

# CDC+ SERVICE CODE CHART

## RESTRICTED SERVICES

If any of the services or supports listed in this section of the Service Code Chart have been approved in the consumer's DD/HCBS Cost Plan, the consumer must use his or her CDC+ monthly budget to purchase **at least 92%** of the same service (unless otherwise indicated in this section). At the end of every month, the unexpended balance for each restricted service will be reviewed by the fiscal agent; if that balance exceeds 3 times the monthly budget authorized for the service, the excess will be returned to Medicaid.

If the consumer wishes to purchase a service listed in this section -- i.e., one that is normally considered "restricted" -- but that service was NOT funded in the consumer's DD/HCBS Cost Plan, the consumer may request approval from the APD Area Office to purchase the service from **accumulated savings**. In order for the Area CDC+ Liaison to be able to approve the purchase from savings, the consumer must provide to the Area CDC+ Liaison a brief written explanation of how the service or support will benefit the consumer. The service may be purchased only if approved in advance by the Area CDC+ Liaison, and only as sufficient funds have been accumulated in the consumer's savings account. For services not funded in the Cost Plan and purchased from savings, the service does not require a prescription and is not "restricted" -- i.e., the unexpended funds will not be returned to Medicaid every three months.

Providers of the services listed in this section are required to be professionally licensed or certified or receive specific training in order to provide the service. Providers of restricted services must be either Independent Contractors (i.e., they are in business for themselves and are hired because of their credentials and expertise) or they have the required credentials and work for an Agency or Vendor. Independent Contractors and Agencies/Vendors are to be paid monthly from an invoice that specifies the services that were provided during one calendar month. If the restricted service can be provided by a directly hired employee, this information will be specifically stated in the Restrictions/Special Conditions column for that service.

Consumers must be diligent in the use of these services, as they were approved because of a particular medical or physical condition. Such conditions may improve over time or may get to the point where continued use is ineffective. Consumers should use only what is needed of the service authorized. If the condition for which the service was approved has improved to the point where the service is no longer needed or effective, the consumer should discontinue the service and advise his or her consultant that the service can be removed on the next cost plan update.

If any of the services in this section are deemed by the consumer to be "CRITICAL," all emergency backup providers must have the same credentials that are required for the regular provider and must provide the same service as the regular provider. APD does not allow anyone but a properly credentialed/licensed practitioner to be paid to provide the services in this section. **EXAMPLE:** Emergency backups for the Skilled or Private Duty Nursing service must be a correctly licensed or certified nurse. The consumer's parent -- and only the consumer's parent -- can be trained by the nurse to perform the medical procedures prescribed for the nurse. If the service provided by the nurse is determined to be "CRITICAL" and the consumer's parent has been trained to perform the procedures, the parent may be an emergency backup providing SNL, SNR, PDL or PDR, but ONLY as an UNPAID NATURAL SUPPORT.

Service Name	ABBR	Service Code	Definitions	Restrictions / Special Conditions	Documentation that must be in the Consumer's Primary Record	If funded in DD/HCBS Cost Plan as a temporary or periodic service:
Adult dental services	<b>DENT</b>	<b>03</b>	Dental treatments and procedures that are not otherwise covered by Medicaid State Plan services.	<b>Adults 21 and older.</b> Dentists are considered Agencies/Vendors; not Independent Contractors.		STE 92% of Cost Plan funding
Behavior Therapy	<b>BT</b>	<b>06</b>	Includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. Training for parents, caregivers and staff is also part of the services when these persons are integral to the implementation or monitoring of a behavior analysis services plan.	Services must be provided by a Certified Behavior Analyst (CBA) meeting requirements of 65G-4, F.A.C.	Behavior Analysis Services Plan and monthly summary of monitoring.	STE 92% of Cost Plan funding
Behavior Therapy - Assessment	<b>BTA</b>	<b>06A</b>	The systematic evaluation of environmental variables/conditions for the purpose of changing behaviors to produce socially significant improvements in human behavior based on the principles of behavior identified through the experimental analysis of behavior. Procedures used <b>must</b> include observation of the person in his/her various environments and collection of data regarding behaviors, and <b>might</b> involve interviews with significant persons in those environments, review of records and occasionally systematic manipulation of variables.	Must be provided by a Certified Behavior Analyst meeting requirements of 65G-4, F.A.C.	Copy of assessment.	STE 92% of Cost Plan funding

Behavioral Therapy - Assistant Services	BTS	08	One-on-one activities related to the delivery of consumer-specific behavior services, as defined under Behavior Therapy and Behavior Therapy -Assessment, which are designated in and required by a behavior analysis service plan and provided by <u>specifically trained individuals who are supervised by a certified behavior analyst.</u>	<p>The person providing this service must have a certificate for having received Behavior Assistant training provided by a Certified Behavior Analyst or agency licensed under Chapter 490 or 491, F.S.</p> <p>The person providing this service may be a Directly Hired Employee OR an independent contractor OR work for an agency/vendor.</p> <p>Continuation of behavior assistant services is contingent upon improvement milestones established by the person certified in behavior analysis or licensed under Chapter 490 or 491, F.S.</p>	<p>Approval for this service from the responsible Behavior Analysis Services Local Review Committee Chairperson.</p> <p>Evidence of supervision and monitoring by a person certified in behavior analysis or licensed under Chapter 490 or 491, F.S.</p> <p>Provider's Certificate of Behavior Assistant training.</p>	STE 92% of Cost Plan funding
Dietitian Services	DIET	12	Services prescribed by a physician that are necessary to maintain or improve the overall physical health of a consumer including assessing the nutritional status and needs of a consumer, recommending an appropriate dietary regimen, nutrition support and nutrient intake and providing counseling and education to the consumer and family.	<p>Service must be prescribed by a physician.</p> <p>Service must be provided by a licensed professional.</p>	<p>Copy of prescription.</p> <p>Copy of provider's credentials.</p> <p>Copy of provider's recommendations.</p>	STE 92% of Cost Plan funding
Medication Review	MED	87	<b>Medication Review</b> is an independent review and assessment of all prescription and over-the-counter medications taken by a consumer. The purpose of the drug regimen review is to assess, among other clinical considerations, whether drug therapy is needed, accurate, valid, non-duplicative and correct for the indication (diagnosis).	<p>Service must be prescribed by a physician.</p> <p>Service must be provided by a licensed consultant pharmacist.</p>	<p>Copy of prescription.</p> <p>Copy of Medication Review.</p>	STE 92% of Cost Plan funding
Occupational Therapy	OT	29	Services prescribed by a physician that are necessary to produce specific functional outcomes in self-help, adaptive, and sensory motor skill areas to assist the consumer in controlling and maneuvering within the environment. The therapy is available through Medicaid State Plan for consumers under age 21.	<p><b>Adults 21 and older.</b></p> <p>Service must be prescribed by a physician.</p> <p>Service must be provided by a licensed professional.</p>	<p>Copy of prescription.</p>	STE 92% of Cost Plan funding
Occupational Therapy - Assessment	OTA	29A	An assessment is needed to determine the amount, duration and scope of therapy that is needed. This assessment is available through Medicaid State Plan for consumers under age 21.	<p><b>Adults 21 and older.</b></p> <p>Service must be provided by a licensed professional.</p>	<p>Copy of assessment.</p>	STE 92% of Cost Plan funding
Physical therapy	PT	38	Service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control, and postural development to prevent or reduce further physical disability. The therapy is available through Medicaid State Plan for consumers under age 21.	<p><b>Adults 21 and older.</b></p> <p>Service must be prescribed by a physician.</p> <p>Service must be provided by a licensed professional.</p>	<p>Copy of prescription.</p>	STE 92% of Cost Plan funding
Physical Therapy - Assessment	PTA	38A	An assessment is needed to determine the amount, duration and scope of therapy that is needed. This assessment is available through Medicaid State Plan for consumers under age 21.	<p><b>Adults 21 and older.</b></p> <p>Service must be provided by a licensed professional.</p>	<p>Copy of assessment.</p>	STE 92% of Cost Plan funding

Private Duty Nursing/LPN	<b>PDL</b>	<b>49</b>	Services to provide one-to-one individual, continuous nursing care in accordance with Chapter 464, F.S. and within the scope of their nursing license. Can be provided in the consumer's own home or family home.	Service must be prescribed by physician. Service must be provided by a licensed practical nurse.	Copy of prescription.	STE 92% of Cost Plan funding
Private Duty Nursing/RN	<b>PDR</b>	<b>50</b>	Services to provide one-to-one individual, continuous nursing care in accordance with Chapter 464, F.S. and within the scope of their nursing license. Can be provided in the consumer's own home or family home.	Service must be prescribed by physician. Service must be provided by a registered nurse.	Copy of prescription.	STE 92% of Cost Plan funding
Respiratory Therapy	<b>RT</b>	<b>45</b>	Service prescribed by a physician relating to impairment of respiratory function and other deficiencies of the cardiopulmonary system.	<b>Adults 21 and older.</b> Service must be prescribed by a physician. Service must be provided by a licensed professional.	Copy of prescription.	STE 92% of Cost Plan funding
Respiratory Therapy - <b>Assessment</b>	<b>RTA</b>	<b>45A</b>	An assessment is required to determine the amount, duration and scope of therapy that is needed. This assessment is available through Medicaid State Plan for consumers under age 21.	<b>Adults 21 and older.</b> Service must be prescribed by a physician. Service must be provided by a licensed professional.	Copy of assessment.	STE 92% of Cost Plan funding
Skilled Nurse/LPN	<b>SNL</b>	<b>47</b>	Service consists of part-time or intermittent nursing care provided by a <u>licensed practical nurse</u> within the scope of the Florida's Nurse Practice Act.	Service must be prescribed by physician. Service must be provided by a licensed practical nurse.	Copy of prescription.	STE 92% of Cost Plan funding
Skilled Nurse/RN	<b>SNR</b>	<b>48</b>	Service consists of part-time or intermittent nursing care provided by a <u>registered nurse</u> within the scope of the Florida's Nurse Practice Act.	Service must be prescribed by physician. Service must be provided by a registered nurse.	Copy of prescription.	STE 92% of Cost Plan funding
Specialized Mental Health Services/ Therapy and Assessment	<b>MHT</b>	<b>51</b>	Services provided to maximize the reduction of a consumer's mental illness and restoration to the best possible functional level. This service supplements mental health services available under the Medicaid State Plan. Includes information gathering, assessment, diagnosis, medication management, and development and delivery of a treatment plan in coordination with the consumer's support plan to enhance emotional and behavioral functions.	Providers shall be: • Psychiatrists licensed by the Florida Board of Medicine or Osteopathic Medicine, in accordance with Chapter 458 or 459, F.S.; • Psychologists licensed by the Department of Health, in accordance with Chapter 490, F.S.; or • Clinical social workers, marriage and family therapists or mental health counselors licensed by the Department of Health, in accordance with Chapter 491, F.S.  Providers of specialized mental health services shall have two years experience working with recipients dually diagnosed with mental illness and developmental disabilities.	Evidence that the services purchased were supplemental to the services the consumer received under the Medicaid State Plan.	STE 92% of Cost Plan funding
Speech Therapy	<b>ST</b>	<b>53</b>	Service provided to produce specific functional outcomes in the communication skills of a consumer with a speech, hearing or language disability. The therapy and assessment are available through Medicaid State Plan for consumers under age 21.	<b>Adults 21 and older.</b> Service must be prescribed by a physician. Service must be provided by a licensed professional.	Copy of prescription.	STE 92% of Cost Plan funding
Speech Therapy - <b>Assessment</b>	<b>STA</b>	<b>53A</b>	An assessment is required to determine the amount, duration and scope of therapy that is needed.	<b>Adults 21 and older.</b> Service must be provided by a licensed professional.	Copy of assessment.	STE 92% of Cost Plan funding
Environmental Modifications- <b>Assessment</b>	<b>ENVA</b>	<b>14A</b>	An assessment is required for major modifications (\$3,500 and over) to determine the most cost-beneficial and appropriate accessibility adaptations for a consumer's home. The cost may include construction oversight and a final inspection.	Assessment must be provided by a professional rehabilitation engineer or other specially trained and certified professional before modification to a consumer's environment can be authorized for purchase.	Copy of provider's credentials. Copy of assessment.	STE 92% of Cost Plan funding

Equipment/devices	<b>EQUIP</b>	<b>83</b>	Therapeutic or other equipment/devices required by the consumer to assist him/her in controlling and maneuvering within his/her environment.	May be prescribed by physician or therapist.	Description of item to be purchased and how it benefits the consumer.	OTE 100% of Cost Plan funding
Environmental Modifications	<b>ENV</b>	<b>14</b>	Physical adaptations to the home that enable the consumer to function with greater independence in the home.	<p>Adaptations cannot be of general utility and must be beneficial medically or remedially to the consumer. Cannot add to the total heated/air-conditioned square footage of the home.</p> <p>If cost exceeds \$3500.00, consumer must obtain a minimum of 3 bids from licensed general contractors (do not have to be Medicaid-enrolled providers).</p> <p>Must be constructed by a general contractor licensed in Florida.</p> <p>All required building permits must be obtained.</p>	<p>Description/purpose of modification.</p> <p>Copy of bids from general contractors.</p> <p>Explanation of provider selection, based on availability, quality of workmanship, and best price.</p> <p>Written approval from landlords to modify rental property. CDC+ funds will not pay for any restoration costs.</p>	OTE 100% of Cost Plan funding
Vehicle Modification	<b>VMOD</b>	<b>80</b>	Adaptations to a family-owned or consumer-owned car, full-size van or mini-van needed for the consumer to either drive the vehicle or be transported in the vehicle.	May be used to purchase ONLY the adaptations that are specifically needed by the consumer. The consumer is responsible for paying for the cost of the vehicle itself and any adaptations that come with the vehicle that are not required by the consumer or the consumer's driver.	Copy of vehicle purchase price from dealer or seller specifying the amount of the vehicle and the amount of the adaptations. Must be able to determine whether the vehicle was adapted for more than the consumer needed so that payment is made for only the adaptations needed.	OTE 100% of Cost Plan funding

## UNRESTRICTED SERVICES

The CDC+ consumer may purchase any of the services or supports listed in this section as long as the service clearly meets the consumer's needs and goals identified on the DD/HCBS Support Plan. The unrestricted services purchased in CDC+ do not have to be identical to or in the same quantity as the services funded in the DD/HCBS cost plan.

Service Name	ABBR	New Service Code	Definitions	Restrictions/ Special Conditions	Documentation that must be in the Consumer's Primary Record	If funded in DD/HCBS Cost Plan as a temporary or periodic
Adult Day Training	<b>ADT</b>	<b>02</b>	Training programs intended to support the participation of consumers in daily, valued routines of the community. ADT services stress training in the activities of daily living, self-advocacy, adaptive and social skills, and are age and culturally appropriate.			STE 92% of Cost Plan funding
Advertisements	<b>ADV</b>	<b>89</b>	This code is used for the cost of classified ads placed in local newspapers for directly hired workers to provide services to the consumer.	May be purchased from SAVINGS only.	Copies of ads and proof of cost must be maintained by the consumer to document the purchase.	N/A
Companion services	<b>COMP</b>	<b>11</b>	Non-medical care, supervision and community inclusion activities. May assist with meal preparation, laundry, shopping, and housekeeping tasks. To support the participation of consumers in daily valued routines in the community. (Examples: volunteering, job exploration and shadowing; accessing general public resources; participation and membership in places of worship and other social organizations; developing acquaintances; friendships and other social supports; supporting connections with family members; and other activities that promote health, safety and well being.)	<b>Adults 21 and older.</b> May be approved on a case-by-case basis for minors who are home schooled (not homebound education from the public school system) and without this service would not have opportunities for inclusion.		STE 92% of Cost Plan funding
Consumable medical supplies	<b>CMS</b>	<b>63</b>	Non-durable supplies and items that enable consumers to increase their ability to perform activities of daily living. These supplies are of limited usage and must be replaced on a frequent basis.	Cannot duplicate supplies provided by the Medicaid State Plan. Items purchased must be consumed within a maximum of 3 months. This requirement is to accommodate purchasing items on sale.		STE 92% of Cost Plan funding
Gym Membership	<b>GYM</b>	<b>88</b>	Regular or periodic membership in a gym to participate in a program specifically designed to maintain the maximum health of the consumer.	May be entered in the Services or Savings section of the Purchasing Plan.		N/A
In-home Supports	<b>IHS</b>	<b>22</b>	Services may include companionship and personal care; assistance with or performance of activities of daily living; maintaining the consumer's home and property as a clean, sanitary and safe environment; heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles; replacing broken windows; moving heavy items of furniture to make the home safer; etc. Worker may transport/accompany consumer to activities in the community that are most likely to result in the consumer's ability to access community resources without paid support.	<b>Adults 21 and older.</b> If the consumer who is an adult lives with the provider, and the residence is the provider's primary residence, the consumer's costs paid by CDC+ for home cleaning, maintenance or repair are to be shared equally with the provider and any other adults in the home.  <b>May be approved on a case-by-case basis for minors living in family home.</b> If the consumer is a minor living in family home, the consumer's costs paid by CDC+ for home cleaning, maintenance or repair are to be shared by the family to the degree the other family members contributed to the conditions necessitating cleaning, repair or maintenance. CDC+ funds are to be used only for the consumer's share of home upkeep.		STE 92% of Cost Plan funding
Nutritional Supplements	<b>NUTR</b>	<b>66</b>	Items specifically designed to maintain or increase the maximum health of the consumer when a normal diet is not sufficient. This includes products such as Ensure, or gluten-free products for consumers with Autism. It also may include vitamins prescribed by a physician or recommended by a licensed dietitian or other medical professional.	Cannot duplicate supplies provided by the Medicaid State Plan.  Must be recommended by a licensed dietitian or other medical professional.		STE 92% of Cost Plan funding

Other Therapies	<b>XTHER</b>	<b>39</b>	Use this code for therapies other than those for which specific codes are listed. Such therapies include but are not limited to massage therapy, hippo therapy and music therapy. The term therapy is not the same as "lessons." In therapy, the consumer is the object of the activity. The specific therapy to be purchased must be identified on the Purchasing Plan in order to be considered for approval by the area office.	Such therapies must be provided by properly certified or licensed professionals. The specific therapy being purchased must be identified on the consumer's purchasing plan. <i>May only be entered in the OTE/STE section of the plan if the funding for the service was approved in the COST PLAN for a specific time limited therapy. The "other therapy" should meet the consumer's needs as well as or better than the therapy funded in the Cost Plan. When entered on the Purchasing Plan as an STE, all STE restrictions apply.</i>	Proof of provider's licensure or certification.	STE 92% of Cost Plan funding <sup>1</sup>
Over-The-Counter Medications	<b>OTC</b>	<b>65</b>	Non-prescription items specifically designed for a medical purpose which are needed to maintain the maximum health of the consumer.	Over the counter medications must be directly related to the consumer's disability and health issues; they may not be for general use, such as Band-Aids, aspirin, etc.		N/A
Personal Care Assistance	<b>PCA</b>	<b>32</b>	Assistance with eating, meal preparation, bathing, dressing, personal hygiene, and activities of daily living. Also includes light housekeeping when these are essential activities and no one else is available to perform them free of charge.	Always a "Critical Service." Requires a minimum of 2 emergency back-ups.		STE 92% of Cost Plan funding
Personal Emergency Response System	<b>PERS</b>	<b>33</b>	An electronic communication system that enables an individual to secure help in the event of an emergency. This is a PERSONAL "alert" system. It is not a home security system. This code is for the <u>monthly monitoring service</u> that comes with the PERS.	May only be purchased by consumers who live in their own homes or a family home or who are alone for significant parts of the day and have no regular caregiver for extended periods of time. This item may only be entered in the Services or Savings section of the Purchasing Plan.		N/A
PERS - Installation	<b>PERSI</b>	<b>33A</b>	<u>Installation</u> of a Personal Emergency Response System.	May only be purchased by consumers who live in their own homes or a family home or who are alone for significant parts of the day and have no regular caregiver for extended periods of time. This item may only be entered in the Savings or STE section of the Purchasing Plan (the latter only if funded in the Cost Plan).		STE 92% of Cost Plan funding
Repairs and Parts for Adaptive or Therapeutic Equipment	<b>PARTS</b>	<b>82</b>	Repairs or parts needed to enable the consumer to continue to use adaptive or therapeutic equipment previously purchased either on the DD/HCBS Waiver or on CDC+ that he or she would otherwise have to replace.	This item may only be entered in the Savings or STE section of the Purchasing Plan (the latter only if funded in the Cost Plan).		STE 92% of Cost Plan funding
Residential Habilitation	<b>RHAB</b>	<b>43</b>	Services provide supervision and specific training activities that assist the consumer to acquire, maintain or improve skills related to activities of daily living, focusing on personal hygiene skills such as bathing and oral hygiene; homemaking skills such as food preparation, vacuuming and laundry; and on social and adaptive skills that enable the consumer to reside in the community.	An implementation plan should be developed with direction from the consumer and reflecting the goals from their current support plan.		STE 92% of Cost Plan funding
Respite - Hour	<b>RSPH</b>	<b>46</b>	Supportive care and supervision provided to a consumer when the primary caregiver is unable to perform these duties. The purpose of respite is to enable the consumer's primary caregiver(s) to have a break from the normal caregiving routine.	Respite cannot be provided by the parents of or person responsible for primary caregiving to a consumer who is under age 18. If the consumer is a minor, these funds cannot be used to compensate the absent parent while performing his or her parental responsibility of caring for the consumer. If the consumer is age 18 or over and the primary caregiver is the custodial parent, respite <u>may</u> be provided by the absent parent.	Purchasing plan must provide an explanation of the parental role if a parent is shown as the provider of this service.	STE 92% of Cost Plan funding
Respite - Day	<b>RSPD</b>	<b>58</b>	Supportive care and supervision provided to a consumer when the primary caregiver is unable to perform these duties. The purpose of respite is to enable the consumer's primary caregiver(s) to have a break from their normal caregiving routine.	This code may only be used by providers who are independent contractors or agency/vendors.		STE 92% of Cost Plan funding

Specialized Training	<b>TRNG</b>	<b>61</b>	Training that <u>must be related to a consumer/representative's needs</u> that <u>may include</u> conferences, workshops, information sessions and <u>may include</u> travel/lodging expenses incurred.	Documentation to justify the purchase must be provided by the consultant to the Area CDC+ Liaison and approved by APD Central Office prior to entering on Purchasing Plan. Must include information on event, reason for attending, dates planning to attend, and costs requested to be paid with CDC+ funds. CDC+ funds cannot be used for meals, but will be considered for other reasonable costs to attend. CDC+ funds will pay for only early conference registration fees.  May be purchased from SAVINGS only.		N/A
Summer Camp	<b>CAMP</b>	<b>85</b>	Attendance at a camp session (such as a week or two weeks) that enables the consumer to experience nature and be included in age-appropriate activities while also learning to handle his/her disability and manage his/her environment with greater independence.	May be purchased from SAVINGS only.		N/A
Employment	<b>EMP</b>	<b>55</b>	This service is to provide training and assistance through a variety of activities to support consumers in sustaining paid employment at or above minimum wage. May include activities needed for the consumer to become self-employed or to start and/or operate a small business (microenterprise).	<b>Adults age 21 and over.</b> Consumers may hire a Medicaid Waiver trained supported employment provider or a non-Medicaid Waiver provider to assist them in obtaining employment skills and finding employment.  Providers of this service must develop and work from a time-limited employment plan for the consumer with outcome-based activities designed to meet employment goals identified in the consumer's Support Plan. An employment plan would include, based on consumer needs, a reasonable period of time for job development (approximately 2 months), a reasonable period of time to obtain employment, and a period of on the job follow-along to support the consumer in the job until the consumer is able to work without continued support from the provider.	Copy of employment plan and monthly updates that describe progress in meeting identified goals.	STE 92% of Cost Plan funding
Supported Living Coaching	<b>SLC</b>	<b>56</b>	Training and assistance, in a variety of activities, to support beneficiaries who live in their own homes or apartments.	<b>This service is for adults 18 or over.</b>  The provider or provider's immediate family cannot be the consumer's landlord.  Service must be provided by a certified supported living coach.	Proof of provider's certification.	STE 92% of Cost Plan funding
Transportation	<b>TRAN</b>	<b>60</b>	Transportation to and from the consumer's home and planned services enabling the consumer to receive the supports and services identified on the purchasing plan when such services cannot be accessed through natural or unpaid supports. Can be used to pay the co-payment required on the Transportation Disadvantaged System. Can be used to purchase monthly bus passes, provided the consumer can use the bus to go to CDC+ services, or to meet needs and goals identified on Support Plan.  Code can be used for gas reimbursement only under the following conditions: <ul style="list-style-type: none"> <li>• Cannot be provided to paid service providers; may only be provided to "unpaid" natural supports.</li> <li>• A trip log must be maintained showing beginning and ending odometer reading and total number of miles driven to and from named destinations, date, and time.</li> <li>• Trip destinations must be related to the services/supports on the Purchasing Plan</li> <li>• Amount to be reimbursed must be calculated using mileage driven times the approved state mileage reimbursement rate.</li> <li>• All documentation must be maintained in the consumer's file, just as cash receipts are to be maintained in the consumer's file.</li> </ul>	If the provider of this service is a DHE, the employee is paid by the hour, not by the trip. A timesheet is submitted for payment.  If the provider of this service is an agency or vendor, the provider may be paid by the hour or by the trip. An invoice is submitted for payment.		STE 92% of Cost Plan funding

## ONE TIME EXPENDITURES (OTEs) AND SHORT TERM EXPENDITURES (STEs)

If any of the services or supports listed in this CDC+ Service Code Key have been approved as a temporary or periodic service on the consumer's DD/HCBS Cost Plan (i.e., a service needed for less than 6 months or one that is not provided every month throughout the cost plan year -- e.g. adult dental), then the service must be entered on the CDC+ Purchasing Plan as either a One Time or a Short Term Expenditure. STEs are funded in CDC+ **at up to** 92% of the funding on the Cost Plan. OTEs are funded in CDC+ at 100% of the funding on the Cost Plan. The only services that meet the definition of One Time Expenditures (OTEs) are **Service Codes 83, 14, and 80**. The appropriate OTE or STE designation appears in the far right column of this service code chart. "N/A" in the far right hand column means the service is not available in the DD/HCBS Waiver and can therefore never be either an OTE or an STE.

All STEs and OTEs are restricted services in that the funding approved in the cost plan and converted to the purchasing plan cannot be used for any other service, the funding must be used to purchase **at least 92% of** the same service funded on the Cost Plan (unless otherwise specified in the service description). Funds for OTEs and STEs not expended 90 days after the specified End Date on the Purchasing Plan will be returned to Medicaid.

Service codes that end with "A" cannot be entered in the Services section of the Purchasing Plan. They are only entered in the Savings section of the Purchasing Plan or as an STE in the OTE/STE section of the Plan. Funding for services with service codes ending in "A" are STEs and are limited to 92% of the funding approved in the cost plan.

<sup>1</sup> The only time an "Other" Therapy (XTher #39) can be an STE is when the consumer has been funded to receive a therapy in the Cost Plan and wishes to use some or all of the 92% funds for a non-traditional therapy that will meet the consumer's therapeutic needs. **The purchasing plan must specify the type of non-traditional therapy being requested.** The consumer must purchase at least 92% of the units of services approved on the Cost Plan, alone or in combination with a non-traditional therapy. The total funding for the therapy in the STE section must agree with the amount being transferred to the F/EA for the short term expenditure (maximum 92% of the amount funded in the cost plan).

## THE FOLLOWING SERVICES ARE AVAILABLE ONLY TO CONSUMERS PARTICIPATING IN THE FLORIDA FREEDOM INITIATIVE (FFI)

Service Description	ABBR	New Service Code	Definitions	Restrictions/ Special Conditions	Documentation that must be in the Consumer's Primary Record
Microenterprise	<b>MICRO</b>	<b>75F</b>	Please contact Sherry Jackson at 850-921-3875 or via e-mail at sherry_jackson@apd.state.fl.us for information regarding this service.	Only allowable for consumers participating in the Florida Freedom Initiative. Consumers may use a maximum of \$1500.00 from their funds in their savings account for this purpose.	
Vehicle	<b>VEH</b>	<b>70F</b>	Please contact Sherry Jackson at 850-921-3875 or via e-mail at sherry_jackson@apd.state.fl.us for information regarding this service.	Only allowable for consumers participating in the Florida Freedom Initiative.	

## UNALLOWABLE EXPENDITURES

**Items in all sections of the purchasing plan must be consistent with the consumer's assessed needs and goals as identified on the consumer's Support Plan, necessary to ensure the consumer's ability to remain in his or her own home or family home, and feasible based on the consumer's monthly budget. The following are examples of items and services that are not allowed to be purchased in CDC+.**

1. Anything that is not directly related to the consumer's disability and related health condition. For example, CDC+ does not allow 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, Kleenex, and similar toiletries
2. Utilities
3. Gifts
4. Clothing
5. Lottery tickets
6. Entertainment
7. Alcoholic beverages
8. Tobacco products
9. Swimming pools / spas
10. General purpose furniture
11. Rent or mortgage payment
12. Groceries of a general nature
13. Educational equipment or supplies
14. Lessons, such as Karate, that are not therapeutic
15. Electronic entertainment equipment (e.g., TV, VCR)
16. Repairs/maintenance to vehicle
17. Normal repairs/maintenance to home for consumers who are minors
18. Repairs/maintenance to general purpose equipment
19. Any savings item that will require more than 24 months for sufficient funds to accumulate in order to purchase the item unless an exception to this rule is granted by the area liaison for CDC+
20. Anything that has not been specifically approved on the Purchasing Plan

## REQUIREMENTS FOR ALL PURCHASES

**Consumers are required to maintain in their files original copies of all receipts for items purchased with the cash check and provide copies of those receipts to their consultant at the end of every month. Consumers are also required to keep original copies of all invoices and completed Request for Vendor Payment forms or Request for Reimbursement forms that were submitted for payment. Consumers are required to keep original copies of all timesheets that were submitted for payment.**