

# How-To Guide



agency for persons with disabilities  
State of Florida

## Contents

|                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| <b>1. <i>Introduction: The Consumer-Directed Care Plus Program</i></b>        | <b>4</b>  |
| What is CDC+?                                                                 | 5         |
| Benefits of the CDC+ Program                                                  | 5         |
| Person-Centered Planning and Self-Determination                               | 5         |
| Five Principles of Self-Determination for CDC+ Consumers                      | 6         |
| CDC+ History                                                                  | 6         |
| How Does the CDC+ Program Work?                                               | 7         |
| CDC+ Helps Family Caregivers                                                  | 7         |
| Support Services for CDC+ Consumers                                           | 9         |
| <b>2. <i>Getting Started With CDC +</i></b>                                   | <b>10</b> |
| Eligibility for the CDC+ Program                                              | 10        |
| Becoming a CDC+ Consumer                                                      | 10        |
| Getting Started with CDC+ Training                                            | 11        |
| Successful Completion of Initial Training                                     | 11        |
| CDC+ Enrollment Process                                                       | 12        |
| Background Screening & Emergency Back-Up Plan                                 | 13        |
| Background Screening                                                          | 13        |
| Emergency Back-Up Plan                                                        | 15        |
| <b>3. <i>Who is a Consumer?</i></b>                                           | <b>17</b> |
| The CDC+ Consumer is an Employer                                              | 18        |
| CDC+ Provider Types                                                           | 18        |
| Hiring Packets                                                                | 19        |
| Building a Coordinated Care Team                                              | 20        |
| Screening and Interviewing Potential Employees                                | 22        |
| <b>4. <i>Classifying Providers: Employees vs. Independent Contractors</i></b> | <b>24</b> |
| Defining a Directly Hired Employee (DHE)                                      | 24        |
| Defining an Independent Contractor (IC)                                       | 24        |
| Misclassifying Providers                                                      | 25        |
| Employment Taxes                                                              | 25        |
| Employee Taxes                                                                | 26        |
| Unemployment Compensation Tax Law                                             | 27        |
| Workers' Compensation Insurance                                               | 28        |
| Employer–Employee Relationship                                                | 29        |

|                                                             |               |
|-------------------------------------------------------------|---------------|
| <b>5.    <i>The CDC+ Monthly Budget</i></b>                 | <b>30</b>     |
| Calculating a CDC+ Monthly Budget                           | 30            |
| The Budget Calculation Worksheet                            | 31            |
| CDC+ Monthly Statement                                      | 34            |
| Reconciling the Monthly Statement                           | 34            |
| Determining the Unrestricted Balance Available to Spend     | 35            |
| The Role of the CDC+ Fiscal/Employer Agent and Statements   | 35            |
| <br><b>6.    <i>The CDC+ Purchasing Plan</i></b>            | <br><b>36</b> |
| Developing a Purchasing Plan                                | 36            |
| Purchasing Plan Sections                                    | 37            |
| Section A: Participant Information                          | 37            |
| Section B: Needs                                            | 38            |
| Sections C.1 and C.2: Budget Detail – Services and Supplies | 38            |
| Service Types: Restricted Services                          | 39            |
| Service Types: Unrestricted Services                        | 40            |
| Critical Services                                           | 40            |
| Emergency Back-Up (EBU) Provider                            | 40            |
| Service Code Chart                                          | 41            |
| Estimated Dates of Purchase                                 | 42            |
| Allowable Purchases                                         | 43            |
| Unallowable Purchases                                       | 43            |
| Section F: One-Time and Short-Term Expenditures             | 45            |
| The CDC+ Purchasing Plan – At a Glance                      | 47            |
| Purchasing Plan Submission Process: New Consumers           | 48            |
| Purchasing Plan Submission Process: Active Consumers        | 49            |
| Making Changes to an Approved Purchasing Plan               | 50            |
| The Quick Update Form                                       | 51            |
| Completing a Quick Update Form                              | 51            |
| <br><b>7.    <i>Paying Providers</i></b>                    | <br><b>53</b> |
| Overview                                                    | 53            |
| Directly Hired Employees                                    | 54            |
| CDC+ Workweek                                               | 54            |
| Directly Hired Employees and Overtime Pay                   | 55            |
| Exceptions from Overtime - Live-In Workers                  | 56            |
| Tracking Employee Hours                                     | 57            |

|                                               |           |
|-----------------------------------------------|-----------|
| Agency/Vendors and Independent Contractors    | 58        |
| Consumer and Representative Reimbursement     | 59        |
| Pending Payroll Claims                        | 60        |
| Resolving Payroll Issues                      | 61        |
| Contacting Customer Service                   | 61        |
| Program or Budget Mismanagement               | 61        |
| Corrective Action Plans                       | 61        |
| <b>8. CDC+ Program Disenrollment</b>          | <b>63</b> |
| Voluntary Disenrollment                       | 64        |
| Involuntary Disenrollment                     | 64        |
| <b>9. Additional Guidance and Information</b> | <b>65</b> |
| <b>10. Appendix for the How-To Guide</b>      | <b>68</b> |

## 1. Introduction: The Consumer-Directed Care Plus Program

This How-To Guide contains important information about how to navigate the Consumer-Directed Care Plus (CDC+) program.

| Why Should Consumers Use the How-To Guide?                                       |                                                                     |                                                                                   |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Topics covered in CDC+ training can be found in the How-To Guide or its appendix | The How-To Guide is a step-by-step walk through of the CDC+ program | After the initial training, the How-To Guide can be used as a functional resource |

- Informs program stakeholders about the responsibilities and expectations for participation in CDC+ program.
- Contains forms in the Appendix that can be used while participating in the CDC+ program.

The How-To Guide can be found on the Agency for Persons with Disabilities' (APD) website <http://www.apdcares.org/cdcplus/participants/> or can be obtained by calling CDC+ Customer Service or from a CDC+ consultant. A complete list of the items available in the Appendix to the How-To Guide is on pages 68-70.

The How-To Guide should be used as a companion tool to the **Consumer-Directed Care Plus Program Coverage, Limitations and Reimbursement Handbook**, which is also referred to as the CDC+ Rule Handbook.

All CDC+ program consumers must:

- (1) Follow the policies and procedures outlined in the CDC+ Rule Handbook, and
- (2) Follow the practical day-to-day guidance provided in the How-To Guide.

Updates to the How-To Guide and the Appendix will be posted on the APD website. CDC+ consumers can also obtain updates from their CDC+ consultant.

## What Is CDC Plus (CDC+)?

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CDC+ is an alternative to the Home and Community-Based Services Individual Budgeting Medicaid waiver (iBudget Florida) for people with developmental disabilities. Consumers who enroll in the CDC+ program have more choice, flexibility, and control over their care. CDC+ consumers become employers with the ability to choose what services and supports they need and who will provide them. However, all choices should be made in accordance with the rules and policies outlined in the CDC+ Rule Handbook. Consumers or their representatives should continually use this Guide and the Rule Handbook to assist in making informed choices and fulfilling the responsibility of successfully managing a CDC+ budget.

The terms *consumer* and *representative* can be used interchangeably throughout this guide, but the consumer alone is the employer of record.

### **Benefits of the CDC+ Program**

- It offers choice and flexibility.
- It provides opportunities for individuals to improve their quality of life by empowering them to make choices about the supports and services that will meet their long-term care needs and to help them reach their identified goals. Consumers are in charge of the services that they purchase, who provides them, how and when they are provided, and what they pay for their services.
- It is based on the principles of self-determination and person-centered planning. This means consumers are expected to be involved in all aspects of planning for their services and supports.

### **Person-Centered Planning and Self-Determination**

- The person-centered planning process begins when the individual communicates their needs, hopes, and goals while developing their waiver support plan.
- The first step toward self-determination is when the consumer makes the decision to participate in the CDC+ program. CDC+ offers a framework that supports what is important in the consumer's current stage of life and helps

increase their options for self-determination.

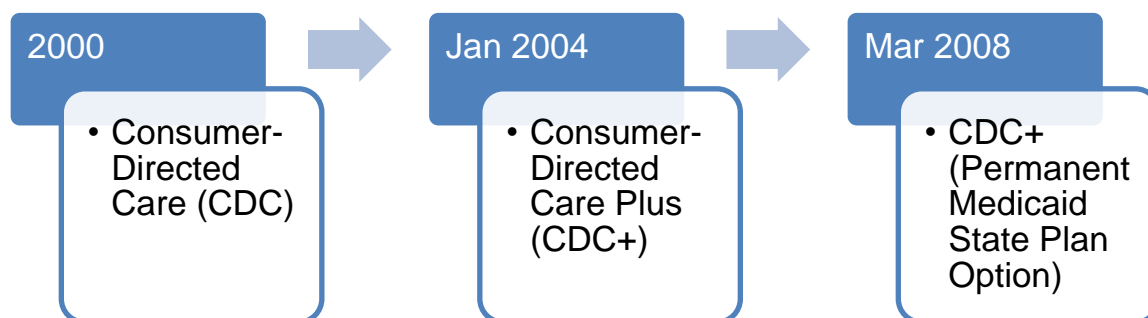
### **Five Principles of Self-Determination for CDC+ Consumers**

1. Freedom to decide where and with whom they wish to live.
2. Authority to decide how to live their life.
3. Support consumers' need to make decisions.
4. Control over the resources needed for their support.
5. Responsibility for their decisions and actions.



**The federal Centers for Medicare and Medicaid Services (CMS) provide the authority for the CDC+ program.**

### **CDC+ History**



The CDC+ program began in Florida in 2000 as an eight-year research and demonstration project called Consumer-Directed Care (CDC) under the authority of an Independence Plus 1115 Waiver Amendment granted by CMS.

- In January 2004, after three successful years as a research project, CDC was expanded and entered a five-year demonstration phase called, Consumer-Directed Care Plus (CDC+).
- In March 2008, CDC+ was offered as a permanent Florida Medicaid State Plan Option under subsection 1915(j) of the Social Security Act, as authorized by CMS.

## How Does the CDC+ Program Work?

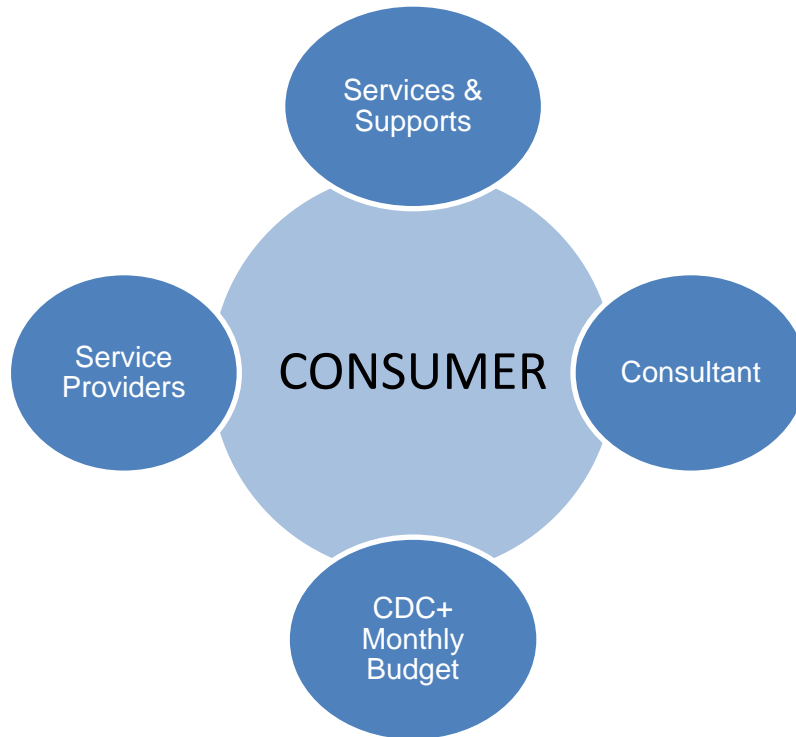
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Consumer-directed means controlled by the consumer. The consumer can:

- Direct and control their own services and supports and determine which services and supports best meets their needs.
- Make choices regarding what services they need and who will provide them.
  - Consumers can hire and terminate employees.
  - People hired do not have to be enrolled as Medicaid waiver providers.
  - Employees can be friends or family members.
  - Consumers can tell their employees how they want the job done and what they hope to accomplish.
  - Consumers can determine how much employees will be paid.
- Select someone, a representative, to manage the program for them.
  - A representative can be a family member or friend.
  - The representative serves as the consumer's advocate.
- Choose a CDC+ consultant to provide technical assistance and guidance.
  - Prospective consultants must be waiver support coordinators trained in the CDC+ program.
- Manage their allocated funds.
  - Consumers can receive monthly deposits of Medicaid funds into a CDC+ account.
  - Consumers can use these funds to meet the needs and goals identified on their support plan.
- Develop a monthly plan of services, called a Purchasing Plan, which describes how the funds given each month will be spent.
- Reconcile and balance their CDC+ monthly statement to ensure that they are spending within the monthly budget and are complying with CDC+ program requirements.



Once enrolled in CDC+, a trained CDC+ consultant will help consumers plan their own services and supports. Consumers can decide to appoint a representative to assist in managing their monthly budget plan and make decisions regarding their care, like selecting service providers, if they so choose. CDC+ provides additional support to help manage the budget and ensure that the consumer receives the most out of the program.



## **Support Services for CDC+ Consumers**

### **Consultant Services**

Waiver Support  
Coordinators

- Provides continuous technical assistance to consumers.
- Assists consumers with meeting their CDC+ program responsibilities.
- Ensures consumer is aware of their rights and responsibilities as a CDC+ program participant.
- Reports any instance of Medicaid fraud, consumer abuse, neglect or exploitation.

### **Program Services**

CDC+ Program  
Administration

- Develops policies and procedures.
- Develops and provides training.
- Provides quality assurance monitoring.
- Processes Purchasing Plans.
- Reviews Purchasing Plans.

### **Financial Services**

CDC+ Fiscal/Employer  
Agent (F/EA)

- Withholds the correct employee taxes from directly hired employees' paychecks.
- Withholds employer taxes based on the employees' paychecks.
- Pays employer taxes to the Internal Revenue Service (IRS) and to the Florida Department of Revenue.
- Provides monthly account statements to consumers.
- Issues payments to employees and other service providers.
- At the end of the year, provides the IRS Form W-2 to all employees and the IRS Form 1099 to all independent contractors; reports those forms to the IRS.

### **Customer Service**

CDC+ Customer Service  
Agents

- Provides general program information.
- Provides technical assistance for the Secure Web Payroll system.
- Processes and verifies claim submissions.
- Provides technical assistance for any program or finance related inquiry.



**A complete explanation of the roles and responsibilities of the consultant, the F/EA, and CDC+ program services is in the Consumer Directed Care Plus Program Coverage, Limitations and Reimbursement Handbook.**

## 2. Getting Started with CDC+

### Eligibility for the CDC+ Program

Individuals eligible to participate in the CDC+ program for persons with developmental disabilities must:

- Be enrolled in the iBudget Florida waiver.
- Reside in their own or family home. Self-directed personal assistance services may not be provided to individuals who reside in a home or property that is owned, operated, or controlled by a provider of services not related by blood or marriage.
- Not have been previously disenrolled from the CDC+ program due to their mismanagement or inappropriate use of Medicaid funds. Additionally, any CDC+ representative who has been previously disenrolled from the CDC+ program for mismanagement or inappropriate use of Medicaid funds will not be permitted to participate in the CDC+ program in any capacity.

### Becoming a CDC+ Consumer

1. Receive the training for the CDC+ program.

2. Pass a Readiness Review to demonstrate the basic skills and knowledge needed to manage the CDC+ program.

3. Complete an application and enrollment documents.

4. Finally, work with a CDC+ consultant on the next steps to start managing a CDC+ budget.

## 2 Getting Started with CDC+

## Getting Started with CDC+ Training

Anyone eligible to enroll as a consumer in CDC+ must first:

- (1) Attend New Participant Training, and
- (2) Pass a Readiness Review to demonstrate their ability to manage a CDC+ monthly budget responsibly.

Training opportunities are provided through the CDC+ State Office (online/face-to-face) or via self-training (online or paper-based)

Must score 85% or better on Readiness Review

Representatives must also pass the Readiness Review and sign a Representative Agreement prior to assuming the role of a representative of a consumer.

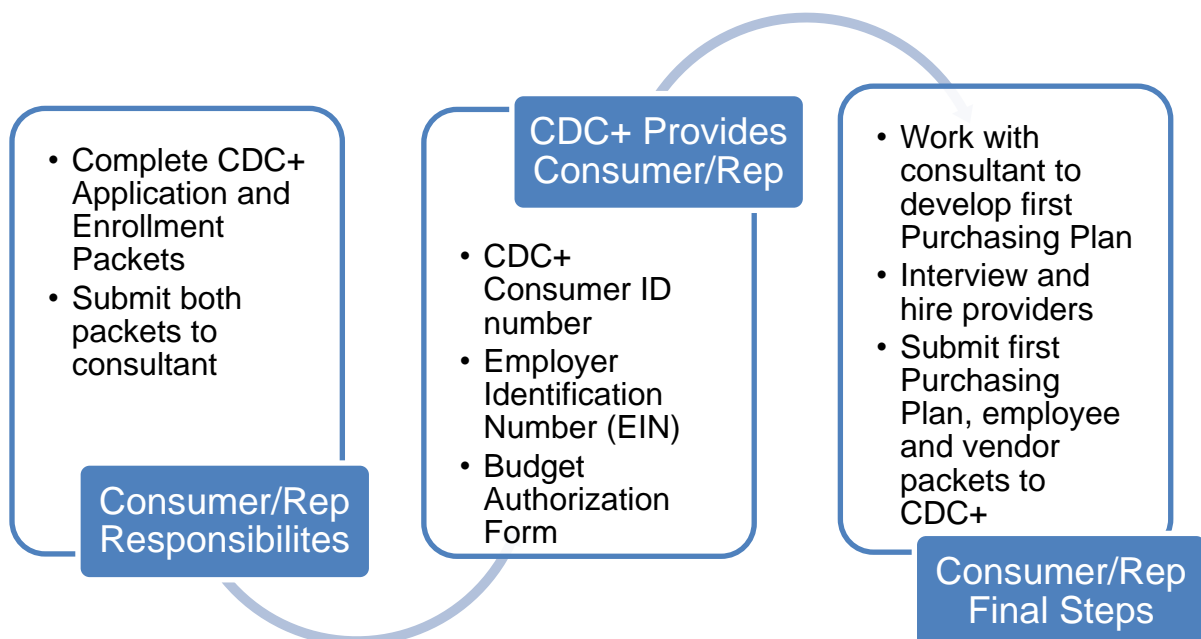
- APD State Office is responsible for scheduling all training sessions.
- Ongoing refresher training and technical assistance will be provided by APD to CDC+ consumers, representatives, and all program stakeholders to assist in fulfilling respective roles and responsibilities in the CDC+ program.

### **Successful Completion of Initial Training**

The amount of time it takes to enroll in the CDC+ program largely depends on:

- ✓ The consumer's ability to attend offered training sessions, and
- ✓ The consumer's ability to demonstrate an understanding of the training materials and the basic skills needed to manage a CDC+ monthly budget.

## CDC+ Enrollment Process



- ✓ The CDC+ consultant submits the application and Enrollment Packet to the CDC+ State Office. Documentation received by the 22<sup>nd</sup> of the month will be reviewed for an anticipated start date on the first of the following month. For example, documents should be submitted by February 22 for an April 1 start date.
- ✓ CDC+ State Office obtains the consumer's employer identification number (EIN) from the IRS and generates a CDC+ consumer ID number once the application and enrollment information are processed.
- ✓ CDC+ sends out a Budget Authorization Form (BAF) to the consultant that includes the consumer's anticipated start date, budget, and next steps to complete for the enrollment process. This form has a checklist that must be completed and signed by all required authorities before the consumer can start self-directing services under CDC+.
- ✓ The consumer should work with their CDC+ consultant to identify desired services and supports that will meet their support plan needs and goals and to complete their first purchasing plan.

- ✓ The consumer will begin to interview potential providers and complete the new hire paperwork, including background screening.
- ✓ The consultant will verify that all documentation is filled out correctly and completely, sign the Purchasing Plan, and then forward the Purchasing Plan and new-hire documents to the CDC+ State Office no later than the 10<sup>th</sup> of the month prior to the consumer's anticipated start date.
- ✓ A CDC+ customer service agent will call each consumer or representative to confirm the program start date and give the provider ID numbers assigned to the providers.
- ✓ All consumers begin the CDC+ program on the first of the month after the Purchasing Plan is approved.



**Consumers cannot begin to self-direct their CDC+ funds and receive services from their authorized CDC+ providers until they are notified by the State Office that their enrollment into CDC+ is official.**

## Background Screening and Emergency Back-Up Plan

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While each requirement listed on the BAF is important, none is more important than the background screening process and the Emergency Back-Up Plan.

### Background Screening

A successful Level 2 background screening is required for all new service providers prior to beginning to work.

- Background screening expenses are the responsibility of the provider, not the consumer. CDC+ funds cannot be used to screen or rescreen providers.
- Medicaid-enrolled providers, who are in good standing, may use the background screening completed at the time of their enrollment in the Medicaid program, provided they have not had a 90-day break in service.
- Independent contractors who are licensed through the Department of Health and agency/vendors are responsible for their own Level 2 background screening.

APD uses a statewide screening database called the Clearinghouse. The purpose of the Clearinghouse is to provide a single location for background screening results for persons screened for employment or licensure who would provide services to children, the elderly, and people with disabilities.

### Clearinghouse Advantages

- Agencies enrolled in the Clearinghouse can obtain screening results more quickly.
- A background screening status report and a completed screening listing report can be created to show all employee screening results.
- Enrollment in the Clearinghouse gives the consumer access to the employment history for their employee as reported by any provider regulated by an agency in the Clearinghouse.
- Consumers can create and maintain an employee roster and profile once hire dates and separation dates are entered for each employee. This facilitates a notification if the eligibility status of an employee changes (arrests, five-year rescreening, etc.).



**Consumers or their representatives should keep their email address current in order to receive status notifications.**

All CDC+ consumers are required to register in the Clearinghouse to initiate a background screening on their prospective employees and/or rescreening for current employees, and obtain the screening results from the online database. Each consumer will receive their own Controlling Agency Identifier (OCA). The OCA is a number provided by Department of Children and Families (DCF) that identifies the provider requesting the background check. Below are the steps the consumer must complete to begin screenings through the Clearinghouse:

1. Register in the background screening Clearinghouse results portal (<https://apps.ahca.myflorida.com/SingleSignOnPortal>).
2. Initiate all screenings through the Clearinghouse.

3. Use the APD CDC+ Clearinghouse Originating Agency Identifier (ORI) that prints out on the screening letter. The ORI is the number provided by the Florida Department of Law Enforcement (FDLE) that identifies the agency requesting the criminal history check and its purpose.
4. Use a Clearinghouse approved Live Scan provider. A listing of Live Scan providers is available in the Clearinghouse when initiating the screening.
5. An email will be sent to you once the results are obtained. Sign into the Clearinghouse and search for your employee to read the results.
6. If the results read “CDC+ Eligible”, add the employee record to your Employee Roster.

All users new to the Clearinghouse are encouraged to visit the CDC+ website at [apdcares.org/cdcplus/](http://apdcares.org/cdcplus/) and [apdcares.org/cdcplus/cdctraining.htm#background](http://apdcares.org/cdcplus/cdctraining.htm#background). The CDC+ website offers more information on the Clearinghouse along with step-by-step user guides on how to access and use the Clearinghouse. If further assistance is required, consumers can contact the DCF background screening help desk at 1-888-352-2842 or CDC+ customer service at 866-761-7043.

Background screenings are valid for five years provided there is not a break in employment as a health care provider of 90 days or more.

- If an employee has proof of a background check that was completed in compliance with chapters 408.809 and 435, Florida Statutes, and has not been unemployed as a care provider for longer than 90 days, a clearance letter can be used but an updated Local Law Name Check and a notarized Affidavit of Good Moral Character will be needed.
- Providers who have been unemployed as caregivers for longer than 90 days must submit new background screening documents.

### **Emergency Back-Up Plan**

An Emergency Back-Up Plan must be developed before the first purchasing plan is approved. The plan must address:



- What would the consumer do if a primary provider of a critical service failed to report to work or was unable to perform their job at the scheduled time and place?
- What would the consumer do if they experienced a personal emergency (house fire, an accident in which they were injured, or loss of a loved one)?
- What would the consumer do if there were a communitywide emergency (a hurricane requiring evacuation)?
- What would be done in case of an unexpected shortage of funds (state budget shortfalls resulting in a severe cut in program funds)?
- What would be done if the selected representative could no longer act as the designated representative?



**The Emergency Back-up Plan should be reviewed annually during the support planning process and updated if needed. The form can be found in the Consumer Start-Up Packet.**

### 3. Who Is a Consumer?

An iBudget Florida waiver consumer is someone who has chosen to participate in the CDC+ program, has met the enrollment requirements, and has received an approved monthly budget allowance. If the consumer has selected a representative, it is understood that the representative will fulfill any responsibilities addressed in the CDC+ Rule Handbook on behalf of the consumer. CDC+ consumers are household employers. As household employers within the CDC+ program, they must effectively manage this role and its many responsibilities. Some responsibilities of the consumer or representative are listed below:

#### Consumer Responsibilities (representative not selected)

- Authorized signer of all required CDC+ program documents
- Make all decisions and direct their own care
- Write a job description for directly hired employees (DHE)
- Hire, terminate, and manage providers
- Use CDC+ budget responsibly
- Ensure all providers complete a level 2 background screening
- Develop Purchasing Plan
- Develop Emergency Back-Up Plan
- Maintain accurate and complete records
- Comply with annual training requirement and quality assurance reviews

#### Representative Responsibilities (if selected)

- All the responsibilities of the consumer
- Work as an unpaid advocate (must be least 18 years of age)
- Always readily available to consumer and consultant
- Appropriately manage the consumer's CDC+ budget
- Be responsible and financially liable for repayment of funds used in excess of what was authorized in the consumer's budget
- Assist the consumer to develop the Purchasing Plan
- Keep the consumer's CDC+ information confidential
- Ensure the consumer's health and safety are not at risk as a result of any action or oversight related to the CDC+ program

## 3 Who is a Consumer?

## The CDC+ Consumer is an Employer

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As a participant in the CDC+ program, consumers do not have to choose Medicaid enrolled providers, even though they are using Medicaid funds. They are allowed to purchase services from a vendor (independent contractor, business, or agency), hire employees, or choose both. However, certain services may only be provided by licensed or certified professionals. Chapter four of the CDC+ Rule Handbook provides a description of each service along with limitations and special conditions for using the service and provider qualifications.

### CDC+ Provider Types

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Agency/Vendor (A/V) or Independent Contractor (IC)

An agency/vendor is a person or business that provides services and supports to a consumer in the CDC+ program. This general term includes independent contractors.

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An A/V or IC must provide the consumer a written description of the services that will be provided.

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The consumer has the right to direct only the result of the work performed by an A/V or IC, but not the methods used to accomplish the result.

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Good choice if temporary help is needed, there has been difficulty retaining DHEs, or the quality of work currently experienced from an A/V is preferred.

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Invoices are submitted to the consumer by the A/V and IC to request payment for services rendered.

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**Directly Hired Employee (DHE)**

A DHE is an individual who is directly hired by the consumer and not through an agency/vendor to provide services.

The consumer can control the details of what will be done and how the services will be performed by the DHE.

It's a good choice if the consumer wants to employ family or friends, wants to decide work schedules, requires services outside of regular business hours, needs consistency, or wants a service an AV doesn't provide.

Timesheets are submitted to the consumer by the DHE, not an invoice.

**Hiring Packets**

A completed provider packet for all hired A/Vs, ICs and DHEs must be submitted with the Purchasing Plan or Quick Update in which the new A/V, IC, or DHE is listed for the first time as a provider. The new provider cannot and should not start working until the Purchasing Plan or Quick Update has been approved and a CDC+ ID number has been assigned by the F/EA.

**Provider Packet - Agency/Vendor or Independent Contractor****A/V - IC**

Vendor/Independent Contractor Information form

IRS Form W-9 (required if vendor is not incorporated)

Direct Deposit/Rapid! Paycard® Request form

## Employee Packet - Directly Hired Employee

|     |                                             |
|-----|---------------------------------------------|
| DHE | Employee Information form                   |
|     | IRS Form W-4                                |
|     | DHS Form I-9                                |
|     | Direct Deposit/Rapid! Paycard® Request form |

All provider packets submitted with Purchasing Plans must include a valid Background Screening Letter and Affidavit of Good Moral Character. A local law screening may be submitted as well. Vendor or Employee Packets may not be processed if they are incorrect or incomplete.

A CDC+ customer service agent will call and provide employee ID numbers once the packets have been processed. Consumers may call CDC+ Customer Service at 866-761-7043 to confirm that their providers have been processed and are authorized to work.

## Building a Coordinated Care Team

Prior to finding a service provider it is a good idea to:

Write a job description for that service or job. A job description prevents misunderstandings as to the duties of the position that you are trying to fill. A job description should include:

- Basic job duties,
- Required qualifications,
- Preferred method for accomplishing required tasks, and
- The number of hours and days needed.



**Job descriptions can be written in many different ways. The most important thing is that the information be shared with the worker before he/she agrees to accept the job. See sample form in appendix D.**

Determine a rate of pay that can be based on:

- The supports and services the consumer is planning to purchase to meet identified needs.
- The job description written for the supports and services the consumer is planning to purchase.
- Who will be providing the services: DHE, A/V or IC.
- How many hours or units per month the consumer is planning to purchase.

The consumer or representative will decide what they think is a fair wage. The consultant is available if there are questions. The consultant will usually be familiar with what other individuals receive in payment for similar work. By law, all Directly Hired Employees will have to be paid at least minimum wage.

Initiate the background screening process upon hiring providers.

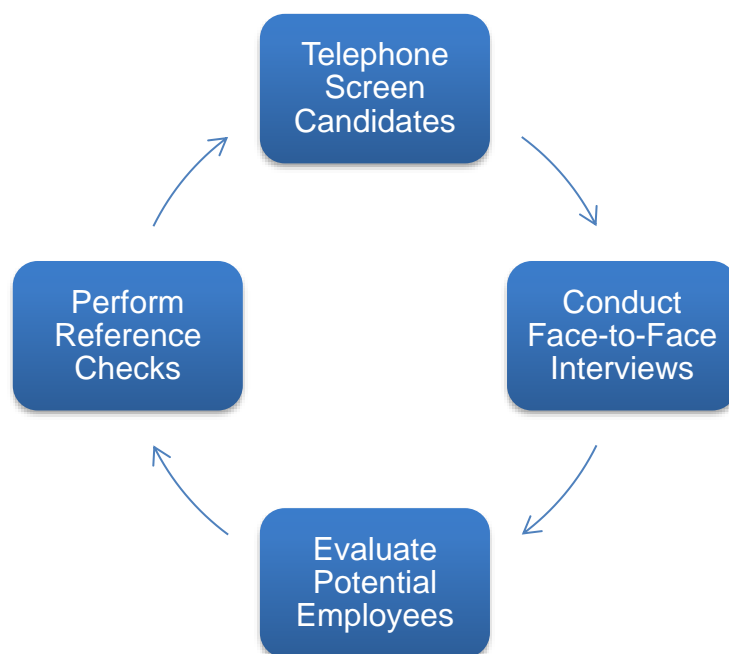
- Follow the guidelines for initiating an employee background screening given in Section 2 of this guide.
- Contact the consultant if there are any problems initiating a screening in the Clearinghouse.



**Consumers are the employer of record and must retain copies of background screening documentation as part of their providers' files.**

## **Screening and Interviewing Potential Employees**

A big candidate selection pool offers not only great flexibility in choices for hire, but also opportunities to negotiate great rates with applicants. Once candidates have been identified, consumers should:



### **Telephone Screening**

- Consider doing a short interview on the telephone to narrow down the number of people to interview in person.
- Before the interview, write down points to cover.
- Make a list of questions to ask the candidates during the phone interview.
- Make note of the responses.
- Inform candidates that they need to pass a Level 2 background screening and a reference check before hire. The employee must pay for their background screening.
- Share the job description and the pay rate for the position.

- Do not share personal information with candidates and only answer job-related questions.
- Use the Employment Candidate Evaluation form in Appendix D to help decide who has a second interview.

### Face-to-Face Interviews

Consumers or representatives should be prepared to meet face-to-face with potential employees. Take time to review resumes and any other documentation submitted for employment consideration. Also, consumers should make sure that potential employees bring any additional documentation they may need to make a more informed decision about the candidate. Consider asking job candidates to bring the following to their interview:

- References, at least two professional and two personal.
- A form of identification that includes a photo.
- Driver's license, if they will be hired to provide transportation.
- Their Social Security card.

### Practice Safety

Have a friend or family member present if you choose to interview at your residence. Meet potential candidates in public places, such as coffee shops, the library, or a café. If food or drinks are served in your chosen location, express clearly who is paying to avoid misunderstandings.



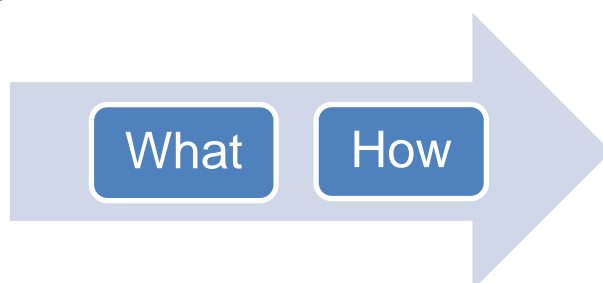
## 4. Classifying Providers: Employees vs. Independent Contractors

Information that provides evidence of the degree of control and independence of a provider must be considered when determining whether the person providing the service is an employee or an independent contractor.

### Defining a Directly-Hired Employee (DHE)

As a general rule, a provider is a DHE if the consumer can control what will be done and how it will be done.

**CONSUMER**



Examples of employees in the CDC+ program are your family members, friends, or others who provide direct services such as personal care assistance, respite, transportation, or other services that do not require a licensed professional.

### Defining an Independent Contractor (IC)

A general rule is that the employer has the right to control or direct only the result of the work done by an IC, but not the means and methods of accomplishing the result.



**CONSUMER**

- Examples of ICs in the CDC+ program are professionals such as registered nurses (RNs) and licensed practical nurses (LPNs) providing skilled or private

duty nursing services, physical therapists, behavior therapists, and other certified or credentialed professionals performing their professional services.

- ICs will provide the service in the manner in which they have been professionally trained; a consumer will not tell them specifically how to provide this service. Of course, the consumer should always feel free to tell credentialed professionals if they are unhappy or uncomfortable in any way with the service they are receiving.

### **Misclassifying Providers**

If an employee is misclassified as an IC:

- The consumer or representative may be held liable for employment taxes for that worker. See *Internal Revenue Code section 3509* and the CDC+ handbook for additional information and possible penalties.
- If you are unsure whether the person you hired qualifies as an employee or an independent contractor, you can ask them to complete *IRS Form SS-8*, and send it to the IRS, and they will make the determination for you. The form can be downloaded at <http://irs.gov/pub/irs-pdf/fss8.pdf>.

### **Employment Taxes**

Correctly classifying providers is very important. As employers, CDC+ consumers are required to pay employer or employment taxes. IRS Publication 926 provides guidance to household employers on federal taxes and CDC+ employers must comply with these regulations. Consumers must contribute an equal share of the Social Security and Medicare (FICA) taxes on behalf of each of their directly-hired employees. FICA as well as state and federal unemployment (SUTA and FUTA, respectively) taxes must be paid from the consumer's CDC+ account.

|                                                    |                                |
|----------------------------------------------------|--------------------------------|
| <b>FICA (Social Security &amp; Medicare taxes)</b> | 7.65%                          |
| <b>FUTA (Federal Unemployment tax)</b>             | 0.80%                          |
| <b>SUTA (State Unemployment tax)</b>               | 2.70%                          |
|                                                    | <b>11.15% = 0.1115 per DHE</b> |

However, these employees are exempt from employment taxes:

- The consumer's parent or qualified stepparent.
- The consumer's child or stepchild under the age of 21.
- The consumer's spouse.
- A person (related or not) under the age of 18, who is still in high school.

The electronic Purchasing Plan will automatically calculate the employer tax.

However, the employer tax will need to be calculated by the consumer or representative if the Purchasing Plan is handwritten.

For example:  $\$10.00 \times 40 \text{ hours} = \$400.00$

$\$400.00 \times 0.1115 = \$44.60$  (employer taxes)

| Participant: _____ Effective Date of Plan: _____                                                                                                                      |          |                                                |               |                 |                                |            |                       |      |           |                |            |                    |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------|---------------|-----------------|--------------------------------|------------|-----------------------|------|-----------|----------------|------------|--------------------|----------------|
| CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)                                                                                                           |          |                                                |               |                 |                                |            |                       |      |           |                |            |                    |                |
| C.1 Budget Detail - SERVICES                                                                                                                                          |          |                                                |               |                 |                                |            |                       |      |           |                |            |                    |                |
| Use as many pages as you need to list all your regular monthly providers and, if they are critical, their backup providers directly underneath them on the same page. |          |                                                |               |                 |                                |            |                       |      |           |                |            |                    |                |
| Service                                                                                                                                                               | Svc Code | Critical Y/N<br>If Y, must be at least 2 EBUS* | Provider Name | Provider Type   | DHE Provider's Relationship to | # of Units | Unit (Hr., Day, Trip) | Rate | Sub-Total | Employer Taxes | Total Cost | Total Monthly Cost | EBU Added Cost |
| 1                                                                                                                                                                     | RSPH     | 46                                             | N             | Allison Mallory | DHE                            | 5          | 40                    | Hr.  | \$ 10.00  | \$ 400.00      | \$ 44.60   | \$ 444.60          | \$ 444.60      |
| 2                                                                                                                                                                     |          |                                                |               |                 |                                |            |                       |      | \$ -      | \$ -           | \$ -       | \$ -               |                |
| 3                                                                                                                                                                     |          |                                                |               |                 |                                |            |                       |      | \$ -      | \$ -           | \$ -       | \$ -               |                |
| 4                                                                                                                                                                     |          |                                                |               |                 |                                |            |                       |      | \$ -      | \$ -           | \$ -       | \$ -               |                |
| 5                                                                                                                                                                     |          |                                                |               |                 |                                |            |                       |      | \$ -      | \$ -           | \$ -       | \$ -               |                |

## Employee Taxes

Taxes withheld from an employee's pay include federal income taxes and the employee's contribution of FICA taxes. The CDC+ F/EA will withhold taxes (if applicable) from employee wages and will send those dollars to the IRS to pay the required taxes.

- Employees who are exempt from employer taxes are also exempt from paying their share of Medicare and Social Security taxes.
- However, every employee is required to pay **federal income tax**. Therefore, every paycheck will reflect withholding of federal income taxes unless the employee completed a W-4 that indicated he or she is exempt from federal income taxes.

- The W-4 explains the conditions that would make a person exempt from federal income taxes
- IRS has determined that certain payments made to providers for care under a Medicaid waiver program are Difficulty of Care payments and are excludable from federal income taxes [Internal Revenue Bulletin: 2014-4, Notice 2014-7]. If this exclusion does apply, your Medicaid Waiver payments will not count as income for federal tax purposes and no federal income tax withholding will be withheld from your paycheck [a Tax Exclusion statement and a revised W-4 must be submitted]. It is the employee's responsibility to determine if this exclusion applies to their situation and to notify Consumer Directed Care Plus Program to request this statement.

#### How does being exempt affect directly-hired employees in CDC+?

- Employees (parents, children, spouses or those under 18) who are FICA exempt will not have a contribution to Social Security Insurance, which includes retirement, disability and survivor's benefits.
- Over a long period of time, this status could affect the benefit levels received by the employee or their beneficiaries.
- If a worker pays very little FICA tax throughout his or her working years, it is possible that he or she will not even be eligible for Medicare upon retiring, and will have to rely on Medicaid.

The consumer or representative should make sure the employee understands the consequences of being an exempt employee before beginning work for the consumer.

#### **Unemployment Compensation Tax Law**

Some types of work are not covered by Unemployment Compensation just as some wages paid for services are not subject to unemployment tax. These exemptions include:

- Services performed for a son, daughter, or spouse; or by children under the age of 21 for their parents.

### Are All DHEs Eligible for Unemployment Benefits?

- Unemployment benefits are not eligible to be claimed by noncovered workers such as the consumer's mother, father, spouse, or child under 21.

## **Workers' Compensation Insurance**

The employment of four or more DHEs to provide regular monthly service requires the purchase of Workers' Compensation Insurance.

- Workers' Compensation Insurance covers employees for job-related illnesses or injuries. Rates are determined by the state and are based on the type of work the employee is doing.
- Contact a local insurance broker or the Florida Insurance and Financial Services Consumer Help Line at 877-693-5236 or visit [www.myfloridacfo.com](http://www.myfloridacfo.com) to explore the availability of this insurance.
- Workers' Compensation Insurance may be purchased with unrestricted CDC+ funds.

## **Employer–Employee Relationship**

Consumers should strive to remain professional when working with employees. They can achieve this by working to:

Communicate Needs  
Openly and Directly

Show Respect,  
Courtesy, and  
Appreciation for Staff

Hire a Diversified  
Workforce

Deal Promptly and  
Tactfully with Issues

Avoid Sterotyping

Appreciate  
Differences in Staff  
Communication and  
Work Styles

It is important to remember that there will be challenges and successes no matter who is chosen to provide services. Below are some tips for building a successful relationship with hired providers:

- Train employees (DHEs) to perform tasks the way they need to be done. Providing training helps employees complete tasks in ways that will satisfy the consumer or representative.
- Provide timely feedback to employees regarding the quality of their work.
- Offer compliments or incentives (pay increases, as possible) to show satisfaction with work performance.
- Be patient and allow employees time to perform up to the desired level.

Even with the best training and effort, sometimes the employer-employee relationship is not the best fit. If things are not working out with the employee, the consumer should consider making changes in the care team.

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#### Making Changes

Discuss concerns with a trusted source, for example, the consultant, for guidance.

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Be prepared to terminate the employee if the situation cannot be resolved; be direct with the employee to avoid misunderstandings.

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If possible, give the employee a few days' notice to seek another job; initiate the Emergency Back-Up Plan (if necessary) until a replacement is hired.

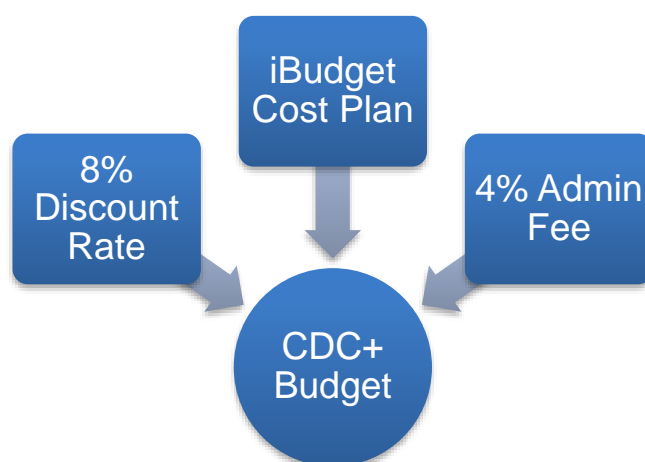
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## 5. The CDC+ Monthly Budget

The funds made available each month to a CDC+ consumer to purchase needed long-term care services.

### Calculating a CDC+ Monthly Budget

The budget is discounted by eight percent to ensure the program is cost-neutral. The consumer becomes a home-based employer as defined by the IRS and appoints APD to help collect, process, and report employer-related activities. To perform these activities on behalf of the consumer, APD charges a fee, currently four percent up to a max of \$160 monthly, to handle the payroll responsibilities such as provider enrollment, accounting, check writing, and tax



withholding. Consumers can use the monthly budget to pay for services and supports they choose, including:

- Purchasing services from a provider at a rate they negotiate.
- Hiring an individual to work for them (Medicaid and non-Medicaid enrolled providers).
- Purchasing consumable medical supplies from a vendor or store of their choice.
- Modifying their home to increase independence, such as adding a chair lift or ramp.
- Purchasing accessible equipment, appliances, or other assistive technology.

## The Budget Calculation Worksheet

The Budget Calculation Worksheet (BCW) shows the monthly CDC+ budget for the consumer. This self-calculating Microsoft Excel spreadsheet is usually completed by the consultant and/or APD staff. Each BCW is unique to each consumer. An example of a completed BCW is shown below:

|                |  |         |  |                    |    |          |    |
|----------------|--|---------|--|--------------------|----|----------|----|
| CONSUMER ID #: |  | 0001234 |  | CONSUMER INITIALS: | AB | AREA     | 01 |
|                |  |         |  |                    |    | INITIALS | SO |

|                  |          |    |           |                                                                                         |          |
|------------------|----------|----|-----------|-----------------------------------------------------------------------------------------|----------|
| Cost Plan Dates: | 7/1/0000 | to | 6/30/0000 | This calculation is to determine the monthly budget for CDC+ Purchasing Plan Effective: | 7/1/0000 |
|------------------|----------|----|-----------|-----------------------------------------------------------------------------------------|----------|

| Enter each approved Service Plan* in the Cost Plan, below: |            |          |                             |                        |                                             |
|------------------------------------------------------------|------------|----------|-----------------------------|------------------------|---------------------------------------------|
| Brief service name                                         | Begin Date | End Date | # of months in Service Plan | Total Service Plan Amt | Monthly Service Plan Amount (Col. F/Col. E) |
| #1 LIFE SKILLS                                             | 07/01/00   | 06/30/00 | 12                          | \$ 7,980.00            | \$ 665.00                                   |
| #2 TRANS                                                   | 07/01/00   | 06/30/00 | 12                          | \$ 7,550.40            | \$ 629.20                                   |
| #3 PERS SUPP                                               | 07/01/00   | 06/30/00 | 12                          | \$ 6,820.00            | \$ 568.33                                   |
| #4 PT                                                      | 07/01/00   | 06/30/00 | 12                          | \$ 5,640.80            | \$ 470.07                                   |
| #5 ST                                                      | 07/01/00   | 06/30/00 | 12                          | \$ 3,350.00            | \$ 279.17                                   |
| #6 SUPPLIES                                                | 07/01/00   | 06/30/00 | 12                          | \$ 460.65              | \$ 38.39                                    |
| #7                                                         |            |          | 1                           | \$ -                   | \$ -                                        |
| #8                                                         |            |          | 1                           | \$ -                   | \$ -                                        |
| #9                                                         |            |          | 1                           | \$ -                   | \$ -                                        |
| #10                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| #11                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| #12                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| #13                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| #14                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| #15                                                        |            |          | 1                           | \$ -                   | \$ -                                        |
| Total                                                      |            |          |                             | \$ 31,801.85           | \$ 2,650.16 (Total A)                       |
|                                                            |            |          |                             |                        | \$ 0.92                                     |
| PCA Under 21                                               |            |          | 1                           | \$ -                   | \$ 2,438.15 (Total B)                       |
|                                                            |            |          |                             | TOTAL                  | \$ 2,438.15                                 |
|                                                            |            |          |                             |                        | \$ (100.00)                                 |
| Monthly Budget for \$4,000 or more                         |            |          |                             |                        | \$ 2,278.15                                 |

OR

If the sum of Total A and Total B is less than \$4,000, then use this Administrative Fee to calculate the consumer's total CDC+ monthly budget amount.

Drag and drop the red circle unto the correct monthly budget

|           |             |
|-----------|-------------|
| (Total A) | \$ 2,650.16 |
|           | \$ 0.92     |
|           | \$ 2,438.15 |
| (Total B) | \$ -        |
| TOTAL     | \$ 2,438.15 |
|           | \$ (100.01) |
|           | \$ 2,332.14 |
|           | \$ 100.01   |

4% CALC

\* Enter only the services that the consumer uses every month. Do not enter any expired service plans. Do not enter consultant services or funds for either OTEs or STEs as defined by CDC+. Funds for OTEs and STEs are not included in the calculation of the consumer's monthly budget. Funds for OTEs and STEs are given to the consumer over and above the monthly budget amount in the first month the service or support is authorized on the Purchasing Plan (i.e., page 1 reflects the OTE or STE full authorized amount and Section F shows the amount the participant has been able to negotiate with each provider.) NOTE: The effective date of the OTE/STE in Section F must be the same as the Purchasing Plan effective date in order for the funds for the OTE/STE in Section F to be transferred to the consumer's CDC+ account.

| Calculation of OTE                                                                                                                                                                        |                         |                       |                                              | Calculation of STE                                                                                                                                                                                                                      |                         |                       |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|----------------------------------------------|
| The ONLY services and supports approved in the Cost Plan that are considered OTEs for CDC+ are Environmental Modifications, Vehicle modifications, and Therapeutic or Adaptive Equipment. |                         |                       |                                              | Includes all assessments, evals, installation of PERS, and services/supports authorized for periodic use or for a specific period of time six months or less, and the time is limited for a reason other than the end of the cost plan. |                         |                       |                                              |
| Brief service name                                                                                                                                                                        | Service Plan Begin Date | Service Plan End Date | Total Service Plan Amt                       | Brief service name                                                                                                                                                                                                                      | Service Plan Begin Date | Service Plan End Date | Total Service Plan Amt                       |
|                                                                                                                                                                                           |                         |                       | Maximum to be authorized in Purchasing Plan. |                                                                                                                                                                                                                                         |                         |                       | Maximum to be authorized in Purchasing Plan. |
|                                                                                                                                                                                           |                         |                       | \$ -                                         | DENTAL                                                                                                                                                                                                                                  | 07/01/0000              | 12/31/0000            | 250                                          |
|                                                                                                                                                                                           |                         |                       | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       | \$ 230.00                                    |
|                                                                                                                                                                                           |                         |                       | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       | \$ -                                         |
|                                                                                                                                                                                           |                         |                       | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       | \$ -                                         |



The annual cost plan amount that the consumer plans to use each month should be entered on the BCW. Consultant services are not entered on the BCW since they are not part of the monthly budget. Enter the following information to complete a BCW:

- **Brief Service Name** - Shows the name of the service identified on the Cost Plan.
- **Begin Date** - Lists the begin date for the service.
- **End Date** - Shows the end date for the service.
- **# of Months in Service Plan** - Shows the number of months of authorization for each service.
- **Total Service Plan Amount** – Shows the Total Service Plan Amount. This is where the liaison enters the amount allocated on the cost plan for the specified service.
- **Monthly Service Plan Amount** - Automatically populates once the Total Service Plan Amount is entered for the service.



**The consumer's cost plan is reduced to participate in the CDC+ program.**

#### The BCW shows

1. How the consumer's budget is reduced by the 8% discount and the
2. 4% charged by APD to handle payroll responsibilities. A \$160 Administrative Fee Cap instead of the 4% is used for monthly budgets of \$4,000 or more.

**The appropriate budget is circled, indicating the CDC+ budget to be used in the consumer's Purchasing Plan.**



**Funds for One-Time Expenditures (OTE) and Short-Term Expenditures (STE) are not included in the calculation of the consumer's monthly budget. Therefore, these are not entered in the top portion of the BCW.**

**OTEs and STEs are listed at the bottom of the BCW.**

| Calculation of OTE                                                                                                                                                                        |                         |                       |                        |                                              | Calculation of STE                                                                                                                                                                                                                      |                         |                       |                        |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|------------------------|----------------------------------------------|
| The ONLY services and supports approved in the Cost Plan that are considered OTEs for CDC+ are Environmental Modifications, Vehicle modifications, and Therapeutic or Adaptive Equipment. |                         |                       |                        |                                              | Includes all assessments, evals, installation of PERS, and services/supports authorized for periodic use or for a specific period of time six months or less, and the time is limited for a reason other than the end of the cost plan. |                         |                       |                        |                                              |
| Brief service name                                                                                                                                                                        | Service Plan Begin Date | Service Plan End Date | Total Service Plan Amt | Maximum to be authorized in Purchasing Plan. | Brief service name                                                                                                                                                                                                                      | Service Plan Begin Date | Service Plan End Date | Total Service Plan Amt | Maximum to be authorized in Purchasing Plan. |
|                                                                                                                                                                                           |                         |                       |                        | \$ -                                         | DENTAL                                                                                                                                                                                                                                  | 07/01/0000              | 12/31/0000            | 250                    | \$ 230.00                                    |
|                                                                                                                                                                                           |                         |                       |                        | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       |                        | \$ -                                         |
|                                                                                                                                                                                           |                         |                       |                        | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       |                        | \$ -                                         |
|                                                                                                                                                                                           |                         |                       |                        | \$ -                                         |                                                                                                                                                                                                                                         |                         |                       |                        | \$ -                                         |

The CDC+ monthly budget may continue unchanged:

- If there are not any changes in the consumer's support plan and/or cost plan.
- If the Florida Legislature has not required any changes in the way the Medicaid waiver operates, which could impact program funding.

#### Why Would a CDC+ Budget Change?

- If there are changes in the consumer's health or living situation that result in a cost plan increase or decrease or redistribution of funds.
- If there are changes in the consumer's Personal Care Assistance (PCA) for consumers under age 21 funded through Medicaid State Plan (MSP).



**CDC+ will periodically recalculate consumer monthly budgets to confirm the amounts based upon their approved waiver cost plan and/or MSP PCA authorizations.**

## **CDC+ Monthly Statement**

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The CDC+ Monthly Statement is a document provided by the F/EA to consumers on a monthly basis that shows the beginning and ending balance for the period covered by that statement, along with details of all deposits into and expenses paid out from the account.

- The consumer or representative is responsible for comparing the statement with what has actually been spent, making sure it is correct.
- Balancing the monthly statement is an important part of managing the CDC+ budget responsibly.
- CDC+ consultants also review statements each month to ensure purchases being made are in accordance with the monthly budget and are consistent with the consumer's current approved purchasing plan.

### **Balancing the Monthly Statement**

Balancing is the process of making sure the balance in the consumer's records is correct and matches the balance on their monthly statement. Balancing the CDC+ monthly statement is very similar to balancing a checkbook. The process requires consumers to keep a record of every deposit and item submitted for payment (timesheets, invoices, reimbursements).

In Appendix J, a blank reconciliation form called "Balancing Your Account" is provided with instructions on how to balance a statement to the consumer's records. The form can be used as a tool to help track deposits and expenses. This aids consumers in comparing their records with what was actually deposited and paid out from their account by the end of the month as shown on the monthly statement.

### **Determining the Unrestricted Balance Available to Spend**

First, get the most recent monthly statement.

Next, determine the budget amount available to spend by subtracting the following items from the statement's ending balance:

1. All payroll items that were entered online or via the telephone but are not listed on the statement.
2. Funds needed to pay for services for the rest of the month.
3. Funds that have been given for OTEs and STEs that have not yet been spent.
4. Unexpended funds from restricted services.
5. The amount, if any, reserved for Emergency Back-Ups (EBUs) (refer to the Savings Section of the Purchasing Plan).

### **The Role of the CDC+ Fiscal/Employer Agent and Statements**

- By the 20<sup>th</sup> of each calendar month, the CDC+ finance staff receives a bank statement and electronic files which contain all consumer account activity that occurred in the previous calendar month.
- Part of the role of the F/EA is to reconcile the program's bank statement and review all files received for accuracy. Once completed, all of the elements necessary to produce the Consumer Monthly Statement are processed and can be viewed by consumers and consultants on the Secure Web System.
- CDC+ prints and mails the statements. It is the goal of CDC+ to deliver the Consumer Monthly Statements correctly and as quickly as possible.
- The CDC+ staff strives to complete all reconciling and have all consumers' statements produced within 45 days of each calendar month's closing.



**Please call CDC+ Customer Service at 866-761-7043 if any payroll item fails to appear on a statement. Customer service agents are always available to answer any questions concerning the consumer's account.**

## 6. The CDC+ Purchasing Plan

The Purchasing Plan is a spending plan written by the consumer or representative that shows how the CDC+ monthly budget will be used to purchase services and supports to meet the consumer's needs and goals. The Purchasing Plan is used by the CDC+ program to authorize providers, services, and supports.

CDC+ requires consumers to effectively maintain a CDC+ budget and fulfill the following responsibilities:


- Develop and submit a Purchasing Plan in a timely fashion to the consultant for processing.
- Purchase only items listed in the current approved Purchasing Plan.
- Keep track of all purchases to prevent overspending.
- Submit a change or update to the Purchasing Plan when there is a change in the CDC+ budget or service needs.

### Developing a Purchasing Plan

To develop a Purchasing Plan, the consumer needs the following information:

- Current support plan
- Current cost plan
- Personal care assistance approval form from eQHealth if the consumer is under 21 and receives services through the Medicaid State Plan
- Completed Budget Calculation Worksheet
- List of CDC+ service codes
- CDC+ rule handbook and appendix
- Names of hired service providers with negotiated rates and provider types

## Purchasing Plan Sections

|  <b>CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|-----------------------------------|-----------------------------------|-------------|--|---------------------------------------------------|--|
| Purchasing Plan Effective Date:                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/1/2000 | Monthly Budget: | \$2,500.00 | APD Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                       | Participant is on FFI:<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| <b>A. PARTICIPANT INFORMATION</b>                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| Participant Name:<br>Alfonzo M. Mendez<br><small>First M Last</small>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            | Participant ID #:<br>0012345                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | Participant's AGE:<br>21                                                                      |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| Representative Name:<br>Maria G. Mendez<br><small>First M Last</small>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            | Phone #:<br>850-123-4567                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cell #:<br>850-890-1234 | Official Use Only                                                                             |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| REASON FOR SUBMITTING PURCHASING PLAN (TO BE COMPLETED BY CONSULTANT after Participant completes areas with *):                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 1                                                                                                                                                    | <input checked="" type="checkbox"/> New Start. (This is the Participant's first Purchasing Plan.)                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 2                                                                                                                                                    | <input checked="" type="checkbox"/> Budget Authorization Form is attached. (Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 3                                                                                                                                                    | <input type="checkbox"/> Budget has changed from what was on the Application to _____ due to <input type="checkbox"/> SP/CP Update or <input type="checkbox"/> recalculation.                                                                                                                                                                                                                                                                                                                                                           |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 4                                                                                                                                                    | <input type="checkbox"/> Add One Time Expenditure amount of up to 100% of what was approved in the Cost Plan: _____ Item must be entered in Section F with same effective date as this Purchasing Plan.                                                                                                                                                                                                                                                                                                                                 |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 5                                                                                                                                                    | <input type="checkbox"/> Add Short Term Expenditure amount not to exceed 92% of what was approved in the Cost Plan: _____ Item must be entered in Section F with same effective date as this Purchasing Plan.                                                                                                                                                                                                                                                                                                                           |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 6                                                                                                                                                    | <input type="checkbox"/> Purchasing Plan <b>CHANGE</b> (This Purchasing Plan reflects a change in monthly budget and/or addition of OTE/STE based on updated Support Plan and amended Cost Plan.)                                                                                                                                                                                                                                                                                                                                       |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 7                                                                                                                                                    | <input type="checkbox"/> Change Monthly Budget Amount to _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 8                                                                                                                                                    | <input type="checkbox"/> Add One Time Expenditure amount of up to 100% of what was approved in the Cost Plan: _____ Item must be entered in Section F with same effective date as this Purchasing Plan.                                                                                                                                                                                                                                                                                                                                 |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 9                                                                                                                                                    | <input type="checkbox"/> Add Short Term Expenditure amount not to exceed 92% of what was approved in the Cost Plan: _____ Item must be entered in Section F with same effective date as this Purchasing Plan.                                                                                                                                                                                                                                                                                                                           |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 10                                                                                                                                                   | <input type="checkbox"/> Purchasing Plan <b>UPDATE</b> (No Change in Budget Amount and no new OTE or STE.)                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 11                                                                                                                                                   | <input type="checkbox"/> Revisions have been made on page(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 12                                                                                                                                                   | <input type="checkbox"/> Participant selected a <b>NEW</b> Representative effective _____. <input type="checkbox"/> Participant Information Update form to change Representative is attached. (Required)                                                                                                                                                                                                                                                                                                                                |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 13                                                                                                                                                   | <input type="checkbox"/> New Representative used to work for participant -- has been removed from this Plan.                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 14                                                                                                                                                   | <input type="checkbox"/> Former Representative is starting to work for participant -- is added to this Plan.                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 15                                                                                                                                                   | <input checked="" type="checkbox"/> Provider Packets for all new providers are attached, as shown below: <table border="1" style="float: right; margin-top: 10px;"> <tr> <td colspan="2">Total Amount of CASH - (Section D) has been revised as follows:</td> </tr> <tr> <td>INCREASE <input type="checkbox"/></td> <td>DECREASE <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">(CHECK ONE)</td> </tr> <tr> <td colspan="2">NO CHANGE IN CASH AMOUNT <input type="checkbox"/></td> </tr> </table> |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               | Total Amount of CASH - (Section D) has been revised as follows: |  | INCREASE <input type="checkbox"/> | DECREASE <input type="checkbox"/> | (CHECK ONE) |  | NO CHANGE IN CASH AMOUNT <input type="checkbox"/> |  |
| Total Amount of CASH - (Section D) has been revised as follows:                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| INCREASE <input type="checkbox"/>                                                                                                                    | DECREASE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| (CHECK ONE)                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| NO CHANGE IN CASH AMOUNT <input type="checkbox"/>                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 16                                                                                                                                                   | <input checked="" type="checkbox"/> 2 Employee packets for Mary P. Brown, Roberto Mendez                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 17                                                                                                                                                   | <input checked="" type="checkbox"/> 2 Vendor/IC packets for Transitions Adult Training Center, Metro LLC                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 18                                                                                                                                                   | <input type="checkbox"/> Indicate below the names of your providers who will no longer be used:                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 19                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 20                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 21                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
| 22                                                                                                                                                   | <input checked="" type="checkbox"/> Total Number of Purchasing Plan Pages: 6<br>(Please number each page of your Purchasing Plan.)                                                                                                                                                                                                                                                                                                                                                                                                      |          |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |
|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |            | PLEASE COMPLETE. THIS SECTION IS REQUIRED FOR PROCESSING.<br>Consultant Initial: <u>RG</u> How can we reach you if we have any questions? Enter phone/email: <u>850-321-7654(rg@healthpartners.com)</u><br>Area Liaison Initial: <u>AC</u> Phone Number: <u>850-432-1234</u><br>Confirms reason for submission; budget, OTE and STE calculations; and receipt/review/correctness of all required attachments.<br>Approval of the Purchasing Plan contents is on the last page. |                         |                                                                                               |                                                                 |  |                                   |                                   |             |  |                                                   |  |

KEY: FFI=Florida Freedom Initiative

Page 1 of 6

Version 3.0-C Effective 02/1/13

*This example demonstrates information needed to complete a consumer's first plan.*

Page one of the Purchasing Plan details important information starting with the effective date of the Purchasing Plan, the consumer's Monthly Budget, the APD Local Area Office designation number, whether or not the consumer participates in the Florida Freedom Initiative, and Section A, Participant Information.

### Section A: Participant Information

Section A shows the name of the consumer and the representative (if selected), the consumer's Participant ID # and age. Also, up-to-date contact numbers are listed for the consumer or representative. The reason for submitting the plan must be indicated. The CDC+ consultant will select the reason for submitting the plan (only one) and complete any related sections. Consumers should complete all sections denoted by an



asterisk (\*). The CDC+ consultant and area liaison each initial the plan to indicate that it was reviewed for correctness and that all required documents are attached.

## Section B: Needs

Section B is used to list all the needs and goals identified on the consumer's current support plan, the services authorized on their current cost plan, and how each support plan need and goal will be met by a specific service on the Purchasing Plan.

The consumer should list all the services and supports they will be purchasing to meet all the needs and goals identified on their support plan.

Participant: \_\_\_\_\_ Effective Date of Plan: \_\_\_\_\_

| CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)                                                                                                                     |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|-------------------|--------------------------------|---------------------------------------------------|
| <b>B. NEEDS</b>                                                                                                                                                                 |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |
| To be completed by participant with assistance from the consultant as needed. Consultant will ensure the participant has the most current, approved Support Plan and Cost Plan. |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |
| 1. List all needs/goals identified on participant's current Waiver Support Plan.                                                                                                |                                               |  | 2. List all services and supports approved on the current Waiver Cost Plan. Provide the number of months, number of units approved for each service, unit type, and frequency. |             |               | 3. List all services/supports the participant will be using to meet the long term needs and goals identified on the Waiver Support Plan as listed in Column 1. Every item listed in the Purchasing Plan must appear in this section. |                           |              |                   |                                |                                                   |
| Current Waiver Support Plan Date:                                                                                                                                               |                                               |  | Current Waiver Cost Plan Date:                                                                                                                                                 |             |               | Indicate in NOTES: OTEs, STEs, savings items, and services provided by natural support.                                                                                                                                              |                           |              |                   |                                |                                                   |
| Support Plan Goals/ Needs                                                                                                                                                       |                                               |  | Service Name                                                                                                                                                                   | # of Months | Total # Units | Typ of Unit in CP <sup>1</sup>                                                                                                                                                                                                       | Average # Units per Month | Service Name | # Units per Month | Typ of Unit in PP <sup>2</sup> | NOTES: OTEs, STEs, Savings Items, Natural Support |
| 1                                                                                                                                                                               | To develop social skills & peer relationships |  | Life Skills                                                                                                                                                                    | 12          | 5760          | QH                                                                                                                                                                                                                                   | 480                       | ADT          | 120               | Hr                             | Services                                          |
| 2                                                                                                                                                                               |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |
| 3                                                                                                                                                                               |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |
| 4                                                                                                                                                                               |                                               |  |                                                                                                                                                                                |             |               |                                                                                                                                                                                                                                      |                           |              |                   |                                |                                                   |

For a more in-depth explanation on completing the needs page, refer to the New Consumer/Representative Training located at <http://www.apdcares.org/cdcplus/cdctraining.htm>.

## Sections C.1 and C.2: Budget Detail – Services and Supplies

Funds in the services section of the Purchasing Plan are to be used to meet the consumer's everyday needs. These are services that will be used on a regular basis month after month.

| CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)                                                                                                           |          |                                               |               |                                |                                              |            |                       |      |           |                |            |                    |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------|---------------|--------------------------------|----------------------------------------------|------------|-----------------------|------|-----------|----------------|------------|--------------------|----------------|
| <b>C.1 Budget Detail - SERVICES</b>                                                                                                                                   |          |                                               |               |                                |                                              |            |                       |      |           |                |            |                    |                |
| Use as many pages as you need to list all your regular monthly providers and, if they are critical, their backup providers directly underneath them on the same page. |          |                                               |               |                                |                                              |            |                       |      |           |                |            |                    |                |
| Service                                                                                                                                                               | Svc Code | Critical Y/N<br>If Y, must be at least 2EBUs* | Provider Name | Provider Type                  | DHE Provider's Relationship to Participant * | # of Units | Unit (Hr., Day, Trip) | Rate | Sub-Total | Employer Taxes | Total Cost | Total Monthly Cost | EBU Added Cost |
| 1                                                                                                                                                                     | PCA      | 32                                            | Y             | Jason Maddox                   | DHE                                          | 5          | 170                   | Hr.  | \$ 14.00  | \$ 2,380.00    | \$ 265.37  | \$ 2,645.37        | \$ 2,645.37    |
| 2                                                                                                                                                                     | PCA      | 32                                            | EBU           | Maddy Rodriguez                | DHE                                          | 5          | 170                   | Hr.  | \$ 14.00  | \$ 2,380.00    | \$ 265.37  | \$ 2,645.37        | \$ -           |
| 3                                                                                                                                                                     | PCA      | 32                                            | EBU           | Roberto Mendez/Natural Support | DHE                                          | 1          | 170                   | Hr.  | \$ -      | \$ -           | \$ -       | \$ -               | \$ -           |
| 4                                                                                                                                                                     | ADT      | 02                                            | N             | Independence Learning Center   | A/V                                          |            | 120                   | Hr.  | \$ 8.57   | \$ 1,028.40    | \$ -       | \$ 1,028.40        | \$ 1,028.40    |
| 5                                                                                                                                                                     |          |                                               |               |                                |                                              |            |                       |      | \$ -      | \$ -           | \$ -       | \$ -               |                |

Note: At least 2 EBU providers must be listed immediately under each critical service provider.

Page 3A C.1 Total:

\$

-

\$

-

## C.2 Budget Detail - SUPPLIES

| Service | Svc Code | Provider | Detailed Description | # of Units | Unit | Rate | Total Cost |  |
|---------|----------|----------|----------------------|------------|------|------|------------|--|
| 1       |          |          |                      |            |      |      | \$ -       |  |
| 2       |          |          |                      |            |      |      | \$ -       |  |
| 3       |          |          |                      |            |      |      | \$ -       |  |
| 4       |          |          |                      |            |      |      | \$ -       |  |

While, the Home and Community-Based Services (HCBS) Handbook lists many services, consumers are not limited only to these services. In the CDC+ program, consumers can buy additional services.



**CDC+ consumers under the age of 21 must request consumable medical supplies (CMS) through the MSP. A request can be made to purchase CMS with CDC+ funds if the request to MSP is denied. The CDC+ consultant can assist with the process of accessing CMS services.**

## Service Types

### Restricted Services

There are 20 CDC+ Restricted services, such as Nursing services and therapies.

Restricted services are approved on a consumer's cost plan, which may be prescribed by a physician.

Providers are required to be certified, professionally licensed ICs or A/Vs with specific training.

At least 92% of the units that are approved on the cost plan must be included in the Purchasing Plan budget.\* Unused funds will be returned to Medicaid to be reinvested.

\*For example, if skilled nursing services are authorized on the consumer's cost plan at 24 hours a month, at least 22 hours (92%) of the service must be purchased.

$$24 \text{ hours} \times 0.92 = 22.08 = 22 \text{ hours}$$



**Unrestricted Services**

Unrestricted services are services and supports of a nonmedical nature that a CDC+ consumer may purchase, as long as the service clearly meets the consumer's needs and related goals identified on their support plan. Such services do not have to be identical to or in the same quantity as the services funded in the cost plan. Some limitations apply.

A CDC+ consumer may purchase any unrestricted service if the service is individualized, specific, and consistent with the symptoms or confirmed diagnosis of the consumer's developmental disability and is linked to an assessed need or goal established in the consumer's support plan.

Unrestricted services must meet all criteria as stated in the Individualized Goods, Supports, and Services section in the CDC+ rule handbook.

**Critical Services**

A critical service is a service that, if not provided, would put the consumer's health, safety, or welfare at risk or substantially impact the consumer's family. A critical service must be provided as planned.

**Critical Services**

Always require two emergency back-up providers.

Personal Care Assistance is always considered to be a critical service.

The consumer or representative must determine if any other services should be considered critical.

## **Emergency Back-Up (EBU) Providers**

The Centers for Medicare and Medicaid Services require that the consumer select two EBU providers for each critical service. These providers must be available on short notice should the primary provider be unable to perform the service. This is one of the most important requirements of the CDC+ program.

- The EBU providers on the Purchasing Plan may be existing CDC+ employees, employees of an enrolled Medicaid provider such as a home health agency or nurse registry, or unpaid natural supports such as family members, friends, or neighbors.
- The EBU providers are paid from the budget already established for use with regular providers of critical services. Therefore, they should be used instead of regular providers, not in addition to regular providers.
- Employing EBU providers is not the same as establishing an Emergency Back-Up Plan. For more information about Emergency Back-Up Plans, please review Chapter 2 of this guide.

### **Service Code Chart**

Every service or support that is available to be purchased in the CDC+ program has an abbreviation and a numeric service code. Appendix G - CDC+ Service Code Chart, identifies the restricted and unrestricted services available to be purchased in the CDC+ program. Service-specific information and restrictions are available in Chapter 4 of the CDC+ Handbook.

### **Section E: Savings Plan**

Any unrestricted funds that are not allocated to a monthly service can be saved up over time in order to make special purchases. While the consumer can plan for purchases that will be made in the future, the savings section may not be used to accumulate funds just in case a need may occur at some future date.

Consumers only have one account. All accumulated funds appear on the consumer's monthly statement as the ending balance. Consumers do not have a separate savings account.

| CONSUMER-DIRECTED CARE PLUS Purchasing Plan (Version 3.0-C)                 |          |                                                                                                           |               |                                               |            |      |      |                                                                   |                |                      |                                 |                                            |
|-----------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|------------|------|------|-------------------------------------------------------------------|----------------|----------------------|---------------------------------|--------------------------------------------|
| E. SAVINGS PLAN - Authorizations for use of Accumulated, Unrestricted Funds |          |                                                                                                           |               |                                               |            |      |      |                                                                   |                |                      |                                 |                                            |
| Most Current Statement Date:                                                |          | Statement Balance:                                                                                        |               | Total Amount of Unrestricted Funds Available: |            |      |      | Unrestricted funds made available for these purchases each month: |                |                      |                                 |                                            |
| Item/Service Description                                                    | Svc Code | Provider Name<br>Add "Consumer/Rep Reimb." if you will buy the service yourself and request reimbursement | Provider Type | Provider's Relationship to Participant        | # of Units | Unit | Rate | Sub-Total                                                         | Employer Taxes | Total Estimated Cost | Last Date Purchase Will be Made | Actual Date Purchase was Made or Completed |
| Funds always reserved for Emergency Back Ups                                |          |                                                                                                           |               |                                               |            |      |      |                                                                   |                | \$ -                 |                                 |                                            |
| 1                                                                           |          |                                                                                                           |               |                                               |            |      |      | \$ -                                                              | \$ -           | \$ -                 |                                 |                                            |
| 2                                                                           |          |                                                                                                           |               |                                               |            |      |      | \$ -                                                              | \$ -           | \$ -                 |                                 |                                            |
| 3                                                                           |          |                                                                                                           |               |                                               |            |      |      | \$ -                                                              | \$ -           | \$ -                 |                                 |                                            |
| 4                                                                           |          |                                                                                                           |               |                                               |            |      |      | \$ -                                                              | \$ -           | \$ -                 |                                 |                                            |

### How the Savings Plan Works

The savings section is to be used for services and supports that are not intended to be purchased on a monthly basis. Every item listed in the savings section must be justified in Section D when the Purchasing Plan is submitted for approval. The justification must explain how the item will meet a specific Support Plan need or goal and how the consumer will have enough funds to pay for the item by the estimated purchase date. Items in the savings section may not be purchased prior to them being approved on an updated Purchasing Plan.

### Savings Plan Example:

A consumer has a monthly budget of \$1,200 and is budgeting for \$1,100 worth of services each month.

- If purchases are made in accordance with the Purchasing Plan, \$100 will accumulate each month in the CDC+ account.
- Accumulated funds can be used toward purchasing an additional support or service listed in the savings section.

If the consumer would like to purchase an item that costs \$1,000, it will take 10 months to save for that item.



**Consumers should make purchases once they have saved enough to cover the cost of their approved saving items and before the authorization expires.**

### **Estimated Dates of Purchase**

All items listed in the Savings Plan section of the Purchasing Plan should be purchased only when the sufficient funds have been accumulated. As a general rule, savings items should be requested when there are enough funds to purchase them within 12 months.

If a consumer wishes to purchase a costly item such as a piece of equipment or a home modification, it may take longer than 12 months to accumulate enough funds to make the purchase. The estimated date of purchase can be accumulated up to a maximum of two years. CDC Plus will work with you in identifying how much time you will need to accumulate funds for a big-ticket item. If it will take longer than two years to accumulate funding for a particular item, then that item may not be approved.

### **Allowable Purchases**

Any purchase that is approved on the consumer's Purchasing Plan that relates to the long-term care needs or need for community supports as identified on the consumer's support plan.

#### **CDC+ Program Allowable Purchases**



Everything purchased with CDC+ funds must be an allowable purchase. These purchases should be cost effective and not duplicate services or items that are available through Medicare or the Medicaid State Plan.



**Chapter 4 of the CDC+ Rule Handbook gives a complete list of services restricted and unrestricted available in the CDC+ program.**

CDC+ consultants can provide guidance to consumers on using their budgets effectively in accordance with the purchasing rules of the CDC+ program.

## Unallowable Purchases

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Specific services or supports that are not permitted to be purchased with funds provided under the CDC+ program.

The CDC+ budget may not be used for purchases such as:

- Payments to someone to be the CDC+ representative
- Gifts for workers, family, or friends
- Loans to the consumer's employees
- Rent or mortgage payments
- Utility payments (e.g. electric, water, gas, telephone, sewer, garbage services)
- Clothing
- Groceries, with the exception of special foods required because of the consumer's disability to maintain nutritional status
- Lottery tickets
- Alcoholic beverages
- Entertainment activities
- Entertainment devices, such as televisions, stereos, radios, or DVD/VCRs
- Swimming pools or spas
- General purpose furniture
- Educational equipment or supplies
- Lessons, such as karate, that are not therapeutic
- General repairs and maintenance to home for consumers
- Repairs or maintenance to general purpose equipment
- Tobacco products
- Services which will meet the consumer's needs but are available, without charge, from community organizations
- Anything that is not directly related to the consumer's disability and related health conditions. For example, personal hygiene items or consumable medical supplies that would be purchased for anyone in the general population as a

necessary cost of living, such as soap, toothbrush, shampoo, tissues, and similar toiletries

- Items or services which are available through other funding sources such as Medicare, the Medicaid State Plan, local school system, or Vocational Rehabilitation

## **Section F: One-Time and Short-Term Expenditures**

One-Time Expenditures (OTE) and Short-Term Expenditures (STE) are medically necessary supports or services specifically approved in the consumer's Support Plan or Cost Plan.

- An OTE is an item of durable medical or adaptive equipment, a home modification or a vehicle modification.
- An STE is a support or service that is for periodic purchases during the year or for temporary services approved in the consumer's Support Plan or Cost Plan, not to exceed six months. Some examples may include: dietitian services, an environmental assessment, or adult dental services for cleaning appointments during the year.

### **Section F – One-Time and Short-Term Expenditures**

| F. Budget Detail - One Time and Short Term Expenditures |                          |          |          |               |                                                |            |      |      |           |                |              |            |          |
|---------------------------------------------------------|--------------------------|----------|----------|---------------|------------------------------------------------|------------|------|------|-----------|----------------|--------------|------------|----------|
| OTE/STE                                                 | Item/Service Description | Svc Code | Provider | Provider Type | DHE<br>Provider's Relationship to Participant* | # of Units | Unit | Rate | Sub-Total | Employer Taxes | Total Budget | Start Date | End Date |
| 1                                                       |                          |          |          |               |                                                |            |      |      | \$ -      | \$ -           | \$ -         |            |          |
| 2                                                       |                          |          |          |               |                                                |            |      |      | \$ -      | \$ -           | \$ -         |            |          |
| 3                                                       |                          |          |          |               |                                                |            |      |      | \$ -      | \$ -           | \$ -         |            |          |
| 4                                                       |                          |          |          |               |                                                |            |      |      | \$ -      | \$ -           | \$ -         |            |          |

Any items entered in Section F must meet the definition of either a One-Time Expenditure (OTE) or a Short-Term Expenditure (STE), as specified on the CDC+ Service Code Chart. The Start Date must be the same as the Effective Date of the Purchasing Plan on which it is first entered, and services cannot be purchased prior to that date. An End Date consistent with the Waiver Cost Plan must also be entered. The funds for items listed in this section are transferred to your account in addition to your monthly budget for the month the Purchasing Plan on which they are first listed is effective. Funds for STEs must be used to purchase AT LEAST 92% of the quantity of services approved on your Waiver Cost Plan. Funds for OTEs and STEs not used in the time frame specified in this section of the Purchasing Plan will be returned to Medicaid.

\* DHE = Directly Hired Employee, A/V = Agency/Vendor, IC = Independent Contractor; \*Parent = 1, PARTICIPANT'S Child Under 21 = 2, Spouse = 3, Person Under 18 = 4, All Others = 5.

Page \_\_\_\_ of \_\_\_\_

### **Procedure for Using OTEs and STEs**

1. The consultant advises the consumer or representative of the amount of funding authorized for the OTE or STE.

- OTEs are funded at 100% of the amount approved on the cost plan.
- STEs are funded at 92% of the amount approved on the cost plan.

2. The consumer completes Section F: Budget Detail – OTE/STE of the Purchasing Plan.

CDC+ funding for OTEs and STEs approved in the Support Plan and Cost Plan must be used to purchase the same services in CDC+.

- Funding for OTEs and STEs is deposited into the consumer's account in the month it is first approved on a Purchasing Plan. This funding is in addition to the approved monthly budget.
- Funds for an STE must be used to purchase at least 92% of services approved on the consumer's Support Plan or Cost Plan. If this funding is not used in the period for which it was intended, the funds will be returned to Medicaid.
- If additional funds are needed to purchase a service in the STE section, the consumer must include an item in the Savings Plan to cover the additional cost.

**For example,** a consumer is approved for Adult Dental on the Cost Plan in the amount of \$300.00; however, the consumer will only receive 92% or \$276.00. The additional \$24.00 can be paid from savings.

3. The consultant completes page one of the Purchasing Plan to indicate a STE and/or OTE is being requested. The amount entered as an OTE and/or STE on page one must agree with the amount listed in Section F on the Plan.

4. The consultant submits the Purchasing Plan to the regional office for approval.

Some Important Things to Remember about OTEs and STEs.

- Funds given for an OTE and STE are restricted and must be used within approved timelines.
- Funds allocated as OTEs and STEs cannot be spent on any other service.
- Unexpended funds must be returned to Medicaid.

## The CDC+ Purchasing Plan – At a Glance

### Section A

- Contains basic information about the consumer

### Section B

- Identifies consumer's Support Plan needs and goals and how they will be met on CDC+

### Section C.1 and C.2

- Lists consumer's recurring monthly services and supports

### Section D

- Cash - No longer available in the program
- Use only for justification and updates of savings items

### Sections E and F

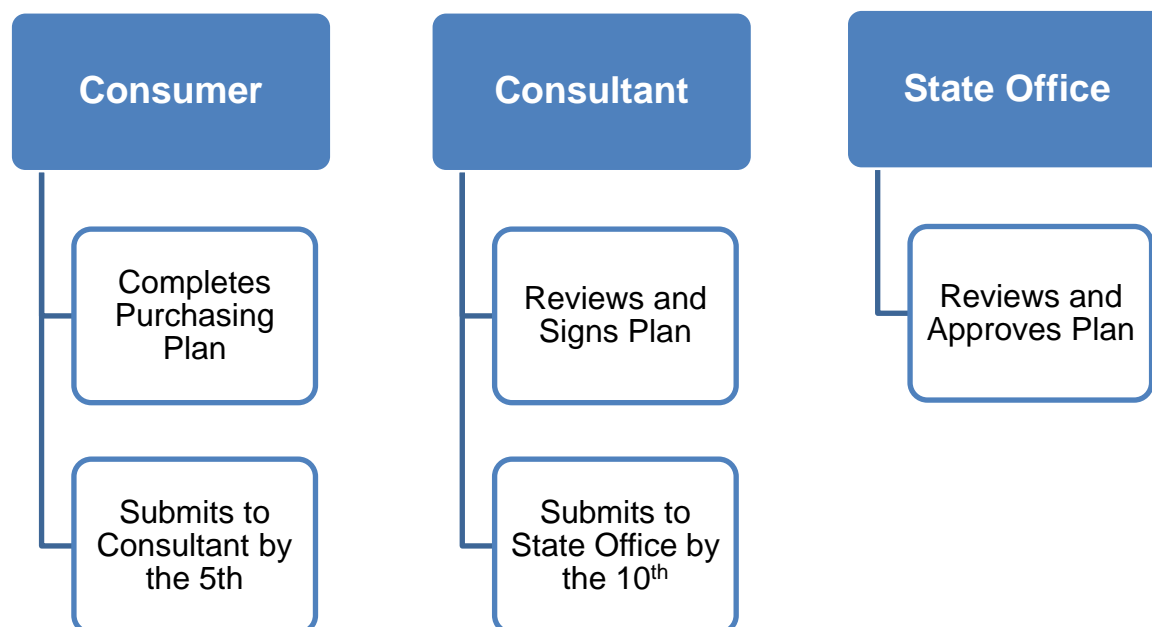
- (E) Savings Plan - Lists services and supports that are not purchased on a monthly basis or special purchases the consumer wishes to save up for over time. Items in the savings section are purchased using funds available after the consumer has budgeted for monthly services.
- (F) One-Time Expenditures (OTE) - Identifies funding transferred to the consumer's account in one lump sum based on the medically necessary services approved on the Cost Plan. Funding is transferred at 100% of the amount authorized on the Cost Plan.
- (F) Short-Term Expenditures (STE) - Identifies funding that is transferred to the consumer's account in one lump sum to purchase services during a period of time (6 months or less). STE funding is provided at 92% of the amount approved on the Cost Plan and must be used within the period of time authorized on the Purchasing Plan

### Budget Summary and Signatures

- The Budget Summary page summarizes the expenditures detailed in the other sections of the Purchasing Plan.
- This page must always be newly signed and dated by all three required signers



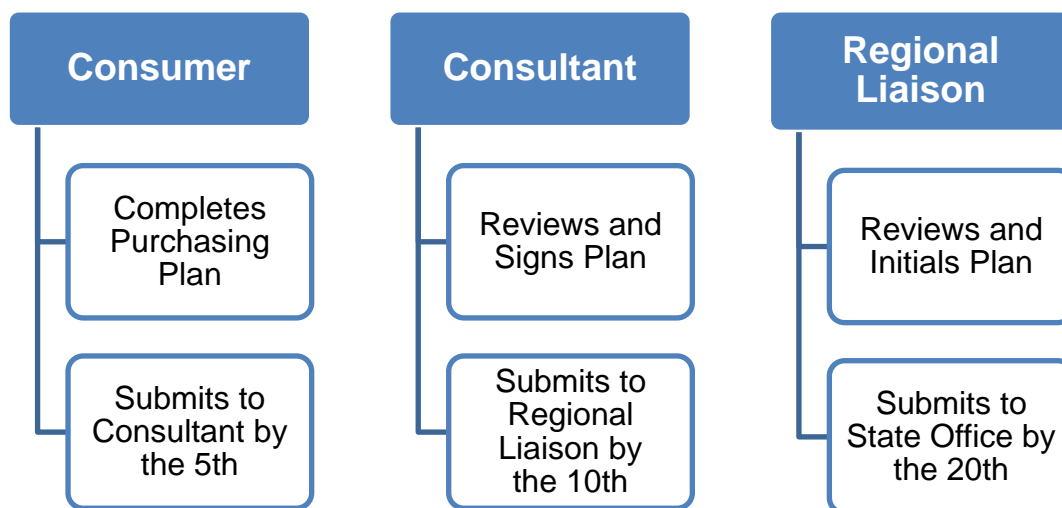
## Purchasing Plan Submission Process: **New Consumers**



The new consumer must submit his/her completed initial Purchasing Plan to his/her consultant for review no later than the fifth of the month before the plan's effective date.

- The consultant will review the plan to verify that all documentation is filled out correctly and completely, then sign the Purchasing Plan and submit it with the consumer's new hire documents to State Office no later than close of business on the 10<sup>th</sup> of the month before the plan's effective date.
- If the consultant finds errors, the Purchasing Plan should be returned to the consumer for correcting.

## Purchasing Plan Submission Process: **Active Consumers**



- The Purchasing Plan must be updated or changed by the consumer or representative, signed, and submitted to the consultant by the fifth of the month before the plan's effective date.
- The consultant provides the initial review of the Purchasing Plan. If the information contained in the plan is accurate, the plan meets the needs and goals specified on the consumer's Support Plan and meets the requirements of the program, the consultant signs and sends the plan to the APD regional office for review by the 10<sup>th</sup> of the month.
- The APD regional office submits the plan to the CDC+ program State Office no later than the close of business on the 20<sup>th</sup> of the month after the plan is reviewed and initialed on page one.
- The CDC+ program provides the final review of the Purchasing Plan. Once the Purchasing Plan is signed by the State Office it is approved and may be implemented on the effective date for valid providers. Exceptions to the approval will be noted on the last page of Purchasing Plan.
- The consultant, regional office, and State Office will return any plans that do not meet the consumer's needs and goals, contains errors and/or do not comply with the policies and procedures outlined in the CDC+ Rule Handbook.

## **Making Changes to an Approved Purchasing Plan**

### **Purchasing Plan Change**

- Change in the consumer's monthly budget.
- When an OTE or STE is added.

### **Quick Update**

- To replace a current provider with a new provider. The provider type, rate of pay, and 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.

### **Purchasing Plan Update**

- To add or remove a provider on the Purchasing Plan.
- To change a provider's rate of pay.
- To request different services or supports on the Purchasing Plan.
- To change the number of hours that an employee or vendor will provide service.
- To add a new savings item to the savings section.

### **The Quick Update Form**

A Quick Update form should be submitted to adjust the Purchasing Plan for an upcoming event or situation. For example, to replace or change a current provider with a new provider. As a standard practice, the Quick Update form and all supporting documents should be submitted at least one week before the needed start date for the event. However, the CDC+ program suggests that consumers or representatives submit Quick Update forms and new provider packets at least one to two weeks before the provider is needed to begin work to allow time to address any questions with the request.

### **Completing a Quick Update Form**

Always complete the form in its entirety. Be sure to list the date of the last effective Purchasing Plan, the consumer's name, and the CDC+ consumer ID number. Only one request per form is accepted.

1. In Section A, check the reason for submitting the Quick Update Form. Fill in all blanks.
2. In Sections B and D, always circle the type of entry that should be replaced or added: Services (R), One-Time Expenditures (E), Savings (S) or Short-Term Expenditure (T).
3. List the Provider ID number if a currently authorized provider is being added. If a new provider is being added check the next box.
4. Sign then date form.



**Use additional forms for multiple requests.**

**Quick Update to My Purchasing Plan that was Effective:**Add date of  
current Plan

**Participant's Name:** \_\_\_\_\_ **Participant's ID #:** \_\_\_\_\_

**A. Reason for this Quick Update:** (You MUST Check one of the following and complete any blanks.)

☐ Replace current authorized provider with new provider. Current provider's last day: \_\_\_\_\_. New provider starts: \_\_\_\_\_. (B-C)

☐ Change vendor in Savings, OTE or STE to authorize participant/representative reimbursement starting \_\_\_\_\_. (B-C)

☐ Change the Estimated Date of Purchase for a Savings item, or the End Date for an OTE or STE. (B-C)

☐ Add or replace a service or support in the Savings section of the Purchasing Plan section starting \_\_\_\_\_. (B-D or D)

☐ Add a provider ONLY AS an additional emergency backup provider starting \_\_\_\_\_. (D ONLY)

**B. Current Entry to be Replaced/Changed:** (You MUST Circle One: **R E S T**<sup>1</sup>):

| Service Code | Description: | Provider's Name: | Critical <sup>2</sup>                                                            | Provider Type | DHE Rel | # of Units | Rate | Sub Total | Employer Tax: | Total \$ | Date <sup>3</sup> |
|--------------|--------------|------------------|----------------------------------------------------------------------------------|---------------|---------|------------|------|-----------|---------------|----------|-------------------|
|              |              |                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> E |               |         |            |      |           |               |          |                   |

☐ A COPY OF THE PAGE OF THE PURCHASING PLAN ON WHICH THE CURRENT ENTRY APPEARS MUST BE ATTACHED.

**C. Replace/Change Above Entry, as follows:**

| Service Code | Description: | Provider's / Payee's Name: | Critical | Provider Type | DHE Rel | # of Units | Rate | Sub Total | Employer Tax: | Total \$ | Date <sup>4</sup> |
|--------------|--------------|----------------------------|----------|---------------|---------|------------|------|-----------|---------------|----------|-------------------|
| SAME         | SAME         | Same as Above              |          |               |         |            |      |           |               |          |                   |

**D. Add the following Entry:** (You MUST Circle One: **R S**<sup>5</sup>):

| Service Code | Description: | Provider's Name: | EBU                                                   | Provider Type | DHE Rel | # of Units | Rate | Sub Total | Employer Tax: | Total \$ | Date <sup>6</sup> |
|--------------|--------------|------------------|-------------------------------------------------------|---------------|---------|------------|------|-----------|---------------|----------|-------------------|
|              |              |                  | <input type="checkbox"/> Y <input type="checkbox"/> N |               |         |            |      |           |               |          |                   |

☐ PROVIDER ID#: \_\_\_\_\_ OR ☐ NEW PROVIDER PACKET IS ATTACHED (REQUIRED FOR ALL NEW PROVIDERS.)

This form cannot be used for retroactive replacements/changes or additions; all changes must be in the future. Participant, Consultant, Area Liaison and Central Office staff must attach their copy of the approved Quick Update to the Purchasing Plan that is being updated, as specified at the top of the form.

|                                               |                                                       |               |
|-----------------------------------------------|-------------------------------------------------------|---------------|
| _____<br>PARTICIPANT/REPRESENTATIVE SIGNATURE | _____<br>PARTICIPANT/REPRESENTATIVE (PRINT/TYPE NAME) | _____<br>DATE |
| _____<br>CONSULTANT SIGNATURE                 | _____<br>CONSULTANT (PRINT/TYPE NAME)                 | _____<br>DATE |
| _____<br>APD AREA _____ LIAISON SIGNATURE     | _____<br>AREA LIAISON (PRINT/TYPE NAME)               | _____<br>DATE |

<sup>1</sup> R = Services; E = One Time Expenditure; S = Savings; T = Short Term Expenditure

<sup>2</sup> Circle one: If the current provider is the primary provider, circle Y for yes; N for no; if the current provider is an emergency backup provider, circle E. Applies only to Services Section.

<sup>3</sup> Date = estimated date of purchase or end date; complete only if the current item is in the Savings, One Time or Short Term Expenditure section.

<sup>4</sup> Date = estimated date of purchase or end date; complete only when replacing the provider of a Savings, One Time or Short Term Expenditure.

<sup>5</sup> R = Services; S = Savings. These are the only sections of the Purchasing Plan to which additions may be made using this form.

<sup>6</sup> Date = estimated date of purchase; complete only if the item is being added to the Savings section

Effective 6/1/09

**After Completing and Signing the Quick Update Form:**

1. Attach a copy of the page, services and savings, from the Purchasing Plan where the changes are to be made. Do not add the requested item to the Purchasing Plan page.
2. If applicable, attach Employee or Vendor Packets for the new providers.
3. The Quick Update form(s) along with supporting documents should be submitted to the CDC+ consultant for review.
4. A Purchasing Plan update should be completed and submitted for the month that follows a Quick Update submission showing changes made to the Purchasing Plan.

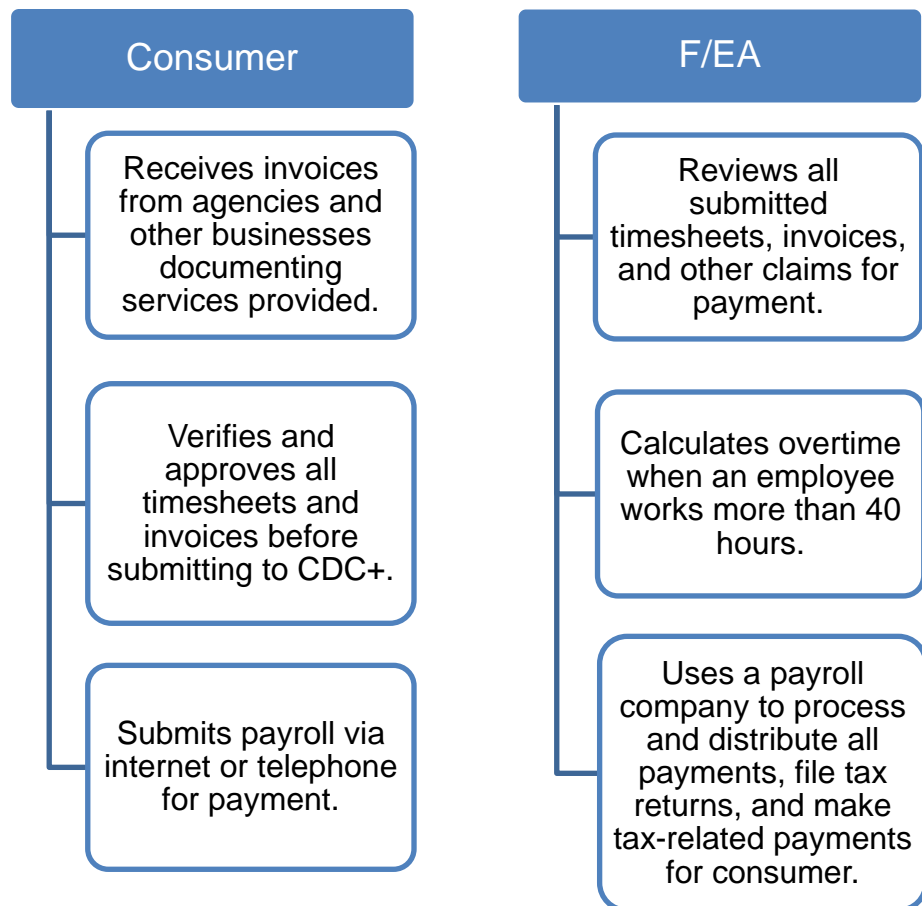


**A Quick Update form cannot be used for retroactive replacements, changes, or additions to the Purchasing Plan. All changes must be for future needs. The Quick Update form must be received by the CDC+ program before the requested change is needed.**

## 7. Paying Providers

Upon the direction of the consumer, the CDC+ Fiscal Employer Agent (F/EA) processes payroll for all directly-hired employees (DHE), independent contractors (IC) and agency/vendors (A/V) using the Medicaid funds that are allocated in the consumer's CDC+ monthly budget. The F/EA also ensures that all wage and tax-related issues are in compliance with relevant state and federal laws and regulations.

### Overview



It is very important that the consumer correctly determine whether the individuals providing services are employees or ICs. As an employer, consumers must withhold income taxes, withhold and pay Social Security and Medicare taxes, and pay unemployment tax on wages paid to an employee. Consumers do not have to withhold or pay any taxes on payments to ICs or A/Vs.

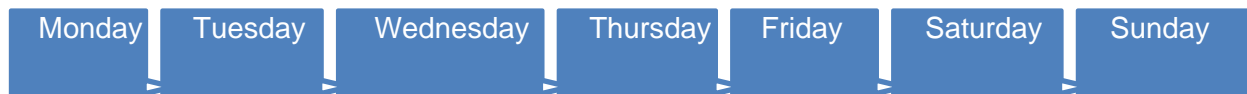
### **Directly Hired Employees**

DHEs are paid bi-weekly based on a weekly timesheet which coincides with the CDC+ workweek. A paper timesheet must be completed for all DHEs showing time in and time out each day and must be signed by the consumer and the employee after the employee has finished working each week. The signed timesheet certifies the hours being submitted for payment to be true, accurate, and complete.

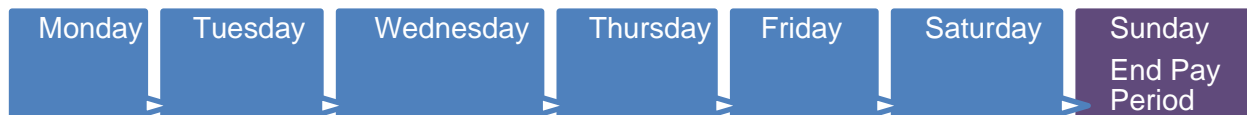
All employees' weekly timesheet information can be entered into the Secure Payroll System through the Web or by calling customer service. Completed employee timesheets may be entered or submitted on the Monday following the previous workweek or after the employee has signed and submitted the paper timesheet, whichever is later, until Tuesday at 5p.m. Eastern Time, after the two week pay period has ended.

### **CDC+ Workweek**

#### **1<sup>st</sup> Week**



#### **2<sup>nd</sup> Week**



The consumer can choose to submit employees' time each week or every other week for the entire two week pay period, but the paper timesheets must be completed and signed by employees on a weekly basis. A timesheet is the official documentation of services paid with Medicaid funds. Consumers must use the timesheet provided in the appendix to document all employee hours worked. Copies of all DHE timesheets must be maintained in the consumer's file for six years.

Employees will be paid every other week in accordance with the official CDC+ bi-weekly pay schedule.

- The bi-weekly pay schedule is made available annually and listed on the CDC+ website.
- All payroll checks will be mailed to the consumer or to the representative for distribution to each provider. If DHEs have requested direct deposit, consumers will receive a non-negotiable direct deposit check stub describing the payment that was made and deposited directly into their account. Consumers should provide each employee who receives direct deposit with a copy of the direct deposit check stub so the employee will have a pay stub showing their taxes and other deductions. All providers can also receive payments via a Rapid!PayCard® debit card.
- The F/EA will issue payments based on the claims submitted.

### **Directly Hired Employees and Overtime Pay**

If a Directly Hired Employee (DHE) works more than 40 hours in a work week, he or she must be paid time and a half for any additional time worked. Consumers should consider all the services provided by DHE's who work 40 hours each week or close to it. The Purchasing Plan is not designed to calculate overtime, so there is no way to budget it correctly. If there is a possibility that an employee will occasionally work more than 40 hours, consumers should plan to pay that employee time and a half or risk over spending their CDC+ monthly budget.

There are a few exceptions to paying overtime according to the U.S. Department of Labor Fair Labor Standards Act.



### Exemptions from Overtime – Live-In Workers

**According to the U.S. Department of Labor, the employee is exempt from overtime if he or she:**

Resides permanently in the household where employed for five days a week (120 hrs), or for five consecutive days and four nights or vice versa (for example, Monday mornings to Friday evenings).



The live-in worker exemption from overtime may be used; overtime is not paid

#### **Live-in Workers**

U.S. Department of Labor (DOL) Fact Sheet 79B  
(excerpt)

- In order to be a live-in domestic service worker, a worker must reside on the employer's premises either "permanently" or for "extended periods of time."
- A worker resides on the employer's premises permanently when he or she lives, works and sleeps on the employer's premises seven days per week; therefore, has no home of his or her own other than the one provided by the employer under the employment agreement.
- A worker resides on the employer's premises for an extended period of time when he or she lives, works and sleeps on the employer's premises for five days a week (120 hours or more). If a domestic worker spends less than 120 hours per week working and sleeping on the employer's premises, but spends five consecutive days or nights residing on the premises, this also constitutes an extended period of time.

**Example 1:** An employee who resides on the employers' premises five consecutive days from 9:00 a.m. Monday until 5:00 p.m. Friday (sleeping four consecutive nights on the premises) is residing on the employer's premises for an extended period of time.

**Example 2:** A worker who resides on the employer's premises five consecutive nights from 9:00 p.m. Monday until 9:00 a.m. Saturday (sleeping four straight days on the premises) is considered to reside on the employer's premises for an extended period of time.

The consumer should clearly state in the employee's job description the schedule the provider is expected to work. The employee should receive compensation for actual hours worked.



**It is a violation of Federal labor laws to claim live-in status for someone who is not a live-in worker.**

DOL has issued a series of Fact Sheets to provide guidance on related issues which can be found at: <http://www.dol.gov/whd/regs/compliance/whdfsFinalRule.htm>.

### **Tracking Employee Hours**

The CDC+ bi-weekly payroll cycle coincides with the CDC+ workweek which makes it a simpler task to track employees' time worked during a CDC+ workweek.



**Keep a running calendar to track the number of hours employees work during each CDC+ workweek to help avoid employee overtime. The calendar can be set up to record the number of hours employees work and the services they provide.**

**Example:** During the week of December 22, Joe worked a total of 42 hours. He provided 31 hours of Personal Care Assistance (PCA) (service code 32) and 11 hours of Companion Services (service code 11). Joe will receive time and a half for the two (2) hours he worked over the 40 hour workweek. Kim worked 7.5 hours providing

In-Home Support services (service code 22). Dan provided 16 hours of Companion Services.

| DECEMBER                                  |                                                 |                                                 |                                                 |                                                 |                                                                                                         |                                           |                                                                             |
|-------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|
| Monday                                    | Tuesday                                         | Wednesday                                       | Thursday                                        | Friday                                          | Saturday                                                                                                | Sunday                                    | Total Hours Week                                                            |
| <b>1</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p  | <b>2</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p  | <b>3</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p  | <b>4</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30pm | <b>5</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p  | <b>6</b><br>Kim(22)6:30a-8a<br>Joe(11)2p-7:30p                                                          | <b>7</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p  | Joe(32) = 34hrs<br>Joe(11) = 5.5hrs<br>Kim(22) = 7.5hrs<br>Dan(11) = 16hrs  |
| <b>8</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p  | <b>9</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p  | <b>10</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>11</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>12</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>13</b><br>Kim(22)6:30a-8a<br>Joe(11)2p-7:30p                                                         | <b>14</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p | Joe(32) = 34hrs<br>Joe(11) = 5.5hrs<br>Kim(22) = 7.5hrs<br>Dan(11) = 16hrs  |
| <b>15</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p | <b>16</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>17</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>18</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>19</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>20</b><br>Kim(22)6:30a-8a<br>Joe(11)2p-7:30p                                                         | <b>21</b><br>Joe(32)7a-1a<br>Dan(11)1p-9p | Joe(32) = 34hrs<br>Joe(11) = 5.5hrs<br>Kim(22) = 7.5hrs<br>Dan(11) = 16hrs  |
| <b>22</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p | <b>23</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-9:00p | <b>24</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>25</b><br>Kim(22)6:30a-8a<br>Joe(11)2p-7:30p | <b>26</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>27</b><br>Kim(22)6:30a-8a<br>Joe(11)2p-7:30p                                                         | <b>28</b><br>Joe(32)7a-2p<br>Dan(11)2p-9p | Joe(32) = 31hrs<br>Joe(11) = 11hrs<br>Kim(22) = 7.5hrs<br>Dan(11) = 16hrs   |
| <b>29</b><br>Joe(32)7a-1p<br>Dan(11)1p-9p | <b>30</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p | <b>31</b><br>Kim(22)6:30a-8a<br>Joe(32)2p-7:30p |                                                 |                                                 | <b>Monthly Hours</b><br>Joe(32) = 149.0hrs<br>Joe(11) = 27.5hrs<br>Kim(22) = 33.0hrs<br>Dan(11) = 68hrs |                                           | Joe(32) = 16.0hrs<br>Joe(11) = 1.5hrs<br>Kim(22) = 1.5hrs<br>Dan(11) = 8hrs |

If an employee is not a live-in and works over 40 hours in an established workweek he/she is eligible for overtime pay for any hours worked over 40 hours.

### **Agency/Vendors and Independent Contractors**

Agency/vendors and independent contractors must submit invoices, not timesheets, to the consumer to receive payment for services provided. All services for the time period included in the invoice must have been delivered prior to the provider submitting the invoice for payment.

Consumers must confirm that goods or services billed on the invoice(s) were received by writing on the invoice(s):

1. Goods/services received as shown
2. The consumer CDC+ ID number
3. A signature with the date
4. The printed name of whoever signed the invoice under the signature

A provider may submit an invoice as services are rendered, bi-weekly, or monthly. The amounts paid to each vendor or independent contractor should be tracked.

### Biweekly Invoicing

- Consumers or representatives should submit the payment request according to the payroll submission schedule.
- Typically, payments will arrive more timely if billed on a bi-weekly basis.
- Invoices are paid on the pay date immediately following the Tuesday deadline of the payroll for which the invoice was submitted.
- 

### Monthly Invoicing

- Consumers or representatives should submit the invoice to CDC+ State Office using the Secure Web-Based System or through customer service.
- The provider is paid on the next regular pay date if invoice is submitted by the deadline.

### **Consumer and Representative Reimbursement**

- 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.
- Reimbursement cannot be made for services provided by an independent contractor or directly hired employee in any section of the Purchasing Plan.
- The invoice or receipt used to request a reimbursement must be a paid invoice showing a zero balance. Reimbursements can be paid on a monthly or bi-weekly basis.
- Each invoice should be signed *paid in full* and show the date paid; the consumer's name; and the vendor's signature, printed name, and title.

- The consumer or representative must confirm the goods or services on the invoice(s) were received by writing on the invoice: *Goods/Services received as shown*. The invoice must be signed and dated.
- The CDC+ program does not allow for payment or reimbursement of copayments for consumable medical supplies covered by third party insurance
- Retain all invoices and receipts used to request a reimbursement for six years

### **Pending Payroll Claims**

CDC+ consumers are responsible for spending in accordance with their authorized budgets. Spending in excess of a consumer's budget is not allowed by the program and reduces the amount of funding available for other Medicaid recipients.

The CDC+ finance office has controls in place to hold, or pend, payment for any claims submitted if the consumer has insufficient funds to cover those claims. The claim will be held until additional funds are available. Once held, a claim will be reviewed and processed in the next payroll when there are enough funds in the account to cover the claims.

The CDC+ program will pay claims that have been pended in the following order:

1. Timesheet claims for directly hired employees,
2. Invoice claims, and
3. Reimbursement requests.



**Any remaining claims will be held and will receive first priority for payment once additional funds become available.**

## **Resolving Payroll Issues**

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### **Contacting Customer Service**

The consumer or representative is responsible for resolving problems that may occur with payroll. A phone call should be made to the toll free CDC+ customer service helpline at 866-761-7043 for any questions about the amount of an employee's or vendor's check, failure to receive a check as expected, or any other issue that involves paying providers. Customer service staff will research the problem and explain why the expected action did not occur. They will let the consumer or representative know whether they can correct the problem without assistance, or if documents are needed before the payroll issue can be corrected.

## **Program or Budget Mismanagement**

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### **Corrective Action Plans**

A Corrective Action Plan (CAP) is a written plan developed by the CDC+ consultant and the consumer or representative and is used to correct a major problem that is occurring with the consumer's CDC+ program. The CAP explains what has happened, what contributed to the problem and how the consumer or representative plans to correct the problem. Although a CAP is initiated by the CDC+ consultant, it may be written at the instruction of the APD Regional or State Office.

A CAP should not be viewed as a punitive event. A CAP can be a positive tool to help consumers learn to stay within their budget and follow the CDC+ program. CDC+ consumers who have payroll claims pend frequently and are not on an approved CAP, should contact their consultant to develop a CAP immediately. If a CAP has not been approved, claims will not be paid and will be held until the account is restored to a positive balance.

### **Requirements for Initiating a CAP**

A responsibility of the CDC+ consultant is to monitor the consumer's health, safety, and welfare and to make sure the consumer is complying with all requirements of the program. The consultant must discuss all problems, minor and major, with the consumer or representative during the monthly review process or as soon as the

consultant becomes aware of the problem. This helps the consumer correct the issue as soon as possible. Therefore, the consultant is responsible for initiating a CAP.

Reasons for initiating a CAP include, but are not limited to:

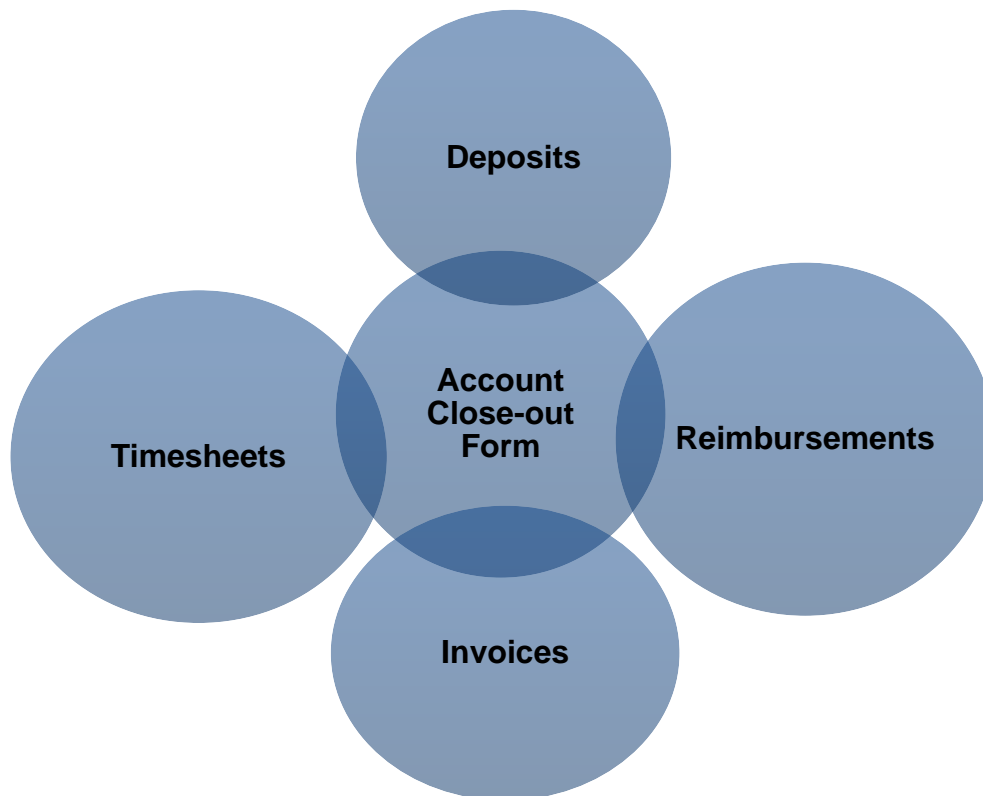
- Failure on the part of the consumer or representative to correct any problems that, if not corrected, would jeopardize the health, safety and welfare of the consumer.
- Failure on the part of the consumer or representative to spend within the allocated CDC+ budget.
- Failure on the part of the consumer or representative to follow the policies and procedures of the CDC+ program as outlined in the CDC+ Rule Handbook. For example, failing to keep track of expenditures, which results in not having adequate funds to meet payroll or other obligations at the end of the month.
- Failure to purchase the required 92% of restricted services monthly.
- Failure to complete yearly training requirements or comply with quality assurance monitoring requirements.

If the same problems remain unresolved and continue to occur after a CAP is initiated and/or completed, the consultant should contact the APD regional office. If, after review, the APD regional office recommends disenrollment from the CDC+ program, the regional liaison will notify the State Office to begin disenrollment procedures.

## 8. CDC+ Program Disenrollment

Consumers, representatives, consultants, and APD State or Regional Offices may initiate disenrollment at any time.

- An Account Close-Out form is mandatory when a consumer disenrolls from CDC+ for any reason.
- The Account Close-Out form accounts for all deposits made to the consumer's account since the end date of the last consumer monthly statement.
- The Account Close-Out form also accounts for all timesheets, invoices, and reimbursements for services rendered through the consumer's last day on CDC+ and have not been submitted for payment.



Upon disenrollment from the CDC+ program the consumer may access services through the iBudget Florida waiver. The consultant will ensure that the consumer restarts the iBudget Florida waiver after disenrollment from CDC+ to prevent a gap in services.



### **Voluntary Disenrollment**

A consumer may elect to discontinue participation in the CDC+ program at any time. If a consumer wishes to leave CDC+ on his/her own accord and return to the iBudget Florida waiver:

1. The consultant will complete and submit a Participant Information Update form to the regional liaison to stop the consumer's budget on the last day of the appropriate month.
2. The consultant will ensure the consumer's transition back to the iBudget Florida waiver to prevent a gap in services after ending CDC+.

### **Involuntary Disenrollment**

CDC+ consultants and APD can disenroll consumers or representatives who continuously demonstrate difficulty in managing the program, monthly budget and/or resolving CAPs.

1. The regional liaison will notify the consumer or representative of APD's recommendation to return them to the iBudget Florida waiver and the consumer's right to due process.
2. The consumer has the right to appeal this recommendation within the time frame specified in the due process notice.



**Disenrollment from the CDC+ program does not limit APD's ability to seek recoupment of Medicaid funds or resources that were improperly used.**

## 9. Additional Guidance and Information

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### Successful Program Management

- Set priorities. Decide what is most important, choose what services and purchases are needed based on the needs and goals identified in the Support Plan.
- Train employees and explain how things should be done.
- Resolve any problems with providers and even replace them, if necessary.
- Develop, manage, and maintain all paperwork related to CDC+, such as the Purchasing Plan, all required provider documents, payroll documents, and background screening results for at least six years.
- Use Delmarva Service Specific Standards to meet expected requirements for CDC+ representatives.
- Negotiate the lowest rates possible with providers to stretch budget.
- Develop a Purchasing Plan and submit it in a timely manner to the consultant for processing.
- Make purchases that are consistent with the Purchasing Plan.
- Keep track of purchases each month to avoid overspending.
- Reconcile the CDC+ monthly statement each month as you would your regular bank account.
- Update or change the Purchasing Plan as needed, but in a timely manner.
- Follow the policies and procedures outlined in the CDC+ Rule Handbook to ensure that all services can be approved and authorized.

### The CDC+ Connection

The *CDC+ Connection* publication is a source of updates and helpful information. It is published monthly and mailed to each consumer. Each issue can also be accessed from the CDC+ website, [www.apdcares.org/cdcplus/cdc-connection.htm](http://www.apdcares.org/cdcplus/cdc-connection.htm). Input from program stakeholders is very much welcomed. The *CDC+ Connection* presents an opportunity for everyone to share things they have learned while participating in the program and resources they have found useful. It also allows the CDC+ program to stay connected to consumers and offer additional training and

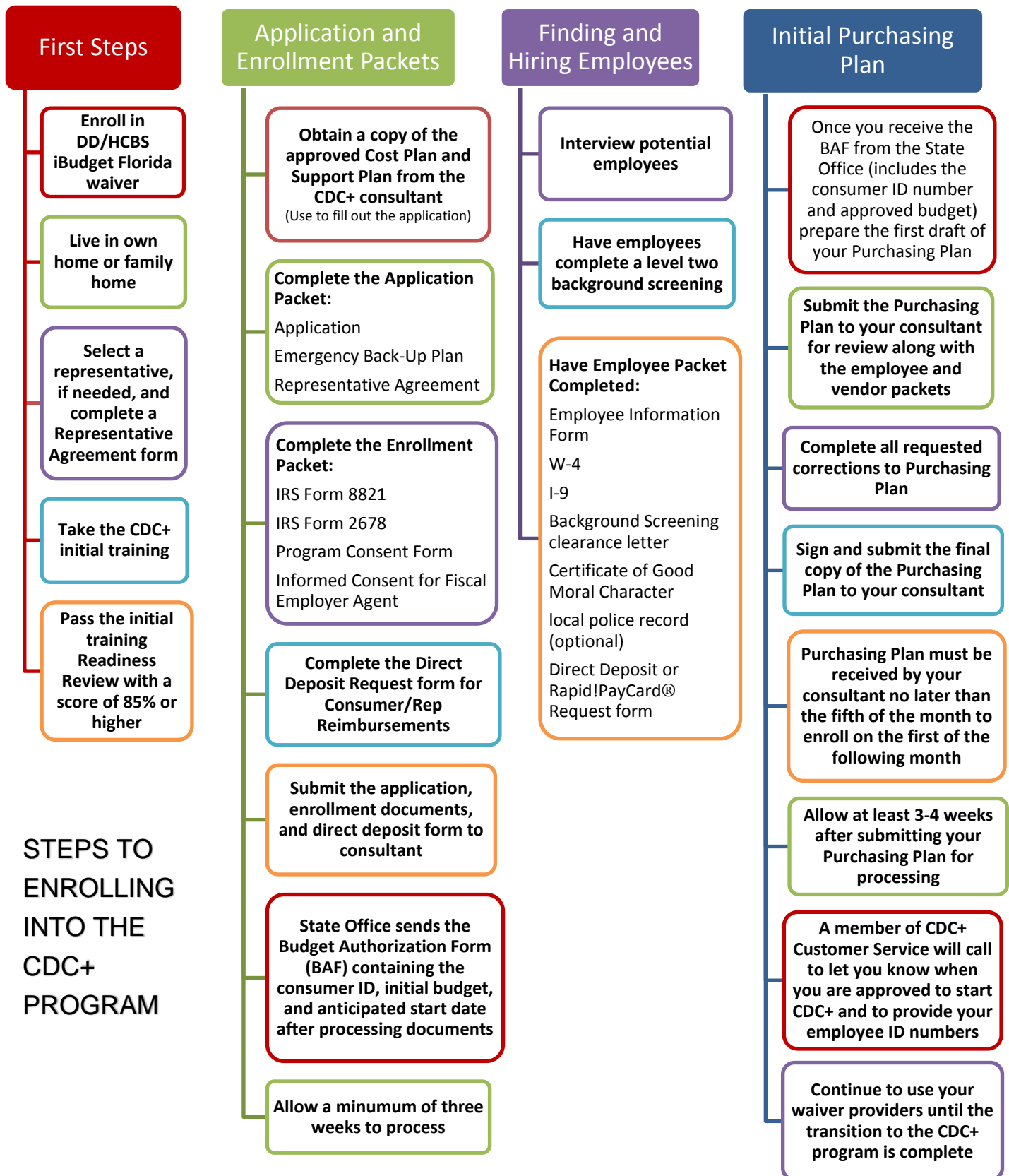
information. CDC+ encourages all stakeholders to contact a customer service agent and let them know if they have information they would like included in *CDC+ Connection*.

### Peer Support Groups

Some of the most useful help consumers, representatives, and consultants will receive may come from each other. CDC+ Peer Support Group meetings are intended to provide information, training, and assistance in small group settings to consumers, representatives, and consultants. These meetings are typically held in the APD regional or field office every two months, or as needed, and will last about two hours. The small group setting is intended to provide an informal venue for consumers, representatives, and consultants to better understand the requirements of the program and become informed of changes or updates in rule, policy, and procedure affecting their participation in the CDC+ program. Consumers and representatives should contact their consultant for information regarding Peer Support Groups in their region. The Peer Support Group meeting schedule can be downloaded from the CDC+ Training and Education website [www.apdcares.org/cdcplus/cdctraining.htm](http://www.apdcares.org/cdcplus/cdctraining.htm).

### Family Café

The Family Café is an annual event that provides people with disabilities and their families opportunities for collaboration, advocacy, friendships, and empowerment by serving as a facilitator of communication, dialogue, and a source of information. Each year, CDC+ hosts a session to introduce the CDC+ program to the community and to provide program updates to people currently enrolled in CDC+. The Family Café is normally held every June in Orlando. For additional information about the Family Café visit [www.familycafe.net](http://www.familycafe.net).



## 10. Appendix for the How-To Guide

The items below comprise the Appendix to the CDC+ How-To Guide. All documents are available at [www.cdc.apdcares.org/cdcplus/](http://www.cdc.apdcares.org/cdcplus/) or from the assigned CDC+ consultant.

| Appendix to the CDC+ How-To Guide |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b>                          | <b>Update Log</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>B</b>                          | <b>CDC+ Contact</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>C</b>                          | <b>Glossary of Terms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>D</b>                          | <b>Finding Employees to Work for You</b> <ol style="list-style-type: none"> <li>1. Job Description – Employer/Employee Agreement</li> <li>2. Telephone Screening form</li> <li>3. Sample Interview Questions</li> <li>4. Potential Employee Information form</li> <li>5. Employment Candidate Evaluation form</li> <li>6. Reference Check Worksheet</li> <li>7. Employer-Employee Agreement</li> </ol>                                                                                                                                                                                                                     |
| <b>E</b>                          | <b>Employee Packet</b> <ol style="list-style-type: none"> <li>1. Instructions for Completing the Employee Packet</li> <li>2. Employee Information form</li> <li>3. Sample Completed Employee Information form</li> <li>4. IRS Form W-4</li> <li>5. IRS Form W-4 (Spanish)</li> <li>6. Sample Completed IRS Form W-4</li> <li>7. DHS Form I-9</li> <li>8. DHS Form I-9 (Spanish)</li> <li>9. Sample Completed DHS Form I-9</li> <li>10. Certification of Good Moral Character</li> <li>11. Direct Deposit request form</li> <li>12. rapid!PayCard Request form</li> <li>13. Employee Change of Name/Address form</li> </ol> |

## Appendix to the CDC+ How-To Guide

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F</b> | <b>Vendor/Independent Contractor Packet</b> <ol style="list-style-type: none"> <li>1. Instructions for Completing the Vendor/Independent Contractor Packet</li> <li>2. Vendor Information form</li> <li>3. Sample completed Vendor Information form</li> <li>4. IRS Form W-9</li> <li>5. IRS Form W-9 (Spanish)</li> <li>6. Sample Completed IRS Form W-9</li> <li>7. Certificate of Good Moral Character</li> <li>8. Direct Deposit request form</li> <li>9. Vendor Change of Name/Address form</li> </ol> |
| <b>G</b> | <b>CDC+ Service Code Chart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>H</b> | <b>Purchasing Plan</b> <ol style="list-style-type: none"> <li>1. Purchasing Plan</li> <li>2. Purchasing Plan Instructions</li> <li>3. Purchasing Plan Quick Update form</li> <li>4. Purchasing Plan Quick Update - Instructions</li> </ol>                                                                                                                                                                                                                                                                  |
| <b>I</b> | <b>Payroll and Tracking Forms</b> <ol style="list-style-type: none"> <li>1. Employee Weekly Timesheet</li> <li>2. Timesheet Tips</li> </ol>                                                                                                                                                                                                                                                                                                                                                                 |
| <b>J</b> | <b>Monthly Statement</b> <ol style="list-style-type: none"> <li>1. How to Read Your Monthly Statement</li> <li>2. Balancing Your Account (Blank Form)</li> <li>3. FAQs: Monthly Statement and Budget Tracking</li> <li>4. Participant Account Close-out form</li> </ol>                                                                                                                                                                                                                                     |

**Appendix to the CDC+ How-To Guide****K****Performance Improvement and Corrective Action**

1. Ten Steps to Implementing a Corrective Action Plan
2. Corrective Action Plan

**L****Planning Tools**

1. Calendar – Blank
2. Calendar - Sample