



## APPLICATION PACKET

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- ✓ CDC+ Participant/Consultant Agreement
- ✓ Representative Agreement

## **CDC+ Application Instructions**

Please follow the instructions below in order to fill out the CDC+ Application. You will need to obtain a copy of your most current Support Plan and cost plan in order to fill out all sections of this form. Be sure to print all information in capital letters.

### **Section I - PARTICIPANT**

1. Fill in the participant's legal first name, last name, and middle initial. Do not enter a nickname or abbreviation.
2. Obtain the participant's (consumer's) Medicaid ID number. This 10 digit number may be found on your Support Plan or obtained from your Waiver Support Coordinator.
3. Be sure to complete the participant's date of birth, gender, and race.
4. Participant's primary language should be English unless the participant cannot speak English.
5. Please provide the language in which you need your written materials.

### **Section II – PARTICIPANT'S LEGAL STATUS**

1. If the participant is a minor (under 18 years of age) and has parents, then the parents are the guardian. If someone else is the legal guardian, please check "Other Legal Guardian".
2. If the participant is an adult (18 years of age or over) he or she must either be a competent adult or have a legal representative. If a parent of an adult has not been appointed legal representative through the court system, they are not considered that person's legal representative. Please ask your Waiver Support Coordinator if you have any doubts.

### **Section III – CDC+ REPRESENTATIVE**

1. This section is to be completed ONLY if the participant has selected a person to be his or her CDC+ representative. This is NOT the same as a legal representative (although it can be the same person). Please refer to the Glossary of Terms for additional information.
2. The representative must attend the CDC+ training and pass a Readiness Review in order to be the participant's official representative.
3. Be sure to check the relationship of the representative to the participant.
4. Representative's primary language should be English unless the participant cannot speak English. Please provide the language in which you need your written materials.

### **Section IV – CDC+ CONSULTANT SELECTION**

1. You must select a Waiver Support Coordinator who is trained as a CDC+ Consultant. Please obtain a list of trained CDC+ Consultants from your local APD Office.

### **Section V – CDC+ COST PLAN**

1. This section may be completed by you or your Waiver Support Coordinator/CDC+ Consultant.
2. The information for this section can be obtained from your most current/approved cost plan.

### **Signatures**

1. If the participant is a minor, the parent or legal guardian will sign the top line. If the participant is a competent adult, the participant needs to sign. If the participant has a legal representative, the legal representative must sign.
2. Your Waiver Support Coordinator will also sign this form.



**AGENCY FOR PERSONS WITH DISABILITIES  
CONSUMER DIRECTED CARE PLUS (CDC+) APPLICATION**

Participant: \_\_\_\_\_

**SECTION III – CDC+ REPRESENTATIVE (IF NOT NEEDED, LEAVE BLANK)**

|  |  |  |
|--|--|--|
| <b>Representative First Name</b>                                     | <b>MI</b>  | <b>Representative Last Name</b>  |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <b>Representative's Legal Mailing Address</b>                        |  |  |
| <input type="text"/>   |  |  |
| <b>City</b>  | <b>State</b>   | <b>Zip Code</b>  |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <b>Representative's Home Phone Number</b>                            | <b>Cell Phone Number</b>   |  |
| ( <input type="text"/> ) <input type="text"/> - <input type="text"/> | ( <input type="text"/> ) <input type="text"/> - <input type="text"/> |  |
| <b>Work or an Alternate Phone Number</b>                             | <b>Fax Number</b>  |  |
| ( <input type="text"/> ) <input type="text"/> - <input type="text"/> | ( <input type="text"/> ) <input type="text"/> - <input type="text"/> |  |
| <b>Representative's E-mail Address</b>                               |  |  |
| <input type="text"/>   |  |  |
| <b>Relationship to Participant</b>                                   | <input type="checkbox"/> <b>Parent</b>                               | <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/> <b>Other Relative</b> <input type="checkbox"/> <b>Friend</b> |
| <b>Representative's Primary Language</b>                             | <b>Written Materials – Language if other than English</b>            |  |
| <input type="text"/>   | <input type="text"/>   |  |

**SECTION IV – CDC+ CONSULTANT SELECTION**

|  |                               |
|--|-------------------------------|
| <b>Consultant's First Name</b>                                       | <b>Consultant's Last Name</b> |
| <input type="text"/>   | <input type="text"/>          |
| <b>Consultant's Agency Name (If solo practitioner, enter "SOLO")</b> |                               |
| <input type="text"/>   |                               |
| <b>Consultant's Email Address</b>                                    |                               |
| <input type="text"/>   |                               |

**SECTION V – IBUDGET COST PLAN  
(TO BE FILLED OUT BY YOUR CONSULTANT)**

|  |   |
|--|---|
| <b>Most Recent Support Plan Date</b>                               | <b>iBudget PIN</b>  |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>  |
| <b>Current Cost Plan Dates:</b>                                    |   |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | To <input type="text"/> / <input type="text"/> / <input type="text"/> |

\_\_\_\_\_  
Consumer/Guardian/Legal Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Consultant Name

## Hiring and Working with Your Consultant

When hiring a consultant, you should interview potential candidates to find the right person for the job. You will be able to obtain from your APD Area Office a list of consultants that are available within your Area. A list of suggested questions and a sample evaluation sheet are provided on the following pages that can be used when interviewing a consultant.

### **Hiring a consultant is just as important as hiring any other employee.**

- Consultants must possess a Medicaid Provider Number for consultant services, be registered with CDC+, have a signed Memorandum of Agreement with the local APD Area office, and be determined by the local APD Area office to be in good standing.
- Consultants may not be a paid provider of services or supports other than consultant services to any CDC+ participant. Consultants may not serve as representative for a CDC+ participant for whom he or she provides consultant services.
- Remember – your consultant has a different role than a Support Coordinator. Even if your consultant is the same person who provided your support coordination services, he/she now has different responsibilities as your consultant.
- Read Chapter 2, Roles and Responsibilities, of the CDC+ Rule Handbook carefully so that there is no misunderstanding between you and your consultant regarding what he/she can and cannot do for you in CDC+.
- Participant /Consultant Agreement must be signed.

By signing this agreement you and your consultant are stating that both of you understand and accept the responsibilities of each of your roles as CDC+ participant and consultant.

### **Your consultant is not responsible for:**

- Interviewing, hiring, training or supervising employees.
- Telling your employees that you are unhappy with their work.
- Firing employees.
- Filling out the employment forms package.
- Finding emergency backup employees or providers.
- Writing your Purchasing Plan or Purchasing Plan Quick Update.
- Helping you get more money if you spend more than the funds you have been allocated.

## Questions you can ask when interviewing a Consultant

1. How long have you been a Support Coordinator? Consultant?
2. What special Education or training do you have for working with people with developmental disabilities?
3. What experience have you had working with people with developmental disabilities?
4. Do you have any experience working with an individual who has similar needs and capacities as the individual receiving services (or relative, friend or dependent)?
5. Would you be my CDC+ consultant or would it be someone else from your agency?
6. If you leave your agency or get sick, how do I get a new consultant or a temporary consultant while you are unable to work?
7. Have you or your agency ever had a contract canceled by the Area office or been removed from their list of approved support coordinators or consultants because of poor performance?
8. How was your last evaluation by Delmarva?
9. Has there ever been an attempt to remove you from the CDC+ program?
10. How would you explain the role of the consultant?
11. How would you describe the relationship between the consultant and the individual and family?
12. What do you like or dislike about being a consultant?
13. What is your turn-around-time to answer a call?
14. How many other CDC+ consumers do you work for?

## New Consultant Evaluation Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of interview: \_\_\_\_\_

Notes or observations during interview: (continue on back if necessary)

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### Evaluation: How does this individual rate on a scale of 1-5, (5 being the best)?

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|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Personal Qualities you are seeking<br>(E.g. personality, special skills, demographics)? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|

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|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| Consumer/Consumer Rep is comfortable during interview? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|--|----------|----------|----------|----------|----------|

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|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Does the candidate seem likable, sincere, and accessible? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|

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|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| If the representative is conducting interview,<br>how did the consumer relate to the candidate? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|

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|                                   |          |          |          |          |          |
|-----------------------------------|----------|----------|----------|----------|----------|
| Is the candidate a good listener? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|-----------------------------------|----------|----------|----------|----------|----------|

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|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Is the candidate qualified?<br>Training, education and experience | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|

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|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Did the candidate sound competent, knowledgeable? | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|---|----------|----------|----------|----------|----------|

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How long has the candidate been a support coordinator? \_\_\_\_\_

How many years has the candidate been a CDC+ consultant? \_\_\_\_\_

How many consumers does the candidate serve?

DD/HCBS waiver \_\_\_\_\_ CDC+ \_\_\_\_\_

## **Consumer Directed Care Plus Participant/Consultant Agreement**

The purpose of this agreement is to delineate the responsibilities of CDC+ participants and consultants, so that everyone understands those responsibilities.

### **Your Responsibilities as a CDC+ Participant:**

1. Complete all mandatory Consumer Directed Care Plus training. Pass the Readiness Review with a score of 85% or more.
2. Select a representative if you need assistance managing finances or making decisions about your care.
3. Interview employees and ensure they obtain a level 2 background screening clearance letter prior to hiring them.
4. Ensure directly hired employees sign a job description, receive the required employee training materials, and sign an employee/employer agreement.
5. Know what your current monthly budget amount is and develop a purchasing plan to show how your budget will be spent each month.
6. Make changes to your purchasing plan in a timely manner so that the changes can be effective on the first of the month that you wish them to be effective.
7. Obtain a copy of your current purchasing plan that has been approved and signed by APD staff.
8. Make purchases that are in accordance with your most recently approved purchasing plan.
9. Keep all purchases within the monthly funding you have been authorized to spend.
10. Develop an Emergency Backup Plan before starting to manage a budget on CDC+, review it annually, and update it, if necessary, during the support planning process.
11. Hire a minimum of two emergency backup providers (EBUs) for every provider of a critical service identified on the purchasing plan. Complete all necessary employee/vendor paperwork and obtain a provider ID prior to listing all EBUs on the purchasing plan.
12. Prepare and submit all employee and vendor packets to your consultant with the purchasing plan on which they are first listed.
13. Only allow your new employee or vendor to begin providing services once a provider number has been assigned to them. This number is assigned by the Fiscal/Employer Agent (F/EA) upon receipt of a complete and correct provider packet.
14. Sign and approve your employees' signed timesheets before you submit them for payment.
15. Submit your employees' timesheet details to the F/EA by Tuesday at 5:00 p.m. following the CDC+ payroll schedule in order to ensure your employees are paid on time.
16. Document your approval of invoices from vendors, agencies or independent contractors and submit your requests for payment to the F/EA as soon as they are received, so that they will be paid on the very next pay day.
17. Give your providers their paychecks as soon as you receive them from the F/EA.
18. Review and reconcile your monthly statements from the F/EA as soon as you receive them to make sure everything on the statement agrees with your records. If it does not agree, immediately notify your consultant and call CDC+ Customer Service at 1-866-761-7043.



19. Tell your consultant if you are or are not satisfied with your services, and why.
20. Expect to hear from your consultant every month, by phone or in person, whichever is your preferred method of communication. Also expect one face to face visit every six months from your consultant. One of those two annual visits must be in your place of residence.
21. Contact your consultant whenever you have questions or concerns to avoid problems.

***Consultant's Responsibilities:***

1. Attend training for consultants and pass the Readiness Review with a score of 85% or more. Be knowledgeable of and familiar with the CDC+ Rule Handbook, the Participant Notebook, and the policies and procedures of the CDC+ program.
2. Fulfill the support planning process as required by the Developmental Disabilities Home and Community Based Services (DD/HCBS) Waiver.
3. Work with the participant to develop the waiver Cost Plan as required by the DD/HCBS Waiver.
4. Provide on-going technical assistance to the participant and representative regarding the program requirements and ensure that the participant/representative is informed of all program updates.
5. Encourage and support the participant in making independent choices about services, purchases and providers.
6. Provide the participant with level 2 background screening information so that the participant can provide this information to his or her prospective employees prior to hiring.
7. Guide the participant in the purchasing plan process to ensure that changes and updates are reviewed and processed in a timely manner for the participant's desired effective date.
8. Process all paperwork submitted by the participant so that it is submitted to the APD Area Office in a timely manner.
9. Ensure the participant completes an Emergency Backup Plan before starting to manage a budget in CDC+, and the plan is reviewed and updated, if necessary, during the annual support planning process. Keep a copy of that plan in the participant's primary file.
10. Review the participant's purchasing plan and contact the participant if additional information is needed before submitting it to APD for final review/approval.
11. Review your participant's monthly statements provided by the F/EA each month to ensure the participant is purchasing supports and services in accordance with the most recently approved purchasing plan.
12. Talk with the participant every month about the participant's monthly budget, issues or concerns regarding the participant's monthly spending, his or her satisfaction with the quality of services, and any questions or concerns the participant may have. Refer to the CDC+ Participant Review Form, which provides all the required items to discuss during each monthly contact, as indicated in the 1915j State Plan Amendment.
13. Be available to the participant to answer questions or provide technical assistance in resolving problems. Have an on-call system in place that allows the participant to have access to the consultant 24-hours per day, 7 days per week, in the event of an emergency.
14. Work with the participant to develop a corrective action plan if he or she has experienced major problems managing services, the monthly budget, or other aspects of the CDC+ program.
15. Coordinate the participant's annual Medicaid redetermination to ensure the participant maintains Medicaid eligibility.

16. Assist the participant in transferring back to the DD/HCBS waiver in the event of disenrollment from CDC+ so there is no interruption in services.
17. Cooperate with quality assurance monitoring.
18. Monitor the health and well-being of the participant, look for indicators of fraud, abuse, neglect or exploitation and report these indicators to the proper authorities within 24 hours.

***What the Consultant will not do:***

1. Interview, hire, train, supervise or fire the participant's employees/providers.
2. Tell the participant's employees/providers if the participant is unhappy with their work.
3. Fill out forms for the participant.
5. Find emergency backup employees or providers for the participant.
6. Write the purchasing plan for the participant.
7. Obtain additional Medicaid funding for the participant if the participant spends more than his or her authorized monthly budget.

**I understand and accept the responsibilities listed in this agreement.**

\_\_\_\_\_  
(Participant/Representative Signature) (Date) \_\_\_\_\_

\_\_\_\_\_  
(Consultant Signature) (Date) \_\_\_\_\_

## REPRESENTATIVE AGREEMENT

Participant Name: \_\_\_\_\_ iBudget PIN# \_\_\_\_\_

I, (*Representative Name*) \_\_\_\_\_  
have received comprehensive training regarding the Consumer Directed Care Plus (CDC+) Program, and have had the opportunity to have all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Rule Handbook and the Fiscal/Employer Agent (FEA) documents.

I voluntarily agree to serve as Representative for \_\_\_\_\_.

### **Agreed Upon Terms and Conditions for CDC+ Representatives**

I understand that:

- the CDC+ participant will receive a monthly budget, which I will control and manage on behalf of the participant;
- I will not be paid for being a Representative and cannot be a paid employee or be paid for any service provided to the CDC+ participant referenced in this agreement;
- I will be fully trained on the CDC+ program and successfully complete a readiness review before I can officially act as the participant's Representative;
- the CDC+ consultant is not to write the Purchasing Plan for me; and
- the participant is the employer of record.

***I agree to:***

- use the monthly budget for services and supports that meet the participant's needs and goals that are identified on the participant's support plan;
- make purchases in accordance with program guidelines;
- act for and in place of the participant in administering CDC+ monthly budget funds;
- maintain all original paperwork documenting time worked and services provided by employees (timesheets), services provided by vendors and independent contractors (invoices), and all purchases for which I have been reimbursed;
- submit purchasing plan updates and changes to the consultant in a timely manner so they can be processed by the necessary effective date;
- obtain background screenings for all directly hired employees and hire employees in accordance with program guidelines;
- submit with the purchasing plan a correctly completed Employee Packet for every directly hired employee who appears for the first time on that purchasing plan;

- submit with the purchasing plan a correctly completed Vendor Packet for every vendor and independent contractor that appears for the first time on that purchasing plan;
- ensure the participant’s health and safety are not at risk;
- comply with state and federal requirements for hiring and employing workers;
- authorize payment to employees only for time/hours worked;
- keep the participant’s CDC+ information confidential; and
- accept the decision of CDC+ the participant to terminate my assignment as the Representative.

***I understand:***

- if I mismanage the participant’s budget, I may be removed as Representative or the participant may be dis-enrolled from CDC+;
- the participant is legally responsible for paying the employer’s share of employment-related taxes and I am responsible for making sure the necessary forms are completed so that the F/EA is informed of the employees’ tax status;
- if I overspend the participant’s budget, and no longer have funds in the participant’s account, I am responsible for paying any outstanding obligations to employees, vendors and other providers from my personal funds and for reimbursing the participant’s CDC+ account for the amount overspent; and
- CDC+ program staff may contact the participant’s employees, independent contractors, and agencies to discuss their provision of services to the participant.

I agree to provide data and information as required, including but not limited to responding to surveys from the CDC+ program. I understand that information gathered will be used in the aggregate and no personally identifying information will be released without my permission.

I agree to hold harmless the State and its agencies, representatives and employees from the consequences of my choices as a Representative in the CDC+ program.

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultant Name

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

## CDC+ Emergency Back-up Plan

Participant Name: \_\_\_\_\_

Participant ID #: \_\_\_\_\_

In order to participate in CDC+, every participant must develop an emergency back-up plan before his or her first purchasing plan can be approved. The emergency back-up plan must address the following questions. This plan is to be updated annually during the support planning process.

**What would you do if a primary provider of a critical service failed to report to work or otherwise could not perform the job at the scheduled time and place?**

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|  |
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**What would you do if you experienced a personal emergency (e.g., a house fire, an accident in which you were injured, or loss of a loved one)?**

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**What would you do if there were a community-wide emergency (e.g., requiring evacuation)?**

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**What would you do if an unexpected shortage of funds were to occur (e.g., if state budget shortfalls required a severe cut in program funds)?**

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**If you have selected a Representative to help you with CDC+, how would you manage the program if he or she told you that they could no longer act as your Representative? You have 30 days to arrange for someone to be trained and become your Representative.**

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\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date