



agency for persons with disabilities  
*State of Florida*



## Consumer/Representative Training

Ron DeSantis  
Governor

Barbara Palmer  
Director



## Introductions

**Mindy Whitehead**, Administrator

**Felicia Jones**, Program Administrator

**Tammy Ferrell**, Program Administrator

**Larry Hill**, Trainer

Submit questions throughout this presentation  
via chat or to:

[Larry.Hill@apdcares.org](mailto:Larry.Hill@apdcares.org)



# What is CDC+ and How does it work?

**Compare  
and  
Contrast  
iBudget  
and CDC+**

**Roles  
and  
Responsibilities**

**Tools**



**iBudget**

**Support Plan**

**Cost Plan**

**Waiver services and  
providers**



**iBudget**

**Support Plan**

**Cost Plan**

**CDC+ Purchasing  
Plan**

**Consumer's  
Employees**



CDC+

- Household Employer



More Control

CDC+

More  
Responsibility



## CDC+ Team

**Consumer**

**Representative**

**Consultant**

**Regional Liaison**

**State Office –  
Program and F/EA**





## **Role of Consumer**

(when Representative not selected)

- **Decision Maker**
- **Trainee**
- **Employer**
- **Authorized Signer**
- **Custodian of Public Money**
- **Manager of the CDC+ Program**
- **Participate in Quality Assurance Monitoring**



## Role of Representative

- **Decision Maker**
- **Trainee**
- **Employer**
- **Authorized Signer**
- **Custodian of Public Money**
- **Manager of the CDC+ Program**
- **Participate in Quality Assurance Monitoring**



## **Role of CDC+ Representative, continued**

- **Unpaid Advocate; at least 18 years of age**
- **Sign an agreement with the Consumer**
- **Readily available to Consumer and  
Consultant**



## **Role of the Consultant**

- **Waiver Support Coordinator**
- **Sign a Consumer/Consultant agreement**
- **Assists with transitioning to and from the waiver**
- **Provides on-going technical assistance**
- **Reviews Purchasing Plan and ensure it meets program requirements.**



## **Role of the Consultant, continued**

- **Responsible for appropriate use of public money**
- **Complies with training and monitoring requirements**
- **Develops, implements, and monitors Corrective Action Plans (CAP) as needed**
- **Monitors and reviews Consumer account activity**
- **Updates Support Plan, as needed**



## **Role of the Regional Liaison**

- **Ensures Consumer's waiver cost plan is approved**
- **Reviews Purchasing Plans and Employment Packets**
- **Serves as the local program operations manager**
- **Ensures Corrective Actions Plans are completed**
- **Bridges the communication between Consumer, Consultant, and State office**



## **Role of State Office**

- **Authorizes CDC+ Budget**
- **Administer the CDC+ program**
- **Develop & interpret policy**
- **Quality Assurance Monitoring**
- **Provide customer service & technical assistance**
- **Develop and update CDC+ training materials**
- **Conduct initial & on-going training**



## **Fiscal Employer/Agent (FE/A) State Office cont.**

- **Enrolls Consumer as a Small Household Business with the IRS**
- **Complies with all employer tax reporting to the IRS**
- **Maintains the Consumer's CDC+ Account**
- **Assigns provider ID numbers**
- **Pays service claims and employer taxes**
- **Sends monthly statements**





## CDC+ > Consumer Directed Care Plus (CDC+)

---

CDC+ is a long-term care program alternative to the Medicaid Home and Community-Based Services (HCBS) Medicaid Waiver. The program provides the opportunity for individuals to improve the quality of their lives by being empowered to make choices about the supports and services that will meet their long-term care needs and to help them reach their goals.

---

### Enrolling onto CDC+

Thank you for your interest in CDC+! Click below for helpful information and resources for getting started on CDC+. If you have any questions, please contact our CDC+ Helpline at 1-866-761-7043.

- [CDC+ Welcome Packet](#)
- 

### Announcements

- CDC+ is pleased to announce the enrollment of a WSC to provide CDC+ services has been streamlined effective immediately. The process has changed including the required documentation needed to register as a consultant. CDC+ Consultants will no longer be required to obtain a CDC+ contract associated with their solo or agency Medicaid Provider ID. As long as the provider has an active Developmental Disabilities Contract with AHCA and are in good standing with APD, they are eligible to

### Important Links

---

- [Consultants Resources](#)
- [Consumers Resources](#)
- [Provider Packets](#)
- [Household Employer Forms](#)
- [Secure Web-based Payroll System](#)
- [Training and Education](#)
- [CDC+ Connection](#)

### Important Contact Information

## CDC + > Consumers

---

### Important Links

---

- [Consultants Resources](#)
- [Consumers Resources](#)
- [Provider Packets](#)
- [Household Employer Forms](#)
- [Secure Web-based Payroll System](#)
- [Training and Education](#)
- [CDC+ Connection](#)

Document	Description
<a href="#">CDC+ Handbook</a>	Developmental Disabilities Medicaid Waivers Consumer-Directed Care Plus Program Coverage, Limitations, and Reimbursement Handbook
<a href="#">How-to Guide</a>	This How-To Guide contains important information about how to navigate the Consumer-Directed Care Plus (CDC+) program.
<a href="#">Appendix to How-to Guide (January 2017)</a>	This section provides all the forms used by participants in the CDC+ program. Just "click" on the document you want to review. Each appendix title contains a description of every document listed in that appendix title. The appendix will be updated periodically as forms are revised. Forms published on the Web site are the most recent forms, so please refer to this Web site often.

---

### Peer Support Group Meetings

#### Miami

401 NW 2nd Ave. S811;

Chair: Yolanda Herrera, [yolyherrera@bellsouth.net](mailto:yolyherrera@bellsouth.net)

#### Ft. Lauderdale

### Important Contact Information



The image is a screenshot of a document viewer. At the top right, there is a search bar with the text 'Adult Day Training' and a dropdown arrow. Below the search bar are two buttons: 'Previous' and 'Next'. The main content of the viewer is a document cover page. It features a green outline map of Florida with a small red dot on the northern coast. Below the map, the text reads 'Florida Medicaid'. Further down, the title of the handbook is displayed in bold, uppercase letters: 'CONSUMER-DIRECTED CARE PLUS PROGRAM COVERAGE, LIMITATIONS, AND REIMBURSEMENT HANDBOOK'. Below the title, a horizontal line separates the title from the publisher information: 'Agency for Health Care Administration' and 'October 2015'. In the bottom right corner of the document, there is a circular logo for the Agency for Health Care Administration, State of Florida, which includes a stylized heartbeat line.



How-To Guide





## APPENDIX to the CDC+ How-To Guide

- A** [Update Log](#)
- B** [CDC+ Contacts](#)
- C** [Glossary of Terms](#)
- D** Finding Employees to Work for You
  - 1 [Job Description-Employer/Employee Agreement](#)
  - 2 [Telephone Screening form](#)
  - 3 [Sample Interview Questions](#)
  - 4 [Potential Employee Information form](#)
  - 5 [Employment Candidate Evaluation form](#)
  - 6 [Reference Check Worksheet](#)
- E** Employee Packet
  - 1 [Instructions for Completing the Employee Packet](#)
  - 2 [Employee Information form](#)
  - 3 [Sample Completed Employee Information form](#)
  - 4 [IRS Form W-4](#)





**CDC+  
-vs-  
iBudget**

**Roles and  
Responsibilities**

**Tools**



# Monthly Budgets, Purchasing Plans and Quick Updates

**What is the  
Monthly  
Budget**

**What is a  
Purchasing  
Plan**

**What is a  
Quick  
Update**

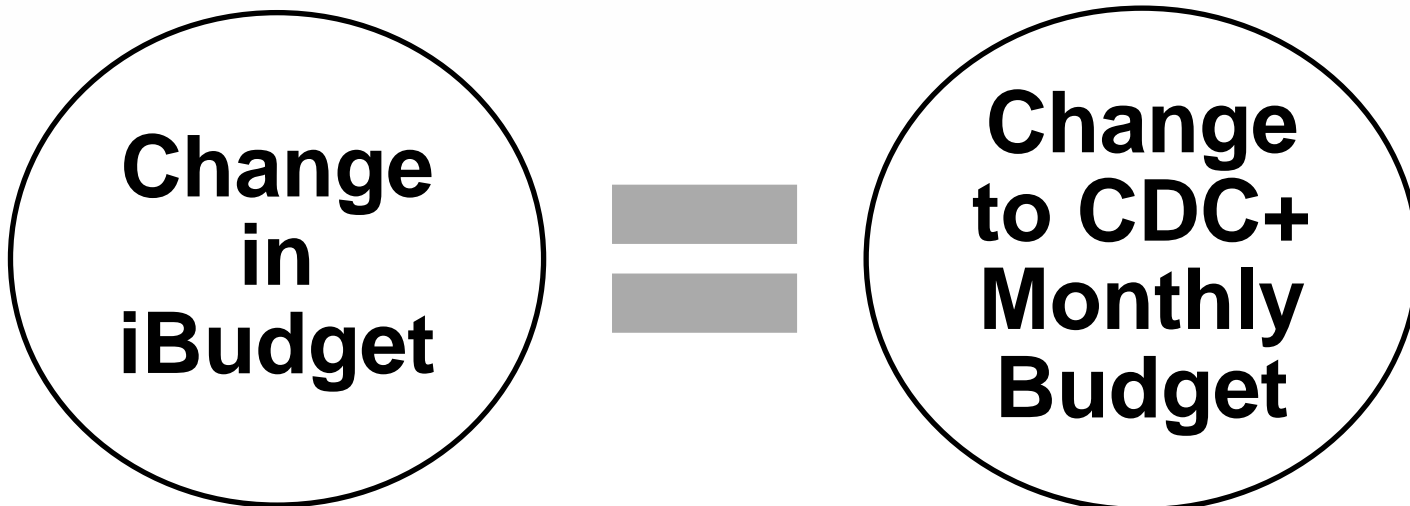




**iBudget  
Amount**

**Consultant  
and OTE/STE**

**Discount Rate +  
Administrative fees**





**Support  
Plan**

A white arrow pointing to the right, containing the text 'Support Plan' in bold black font.

**Cost  
Plan**

A white arrow pointing to the right, containing the text 'Cost Plan' in bold black font.

**Purchasing  
Plan**

A white arrow pointing to the right, containing the text 'Purchasing Plan' in bold black font.



agency for persons with disabilities  
*State of Florida*

# PURCHASING PLAN



## **Allowable Purchases**

---

Any item that is an allowed purchase using CDC+ funds must be related to the Consumer's long-term care needs or need for community supports as identified in the Consumer's support plan. Before a Consumer may purchase services or supports, the services or supports must be approved as being clearly associated with meeting the Consumer's identified needs and goals. A complete list of services available in the CDC+ Program is included in Chapter 4 of this Handbook.

---



**Payment to Rep, Gifts or Loans, Rent or Mortgage, Utilities, Lottery Tickets, Alcohol or Tobacco, Entertainment Activities or Devices, Swimming pools or Spas, Educational equipment or supplies, Lessons, Home and Vehicle repairs or maintenance**



# **Restricted Services VS Unrestricted Services**



## Restricted Services

Adult Dental Services	Behavior Analysis Services	Behavior Analysis Assessment	Behavior Assistant Services	Dietitian Services
Durable Medical Equipment and Supplies	Environmental Modifications	Occupational Therapy	Occupational Therapy Assessment	Personal Emergency Response System Installation
Physical Therapy	Physical Therapy Assessment	Private Duty Nursing	Respiratory Therapy	Respiratory Therapy Assessment
Skilled Nursing	Specialized Mental Health Services	Speech Therapy	Speech Therapy Assessment	Vehicle Modifications





## Unrestricted Services

Adult Day Training	Advertising	Companion Services	Consumable Medical Supplies	Gym Membership
In-Home Support Services	Other Therapies	Over-the-Counter Medications	Parts and Repairs for Therapeutic or Adaptive Equipment	Personal Care Assistance
Personal Emergency Response System (PERS)	Residential Habilitation Services	Respite Care	Seasonal Camp	Specialized Training
Supported Employment	Supported Living Coaching	Transportation		



## Critical Services

- Health, safety, or welfare would be at risk
- Requires two valid emergency backup providers
- Personal Care Assistance (PCA) service is **ALWAYS** considered a critical service



## **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**



**Monthly  
Budget**

**Purchasing  
Plan**

**Quick  
Update**



# Employees

**Types of  
Employees**

**Find,  
Hire,  
Manage**

**Cautions**

**Background  
Screening**



## **Provider Types**

**Agency  
Vendor**

**Independent  
Contractor**

**Directly Hired  
Employee**



## Agency Vendors

- **Established Business**
- **Provides Services or Supplies**
  - **Examples: ADT programs, Dentist, Consumable Medical Supply Companies**



## Independent Contractor

- **Single Person**
- **Licensed or Certified Professional**





## Directly Hired Employee

- **Everyone else**



# Finding and Hiring Employees

- **Job Description**
- **Interview Questions and Reference Checks**
- **Special Considerations**



## **Job Description**

- **Basic Job Duties**
- **How the Job will be done**
- **Number of hours/days needed each week**



## **Interview**

- **Establish Questions**
- **Interview all employees**
- **Establish Boundaries with family and friends**
- **Safety First**



## Family and Friends

### Benefits

- Easy to find
- More affordable
- Might already be a Live-in

### Risks

- Harder to fire
- Difficult to manage
- Might make own decisions

### Cautions

- Public Assistance
- No contribution to SS
- No contribution to Medicare



## **Additional Managing Tips**

- Pay a fair wage
- Value and respect employees
- Be flexible
- Timely payroll submission



agency for persons with disabilities  
*State of Florida*

# IRS Notice 2014-7



## Department of Labor

- **Minimum wage**
- **Child Labor laws**
- **Workers Compensation Insurance**





# Background Screening



AGENCY FOR HEALTH CARE ADMINISTRATION

[HOME](#)

[ABOUT US](#)

[MEDICAID](#)

[LICENSURE & REGULATION](#)

[FIND A FACILITY](#)

[REPORT FRAUD](#)

## AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

### AHCA Portal Login

User ID:

Password:

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)



# How-to PowerPoint



CARE PROVIDER BACKGROUND  
SCREENING CLEARINGHOUSE



Types of  
Employees

Managing  
Employees

Cautions

Background  
Screenings



# 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**





# agency for persons with disabilities State of Florida

CDC+ Consumer Directed Care Plus		FLORIDA CDC+ <b>WEEKLY</b> TIMESHEET										apd agency for persons with disabilities State of Florida												
Employee: Millie Monroe		Employee ID Number		A	0	5	7	7	8	Plan Sections														
Participant: Patty Participant		Participant ID Number		0	0	1	2	3	4	5	R = Services Section S = Savings Section T = Short Term Expenditures													
Participant/Representative contact information if APD has questions:				Phone #: 123-456-1718		Email: SarahRep@yaho.com																		
Year: 2016		From Monday, 12/7			through Sunday, 12/13																			
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	
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			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			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	#				#															
		#	11	8.00	#				#								ALL:	20.00						20.00
<b>This is required information:</b>				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.)																								

Timesheet Sample



# INVOICE SAMPLE

<b>FROM</b>						<b>INVOICE #56789</b>
Name:		Consumable Supplies Inc.				
		1234 Easy Street				
		Anywhere, FL 23569				
<b>TO</b>						
Consumer Name: Patty Participant				<b>*Date of Invoice</b>		12/1/2016
<b>Date of Service</b>	<b>Start Time</b>	<b>End Time</b>	<b>Units</b>	<b>Rate:/hr</b>	<b>Total</b>	
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			
<b>Sarah Representative</b>						





# RECEIPT SAMPLE

<b>FROM</b>							
Name: Consumable Supplies Inc. 1234 Easy Street Anywhere, FL 23569				<b>*Date of Invoice</b> 12/1/2016			
<b>TO</b>							
Consumer Name: Patty Participant							
<b>Date of Service</b>	<b>Start Time</b>	<b>End Time</b>	<b>Units</b>	<b>Rate:/hr</b>	<b>Total</b>	<b>Paid</b>	<b>Balance Due</b>
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			
<b>Sarah Representative</b>							



## 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**



# agency for persons with disabilities

*State of Florida*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dec-16	25	26	27 <b>Pay Day</b>	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 <b>Pay Day</b>	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 <b>Pay Day</b>	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



[Main Menu](#)

[Log off](#)

## **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.



### 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 weeks' 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		



# agency for persons with disabilities

## State of Florida

Date of Invoice:  mmdyyyy

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" value=""/>	<input type="text" value=""/>	\$ <input type="text" value=""/>	0.00	0.00		0.00	267.04		

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" value=""/>	<input type="text" value=""/>	\$ <input type="text" value=""/>	0.00	0.00		0.00	801.12			

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																			





# agency for persons with disabilities

## State of Florida

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



[Main Menu](#) [Log off](#)

**Check Transaction Status**

Enter your Tracking Number:

©2008 Agency for Persons with Disabilities

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



**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".



[Main Menu](#) [Log off](#)

### Monthly Statement

For the Month of the Report:

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

©2008 Agency for Persons with Disabilities

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



# Tracking Spending

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



# agency for persons with disabilities

## State of Florida

### DECEMBER

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





# Monitoring and Corrective Action Plans

**Quality  
Assurance  
Monitoring**

**Corrective  
Action Plan**



agency for persons with disabilities  
*State of Florida*

# Quality Assurance Reviews



[Solutions](#)

[Markets](#)

[Knowledge](#)

[About](#)

[Home](#) / [Solutions](#) / [Quality Improvement](#) / [Disability Solutions](#)

## Disability Solutions

At Qlarant, we have an unmatched track record in helping clients manage quality improvement programs for individuals with intellectual and developmental disabilities. We put boots on the ground to improve service delivery and protect the people you fight for every day.



# Organize, Organize, Organize

- **File cabinet**
- **3-ring binder**
- **Accordion file**
- **Other**



**Missing Document**

**“not met” or Alert**

**Plan of  
Remediation**



**Proper management =**

**Needs and Goals being met  
Increased Independence  
Responsible Spending**



# **Corrective Action Plan**



agency for persons with disabilities  
*State of Florida*

# Programmatic CAP



agency for persons with disabilities  
*State of Florida*

# Financial CAP





# Involuntary Disenrollment



# Voluntary Disenrollment



**Quality  
Assurance**

**Corrective  
Action Plans**



# 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**





agency for persons with disabilities  
State of Florida



### 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**



***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**



agency for persons with disabilities  
*State of Florida*



# **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

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





## 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:**

**Larry Hill**

**[Larry.Hill@apdcares.org](mailto:Larry.Hill@apdcares.org)**

**850-487-4839**

**Or CDC+ Customer Service**

**1-866-761-7043**

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