agency for persons with disabilities
State of Florida

CDC+
Consumer-Directed Care Plus

Consumer/Representative Training
Module 6: Enrollment

Ron DeSantis
Governor

Barbara Palmer
Director

Enrollment

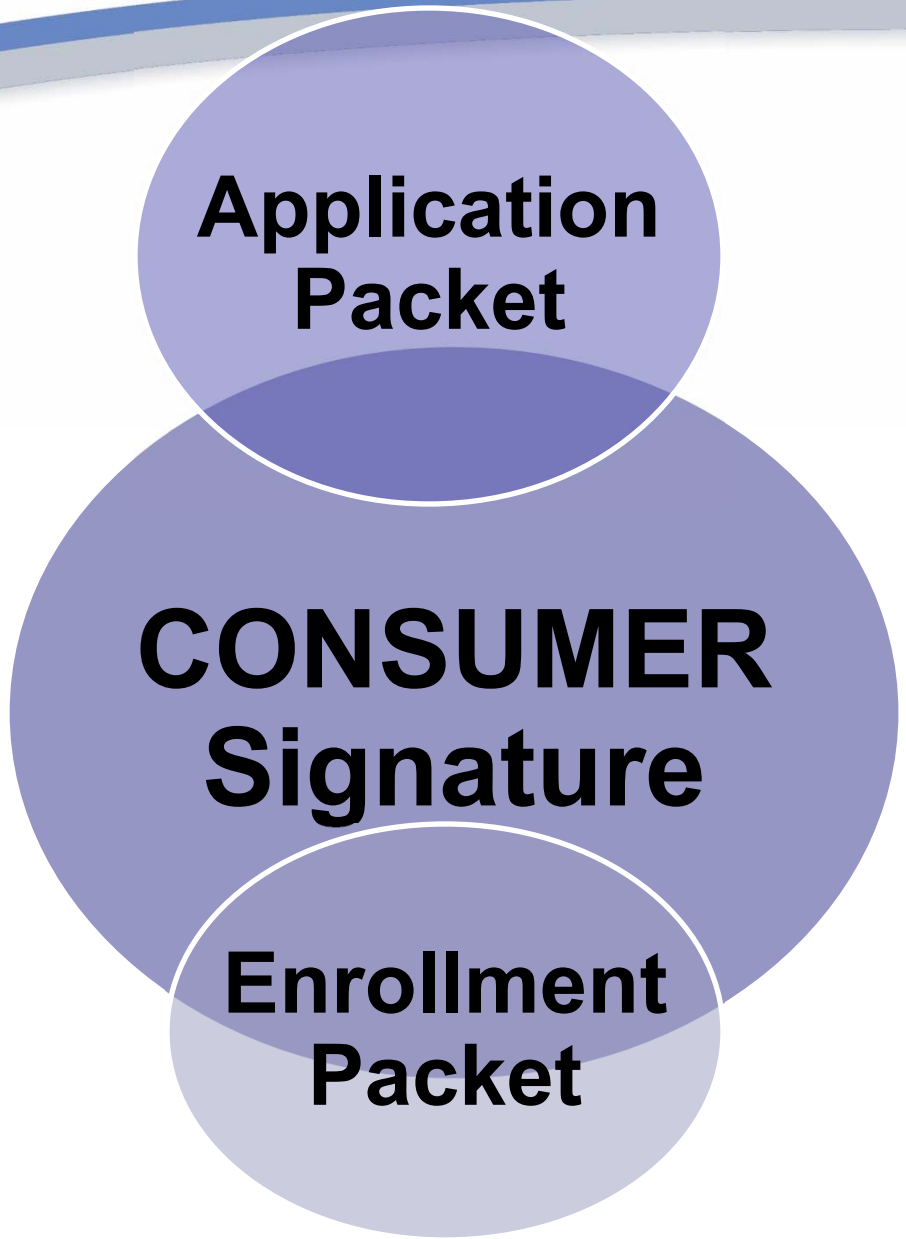
Application and Enrollment	First Purchasing Plan

First Steps to CDC+

- ✓ **Enrolled in iBudget Waiver**
- ✓ **Select a Representative**
- ✓ **Take CDC+ Training**

First Steps to CDC+

- ❑ Live in your own home or family home
- ❑ Select a CDC+ Consultant
- ❑ Pass the New Representative Readiness Review with 85% or better


Application Packet
CONSUMER Signature
Enrollment Packet

CDC+ Application Packet

- Representative Agreement
- Participant/Consultant Agreement
- Emergency Back-up Plan
- CDC+ Application

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REPRESENTATIVE AGREEMENT

Participant Name: _____ Participant ID # _____

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

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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.

What is your plan if:

- A Provider of a Critical Service is not available?
- You had a personal emergency?
- There was a community-wide emergency?
- If there was an unexpected shortage of funds?
- Something happened to your Representative?

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CDC+ Application (2 pages)

Participant's First Name

MI

Participant's Last Name

Participant's Social Security Number

– –

Participant's Date of Birth

/ /

Participant's Medicaid ID Number

Participant's Gender

☐ Male ☐ Female

CDC+ Enrollment Packet

- Informed Consent for CDC+ F/EA
- 8821
- 2678
- Program Consent Form

Informed Consent
Florida CDC+ Fiscal/Employer Agent

IRS Forms

- **2678 - Employer/Payer Appointment of Agent**
- **8821 - Tax Information Authorization**

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CDC+
Consumer-Directed Care Plus

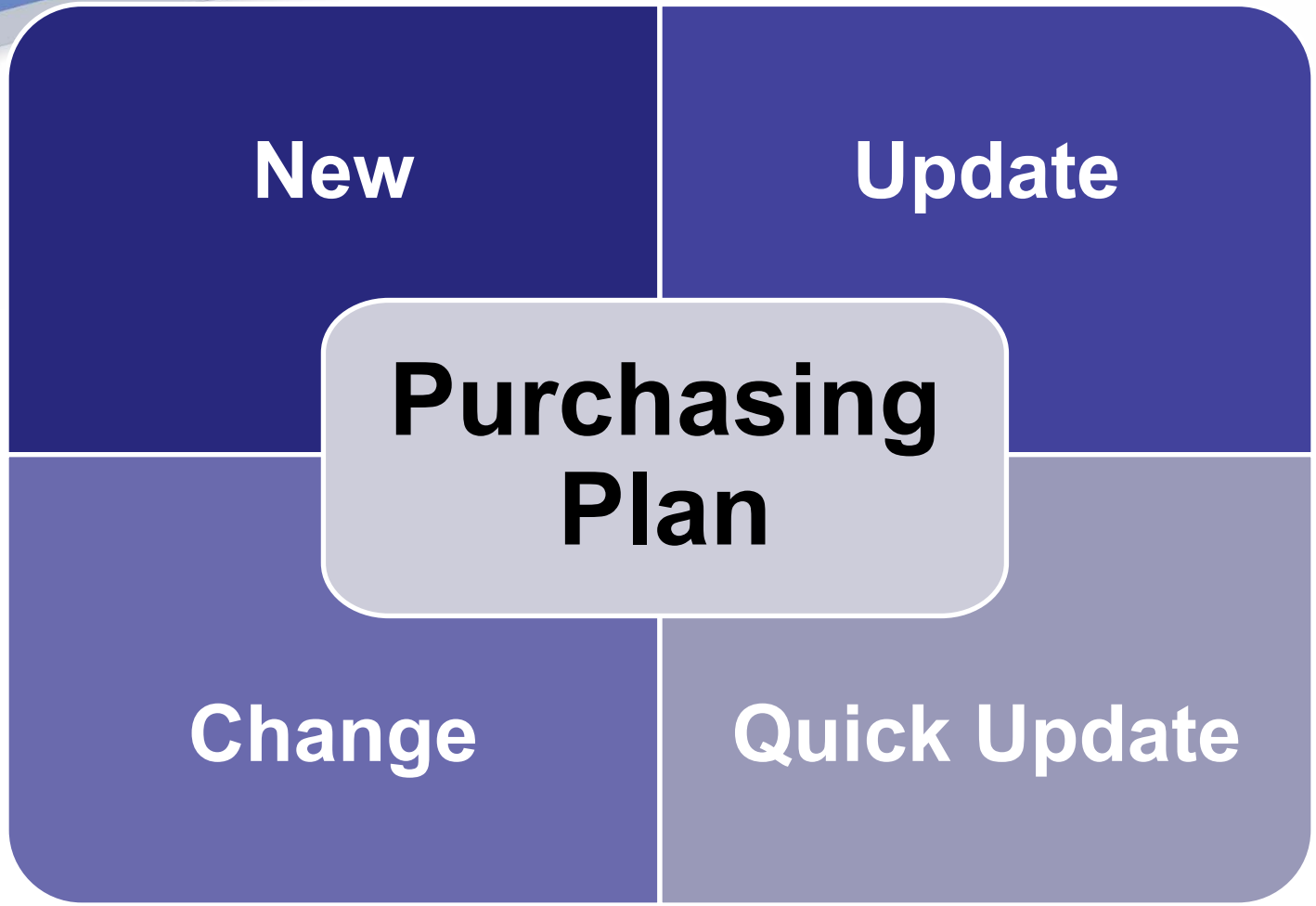
Consumer Directed Care Plus Program Consent Form

I, _____, **choose to participate** in
Print Applicant's Name
the Consumer Directed Care Plus (CDC+) Program. I understand my participation in CDC+ is completely voluntary.

- Training Certificate
- Application Packet
- Enrollment Packet
- Begin Hiring Process
- Write you first Purchasing Plan

Purchasing Plan – Timelines

Person Responsible	Activity	Due Date
Consumer (Representative)	Complete Purchase Plan; submit to Consultant	On or before the close of business by the 5th of the month
Consultant	Review and sign; submit to Regional Liaison	On or before the close of business by the 10th of the month
Regional Liaison	Review and sign; submit to State Office	On or before the close of business by the 20th of the month


New
Update
Purchasing Plan
Change
Quick Update

Purchasing Plan Change

- **Change in the monthly budget**
- **Adding a One-Time or Short-Term Expenditure**
- **Effective 1st day of month**

Immediately submit a Purchasing Plan Change anytime there is a change to the Consumer's Cost Plan

Purchasing Plan Update

- Hire a new employee or agency/vendor
- Change the rate of pay
- Purchase different services or supports
- Increase the number of hours of a restricted or unrestricted service
- Decrease the number of hours of an unrestricted service
- Add a new Savings item
- Effective 1st day of month

Quick Update

- Replace a current authorized provider
- Change a vendor in Savings, OTE or STE
- Change only the estimated date of purchase for a Savings item or the End Date of an OTE or STE
- Add or replace a service or support in the Savings Section
- Add an emergency back-up provider

Purchasing Plan

Enrollment

Purchasing Plans

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Thank you for your participation

For additional questions, please contact:

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850-487-4839

Or CDC+ Customer Service

1-866-761-7043

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