider ID numbers and provides banker, bill payer and tax payer services.</li> <li>• 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.</li> <li>• On a monthly basis the F/EA reconciles the CDC+ account to ensure their bank statement balances against all submitted and processed claim files</li> </ul> <p>However, It is the consumer's responsibility to reconcile their CDC+ statement monthly_and immediately report any discrepancies to APD CDC+ fiscal staff.</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>Slide B.41</b></p>	<p><b>Please answer the following review questions regarding Section B. You are allowed one attempt per question. If you do not score 100% please select "Review Quiz" and review the correct answers. Also, you may want to review the material before proceeding to the next section.</b></p>
<p><b>Slide C.42</b></p>	<p><b>Section C: CDC+ Services and Support Providers</b></p> <ul style="list-style-type: none"> <li>• Who can provide supports and services?</li> <li>• Let's take a look at Provider Information, Background Screening and Pay Rates</li> </ul>
<p><b>Slide C.43</b></p>	<p><b>Learning Outcomes</b></p> <p>After completing Section C consultants should be able to:</p> <ul style="list-style-type: none"> <li>• Describe the various CDC+ provider types</li> <li>• Distinguish between the different payment methods for Agency/Vendors, Independent Contractors and Directly Hired Employees</li> <li>• Identify forms required for hiring providers</li> <li>• Explain required background screening requirements</li> </ul>
<p><b>Slide C.44</b></p>	<p><b>Provider Types</b></p> <ul style="list-style-type: none"> <li>• For the purposes of the CDC+ program the term "provider" includes all types of service providers in the program including:</li> <li>• Agency/Vendors (AV)</li> <li>• Independent Contractors (IC) and</li> <li>• Directly-Hired Employees (DHE)</li> </ul>

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<p><b>Slide C.45</b></p>	<p><b>Agency/Vendor and Independent Contractors</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Agency/vendors must provide a written description of the services that will be provided by the Agency/Vendor.</li> <li>• The consumer has the right to control or direct only the result of the work performed not the methods for accomplishing the result.</li> <li>• Agencies, vendors and independent contractors must submit an invoice for payment.</li> </ul>
<p><b>Slide C.46</b></p>	<p><b>Directly Hired Employees</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The employer controls the details of what will be done and how services will be performed by a DHE.</li> <li>• All DHEs are paid based on an approved time sheet, <u>not</u> an invoice.</li> </ul>
<p><b>Slide C.47</b></p>	<p><b>Forms Needed for Hiring Someone to Work for You</b></p> <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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• For Directly Hired Employees a W-4 form should be completed</li> <li>• Also, DHEs must have a completed Department of Homeland Security (DHS) Form I-9.</li> <li>• 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.</li> <li>• A notarized affidavit of Good Moral Standing should be provided for providers</li> <li>• The Direct Deposit (EFT) RapidPayCard®/Visa Payroll Card Form is required for any newly hired provider. The form is located on the CDC+ website.</li> </ul> <p><u>Not spoken</u></p> <p>Note: CDC+ providers must also comply with the Background Screening requirements listed in the Developmental Disabilities Medicaid Waivers Consumer-Directed Care Plus Program Coverage, Limitations and Reimbursement Handbook, the provisions of section 409.221(4)(i), Florida Statutes, and the provisions of Chapter 435, FL Statutes.</p>
<p><b>Slide C.48</b></p>	<p><b>Background Screening</b></p> <ul style="list-style-type: none"> <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 (EBUs) who are listed on a Purchasing Plan as natural support. Per the law, there are <u>no</u> exceptions.</li> <li>• Existing providers with Level 1 Background Screening must pass a Level 2 Background Screening <u>prior</u> to their Level 1 expiration date.</li> </ul>

## NARRATION

	<ul style="list-style-type: none"> <li>Background screening expenses are the responsibility of the provider, not the participant or representative. Medicaid or CDC+ funds cannot be used for screening or rescreening providers.</li> <li>Background screenings are valid for five (5) years.</li> </ul> <p>Consumers and Representatives should keep track of provider screening dates so re-screening occurs prior to expiration; all background screening records should be retained for the Delmarva Quality Assurance process</p>
<b>Slide C.49</b>	<p><b>Please answer the following review questions regarding Section C. You are allowed one attempt per question. If you do not score 100% please select “Review Quiz” and review the correct answers. Also, you may want to review the material before proceeding to the next section.</b></p>
<b>Slide D.50</b>	<p><b>Section D – The CDC+ Monthly Budget</b></p> <p>Let’s take a look at Purchasing Plan Development, Types of Purchasing Plan Revisions and CDC+ Budget management</p>
<b>Slide D.51</b>	<p><b>Learning Outcomes</b></p> <p><b>After completing section D consultants should be able to:</b></p> <ul style="list-style-type: none"> <li>Explain the difference between iBudget Florida and the CDC+ program</li> <li>Explain the process for completing a Budget Calculation Worksheet</li> <li>List three resources consumers need to assist with developing a Purchasing Plan</li> <li>Explain when to use a Purchasing Plan Change versus a Purchasing Plan Update or a Quick Update</li> </ul>
<b>Slide D.52</b>	<p><b>iBudget FL and CDC+</b></p> <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> <p>Service Families</p> <ul style="list-style-type: none"> <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 customers are required to utilize only Medicaid-waiver-enrolled providers.</p>



## NARRATION

<p><b>Slide D.53</b></p>	<p><b>iBudget FL and CDC+ (continued)</b></p> <p>The CDC+ uses the iBudget cost plan (minus consultant services), but reduces the overall budget by– 12%. This means an 8% discount rate + 4% administration fee up to a maximum of \$160/per month is subtracted from the cost plan.</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> <p>iBudget services PLUS services like...</p> <p style="padding-left: 40px;">Advertising, Seasonal Camp, Gym Membership, Over-the-Counter Medications, Personal Emergency Response System, Parts and Repairs Therapeutic Equipment, Specialized Training, and other Therapies are additional options for CDC consumers.</p>
<p><b>Slide D.54</b></p>	<p><b>CDC+ Monthly Budget</b></p> <ul style="list-style-type: none"> <li>• So in review, a CDC+ consumer’s monthly budget is based on the cost of services that a consumer has been approved to receive in the iBudget waiver cost plan.</li> <li>• Annual services are divided by the number of months authorized. The amounts are totaled to determine the total monthly cost plan amount.</li> <li>• A discount rate of 8% and an administrative fee of 4% (up to \$160) are subtracted from the cost plan total.</li> <li>• Based on this method the CDC+ consumer exchanges the total budget of their current approved, Medicaid waiver cost plan for a smaller budget that has greater flexibility.</li> </ul>
<p><b>Slide D.55</b></p>	<p><b>Budget Calculation Worksheet</b></p> <p>Calculating the consumer’s monthly budget</p>
<p><b>Slide D.56</b></p>	<p><b>Completing the Budget Calculation Worksheet</b></p> <p>The Budget Calculation Worksheet (BCW) shows the monthly CDC+ budget for the consumer. It is a calculating Microsoft Excel Worksheet. The BCW is part of the consumer application packet and will be completed by the State Office for all NEW consumers. All subsequent BCW’s will be completed by the regional liaison then submitted to the State Office for review.</p> <p>Let’s take a look at the Budget Calculation Worksheet.</p> <ul style="list-style-type: none"> <li>• Column A numbers each service</li> </ul> <p><b>Columns B-F must also be populated</b></p> <ul style="list-style-type: none"> <li>• For Column B, the name of the service identified on the cost plan should be entered</li> <li>• Column C lists the begin date for the service (can be found on the cost plan)</li> <li>• Column D shows the end date for the service</li> <li>• Column E shows the number of months of authorization for each service</li> <li>• For Column F “the Total Service Plan Amount” APD staff will should enter the amount allocated on the cost plan for the specified service</li> <li>• Column G will auto populate once the “Total Service Plan Amount” is entered for service</li> </ul>

## NARRATION

	<ul style="list-style-type: none"> <li>To determine the total amount for the CDC+ monthly budget remember the 12% budget reduction for participation in the CDC+ program</li> <li>The CDC+ monthly budget is reduced by 8% (92% of the budget is shown here)</li> <li>If the total listed in Column G is \$4,000 or more \$160 will be used for administration fees (and not the 4%)</li> <li>The RED CIRCLE should be placed around this Budget indicating it is the CDC+ Budget to be used for the consumer</li> <li>HOWEVER, if the total listed in Column G is LESS THAN \$4,000; only 4% is removed from this total</li> <li>The RED CIRCLE is placed around this budget if it is to be used</li> </ul> <ol style="list-style-type: none"> <li>APD staff will only enter only the services that the consumer uses each month. Consultant services are not entered on the BCW since they are not part of the monthly budget.</li> <li>Also, funds for One-Time Expenditures (OTE) and Short-Term Expenditures (STE) are not included in the calculation of the consumer's monthly budget. Therefore, they should not be entered in the top portion of the BCW. <b>OTEs and STEs are listed at the bottom of the BCW.</b></li> </ol>
<b>Slide D.57</b>	<p><b>The CDC+ Purchasing Plan</b></p> <p>The CDC+ Purchasing plan is a spending plan based on the maximum number of days in a month, which is <u>thirty-one (31) days</u>, to provide the consumer a sufficient quantity of supports and services in any given month to meet identified needs and goals.</p> <ul style="list-style-type: none"> <li>Describes how CDC+ budget will be spent</li> <li>Provides an organized way to keep track of the consumer's budget as well as</li> <li>Authorizes services/supports and providers</li> <li>Finally a Purchasing Plan will inform the consultant of plans for services when a designated primary provider is unable to provide a critical service as an Emergency Backup Provider</li> </ul>
<b>Slide D.58</b>	<p><b>The Purchasing Plan must contain a minimum of six (6) pages</b></p> <p>The CDC+ Purchasing Plan consists of the following sections:</p> <ol style="list-style-type: none"> <li>Section A – Basic Information</li> <li>Section B – Needs and Goals</li> <li>Section C.1 &amp; C.2 – Supports and Services</li> <li>Section D – Cash is no longer available in the CDC+ Program</li> <li>Sections E and F, Savings Plan and OTEs / STEs</li> <li>Budget Summary and Signatures</li> </ol>
<b>Slide D.59</b>	<p><b>Guidelines for Purchasing Plan Development</b></p> <p>When reviewing a Purchasing Plan a consultant should...</p> <ul style="list-style-type: none"> <li>✓ Check that the indicated service is an allowable purchase and</li> <li>✓ that it <u>meets</u> needs and goals identified in the consumer's support plan.</li> </ul> <p>The Plan should be cost effective and not contain requests for services or items that are available</p>

## NARRATION

	through Medicare or the Medicaid State Plan.
<b>Slide D.60</b>	<p><b>Developing a Purchasing Plan</b></p> <p>Consultants should assist the consumer with developing a Purchasing Plan by making sure they have their:</p> <ul style="list-style-type: none"> <li>✓ Current Support Plan, Cost Plan and the</li> <li>✓ Completed Budget Calculation Worksheet</li> </ul> <p>Consumers should have readily available:</p> <ul style="list-style-type: none"> <li>✓ The names of hired service providers with negotiated rates and provider types</li> <li>✓ The List of CDC+ Service Codes and Abbreviations and the</li> <li>✓ CDC+ Handbook with list of services</li> <li>❖ <i>All approved supports and services on a Purchasing Plan must have a Service Code obtained from current approved Service Code Chart. For detailed explanation of restricted &amp; unrestricted services, reference Chapter 4, CDC+ program Services in the CDC+ Rule Handbook</i></li> </ul>
<b>Slide D.61</b>	<p><b>Three Types of Purchasing Plan Revisions</b></p> <p>There are three ways to modify an approved Purchasing Plan:</p> <ol style="list-style-type: none"> <li>1. A Purchasing Plan Change is required when revisions are made to a Purchasing Plan that effect the monthly budget.</li> <li>2. An Update is required when revisions are made to a Purchasing Plan and there is no change in the participant's monthly or overall budget.</li> <li>3. A Quick Update Form is used to amend the participant's current approved Purchasing Plan when the update is not intended for the 1<sup>st</sup> day of the month.</li> </ol> <p><i>Let's look at these three options a little closer!</i></p>
<b>Slide D.62</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> <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>
<b>Slide D.63</b>	<p><b>A Purchasing Plan Update is used:</b></p> <ul style="list-style-type: none"> <li>• To <u>hire</u> a new employee or agency/vendor to take place of one who has stopped providing services.</li> <li>• To <u>change</u> the rate of pay for an employee or vendor without changing the overall budget.</li> </ul>

## NARRATION

- To purchase different services or supports to meet identified needs or goals without changing the overall budget.
- To increase 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.
- To add a new Savings item to the Purchasing Plan after available Savings funds have been spent on an approved special purchase.

Purchasing plan updates are effective on the first day of the month

### Slide D.64

#### Quick Update

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)

The Quick Update should be used for five (5) specific reasons:

1. To replace a current authorized provider with a new provider. (provider type, rate of pay & number of hours must be the same)
2. To change a vendor of an approved Savings item, OTE or STE
3. To change only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE.
4. To add or replace a service or support in the Savings Section.
5. To add an emergency back-up provider for a critical service in the Services Section.

### Slide D.65

#### Quick Update Form

- A Quick Update Form should be used to make an update to the Purchasing Plan in the middle of a month for a rare or unusual circumstance.
- Only one (1) revision is allowed on a Quick Update Form. Multiple Quick Update Forms could take more than seven (7) days to process.
- If a new provider has been hired to begin work before the 1<sup>st</sup> of the month the Quick Update Form must be completed by the participant or representative at least seven (7) days before the new provider is anticipated to begin work.
- Ensure all information is clearly stated on the Quick Update Form.
- Submit the appropriate Provider Packet Information with the Quick Update Form
- Note: 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.

When using a Quick Update, it requires a new Purchasing Plan to be submitted effective the 1<sup>st</sup> of the following month.

### Slide D.66

#### Purchasing Plan Submission Process - Submitting a Purchasing Plan for approval

Before submitting a Purchasing Plan for approval be sure to:

- Double check all including information - A minimum of six (6) pages must be completed
- Be sure to include all required documents in the submission packet

## NARRATION

	<ul style="list-style-type: none"> <li>Keep copies of everything that is submitted</li> </ul> <p>Finally, the consumer should send the Purchasing Plan and all supporting documents to the Consultant by the 5<sup>th</sup> of the month</p>
<b>Slide D.67</b>	<p><b>Timelines for New Start Purchasing Plans and Active Consumers</b></p> <ul style="list-style-type: none"> <li>Consultants should submit all new consumer applications, enrollment documentation, initial Purchasing Plans and new hire documents to the APD State Office and not to the regional liaison.</li> <li>However, all Purchasing Plans and new hire documents submitted for active consumers should be routed from the consultant to the regional liaison who will provide the materials to the State Office for review and approval.</li> <li>The process for PP submission for new start Purchasing Plans and active consumer Plans are as follows:</li> </ul>
<b>Slide D.68</b>	<p><b>Program Enrollment Purchasing Plan Timelines</b></p> <p>When submitting a new Purchasing Plans</p> <ul style="list-style-type: none"> <li>The new consumer must submit their completed initial Purchasing Plan to their consultant for review no later than 5<sup>th</sup> of the month before the plan's effective date.</li> <li>The consultant will review for the Plan to verify that all documentation are filled out correctly and completely, then sign the Purchasing Plan and then submit it along with the consumer's new hire documents to State Office no later than close of business (COB) on the 10<sup>th</sup> of the month before the Plan's effective date.</li> <li>As a general rule, documentation received by the CDC+ State Office by the 22<sup>nd</sup> of the month will be reviewed for an anticipated start date of the 1<sup>st</sup> of the following month. For example, packets received by the 22<sup>nd</sup> of July will be reviewed for an anticipated start date of September 1. Packets received by the 22<sup>nd</sup> of August will be reviewed for a start date of October 1<sup>st</sup>.</li> <li>The initial Purchasing Plan is approved by the CDC+ Program State Office if there aren't any documentation errors or missing information. The State Office will work directly with the consultant via encrypted e-mail to resolve any issues.</li> <li>Once processed the State Office will electronically sign and send out a copy of the Purchasing Plan directly to the consultant and copy the local APD office for their records.</li> </ul>
<b>Slide D.69</b>	<p><b>Active Consumer Purchasing Plan Timelines</b></p> <p>The Purchasing Plan submission process for ACTIVE consumers (those who have been successfully enrolled in CDC+) is slightly different from the NEW ENROLLMENT Purchasing Plan submission process. However, all Purchasing Plans still have an effective date of the first (1<sup>st</sup>) day of the month.</p> <ul style="list-style-type: none"> <li>Active consumers must also 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.</li> <li>The consultant will review and sign the Plan then submit the Purchasing Plan to Regional Liaison instead of the State Office no later than close of business (COB) on the 10<sup>th</sup> of the month before the Plan's effective date.</li> <li>After the Purchasing Plan is reviewed and initialed by the Regional Liaison to acknowledge the receipt of the Plan by APD and the correctness of all required information, the Plan will be submitted to the CDC+ Program State Office no later than COB on the 20<sup>th</sup> of the month.</li> </ul>

## NARRATION

<p><b>Slide D.70</b></p>	<p><b>Purchasing Plan Responsibilities – CDC+ State Office</b></p> <p>The CDC+ State Office should receive the Purchasing Plan and all supporting documents by the 20<sup>th</sup> of the month.</p> <ul style="list-style-type: none"> <li>• A quality assurance review is performed on all Purchasing Plans and supportive documentation to ensure completeness and accuracy and will be returned if revisions are needed.</li> <li>• If no revisions are necessary the Purchasing Plan is approved and supporting documentation is processed.</li> <li>• The Provider Identification number is generated and given to the consumer or representative and the regional liaison is sent a copy of the approved Purchasing Plan.</li> </ul>
<p><b>Slide D.71</b></p>	<p><b>Best Practices - Managing a CDC+ Budget</b></p> <p>Consultants should encourage consumers to use “Best Practices” or proven techniques for successfully managing a CDC+ budget. Press upon consumers the importance of ...</p> <ul style="list-style-type: none"> <li>• Submitting all payroll claims in a timely manner.</li> <li>• Retaining and filing all submitted timesheets and receipts. Make sure they are aware that web page screen shots and handwritten tracking ID numbers <u>are not acceptable</u> support documentation of CDC+ claims</li> <li>• Also as the employer of record, the consumer must keep track of all services provided including paper timesheets, invoices and other related paperwork. Organization is key! Encourage consumers to set up a file system, maintain and retain all CDC+ documents for audit purposes.</li> <li>• But, most importantly remind and assist consumers with reconciling the CDC+ monthly statement so they will always know the amount of funds available and not overspend.</li> </ul>
<p><b>Slide D.72</b></p>	<p><b>Best Practices - Managing a CDC+ Budget (continued)</b></p> <ul style="list-style-type: none"> <li>• Funds should be spent in the month allocated. The next month’s anticipated monthly budget deposit <u>cannot</u> be used to pay for supports or services provided in the current month.</li> <li>• Once received the consultant should review the Purchasing Plan to ensure that consumers purchase <u>no more than</u> the authorized units and quantity of services to prevent overspending the CDC+ monthly budget.</li> <li>• Lastly, remind consumers to update their Purchasing Plan when necessary to best maximize the allocated budget.</li> </ul>
<p><b>Slide D.73</b></p>	<p><b>Allowable Purchases</b></p> <p>It was mentioned earlier that only ALLOWABLE PURCHASES should be captured on the consumer’s Purchasing Plan. So, what is an ALLOWABLE PURCHASE?? An ALLOWABLE PURCHASE is any purchase that is APPROVED on the consumer’s Purchasing Plan that relates to the long-term care needs or need for community supports as identified in the consumer’s support plan.</p> <ul style="list-style-type: none"> <li>• Examples of Unallowable Purchases are listed in Chapter 3 of the CDC+ Rule Handbook.</li> <li>• 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.</li> </ul>



## NARRATION

<p><b>Slide D.74</b></p>	<p><b>Restricted Services</b></p> <p>There are 20 CDC+ Restricted Services - these include services like Nursing Services or therapies, for example, Behavioral Therapy, Speech Therapy, Occupational Therapy and Physical Therapy. Providers of restricted services are to be certified, professionally licensed Independent Contractors (IC) or Agency/Vendors (A/V) with specific training.</p> <p>When purchasing a restricted service at least 92% of the units that are approved on the cost plan must be included in the Purchasing Plan budget.</p> <p>For example, if Behavior Therapy (BT) is authorized at 12 hours a month, 92% (at least 11 hours) should be purchased.</p>
<p><b>Slide D.75</b></p>	<p><b>Restricted Services</b></p> <p>Services on an approved cost plan prescribed by a physician are <u>Restricted Services</u>. This means:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Remember!!! Ninety-two percent (92%) of restricted units of measure for the services are required to be purchased and <u>cannot</u> be spent on or converted to any other service; unused funds are returned to Medicaid to be reinvested.</li> <li>• If the consumer wishes to purchase a service that is normally considered “restricted” but, was not funded on the consumer’s cost plan, the consumer may request approval from the APD Regional Office to purchase the service. However, these additional services must increase the consumer’s options for self-determination.</li> <li>• Only with CDC+ Program approval can, <u>unused restricted funds</u> can be used to purchase restricted services not listed on the consumer’s cost plan. These RESTRICTED services now become UNRESTRICTED Services and 100% of the new service can be purchased.</li> </ul> <p><u>Not spoken</u></p> <p>Note: Every support or service that is available to be purchased in the CDC+ Program has an abbreviation and a numeric service code. Appendix I - CDC+ Service Code Chart identifies the restricted and unrestricted services available to be purchased on the CDC+ Program. It also provides information on any restriction that may apply to a service or provider.</p>
<p><b>Slide D.76</b></p>	<p><b>Unrestricted Services</b></p> <p>There are 18 unrestricted services</p>
<p><b>Slide D.77</b></p>	<p><b>Unrestricted Services (continued)</b></p> <ul style="list-style-type: none"> <li>• Unrestricted Services are non-medical in nature and are services and supports that a CDC+ Consumer may purchase provided the service is linked to an assessed need or goal established in the consumer’s support plan.</li> <li>• A CDC+ consumer may purchase any unrestricted service if the service is individualized, specific, and consistent with the symptoms or confirmed diagnosis of the consumer’s developmental disability.</li> </ul>

## NARRATION

	<ul style="list-style-type: none"> <li>Unrestricted services must meet all criteria as stated in the Individualized Goods, Supports and Services section of Chapter 1 in the Rule Handbook.</li> </ul>
<b>Slide D.78</b>	<p><b>One-Time Expenditures</b></p> <p>Restricted services can be purchased as One-Time Expenditures (OTEs). One-time expenditures are medically necessary supports/services approved in the cost plan that are funded at 100%.</p> <ul style="list-style-type: none"> <li>OTEs can be equipment or an item requiring construction or renovation such as a ramp or vehicle modification.</li> <li>Funds given for an OTE are <u>restricted</u> and <u>must be</u> used within approved timelines.</li> <li>Funds allocated as OTEs <u>cannot</u> be spent on any other service!</li> </ul>
<b>Slide D.79</b>	<p><b>Short-Term Expenditures</b></p> <ul style="list-style-type: none"> <li>Short-Term Expenditures, also known as STEs, are funds for medically necessary supports or services that are periodic purchases during the year or temporary (not on-going) approved services in the cost plan that do not exceed <u>six (6) months</u> in duration.</li> <li>Any service can be a Short-Term Expenditure (STE).</li> <li>However, since STEs are time-limited they are considered Restricted Services</li> <li>Therefore, 92% discount rate applies to all STE funding</li> <li>Since STE's are regarded as restricted services they cannot be spent on any other service or support other than the one for which it was funded for on the cost plan.</li> </ul>
<b>Slide D.80</b>	<p><b>Please answer the following review questions regarding Section D. You are allowed one attempt per question. If you do not score 100% please select "Review Quiz" and review the correct answers. Also, you may want to review the material before proceeding to the next section.</b></p>
<b>Slide E.81</b>	<p><b>Section E - Program Activities</b></p> <p>Let's take a look at Payroll and Reimbursement Issues, the Corrective Action Plan and Disenrollment</p>
<b>Slide E.82</b>	<p><b>Learning Outcomes</b></p> <p>After completing section E the consultant should be able to:</p> <ol style="list-style-type: none"> <li>(1) Explain two outcomes that can result from program mismanagement</li> <li>(2) Explain two things that can happen for continuously overspending the CDC+ budget</li> <li>(3) Explain the process for submitting and processing provider claims</li> <li>(4) Explain the process utilized for paying PENDED claims</li> <li>(5) Cite three reasons for consumer disenrollment</li> </ol>
<b>Slide E.83</b>	<p><b>Submitting Payroll</b></p> <p>Payroll information is due in the payroll system by 5:00 pm (eastern) following the bi-weekly payroll calendar. <u>Only</u> the consumer or representative can make payroll timesheet, invoice or reimbursement submissions. The CDC+ Program offers 3 ways for consumers/representatives to submit payroll claims.</p>



## NARRATION

	<p>Please advise consumers/representatives to utilize the</p> <ol style="list-style-type: none"> <li>1. Online Secure Payroll system</li> </ol> <p>However, the</p> <ol style="list-style-type: none"> <li>2. Interactive Voice Response System (IVR) is available to take payroll claims or</li> <li>3. Consumers/representative can call toll-free and speak directly with a Customer Service Representative. But, please advise consumers to use this option as a last resort!</li> </ol>
<b>Slide E.84</b>	<p><b>Fiscal Employer Agent and Payroll</b></p> <p>The Fiscal/Employer Agent and Payroll:</p> <ul style="list-style-type: none"> <li>• Once payroll has been successfully submitted, the consumer will be provided a tracking number to track payroll submissions.</li> <li>• All compensation generated in a payroll cycle is provided to the consumer or representative through Direct Deposit and can be readily accessed using the Rapid!PayCard®</li> </ul> <p>Since it can take a minimum of two pay cycles to activate direct deposit the 1<sup>st</sup> payroll payment is always is sent by mail as a paper check. Provider payrolls, thereafter, will be electronically deposited into the provider's designated bank account.</p>
<b>Slide E.85</b>	<p><b>Timesheet Payroll</b></p> <ul style="list-style-type: none"> <li>• A Directly Hired Employee must complete and submit a paper timesheet to the consumer or representative weekly documenting time for each service provided each day.</li> <li>• Paper timesheets <u>must be</u> approved and signed by the consumer or representative verifying that the service code and hours shown are correct.</li> <li>• The CDC+ workweek begins Monday morning at 12:00 am and goes to Sunday evening at 11:59 pm. A bi-weekly payroll cycle consists of two (2) work weeks.</li> <li>• Consultants, please advise consumers/representatives to retain timesheets for audit purposes. They must be kept them for a <u>minimum of 6 years</u>.</li> </ul>
<b>Slide E.86</b>	<p><b>Invoice Payments</b></p> <ul style="list-style-type: none"> <li>• Vendors and independent contractors must submit invoices, not timesheets to the consumer or representative for payment.</li> <li>• All dates for services must be <u>prior</u> to the invoice date.</li> <li>• All invoices must be approved by the consumer or representative.</li> <li>• As with timesheets, invoices must be kept for audit purposes for <u>6 years</u> as well.</li> </ul>
<b>Slide E.87</b>	<p><b>Payroll Distribution</b></p> <p>Remind all consumers/representatives that:</p> <ul style="list-style-type: none"> <li>• They should delay in paying providers. All checks or EFT (electronic fund transfer) direct deposit notices should be distributed in a timely manner.</li> <li>• Advise consumers that it might be a good practice to provide a copy of the invoice along with the payment or the EFT notice to each vendor.</li> <li>• Remind consumers to accurately maintain the paperwork generated with participation in the CDC+ program. For example, they should be keeping copies of all payroll checks and electronic fund transfer notices.</li> </ul>

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<b>Slide E.88</b>	<p><b>Reimbursements</b></p> <ul style="list-style-type: none"> <li>• A receipt is needed for reimbursement of out-of-pocket purchases and can only be made to a consumer or representative.</li> <li>• Reimbursements are only be made for supports or services purchased from a vendor identified in the Savings or OTE / STE sections of the current approved Purchasing Plan.</li> </ul> <p>All reimbursement receipts must be <u>retained</u> for audit purposes for a minimum of <u>6 years</u>!</p>
<b>Slide E.89</b>	<p><b>Budget Mismanagement</b></p> <p>The consumer or representative must responsibly manage the monthly budget while participating in the CDC+ Program.</p> <ul style="list-style-type: none"> <li>• Budget mismanagement will lead to possible disenrollment and the consumer's return to the iBudget Waiver or the implementation of a Corrective Action Plan (CAP).</li> <li>• Earlier we discussed disenrollment. Now, let's discuss what is meant by a Corrective Action Plan or CAP.</li> </ul>
<b>Slide E.90</b>	<p><b>Corrective Action Plan</b></p> <p>A Corrective Action Plan (CAP) is a federal requirement for addressing and correcting a major issue or problem the consumer has in managing the CDC+ Program or their budget. It can be implemented whenever a consultant or APD Staff identifies program mismanagement.</p> <ul style="list-style-type: none"> <li>• Keep in mind a CAP is a privilege. The consumer is not entitled to a CAP.</li> <li>• A CAP will outline remediation steps for a consumer. A consumer should sign the CAP to acknowledge that they understand the implications of the CAP as well as follow the required action.</li> <li>• If a consumer fails to sign and submit a CAP <u>or</u> keep their budget within the guidelines agreed upon in the CAP an involuntary disenrollment and a return to the iBudget Waiver may occur.</li> </ul>
<b>Slide E.91</b>	<p><b>Corrective Action Plan (continued)</b></p> <p>The Corrective Action Plan (CAP) is a tool that is completed together by the consumer, representative and consultant. However, the CDC+ liaison will also be involved with ensuring all identified areas of needed improvement are listed and expectations of improvement are clearly addressed.</p> <p>A CAP is a plan written to address</p> <ul style="list-style-type: none"> <li>• WHAT has happened</li> <li>• WHAT contributed to the problem and</li> <li>• HOW the consumer and representative plan to correct the problem within a given timeline.</li> </ul> <p>Once the CAP is resolved it should be signed and sent to the CDC+ State Office to have the CAP removed. This step is very important especially if the consumer has a financial CAP!</p>
<b>Slide E.92</b>	<p><b>Overspending</b></p> <ul style="list-style-type: none"> <li>• Overspending is purchasing supports or services greater than the amount that is authorized in the consumer's approved Purchasing Plan.</li> <li>• Overspending of the consumer's monthly budget may result in a written Corrective Action Plan (CAP). Once again, a CAP is a privilege. The consumer is not entitled to a CAP before other sanctions can occur.</li> <li>• The F/EA Payments will <b>PEND</b> or put on <b>HOLD</b> any claim submitted if there are insufficient funds to cover those claims.</li> </ul>

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	<ul style="list-style-type: none"> <li>• PENDED claims are reviewed and processed in the next available scheduled payroll that includes sufficient funds in the account to cover the claims.</li> </ul>
<b>Slide E.93</b>	<p><b>Pended Payments</b></p> <ul style="list-style-type: none"> <li>• Claims are reviewed and processed in the following order: timesheets, invoices then reimbursement requests. Using the first in, first out methodology, claims pended during a previous payroll period receive first priority for payments once additional funds are available.</li> <li>• Consumers on an approved CAP can only pay claims to the extent authorized in their CAP.</li> <li>• Consumers with negative account balances without an authorized CAP in place will have their claims pended until the account is restored to a positive balance.</li> </ul>
<b>Slide E.94</b>	<p><b>CDC+ Consultant Training Points</b></p> <ul style="list-style-type: none"> <li>• Consumer success in the CDC+ program can be greatly improved through a strong partnership with a knowledgeable consultant.</li> <li>• This means that it is important for a consultant to understand how each part of the CDC+ program comes together to assist in fulfilling the needs and goals of each consumer.</li> <li>• This training is to provide only an overview of vital and unique aspects of the CDC+ program, such as the roles and responsibilities of the consumer, representative, consultant, regional liaison and State Office; also how the CDC+ program works, who are CDC+ providers; what is the difference between the iBudget Florida waiver and the CDC+ program; the significance of the Budget Calculation Worksheet; components of a Purchasing Plan; types of Purchasing Plan Revisions; understanding allowable CDC+ purchases; the differences between Short-Term and One-Time Expenditures; and the possible outcomes of mismanaged CDC+ budgets like PENDED claims, Corrective Action Plans (CAP) and voluntary and involuntary disenrollment from the CDC+ program.</li> <li>• These topics and others can be accessed in more detail in the CDC+ Rule Handbook as well as the New CDC+ Consultant Training. However, feel free to review this training as needed.</li> </ul>
<b>Slide E.95</b>	<p><b>Please answer the following review questions regarding Section E. You are allowed one attempt per question. If you do not score 100% please select “Review Quiz” and review the correct answers. Also, you may want to review the material before completing the Consultant Course Assessment.</b></p>
<b>Slide E.96</b>	<p><b>Congratulations!!! You have completed the Consultant Refresher Training</b></p> <ul style="list-style-type: none"> <li>✓ Please complete and submit the Course Assessment in order to receive a Certificate of Completion</li> <li>✓ Only scores of 85% or better will receive a Certificate of Completion</li> <li>✓ You will be contacted if you need to retake the Assessment.</li> </ul>
<b>Slide E.97</b>	<p><b>For questions, please call the CDC+ Program Office toll free at 1.866.761.7043 and ask for “refresher training assistance”</b></p> <p><b>Thank you!!!</b></p>
<b>Slide E.98</b>	<p><b>The End.</b></p>

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