



agency for persons with disabilities
State of Florida



Consumer/Representative Training Module 6: Enrollment

Ron DeSantis
Governor

Taylor Hatch
Director



Enrollment

**Application and
Enrollment**

**First Purchasing
Plan**



First Steps to CDC+

- ✓ **Enrolled in iConnect 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?**



CDC+ Enrollment Packet

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



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Informed Consent Florida CDC+ Fiscal/Employer Agent



IRS Forms

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



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

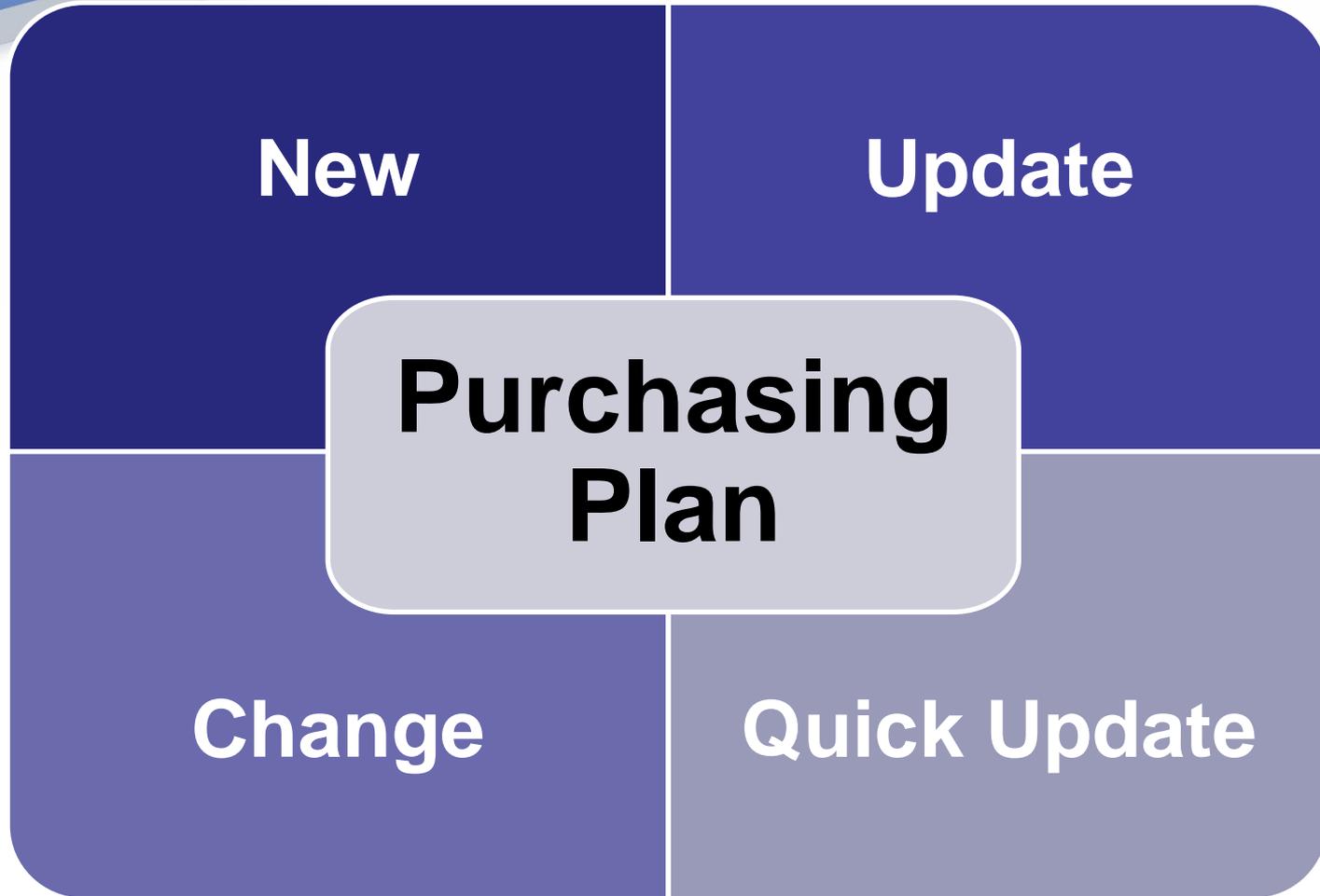
Begin Hiring Process

**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





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**



Thank you for your participation

For additional questions, please contact:

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Or CDC+ Customer Service

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