



agency for persons with disabilities
State of Florida



Consumer/Representative Training Module 4: Payroll

Ron DeSantis
Governor

Barbara Palmer
Director



Payroll

**Timesheets
and
Invoices**

**Payroll
Schedule**

**Submitting
and
Tracking**

Reconciling



Types of Claims

**Directly Hired
Employees**

Timesheet

**Agency Vendors
& Independent
Contractors**

Invoice

**Representative
Reimbursements**

Receipt



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CDC+ <small>Consumer Directed Care Plus</small>		FLORIDA CDC+ <u>WEEKLY</u> TIMESHEET										apd <small>agency for persons with disabilities State of Florida</small>											
Employee:					Employee ID Number					Plan Sections													
Participant:					Participant ID Number					R = Services Section S = Savings Section T = Short Term Expenditures													
Participant/Representative contact information if APD has questions:					Phone #:					Email:													
Year:			From Monday,					through Sunday,															
Date Worked		Service	Enter Plan Section*	Back Up	Time IN					Time OUT					Total Hrs.								
Mo	Day	Code			H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM	Worked
Service Code Totals:		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	
		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	0.00
																	ALL:	0.00	0.00				
This is required information:					Live-in Employee:					Yes:		No:											
Employee Signature					Date					Participant/Representative Signature					Date								
<small>We certify that the above information is true, accurate and complete. (Signatures are required BEFORE submitting for payment.)</small>																							
NOTE:																							
<small>1. You must indicate if the employee is a live-in employee. To qualify as a live-in, the employee must live with the participant or stay overnight during the course of providing the service. Live-in employees are not paid time and a half when they work more than 40 hours in a work week.</small>																							
<small>2. The CDC+ work week is from 12:00 AM (midnight) on Monday through Sunday at 11:59 PM.</small>																							
<small>3. *The participant/representative is responsible for entering the Section of the Purchasing Plan in which the employee's services are budgeted. If budgeted in Services, enter R; if budgeted in Savings, enter S; if budgeted in the Short Term Expenditures section, enter T.</small>																							
<small>4. The participant/representative is responsible for entering a Y or N in the Back Up column to indicate whether or not the employee is working as an Emergency Back Up (EBU) provider based on the approved Purchasing Plan that covers this work week. EBUs are only budgeted in the Services Section.</small>																							



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Timesheet
Sample

Employee:		Participant:		Participant/Representative contact information if APD has questions:		Phone #:		Email:		Plan Sections																				
Millie Monroe		Patty Participant				123-456-1718		SarahRep@yahoo.com		R = Services Section S = Savings Section T = Short Term Expenditures																				
Employee ID Number		Participant ID Number								A 0 5 7 7 8 0 0 1 2 3 4 5																				
Year: 2016		From Monday, 12/7		through Sunday, 12/13																										
Date Worked		Service Code	Enter Plan Section*	Back Up	Time IN				Time OUT				Time IN				Time OUT				Total Hrs. Worked									
Mo	Day				H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM		
12	07	032	R	Y	0	8	0	0	AM		0	2	0	0	PM														6.00	
12	07	011	R	N													0	2	0	0	PM		0	3	0	0	PM	1.00		
12	10	032	R	Y	0	8	0	0	AM		0	2	0	0	PM													6.00		
12	10	011	R	N													0	2	0	0	PM		0	3	0	0	PM	1.00		
12	12	011	R	Y	1	2	0	0	PM		0	3	0	0	PM													3.00		
12	13	011	R	Y	1	2	0	0	PM		0	3	0	0	PM													3.00		
Service Code Totals:		#	32		12.00				#			#																		
Service Code Totals:		#	11		8.00				#			#														ALL:	20.00	20.00		
This is required information:				Live-in Employee:		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>																					
Millie Monroe				12/14/2016		Sarah Representative								12/14/2016																
Employee Signature				Date		Participant/Representative Signature				Date																				
We certify that the above information is true, accurate and complete. (Signatures are required BEFORE submitting for payment.)																														



INVOICE SAMPLE

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



RECEIPT SAMPLE

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



Payroll Schedule

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



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



Submitting Payroll



**Online Secure
Payroll**



**CDC+
Customer
Service**



Warning

APD CDC+ Secure Web-based Payroll System

This site is for the exclusive use of current CDC+ consumers and their authorized consumer representatives.

Unauthorized use or access of this application or its resources is strictly prohibited.

This application and its resources may only be used or accessed by explicitly authorized individuals.

Unauthorized use or access of this application or its resources will be prosecuted to the fullest extent of all applicable United States Federal and State of Florida laws.

If you have questions regarding your authorization to use this application or its resources, call 1-866-761-7043 Toll Free.

UserName

Password



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APD CDC+ Secure Web-based Payroll System

MAIN MENU

This is where you are to enter your CDC+ timesheets, invoices, and reimbursement requests.

Entering information in this system does not guarantee payment. Payment depends on correct entry of all information based on your approved Purchasing Plan and availability of funds in your account.

After you have entered and submitted each timesheet, invoice, or reimbursement request, a new screen will appear and will give you a tracking number and instructions on how to check the status of your payment request.

PLEASE SELECT THE FORM YOU WANT TO ENTER

Employee Weekly Timesheet

Agency/Vendor or Independent Contractor Invoice

Consumer or Representative Reimbursement Request

Consumer Statement

Check Transaction Status

Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.



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Employee Weekly Timesheet

Each week in the 2-week pay period coincides with the CDC+ work week which begins at 12:00 a.m. Monday and ends Sunday at 11:59 p.m.

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

Enter the requested information from the employee's completed timesheet into the spaces shown below. You must enter ALL of the time worked for all services during one work week before you hit the submit button. Once you hit the submit button, you cannot enter any more services provided by that employee for that work week. When you have submitted your timesheet entry, you should have only one tracking number for each of your employees who worked during each work week.

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

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

If you receive an error message after hitting "Add" you can correct the error and hit "Add" again.

When you have completed the week's timesheet entry, hit "Submit Timesheet." You will then record your tracking number and check the status later.

Consumer: F39Name L39Name

Work Week:

Employee ID:

Click on the SUBMIT button ONLY if you have entered ALL of the services and time this employee has worked during the pay period. If you have more than one paper timesheet for this employee, enter ALL of the information from ALL of the timesheets before you submit for payment.

Services																		
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Provider	Hours	Minutes	BilledUnits	UnSubmitted Units	Submitted Units	Remaining Units	Edit	Delete
Savings																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	Hours	Minutes	BilledUnits	UnSubmitted Units	Submitted Units	Remaining Units	Edit	Delete		
Ste																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	Hours	Minutes	BilledUnits	UnSubmittedAmt	SubmittedUnits	RemainingUnits	Edit	Delete		



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Date of Invoice: mmmddyyyy

Year:

Month:

Provider ID:

Invoice Number:

Services																				
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Provider	First Day of Service	Last Day of Service	Amount	Billed	Un-Submitted Amount	Submitted Amount	Remaining Amount	Edit	Delete	
154679	029	OT	4.00	66.76	0.00	267.04	09/01/2016	12/31/9999	No	LAMPERT'S HOME THERAPY, INC	▼	▼	\$ <input type="text"/>	0.00	0.00	<input type="text"/>	0.00	267.04	<input type="text"/>	<input type="text"/>

Savings																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
60605	029	OT	12.00	66.76	0.00	801.12	09/01/2016	09/01/2018	▼	▼	\$ <input type="text"/>	0.00	0.00	<input type="text"/>	0.00	801.12	<input type="text"/>	<input type="text"/>

STE																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
No Records Found																		

OTE																		
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount	Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete	
No Records Found																		



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Consumer: F39Name L39Name

Specify who is to be reimbursed:

Month:

Year:

Services																		
SA#	Service Code	Service	# Units	Rate	Taxes	Monthly Cost	Begin Date	End Date	EBU	Primary Provider	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

Savings																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

STE																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete

OTE																
SA#	Service Code	Service	# Units	Rate	Taxes	Total Budget	Begin Date	End Date	First Day of Service	Last Day of Service	Amount Billed	UnSubmittedAmt	SubmittedAmt	Remaining	Edit	Delete



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Check Transaction Status

Enter your Tracking Number:

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This application is best viewed in the following browsers:
Microsoft Internet Explorer 6.0 or higher



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Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.

It is very important (and it is the consumer /representative's responsibility) to check the tracking status. The consumer/representative is to use the issued tracking number(s) to "check transaction status" for each submitted claim a few hours after each timesheet, invoice, or request for reimbursement has been entered. To check your transaction status click on the fourth (bottom) button, above, entitled "Check Transaction Status. This will take you to a screen where you will enter your tracking number and then hit the "Search" button. You will then be provided the status of payment processing.

If you receive the message, "Processing, please check back for an updated status," please wait three to four hours and check back. If you enter payment information after 5 p.m. Eastern Time, processing may not be complete until the next morning.

The APD payment system functions very effectively but in order to help us provide on-time payments you must check the transaction status on all Web submissions, and alert CDC+ staff immediately when you receive any message other than "Processing" or "Approved".



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Monthly Statement

For the Month of the Report:

If the selected Statement displays no data, the report is not yet available

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This application is best viewed in the following browsers:
Microsoft Internet Explorer 5.0 or higher



Tracking Spending

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



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DECEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours Week
1 Joe(32)7a-1p Dan(11)1p-9p	2 Kim(22)6:30a-8a Joe(32)2p-7:30p	3 Kim(22)6:30a-8a Joe(32)2p-7:30p	4 Kim(22)6:30a-8a Joe(32)2p-7:30pm	5 Kim(22)6:30a-8a Joe(32)2p-7:30p	6 Kim(22)6:30a-8a Joe(11)2p-7:30p	7 Joe(32)7a-1p Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
8 Joe(32)7a-1p Dan(11)1p-9p	9 Kim(22)6:30a-8a Joe(32)2p-7:30p	10 Kim(22)6:30a-8a Joe(32)2p-7:30p	11 Kim(22)6:30a-8a Joe(32)2p-7:30p	12 Kim(22)6:30a-8a Joe(32)2p-7:30p	13 Kim(22)6:30a-8a Joe(11)2p-7:30p	14 Joe(32)7a-1p Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
15 Joe(32)7a-1p Dan(11)1p-9p	16 Kim(22)6:30a-8a Joe(32)2p-7:30p	17 Kim(22)6:30a-8a Joe(32)2p-7:30p	18 Kim(22)6:30a-8a Joe(32)2p-7:30p	19 Kim(22)6:30a-8a Joe(32)2p-7:30p	20 Kim(22)6:30a-8a Joe(11)2p-7:30p	21 Joe(32)7a-1a Dan(11)1p-9p	Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
22 Joe(32)7a-1p Dan(11)1p-9p	23 Kim(22)6:30a-8a Joe(32)2p-9:00p	24 Kim(22)6:30a-8a Joe(32)2p-7:30p	25 Kim(22)6:30a-8a Joe(11)2p-7:30p	26 Kim(22)6:30a-8a Joe(32)2p-7:30p	27 Kim(22)6:30a-8a Joe(11)2p-7:30p	28 Joe(32)7a-2p Dan(11)2p-9p	Joe(32) = 31hrs Joe(11) = 11hrs Kim(22) = 7.5hrs Dan(11) = 16hrs
29 Joe(32)7a-1p Dan(11)1p-9p	30 Kim(22)6:30a-8a Joe(32)2p-7:30p	31 Kim(22)6:30a-8a Joe(32)2p-7:30p			Monthly Hours Joe(32) = 149.0hrs Joe(11) = 27.5hrs Kim(22) = 33.0hrs Dan(11) = 68hrs } 179hrs		Joe(32) = 16.0hrs Kim(22) = 1.5hrs Dan(11) = 8hrs



Account Reconciliation

Monthly Deposit

- Timesheets
- Invoices
- Reimbursements

Remaining Balance



**Timesheets
and Invoices**

**Payroll
Schedule**

**Submitting
and Tracking**

Reconciling



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Thank you for your participation

For additional questions, please contact:

Larry Hill

Larry.Hill@apdcares.org

850-487-4839

Or CDC+ Customer Service

1-866-761-7043

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