

Slide 1



agency for persons with disabilities
State of Florida




CDC+
Consumer-Directed Care Plus

Consumer/Representative Training

Rick Scott
Governor

Barbara Palmer
Director

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



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Introductions

Rhonda Sloan, Administrator
Patricia Rush, Program Administrator
Mindy Whitehead, Training and Outreach
Coordinator
Thomas Pritchard, Research & Training
Specialist

Submit questions throughout this presentation
via chat or to:
mindy.whitehead@apdcares.org

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- Rhonda Sloan is our CDC+ Administrator.
- Patricia Rush is our Program Administrator who is responsible for ensuring that all program components of the program are implemented in accordance to rules and policies.
- Mindy Whitehead is the CDC+ program's Training and Outreach Coordinator
- Thomas Pritchard is the CDC+ program's Research & Training Specialist
- You may also submit questions by e-mail to mindy.whitehead@apdcares.org



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What is CDC+ and How does it work?

Compare and Contrast iBudget and CDC+	Roles and Responsibilities	Tools
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The slide features a blue header with the APD logo and the text 'agency for persons with disabilities State of Florida'. Below this is a large blue box containing the title 'What is CDC+ and How does it work?'. Underneath the title is a table with three columns: 'Compare and Contrast iBudget and CDC+', 'Roles and Responsibilities', and 'Tools'.

We will :

- 1) Discuss both the similarities and the differences between iBudget and CDC+
- 2) State the Roles and Responsibilities of everyone with in the CDC+ Program
- 3) Show you the tools available that will help you be successful on the CDC+ program



Currently, you are on the iBudget Home and Community Based Services Waiver program and receive your services through iBudget. In order to receive services through iBudget, you have a needs assessment titled Questionnaire Situational Information (QSI). The QSI is completed every three years as well as an annual Support Plan meeting. You have an iBudget algorithm amount that has been calculated based on your needs assessment and your living situation.

Once a year, you have a Support Plan meeting with your Waiver Support Coordinator, during which you discuss your current needs and future goals. Your Waiver Support Coordinator then matches your needs and goals to services available to you in the iBudget system and requests approval of these services. Your Support Coordinator assists you in locating Waiver providers to provide the requested Services and also assigns (through iBudget) the Authorization for them to work with you. The services and authorization entered in iBudget is called your Cost Plan.

In iBudget, you must use Waiver services and providers. Your WSC helps to coordinate all the services you receive and provides oversight to ensure these services are being provided as they are authorized.



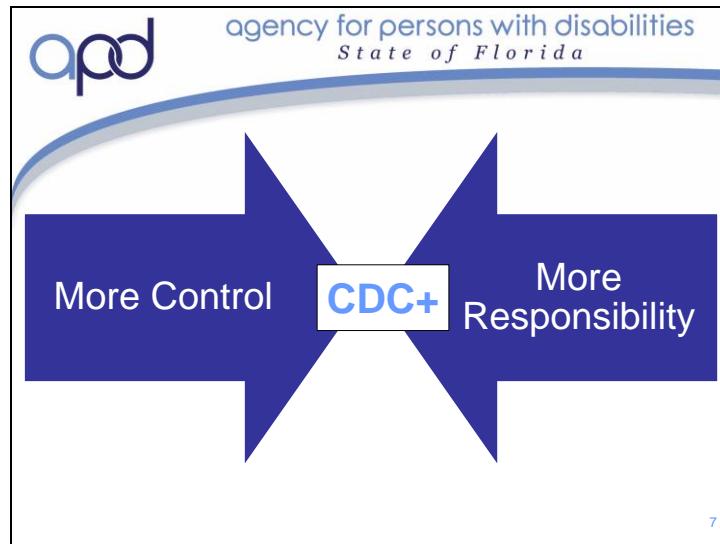
The process for calculating your iBudget Amount which is used to calculate the monthly budget used in CDC+ is the same, you have a needs assessment titled Questionnaire Situational Information (QSI). The QSI is completed every three years as well as an annual Support Plan meeting. Once a year, you have a Support Plan meeting with your Waiver Support Coordinator, during which you discuss your current needs and future goals. Your Waiver Support Coordinator/Consultant then matches your needs and goals to services available to you in the iBudget system. (Important to remember: the iBudget amount used to calculate the monthly budget you will use to purchase your services in CDC+ are waiver dollars, CDC+ has no funding. Amount used in CDC+ to meet needs and goals, is calculated from the iBudget amount after the iBudget cost plan is reviewed for Medical Necessity and approved. CDC+ has no funding, all funding is awarded by the iBudget Home and Community Based Waiver. What is being purchased in CDC+ does not determine the Medical Necessity of what is approved in the iBudget Waiver.. CDC+ is an alternative way to purchase the services and supports needed to meet needs and goals of an individual.)

A Cost Plan is still entered in the iBudget system using the CDC+ Generic Vendor to show what Waiver services would best meet the Needs and Goals listed on your Support Plan. Once the Waiver Unit has approved the Cost Plan, you will develop a Purchasing Plan to show how the needs and goals identified in your support plan will be met now that you are enrolled in CDC+. You will be responsible for locating and hiring the people to provide the services and will be the one responsible to ensure they are paid correctly and in a timely manner for the services they provide. You will list your employees and the services they will be providing on the Purchasing Plan. Once the Purchasing Plan is signed and approved by APD Staff, it serves as your authorization to spend funds as outlined on the plan. Your CDC+ Consultant (formerly your Waiver

Support Coordinator) will be responsible for providing you guidance and will help to ensure you are managing the program correctly. They will step out of the role of Coordinating your supports, services and providers and move into a role of a technical advisor to support and guide you as you manage your supports, services and employees.

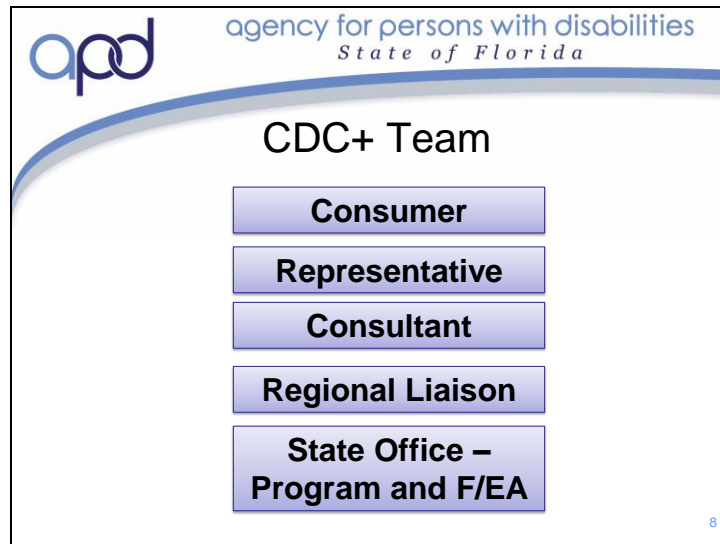


For CDC+ to work, the Consumer must be enrolled as a Household Employer with the Internal Revenue Service. This is a part of the Application and Enrollment Process. As a Household Employer, the Consumer is the Employer of Record for all their employees. The Consumer (or Representative) is responsible for finding, interviewing and hiring all employees. They are responsible for the oversight of the of services provided. This means that they will need to monitor the service to ensure that the employee(s) are providing quality service as outlined on their Job Description and that they are helping the Consumer work towards their stated needs and goals. We will discuss more about finding, hiring and managing employees later on in this training.




When considering if CDC+ is right for you, you will want to remember with more control comes more responsibility. On iBudget; your Waiver Support Coordinator provides you with a list of Individuals or Agencies that provide the serve you are authorized to receive. The WSC is the one who coordinates the services and providers. They are the one who ensures that the services are being provided to meet the needs and goals on your Support Plan.

On CDC+ you have more control over **What** supports and services will be purchased, **Who** provides these supports and services, **When** the services will be provided and in what quantity, **Where** the services will be provided and **How** the service will be provided. You also have more responsibility. You will be responsible for the appropriate spending of Medicaid funds. You will be responsible for ensuring that the people you hire are providing the services as outlined on their job description. You will be responsible for monitoring these services to ensure that the service delivery is helping the Consumer meet their stated needs, goals and assisting them in becoming as independent as possible. It will also be your responsibility to ensure that all providers are paid correctly and in a timely manner.



Now that you know a little about how the program works, let us discuss the roles and responsibilities of everyone who will be on your CDC+ team.



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Role of Consumer

(when Representative not selected)

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

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- The Consumer is the Decision Maker. The consumer must decide if they can manage all CDC+ Requirements on your own, or if assistance is needed, or if someone else must manage program requirements on their behalf. You decide the best ways to meet your Needs and Goals as stated on your Support Plan and you decide what services and supplies will be purchased with CDC+ funds to assist you in meeting those Needs and Goals
- The Consumer is the Trainee; if the consumer decides to manage the CDC+ Program without the assistance of a Representative, then they must participate in all required CDC+ Trainings.
- The Consumer is the employer. They hire, terminate and manage all their providers, making changes as needed. The Consumer is responsible for writing a job description for all their providers, negotiating rates of pay, setting their providers' schedules, signing and approving their timesheets/invoices, submitting their providers' employee/vendor packets before hiring, including the level 2 background screening information, and making sure their providers do not start to work until they have been assigned a provider ID number by the FE/A.
- The Consumer is the Authorized Signer. The Consumer is the Employer of Record. The Consumer is the authorized signer for all program documents. They must sign the CDC+ Application and Enrollment forms (2678, 8821 and CDC+ F/EA agreement form) the Program Consent Form, all Purchasing Plans and Quick Updates, Employer/Employee agreement forms, Consumer/Consultant Agreement form, Employee Timesheets, Vendor Invoices and Corrective Action Plans.
- As the Custodian of Public Money, the Consumer is responsible for responsibly budgeting and managing CDC+ funds. They must ensure that all purchases are being used to meet the long-term care needs identified on the Support Plan.

- The Consumer is also the Manager for the CDC+ Program. They must develop their Purchasing Plan to meet the needs and goals stated in their support plan. They must work to resolve any issues regarding Employees, Payroll, or the Purchasing Plan. They must reconcile their CDC+ Account monthly and ensure they are following the authorized purchasing plan and not over spending the monthly budget. They must maintain all documents – minimal document retention time is 6 years. They must also write an Emergency Back-up plan and keep it up to date. This is a written plan stating what they would do in an emergency situation and reflects both Natural Disasters and Program Funding loss.
- The Consumer must also participate in Quality Assurance monitoring. This is when a Quality Assurance Reviewer comes out to review all documents and ask questions regarding satisfaction of services and progression of goals.



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Role of Representative

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

The role of the CDC+ Representative is much the same as the Consumer. They must make decisions on behalf of the Consumer, managing all CDC+ care and financial responsibilities.



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Role of CDC+ Representative, continued

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

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Additionally, the Rep must be an Unpaid Advocate who is at least 18 years of age.

- A Representative cannot be paid and they also cannot be a paid employee. CDC+ Representatives cannot be an owner, co-owner, stockholder, president, vice president or in any way benefit from any business authorized to provide services for the Consumer.
- As the Representative, you will need to sign an agreement with the Consumer. This agreement is a contract stating that you will be acting on their behalf and that you are responsible for the management of the program.
- As an Advocate for the Consumer, the CDC+ Representative must be readily available and involved in the Consumer's life. This will enable them to support the Consumer's wishes and needs by making the best choices.



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Role of the Consultant

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

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CDC+ Consultants are Medicaid Waiver Support Coordinators that are trained in the CDC+ program. Not all WSCs are CDC+ Consultants. The Regional Office can provide you with a list of Consultants who serve your county.

As a CDC+ Consultant, they will have a slightly different role with you. They will still need to make their usual contacts with you. They will still be responsible for ensuring your Medicaid eligibility and maintaining your APD Central File. They will still conduct your annual support plan meetings and maintain your cost plan in the iBudget system.

As a CDC+ Consultant, they will be there to provide you technical assistance on the CDC+ program. They will be able to help direct and guide you through the CDC+ Program. While they are not the decision maker regarding employees or services being purchased, they should still be there to ensure that you are following the program requirements and may advise you if you are not following the proper guidelines.

Your CDC+ Consultant will be your point of contact person if you have any questions; you should always call your consultant first. They will help transition you onto the CDC+ Program and (if needed) off of the CDC+ Program.

- The CDC+ Consultant must sign a Consumer/Consultant agreement and notify APD of selection before officially acting as the Consultant.
- The Consultant provides technical assistance to the Consumer/ Representative as needed.
- The Consultant can assist the Consumer/Representative with the development of the Purchasing Plan but cannot write it for them.
- They will review all documents for accuracy before submitting them for APD review and approval.



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Role of the Consultant, continued

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

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- Just like the Consumer and the Representative, the Consultant is also responsible for making sure that public funds are spent responsibly.
- The Consultant must also comply with training and quality assurance monitoring requirements.
- The Consultant is responsible for working with the Consumer/Representative in developing a Corrective Action Plan (CAP), if needed. The purpose of this is to ensure that the Consumer is aware of any issues related with program non-compliance and can use the CAP as a tool to learn how to fix them.
- The Consultant must review the Consumer's monthly statement to monitor the account activity and provide technical assistance, as needed.
- Will continue to ensure your support plan is updated as needed.



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Role of the Regional Liaison

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

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- The Regional Liaison ensures that the Consumer's waiver cost plan is approved. Any time there is a change in a Consumer's waiver cost plan, the Regional Liaison must ensure that the Consumer is aware of changes in his/her approved CDC+ monthly budget.
- The Regional Liaison reviews the Purchasing Plan and any other program forms and submits to State office for approval. They are sent a copy of all correction requests CDC+ State Office has sent to your consultant.
- The Regional Liaison is the manager of the local program operations and of corrective action plans.
- The Regional Liaison facilitates communication between Consumers, Consultants, and State office.




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Role of State Office

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

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- The CDC+ State office (formerly known as Central office) is located at the APD State office in Tallahassee.
- Staff coordinates with the Agency for Health Care Administration (AHCA) in the development of all policies and procedures for the administration of the CDC+ program and ensures that all state and federal required guidelines, policies and procedures are followed, which includes quality assurance and monitoring.
- The State office also provides customer service including on-going technical assistance to the Consumer, Representative and Consultant, by answering questions and providing explanations.
- Program staff develop and update CDC+ training materials for Consumers, Representatives, Consultants and CDC+ Regional Liaisons.
- Program staff conduct initial and ongoing CDC+ training for Consumers, Representatives, Consultants and CDC+ Regional Liaisons.



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

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

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The State office also performs all the fiscal and payroll duties. All of the Consumer's providers must be "enrolled" with the FE/A when hired so the FE/A has the legal documents to withhold, report, and pay all payroll taxes.

- The Fiscal Employer/Agent applies on the Consumer's behalf for an Employer Identification Number and enrolls them as a Small Household Business.
- The Fiscal Employer/Agent manages all aspects of the CDC+ program relevant to payroll, tax reporting, Monthly Statements, and re-investment of unexpended funds. They comply with all quarterly tax reporting to the IRS on behalf of the consumer
- The Fiscal Employer/Agent (FE/A) receives the Consumer's monthly budget amount from Medicaid and maintains it in the Consumer's account. They maintain the Consumer's CDC+ Account and help to monitor both consumer spending and Medicaid Eligibility.
- The FE/A assigns CDC+ Provider ID numbers and provides banker, bill payer and tax payer services.
- Monthly statements are sent by the FE/A to the Consumer showing the amount of money that was deposited each month, the purchases that were made. It is up to the Consumer/Representative to use the Monthly Statements to reconcile the CDC+ account so they will know the amount of funds are available at the end of each month.

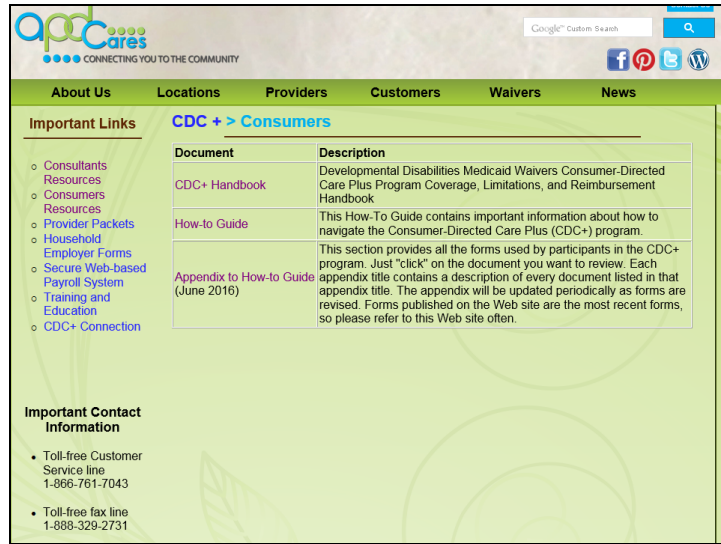


CDC+ Provides you with the tools you will need to successfully manage the CDC+ Program through the APD CDC+ website. You may want to make the CDC+ Website your home page.

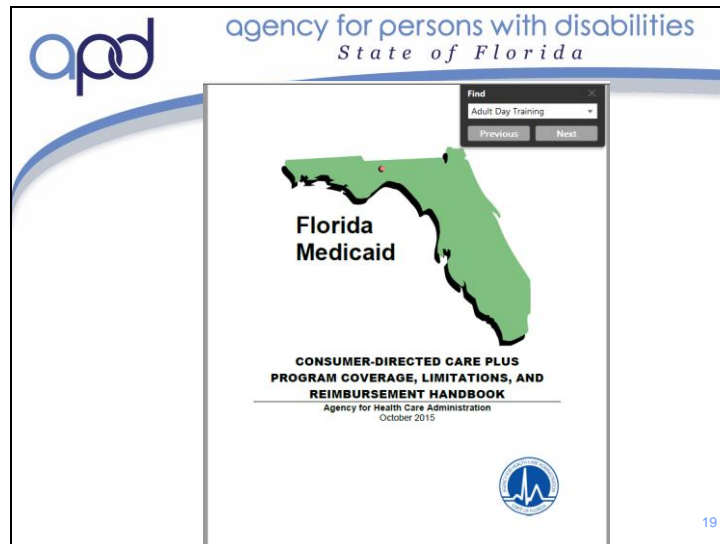
The APD CDC+ Website contains all documents needed on the CDC+ Program as well as program updates and announcements.

On the left-hand side of the page under Important Links you will find links to a variety of Resources you will need once enrolled on the program. You are encouraged to explore this website and get to know it. We also encourage you to ask questions about anything on the website. The more you know and understand; the more empowered you will be and the better you will be at meeting your needs and goals on CDC+.

If you click on “Consumers Resources” under the Important Links heading, you will find the CDC+ Handbook, How-to Guide and the Appendix to How-to Guide

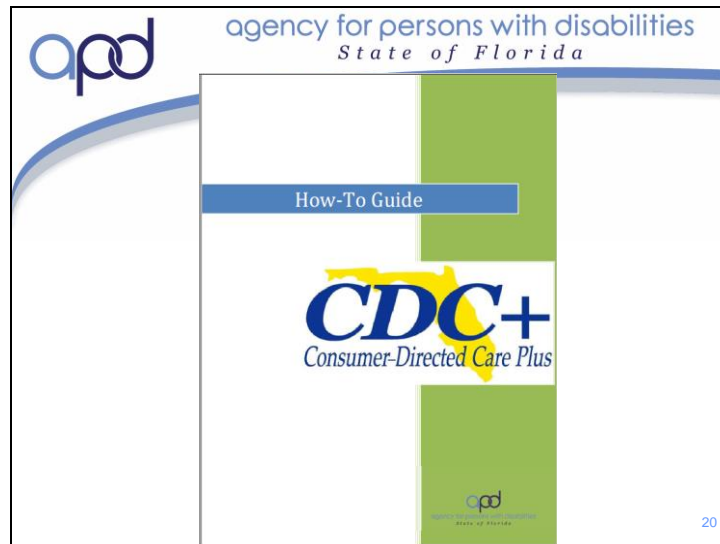


The CDC+ Handbook is our rule handbook. This contains information on the Rules and Regulations of CDC+. It defines terms used by CDC+, defines the roles each person has as a part of the program and gives you valuable information about all services and supplies that are available through CDC+. We don't expect that you will read the Handbook cover to cover, but we do expect you to familiarize yourself with it. At the very least, you should read through the information in contained in the first three chapters as well as chapters 5 and 6. Information contained in Chapter 4 tells you all you need to know about the Services available in CDC+; it gives a complete description of the services, any limitations and special considerations, the provider qualifications, as well as the service type (restricted or unrestricted). We expect you to be able to navigate this handbook so that you can find information you need and that you will use this book to ensure you are managing the program correctly and purchasing Services and Supplies in accordance with the rule.



One of the easiest ways to navigate through this hand book is to download and open it on your computer and click “Control F” on your keyboard. This will open a search window. You can type in the topic you want to know more about into that search window and hit the enter key or click “Next” in the search window. Continue clicking “next” until you find what you are looking for.

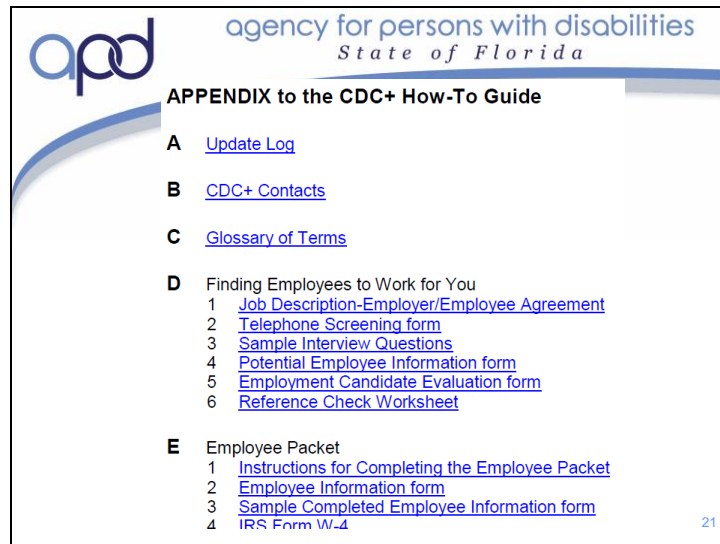
For example, if you want to know more about the service Adult Day Training and find out what types of vendors can be hired for this service, you would enter “Adult Day Training” in the search window to quickly locate the description of that service.



The CDC+ How-to Guide breaks down the CDC+ program in to the “nuts & bolts” of what you need to know.

This guide covers everything from How to get started to How to Disenroll.

The How-to Guide will provide you with information on Hiring Employees, Writing a Purchasing Plan, Paying your Providers and much more. We expect that you will read this and refer back to it as needed. The entire guide is only 71 pages. You can search for information in the How-to Guide in the same manner you searched in the CDC+ Handbook.



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APPENDIX to the CDC+ How-To Guide

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

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The Appendix to the CDC+ How-to Guide contains all the forms you will need on the program and instructions for those forms.

This is where you will find the forms needed for Employee packets, A/V packets, the Service Codes for the services you will be entering on your Purchasing Plan and the Timesheets your Employees will need to be keeping.

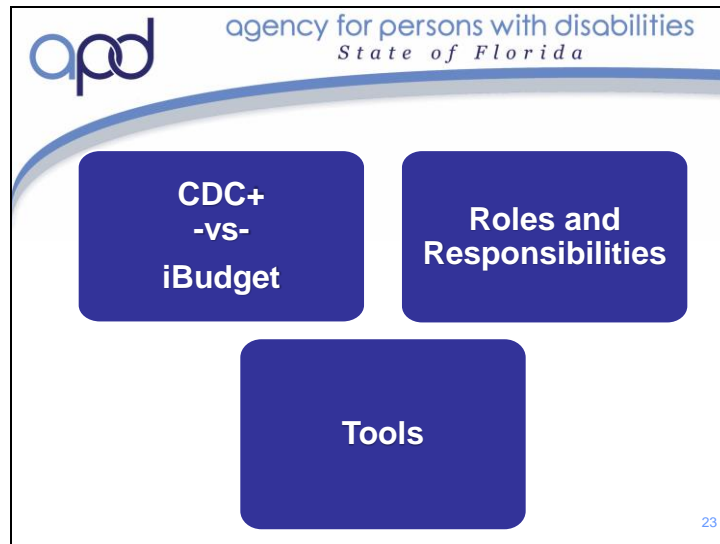
This is all so where you will find the Purchasing Plan templet along with written instructions for writing a purchasing plan.

There are many useful tools in the Appendix as well such the Balancing Your Account form that you can use to complete your account reconciliations.

Each item listed in blue is a link to that document. You will want to be come familiar with the information in the appendix. You will likely use the appendix a lot. Each time you need a document that is in the appendix, be sure to get it directly from the appendix – CDC+ can only accept the most up-to-date versions of these forms. The appendix will always have the most up-to-date version of each form.



Of course, you still have your circle of supports who are also there to help you out.




You should now have a better understanding of what CDC+ it's similarities and differences to iBudget.

You should also have a better idea on who the key players are with CDC+ and what their roles and responsibilities are.

Lastly, you should have a good idea on what tools are available to help you successfully manage the program and how to navigate through those tools.

We will discuss more about how the program works. Where the funding comes from and what you need to know to build a successful purchasing plan.

To Review what is CDC+ and how it works please refer to Representative Training Module 1: What is CDC+ and How Does it Work; located in the Training and Education section of the APD CDC+ website



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Monthly Budgets, Purchasing Plans and Quick Updates

What is the Monthly Budget	What is a Purchasing Plan	What is a Quick Update
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The image is a slide from a presentation. At the top left is the APD logo, which consists of the letters 'apd' in a stylized, lowercase font. To the right of the logo is the text 'agency for persons with disabilities' in a sans-serif font, with 'State of Florida' in a smaller, italicized font below it. The main title of the slide is 'Monthly Budgets, Purchasing Plans and Quick Updates', displayed in white text on a dark blue background. Below the title is a table with three columns, each containing a question in white text on a dark blue background. The questions are: 'What is the Monthly Budget', 'What is a Purchasing Plan', and 'What is a Quick Update'. In the bottom right corner of the slide, the number '24' is visible.

In this section, we will :

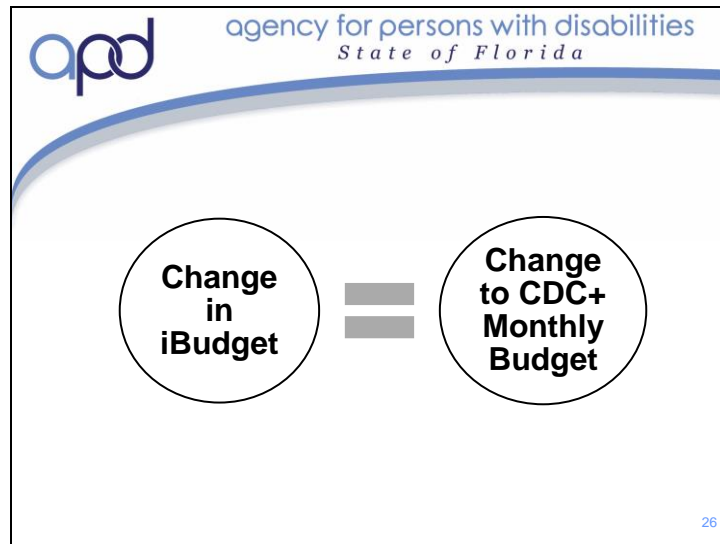
- 1) Discuss what the Monthly Budget is and how it is calculated
- 2) What is a purchasing plan and how it relates to your support plan and cost plan
- 3) What a Quick Update is and when you may need one.



Your monthly budget amount is directly related to your iBudget amount; how your iBudget Amount is determined does not change once you are on CDC+. You will still participate in the needs assessment tool (QSI) approximately every three years, you will still have an annual support plan meeting, your cost plan will still be entered into iBudget. The monthly budget amount used in CDC+ to meet needs and goals, is calculated from the iBudget amount after the iBudget cost plan is reviewed for Medical Necessity and approved. CDC+ has no funding, all funding is awarded by the iBudget waiver. What is being purchased in CDC+ does not determine the Medical Necessity of what is approved in the iBudget Waiver.

CDC+ Staff will calculate your monthly budget amount by using your approved iBudget Cost Plan. They will review all services you are approved for. They will subtract out the funds budgeted for Support Coordination/Consultant (Your Consultant will continue to bill through Medicaid for their services just as they do now). They will also subtract out any amount that has been budgeted for services that are considered One-Time or Short-Term services; these are any services that are authorized for 6 months or less. The remaining amount (including any amount that is in your iBudget Reserve) is divided by 12. CDC+ is funded at a 92% discounted rate, this means the consumer gets 92% of the service dollar awarded in iBudget. This was determined prior to CDC starting in the state of Florida, based on budget utilization of a test group of served by the waiver. There were also stakeholder meetings held around the states where parents stated, 'Give us control and we can provide the same services cheaper'. The 8% stays at Medicaid. Approximately 4% (but no more than \$160) is taken out for the Administrative fees. Your first year on the program this amount will be pro-rated by the number of months left in the Cost Plan year; the reserve amount is always divided by 12 months.

If any portion of your iBudget amount was budgeted for a One-Time or Short-Term expenditure, that amount will be calculated separately and will only be available to purchase the service that it was allocated to in iBudget. For example, you may have Adult Dental approved in iBudget for two routine cleanings per year. These funds will only be available to purchase Adult Dental in CDC+.



Any change that occurs to iBudget funds or how iBudget funds are allocated in a cost plan could effect the CDC+ monthly budget amount.

Possible iBudget Changes that could effect your Monthly Budget include:

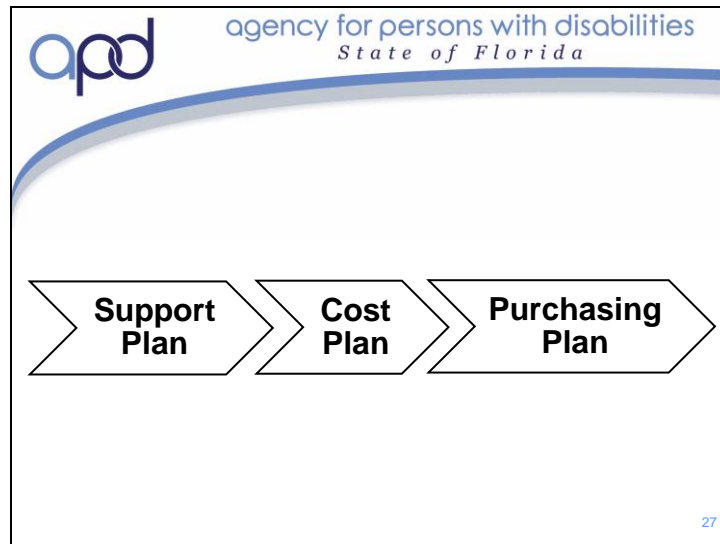
- Change in Consultant (Limited to Full or vise-versa)
- Significant Additional Need (SAN) determination
- Change in Living Situation
- iBudget Algorithm redetermination or recalculation

Possible iBudget Changes in how funds are allocated in a cost plan that could effect your Monthly Budget include:

- Reserve amount changed to STE such as Assessments, Adult Dental
- Funds moved from STE, OTE to ongoing Services

Also, if you are under 21 and receiving MSP PCA funding that you have opted to self-direct on CDC+, any change to your PCA will effect your monthly budget as well.

If you have a change in iBudget, you will want to work with your Consultant to ensure that your Monthly Budget is still correct. If you or your consultant are uncertain if a new Monthly Budget is warranted, you should contact either your Regional Liaison or call CDC+ Customer Services.



When in the iBudget system, your iBudget Amount must be spent on Services and Supplies that will help you to meet the needs and goals stated in your support plan. Your CDC+ Monthly Budget amount must be spent in the same manner. As we discussed, CDC+ allows for a larger array of services than are available on iBudget to meet the your needs and goals and you are able to hire people who are not waiver providers. This greater choice and control comes with higher responsibility. Once on CDC+, you are the one who must ensure that all goals and needs stated on the support plan are being met.

You can find creative or non-traditional ways to meet these needs and goals, but you must ensure the needs and goals are being met. The services and supplies being purchased are in direct relationship to the individuals disability and helping the individual gain more independence and to reach their full potential. Your iBudget amount is awarded to you to meet your identified these needs and goals in your support plan. The number of units being purchased in CDC+ must also be tied back to the needs and goals stated in your support plan.



Your CDC+ Purchasing Plan is like your contract with APD. It is what gives you the authorization on how your CDC+ Monthly Budget will be spent. The Purchasing Plan authorizes both the services, the employees and outlines exactly how you will be spending the Monthly Budget Amount each month. The Purchasing Plan must be written by you, reviewed by your Consultant, the Regional Liaison and approved by CDC+ State Office. You will know the plan is approved and can be implemented once you have received a copy of the Purchasing Plan that contains: 1) your signature, 2) your Consultant's signature and 3) CDC+ State Office Signature.

Once you have written a Purchasing Plan and it has been approved, the plan remains in effect until revised either by a new purchasing plan or a quick update is submitted. Purchasing Plans always go into effect on the first day of any given month.


If you are able to meet the Support Plan needs and goals without spending the full Monthly Budget each month, then remaining unspent funds are available for other planned purchases (provided these funds were not originally authorized for "restricted services" in your iBudget cost plan – we'll talk more about that in a few moments).

These unspent unrestricted dollars can be used for planned special purchases, such as seasonal camps or possibly additional services that may be needed to meet an added need or goal in your support plan. It is also possible that these funds could be used for pieces of equipment that may be needed but is not authorized through Medicaid State Plan or not available through any other resource.

In iBudget, if you don't use your full year's funding allocation by the end of the fiscal year, those funds could be absorbed back into the Medicaid waiver program.

On CDC+, unspent unrestricted dollars will remain in your CDC+ account from year to year; however, if you have a large sum accumulated and no stated plan to spend that

amount of funds, then those funds could be subject to reinvestment. Reinvested funds are returned to Medicaid on an annual basis.



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Allowable Purchases

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

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We've discussed how the CDC+ Monthly budget is calculated and that the funds still must be used to meet stated needs and goals.

We mentioned that CDC+ offers greater flexibility and how being creative can better help individuals meet these needs and goals.

So, what can be purchased through CDC+? and, does it matter what services are purchased?

Per the APD CDC+ Rule Handbook:

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



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

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A list of unallowable purchases can be found on page 3-9 of the CDC+ Rule Handbook.



When deciding what services are best suited for the your individual needs, you will want to read the service descriptions in the CDC+ Rule Handbook. A description of each service is stated in the Handbook. You will also need to consider what services are already approved on the Cost Plan.

CDC+ classifies services in two different categories “Restricted” and “Unrestricted” A services is classified as Restricted if: 1) it can only be provided by a Licensed or Certified Professional and 2) it is approved on your iBudget Cost Plan.

If a Restricted Service is approved on your Cost Plan, then you must purchase at least 92% of that services each month through the Services section of your Purchasing Plan. Any funding amount that was allocated to this service on you Purchasing Plan that was not spent remains restricted. You will not be able to use those particular unspent funds on anything else.

If you use restricted funds to pay for other services or supplies, you might be required to give the funds back to CDC+.




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Restricted Services

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

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- These are the 20 Restricted services available on CDC+. These services are not interchangeable.
- For example: If your cost plan includes Physical Therapy, you are required to purchase Physical Therapy on your Purchasing Plan. You cannot take the funding from Physical Therapy to purchase Speech Therapy or Personal Supports.



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Unrestricted Services

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

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Unrestricted Services are interchangeable. They are non-medical in nature. Purchase of any of these services must still meet the stated needs and goals. These are the 18 Unrestricted Services. For additional information on Unrestricted Services, See Chapter 4 of the CDC+ Rule Handbook



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Critical Services


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

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When selecting services, you will also need to determine if the service should be qualified as Critical or not.

A critical services is any service that, if not provided, your health, safety or welfare - or that of your family, would be put at risk. Just because the service is on the Cost plan doesn't mean that the service is critical.

PCA is the only service that is ALWAYS considered a critical service within CDC+. For all critical services, the designated EBU's must be valid, background screened, with paperwork completed and a provider ID assigned. If the EBU is a natural support, the person still must be listed by name and background screening clearance submitted.



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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**

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As mentioned, Purchasing Plans always go into effect on the first day of any given month. So, what happens if a change is needed in the middle of a month? For example, if an employee quits with no notice and a new employee needs to be authorized to work? A Quick Update can quickly update information to your Purchasing Plan. We'll go over both the Purchasing Plan and the Quick Update during Module 6; but for now, please note that:

The Quick Update can only be used for five specific reasons:

- To replace a current authorized provider with a new provider. (provider type, rate of pay & number of hours must be the same)
- To change a vendor of an approved Savings item, OTE or STE
- To change only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE. (NOT TO EXTEND THE ESTIMATED DATE OF AN AUTHORIZATION OF FUNDS ALREADY USED)
- To add or replace a service or support in the Savings Section.
- To add an emergency back-up provider for a critical service in the Services Section.

A Quick Update form is a quick way to update the information on you purchasing plan; keep in mind that Quick does not equal instant.

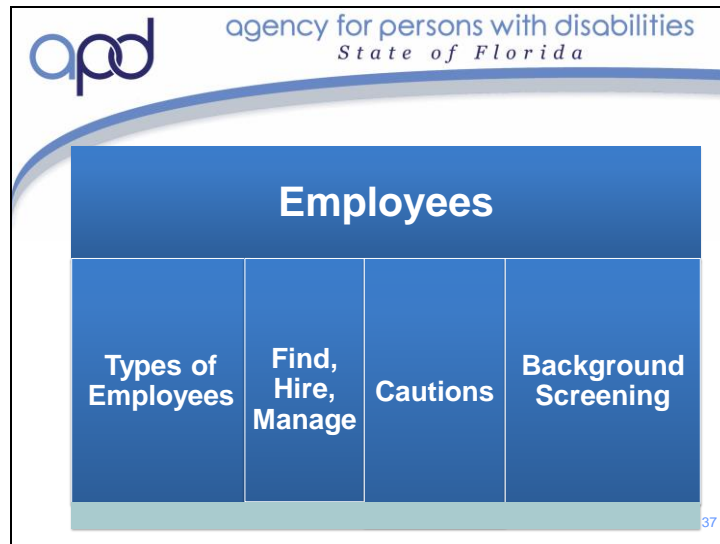


You should now have a better understanding of how CDC+ is funded and how your Monthly Budget is Calculated

You should also know that workers and services must be authorized prior to being used and that these authorizations come through either an approved Purchasing Plan or Quick Update.

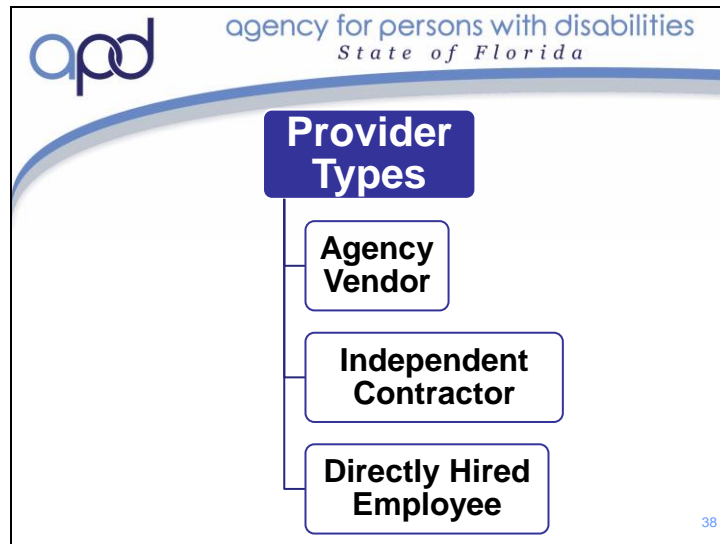
Moving forward, we will discuss how to find, hire and manage Employees.

To Review Monthly Budgets, Purchasing Plans and Quick Updates, please refer to the Representative Training Module 2: Monthly Budgets, Purchasing Plans and Quick Updates that is located in the Training and Education page of the APD CDC+ website



Next, we will :

- 1) Learn the three different types of Employees
- 2) Discuss ways to effectively Find, Hire and Manage Employees
- 3) Discuss laws that you need to be aware of when hiring people
- 4) Talk about Background Screening requirements



Before you can hire employees, you need to know what Type of Provider you are looking for.

In CDC+ there are three types of Providers:

Agency Vendors, Independent Contractors and Directly Hired Employees

In many cases, it is the type of service being purchased that will determine the type of provider you will need to hire.

In the CDC+ Handbook, each service that can be purchased in CDC+ is listed in Chapter 4, any provider qualifications which would include the provider type can be found there as well.



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Agency Vendors

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

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An Agency Vendor (AV) is a business that has already been established and is in business to provide the services or supplies you are looking to purchase. If you hire an Agency Vendor, you will only be able to control the outcome of the service, not necessarily how the service is provided. The agency has been hired to provide care in the home, the agency will decide which of their employees will provide the service and their employees are trained by them. There are established Agencies for many different services. A few examples are: Adult Day Training programs, Dentists, Nursing Agencies, Consumable Medical Supply companies. Any agency that is already an established APD provider would also be considered an AV. Agency Vendors will send you an invoice stating the amount you owe them for the services they have provided. A sample invoice will be shown later in training.



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Independent Contractor

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

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An Independent Contractor is someone who is in business for him or her self such as an Individual/sole proprietor or single-member LLC. They will have specialized training to provide the service that you hire them to provide. Just like with an Agency Vendor, you will only be able to control the outcome of the work performed.

Most of the time, an Independent Contractor will provide services like: Nursing, Therapies, or Dietary services. These are not the only types of services that could be provided by an Independent Contractor. Independent Contractors will send you an invoice stating the amount you owe them for the services they have provided. A Sample invoice will be shown later in training.

It is important that you properly classify your employees; you may be required to pay tax penalties for anyone you have miss-classified. If you are not sure if the person you are hiring qualifies as an Independent Contractor or a Directly Hired Employee, you will need to complete IRS form SS-8 and have them make the determination for you.

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Directly Hired Employee

- **Everyone else**

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Everyone else you hire will be classified as a Directly Hired Employee. A Directly Hired Employee is any individual who is hired directly – not through an agency. You will be able to control the details of the job – both what and how the job will be done. All DHEs will submit a timesheet to you at the end of each workweek that shows the beginning and ending time per day for the services they have provided.



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Finding and Hiring Employees

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

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Before enrolling on CDC+, you will need to find people to work for you. Many of us have never had to hire or manage employees before and may not know exactly where to start in this process.

There are some steps you should take and things to consider before you hire *anyone* – even if you already have someone in mind.

You will want to decide the What and How of the job before you hire anyone. You will also want to set up some interview questions. It is also a good idea to review some basic rules and laws before you start so that you and your employee can make good and effective decisions.

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Job Description

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

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Before you begin looking for employees, it is suggested that you start by writing a job description. By beginning with writing the Job Description, you will have a clear picture in your mind as to what the employee will be doing and how the services will be delivered. All Employees are required to sign a job description and an Employer/Employee Agreement; there is a form that can be used for both of these located in the Appendix to the How-to Guide.

To write a Job Description, begin by looking at the stated needs and goals and thinking about the individual the employee will be working with.

Is Personal Care needed? If so, what are the needs and goals? What level of assistance is required? Is someone needed to complete the task for you, or just help out? Or do you need someone to help teach you how to complete the task on your own? Are there regular events or activities (such as Church) that you attend and will need either assistance getting to or assistance while you are there? Do you need an employee assistance with meal preparation or with eating? Is there a particular way you want the job done? These are all things that should be included in the Job Description.

- If one employee is going to provide more than one service, they will need a separate Job Description for each service. Keep in mind that if an employee works more than 40 hours a week they will have to be paid overtime. Overtime is based on time worked; regardless of how many services were provided. Overtime is not considered a cost effective use of your CDC+ Funds.



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Interview

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

Now that you have written a Job Description, you should use it to write up some interview questions. When creating interview questions, you should also consider any special qualifications you may need them to have. For example, do you need an employee who knows what to do if you have a seizure? Do you need someone who is familiar with behavioral challenges? Are you looking to hire someone who has experience assisting with transfers?

We recommend you interview all potential employees; even if it is a friend or family member. This can help to establish boundaries and differences between them as your employee and them as your family member. For example, if you live with your parents and will be hiring your mother or father to provide care for you; they will still need to be “mom” and “dad” after you hire them. Discuss what duties and or times they will be paid for and when they will be able to assist you as mom and dad; it isn’t fair to you if they are a paid employee all the time; you deserve to still have mom and dad be mom and dad. This is true for all friends and family you hire. If they are your friends and family, you should still have time to be with them without having to pay them to be with you. It is important to establish these boundaries up front so there are no questions or surprises once you fully enrolled in the program.

If you are planning to hire employees you do not already know, the interview will be even more important. Before you can interview, you must find someone to interview. Finding potential employees can be as simple as letting others know you are looking for someone. You can also advertise through websites such as Care.com or your local newspaper. If there are any local colleges or universities; you might consider contacting people there. You could call the heads of departments such as Education or Social

Work. When setting an interview with someone you have not met yet, begin with a telephone screening. Asking a couple of questions over the phone. If you like their answers, set up a face to face interview. We encourage you to use common sense when interviewing strangers. Set up the face to face interview in a public place such as a café or a park. If you are a Rep; it would be a good idea for the Employer/consumer to attend the interview as well. Bring an employee packet with you to the interview. That way, if the interview goes well and you decide to hire them, you can begin the process immediately.

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Family and Friends

Benefits	Risks	Cautions
<ul style="list-style-type: none">• Easy to find• More affordable• Might already be a Live-in	<ul style="list-style-type: none">• Harder to fire• Difficult to manage• Might make own decisions	<ul style="list-style-type: none">• Public Assistance• No contribution to SS• No contribution to Medicare

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There are many things to consider when hiring employees.


There are benefits to hiring friends and family: You already know them; and they know you. They are easy to find and will likely be willing to work for a lower rate of pay; or they might be a live-in, which means they could feasibly work more than 40 hours a week without being paid overtime.

There are also some risks to hiring friends and family: it might be more difficult to fire them. It also may be more difficult to direct how they are doing the job. The change to the dynamic of your relationship could be difficult. They may decide that they know better than you do or may decide on their own to work different hours.

Before you hire your friends and family, make sure they know that: the paycheck they receive from you *does* count as income. The amount they receive will be included when calculating the total household income. If they or their household receive public assistance – such as food assistance, Medicaid, Social Security, or any other income dependent benefit or assistance, these benefits could be affected. They would need to check with their tax preparer or CPA.

If you hire your parent, step-parent or spouse (Relationship is to the CONSUMER, not the Rep) you will not pay employer taxes on their wages (per IRS Publication 926, Household Employer's Tax Guide). . This is important because it affects your parents' or your spouse's Social Security retirement benefits. It can also affect the future Social Security Disabled Adult Child benefit that adult children with disabilities are entitled to when their parent who paid into Social Security dies, retires, or becomes disabled. If your parent does not pay into Social Security and then dies, retires, or becomes disabled, you will not be entitled to the Social Security Disabled Child benefit.

If your parent's or spouse's primary income over an extended period of time is from working for you, your parent or spouse should consider talking with their financial advisor to discuss ways to help compensate for the negative impact on their future Social Security retirement income. On the other hand, if a parent or spouse works a regular job and only works for you on an occasional or part-time basis, or for a brief period of time, the impact on the Social Security contribution may be minimal. This is an important issue to discuss before you hire your parent, step-parent or spouse.



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Additional Managing Tips

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

Being a good manager will help you to retain your employees.

While there are certain reasons that would qualify you to request additional funding in iBudget; giving raises to your employees is *not* one of them!

You will be unable to offer your employees health care, paid vacation or paid sick leave. Happy employees tend to perform better on the job than unhappy ones – so, without being able to guarantee raises, health care, vacation or sick leave, how are you able to keep your employees happy?

Often, very simple things go a long way to let an employee know you care and value them as an employee.

Pay them a fair wage. Treat your employee with respect. Be polite when you are speaking with them. Tell them “Thank you” at the end of the day. Be flexible if they need time off. If they call in sick, use a back-up employee. Encourage them to take time off – even though they won’t be paid for time off, they will still need a break every now and then.

Also, be timely in your payroll submissions. Submitting Payroll timely will ensure that your employee will be paid timely for the work they have done. It is a program requirement that you submit payroll in a timely manner. We’ll discuss payroll submission in more detail in Module 4.



In January of 2014, the IRS 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, go to the Q & A link on the APD CDC+ homepage under Announcements and or speak to your tax professional.

CDC+ staff are not tax professionals and will not be able to provide any guidance to you about your specific tax filings or exemptions.

Please note that there is no requirement to renew the exemption, however it is the employees responsibility to notify us if there are any changes and they no longer qualify for the exemption.



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Department of Labor

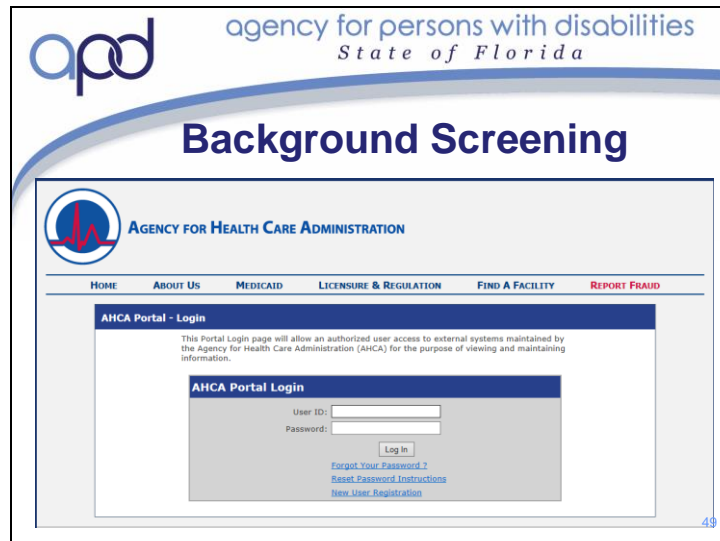
- **Minimum wage**
- **Child Labor laws**
- **Workers Compensation Insurance**

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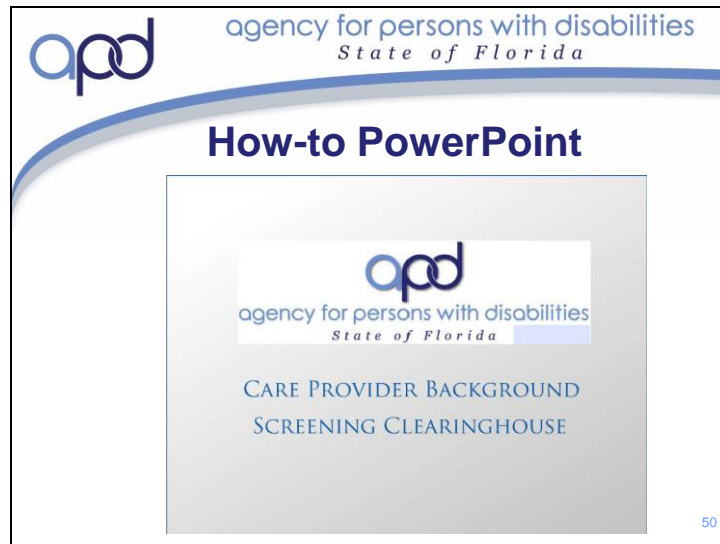
As an employer, you are required to adhere to all rules and regulations put out by the Department of Labor.

This includes minimum wage requirements, child labor laws, and workers compensation requirements. Links to DOL forms are available on the “Household Employer Forms” page of the APD CDC+ Website

If you hire more than 3 regularly scheduled Directly Hired Employees, you are required to buy workers compensation insurance.

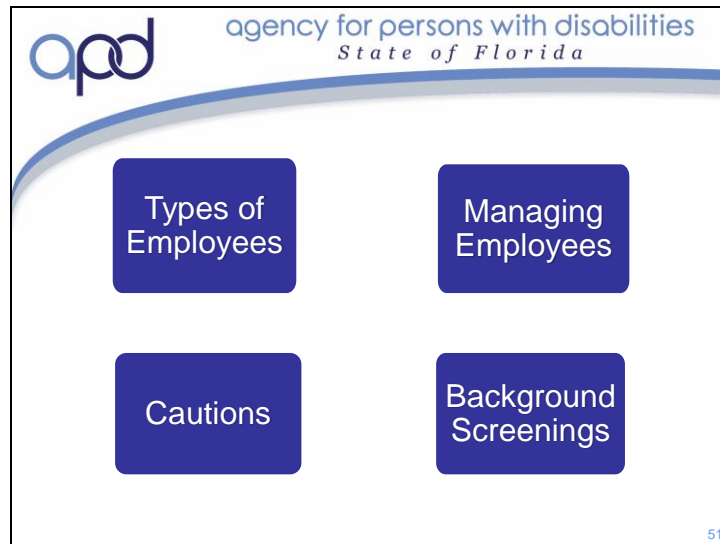


Everyone one who works for you must pass a Level 2 background screening. CDC+ participates in the Background Screening Clearinghouse. The Clearinghouse gives you greater control over background screenings. Before you can send an employee to be screened, you must first register to use the Clearinghouse. Once you have completed your registration and have been accepted as a user, you will want to log in to the system every few months to keep your registration active. If your registration becomes inactive you will have to register again. Since registration takes a few days to a few weeks to be accepted, it can slow down the process if you need to hire a new employee quickly.



There is a Background Screening Clearinghouse PowerPoint presentation in the Training and Education portion of the APD CDC+ Website. This PowerPoint walks you through how to register in the Clearinghouse as well as how to enter in Employee information, find Background screening Results and how to add an employee to your Roster in the Clearinghouse system.

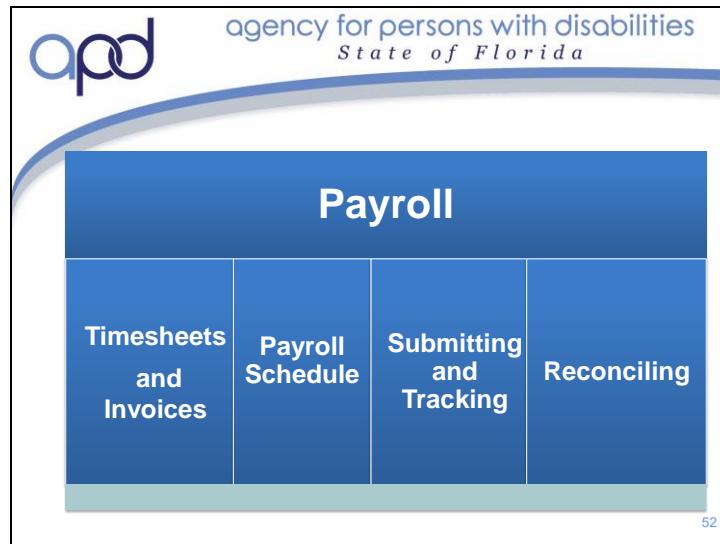
Once you have received your Budget Authorization Form from CDC+, you will be able to register for the Clearinghouse to begin the screening process. You will need to follow the steps outlined in the PowerPoint. If you have any questions along the way, call CDC+ Customer Service and someone will be able to assist you.



You should now know the different types of Employees you can hire on CDC+. You learned about hiring, firing and other tips for managing employees. You are, also, now aware of some additional cautions to consider when hiring someone. We have also discussed the background screening requirements and where you need to go to learn more about registering for the background screening clearinghouse.


We will discuss more about how Payroll and what you are required to do to ensure all employees are paid in the next section of this training.

To review the information on Employee Types, Managing, Hiring Cautions and Background Screenings; please refer to the Representative Training Module 3: Employees; is located on the Training and Information page of the APD CDC+ website



In this section, we will talk about Payroll. We will:

- 1) Discuss timesheets and Invoices
- 2) Discuss the CDC+ Payroll Schedule
- 3) Tell you how to submit and track payroll
- 4) Show you how to Reconcile your CDC+ account.



Types of Claims	
Directly Hired Employees	Timesheet
Agency Vendors & Independent Contractors	Invoice
Representative Reimbursements	Receipt

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There are three different documents that will be used when submitting payroll. The type of document will depend on the type of provider to be paid or reimbursed.

All Directly Hired Employees will submit a timesheet at the end of each workweek for the service they provided. They will “clock-in” at the beginning of a service shift and “clock-out” when they either change the service being provided or leave for the day. Agency Vendors and Independent Contractors will send or give you an invoice for the services or supplies they provided.

You will need the Receipt of Purchase for any Consumer/Representative Reimbursements.

- The provider type (DHE, A/V, IC) and who is authorized to receive payment will determine what document is used:
 - If a Vendor or Independent Contractor provides the services – The Consumer/Representative will use the total from the INVOICE that the provider submitted for payment.
 - If the purchase in Savings or OTE/STE is to be a Consumer/ Representative Reimbursement, the Consumer/Representative will use the total from the RECEIPT that was received when the purchase was made out of pocket.
- The provider’s first payroll payment will always be sent as a paper check.
- Provider payrolls thereafter will be electronically sent to their designated bank account if Direct Deposit was requested. It can take a minimum of two pay cycles to activate direct deposit.
- Consumers must confirm that goods or services billed on the invoice were received by writing on the invoice:
 1. Goods/services received as shown
 2. The consumer CDC+ I D number

- 3. The consumer's or representative's signature with the date the invoice was reviewed and approved for payment
- 4. The printed name of whoever signed the invoice under the signature
- Tracking payments made to vendors (A/V, IC) will prevent submitting the same invoice multiple times.
- Reimbursements can only be made to consumers or representatives for services identified in the savings or OTE and STE sections of the Purchasing Plan. A reimbursement can be requested for items purchased at a point of sale, such as from a retail business or providers who require payment when services are rendered, such as a dentist. Please refer to the How-To-Guide page 59-60 for additional information.

The image shows a 'FLORIDA CDC+ WEEKLY TIMESHEET' form. At the top left is the 'apod' logo. To the right, it says 'agency for persons with disabilities State of Florida'. The form itself has several sections:

- Employee Information:** Employee ID, Name, and Plan Section (with options for Services, Savings, or Short-Term Expenses).
- Participant Information:** Participant ID, Name, and Plan Section (with the same options).
- Contact Information:** Phone # and Email.
- Year:** A dropdown menu for the year, with 'From Monday' and 'through Sunday' labels.
- Work Log:** A grid with columns for 'Date Worked' (Mo, Tu, We, Th, Fr, Sa, Su) and rows for each day. Each cell contains a 'Service Code' and a 'Total Hrs.' column.
- Service Code Totals:** A section at the bottom with boxes for entering totals for each service code and a 'Total' column.
- Signatures:** Fields for Employee Signature, Date, Participant/Representative Signature, and Date.
- Notes:** A section at the very bottom with four numbered instructions regarding live-in employees, CDC+ work week, and service codes.

Directly Hired Employees will keep track of the time they have worked on a Florida CDC+ Weekly Timesheet. The timesheets are located in the Appendix to the How-to Guide.

Timesheets are for one week of service. On CDC+ the Service week begins Monday at 12:00 am and ends on Sunday at 11:59 pm. Each employee will have their own timesheet for every workweek of service.

If the employee provides more than one service, they will need to clock out of the first service and the clock in for the second. For example, if Lola provides Personal Care Assistance in the morning to help Katie get up, bathed and dressed for the day and then she provides Companion to Katie until her Mom comes home from work at 2:00, then Lola would enter on her timesheet that she began PCA at 8:00 am and ended PCA at 9:30. Lola would then start a new line indicating she began Companion at 9:30 and ended at 2:00.

The “Service Code Totals” section towards the bottom of the Timesheet allows you to enter the total number of hours per Service worked for that week. This helps to make entering payroll quick and easy for the you.

Both the Employee and the Consumer/Representative *must* sign the timesheet. Signatures on the timesheet certify that the information entered on that time sheet is accurate and complete.

Only the signed timesheet can serve as documentation for the Medicaid funding used to pay for the services provided. Without the signed timesheet, there is no proof of the time you submit into payroll.

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FLORIDA CDC+ WEEKLY TIMESHEET

Employee: **Millie Monroe** Employee ID Number: **A 0 5 7 7 8** Plan Section: **R**
 Participant: **Patty Participant** Participant ID Number: **0 0 1 2 3 4 5** Plan Section: **S**
 Participant/Representative contact information if APD has questions: Phone #: **123-456-1718** Email: **SarahRep@yahoo.com**

Year: **2016** From Monday, **12/7** through Sunday, **12/13**

Date Worked	Service Code	Enter Plan Section	Back-Up	Time IN		Time OUT		Time IN		Time OUT		Total Hrs. Worked
				H	M	H	M	H	M	H	M	
12 07	032	R	Y	0	8	0	0	0	2	0	0	6.00
12 07	011	R	N					0	2	0	0	1.00
12 10	032	R	Y	0	8	0	0	0	2	0	0	6.00
12 10	011	R	N					0	2	0	0	1.00
12 12	011	R	Y	1	2	0	0	0	3	0	0	3.00
12 13	011	R	Y	1	2	0	0	0	3	0	0	3.00
Service Code Totals:				#	32	12.00	#		#			
Totals:				#	11	8.00	#		#		ALL: 20.00	20.00

This is required information: Live-in Employee: Yes: No:

MILLIE MONROE Employee Signature Date: 12/14/2016
 Patty Participant Participant/Representative Signature Date: 12/14/2016

We certify that the above information is true, accurate and complete. (Signatures are required BEFORE submitting for payment.)

This is a sample of a completed timesheet.

The best practice is for you to complete the top portion. You will enter in the Employee name and ID number as well as the Participant name and ID number. You will also enter your phone number and email address where requested. Your Employee will complete the rest of the information. They will enter in the Year and the Week's begin and end date at the beginning of the week. They sign in and out for each day they work as well as service they provide. As you see from this sample, DHE Millie worked both PCA (32) and Companion (11) on December 7. She provided back up for PCA from 8:00 am – 2:00 pm for a total of 6 hours and then provided Companion as a primary employee from 2:00 pm to 3:00 pm – a total of 1 hour.

As the Rep, you will need to total the number of hours per service as well as the total number of hours worked for the week. Both you and the DHE will need to sign the Timesheet. This is your legal proof of hours worked for the designated week. You will need to have the timesheet present when you submit payroll. You will also need to keep a copy of the timesheet in your records for 6 years.


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INVOICE SAMPLE

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

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Agency Vendors and Independent Contractors are responsible for keeping track of the services or supplies they provide and for sending you an invoice. The invoice should include the amount owed for the dates of service the invoice has been written for. The invoice should be signed by the Agency Vendor or Independent Contractor. Before you can submit the invoice for payment, you must review it and approve for payment by writing “Goods and Services received as shown” and signing and dating it. You will also want to print your name underneath your signature and write the Consumer’s ID number on the invoice. The signed invoice serves as your proof that Medicaid funds were used as described.


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RECEIPT SAMPLE

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

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Reimbursements can only be made to consumers or representatives for services identified in the Savings or OTE and STE sections of the Purchasing Plan. A reimbursement can be requested for items purchased at a point of sale, such as from a retail business or providers who require payment when services are rendered, such as a dentist. The item or service being purchased must be approved on the Purchasing Plan *prior to* the purchase being made. You cannot make a purchase and then enter the item on the Purchasing Plan with request for reimbursement. You must make and keep a copy of the receipt or invoice and write “goods and services received as shown”, sign and date it. You will also want to ensure the Consumer ID number is on the receipt or invoice and remember to print your name under your signature. As with DHE timesheets and A/V or IC invoices; the Receipts and Invoices submitted for reimbursement must be retained; these are your documentation for proper use of Medicaid funding. All receipts and invoices must be retained for six years.



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Payroll Schedule

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

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The CDC+ workweek begins at 12:00am (midnight) Monday - 11:59pm Sunday. CDC+ processes claims submitted by Consumers/Representatives on a bi-weekly basis. All claims must be submitted by 5:00 PM EST on Tuesdays of payroll weeks. Claims that are not received by the 5:00 PM EST deadline will not be reviewed for processing until the next scheduled payroll. This is a hard deadline, if you are submitting payroll and it is completed at 5:02 pm; the system will automatically process it for the following submission deadline. Consider setting an alarm or reminder on your phone or computer on Monday to submit payroll.

- Payments are made and received the following week. Direct deposits are received and rapid pay cards are loaded generally on Tuesdays. All submission deadlines and pay dates are reflected in the payroll schedule found in the CDC+ website home page under Claim Submissions.



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

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CDC+ posts the Bi-weekly Payroll Schedule on the APD CDC+ website. The posted schedule is color coded to delineate between the two weeks.

Looking at this 2017 sample schedule, you see that one pay-period began Monday January 2, and ended Sunday January 15. A new pay-period began on Monday January 16 and ended on Sunday, January 29.

Looking at the pay-period that runs from January 2 – January 15; all Time sheets, Invoices and Reimbursement requests for this pay-period were due by 5:00 pm on Tuesday January 17th. Pay checks for this pay-period were mailed out on January 24th.

Holidays are indicated in Red. If the holiday falls on a week-day; the CDC+ Offices will be closed that day. The CDC+ Offices being closed does not change the submission deadline; you may need to adjust how or when you submit payroll depending on how the holiday occurs.



There are two methods to submit payroll.

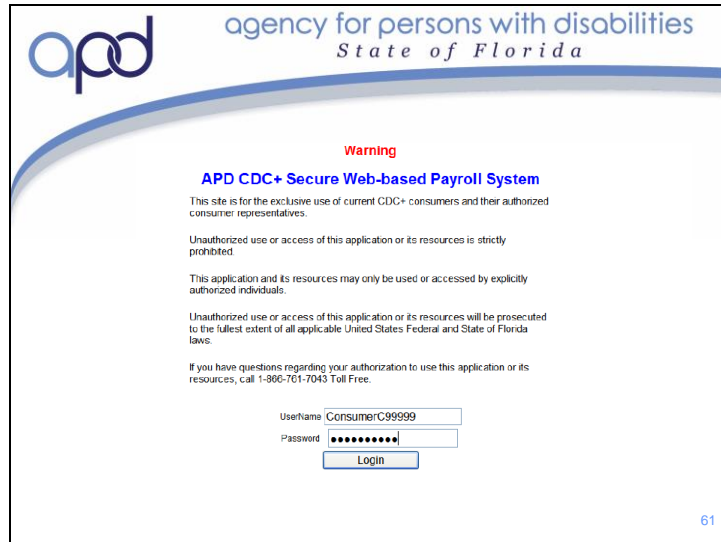
- Secure Online Payroll (suggested method) See the User Guide under Online Submission for step by step instructions
- CDC+ Customer Service - Call toll-free to speak directly with a customer service Representative (last resort)
- Each method requires a username and password which is issued by the CDC+ office or requires validation of the callers identity through a series of security questions to submit claims.

Only the Consumer or Representative can submit payroll.

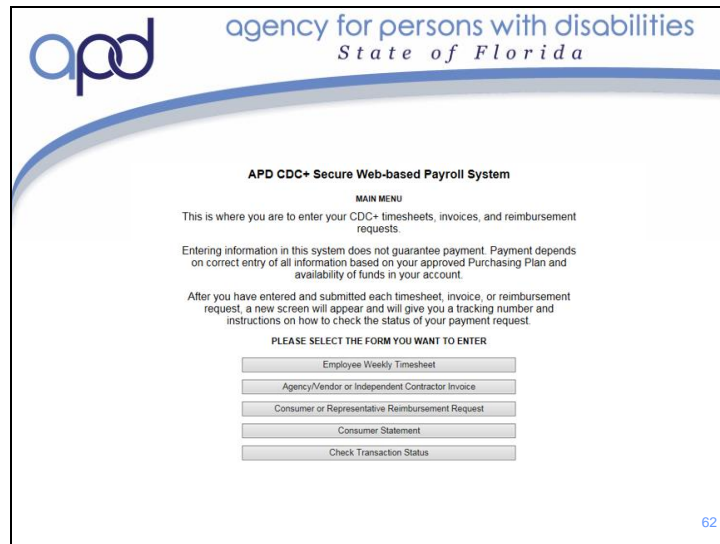
When submitting Payroll you will need to have all timesheets, invoices and reimbursements with you. You will also need to have totaled the hours for each service on the Timesheets. You will also have needed to sign all timesheets, invoices and reimbursements receipts prior to submitting them.

When submitting Payroll through the Secure Online Payroll System, you will select the Service and the Employee to be paid from a drop-down menu and then type in the time or amount being submitted. You will be given a tracking number and will be able to log back into the system to track the progress of the submission. You can submit payroll through the Secure Payroll system at any time; however the Deadline of 5:00 pm on Tuesday remains. If you are entering timesheet on a Payroll deadline week and click the "Submit" button after 5:00pm, the information entered will be pushed to the next payroll week.

When submitting Payroll through CDC+ Customer Service, you will verbally tell them the information and they will enter the information into the computer for you. You will receive a tracking number; however, you will have to call Customer Service back if you need to track the submission. You will not be able to track these payroll submissions through the Secure Payroll System.



Once enrolled on CDC+, you will receive the Secure Payroll System User Guide in the mail along with a User Name. This will be provided to you so that you can submit payroll through the secure system. Customer Service is only open from 8:00 am – 5:00 pm. Customer Service lines and Representatives are very busy taking calls during payroll on the Monday and Tuesday of payroll submission weeks. Submitting payroll through the secure on-line system allows you to submit information in during non-business hours. When submitting payroll on line, you will not be placed on hold or have to wait for the next available Customer Service Representative. To submit payroll through the Online Secure Payroll system you will log-in through the link on the CDC+ website. To get to this link, you will click on “Secure Web-based Payroll System” under Important Links and then click on the Secure Web-based Payroll System. This system is available in both English and Spanish. Access to this system is limited to CDC+ Representatives. Keep your User Name and Password secure for this system. Do *not* share this information with anyone. Only the CDC+ Representative is permitted to submit payroll.



Once in the system you will be able to select your desired action. This is a screen shot of part of the Secure Web-based Payroll System “home page”. To submit payroll information, you will click on the appropriate tile. If submitting Payroll from a DHE, click on “Employee Weekly Timesheet”; if submitting a Provider invoice, click on “Agency/Vendor or Independent Contractor Invoice”. Similarly, if you are submitting to be reimbursed for an invoice or receipt for an item you have paid for out-of-pocket, then you would click on “Consumer or Representative Reimbursement Request”. You will also be able to track the payroll that has been submitted.

You are also able to view the Monthly Statements through the “Consumer Statement” link.

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[Run Timesheet](#) [Log off](#)

Employee Weekly Timesheet

On 6/16/08, CDC+ pay periods changed from semi-monthly to bi-weekly. Each week in the 2-week pay period coincides with the CDC+ work week which begins at 12:00 a.m. Monday and ends Sunday at 11:59 p.m. Therefore, effective 6/16/08, all CDC+ employees must begin using the CDC+ Weekly Timesheet that has been distributed to all consumers via mail and is available on the CDC+ website.

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

Enter the requested information from the employee's completed timesheet into the spaces on the form below. You must enter ALL of the time worked for all services during one work week before you hit the submit button. Once you hit the submit button, you cannot enter any more services provided by that employee for that work week. When you have submitted your timesheet entry, you should have only one tracking number for each of your employees who worked during each work week. If you complete more than one timesheet screen for an employee for time worked during the same work week, you will create a duplicate timesheet that will not process without researching by Customer Service staff and will substantially delay payment to that individual.

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

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

Please refer to your approved purchasing plan when entering the service code. On an employee timesheet, the service code must be entered as a 2-digit number. There are no letters. CDC+ no longer uses 3-digit codes that start with numbers 1-6. You must use the current Service Code Chart which is posted on the CDC+ website at <http://apd.myflorida.com/cdcpplus>.

If you receive an error message after hitting "Add" you can correct the error and hit "Add" again. If no error message appears, you can enter the next line on the screen. When you have completed the week's timesheet entry, hit "Submit Timesheet." You will then record your tracking number and check the status later.

Work Week: Employee ID:

Service Code	Plan Section	ESU	Hours	Minutes	Total	Add/Dr	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Summary Total: 0							

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This is the screen where employee's weekly timesheet will be entered . Enter the information on this page from left to right, top to bottom. Authorizations for employee's time will be in either the Services or the Savings section of the Purchasing Plan.

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Agency/Vendor OR Independent Contractor Invoice

Enter the information requested in each area of this form. Only one calendar month at a time may be entered. Only one invoice number at a time may be entered. In other words, enter one form to pay one provider for one invoice for services provided in the same month. If the provider provided more than one service during the same month and billed you using the same invoice, you can enter all services on one form.

If the paper invoice you received from your vendor or independent contractor does not have an invoice number printed on it, please make up a number, write it on the invoice, and enter that number as the invoice number. Do *not* file your paper invoice and the payment record in this system will be in general. An invoice number must be entered for auditing purposes.

Please refer to your approved purchasing plan when entering the Service Code. For vendors and independent contractors, the service code must be entered as a 2 digit number. The ONLY letter that may be a part of the service code is an 'A' at the end of the 2 digit number that designates the service provided was an assessment for a specific therapy or an evaluation for a home modification or installation of a personal emergency response system. CDC+ no longer uses 3-digit codes that start with numbers 1-4. You must use the current Service Code Chart that is posted on the CDC+ website at <http://apd.myflorida.com/cdcplus>.

Please refer to your approved purchasing plan when entering the Plan Section and make sure you select the section in which the service was written on your Purchasing Plan. Plan Section choices are R - Services, E - One Time Expenditure, S - Savings, or T - Short Term Expenditures. Remember, a One Time Expenditure can only be service code 14, 30 or 33. Please refer to the Service Code Chart for an explanation of One-Time and Short Term Expenditures.

You will receive a tracking number for each Request for Agency/Vendor or Independent Contractor Invoice screen you submit.

Date of Invoice: (month) Yes: Month:

Provider ID: Invoice Number:

First Day of Service	Last Day of Service	Service Code	Plan Section	EDI	Amount	ADD/DEL	Delta
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary Total \$0.00

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This is the screen where Invoices are entered. Again, complete the information fields from left to right, top to bottom. Authorizations for Agency/Vendors and Independent Contractors will be in either the Services or the Savings section of the Purchasing Plan. Invoice dates cannot overlap. If you have overlapping dates; please call Customer Service to assist you with the entry.

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[Back Home] [Logout]

Consumer OR Representative Reimbursement Request

This screen is used to request reimbursement for approved services and supports that the consumer or representative purchased with his or her own funds and needs to be paid back.

Reimbursement is only allowed to be made for payments to provider type "agency/vendor" that are in the Savings, One-Time or Short Term Expenditures sections of the Purchasing Plan. Reimbursement is not allowed for payments made to your directly hired employees or independent contractors because of the law and IRS reporting requirements for those types of providers. Please call 1-800-351-7045 if you paid a directly hired employee or an independent contractor with your own funds with the intent of being reimbursed.

Enter the Month and Year in which services or supports were purchased and for which payment is being requested. Reimbursement requests for services rendered in or purchases made in the same month must be entered on the same screen. If you need to request reimbursement for purchases made in or for services rendered in another month, please enter that information in the next Consumer or Representative Reimbursement Request screen.

Please refer to your approved purchasing plan when entering the Service Code. For reimbursements to agencies or vendors, the service code must be entered as a 2-digit number. The ONLY letter that may be a part of the service code is an A at the end of the 2 digit number that designates the service provided was an assessment for a specific therapy or an evaluation for a home modification or installation of a personal emergency response system, and applies only to an agency or vendor. CDO's no longer uses 3 digit codes that start with numbers 1-6. You must use the current Service Code Chart that is posted on the CDO's website at <http://apod.myflorida.com/cdo/csp/csp>.

As always, you must keep the original of the receipt or paid invoice in your file for auditing purposes. If the receipt is from a cash register, an auditor must be able to easily identify what the purchase was for. The paid receipt must show either a zero balance owed, have a "Paid" verification signature from the agency or vendor, or you must be able to produce some other documentation of payment.

Month when to be reimbursed:

Month: Year:

First Day of Service	Last Day of Service	Service Code	Plan Section	Amount	Adjust	Debit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Amount Total \$0.00

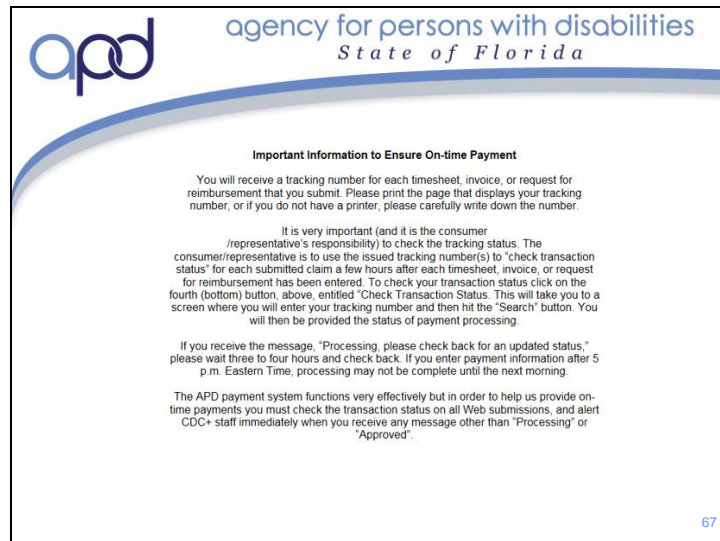
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Entering a request for a Consumer/Representative Reimbursement is very similar to entering the information for a timesheet or invoice. Services and Supplies authorized for Consumer Representative Reimbursement must be located in the Savings, OTE or STE section of the Purchasing Plan.

Slide 66



After you have completed payroll submissions, you must check on the transaction status of each submission. Enter the Tracking Number given after each submission into this field and click on “Search”. This is a *very* important step to ensure that your submission was accepted. You will get a tracking number even if your submission was not successfully transmitted.



This is a screen shot of the rest of the Secure Web-based Payroll System “home page”. The information being communicated on the home page is very important to remember. The top of the “home page” (previous slide) reminds you that even though you are entering information into the system you must have the proper authorization as well as sufficient funds to cover the submitted request.

The information on the second half of the “home page” reminds you the importance of checking on what you have submitted.

After entering the information into the Secure Payroll System, you will receive a tracking number. You should either print or write down the tracking number given and go back into the system to check on the submission. If there were any issues with the information you submitted, the system will still generate a tracking number, but it might not complete your submission. For example, if entering payroll to the Secure Web-based Payroll System takes longer than expected, the system might time you out. It will still allow you to enter the information in the system, and will give you a tracking number; however, because the system timed out, it won't actually transmit your submission to us. This will cause your employees to not receive their paycheck when expected. Checking on the submission by clicking on “Check Transaction Status” will tell you if the information you entered has been submitted or not. If it has not, you will need to call Customer Service. They will help rectify the issue.



CDC+ mails monthly statement out each month. These statements are mailed to the Consumers address. As the Representative, you are also able to pull up the monthly statements through the Secure Web Payroll System. Select the month and year of the statement you are looking for and click on “Consumer Statement”. Remember that Monthly Statements are always about two months behind. If you select a month that the statement has not been created for yet, the statement will pull up without any information on it.



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Tracking Spending

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

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On CDC+ you are responsible for the appropriate use of Medicaid funds. Overspending your CDC+ account and not signing or keeping timesheets and invoices are both problematic. Both overspending and not keeping proper records could result in being removed from the CDC+ Program. You must keep up with your CDC+ account. There are some simple tips to help you.

Keeping track of the employees schedules and time on a calendar, submitting payroll timely and tracking what has been submitted as well as keeping an accurate account reconciliation are the best ways to keep track of the account.



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

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This is a sample of how you can schedule your employees. In this sample, the active Purchasing Plan authorizes 95.5 hours per month for Companion, 33 hours per month for In Home Support Service and 149 hours per month for Personal Care Assistance. The Representative entered the employee name, service code and scheduled time on the calendar to ensure that: 1) All three employees know when they are expected to work and 2) only the authorized amount of hours are being worked for the month. A blank calendar is available on the Appendix to the How-to Guide.



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Account Reconciliation

- Monthly Deposit**
 - **Timesheets**
 - **Invoices**
 - **Reimbursements**
- Remaining Balance**

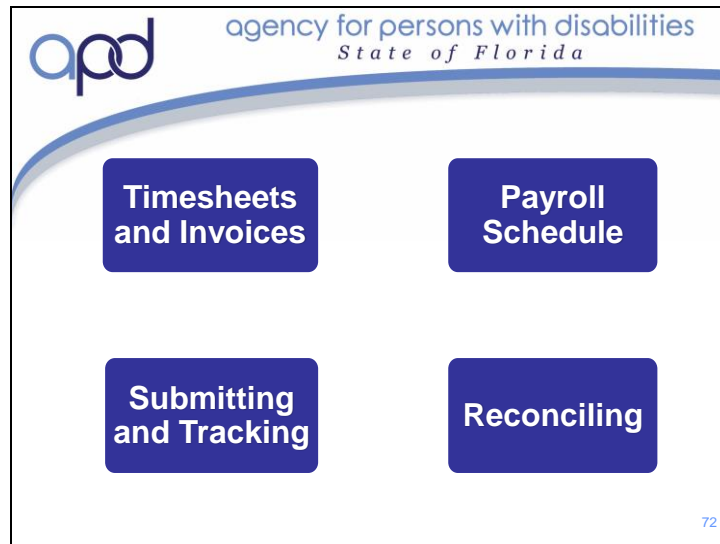
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As a CDC+ Consumer or Representative, it is imperative that you keep an accurate account reconciliation.

Reconciliation is simply the process of subtracting out all that you have submitted to be paid from the Monthly Deposit Amount.

There is a “Balancing your Account” form in the Appendix to the How-to Guide that can be used. It is an excel document that has been set up to automatically calculate any applicable employer taxes as well as add Monthly Budgets entered on the form and subtract out any payroll submissions you enter on the form.

Use of this form is optional; however, reconciling you account is not optional.



You should now know the importance of your providers Timesheets and Invoices and what your responsibilities in their regard.

You should also have a better understanding of the CDC+ Payroll schedule as well as how to Submit Payroll and track employee's time

Lastly, you should understand the importance of Reconciling your CDC+ Account

Next, we will discuss Quality Assurance monitoring and Corrective Action Plans.

To review the information presented regarding Payroll and Reconciliation, please refer to the Representative Training Module 4: Payroll; located in the Training and Education page of the APD CDC+ Website.



In this section, we will :

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




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

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

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

Delmarva randomly selects a percentage of you Consultants CDC+ Consumer/representatives to review. Please understand, that if you are the only CDC+ person on your Consultants Case-load, you will be “randomly selected” each year. This is because Delmarva is required to review a percentage of iBudget waiver consumers and a percentage of CDC+ participants from the WSC/Consultants case load annually. If you are the only one, you are the percentage.



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Organize, Organize, Organize

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

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



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



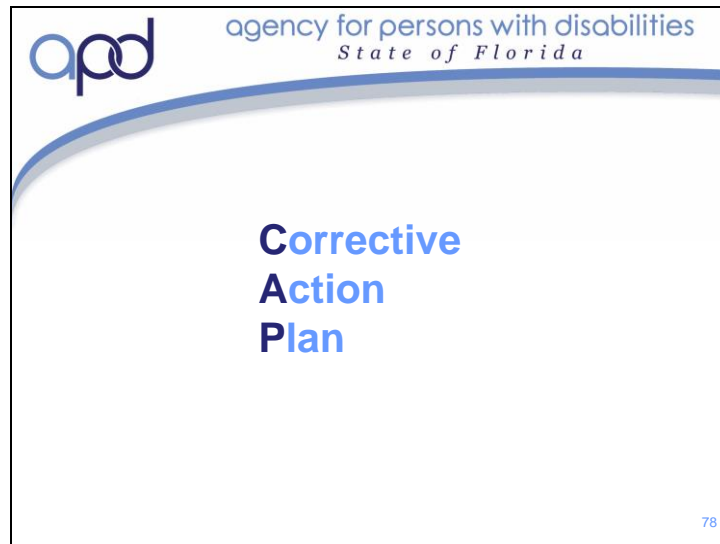
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Proper management =

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

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



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

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



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

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

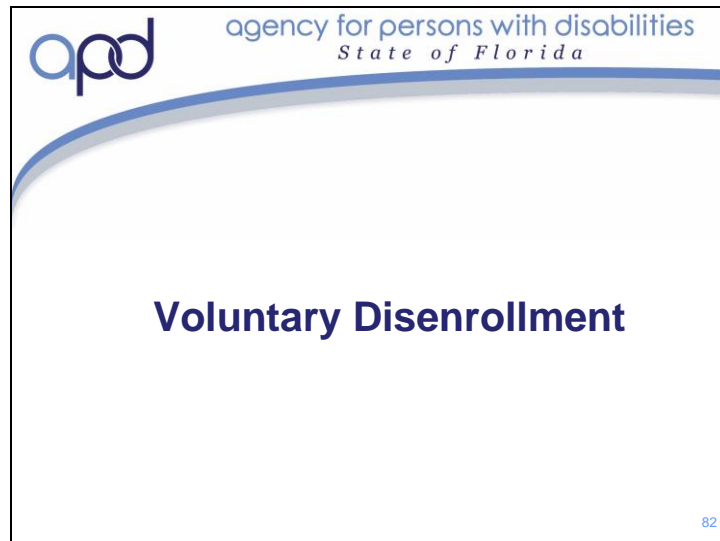


A Financial Corrective Action Plan will be written for continual mismanagement of funds. For example, if you are continually overspending the CDC+ budget or if you have claims pending every month you will be put on a Financial CAP. The way a CAP is written is specific to the individual and the situation being corrected. For example, if the CAP is because of continual overspending resulting in pending claims, then the plan written will indicate the full amount of claims Pending and will demonstrate how you will bring the account back into balance as well as how you will keep it in balance going forward. Pended claims means that the account is overspent; through the CAP you will have an opportunity to pay a portion of the Monthly Budget Amount towards the pended claims until the account is back in balance.



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

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



A Consumer may elect to discontinue participation in the Consumer-Directed Care Plus (CDC+) program at any time.

If a Consumer wishes to leave CDC+ and return to the iBudget waiver, the Consultant will complete the Participant Information Update Form to “Stop Budget” on the last day of the month and submit it to the Regional Liaison. Keep in mind that if you have Pended Claims when you disenroll; you will be responsible for ensuring those providers or employees are paid what is owed to them. Disenrolling stops the monthly budget from being deposited, so CDC+ will not be able to pay these on your behalf. The Consultant is responsible to ensure a smooth transition back to the iBudget Waiver on the first of the month after ending CDC+ without a break in services.

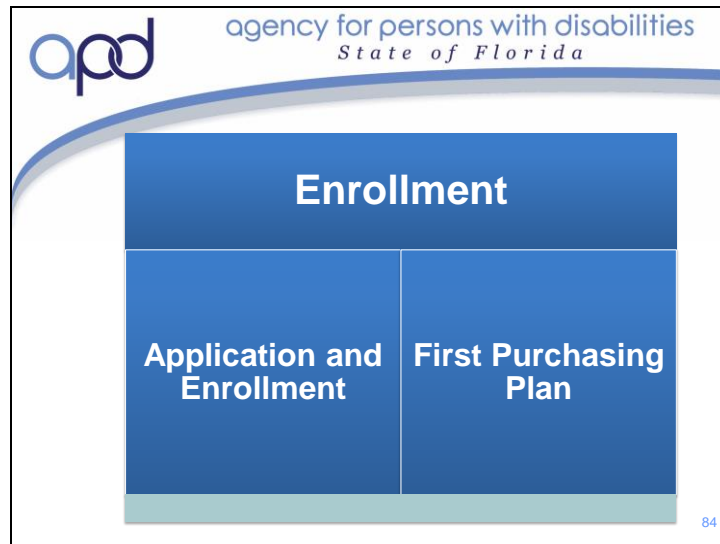


You should now understand your role and responsibilities for participating in Quality Assurance Monitoring

You have also now learned what a Corrective Action plan is, when one might need to be developed.


Next, we'll walk through the application and enrollment process. We will also demonstrate how to write your first Purchasing Plan.

To review the information on Quality Assurance reviews and Corrective Action Plans; please refer to the Representative Training Module 5: Quality Assurance and Corrective Actions; located on the Training and Education page of the APD CDC+ website



In this section we will :

- Walk through the steps to apply and enroll in the CDC+ Program
- Go over all necessary steps to write your first Purchasing Plan



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First Steps to CDC+

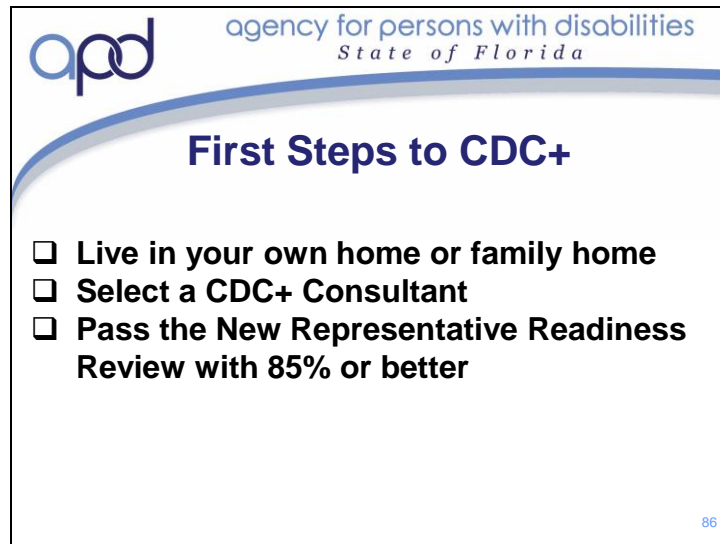
- ✓ **Enrolled in iBudget Waiver**
- ✓ **Select a Representative**
- ✓ **Take CDC+ Training**

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You should have already completed some of the preliminary steps to applying and enrolling in the APC CDC+ Program.

Hopefully, you are already enrolled in the APD iBudget Waiver – if not this must be completed first.

You have likely already determined the person who is best candidate to be your Representative on the CDC+ Program; because you are here now. This is the last training Module for New Representative Training, so you have just about completed the CDC+ Training for new starts.



The slide features the logo for the Agency for Persons with Disabilities, State of Florida, in the top left corner. The title "First Steps to CDC+" is centered in a large, bold, blue font. Below the title is a list of three requirements, each preceded by a square checkbox. The requirements are: "Live in your own home or family home", "Select a CDC+ Consultant", and "Pass the New Representative Readiness Review with 85% or better". The slide number "86" is located in the bottom right corner.

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First Steps to CDC+

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

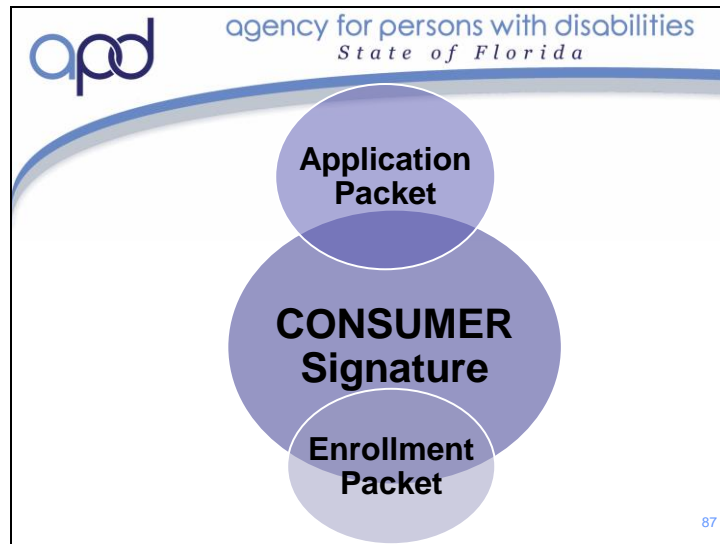
86

There are also a few “First Steps” that you might not have completed yet.

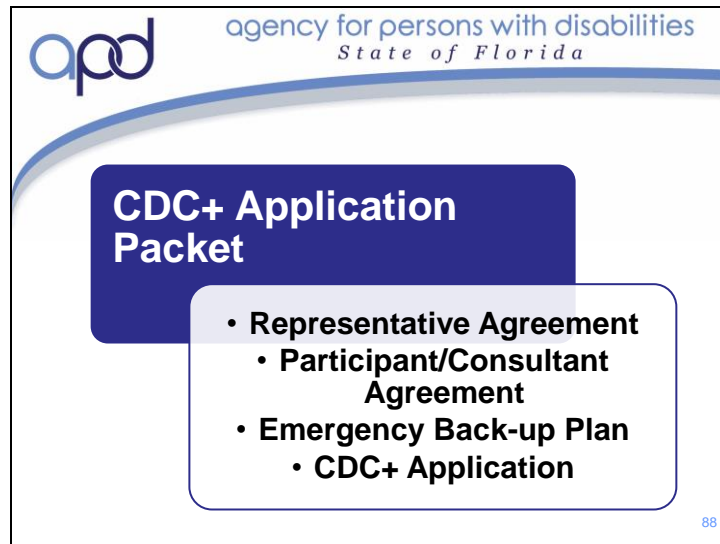
To become enrolled in the CDC+ Program, you must live in your own home or in the family home. This means that you cannot live in a Group Home or any institutional setting (such as a Nursing Home or other State Institution). If you have recently moved or will be moving out of one of these settings, you first need to work with your Waiver Support Coordinator/Consultant to ensure that your iBudget allocation accurately reflects a living situation that is appropriate for the CDC+ program.

In order to become enrolled on the CDC+ Program, you will need a CDC+ Consultant. As mentioned earlier, a CDC+ Consultant is a Waiver Support Coordinator who has completed the CDC+ Consultant Training and is enrolled as a Consultant with CDC+. WSCs are not required to become CDC+ Consultants, it is up to them. If you are happy with your current WSC; check with them to see if they are a CDC+ Consultant. If they are not currently a Consultant – ask them if they would be willing to become one. If not, you will have to select a WSC who is also a CDC+ Consultant. Call the Regional Office in your area to obtain a list of available Consultants that serve your area. You will need to ask for a CDC+ Consultant Selection Packet. CDC+ Recommends that you call potential Consultants and schedule interviews with them so that you can make an informed decision.

Your Representative will need to take the New Representative Readiness Review and pass it with 85% or better. This is a Readiness Review, it is not a test. It is designed to let us know that you understand the basic concepts of CDC+ and that you know how to find information in the resource materials on the CDC+ Website.



As you know, Consumer (or Participant) and Representative have been used interchangeably throughout most of this training. When we are discussing the Application and Enrollment Process, it is important to know that CONSUMER is used independent of the Representative. All forms for Application and Enrollment must be signed by the Consumer, or their legal guardian (if applicable). The CDC+ Representative may *not* sign these forms on the Consumer's behalf unless they are the consumer's legal guardian. Proof of Guardianship is required if someone is signing as the consumer's legal guardian.



The slide features the logo for the Agency for Persons with Disabilities, State of Florida, in the top left corner. The logo consists of the lowercase letters 'apd' in a stylized blue font. To the right of the logo, the text 'agency for persons with disabilities' is written in a smaller blue font, with 'State of Florida' underneath it in an even smaller, italicized blue font. A large, dark blue curved banner spans across the top of the slide. Below this banner, the title 'CDC+ Application Packet' is displayed in white text on a dark blue rectangular background. To the right of the title, a white rounded rectangular box contains a bulleted list of four items: 'Representative Agreement', 'Participant/Consultant Agreement', 'Emergency Back-up Plan', and 'CDC+ Application'. The number '88' is located in the bottom right corner of the slide.

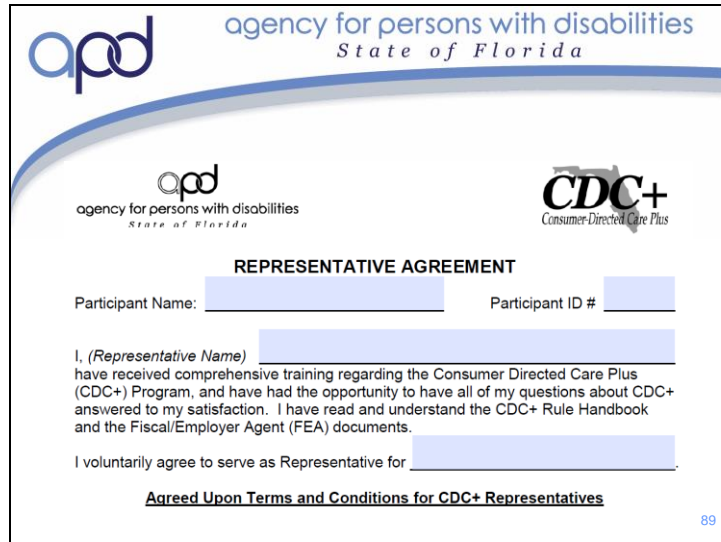
apd agency for persons with disabilities
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CDC+ Application Packet

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

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The CDC+ Application packet and the CDC+ Enrollment packet go hand-in-hand. All of the forms in each of these packets are required for you to apply and enroll on CDC+. The documents in the Enrollment packet allow 1) CDC+ to act as the Fiscal/Employer Agent and 2) enroll the program participant as a Household Employer with the IRS.




The image shows the top portion of a 'Representative Agreement' form. At the top left is the 'apod' logo, and at the top right is the text 'agency for persons with disabilities State of Florida'. Below this, on the left, is a smaller 'apod' logo and text, and on the right is the 'CDC+' logo with 'Consumer Directed Care Plus' underneath. The title 'REPRESENTATIVE AGREEMENT' is centered. Below the title are two fields: 'Participant Name:' followed by a blue box, and 'Participant ID #' followed by a blue box. The main text of the agreement begins with 'I, (Representative Name) [redacted] have received comprehensive training regarding the Consumer Directed Care Plus (CDC+) Program, and have had the opportunity to have all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Rule Handbook and the Fiscal/Employer Agent (FEA) documents.' This is followed by 'I voluntarily agree to serve as Representative for [redacted]'. At the bottom, there is a line for 'Agreed Upon Terms and Conditions for CDC+ Representatives' and a small page number '89' in the bottom right corner.

This is what the top of the Representative Agreement form looks like. It is a two page form that you must sign if you are going to be the Representative for someone on the CDC+ Program.

This form must be read and signed by: the Representative, the Participant and the Consultant. This form is a contract of agreement and understanding of you key roles and responsibilities to both the Participant and to CDC+. It is imperative that you read and understand all information out lined in this agreement. Let's take a moment to read through and review the Representative Agreement so that you can ask any questions you may have before you sign the agreement.



The CDC+ Participant/Consultant Agreement form must be read and signed by both the CDC+ Participant/Representative and the Consultant. This form outlines 21 Responsibilities for Participant/Representatives; 15 responsibilities for Consultants *and* it outlines seven duties that your Consultant is *not* able to complete. This Agreement is a Contract between you and the Consultant *and* CDC+. By signing this contract, you and the consultant agree to the outlined responsibilities. Let's take time now to read through this agreement. If you have any questions about any of the responsibilities listed; now is the time to ask.



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What is your plan if:

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

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As mentioned in Module 1, in order to participate in CDC+, you must develop an emergency back-up plan. This plan must be developed and submitted before your first Purchasing Plan be approved. You must review this plan annually with your consultant and update it as necessary. We realize that you cannot plan for an emergency; however you can set in place an action plan in case an emergency happens. The CDC+ Emergency Back-up Plan only covers 5 different emergencies that may or have occurred. We ask that you really think about the “what if” of each of these five situations and enter viable options for each question presented to you. While completing this plan, you may think of other emergency situations that you want to have a written plan of action in place for. We encourage you to write those down as well – perhaps on the back of this form or on another sheet of paper.

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CDC+ Application (2 pages)

Participant's First Name MI

Participant's Last Name

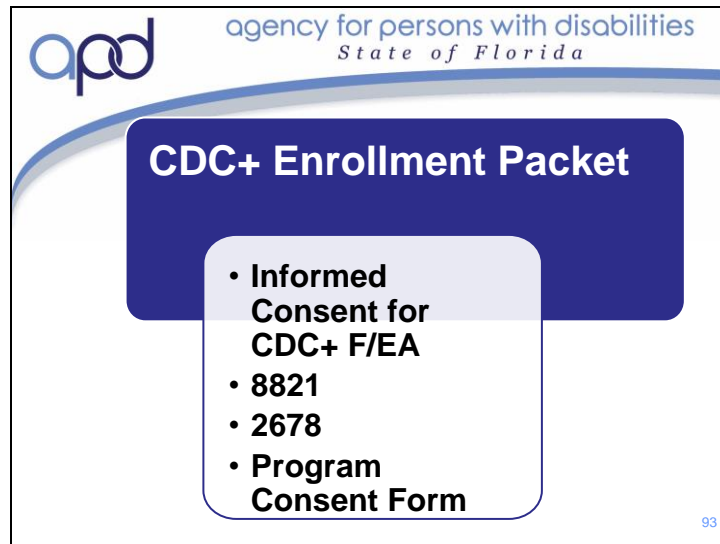
Participant's Social Security Number - - Participant's Date of Birth / /

Participant's Medicaid ID Number Participant's Gender
 Male Female

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The CDC+ Application is two pages long and contains 5 sections. It is the form “with all the squares”. This is a screen shot of a portion of the first section.

The information entered on the application lets CDC+ know: 1) critical demographic information (such as name and address) of the person applying to the program, 2) guardianship information (if applicable) for the program participant, 3) critical demographic information of the person who will be the Representative, 4) Consultant information and 5) iBudget information so that we can review your cost plan and begin to calculate your anticipated CDC+ monthly budget. You can print the application and complete or you can complete online (application is a fillable form). If completing application by hand, please print the information on this form legibly.



The graphic features the logo for the Agency for Persons with Disabilities, State of Florida, in the top left corner. The text 'agency for persons with disabilities' and 'State of Florida' is positioned to the right of the logo. A large blue banner with the text 'CDC+ Enrollment Packet' is centered. Below this banner, a white box with a blue border contains a bulleted list of items: 'Informed Consent for CDC+ F/EA', '8821', '2678', and 'Program Consent Form'. A small number '93' is located in the bottom right corner of the graphic.

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CDC+ Enrollment Packet

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

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The CDC+ Application packet and the CDC+ Enrollment packet go hand-in-hand. All of the forms in each of these packets are required for you to apply and enroll on CDC+.

The documents in the Enrollment packet


- Informed consent gives CDC+ the authority to act as the Fiscal/Employer Agent and
- 8821 and 2678 enroll the program participant as a Household Employer with the IRS.
- The Program Consent Form is signed by the participant or legal guardian to participate in CDC+.



The Informed Consent Florida CDC+ Fiscal/Employer Agent form give CDC+ permission to act on behalf of the CDC+ Consumer/Representative to assure that all wage and tax-related issues are in compliance with applicable state and federal laws and regulations. This form allows CDC+ to act on behalf of the Consumer, who is the employer of record of a household business. As a part of this agreement, CDC+ will assume the responsibilities relevant to Payroll, Tax Reporting, Monthly Statements, Recoupment and Reinvestment of Unexpended funds. This form allows APD, in part, to:

- Process an IRS form SS-4 to obtain and FEIN (Federal Employment Identification Number) for the Consumer
- Process a State of Florida Department of Revenue DR-1 application to request a SUI (State Unemployment Insurance) number for the Consumer so that CDC+ can report unemployment taxes and wages for the consumers DHEs
- Review all claims for payment (ie: Timesheets, Invoices, Reimbursements) to ensure they are consistent with the consumer's purchasing plan
- Automatically calculate overtime when an employee works more than 40 hours in a work week.
- Allow for a payroll company (Mains'l Services, Inc.) to process payroll and distribute payments. It also allows them to file appropriate tax returns and make appropriate tax payments on the consumers behalf.

Chapter 5 of the APD CDC+ Coverage, Limitations and Reimbursements Handbook has a full description of all actions covered by APD as the Fiscal/Employer Agent.



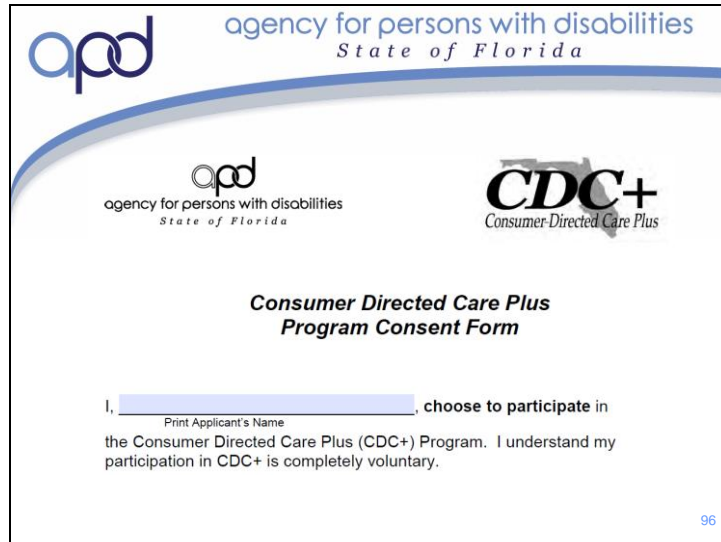
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IRS Forms

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

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The IRS Forms 2678 and 8821 give APD CDC+ the authority to report taxes, deposit taxes and pay required tax to the IRS on behalf of the consumer. It also gives APD the authority to all payroll tax liabilities.



The CDC+ Program Consent Form (portion of this form shown on the slide) is a form that is to be reviewed with the CDC+ Participant (and or their Guardian), The Participant's Rep Payee (if applicable) and the CDC+ Consultant. You must initial next to each statement as well as sign the form. This form indicates that the consumer chooses to participate in CDC+ and consents to each statement on the document. They must initial next to each statement to indicate they have read and understood each item. Let's go over each statement so that you have a clear understanding of each item. Please ask questions on anything you are uncertain about.




After Today's training, you will take (and pass!) the New Representative Readiness Review and will receive your Representative Certificate.

Once you have your Certificate, and have been able to check off any remaining "to do" items we reviewed in the First Step to Enrollment, You will complete the Application and Enrollment Packets and submit them to your Consultant, who will, submit them up to CDC+ State Office. Once CDC+ State Office has reviewed the documents and verified accuracy they will process the packets (this includes requesting your EIN). Once that is completed, CDC+ State Office staff will create and send out a Budget Authorization Form, or BAF. Both your Monthly Budget Amount and the first available date you can become fully enrolled in CDC+ will be on this form.

While CDC+ is reviewing you Application and Enrollment forms, you can begin the preliminary search for employees. You will not be able to negotiate the hours, rate of pay or send them for a background screening until you receive the BAF. However, you can be searching, and interviewing potential employees.

Once you receive the BAF, you will be ready to complete the final stages of enrollment. Once the BAF is sent out, you should be able to register for the Background Screening Clearinghouse so that your potential employees can complete their level 2 background screening. You will also be able to negotiate rates of pay and start writing your first purchasing plan!



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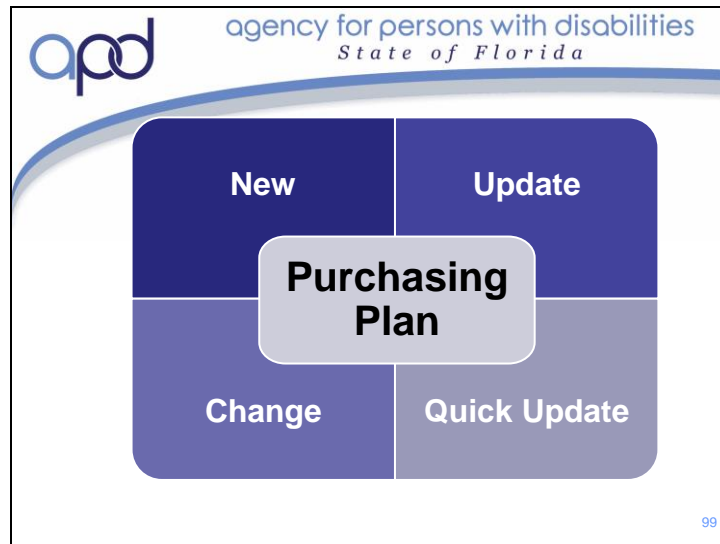
Purchasing Plan – Timelines

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

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We'll discuss how to write a purchasing plan very soon, but before we start there are just a few things you still need to know about Purchasing Plans.

- All Purchasing Plans have an effective date of the first (1st) day of any given month.
- The Consumer must submit their completed Purchasing Plan to their Consultant for review no later than 5th of the month before the plan's effective date.
- If the Purchasing Plan isn't submitted by the due date, then the Consumer will have to wait until the next month to get their Purchasing Plan approved.
- The Consultant will submit the Purchasing Plan to Regional Liaison no later than close of business on the 10th of the month before the plan's effective date.
- After the Purchasing Plan is approved by the Regional Liaison, the plan will be submitted to the CDC+ State office no later than close of business on the 20th of the month for processing.
- ***For additional information on Purchasing Plans, reference the CDC+ Rule Handbook***



There are 4 Purchasing Plan Types:

- A New Purchasing Plan is submitted when the Consumer is first enrolled onto the CDC+ Program
- A Purchasing Plan Change is submitted when the monthly budget changes and/or additional funding is given to the Consumer as an OTE or STE
- A Purchasing Plan Update is used when the requested change does not affect the monthly budget.
- If the request must be effective prior to the first of a given month and the established Purchasing Plan submission timeframe cannot be met, then a Quick Update form can be used.



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Purchasing Plan Change

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



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

100

A Purchasing Plan Change is required when there is a:

- Change in the Consumer's monthly budget or
- When a One-Time or Short-Term Expenditure is added.

Purchasing plan changes are effective on the first day of any given month.

The CDC+ monthly budget can only be changed if the Consumer's Support Plan and Cost Plan have first been amended to change the overall budget!

The cost plan in iBudget must be in the approved status for a new CDC+ monthly budget to be calculated.



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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**

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A Purchasing Plan Update is used:

- To hire a new employee or agency/vendor to take place of one who has stopped providing services.
- To change the rate of pay for an employee or vendor without changing the overall budget.
- To purchase different services or supports to meet identified needs or goals without changing the overall budget.
- To increase or decrease the number of hours of a restricted or unrestricted service that will not affect the overall budget.
- To add or subtract a Savings, extend the dates of purchase, or change the amounts being requested.
- Purchasing plan updates are effective on the first day of the month



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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**

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The Quick Update can only be used for five specific reasons:

- To replace a current authorized provider with a new provider. (provider type, rate of pay & number of hours must be the same)
 - To change a vendor of an approved Savings item, OTE or STE
 - To change only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE.
 - To add or replace a service or support in the Savings Section.
 - To add an emergency back-up provider for a critical service in the Services Section.
- The Quick Update Form must be completed by the Consumer or Representative at least seven days before a new provider is anticipated to begin work. This can be found in the instructions.
 - Appropriate provider packet information must accompany the Quick Update Form and is required to be completed correctly.
 - 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.



We will now go over the step to write a purchasing plan.
For additional information (or if you are taking the self-guided training) please refer to the Purchasing Plan Training video located in the Training and Education portion of the APD CDC+ website.



You should now know the steps necessary to enroll in CDC+ and have an understanding of how to write a Purchasing Plan. To review the information on Enrollment; please refer to the Representative Training Module 6: Enrollment, located in the Training and Education section of the CDC+ Website. For information regarding how to write a Purchasing Plan, please refer to the Purchasing Plan training and its modules. These are also located in the Training and Education section of the CDC+ Website.

This also concludes the CDC+ New Representative Training. By now, you should have a good understanding of the CDC+ Program. You should understand the purpose and intent of the program and what your roles and responsibilities will be as a CDC+ Representative. You should be ready to take the New Representative Readiness Review. Remember, we need to know that you are able to locate the answers; so use the tools we have discussed to find any answers that you are uncertain of.

Once you are fully enrolled on the CDC+ Program, you will receive monthly emails. These emails are meant to provide you with ongoing training and technical assistance. The emails cover topics like, payroll submission and how to reconcile your account. We hope that you will find them useful. There are also Peer Support Groups that meet throughout the state



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State of Florida

**Thank you for your
participation**

For additional questions, please call:
Mindy Whitehead
Mindy.Whitehead@apdcares.org
850-414-6691
CDC+ Customer Service
1-866-761-7043

CDC+ Website <http://apdcares.org/cdcplus/> 105

Thank you for your participation.