

CDC+ Services Quick Reference

This Quick Reference is an overview of CDC+ services, limitations, and documentation requirements. This form is not meant to replace or duplicate the information found in the CDC+ Coverage and Limitations Handbook (Handbook). Complete information can be found by going to the page references cited below and referencing chapters one through three of the Handbook as well.

Terms Defined: AV-Agency/Vendor IC-Independent Contractor DHE- Directly Hired Employee EBU-Emergency Backup STE-Short-Term Expenditure OTE-One-Time Expenditure

Critical Services: Any service that the consumer or representative feels is so important, that if the provider could not provide care, the consumer's health and safety would be at risk. All Critical services must have two Emergency Backup providers. Personal Care Assistance (PCA) is always considered a Critical service.

Unrestricted Services

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Adult Day Training	ADT	02	Hour or Day	Training programs to support the participation of consumers in daily, valued routines of the community. Emphasis is on training in the activities of daily living, self-advocacy, adaptive and social skills, and are age and culturally appropriate.	4-5	18 and over	Must be a waiver ADT unless approved by exception by the Regional office. Must meet minimum qualifications found in the iBGT Waiver Handbook. Must be an AV.	May purchase other services provided Support Plan goals are being met. EBU's can be listed as Companion or Respite.	
Advertising	ADV	89	Item	Classified advertisements placed in local newspapers or Web advertising to find qualified service providers to work for the consumer.	4-6		Must be an AV or IC only.	Service may not provide a direct or indirect benefit for relatives of the consumer.	Advertisements and proof of cost must be kept by the consumer.
Companion Services	COMP	11	Hour	Non-medical care, socialization, and community inclusion activities. May include assistance in self-care tasks, meal prep, light housekeeping, etc., but not as discrete services. Examples: volunteer or job exploration activities, going to the library, shopping for groceries, accessing public resources, developing friendships, etc.	4-17	21 and over	An agency must be licensed in accordance with appropriate Florida Statutes. At least 16 years old and one year of experience in a relevant setting. See page 4-17 for full description.	May purchase other services provided Support Plan goals are being met. May be provided to minors that are homeschooled and have no other opportunity for community inclusion.	
Consumable Medical Supplies	CMS	63	Item	Non-durable supplies that enable consumers to increase their ability to perform activities of daily living and must be replaced on a frequent basis. Must be: related to a consumer's disability; not provided by any other program; the most cost-effective way to meet the consumer's need; and not primarily for the convenience of the consumer, provider, or family. *May be available through Medicaid State Plan for those under the age of 21.	4-19	*Varies	Must comply with all applicable Florida laws and licensing requirements necessary to provide the requested medical supplies. See page 4-21 for full description.	May purchase other services provided Support Plan goals are being met. Cannot duplicate supplies provided by Medicaid State Plan services. See: mymedicaid-florida.com/ Excluded: Items of general use such as toothbrushes, decongestants, lotions, shampoo... A prescription for items that have general utility, available to the general pop. without a prescription, does not change the character of the item.	Prescriptions if applicable. Information/documentation to justify the need for each item. An itemized list of supplies that includes the quantity and price of each item being requested.

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Gym Membership	GYM	88	Item or Hour	Regular or periodic membership in a gym to participate in a program specifically designed to maintain the maximum health of the consumer.	4-26		Must comply with all applicable laws as a licensed trainer, exercise physiologist or licensed gym. Must be AV or IC only.		
In-Home Supports	IHS	22	DHE: Hour AV, IC: Hour or Day	Assistance, companionship, personal care, and other duties necessary to maintain the consumer in their home. May perform grocery shopping, housekeeping, and cooking or training to teach these skills. May complete chore duties such as washing floors, replacing a broken window; or moving heavy items if this service cannot be performed by the consumer (or family member) in the home. May assist consumer in the community to increase ability to access resources without paid support.	4-26		Must be at least 18 years of age; have at least a high school diploma or equivalent; and one year experience in a relevant setting. Routine care of a relative with an intellectual disability fulfills this requirement. See page 4-26 for full description. May be a DHE, IC, or AV	May purchase other services provided Support Plan goals are being met. Electronic Visit Verification required. If home is shared with another person, that person must share equally the costs of "chore" services provided to maintain the home. CDC+ funds are to be used only for the consumer's share of home upkeep.	
Other Therapies	XTHER	39	Hour	Therapies other than those specifically named under this Handbook, or Individualized Supports and Services. Such therapies include but are not limited to art and music therapy. The term therapy is not the same as "lessons."	4-29		All therapies in this category must be provided by a properly certified or licensed provider of the therapeutic service. Must be in compliance with all applicable laws necessary to provide therapeutic services. Must be AV or IC only.	The specific therapy purchased must be identified in the Purchasing Plan in order to be considered for approval by the APD Regional Office.	Proof of licensure or certification. Description of how services address consumer's goals, is therapeutic and not merely lessons.
Over-The-Counter Medications	OTC	65	Item	Non-prescription items specifically designed for medical purposes which are documented as necessary to maintain the maximum health of the consumer.	4-29		Must be in compliance with all applicable state laws and licensing requirements. Must be an AV.	Items must be uniquely required due to the consumer's disability and health issues.	Description of the need for each item. An itemized list, with prices and quantities.
Parts and Repairs	PARTS	82	Item	Parts/repairs to enable the consumer to continue to use adaptive or therapeutic equipment previously purchased through Medicaid State Plan, the iBudget Waiver, or CDC+ that would otherwise have to be replaced. May include cost of maintenance agreements.	4-30		Providers must be in compliance with all applicable Florida laws and licensing requirements necessary to provide the requested parts and repairs. Must be an AV or IC only.	Purchase of maintenance agreements must be fully described on the Purchasing Plan, including the item covered, the date originally purchased, and the length of time the agreement covers.	

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Personal Care Assistance	PCA	32	Hour	Assistance with eating, meal preparation, bathing, dressing, personal hygiene, activities of daily living, and light housekeeping when activities are essential to the health, safety, and welfare of the consumer and when no one else is available to perform them.	4-31		Agencies must be licensed in accordance with Florida Statutes. At least 16 years old and one year of experience. See page 4-31 for full description. May be a DHE, AV, or IC.	May purchase other services provided Support Plan goals are being met. Electronic Visit Verification required. Always considered a Critical service and requires two Emergency Backup Providers (EBU's).	
Personal Emergency Response System	PERS	33	Month or Day	An electronic communication system that enables a Consumer to secure help for an emergency. May include a portable "help" button for at home or in the community. The system is connected to the phone and programmed to signal a response center. This is a personal "alert" system, not a home security system.	4-32		Must be in compliance with all applicable Florida laws and licensing requirements necessary to provide the requested emergency system. Must be an AV or IC only.		
Residential Habilitation	RHAB	43	Hour	Provide supervision and training activities to assist the consumer to acquire, maintain or improve skills related to activities of daily living, social and adaptive skills.	4-37		At least 18 years of age, have a high school diploma or equivalent and one year of experience in a relevant setting setting. See page 4-37 for full description. May be a DHE, AV, or IC.	An implementation plan must be developed and reflect Support Plan goals.	The Implementation Plan and progress summary may be requested.
Respite Care:				Supportive care and supervision when the primary caregiver is unable to perform these duties due to a planned brief absence, an emergency absence, or when the caregiver physically unable to provide care temporarily.			Agencies must be licensed in accordance with Florida Statutes. At least 16 years old and one year experience working in a relevant setting. Routine care of a relative with an intellectual disability fulfills this requirement. College, vocational, or technical training can substitute. See page 4-39 for full description	May purchase other services provided Support Plan goals are being met. Electronic Visit Verification required. For minors, cannot be provided by a parent or primary caregiver; funds cannot be used to compensate a parent for providing care to a minor who does not reside in the same home as the parent.	The Purchasing Plan must explain the parental role if they provide services using Respite funds.
Day	RSPD	58	Day	The purpose of respite is to enable the Consumer's primary caregiver(s) to have a break from the normal caregiving routine.	4-39		Daily rate provided by AV or IC only. A licensed/registered nurse may provide "Skilled Respite" for consumers with complex medical conditions.	If over age 18, respite may be provided by a non-custodial parent. A prescription is required for Skilled Respite.	
Hourly	RSPH	46	Hour						

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Seasonal Camp	CAMP	85	Day or Item	Attendance at a camp session that enables the Consumer to be included in age-appropriate activities while also learning to handle his disability and manage his environment with greater independence.	4-41		Providers of Camp Services must have proof of First Aid and CPR training. American Camp Association (ACA) Accreditation required. Must be AV or IC only.	Other costs may be covered. CDC+ funds will pay for only the early registration fees if available.	Camp information, a schedule of events, goals being addressed, the dates attending, and documentation accreditation, if available.
Specialized Training	TRNG	61	Hour	Training related to a consumer's goals and needs, such as learning a specific skill to improve quality of life, increase independence, or obtain employment. May include conferences specifically related to consumer's disability or health condition.	4-44		At least 16 years of age and satisfy the qualifications and requirements for the particular service that is the subject of the training being provided to the consumer. Must be AV or IC only.	CDC+ funds cannot be used for meals, but other costs may be covered. CDC+ funds will pay for only the early registration fees if available. Excludes conferences of a general nature or not entirely focused on the specific disabilities.	The name, location, and dates, the reason for attending (what goals will be addressed), and the requested amount of CDC+ funds.
Supported Employment	EMP	55	Hour	Provides training and assistance through a variety of activities to support consumers in sustaining paid employment. Paid employment should be at or above minimum wage unless the consumer is operating a small business. Must assist with the acquisition, retention, or improvement of skills related to employment or developing and operating a small business.	4-46	21 and over	At least 18 years of age. May be a DHE, AV, or IC.	May purchase other services provided Support Plan goals are being met. Must work from a time-limited employment plan with outcome-based activities designed to meet employment goals to include: a period of time for job development, to obtain employment, and on the job follow-along support until the consumer can work independently.	
Supported Living Coaching	SLC	56	Hour	Training and assistance in a variety of activities to support consumers living in their own homes; may include assistance with locating housing; the acquisition, retention or improvement of skills related to daily living tasks such as personal hygiene; household chores; meal prep; shopping; personal finances and the social/adaptive skills necessary to reside in their home.	4-57	18 and over	At least 18 years of age. Must meet requirements found in the Medicaid Waiver Services Agreement, Core Assurances, Chapter 65G-5, F.A.C., and those specified in the iBudget handbook. Must be an AV or IC only.	May purchase other services provided Support Plan goals are being met. Provider or provider's immediate family cannot be the landlord. Consumer cannot reside in the family home or foster home unless in the transition to their own home.	Proof of provider's certification.

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Transportation	TRAN	60	<p>AV/IC: Trip, Hour, Mile, Month</p> <p>DHE: Hour</p> <p>Rep: Mileage</p>	<p>The provision of rides to and from the consumer's home and community-based services, enabling the consumer to receive the supports and services identified on the Purchasing Plan, when such services cannot be accessed through natural (i.e., unpaid) supports.</p> <p>Consumers who are able to use the public transit system shall be encouraged to use that method of transportation. Can be used to purchase monthly bus passes to go to CDC+ services or to meet Support Plan goals.</p>	4-48		<p>At least 18 years of age, have a valid drivers' license, and show proof of automobile liability insurance.</p> <p>See page 4- 50 for full description.</p> <p>Relatives or Representative of Consumer may only be reimbursed for mileage.</p> <p>May be a DHE, AV, or IC.</p>	<p>Can use funds to purchase other services if Support Plan goals are still met.</p> <p>Excludes transportation to school through 12th grade. Providers must follow all guidelines listed in the CDC+ Handbook page 4-48 and 4-49.</p> <p>Other providers may not bill separately for transportation unless providing access to a distinct waiver service from the consumer's residence or between waiver service sites when provided by two separate providers.</p>	Receipts or Mileage logs may be requested.

Restricted Services

Adult dental	DENT	03	Item	Dental treatments and procedures for adults not covered by the Medicaid state plan.	4-5	21 and over	<p>Must be licensed in accordance with Florida Statutes.</p> <p>Must be an AV or IC only.</p>	<p>If on the cost plan, must purchase as an STE.</p> <p>Not solely for cosmetic purposes.</p>	Dental Treatment Plan.
Assessments: Speech Occupational Physical Respiratory Behavioral	STA, OTA, PTA, RTA, BTA	53A 29A 38A 45A 6A	Item	See the CDC+ Rule Handbook page for a description of the specific service area.	4- 46 4- 28 4- 35 4- 39 4- 13	21 and over	<p>Must have an active license or certification in accordance with the appropriate Florida Statutes.</p> <p>See the CDC+ Rule Handbook for a complete description.</p> <p>Must be an AV or IC only.</p>	If on the cost plan, must purchase as an STE.	
Behavior Analysis	BT	06	Hour	<p>Assists consumers to learn or increase replacement skills related to existing challenging behaviors; to facilitate changes in the environment, the interactional style of caregivers, and how others respond to the consumer's behavior; training for caregivers is integral. Does not rely on cognitive therapies.</p> <p>Fading should occur as caregivers' skills increase and target behaviors decrease.</p>	4-7	21 and over	<p>Must have licensure or certification on active status at the time services are provided. Levels have been established based on specific credentials that also indicate fee variation.</p> <p>See page 4-10 for full description.</p> <p>Must be an AV or IC only.</p>	<p>Must purchase at least 92% of units approved on the cost plan.</p> <p>Must be provided in settings relevant to target behavior.</p> <p>Limited to no more than 4 hours per day. Can be provided concurrently with another service. Assessments limited to one per year.</p> <p>Not provided in the school system.</p>	Behavior Analysis Services Plan and monthly summary of monitoring.

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Dietitian Services	DIET	12	Item or Hour	Prescribed by a physician to maintain or improve the overall health of a consumer; assesses nutritional status and needs, recommends an appropriate dietary regimen, nutrition support and nutrient intake and providing counseling and education to the consumer and family.	4-22		A dietician or nutritionist licensed in accordance with Chapter 468, part X, Florida Statutes. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan.	Copy of the Physicians Prescription and Assessment for on-going service.
Durable Medical Equipment and Supplies	EQUIP	83	Item	Therapeutic, adaptive or other equipment/devices required by the consumer to assist in controlling and maneuvering within their environment. Equipment/devices that will increase the consumer's independence and decrease reliance on others.	4-23	*Varies	A DME and medical supply entity must be in compliance with all applicable laws relating to qualifications or licensure; and accredited from one of the required organizations. See page 4-23 for full description. Must be an AV or IC only.	If on cost plan, must be purchased at 100% as an OTE Cannot duplicate supplies provided by the Medicaid State Plan services. See: mymedicaid-florida.com/ *Some items are available through the Medicaid State Plan for consumers under the age of 21.	Description of item and how it will increase the consumer's independence or substitute for human assistance.
Environmental Modifications	ENV	14	Item	Physical adaptations to the home that are required as indicated on the consumer's support plan and are "medically necessary" to avoid institutional placement of the consumer and enable him to function with greater independence in the home.	4-24		All providers must hold required state certificates or registration in that trade, or be licensed in accordance with Florida Statutes and RESNA certified as applicable. See page 4-25 for full description. Must be an AV or IC only.	Must spend 100% of cost plan funds as an OTE. If over \$3,500.00, must include 3 competitive bids. Modifications over \$3,500.00 may not be done on a rental property. Cannot be of general utility, such as carpeting, roof repair, etc. Must provide a direct medical or remedial benefit to the consumer. May not add square footage of the home.	Copy of Assessment. Copy of bids from general contractors. Written approval from landlord for rental property.
Environmental Modification Assessment	ENVA	14A	Item	A Home Accessibility Assessment is an independent assessment by a professional rehabilitation engineer or other specially trained and certified professional to determine the most cost-beneficial and appropriate accessibility adaptations for a Consumer's home.	4-24		See Provider Qualifications for Environmental Modification Providers (Above) Must be an AV or IC only.	If on the cost plan, must purchase as an STE.	
Occupational Therapy	OT	29	Hour	Prescribed by a physician that are necessary to produce specific functional outcomes in self-help, adaptive, and sensory motor skill areas, and assist the Consumer to control and maneuver within the environment.	4-27	21 and over	Must be licensed in accordance with Florida Statutes. See Page 4-27 for full provider qualifications. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan.	Copy of Physician's Prescription and Assessment.

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
PERS Installation	PERSI	33A	Item	Installation of an electronic communication system.	4-33		Same provider qualifications as on-going PERS (Above)	If on the cost plan, must purchase as an STE.	
Physical Therapy	PT	38	Hour	Prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control, and postural development and to prevent or reduce further physical disability. May include training of caregivers.	4-34	21 and over	Must be licensed in accordance with Florida Statutes. See page 4-34 for full description. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan.	Copy of Physician's Prescription and Assessment.
Private Duty Nursing LPN RN	PDL PDR	49 50	Hour	Prescribed by a physician and consist of individual, continuous nursing care provided by registered or licensed practical nurses. Nurses must provide private duty nursing services in accordance with Chapter 464, F.S.	4-35	21 and over	Must be licensed in accordance with Florida Statutes. See page 4-35 for full description. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan. Parent can be an unpaid EBU if trained by the nurse.	Copy of Physician's Prescription and Assessment/care plan.
Respiratory Therapy	RT	45	Hour	Prescribed by a physician relating to impairment of respiratory function and other deficiencies of the cardiopulmonary system.	4-38	21 and over	Licensed respiratory therapist in accordance with Chapter 468, Part V, F.S. Must be an AV or IC only.	Usually provided in the Consumer's home.	Copy of Physician's Prescription and Assessment.
Specialized Mental Health Services	MHT	51	Hour	Provided to maximize the reduction of a Consumer's mental illness and restoration to the best possible functional level. Focus is on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons with developmental disabilities and mental illness. Includes diagnosis and assessment.	4-43		Psychiatrists, Psychologists, or Clinical social workers, or mental health counselors licensed in accordance with Florida Statutes. See page 4-43 for full description. Must be an AV or IC only.	Supplements mental health services available under the Medicaid Community Behavioral Health Program state plan services.	Copy of Care Plan and a summary of progress.
Speech Therapy	ST	53	Hour	Prescribed by a physician to produce specific functional outcomes in communication skills of a consumer with a speech, hearing or language disability. May include training of caregivers.	4-45	21 and over	Must be licensed in accordance with Florida Statutes. See page 4-45 for full description. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan.	Copy of Physician's Prescription and Assessment.
Skilled Nursing LPN RN	SNL SNR	47 48	Hour	Part-time or intermittent nursing care provided by a registered or licensed practical nurse within the scope of Florida's Nurse Practice Act in accordance with Chapter 464, F.S.	4-42	21 and over	Must be licensed in accordance with Florida Statutes. See page 4-42 for full description. Must be an AV or IC only.	Must purchase at least 92% of units approved on the cost plan. May be provided in the home. Parent can be an unpaid EBU if trained.	Copy of Physician's prescription and assessment/care plan.

Service Name	Abbr	SC	Unit type	Service Description	Rule Pg.	Age	Provider Qualifications/Limitations	Limitations/Special Conditions	Documentation Requirements
Vehicle Modification	VMOD	80	Item	Adaptation to the Consumer's family-owned or Consumer-owned vehicle that is necessary for the Consumer to drive the vehicle or be transported in the vehicle. Van adaptation includes lifts, tie downs, raised roof or doors in a family owned or individually owned full-size or mini van.	4-51		Providers must be in compliance with all applicable laws and licensing requirements necessary to provide the requested modification. Must be an AV or IC only.	Must spend 100% of cost plan funds as an OTE. Excludes: Cost/maintenance of the vehicle; any cost to lower the floor; or pre-installed lifts on used vans. Must be Consumer's primary mode of transportation. Vehicle must have life expectancy of at least 5 years; cannot exceed 2 1/2 times the Blue Book value. One modification per vehicle, One modification per consumer every 5 years.	Copy of vehicle purchase price from seller specifying the vehicle price and an itemized list of adaptation costs. Copy of the verification from an ASE Mechanic of the vehicle's life expectancy.

Unallowable Expenditures

Items in all sections of the purchasing plan must be consistent with the consumer's needs and goals in their Support Plan, necessary to ensure their ability to remain in their 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., iPad, TV)
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
20. Anything that has not been specifically approved on the Purchasing Plan