



Participant Notebook

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Agency for Persons with Disabilities (APD)

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Includes: Updates effective 6/15/2010

Includes: Updates effective 11/1/2010

Includes: Updates effective 5/1/2011

Includes: Updates effective 5/21/2011

Includes: Updates effective 7/8/2011

Includes: Updates effective 7/28/2011

Includes: Updates effective 9/23/2011

Includes: Updates effective 1/1/2012



UPDATE LOG

CDC+ Participant Notebook

Introduction

You will find the CDC+ Participant Notebook easy to navigate. Here is how it is organized:

The How and What of the CDC+ program is in the main body of the notebook.

All forms and information concerning processes that could change as CDC+ periodically are in the Appendix. As items in the appendix are updated, please enter the most recent version in the log, below. Then remove the old item and put the new item in its place.

Updates to the CDC+ Participant Notebook will be posted on the Agency for Persons with Disabilities CDC+ Web site <http://apd.myflorida.com/cdcplus/>. If you do not have access to the Web, please obtain them from your CDC+ Consultant.

It is important the consumer read the updated material, and then place the updated pages in the appropriate section of the notebook. It is the consumer's responsibility to follow the policies and procedures of the CDC+ Program as published in this notebook.

How to Use the Update Log

Use the log provided below to make sure all the updates to the notebook have been received and placed in the notebook.

“Effective Date” is the date that the update becomes operational. The effective date of each page is located in the bottom right hand side of the page.

Remove Page #'s	Insert New Page #'s	Effective Date	Remove Page #'s	Insert New Page #'s	Effective Date
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100, 101	100, 101	12/1/2009			
17, 25, 30	8, 17, 25, 30	6/15/2010			
50, 60, 88, 89	50, 60, 88, 89	6/15/2010			

YOUR CONSUMER DIRECTED CARE PLUS (CDC+) PARTICIPANT NOTEBOOK HAS ARRIVED!



This Participant Notebook provides comprehensive information about the program. Before you start CDC+, you are expected to become familiar with the information in this notebook and obtain the basic skills that will enable you to be successful while on this program.

After you start CDC+, always keep this notebook handy so you can refer to it whenever you have questions.

CDC+ PARTICIPANT NOTEBOOK
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APPENDIX to the CDC+ Participant Notebook

The items below comprise the Appendix. All documents are available at www.apd.myflorida.com/cdcplus/ or from your CDC+ consultant.

- A** Update Log
- B** CDC+ Contacts
- C** Glossary of Terms
- D** Initial Forms Package
 - 1 CDC+ Application and Instructions
 - 2 Participant Information Update Form
 - 3 How to Calculate a CDC+ Monthly Budget
 - 4 Consultant Selection Package
 - 5 Participant/Consultant Agreement
 - 6 Representative Agreement
 - 7 Emergency Back-Up Plan
 - 8 Employer-Employee Agreement
 - 9 CDC+ Consent Form
- E** Finding Employees to Work for You
 - 1 Job Description – Blank Form
 - 2 Telephone Screening – Blank Form
 - 3 Sample Interview Questions
 - 4 Potential Employee Information Form
 - 5 Employment Candidate Evaluation Form
 - 6 Reference Check Worksheet
- F** Background Screening
- G** Employee Packet
 - 1 Instructions for Completing the Employee Packet
 - 2 Employee Information Form
 - 3 Sample Completed Employee Information Form
 - 4 IRS Form W-4
 - 5 IRS Form W-4 (Spanish)
 - 6 Sample Completed IRS Form W-4
 - 7 DHS Form I-9
 - 8 DHS Form I-9 (Spanish)
 - 9 Sample Completed DHS Form I-9
 - 10 Direct Deposit (EFT) Form
- H** Vendor/Independent Contractor Packet
 - 1 Instructions for Completing the Vendor/Independent Contractor Packet
 - 2 Vendor Information Form
 - 3 Sample Completed Vendor Information Form
 - 4 IRS Form W-9
 - 5 Sample Completed IRS Form W-9
 - 6 Direct Deposit (EFT) Form

- I** Service Code Chart
- J** Purchasing Plan
 - 1 Purchasing Plan
 - 2 Purchasing Plan Instructions
 - 3 Purchasing Plan Quick Update Form
 - 4 Purchasing Plan Quick Update - Instructions
- K** Payroll and Tracking Forms
 - 1 Employee Weekly Timesheet
 - 2 Timesheet Tips
 - 3 Vendor Invoice Tracking Form 1 – Blank
 - 4 Vendor Invoice Tracking Form 2 – Blank
 - 5 Vendor Invoice Tracking Forms – Instructions
 - 6 Reimbursement Tracking Form – Blank
 - 7 Reimbursement Tracking Form – Instructions
 - 8 STE Accounting Form - Blank
 - 9 STE Accounting Form - Sample
 - 10 OTE Accounting Form - Blank
 - 11 OTE Accounting Form - Sample
 - 12 Restricted Services Accounting Form - Blank
 - 13 Restricted Services Accounting Form - Sample
- L** Cash Check Accounting
 - 1 Cash Receipts Log 1 – Blank
 - 2 Cash Receipts Log 1 – Sample
 - 3 Cash Receipts Log 2 – Blank
 - 4 Cash Receipts Log 2 – Sample
- M** Monthly Statement
 - 1 How to Read Your Monthly Statement
 - 2 Balancing Your Account – Blank Form
 - 3 Participant Account Close-out Form
- N** Performance Improvement and Corrective Action
 - 1 Performance Improvement
 - 2 Ten Steps to Implementing Corrective Action
 - 3 Corrective Action Plan
- O** Planning Tools
 - 1 Thinking About Your Options
 - 2 Calendar - Blank
 - 3 SAMPLE Pay Schedule: July – December 2010

I. ORGANIZATION of the CDC+ PARTICIPANT NOTEBOOK

We hope that you will find the Consumer Directed Care Plus (CDC+) Participant Notebook easy to navigate. The notebook contains the How and What of the CDC+ program.

As you study the material in the notebook, you will see references to items that can be found in the Appendix. The Appendix can be found at the back of this notebook. A complete list of the items available in the appendix is on pages 7 and 8.

Updates to the CDC+ Participant Notebook and the appendices will be posted on the Agency for Persons with Disabilities CDC+ website <http://apd.myflorida.com/cdcplus/>. If you do not have web access, please obtain these updates from your CDC+ consultant.

It is your responsibility to follow the policies and procedures of the CDC+ Program as published in this notebook.



The terms “participant” and “representative” are used interchangeably throughout this notebook, but the participant alone is the employer of record. Therefore, except when discussing the employer, whenever the terms “participant” or “you” are used; they also mean the representative.

II. YOUR CDC+ TRAINING

Before you can enroll as a participant in CDC+, you must be provided comprehensive training and pass a Readiness Review to demonstrate your ability to manage your CDC+ monthly budget responsibly. This training may be provided by CDC+ Central Office staff, Area Office staff or you can self train. If you have selected a CDC+ representative, your representative must be provided this training, pass a Readiness Review and sign an Agreement prior to acting as your representative when you begin CDC+. If at any time you wish to replace your CDC+ representative with someone else, the new representative you choose must be trained or self train, pass a Readiness Review and sign an Agreement prior to acting as your representative.

APD is responsible for training Waiver Support Coordinators to become CDC+ consultants. Participants, CDC+ representatives and family members may participate in the CDC+ training provided by APD to Waiver Support Coordinators on a space available basis. Ongoing refresher training and technical assistance will be provided by APD to both CDC+ participants and CDC+ consultants to assist in fulfilling the roles and responsibilities of the program.

The timeframe that it will take for you to become active in the CDC+ program will depend on your (or your CDC+ representative's) ability to attend the trainings that are offered and your (or your CDC+ representative's) ability to understand the materials. The CDC+ program is consumer directed and some of the training you (or your CDC+ representative) receive will be done independently. At the end of the training, you (or your CDC+ representative) must demonstrate that you have a basic understanding of the program and have the basic skills to manage your monthly budget.

This Participant Notebook and the Appendix contain a great deal of information. Take things one step at a time. Do not try to learn everything in one day. You do not have to memorize the information although in time you will find you have more and more knowledge of the program and how you may use it to reach your individual goals.

Everything covered in the CDC+ training can be found in this Participant Notebook and the Appendix. The notebook is structured so that it guides you through the program step-by-step.

You will be provided enrollment forms to complete for both you and any providers who will be providing services to you.

After the training, using this notebook as a resource will be much easier. Your consultant will also be available to answer your questions and help you find the information you need.

III. CDC+ PHILOSOPHY, HISTORY AND AUTHORITY

What is CDC+?

CDC+ is a long-term care program alternative to the Home and Community Based Services (HCBS) Medicaid Waiver. The CDC+ program is based on the principles of self-determination and person-centered planning. The program provides an 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.

Florida has the largest and most comprehensive consumer-directed program in the nation.

What is Self-Determination and Person-Centered Planning?

Since you receive services from the Agency for Persons with Disabilities, you should have a copy of a large yellow notebook called “Navigating the Developmental Disabilities Program – You’re the Driver”. If you do not have one, contact your Waiver Support Coordinator or consultant to get a copy. That notebook contains a wealth of information about the philosophy of Self-Determination and Person-Centered Planning. It is not necessary to repeat all of that information in this CDC+ Participant Notebook. Rather, we suggest that you refer to that resource and read through it if you are not familiar with these concepts.

CDC+ is very much a person-centered program. It is centered on the “person,” the individual, the participant - YOU. The person-centered process began when you communicated your needs, hopes, and goals when developing your HCBS support plan. CDC+ offers a framework that supports what is important to you right now, in your current stage of life, and increases your options for self-determination.

In CDC+, YOU are, indeed, in the driver’s seat. You are expected to be involved in all aspects of planning for your services. You have choice and flexibility. You are in charge of the services that you purchase; how and when your services are provided, what you pay for your services, and who provides them. You are responsible for following the rules of the program, for paying your providers, and for staying within an established monthly budget.

The five principles of Self-Determination are:

- People have the **FREEDOM** to decide where and with whom they will live.
- People have the **AUTHORITY** to decide how they will live their lives.
- People have the **SUPPORT** they need to make decisions.

- People have **CONTROL** over the resources needed for their support.
- People have **RESPONSIBILITY** for their decisions and actions.

You took the first step toward self-determination when you made the decision to participate in Florida's Consumer Directed Care Plus (CDC+) Program.

How and when did CDC+ start?

CDC+ began in Florida in 2000 as an eight-year research and demonstration waiver called Consumer Directed Care (CDC), under the authority of an Independence Plus 1115 Waiver amendment granted by the Centers for Medicare and Medicaid Services (CMS). For the first three years, it was a strict research project with an experimental group that participated in the program and a control group against which the experimental group was measured and evaluated.

The 2002 Florida Legislature directed the Agency for Health Care Administration (AHCA), under the authority of Section 409.221, Florida Statutes, to seek a federal waiver amendment to implement the expansion of the Consumer Directed Care project.

Data from the first three years of research showed that CDC participants reported greater satisfaction with supports and services, a higher number of achieved goals, and an ability to hire better employees – among other important benefits. As a result of the successful three-year research project, in January 2004, the program was expanded and entered the five-year demonstration phase, which was called Consumer Directed Care Plus (CDC+). During the demonstration years, all people who had been on the control group were eligible to participate. Enrollment of control group members ended in July 2007 in order to close out the demonstration, which ended February 29, 2008.

Meanwhile, the Agency for Persons with Disabilities applied to CMS to continue the program on a permanent basis. Effective March 1, 2008, CDC+ became a permanent Florida Medicaid State Plan option under subsection 1915(j) of the Social Security Act (SSA), as authorized by the Centers for Medicare and Medicaid Services. Additionally, effective March 1, 2008, the Agency for Persons with Disabilities took over fiscal/payroll functions and customer service for the program, both of which had previously been performed by contracted private companies.

How does CDC+ work?

This section contains a brief overview of how the program works. The rest of this notebook is devoted to the details – everything you need to know about CDC+.

“Consumer-Directed” means directed by you, the consumer, also referred to as the CDC+ program participant. You direct your own care and manage your allocated funds. If you are able to manage the CDC+ program all by yourself, you can do so. If you need someone else to manage it for you, you may ask a family member or friend to do so. That person is called a “CDC+ representative”. The CDC+ representative essentially is your advocate, operates the program on your behalf, and acts in your best interest. The person who agrees to act as your CDC+ representative is taking on a very important and responsible position.

Each month you will receive a deposit of Medicaid funds into the account that the state maintains for you. You will use these funds (called your Monthly Budget) to meet the needs and goals you identified on your HCBS Support Plan.

In CDC+, you will choose a consultant who is a waiver support coordinator specially trained in CDC+. This person will provide technical assistance and additional training to you in the program and is your advisor. After you receive the training for CDC+ using this notebook and other training materials, and you have obtained the basic skills and knowledge to manage the CDC+ program, you will complete your enrollment documents to establish your CDC+ membership. Then you with the assistance of your consultant will work together on the next steps to start managing your CDC+ budget.

You will determine which services and supports will best meet your needs. You will make your own choices about who you want to hire to provide services that you need, such as personal care, companion, and in-home supports. The person or people that you hire do not have to be enrolled as Medicaid Waiver providers. You can hire a friend or a member of your family. You will tell your employees how you want the job done. You determine how much you will pay them. You are in charge. If you do not like the way the service is provided or if the provider is unreliable, you can terminate the employee and hire someone else.

You will develop a monthly plan of services (called a Purchasing Plan) that describes how you plan to spend the funds you will be given each month. If you plan your monthly services and spending wisely, you may even be able to purchase additional supports and services that enhance your life that you would not have been able to purchase on the Home and Community Based Services Waiver. The Purchasing Plan must be signed by you and your consultant, and approved by the APD Area Office. Once approved, you can begin receiving services. You will document the services that your employees provide by having them submit completed timesheets every week. You will verify the services you have received from agencies and other businesses (vendors) by signing the invoices they send you for payment. You will pay your employees and other providers by signing their timesheets and invoices and submitting timesheet or invoice information to the Agency for Persons with Disabilities via telephone or the internet for payment. The Agency for Persons with Disabilities will

pay your employees or vendors using the funds that are placed in the CDC+ account for you each month.

Every month, you should receive a statement that shows how much was deposited into the CDC+ account and all checks that were paid out that month. If you have a checking account, this is very similar to a bank statement that you receive every month that tells you all the checks the bank has paid and what the bank shows as your official bank balance. You are responsible for balancing your account each month by reconciling this statement using the documents in your file to ensure the items listed on the statement are correct. Your CDC+ consultant should review your statement each month.

If you need to make a change in an employee or other provider, you can do so. If you have a change in your health or living situation, you may be awarded a different monthly budget and need to revise your Purchasing Plan to reflect the new monthly budget. This is all part of managing the program and making it work for you. Many others have successfully managed the CDC+ program and you can, too.

What are your responsibilities?

With choice comes responsibility – you and your CDC+ representative (if you have selected one) are responsible for learning how to operate the CDC+ program within the rules and guidelines in this notebook and to stay informed of all changes. You and your CDC+ representative are responsible for managing the Medicaid funds provided to you, and this responsibility must be taken seriously. Mismanagement of funds is grounds for dis-enrollment from CDC+. Depending on the nature of the mismanagement, you could even be held personally responsible for an overspent budget. CDC+ staff and your consultant do not wish to take adverse actions against you or dis-enroll you from CDC+ except when there are no other options, and we will work with you to correct mistakes should they occur. However, we do want you to know how to manage the program, which means knowing how and when to update your Purchasing Plan, what forms to send in when you hire a new employee, and how to keep track of what you are spending. The CDC+ program has a “Corrective Action” process which is primarily a “tool” to help you learn from your mistakes and make needed corrections. However, if you continue to make the same mistakes, at some point a decision may be made that the CDC+ program is not right for you and you will be returned to the DD/HCBS Waiver. Naturally, that decision would be the last resort and would only be made after many failed attempts to correct identified problems.

This CDC+ Participant Notebook explains the CDC+ program in detail. It is important that you take time to study this information, ask questions and learn to use the notebook for reference in the future. Another excellent reference is the Agency’s CDC+ website at <http://apd.myflorida.com/cdcplus/>. If you have access to a computer, you should check that site often for the latest news about the program, its policies, procedures, and upcoming events. Of course, this information will also be passed along to the Area

offices and your consultant to provide to you, but it is strongly recommended that those with Web access stay informed via the website.

It is a privilege to be part of such an innovative program as the CDC+ program. On average, CDC+ participants are happier with the services that they receive than regular waiver participants. CDC+ has many participants who have used the freedom and flexibility of this program to dramatically improve their lives. We hope that you will do your part to make it the best consumer-directed program in the nation, and we hope that you will find the program very rewarding.

CDC+ Services Required by CMS

The federal Centers for Medicare and Medicaid Services (CMS), which provides the funding and authority for CDC+, has mandated that the state's CDC+ program provide two distinct support services for participants:

- Consultant services and
- Financial services.

Consultant services are provided by Waiver Support Coordinators who have received special training on the CDC+ Program. The consultant's job is to provide you with continuing training and to help you meet your responsibilities within CDC+, not to make choices and decisions for you or to do the work you are expected to do and should do in a self-determined program, such as write your own Purchasing Plan.

Financial services are provided by an entity called a Fiscal/Employer Agent (F/EA). The F/EA provides monthly statements, pays your employees and other providers, withholds the correct employee taxes from your employees' pay checks, withholds your employer taxes based on the employees' pay checks, and pays your employer taxes to the IRS and to the Florida Department of Revenue. The F/EA also produces end-of-year IRS Form W-2s for all your employees and Form 1099s for all your independent contractors and reports those forms to the IRS.

A complete explanation of the roles of both the consultant and the F/EA is in the Roles and Responsibilities section of this notebook.

Your Safety

When the CDC+ demonstration phase started in 2004, CMS added two requirements to the program in response to findings during the early research phase:

- Background screening of all employees, except for immediate family, and
- Two emergency back-ups for every critical service.

When CDC+ became a permanent Florida Medicaid State Plan option under subsection 1915(j) of the Social Security Act (SSA), another requirement was added to ensure your safety:

- Emergency Back-Up Plan

In order to participate in CDC+, every participant must develop an emergency back-up plan before his or her first purchasing plan is approved. This plan is to be re-assessed annually during the support planning process and initialed/dated by the participant/representative and consultant (form can be found in the Appendix D).

- Your employees must be background screened.

It is your responsibility to conduct background screenings on all your directly hired employees. You should not pay for any cost of employees'

Requiring that you perform a background screening on all your employees is the only way the state and federal governments have to ensure your safety when you hire employees who will be paid with state and federal funds. Such screening will not protect you 100%, but it will ensure that those with serious criminal records will not become your paid caregivers. Some minor criminal offenses are considered "non-disqualifying," meaning that people with minor offenses in their past may be eligible to work for you. For your protection, all individuals rendering care to a CDC+ participant must:

- Be a Medicaid-enrolled provider who underwent background screening at the time of their enrollment into the Medicaid program and who remains in good standing in the Medicaid program; **or**
- Pass a Level 2 background screening; **or**
- Provide proof of a State of Florida Level 2 background screening, the outcome of which was a finding of no disqualifying offenses.

The background screening will be conducted in accordance with Chapter 435, Florida Statutes and shall be at a minimum a Level 2 background screening.

- Independent Contractors and employees or Agencies/Vendors who provide direct care to you must be background screened.

Agencies and independent contractors in the private sector who are not enrolled in the Medicaid program but who offer to provide services to you should be aware of the Florida law that requires them to undergo a Level 2 background screening if they provide direct-care services to persons with developmental disabilities. It is the responsibility of the independent contractor, vendor, or agency to ensure this background screening has been conducted in accordance with Chapter 393, Florida Statutes. You, as the consumer, or your representative, are responsible for making sure that the person who provides direct-care services has been background screened in accordance with the law.

Employees, agencies, employees of agencies, vendors, and independent contractors pay all costs associated with their own background screening.

- You must have two emergency back up providers for every primary provider that you determine provides a critical service.

When completing your Purchasing Plan, you must determine if any of the services on the plan are “critical.” That means that if the provider of that service failed to show up for work or had to take the day off at the last minute, and you did not have anyone to perform that service, you would be in serious difficulty. In CDC+, the Personal Care Assistance (PCA) service is always considered “critical” because without that particular service, many people would either have to stay in bed all day or would not be able to bathe or get dressed or take care of other important needs. So the program requires two emergency back-up providers for every person who provides PCA services. If you need other services that are so important that your health or safety would be jeopardized if your provider did not show up, then that service is critical and you must plan to have two other providers (employees or agencies) whom you can count on to come and provide that service at a moment’s notice (or at least by calling them a day or two in advance if your regular provider is able to give you that kind of advance notice).

Your emergency back-up providers are just as important as, if not more than, your regular providers because they have to be ready to provide the service whenever you call them. Therefore, they have to be background screened and enrolled with the fiscal employer agent just like your other providers in case you need to use them.

- Abuse, Neglect, Fraud and Exploitation

The words fraud, abuse, neglect, and exploitation can be frightening. You, as an informed person, need to know what these words mean. Please be aware that as sad as it may seem, professionals, friends, and even family members sometimes commit fraud, abuse, neglect, and exploitation. An informed person will recognize the signs of fraud, abuse, neglect, and exploitation so you can avoid these problems whenever possible.

Since there is not a typical description of someone who is likely to commit fraud, abuse, neglect, or exploitation, you need to be careful about whom you hire. Watch out for employees who ask if anyone else is around during the day or how much money you have in a savings or checking account. All of this information could be used by someone planning to defraud, abuse, neglect, or exploit you.

As defined in Chapter 415, Florida Statutes:

Abuse means any willful act or threatened act by a caregiver that causes or is likely to cause significant impairment to a vulnerable adult or child's physical, mental, or emotional health. Abuse is a deliberate act that causes physical or mental injury. Abuse includes acts and omissions.

Examples:

- Your caregiver forcefully grabs or restrains you.
- Your caregiver says unkind or demeaning things to you.
- Your caregiver calls you names or talks to you as if you were a child; e.g., "I can't believe you asked me such a stupid question."
- Your caregiver makes you clean up after him or her.



If you live in your family's home and you are expected to contribute to the overall housekeeping chores, this is not abuse if everyone in the household is contributing relatively equally to the overall housekeeping chores. However, if you live with a roommate, and your roommate makes you do all the chores, this would be considered abuse.

Neglect means the failure or omission on the part of the caregiver to provide the care, supervision, and services necessary to maintain the physical and mental health of a vulnerable person. Neglect also means the failure of a caregiver to make a reasonable effort to protect a vulnerable adult from abuse, neglect or exploitation by others. Neglect is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury, or a substantial risk of death.

Example:

- You hire an employee to get you out of bed and dressed in the morning and he/she continually arrives several hours late. This is neglect.
- Your caregiver is supposed to give you a particular medication at certain times of the day, but is frequently late in giving you the medication and sometimes doesn't give it to you at all. This is neglect.

Exploitation means knowingly, by deception or intimidation, obtaining or using, or attempting to obtain or use a person's funds, assets, or property with the intent to temporarily or permanently deprive the person of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable person.

Example:

- Your employee takes something of value from you without permission. For example, taking your television, VCR or automobile without asking your permission is exploitation.
- Your employee asks to use your credit card to purchase items you need (food, supplies, etc.). Your employee purchases those items, as promised, but also makes note of your credit card number and expiration date and later uses that information to purchase things online for himself. This is exploitation.



Never give your employee your credit card or your check book.

Fraud is the intentional twisting of the truth to trick someone into giving up something of value (usually money) or to surrender a legal right.

Example:

- A provider put hours on their timesheets that they did not work. This is fraud.

Who to Tell if You Suspect Abuse, Neglect, Exploitation and Fraud:

Abuse, neglect and exploitation are complex problems and are often difficult to recognize. Everyone has a responsibility to make a report when abuse, neglect or exploitation is suspected. If you think that you are a victim of abuse, neglect or exploitation or you suspect someone else is a victim, you should report it immediately. Call your consultant or the Florida Abuse Hotline (toll free) 1-800-962-2873 (1-800-96-ABUSE) or (850) 487-4332 (TTY). The Department of Children & Families (DCF) investigates all reports of abuse, neglect and exploitation called into the Florida Abuse Hotline.

Medicaid Fraud is a crime against all taxpayers and is a state and federal offense. Medicaid money that is taken from you by dishonest people or spent inappropriately leaves less money for Floridians who need Medicaid services to remain healthy, independent, and living at home. Without these services, people who need help would be forced to go to a nursing home or other facility. Not only is facility care less desirable to most people, it is also extremely costly to the state and federal governments.

Example:

- Your employee calls in his or her timesheet or enters his or her timesheet online for payment. The hours entered are more than actually worked. This is fraud.



No matter how honest you believe your employees and vendors to be, **never** allow your employees or vendors to enter their timesheets and invoices into the payroll system. **Never** share with anyone other than your representative any user names or passwords issued to you by the CDC+ program. You are personally responsible for every timesheet and every invoice submitted for payment.

- You or your representative approve more hours on a timesheet than were provided;
- You bill for services that were not provided;
- You pay someone for services that were not provided;
- You purchase and then pay for or receive reimbursement for services or supports that were not approved by the Area Office; and
- You pay one person for services actually provided by someone else. (This is also tax fraud.)

Who to Tell if You Suspect Medicaid Fraud:

All suspected **Medicaid fraud** should be reported immediately by calling the Agency for Health Care Administration at 1-888-419-3456, toll free.

IV. GENERAL PROGRAM OVERVIEW

In this section, you will learn about the different agencies and people who play important roles in the operation and management of the Consumer Directed Care Plus Program (CDC+).

Since CDC+ is a Medicaid program, it is funded in the same way that other Medicaid programs are funded. Currently, about half of the funding for the program comes from the federal government, and about half comes from the state government. The federal agency responsible for overseeing Medicaid is called the Centers for Medicare and Medicaid Services (CMS). In Florida, the agency that administers Medicaid funding is the Agency for Health Care Administration (AHCA). AHCA is responsible for writing the Medicaid State Plan that describes the Medicaid services people in Florida are eligible to receive. AHCA is also responsible for reviewing and approving all Medicaid Waiver applications that various agencies write. For example, AHCA is responsible for making sure the Home and Community Based Services Waiver that is written by the Agency for Persons with Disabilities is consistent with the requirements of CMS and for submitting it to CMS for approval. AHCA is also responsible for reviewing and approving the Medicaid Waiver Handbook that describes the services the Medicaid Waiver is allowed to offer participants who are eligible for the Waiver.

AHCA is the lead agency for the CDC+ Program. AHCA must review the program the Agency for Persons with Disabilities wishes to provide, make sure it meets the guidelines within which it must be written, and submit it to CMS for approval. AHCA plays a very important role in CDC+ because they are the official liaison between APD and the federal government on matters relating to CDC+.

In the next few pages, you will see the structure of the program within the Agency for Persons with Disabilities and learn how the program “flows” from start to finish. This general overview is intended to set the stage for the more detailed training that will follow.

Consumer Directed Care Plus (CDC+) Operations Overview

CDC+ Participant/Representative

- Prepares and follows Purchasing Plan
- Spends within budget as described in Purchasing Plan
- Hire and fire providers; writes job descriptions
- Evaluates services, strives to meet needs and goals
- Processes paperwork timely
- Reconciles monthly statement
- Cooperates with monitoring
- Maintains cash purchase receipts and cash log
- Maintains all payroll-related documents in file

CDC+ Consultant

- Advises, coaches participant/representatives
- Assists participant/representatives as needed
- Reviews monthly statement
- Tracks cash purchases
- Annual Support Planning
- Cooperates with monitoring

APD Area CDC+ Liaison

- CDC+ General Program Overview
- Approves:
 - Application/Start-up
 - Budget
 - Purchasing Plan
 - Participant Info Update
- Employee Background Screening
- Oversees Corrective Action

APD Central CDC+ Program and Fiscal

- Program Operations Oversight
- Policies and Procedures
- Training and Materials
- Participant/PPlan Database Management
- Statewide Quality Assurance Monitoring
- F/EA - Customer Service
- F/EA - Accounting
- F/EA - Participant Enrollment
- F/EA - Provider Enrollment
- F/EA - Payroll Database Management
- Payroll Issue Research/Resolution
- Monthly Statement Oversight

CDC+ Program Overview – Steps to and through CDC+

I. Pre-Training

1. APD staff provides general overview of CDC+ to participant/family
 - a. CDC+ Monthly Budget Explanation
 - b. CDC+ Monthly Budget Calculation
2. Participant/family decides to apply.
3. Participant requests and receives application package from APD Area Office. Package includes:
 - a. Application and Instructions
 - b. Participant Information Update Form
 - c. How to Calculate a CDC+ Monthly Budget
 - d. Consultant Selection Package
 - e. Participant/Consultant Agreement
 - f. Representative Agreement
 - g. Employer-Employee Agreement
 - h. CDC+ Consent Form
4. Participant selects a waiver support coordinator (WSC) who is also a CDC+ consultant.
 - a. Participant/Consultant Agreement is signed by both.
 - b. WSC updates APD's data system to become participant's WSC at this point.
5. Participant selects a CDC+ representative (if one is needed).
 - a. Representative Agreement is signed by participant and CDC+ representative.
6. WSC/Consultant meets with participant, provides CDC+ monthly budget amount to participant based on current Cost Plan, completes application.
7. Consultant submits application to APD Area Office.
8. APD sends training and enrollment package to participant.
9. APD sends Budget Authorization Form to the WSC/Consultant.

II. Training

10. APD staff provides comprehensive training to participant.
11. Participant or the selected representative is able to demonstrate that he or she understands the materials and has basic skills to manage CDC+ budget.

III. Enrolling

12. Participant decides to enroll in CDC+.
13. Participant signs CDC+ Consent Form.
14. Participant, with WSC/Consultant assistance, if needed, completes CDC+ enrollment forms and submits them to APD Central Office.

IV. Planning Supports and Services

15. Participant works with WSC/Consultant to identify desired supports and services to meet needs and goals.

V. Interviewing and Hiring Providers / Associated Paperwork

16. Participant interviews and hires all providers; obtains all provider packets; appropriate screening information and prepares for submission to APD.
17. Participant submits appropriate background screening information and receives background screening clearance for new employees.

VI. Developing and Submitting the Purchasing Plan for Approval

18. Participant, with WSC/Consultant assistance, completes first Purchasing Plan.
19. Participant submits Purchasing Plan and provider packets and background screening clearance documents to WSC/Consultant.
20. WSC/Consultant completes Budget Authorization Form and submits it along with first Purchasing Plan and all required accompanying documents to Area Office.
21. Area Office updates APD's data system (ABC) to change WSC Provider number to CDC+ Consultant Provider number and to change all other provider numbers to indicate that the participant is a CDC+ participant and will hire his or her own providers.
22. Area Office approves Purchasing Plan and submits it with provider packets and background screening clearance letter to APD Central Office.

VII. Processing the Purchasing Plan and Provider Packets

23. APD Central Office enters Purchasing Plan into CDC+ Purchasing Plan authorization system.
24. CDC+ Fiscal Unit reviews and enters all provider packet data into the payroll database.

VIII. Receiving and Accepting Services

25. Participant starts receiving services on or after the first of the month specified as the effective date on the Purchasing Plan. (If delayed for any reason this must be coordinated with consultant to ensure there is no lapse in services between the Waiver and CDC+.)
26. Directly hired employees authorized on current approved Purchasing Plan complete timesheets showing all time worked according to the CDC+ workweek (12am Monday-11:59pm Sunday). The timesheets are submitted to participant at the end of each workweek).

IX. Paying Providers/Managing Budget

27. Participant reviews and approves timesheets and submits payroll information either online or via telephone to APD.
28. Providers who are agency/vendors or independent contractors submit invoices to participant for the services and supports they have provided (usually a full month of services, but may be partial month).

29. Participant reviews and approves invoices and submits payroll information either online or via telephone to APD.
30. APD processes payroll and authorizes payment to providers.
31. APD's check writing company sends paper pay checks to participant.
32. Participant gives pay checks to providers.
33. If employees or vendors have completed the paperwork for direct deposit, their paychecks are deposited directly into their accounts and the participant is mailed a check stub showing what was deposited. The participant is responsible for providing the employee or vendor with a copy of the direct deposit check stub as soon as it is received in the mail.
 - a. Participant contacts CDC+ Customer Service if he or she has any questions about payroll that the WSC/Consultant cannot answer.

X. Reconciling Bank Statement

34. Participant receives Monthly Statement; WSC/Consultant receives copy of Monthly Statement.
35. Participant compares all items submitted for payment to the Monthly Statement.
36. WSC/Consultants providing full (as opposed to limited) services contact participant and go over Statement and make sure needs and goals are being met or being worked on and all is going well.

XI. Making and Processing Changes

37. Participant advises WSC/Consultant of any changes in address or any other information that was on the participant's CDC+ application; WSC/Consultant completes Participant Information Update form with updated information and submits to Area Office.
38. Repeat items #27-37 until any of the following occur:
 - a. Participant wishes to make a change in services/supports within current budget, in which case,
 - b. Participant revises Purchasing Plan and submits a Purchasing Plan Update to the WSC/Consultant, along with provider packets for all new providers.

OR

 - c. Participant has a change in situation and must update the Support Plan, which results in an increase or decrease in budget, in which case,
 - d. Participant revises Purchasing Plan and submits a Purchasing Plan Change to the WSC/Consultant, along with provider packets for all new providers.
39. Purchasing Plan approval process is repeated.
40. Participant may start receiving new services on the first of the month per the effective date on the approved Purchasing Plan.

XII. Dis-enrolling

41. Program continues in this fashion until participant either voluntarily or involuntarily dis-enrolls from CDC+. See Section XVII for more details.

Roles and Responsibilities of the People Involved in CDC+

To be successful in the CDC+ program, you need to have a good understanding of what is expected of you as a participant. You also need to understand the roles and responsibilities of people around you, who are there to help you succeed.

The Participant

As a CDC+ participant, you have some basic rights and responsibilities. For example, you have the right to purchase services, but you are responsible for making sure the services that you get are meeting your needs.

You have the right to:

- Be safe
- Be treated with courtesy, consideration, and respect
- Trust your instincts
- Agree or disagree with others
- Make decisions about your services
- Ask questions until you understand
- Privacy
- Personal dignity
- Be free from mental and physical abuse
- Know about all administrative fees
- Receive a report of how you have spent your monthly budget
- Return to your previous way of obtaining services if you prefer
- Voice and make a written complaint at any time about consultant or APD services and expect a prompt response.

Along with your rights come responsibilities.

You have the responsibility to:

- Communicate clearly and openly with your consultant and your employees.
- Keep track of the balance of your monthly budget so that you do not over-spend.
- Purchase only the services and supports that have been approved on your Purchasing Plan by the APD Area Office.
- Allow your employees to start working only after the Purchasing Plan on which they first appear has been approved by the APD Area Office.
- Submit all payroll information (especially employees' timesheets and vendors' invoices) on time according to the payroll calendar either via the CDC+ website or via telephone.
- Contact CDC+ Customer Service within 30 days after receiving your statement if (after talking with your consultant) there is anything that you do not understand or if you cannot get the balance on your statement to agree with your records.
- Maintain a file of all program documents to include the original Purchasing Plan and background screening results, employee timesheets signed by employee and approved by you or your representative, Request for Vendor Payment Forms and Vendor Invoices, Request for Reimbursement Forms and Invoices. All documents must be provided to APD staff within three business days any time they are requested for monitoring purposes.
- Comply with all tax and labor laws.
- Notify your consultant as soon as you are admitted to a hospital, nursing facility, rehabilitation facility, or intermediate care facility.
- Notify your consultant of any changes in your needs.
- Be considerate and respect the limitations of others.
- Choose a CDC+ representative to act on your behalf, if necessary.
- Abide by policies, procedures, and deadlines of your APD Area Office.

Roles of the Participant

Decision Maker: You decide if you can manage CDC+ requirements yourself or if you need someone to help you, or even do it on your behalf. The person who manages CDC+ on your behalf is called a CDC+ representative.

You make decisions about the best way to meet the needs identified on your Support Plan/Cost Plan, receive and use goods and services, and then judge how well they work for you – making changes as needed.

You decide what to buy with your CDC+ budget, where you buy, and from whom you buy. You make purchases according to the CDC+ guidelines.

Trainee: The participant who does not select a CDC+ representative must receive training on the CDC+ program. This training will be provided by Central or Area office staff of the Agency of Persons with Disabilities and with additional training and technical assistance to be provided by the Consultant.

Employer: In the eyes of the IRS, you are considered a small household business.

- You are in charge.
- You find, hire and manage the people who work for you.
- You make sure that your employees are enrolled in the payroll system so they can get paid.
- You train your own employees and schedule when you want the work done.
- You let your employees know if they are or are not doing things the way you want.
- You determine how much to pay your employees based on the available funds from your CDC+ monthly budget.
- You review the hours your employees worked and sign your employees' timesheets to authorize their paychecks.
- You pay your employees and other providers on time (payments are processed by APD, but you must enter payroll information online or via telephone in order for APD to make payments).

Authorized Signer: If you do not have a CDC+ representative, you sign all of the following documents:

- CDC+ Consent Form
- Purchasing Plan and all changes and updates, including Quick Update form

- Employee Timesheets
- Vendor Invoices to confirm services rendered
- Request for Vendor Payment Forms
- Request for Reimbursement Forms
- Employer/Employee Agreement
- Consumer/Consultant Agreement
- Corrective Action Plan (CAP) should one ever be necessary

The following official documents must be signed by the participant, in whatever manner the participant is able to sign or make a mark that is witnessed:

- Informed Consent for the Fiscal/Employer Agent
- IRS Form 2678 – Employer Appointment of Agent
- IRS Form 8821 – Tax Information Authorization
- IRS Form 2848 – Power of Attorney & Declaration of Representative (IRS)
- FL Form DR-1 – Application to Collect and/or Report Tax in Florida. The Legal Guardian can sign in the place of the participant, but must indicate that the person who signed is the Legal Guardian. The participant's guardianship papers should be on file with the Agency for Persons with Disabilities. If they are not, then they must be submitted with Form DR-1
- FL Form DR-835 – Power of Attorney & Declaration of Representative (Florida Department of Revenue)

Custodian of Public Money: You will use your budget responsibly. The CDC+ Monthly Budget must be used to meet the long-term care needs identified on your Support Plan/Cost Plan.

Manager of the CDC+ Program: You will understand the necessary steps to take when there are issues that must be resolved regarding payroll, Purchasing Plans, employees, etc. You will maintain a positive relationship with the APD Customer Service Unit at all times. When you receive your monthly statement, you will reconcile the balance with your records to make sure your records agree and you are staying within your CDC+ monthly budget. You will maintain an organized filing system of the paperwork associated with your participation in the CDC+ program. This includes employees' files, copies of payroll submissions, copies of checks, copies of completed CDC+ forms, monthly statements, monthly account reconciliations, current and all previously approved Purchasing Plans, and the current approved Support Plan/Cost Plan, etc. You will maintain these CDC+ files for a period of 6 years. If you dis-enroll from the CDC+ program, you will turn your files over to the APD Area Office so that they will be available in the event of an audit.

The Representative

If you cannot manage the CDC+ program on your own, you may ask a friend or relative to manage it for you. The CDC+ representative has a very responsible position. Your CDC+ representative must be present in your life to the extent that he or she knows you well and knows and can advocate for your needs. Your CDC+ representative must be readily available to you and your consultant because he or she needs to be able to update your Purchasing Plan, process all of your paperwork, sign timesheets and invoices, and enter or call in payroll information so that your providers get paid on time.

Roles of the Representative

Participant's agent: The CDC+ representative's overall role is to make the best decisions and choices on behalf of the participant and to manage all CDC+ care and financial responsibilities. Therefore, the role of the CDC+ representative is basically the same as that of the participant. In order to be a successful CDC+ representative, he or she must understand your needs, advocate for those needs, be creative in meeting those needs, and be careful and well organized when processing CDC+ paperwork. Because of the legal responsibilities of the CDC+ representative, a CDC+ representative must be at least 18 years of age.

Trainee: The CDC+ representative must receive training on the CDC+ program before he or she can officially act in the capacity of CDC+ representative. This training will be provided by Central or Area office staff of the Agency for Persons with Disabilities and with additional training and technical assistance to be provided by the consultant.

Advocate: The CDC+ representative is intimately involved in the life of the participant and supports his or her wishes and needs in discussions with the consultant, as well as APD Area Office and Central Office staff.

Developer of Purchasing Plan: The CDC+ representative is responsible for completing the Purchasing Plan on behalf of the participant, and making sure that the plan developed is realistic and sufficient to meet the needs and goals identified in the participant's support plan.

Authorized Signer: Although the role of the CDC+ representative is essentially the same as the role of the participant, only the participant is considered the Employer of Record.

The CDC+ representative is authorized to sign on the participant's behalf:

- CDC+ Consent Form
- Purchasing Plan and all changes and updates, including Quick Update form

- Employee Timesheets
- Vendor Invoices to confirm services rendered
- Request for Vendor Payment Forms
- Request for Reimbursement Forms
- Employer/Employee Agreement
- Participant/Consultant Agreement
- Corrective Action Plans (CAP)

The following official documents can only be signed by the participant:

- Informed Consent for the Fiscal/Employer Agent
- IRS Form 2678 – Employer Appointment of Agent
- IRS Form 8821 – Tax Information Authorization
- IRS Form 2848 – Power of Attorney & Declaration of Representative (IRS)
- FL Form DR-1 – Application to Collect and/or Report Tax in Florida. The Legal Guardian can sign in the place of the participant, but must indicate that the person who signed is the Legal Guardian. The participant's guardianship papers should be on file with the Agency for Persons with Disabilities. If they are not, then they must be submitted with Form DR-1.
- FL Form DR-835 – Power of Attorney & Declaration of Representative (Florida Department of Revenue).

The CDC+ Representative's Relationship to the Participant: It is essential that the CDC+ representative involve you as much as possible in decisions regarding your needs, wishes, services, budget and satisfaction with services. Whenever practical, you should be involved in writing the Purchasing Plan, hiring employees and setting their work schedules. The CDC+ representative cannot be paid to be a CDC+ representative, nor can the CDC+ representative be your paid employee. However the CDC+ representative may be an unpaid caregiver listed on the Purchasing Plan as a backup to a primary provider of a critical service.

The CDC+ Representative Agreement: The CDC+ representative is required to sign a Representative Agreement¹. By signing this agreement, your CDC+ representative is telling you that he/she understands and accepts the responsibilities of a CDC+ representative.

¹ The Representative Agreement form is available in Appendix D of the Appendix to the Participant Notebook at www.apd.myflorida.com/cdcplus/ or you can obtain a copy from your CDC+ consultant.

The Consultant

Consultant services for individuals with developmental disabilities will be provided by Waiver Support Coordinators who have been trained by Consumer-Directed Care Plus (CDC+) staff in the overall philosophy of self-direction and specifically in the operations of the CDC+ program. Each trained consultant receives a certificate of training from the Agency for Persons with Disabilities. Consultants must sign a Memorandum of Agreement for Consultant Services with the local APD Area Administrator, be enrolled as a Medicaid Provider for CDC+ and submit a Consultant Registration Form to APD before he or she is allowed to provide consultant services for you.

The minimum requirements of a Consultant in accordance with the 1915j are identified in this section under the different headings.

Roles of the Consultant

Waiver Support Coordinator: Your consultant must perform certain duties of a waiver support coordinator in addition to being your consultant. That means the consultant is responsible for your annual support planning process or whenever necessary due to a change in your needs or health status. Your consultant will continually assess your risk for abuse, neglect and exploitation. He or she will ensure your Medicaid eligibility by providing all assistance necessary to maintain your Medicaid benefits.

Trainer: Your consultant will provide technical assistance to help you meet your responsibilities under the CDC+ program.

Advisor: Your consultant will give you information and support when you need it for matters such as choosing a different support/service to meet your current needs and planning for future needs. Your consultant may make suggestions on how to select, train, and supervise your workers.

Contacts: Your consultant is required to have a monthly contact and visit you in your home or community activity no less than once per six-month period (bi-annually). Monthly contacts may be in the form of phone calls or in person, whichever is the preferred method of the consumer.

Coach: Your consultant answers your questions, provides information, and may offer suggestions. Your consultant is available during each monthly contact to discuss your ideas and issues related to your CDC+ program.

Resource Person: Your consultant will tell you about the resources that are available to you in your community. Your consultant may give you tips on how other CDC+ participants may have used the program creatively to meet their needs, and also tell you about peer support activities in your community.

Custodian of Public Money: Your consultant is required to make sure that you spend your CDC+ budget to meet your long-term care needs. Your consultant will review your cash check log each month (if applicable) to ensure all guidelines and rules for using cash are being followed. The consultant will receive a copy of your Monthly Statement from APD. It is his or her job to review what you have purchased and compare it to your Purchasing Plan. Your consultant is required to call you if he/she has any questions about how you are spending your budget. If you are dis-enrolled from CDC+, your consultant is responsible for assisting you with the final close-out of your CDC+ account by assuring that all outstanding timesheets and invoices for services provided during your time on CDC+ have been submitted for payment and documented.

Documentation: Your consultant will maintain documentation of all home visits and monthly contacts in his or her file.

Full and Limited Coordination: If you receive full coordination services and change representatives during your participation in CDC+, your consultant will assist in the training of your new representative. If you receive limited coordination services and change representatives during your participation in CDC+, the Area Office will assist in the training of your new representative.

It is your responsibility to call your consultant if you need information or help

You are welcome to call your consultant during normal business hours if you need help. A big part of your consultant's job is to give you:

- Information
- Support
- Answers to your questions

Ask your consultant to tell you his or her hours of operation for CDC+ and the best time to reach them by phone. Although you are expected to increase your independence as you learn to self-direct your supports/services in CDC+, your consultant is available during the hours they have provided you for assistance and guidance. You should regularly communicate with your consultant to keep him or her informed of any changes in your life or your circumstances.

The Area CDC+ Liaison (Your Local Office)

Every APD Area Office has a CDC+ Liaison who is responsible for administering the CDC+ program at the local level in accordance with policies established by the CDC+ Central Office. In some areas, there may be more than one person assigned to CDC+. In most areas, personnel assigned to CDC+ have other job duties as well.

Roles of the Area CDC+ Liaison

The roles listed below are the roles of the area office; the degree to which the Area Liaison in your APD Area office personally performs these duties may vary from area to area.

- Trainer:** When enrollment for the program is open, provides general program overview to individuals interested in the CDC+ program. This may be done in a group or individually.
- Budget Authorizer:** Calculates and authorizes the individual's CDC+ monthly budget before it is "given" to the participant to develop a Purchasing Plan.
- Approver:** Reviews and approves participants' Purchasing Plan and other program forms.
- Background Screening Processor:** Processes participants' employee background screenings.
- Program Overseer:** Oversees local program operations and corrective action plans.
- Liaison:** Facilitates communication between participants, consultants and the Central CDC+ Program Unit.

The CDC+ Fiscal Unit (Fiscal/Employer Agent)

The Agency for Persons with Disabilities became the F/EA for CDC+ on March 1, 2008. Prior to that time, a contracted private company performed customer service and all fiscal/payroll duties. The responsibilities of the F/EA are split between the CDC+ Fiscal Unit and the CDC+ Program Unit. Both units are located in APD's administrative offices in Tallahassee.

An F/EA operates under Section 3504 of the IRS Code and Revenue Procedure 70-6. Before you can start managing your CDC+ budget, you must first "enroll" with the F/EA. This gives the F/EA the legal authority to process the payroll and withhold and pay taxes related to your "small household business". All of your employees and vendors must also "enroll" with the F/EA so the F/EA has the proper legal documents

to be able to withhold, report, and pay payroll taxes to the IRS and the Florida Department of Revenue.

You (and your CDC+ representative, if you have selected one) will automatically be set up by the F/EA as a vendor so that if you receive a monthly cash check or if you request reimbursement for any purchases you made from vendors with your own funds, those payments will not be considered income to you or your CDC+ representative. As you know, any income that you (or your CDC+ representative) receive could affect you or your CDC+ representative's eligibility for public assistance. Reimbursements and cash checks for medical supplies received through CDC+ will not affect your eligibility for public assistance.

The F/EA is responsible for reviewing and processing employment information, paying vendors and independent contractors, paying employees in accordance with the Fair Labor Standards Act, and paying state and federal taxes on your behalf. You pay the F/EA a monthly administrative fee from your CDC+ budget to provide these financial services. These fees are deducted from your Waiver Cost Plan budget in the calculation of your CDC+ monthly budget, as described in **Appendix D²**.

Roles of the CDC+ Fiscal Unit (Fiscal/Employer Agent)

Assigns CDC+ Provider ID Numbers: The F/EA checks the citizenship/legal alien status of your employees based on the information you submit, verifies the Federal ID number of your vendors, and assigns a CDC+ ID number to all participants, employees, vendors, and CDC+ representatives. This ID number is used when paying your providers for services they have provided and for issuing cash checks or reimbursements to you.

Banker: The F/EA receives the monthly budget amount that is sent each month from AHCA and maintains it in an account in your name. The F/EA creates and makes available to you a monthly statement showing the amount of money that was deposited each month, the purchases that you made during the month, and the amount of unspent funds left in your account at the end of the month.

Bill Payer: The F/EA receives payroll information for your employees and vendors that you submit (online or via telephone), makes sure the services were authorized on the Purchasing Plan, creates pay checks or direct deposits for your vendors and employees, and mails pay checks to you or your CDC+ representative to give to your providers.

Tax Payer: When you start CDC+, the F/EA, with your authorization, processes IRS Form SS-4 to obtain a Federal ID Number that is assigned to your

² Appendix D is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

household business for the duration of your participation in CDC+. The F/EA withholds federal income tax and the employee's share of Medicare and Social Security tax from each employee's pay check in accordance with federal tax laws and pays those taxes to the IRS. The F/EA withholds from your CDC+ budget the employer's share of Medicare and Social Security taxes and Federal and State Unemployment Taxes on behalf of each employee, and pays those employment-related taxes to the IRS and to the Florida Department of Revenue.

The CDC+ Program Unit

The CDC+ Program Unit is located in APD's administrative offices in Tallahassee. This unit is made up of a program administrator and other supporting staff members. This unit is responsible for a variety of functions including management of the Customer Service function, formal and informal training, policy development and interpretation, and quality assurance monitoring.

Roles of the CDC+ Program Unit

Administrator: The CDC+ Program Unit administers the CDC+ program to ensure that all guidelines, policies and procedures required by the Centers for Medicare and Medicaid Services are followed.

Policy Maker: The CDC+ Program Unit and the Agency for Health Care Administration develops all policies and procedures for the administration of the CDC+ program.

Trainer: The CDC+ Program Unit develops and provides comprehensive CDC+ training to all Waiver Support Coordinators who wish to become CDC+ consultants. This training is intended to ensure that the consultant you select is able to fulfill the role of consultant. The CDC+ Program Unit also provides training to consultants, participants, and area CDC+ liaisons on new policies, procedures, and forms.

Customer Service: The CDC+ Program Unit provides on-going technical assistance to you and your representative and consultant. The CDC+ Program Unit will answer your questions and provide explanations for things you may not understand about your account or the program in general. You may call the Customer Service staff during regular business hours Monday through Friday, 8:00 AM until 5:00 PM Eastern Time.

Quality Assurance: As required by federal and state Medicaid policies, the CDC+ Program Unit administers the program's Quality Assurance and continuous program improvement plan. This process includes random monitoring of Purchasing Plans and other documents, review of documents related to providers and provider payments, and provision of technical assistance to correct identified deficiencies.

V. YOUR CDC+ MONTHLY BUDGET

CDC+ participants are entrusted with management of Medicaid funds. This section will help you understand how your budget amount is determined and how you will use these funds to meet your needs.

Where it comes from

Your CDC+ monthly budget is based on the cost of services that you have been approved to receive under the DD/HCBS Waiver. The funds that would have been used to purchase supports for you under the DD/HCBS Waiver are reduced by a set percentage and then provided to you in the form of the CDC+ monthly budget. If there are no changes in your medically necessary needs, and the Florida Legislature has not required any changes in the way the Medicaid Waiver operates, the monthly budget that was entered on your CDC+ application should continue unchanged. You are not required to submit a CDC+ Purchasing Plan annually or at any other time if you do not need to make any revisions to your providers, rates, or services.

If you have a change in your health or living situation, you may request that your CDC+ consultant update your Support Plan. This may result in an amendment to your Cost Plan. If it does, then your CDC+ monthly budget will be re-calculated and you will have to develop a new Purchasing Plan that agrees with your new monthly budget.

How it is calculated

Please refer to **Appendix D**³, which explains how the CDC+ Monthly Budget is calculated. You should have received a copy of this form in your initial application package to show you how your initial CDC+ monthly budget was calculated.

In general terms, your monthly budget is calculated from your current approved HCBS Cost Plan. Using only the services that you receive on a monthly basis throughout the year, each of those services are divided by the number of months authorized. Those amounts are totaled to give you the total monthly Cost Plan amount. The CDC+ discount rate is applied to the monthly Cost Plan amount. Also, the rate of the F/EA administrative fee is applied to the monthly Cost Plan amount up to a maximum amount, or “cap.” The administrative fee is subtracted from the discounted monthly Cost Plan amount, and that gives you your CDC+ monthly budget. The funds for any services in your Cost Plan that meet the definition of One-Time or Short-Term Expenditures are provided to you in a lump sum amount in the month authorized on your Purchasing Plan so the funds will be available to you when you need them.

³ Appendix D is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

How it works

Your monthly budget will be deposited each month into an account in your name held by the F/EA. Your Purchasing Plan shows how you plan to use the budget each month, indicating how much and from whom you will be obtaining supplies and services. Your plan of spending (i.e., your Purchasing Plan) is divided into the following sections:

- Services – in this section, you enter all services and supports that you plan to receive on a regular basis each month.
- Cash – you will use this section only if you plan to receive a check each month so that you can purchase supports and services locally and there are advantages to using cash to purchase items. For example, if you receive a cash check to purchase consumable medical supplies, you will have the option of comparing prices and shopping at whatever store currently has the best price each month.
- Savings – whatever remains after you have budgeted for your monthly services goes in this section, and you can use the funds in this section of your plan to purchase services and supports that you do not purchase on a monthly basis.
- One Time Expenditures – this section is used to identify funding that is transferred to your account in one lump sum to purchase any of the following three types of items: Environmental Modifications, Equipment, and Vehicle Modifications.
- Short-Term Expenditures – this section is used to identify funding that is transferred in one lump sum to purchase services that are approved in your Cost Plan for a specific period of time – usually 6 months or less – to meet a time-limited need. For example, you may be approved for additional services while a family member who normally helps you is recovering from surgery.

How it can be used

How you use your CDC+ budget is largely up to you. You decide which services and other purchases will best meet your needs. Spend some time thinking about what is most important to you. This information will help you when you write your Purchasing Plan. In **Appendix O**⁴, there are some worksheets to help you plan your services.

Using your goals and your long-term care needs identified in your Support Plan/Cost Plan, think about how you might achieve these goals and meet these needs. Be specific! Be creative when thinking of ways to accomplish this. After you have thought about one way to meet each one, do not stop there — keep thinking! You may want to talk to other people and get their ideas. They might be able to help you. Write down many ways to achieve your goals and meet your needs, then go back and pick out the ways you like best. You are not limited to the exact services described in the Home and Community Based Services (HCBS) Directory/Handbook. You can buy different

⁴ Appendix O is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida/cdcplus/.

services from what you have had in the past but they must meet the needs identified in your Support Plan/Cost Plan.

Be specific with your goals:

- Instead of saying you want to be more independent, you might say you want to be more independent during your activities in your home. Or maybe you want to be more independent when you go out into the community. Make a list of what being more independent really means to you and how you would like to accomplish that.
- Instead of saying you want to “get a job”, think about what kind of a job you would like – working with animals – working in a restaurant – working in a store? If you do not know what kind of job you would like, think about how you can use your budget to help you make this decision. For instance, you could hire someone to take you into the community to job shadow individuals on different kinds of jobs to see which job you would like to do.

Job shadowing is following individuals while they are performing their job so you will get a better understanding of exactly what they do. Always ask permission before job shadowing anyone at a place of business. Maybe you never had a job. You could hire someone to take you out into the community to volunteer until you feel more comfortable and decide what kind of job you want.

- Instead of saying you want to have a meaningful day activity, be specific!
- If your goal is to learn job skills, and you are going to a day program to learn job skills, you could continue to do that. Or, you could hire someone to help you find a job in your community. The person you hire could also provide job coaching while you are working at your job and earning a paycheck. This is one of the advantages of CDC+. You get to decide what works best for you!

Above all, your health, safety, and welfare should always be part of your decision-making in choosing supports and services.

You decide how much to pay for a support/service.

Find out where you can get the best price for other things that you would need to buy, such as supplies. You may also buy special equipment such as transfer boards, dressing sticks, special eating utensils, kitchen aids, wheelchair accessories, and other adaptive devices that can help you live more independently. You can be very creative in choosing what kinds of purchases will best meet your needs, even if those purchases might not be available in traditional Medicaid programs.

How to organize your budget

Services

The funding budgeted in the services section of your Purchasing Plan is to be used to meet your everyday needs. These are services that you use on a regular basis month after month.

The providers that you use to provide your regular monthly services can be employees that you hire directly or agencies in the community or vendors from whom you purchase your supplies each month. You may have a maximum of three individual directly hired employees who provide regular service to you. They can provide more than one service. However, if you have more than three regular employees, you must provide proof that you have purchased Workers' Compensation Insurance, and that insurance cannot be purchased from CDC+ funds. Workers' Compensation insurance is rather expensive, so most participants on CDC+ hire a maximum of three employees who work for them on a regular basis. The people you use as emergency backup employees are not considered your regular employees. They are only supposed to be used when your regular employees are not available.



If you start using your emergency backup employees on a regular basis, they become regular employees and if you then have four or more regular employees, you will have to purchase Workers' Compensation Insurance.

Cash

Some participants find that they are able to purchase their supplies from a local retail store for less than it costs to continue purchasing those same supplies from the vendor they used in the DD/HCBS Waiver. Some participants find that they like the quality of the supplies they can purchase from a local store better than what they get from the vendor they used in the DD/HCBS Waiver. If you find this to be the case, you should consider receiving a check each month that you can cash and use to pay for your supplies from a local store.

Some community transportation providers require payment in cash each time you use their service. If you take the bus, you must pay the bus fare in cash. If you use such transportation services, you may want to receive a check each month so you can pay for your transportation with cash.

If you have vendors that you use every month who will not give you an invoice that you submit and pay later, then you should strongly consider receiving a check each month so you will have the funds to pay for your supplies or services from those vendors. In CDC+, you are not allowed to pay for your regular monthly services or supplies from your own money and request to be reimbursed for what you paid the vendor. You

should discuss these situations with your consultant and decide if a cash check would be better than paying certain vendors from an invoice.

If you receive a check for cash each month so that you can make purchases with that cash, you are required to keep every receipt and provide those receipts along with a list of everything you bought and how much it cost (including sales tax) to your consultant every month.

Savings

It is called savings because the funds allocated in this section of your purchasing plan can accumulate (be saved up) over time and you can make special purchases from the amount you accumulate. Every service or support that you would like to purchase from the savings section must be realistic, consistent with your needs and goals and also be listed in your most current Purchasing Plan approved by the Area Liaison before you purchase it.

Using \$1000 for your monthly budget as an example, if you budgeted \$950 in your services section, and did not choose to receive a cash check, you would have \$50 remaining. That \$50 could be allocated in the savings section of your purchasing plan. Also, if you budget for \$950 of services but do not spend that full amount, the unspent money can be used toward purchasing a savings item or service. You must have accumulated enough money in your account to purchase the item as well. It is your responsibility to determine how long it will take you to accumulate the funds needed to make the purchase and to enter that date (always the last day of the month in which you plan to make the purchase) in the Savings Plan section of your Purchasing Plan. For example, the cost of the item or service you want to purchase is \$1200.00, if you allocated \$100.00 to be saved toward your savings purchase monthly, it would take you 12 months to save a sufficient amount of money to make your purchase. The estimated date of purchase for any item in the Savings Plan section should not realistically extend beyond one year. If you wish to purchase a costly item such as a piece of equipment or a home modification that was not approved as medically necessary on the DD/HCBS cost plan, it may take longer than 12 months to accumulate enough funds to purchase it.

The estimated date of purchase can be extended for one additional year. However, if it will take longer than two years to accumulate funding for a particular item, then that item will not be approved. An item listed in the Savings Plan section of the Purchasing Plan should be purchased when the sufficient funds have been accumulated. If the item is not purchased within the estimated date indicated, the estimated date of purchase can be extended three months by updating your purchasing plan using a Quick Update Form. For more details on updating your purchasing plan, refer to Section IX of this notebook.

The savings section is not to be used to save for a rainy day nor is it a holding place for unspent funds. It is an opportunity for you to save for a support or service that could improve your quality of life, increase your community inclusion, and meet any additional needs and goals.

One-Time and Short-Term Expenditures

If you are approved to receive any services and supports on your DD/HCBS Waiver Cost Plan that meet the definition of One-Time or Short-Term Expenditures, funding for those services and supports will be deposited into your account in a lump sum so the funds will be available for the purchase you need to make over a relatively short period of time. You will find the definitions in Section IX and in the Service Code Chart⁵. Funds for One-Time and Short-Term Expenditures are not included in your CDC+ monthly budget.

One-Time and Short-Term Expenditures always have a beginning and ending date within which the service or support can be purchased. The funding for One-Time and Short-Term Expenditures is “restricted.” This means that you can only use the funds you were awarded for those specific items or services and cannot use any unexpended funds for other supports and services. Unexpended funds must be returned to Medicaid. It is your responsibility to track your spending of these “restricted” funds. If you need to return funds to Medicaid, please contact Customer Service for assistance returning the funds.

Allowable and Unallowable Purchases

There are some rules you must follow for using your CDC+ funds. The most basic rule is that everything you buy must be related to your long-term care needs or your need for community supports as identified in your Support Plan. Your consultant is available for guidance in using the budget according to the rules of CDC+.

The following section tells you what kinds of things you can and cannot buy with CDC+ funds. These are not all-inclusive lists. Before you request to buy something (i.e., before you put it on your Purchasing Plan), always be sure that it is an allowable purchase and that you can clearly explain how it meets your identified needs and goals. Allowable purchases are based on your age and living arrangements, as well. For example, if you are a minor living in your family home, then the cost of lawn care would not be an allowable cost. However, if you are an adult and live in your own home with a roommate, then half of the cost of lawn care might be an allowable cost if you or your roommate is unable to perform that basic task of home maintenance. If your roommate can mow the lawn and do other such tasks, you might consider paying him or her for your share of the cost if you cannot perform that task. Everyone’s situation is different, so the allowable costs will vary depending on your situation.

⁵ Service Code Chart is Appendix I of the Appendix to the CDC+ Participant Notebook available at www.apd.myflorida.com/cdcplus/.

The CDC+ budget MAY be used for things such as:

- Help with cleaning, laundry, meal preparation and other household chores
- Help with personal care like bathing, hair washing, bladder and bowel care, care of your teeth
- Home repairs and maintenance
- Installing ramps or grab bars
- Independent living supports or coaching
- Errands or shopping
- Non-medical transportation
- Adaptive equipment such as mobility aids, communication devices, hygiene equipment
- Repairs to adaptive equipment
- Consumable medical supplies such as pads, incontinent briefs, or nutritional supplements
- Emergency alert response installation
- Emergency alert response monthly maintenance service
- Companionship services
- Supported employment services, community employment assistance, job coaching
- Day training
- Services to keep your home clean and sanitary
- Saving for your emergency back-up plan
- Saving for a special purchase which you cannot afford to make from your monthly budget
- Services or purchases which support your ability to live as independently as possible so you do not have to go into a nursing home or other long-term care facility
- Other purchases approved by both your consultant and your Area liaison.

The CDC+ budget MAY NOT be used for things such as:

- Payments to someone to be your CDC+ representative
- Gifts for workers, family or friends
- Loans to your workers
- Rent or mortgage payments

- Utility payments (electric, gas, sewer, garbage services)
- Clothing
- Groceries of a general nature (with the exception of special foods required to maintain nutritional status)
- Lottery tickets
- Alcoholic beverages
- Entertainment activities
- Entertainment devices, such as televisions, stereos, radios, or VCRs
- Swimming pools / spas
- General purpose furniture
- Educational equipment or supplies
- Lessons, such as Karate that are not therapeutic
- General repairs and maintenance to a vehicle
- Normal repairs/maintenance to home for consumers who are minors
- Repairs/maintenance to general purpose equipment
- Tobacco products
- Services which will meet your needs but are available, without charge, from community organizations
- Anything that is not directly related to your 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

You may not use your monthly CDC+ budget to purchase services or items that are available through Medicare or the Medicaid State Plan.

For example, the Medicaid state plan will pay for a wheelchair for some people; therefore, the CDC+ budget may not be used for that wheelchair. However, needed wheelchair upgrades or repairs are not funded by the Medicaid state plan, so those purchase could be made with the CDC+ funds. Your consultant can assist you in identifying community resources and will be able to tell you which services and supports may be purchased from Medicaid.

Some of the rules regarding what you can and cannot buy may not be clear to you. When in doubt, ask your consultant. If your consultant does not know the answer, he or she may pursue your request with the APD Area office staff.

Summary

When you enroll in the CDC+ Program, you will have more choice, flexibility, and control over your care. That choice means that your role will change from what it was when you were on the Medicaid Home and Community Based Services Waiver. You will have the freedom to make choices that were not available to you before, but you will also have the responsibility to choose well and to receive good value from the funds you will be given for your care.

- You set your priorities – decide what is most important to you, choose what services and purchases you will need (based on the needs and goals you identified in your Support Plan).
- You schedule services when you want them.
- You train your workers and explain how you want things done.
- You decide if you are happy with the quality of what is done.
- You develop, manage and maintain all paperwork related to CDC+, such as your Purchasing Plan, all required provider documents, payroll documents, and background screening results.
- You resolve any problems you may have with your workers and even replace them, if necessary.

You have several responsibilities for using your CDC+ budget

These include:

1. Developing a Purchasing Plan and submitting that plan to the Consultant for approval for processing
2. Making purchases that are consistent with your Purchasing Plan
3. Keeping track of what you are purchasing each month so you do not overspend
4. Keeping a cash log and receipts for all cash purchases
5. **Updating** your Purchasing Plan in a timely manner when:
 - You change providers
 - You add or remove a provider
 - You add a savings item
 - You have purchased a savings item and need to remove it from the Purchasing Plan

- You change the estimated date you plan to make your purchase from savings
 - You decide to purchase a different support/service to meet your needs and you need to move your monthly budget around without changing the overall budget
 - You increase or decrease an employee or vendor's rate of pay and adjust another service or savings to stay within your monthly budget.
6. **Changing** (overall budget changes) your Purchasing Plan in a timely manner when:
- Your DD/HCBS Support Plan/Cost Plan has changed, resulting in a change in your monthly budget amount, or
 - You add a One-Time or Short-Term Expenditure (OTE/STE) to your budget.

Keys to Success in CDC+

The keys to your success in CDC+ are:

- To spend the funds you are provided each month to meet your needs and goals as identified on your Support Plan.
- To negotiate the lowest possible rates with your providers so you can stretch your funding as far as it will go, and
- To follow the policies and procedures written in this notebook so that your services are properly approved and authorized, and your providers are paid on time.
- Continue to take advantage of the services, equipment, and supplies available to you from community organizations, Medicare, and the Medicaid state plan - your "regular" Medicaid.

VI. FINDING SOMEONE TO WORK FOR YOU

You can purchase services from a vendor (independent contractor, business, or agency) or you can hire employees, or both. It is up to you. You must decide which options will meet your needs best with regard to each support that you need.

You do not have to choose enrolled Medicaid providers, even though you are using Medicaid funds.

Certain services may only be provided by licensed or certified professionals, so be sure you know which services those are. Supports and services you may purchase are described in the Service Codes Chart which is **Appendix I**⁶.

Getting services from an employee

Hiring an individual to provide your services may be a good idea if:

- You have family members or close friends you wish to employ;
- You want the same person to provide your services every time;
- You need services provided outside of regular business hours (early mornings, nights, weekends);
- You want to decide what day and time your employee comes;
- You want your employee to provide a service an agency does not provide; or
- You want to decide how much to pay your employee.

Getting services from an agency or other business (vendor)

Obtaining your services from a vendor may be a good idea if:

- You like the way one (or more) of your services is being provided now;
- You have experienced difficulty keeping directly hired employees (DHE's); or
- You have a need for temporary help.

If you decide to use a vendor, check to see if there is more than one vendor that provides the service that you need. If so, call each one and compare prices and ask questions about how they can meet your needs. Many vendors are willing to negotiate rates in order to get and keep your business.

⁶ Appendix I is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

Writing a Job Description

Before you start looking for someone to provide services for you, it is a good idea to write a job description for that service or job. There then will be no misunderstandings as to the duties of the position that you are trying to fill.

A job description has several uses:

1. It will give potential employees a good idea of what the job requires.
2. It can be used as a guideline for asking questions during the interview.
3. It can be used as a checklist of duties and responsibilities after a worker has been hired and is being trained.
4. It can be helpful when deciding if you are happy with the way an employee is doing the job.

The job description should be written with your personal needs in mind and should include:

- Basic job duties
- Required qualifications
- The way you want the job done
- The number of hours and days needed

The information on the job description does not have to be permanent. It is acceptable to change the job description later if you change your mind about what you need. However, if you change the job description after you hire someone, you should discuss the changes with the worker to make sure that they understand what you expect from them. If you change the job duties too much, the employee may not be qualified, agree to continue, or, if increased duties are involved, may not want to work unless pay is increased.

Job descriptions can be written in a lot of different ways. The most important thing is that the information be shared with the worker before he/she agrees to accept the job. (See sample form in the **Appendix E**⁷)

⁷ Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.myflorida.com/cdcplus/.

Determining Rate of Pay

A rate of pay can be determined based on:

- The supports and services you are planning to purchase to meet your identified needs,
- The job description you wrote for the supports and services you are planning to purchase,
- Who will be providing the services – Directly Hired Employee or Agency/Vendor, and
- How many hours or units a month you are planning to purchase the service (duration and frequency of each support and service).

By using the descriptions of the CDC+ service codes in Appendix I⁸ to assist you when planning; you will know which supports/services are required to be performed by certified professionals.

Be sure to ask your consultant to assist you if you need his or her help.

Setting the Level

By Law, most of your employees will have to be paid at least minimum wage. As of January 1, 2012, the minimum wage rate in Florida is \$7.67. Companion services are exempt from the minimum wage requirement, so you may pay individuals you hire to provide companion services less than minimum wage.



You decide what you think is a fair wage. If you are not sure, ask your consultant. Your consultant will usually be familiar with what other individuals receive in payment for similar work.

When negotiating a rate of pay, always start with a lower amount, so you will have “room to negotiate” up to the maximum amount you know that you can afford to pay the provider.

Choose your employees carefully and aim for value for your money. CDC+ rules require purchases to be “cost-effective,” meaning that the price you pay for them must

⁸ Appendix I is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

be justified according to the service value they bring to you. If you decide to pay an employee a rate above the local market level, your consultant will probably inquire about it when he/she gets your Purchasing Plan. Avoid paying someone a higher rate just because you know him or her, or you think he/she "needs the money". If you pay your employees more than market rates that may work against you if you need to have additional services in the future.

Participants who manage their own services in CDC+ are not required to pay their employees and vendors the same rates that are paid for services provided under the DD/HCBS waiver. In CDC+ you are encouraged to negotiate a lower rate. That is the only way you will be able to receive more services than you did under the DD/HCBS waiver.

Although there is no requirement to pay less than what a provider would be paid under the DD/HCBS waiver, if you pay more than that rate, you will need to be prepared to explain and justify to the APD Area office why you are doing so.

Finding Employees

Finding employees can be as simple as telling friends you are looking for someone to hire. Maybe you already have someone in mind.

Hiring Friends and Family

If you think you might like to hire someone you know well (family member, neighbor or close friend), consider the following:

Benefits

- It may be easier to find someone
- Friends and family may understand your likes and dislikes
- The relationship may be more dependable
- A more flexible work schedule may be possible

Risks

- Firing may be harder to do
- Giving criticism may be more difficult
- Adjusting to the employer/employee relationship could cause problems
- Friends and family could decide it is OK to work on their own schedule. If your employee receives Medicaid or Social Security benefits, be sure that he or she knows that the wages earned under CDC+ are considered income and could affect the employee's entire household's eligibility for these and other

benefits. For example: You live with your employee (who may or may not be a family member) and the employee's family receives food stamps and Medicaid benefits based on the household income. The wages your employee is paid by you from the CDC+ program counts as income, and is included in the total household income. This increase could affect the household's ability to qualify for these and other benefits.

- ❑ If a parent provides paid services to a child, federal law does not permit the employer (child) to pay Social Security taxes on behalf of the worker (parent). This means that if a parent works for his or her child, even if that child is an adult, that work does not count towards building Social Security retirement benefits. If a parent's primary income over an extended period of time is from working for their CDC+ participant child, the parent should consider setting some of that income aside in a retirement fund to help compensate for the negative impact on his or her future Social Security retirement income

Most importantly, consider what will happen to the personal relationship if the work relationship does not work out. For years, family members and friends have been providing paid support to loved ones who need help. It works well in some cases, and not so well in other cases. Only you can decide if this is a good choice for you.

Pay Raises

When you determine a rate of pay before hiring, you may want to keep in mind that you may choose to give a pay raise in the future. Thinking ahead in this manner and thinking carefully through the idea of giving your worker a raise should allow you enough funds to give your employee a raise and continue to meet your other needs. Always make sure that you have the funds available to offer a raise before you mention it to your employee. You may want to talk to someone else about the idea too.



You will not be given an increase in your budget in order to give your employees a raise. Therefore, it is better to start the employee out with a lower rate of pay that will allow you to put any excess funds into your savings plan every month and be available for a raise later.

Reasons you might want to consider paying your employees more are:

Example 1: An employee is doing his/her job so well that you need less of their time than you had originally planned it would take. The employee's efficiency allows you to pay a higher hourly rate for less time, still have the same work done and perhaps even save money.

In example 1: You would not need to use any additional CDC+ funds from another section of your Purchasing Plan for the raise.

Example 2: You increase an employee's job responsibilities to include more demanding or more skilled duties.

In example 2: You will have to give up something else you were going to purchase with your budget to have enough extra funds for the raise. In this case, you will update your Purchasing Plan with your consultant.

Keep in mind that your CDC+ budget will not increase during this program unless your medically necessary needs change due to a change in your health, environment, etc. You will not receive a "cost of living" increase in your budget.

Offering Benefits

Good employers all know that happy employees tend to work better than unhappy ones. But being happy is not just about fair pay and conditions. Employees need to be encouraged to take pride in their work, which is easier for them if they believe that you value them – as people and as your employees.

So what can you do to get the best out of your employees, given that there are not enough funds in your CDC+ budget to offer them benefits? Here are some ideas:

- Pay your employees a fair wage for the work that they do for you.
 - Paying a fair wage may enable your employees to purchase private health insurance if that is a benefit they need.
- Let your employees have a say about their work schedule.
 - Come to an agreement on a schedule that not only meets your needs but allows your employees to feel that their needs are important also.
- Encourage your employees to take planned vacations. (You cannot pay for the time they do not work, but they can take unpaid time off.)
 - Your employees' planned vacations can be scheduled at a time that is convenient for each of you. Emergency Backups or people budgeted in the savings section of your Purchasing Plan can be used at this time to provide the services/supports that may be needed.
- Allow your employees to take sick days.
 - Everyone gets sick sometimes. It is best for the employee to take time off when they are sick, and this will also help protect you from catching contagious illnesses. This is the reason that having Emergency Backups (EBU) already in place to provide critical services is so important.
- Compliment your employees when they are doing a good job.
 - This simple gesture sometimes is forgotten. People like to be appreciated. Your employees do not know if they are doing a good job unless you tell them.
- Make the job interesting and fulfilling.

Hiring in the Open Market

If you do not want to hire someone you know (family member or friend) or cannot find someone by word of mouth, you may want to run an ad in your local newspaper. If you do not want to pay to advertise, you can run an ad in a free advertiser paper or post a help wanted listing in many free internet bulletin boards⁹ that have been successfully used by other participants of the CDC+ program. You can also post a "help wanted" notice on a bulletin board of your local vocational school, university, library, place of worship, etc. If you do this, you may wish to find a safe way to have people contact you. Ads can be paid for with your CDC+ budget in the savings section of your Purchasing Plan. To find the correct Service Code, please refer to the Service Codes Chart in the **Appendix I**¹⁰.

You may have other ideas about where to post a notice. In smaller towns, people often post notices at the post office, community center, grocery store, gas station, or other businesses.

How to Advertise

When you are writing a job advertisement, stress the positive aspects of the job, but always be truthful about the job duties. Keep the description of the job clear and short. Before you start writing your ad, it might be helpful to read other ads to give you some ideas. Things you will want to include in the job advertisement are:

- The name of the job (the title of the position could be important for tax purposes);
- The number of hours per week and time of day needed;
- A brief description of the job duties;
- How an interested person can get in touch with you (for safety reasons, never list your full name or address);
- How much you will pay per hour for the job (what you have determined for this particular job - salary commensurate with abilities); and
- Other things that are important to you such as smoking preference or experience.

The more requirements listed for the job, the fewer the number of people that are likely to respond. However, the people who do respond will more likely be a "good fit" for the job. Be sure to list the things that are most important to you as requirements. List the things that are less important to you as preferences or wait to mention them later.

⁹ Craig's List is an example of a free internet service that has been used successfully by many participants, it can be found at www.craigslist.org/. Follow the directions to find the list that is appropriate for your area of the state.

¹⁰ Appendix is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

Examples of Advertising

- Local school staff who are already trained may be interested in working for you after their normal work hours. The Exceptional Student Education (ESE) office may be willing to put your advertisement on a bulletin board.
- Post an advertisement at your local library.
- Local colleges or universities may have a bulletin board where you can post an advertisement in their Education Department or in other departments where students are more likely to have skills you are seeking or be interested in such jobs: e.g., rehabilitation engineering, vocational rehabilitation, health care, nursing/medical schools.



Do not include any personally identifying information such as your home address, full name, etc., in the advertisements you post in a public place. Maintaining your safety should always be a priority when advertising a job listing.

Sample Help Wanted Flyer

HELP WANTED

**Personal Care Assistance, Light housekeeping,
Errands for Adult Female**

Part Time: Saturday/Sunday 9a.m. – Noon

\$9.00 per hour

Position begins (Date Job to Begin) Seeking

Individual with following Qualifications:

- *Reliable & Trustworthy *Non-smoker *Clean driving record
- *Excellent references *No criminal or abuse record
- *Experience a plus but will train

Call: (Number after 3:00 p.m.)

813/XXX-XXXX 813/XXX-XXXX 813/XXX-XXXX 813/XXX-XXXX

~~813/YYY-YYYY 813/YYY-YYYY 813/YYY-YYYY 813/YYY-YYYY~~

Summary and Tips

- Making wise choices about your purchases will help you to be successful in the CDC+ program.
- Expect quality services for the wages paid, regardless of who provides the services.
- Your monthly budget, the job description, the type of provider you hire (employee or agency/vendor), and the time, duration/quantity of service or support you plan to purchase should all be taken into consideration when determining the rates of pay for the providers you choose to hire.
- Effective negotiation of rates of pay begins when you, the employer, know the minimum and maximum pay rate you will be able to offer.
- The ability to negotiate the lowest possible rates of pay allows for purchases of additional services/supports that may be needed, or to purchase special items that increase your independence that you may not have been able to purchase on the HCBS Waiver.

Don't forget, you can negotiate rates of pay when employing an individual, agency/vendor or independent contractor, even if that person is a Medicaid Waiver Provider. The published rates Medicaid Waiver Providers refer to are the rates established for the HCBS Waiver. These rates are applied to your HCBS Cost Plan and ultimately establish your CDC+ monthly budget; however, there are no "set rates" in CDC+. When employed by a CDC+ participant, they are not working as your employees, they are working for you as if you are a private payer, and you are not required to pay the same rates for services provided under the HCBS waiver.

- Having the ability to negotiate rates of pay is an important tool that you can use to effectively manage the monthly budget when purchasing the services/supports to meet your needs and life goals.

VII. SCREENING AND INTERVIEWING POTENTIAL EMPLOYEES

Screening Potential Employees

You hope there will be more candidates for the work/job(s) you are offering than you need. This will give you the opportunity to choose the best person(s) to meet your needs. Screen the candidates carefully before you make any employment offer, starting with a telephone screening, and then proceeding to a face to face interview.

Telephone Screening

If you get lots of responses, you may want to consider doing a short interview on the telephone (telephone screening) to narrow down the number of people you interview in person. If you decide to do a telephone screening, start the conversation with a brief description of the job. It is not a good idea to let a potential employee tell you how much they want to be paid.



You may want to write a few things down ahead of time so you do not forget to mention something important during the conversation.

- You may also want to make a list of questions you will ask the people you interview during the phone call. As a rule, your list should include no more than ten questions. (Refer to the **Appendix E**¹¹ for a suggested Telephone Screening form.)

If you are able to do so, make notes as the person answers the questions you ask. Remember, this is a time for you to learn things about the potential employee so you can narrow down the number of people you interview in person. By the time you have talked to several people, it is easy to confuse them in your mind, so write down or record your initial impressions of the candidate as soon as you hang up from the call.

You should tell everyone you interview that you are required by law and by CDC+ rules to do a criminal background check and that you will also check their references. The employee would be required to pay for their background check at the time of hire. (See background screening information in **Section VIII** of this notebook)

Be sure to mention the pay rate to the person. Do not share personal information about yourself during the telephone screening. If the applicant asks questions, only answer

¹¹ Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

job-related questions. You may also want to make a list of questions you did not ask on the call but would like to ask later. Make a note of these and be sure to ask them at the next interview. You will not have a face-to-face interview with everyone who applies. An evaluation form that you could use as you are deciding who you do want to have the next interview with is in the **Appendix E**¹².

Face-to-Face Interview

The next step is to review your notes and call the people you want to interview face-to-face. You may want to ask them to bring to the interview:

- Their resumes,
- Two employment references and two personal references,
- Their identification cards (with picture), and
- Their Social Security cards (not just the number).

If driving is a requirement of the job, ask them to bring their driver's license and proof of a clean driving record (available from the Office of Motor Vehicles). Make sure you have their full name and phone number in case you need to change the date or time of the interview.

Be Safe During Interview

The two safest ways to interview someone you do not know well are:



- Have one of your friends or family members present for the interview if you choose to have it in your home.
- Have the interview at a public place (library, senior center, Center for Independent Living, coffee shop, restaurant).

If you decide to meet at a coffee shop or restaurant, be clear about whether you are meeting for a beverage or a meal and who is paying, so that there are no misunderstandings.

Be Well-Prepared

When the potential employee arrives, introduce yourself and do what you can to make him/her feel comfortable.

¹² Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

You will need certain information about the potential employees you will be interviewing; name, Social Security number, driver's license number, current address, work history, references, etc. (A sample information form is in **Appendix E**¹³) Going over the job description with the potential employee carefully will prevent any misunderstanding concerning the duties of the job. Be prepared to ask questions. (A sample list of questions you could use in a face-to-face interview can be found on the following page.)

At the end of the interview, check the information they have given you to ensure that you have enough information to make your decision. Tell them you will get back to them with your decision.

Suggested Interview Questions You Could Ask Potential Employees

(Select the questions that are most important for you)

1. Tell me a little bit about yourself. Follow up with, "Tell me more about that."
2. If I contacted your previous supervisor and asked him or her what were your strengths and weaknesses are, what would your supervisor say?
3. If interviewing an Agency/Vendor, ask who will actually be doing the work for that Agency/Vendor.
4. What training related to the job duties have you had and when?
5. What experience have you had in working with people with developmental disabilities and when? What did you learn from that?
6. If you suspected an issue of abuse, neglect or exploitation of a participant, what would you do?
7. When you have questions about caring for a person with a developmental disability, who do you call?
8. How did you get interested in this field of work?
9. What other jobs have you had? What did you like/dislike about the job(s)? Would you go back?
10. Are you currently working? Part Time/Full Time? If not, why did you leave?
11. Have you ever been fired from a job? If so, why?
12. In your opinion, what is the most difficult part about working with people with developmental disabilities?

¹³ Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

13. How would you handle the following situations regarding the person you are providing services to?
 - a. Non-compliance with directions
 - b. Refusal to eat
 - c. Refusal to toilet
 - d. Refusal to take medication
 - e. Refusal to get on transportation vehicles
 - f. Refusal to attend day program
 - g. Refusal to go to work
 - h. Anger, sadness, grief
14. If a person is non-verbal, what are some indications of that person being in pain?
15. What do you do if the person you are caring for has a seizure?
16. What do you expect of a participant or a participant's family?
17. What are some ways to demonstrate respect for a person's privacy?
18. Why should I hire you over other qualified candidates?
19. At times, you may encounter problems in performing your job. Give an example of problems you have experienced at work (or in your personal life) and how you overcame them.
20. Attendance and punctuality are important for this position. Tell me how you will ensure that you will be at work, on time, each day.
21. How do you handle stress? Give me examples of how you have handled stress.

Evaluating Potential Employees

Evaluating each potential employee you interview will be helpful to you in making your hiring decision. The best time to evaluate a potential employee is shortly after the interview while the information is still fresh in your mind. In **Appendix E**¹⁴, you will find an evaluation form that may assist you in making your employment decision.

¹⁴ Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

Reference Checks

It is highly recommended that you call at least two references for each potential worker. Make sure at least one is a work reference. The second could be a work or personal reference.

Explain to the person (reference) that you are a potential employer of the person you want to hire (use their name). You do not have to tell the reference your name. Ask questions about the potential employee that will help you decide about hiring. (Questions you could ask when doing reference checks on potential employees can be found in the **Appendix E**¹⁵)

Think about the questions you want to ask before you call. It is a good idea to write the questions down so you do not forget to ask something important.

¹⁵ Appendix E is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

VIII. SELECTING AND HIRING YOUR EMPLOYEES

Once you have made your decision about which individual you will hire, arrange a time when you and the person you are planning to hire can meet to complete the employment paperwork, which includes the Employer/Employee Agreement, the Employee Packet, and the background screening forms.



The hire date is the date you offered the employee the job, the employee accepted, and the employment paperwork was completed.

Your new employee must complete a Level 2 Background Screening either by getting their fingerprints taken on the correct fingerprint cards (the fingerprint card can only be obtained from your consultant or from the Area office) or having a live scan (from an authorized Live Scan provider). The procedure for the submission of the background screening documents or obtaining a live scan may vary throughout the state, please follows your Area office's procedure.

Directly Hired Employees (DHEs)

A completed employee packet must accompany the Purchasing Plan or Quick Update in which the new DHE is listed for the first time as a provider. The employee cannot start working until the Purchasing Plan or Quick Update has been approved and a CDC+ ID number has been assigned by the F/EA. You can call CDC+ Customer Service at 1-866-761-7043 to confirm that your approved Purchasing Plan or Quick Update has been received. If it has not been received, and you are certain one has been submitted, Customer Service will contact your Area office to locate the plan, and ask the Area office to get back in touch with you.

- Employee Packet¹⁶ (Every employee must complete the first 3 forms)
 - Employee Information Form
 - IRS Form W-4
 - DHS Form I-9
 - Direct Deposit Form (optional)

¹⁶ Employee Packet, Appendix G is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/ or ask your consultant.



Enter the number of packets and the name of the providers in the space provided on the first page of the Purchasing Plan so your consultant and Central Office will know what paperwork is included with the Purchasing Plan.

Employee Responsibilities

Employer/Employee Agreement¹⁷

You must complete the written Employer/Employee Agreement with each of your employees. When you are hiring a family member or close friend, working through and signing the agreement will help you avoid any misunderstandings later on. It includes all the important points of agreement between you and your employee:

- The start date,
- The work schedule,
- The job duties, and
- The hourly pay rate.

Background Screenings

You previously informed everyone you interviewed that you are required to do criminal background checks on all providers including volunteers (natural supports) who render direct care services, unless they are enrolled as a Medicaid provider or a licensed professional licensed through the Department of Health. Effective August 1, 2010, you must ensure that **all new** service providers undergo a level 2 screening and receive their clearance **prior** to rendering any service.

As the employer of record, consumers/representatives must make sure that they retain copies of background screening documentation as part of their providers' files (DHE, A/V, IC).

¹⁷ This agreement reinforces your new employer-employee relationship. A sample copy is available in Appendix D in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

All provider packets submitted accompanying Purchasing Plans must include the Clearance Notification for FDLE and FBI fingerprints as proof that the providers have complied with the screening requirements.

You will need to contact your consultant to ensure you understand the procedure used in your Area for completing a **Level 2** Background Screening for your new providers.

DCF Fingerprint Card

- Check made payable to FDLE (consultant or Area Office will know current cost).
- Affidavit of Good Moral Character (must be notarized);
- Request for FDLE Criminal History Information (statewide);
- Local name check through police or sheriff in city or county where employee lives.
- DCF fingerprint card¹⁸(blue print on white background) must be used, fingerprint cards or instructions may be obtained from your consultant.

Live Scan

Your consultant will be able to assist you in obtaining a list of approved Live Scan Vendors in your Area and all information needed prior to the fingerprints being completed through the live scan option.

For those providers who were previously required to undergo a Level 1 screening are now required to undergo a Level 2 at the time of their 5 year rescreening.

Additional background screening information is also available on the CDC+ website, www.apd.myflorida.com/cdcplus/.

Background Screening Information for CDC+ only

- Area ORI#s and OCA#s for the Consumer Directed Care Program
- Background Screening and CDC+ - Frequently asked Questions
Last updated 12/21/2010
- CDC+ Background Screening Process Information
Last updated 12/21/2010

¹⁸ Fingerprint cards tie back to the Area in which the CDC+ participant receives services and has an Area identifier printed on the card; the correct fingerprint card can be obtained from your consultant or the CDC+ Area Liaison.



Please do not send Background Screening forms to the CDC+ Unit in Tallahassee.

The procedure for submitting Background screening packets for processing in each area may differ. Please check with your Area Liaison for the procedure used in your area.

Summary:

- You need to take steps to ensure your safety.
- Your Employees must:
 - 1) Be a Medicaid enrolled provider who underwent a background screening at the time of their enrollment into the Medicaid program and who remain in good standing in the Medicaid program; **or**
 - 2) Pass a Level 2 background screening; **or**
 - 3) Provide proof of a State of Florida Level 2 background screening, the outcome of which was a finding of no disqualifying offenses.
- If your employee has proof of a background check that was completed in compliance with Chapter 435 Florida Statutes and has not been unemployed as a care provider for longer than 90 days, that clearance letter can be used but an updated Local name check and a notarized Affidavit of Good Moral Character will be needed. If the employee cannot show proof of the Level 2 background screening, a new background screening must be completed.
- Employees will be notified by letter of the results of the background screening. If found to be disqualified, they will be notified of their right to appeal the disqualification.

- ❑ The Area staff will ensure that a copy of the Level 2 background screening results is given to the CDC+ consultant who will in turn provide a copy to you.



If a provider's background screening comes back with a disqualifying offense, the provider must be terminated immediately.

Independent Contractors vs. Employees

It is critical that you, the employer, correctly determine whether the individuals providing services are employees or independent contractors. You must withhold income taxes, withhold and pay Social Security and Medicare taxes, and pay unemployment tax on wages paid to an employee. You do not have to withhold or pay any taxes on payments to independent contractors.

In determining whether the person providing service is an employee or an independent contractor, all information that provides evidence of the degree of control and independence must be considered.

Who is an Independent Contractor?

A general rule is that you, the employer, have the ***right to control or direct only the result of the work*** done by an independent contractor, and ***not the means and methods of accomplishing the result***. Examples of Independent Contractors in the CDC+ program are professionals such as RNs and LPNs providing skilled or private duty nursing services; physical therapists, behavior therapists, and other certified or credentialed professionals performing their professional services. These individuals will provide the service in the manner in which they have been professionally trained; you will not tell them specifically how to provide this service. Of course you are always free to tell credentialed professionals if they are making you uncomfortable in any way.

Who is an Employee?

A general rule is that anyone who performs services for you is your employee, ***if you can control what will be done and how it will be done***. Examples of employees in the CDC+ program are your family, friends, or others who provide direct services such as personal care assistance, respite, transportation, or other services that do not require a licensed professional.

Misclassification of Employees

Consequences of treating an employee as an independent contractor: If you classify an employee as an independent contractor and you have no reasonable basis for doing so, you may be held liable for employment taxes for that worker. See Internal Revenue Code section 3509 for additional information. If you are unsure whether the person you hired qualifies as an employee or an independent contractor, you can ask them to complete IRS Form SS-4, and send it to the IRS, and they will make the determination for you.

Agencies, Independent Contractors and other Vendors

You should interview an Agency/Vendor or Independent Contractor before hiring them. Keep in mind; the owner of the Agency/Vendor may not be the individual who will be providing the service/support. You should also interview the employee that the Agency/Vendor will be sending to provide the service/support that you will be receiving.

One important thing to remember - you are the “employer” of the Agency/Vendor or Independent Contractor. You may not have an employer-employee relationship like you do with your Directly Hired Employees, but you are just as “in charge” of the services you receive from agencies and vendors as you are of the services you receive from your DHEs. You have hired them. If you do not like the services they provide, you can tell them you are not satisfied, and if they do not improve, you can find someone else to provide the service.

After you have made arrangements with an Agency or Vendor to provide services and agreed on a start date, you must update your Purchasing Plan showing the Agency/Vendor listed as a new provider. Remember, the Agency/Vendor cannot provide services to you until the Purchasing Plan or Quick Update has been approved. You can call CDC+ Customer Service 1-866-761-7043 to confirm this.

Agency/Vendors (A/V) (including all direct care staff they employ) and Independent Contractors (IC) must have a Level 2 Background Screening. You are not responsible for processing the background screening documents of anyone but your own Directly Hired Employees. Agencies are responsible for processing the background screening of their employees. Independent contractors are responsible for getting their own background screening processed as part of their professional certification or licensure. Ask for proof of background screening for anyone providing direct care services to you for your records. The A/V must provide supervision for any employee who will provide direct care to you until that employee’s Level 2 background screening is completed and can provide you with a copy of the results.

Complete a packet for each of your providers:

- Vendor Packet²² (check appropriate box on information form)
 - **Vendor Information Form**
 - **IRS Form W-9 (required for only if the Vendor is not Incorporated)**
 - **Direct Deposit Form (optional)**

- Independent Contractor Vendor Packet²³ (check appropriate box on information form)
 - **Vendor Information Form**
 - **IRS Form W-9**
 - **Direct Deposit Form (optional)**



An IRS Form W-9 is required for both Agency/Vendors (A/V) and Independent Contractors (IC) unless the Agency/Vendor is a corporation. (A/V's that are corporations would have Inc. as part of their official name)

A/V's that are corporations should have Inc. written after the official name listed on your Purchasing Plan.

A completed Vendor Packet must accompany the Purchasing Plan or Quick Update on which the A/V or IC is listed for the first time. Enter the number of packets and the name of the providers in the space provided on the first page of the Purchasing Plan so your consultant and the CDC+ Area and Central office staff will know what paperwork is supposed to be included with the updated Purchasing Plan.

Once services have started, be sure to give the provider agency feedback on the quality of services provided by their employee. Since you are the one who made the choice to use an agency, you have the freedom to find someone else to do the work if you are not satisfied.

²² Vendor Packet forms and instructions are available in Appendix H of the Appendix to the CDC+ Participant Notebook www.apd.myflorida.com/cdcplus/.

²³ Independent Contractor Vendor Packet forms and instructions are available in Appendix H of the Appendix to the CDC+ Participant Notebook www.apd.myflorida.com/cdcplus/.

Being a Successful Employer

Your role as an employer in CDC+ gives you the power to choose who provides your services. No matter who you choose to provide your services, there will be successes and challenges. One of the biggest challenges of an employer is to find a balance between getting what you want from your employee while still allowing your employee to be who he/she is. The following tips will help make your experience as an employer a successful and rewarding one:

- Take advantage of the diversified workforce available to you.
- Avoid stereotyping people based on age, race, or gender.
- Allow people to behave and communicate differently from you.
- Be aware of how you behave around people who are different from you.
- Communicate openly and directly with others.
- Show respect, courtesy, and appreciation to others.
- Tackle issues early and tactfully; do not let problems build up.

Investing Your Time in Training

If you train your employees to do things the way you want them done, there is a good chance you will be more satisfied with the services they provide than if you do not train them. By training your employees, you have helped them succeed at doing things the way you want them done.

Other ways you can help ensure you receive quality services are:

- Telling your employees about the quality of their work,
- Planning for emergencies in advance, and
- Dealing with problems early so they do not grow into bigger problems.

Providing Feedback to Your Employees

Keep the following in mind when communicating with your employee:

- Do not assume your employee understands the job description or your instructions.
- Be patient. Do not expect your employee to get everything right the first time (or even the second time).
- Assume your employee wants to do a good job. Your role is to give him/her the information they need to do the job right.

- Do not assume everyone is like you. Be sensitive to differences in communication styles.
- Keep in mind that it is easier to talk about things you are not satisfied with if you do it promptly. The longer you wait, the bigger the problem becomes.

Making Changes

Even in the best companies, and even with the best bosses, sometimes the employer and employee relationship is not the best fit. If you feel that things are not working out with your employee and you are not sure what to do about it, you may want to discuss your concerns with someone you trust, like a family member or your consultant. If you belong to a peer support group, you might be able to talk to another participant or a participant's representative to see if he or she has any suggestions.

If after talking to someone else you still are not able to resolve the situation to your satisfaction, you will have to make a change. Change may not be easy, but is sometimes necessary. As an employer, you are responsible for telling your employee he/she is terminated. Be direct when talking to your employee so there are no misunderstandings.

Depending on the situation, you may want to give the employee a few days' notice. That will give your employee some time to start looking for another job and you time to start looking for another employee. If you decide to terminate an employee, you may want to use your emergency back-up plan while you look for a replacement employee. If your emergency back-up plan costs more than regular services, you may need to access the emergency back-up funds you have been saving to pay the additional cost of your emergency back-up workers in your savings account.

Workers' Compensation Insurance

If you hire four or more regular monthly employees, you are required to purchase Workers' Compensation insurance so they are covered for job-related illness or injury. According to the IRS, domestic employees are exempt from workers' compensation laws and are therefore not included in the count of regular employees. However, all CDC+ employees who are hired to provide regular monthly services will be included in the count of regular employees.

Workers' compensation rates are determined by the state and are based on the type of work your employees are doing. It is difficult to obtain affordable Workers Compensation insurance. Participants who contemplate using more than three directly hired employees should explore the availability of this insurance by calling local insurance brokers or the State of Florida Insurance and Financial Services Consumer Help Line at 800-342-2762. Workers' Compensation insurance cannot be paid from CDC+.

Employment Taxes

Employer Taxes

In CDC+, the participant is the owner of a small household business and is the employer of record. (Household employer information is covered in IRS Publication 926, which can be downloaded from the IRS website²⁴.)

Employers are required to contribute an equal share of the Social Security and Medicare taxes on behalf of each of his or her directly hired employees. These taxes are called “employer or employment taxes” and are paid from the participant’s CDC+ account.

FICA (Social Security and Medicare taxes)	7.65%
FUTA (Federal Unemployment tax)	0.80%
SUTA (State Unemployment tax)	<u>2.70%</u>
	11.15% = <u>.1115</u>

When you complete your Purchasing Plan, you must always include this tax amount to be paid from your account. If you will be using the Excel version of the Purchasing Plan, the employer tax will be calculated for you automatically. If you will be handwriting your Purchasing Plan, you will need to calculate the employer tax manually.



The following directly hired employees are EXEMPT from employment taxes:

1. Participant’s parent or qualified step-parent
2. Participant’s child or step-child under age 21
3. Participant’s spouse
4. A person (related or not) under age 18, who is still in high school.

Being exempt from employer taxes means the employer is not required to pay Medicare and Social Security taxes or Federal and State Unemployment Taxes to the IRS or the Florida Department of Revenue for the types of employees listed.

Employee Taxes

The CDC+ participant gives the F/EA the responsibility for paying employees, withholding taxes from their pay checks and paying it periodically to the IRS, and collecting employer taxes paid by the participant for every employee and paying that tax periodically to the IRS. Taxes withheld from an employee’s pay include Federal income taxes as well as the employee’s share of Social Security and Medicare taxes.

Employees who are EXEMPT from employer taxes are also exempt from paying their share of Medicare and Social Security taxes. However, EVERY employee is required to

²⁴ IRS Publication 926 can be obtained from <http://www.irs.gov>.

pay Federal income tax. Therefore, every pay check will reflect withholding of Federal income taxes unless the employee completed a W-4 that indicated he or she is exempt from Federal income taxes. The W-4 explains the conditions that would make a person exempt from Federal income taxes.

Tax Exempt or Not?

It is very important that employees who are exempt from Employment taxes do not confuse this with being exempt from Federal income taxes. Federal withholding taxes will be paid by FICA-exempt employees. However, the FICA taxes that are contributed to retirement, disability, and survivor's benefits will not be paid and this may have an impact on the level of benefits later available to employees and/or their dependents.



No FICA taxes? Will this affect my employees' retirement benefits, survivor's benefits, or disability benefits?

Yes it may. If you plan to hire someone who is exempt from employment taxes, you need to be sure that person is aware that neither you nor your employee will be contributing FICA taxes for services funded by CDC+. What this means is that the amount of contribution to "Title II" Social Security insurance, which includes retirement, disability, and survivor's benefits, will be reduced. This means that the worker or his/her surviving dependents may receive smaller Social Security payments should he or she become disabled or retire; and his or her dependents or adult children with disabilities may receive smaller Social Security payments. Furthermore, in the event of the employee's death, surviving minor children or surviving adult children with disabilities may receive reduced Social Security benefits.

Each person's situation is unique. Working as a tax-exempt CDC+ employee for a few years will likely not have a major impact on future benefits levels for those who spend most of their working years in jobs that require FICA taxes. However, if a significant portion of one's working life is spent in a job that does not require FICA taxes, the impact on future benefits levels may be very significant. In fact, if a worker pays very little FICA tax throughout his or her working years, it is possible that he or she will not even be eligible for Medicare upon retiring, and will have to rely on Medicaid.

For the reasons discussed above, we strongly recommend that individuals whose primary income over an extended period of time is earned as a tax-exempt CDC+ employee should consider setting aside additional funds in a retirement or other savings account to offset the loss of future Social Security benefits to themselves and/or their dependents.

Overtime Discussion

The official CDC+ workweek for all employees is 12:00 AM Monday to 11:59 PM Sunday. The CDC+ workweek coincides with the current bi-weekly payroll. If an employee works more than 40 hours in a workweek, he or she must be paid time and a half for any additional time worked.



EXCEPTION: Companion services and live-in workers. Participants must all be aware of this Federal Labor Law.

If you hire someone to provide **Companion Services (Service Code 11)**, that person may work more than 40 hours in a given workweek and will not be paid time and a half for those additional hours.

Someone who resides in the household where they are employed is considered a “**live-in**” worker. That person may work more than 40 hours in a given workweek and will not be paid time and a half for those additional hours. In determining the number hours worked by a live-in worker, the employee and the employer may exclude, by agreement between themselves, the amount of sleeping time, meal time and other periods of complete freedom from all duties when the employee may either leave the premises or stay on the premises for purely personal pursuits. If the sleeping time, meal periods or other periods of free time are interrupted by a call to duty, the interruption must be counted as hours worked. It is a violation of Federal Labor Laws to claim “Live-in” status for someone who is not a “live-in” worker.

- You cannot “agree” with your employee that the employee will not be paid time and a half for overtime. The employee has a right to overtime pay and can file a lawsuit against you personally to be paid the funds rightfully owed. Therefore, this practice is strictly prohibited in CDC+.

When developing the CDC+ Purchasing Plan, you will be planning for all the services you will be receiving every month. You will be identifying the rate of pay for each of your employees. The rate specified on the Purchasing Plan is for one regular hour of work. **The same employee cannot be listed on the Purchasing Plan as being paid two different rates for the same service.** Therefore, you cannot include the payment of overtime on your Purchasing Plan.

If you have an employee who works 40 hours each week, or close to it, considering all the services he or she provides, and there is a possibility the employee will occasionally work more than 40 hours, you must plan for that contingency or you could overspend your budget and be unable to continue in CDC+.



Overtime is not considered to be cost-effective. Therefore, it will only be approved on a case-by-case basis.

While it is acceptable to plan for the occasional hour or two during the month when an employee might work overtime, it is not cost effective to budget for employees to regularly work more than 40 hours in a workweek. In other words, it is not appropriate to plan for an employee to work overtime on a regular basis. That is not a cost-effective use of the state and federal funds you are being given to manage your long-term care needs. Only in unusual circumstances will such a plan be justifiable. If you have an unusual circumstance you and your consultant feel would justify paying someone overtime on a regular basis, you must put your justification in writing and obtain approval from the CDC+ Area Liaison before you complete a Purchasing Plan showing that use of your funds. In other words, work it out in advance. Do not expect these issues to be resolved in a timely manner after you have submitted your Purchasing Plan for review.

Keeping track of your employees' hours

Keeping a running calendar to keep track of the hours your employees work during each CDC+ workweek will be helpful in guarding against an employee working overtime. The bi-weekly payroll of CDC+ coincides with the CDC+ workweek which makes it easier for you to track your employees' time worked during a CDC+ workweek. **See sample, below.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTALS
NOV 28	NOV 28	NOV 29	NOV 30	DEC 1	DEC 2	DEC 3	Week 1
Sue 11-6	Sue 11-6	Sue 11-4	Sue 11-2	Sue 11-3	Sue 11-0	Sue 11-0	Sue - 45
Sue 32-2	Sue 32-4	Sue 32-4	Sue 32-4	Sue 32-4	Sue 32-2	Sue 32-4	
Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim - 35
DEC 4	DEC 5	DEC 6	DEC 7	DEC 8	DEC 9	DEC 10	Week 2
Sue 11-6	Sue 11-6	Sue 11-3	Sue 11-0	Sue 11-0	Sue 11-0	Sue 11-0	Sue - 40
Sue 32-2	Sue 32-4	Sue 32-4	Sue 32-4	Sue 32-4	Sue 46-5	Sue 32-2	
Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim 22-5	Jim - 35

Sue provides companion services, so although she provided 45 hours during the first week, she will not be paid overtime as companion is exempt from overtime.

Emergency Backup Providers

As explained in the beginning of this notebook, the Centers for Medicare and Medicaid Services requires that every provider of a CRITICAL SERVICE have two emergency backup providers ready to provide the service in case the primary provider cannot provide the service at the last minute. The emergency backup providers on the Purchasing Plan may be existing CDC+ employees, employees of an enrolled Medicaid

provider such as a home health agency or nurse registry, or unpaid natural supports such as family members, friends, or neighbors.

A service is defined as “critical” if, should the provider quit or fail to come to work for some reason, your health, safety, or welfare would be put at risk or the family would be put in a difficult situation. A critical service is something that MUST be provided as planned. In CDC+, Personal Care Assistance (PCA) is **always** considered to be a critical service. It is up to you to determine if any other services should be considered critical.

For services other than PCA and professional services, such as therapies, it is not required that the backup service be the same as the original service. **For example**, John and Jane are parents of Tim, a CDC+ participant who lives with his parents. Both John and Jane work outside the home in jobs where it is nearly impossible to take time off unless they are sick. Tim has a Personal Care Assistance (PCA) provider who, while his parents are at work, helps him get up and ready to attend an Adult Day Training (ADT) every morning. His PCA provider is always a critical service, but for Tim, his **ADT is also critical** because, if his ADT closed or Tim was sick and could not go to the ADT, John and Jane would not be able to stay home with him. He cannot stay by himself, because his health and safety would be at risk. So Tim plans for two back-up options, either one of which he can initiate right away if he cannot go to the ADT. One provides **companion services** and one provides **respite**. He’s thinking of adding a third back-up option to provide **In-home supports**.

Your Emergency Backups need to be ready and able to drop everything and come to work for you. Their paperwork must be completed and everything must be in order so that in case you do need to ask them to work, they will get paid in a timely manner for the services they provided. Your Emergency Backups who will be directly hired employees must pass the appropriate background screening and complete all the required employee paperwork. At the time you submit a Purchasing Plan listing them as Emergency Backups (EBU) in Section C1 of your Purchasing Plan, you must submit a completed Employee packet with the Purchasing Plan. If your Emergency Backup is a vendor, you must submit a Purchasing Plan listing them as Emergency Backups (EBU) in Section C1 and submit a completed Vendor packet with the Purchasing Plan.



Your Emergency Backup Plan must be viable. The people and businesses you have listed on the plan must be available and ready to provide these critical backup services. If they become unavailable, you must update your Emergency Backup Plan. This is one of the most important requirements of Consumer-Directed Care Plus.

How to Pay for Emergency Backup Providers

The budget for Emergency Backups comes from the budget you have already planned to use for your regular provider of the critical service. That is why you can only use your backup providers instead of, not in addition to, your regular provider. Your backup providers are only to be used when the regular providers they are backing up are unable to provide the critical service. Additionally, if you use an employee as a backup

on a regular basis in addition to your regular employee, you could exceed the number of regular employees you can have without purchasing Workers' Compensation insurance. So be cautious. Misuse of emergency backup employees, and failing to purchase Workers Compensation if you have four or more employees, who work for you on a regular basis, is grounds for dis-enrollment.

You must plan for one full month of backup services to be provided by each of the backup providers you have listed in your Purchasing Plan backing up your primary provider's providing a critical service. By planning a full month for backup services, you will know if you will need to accumulate additional funds in your account to pay any additional cost of your backups in case they will not work for the same or less rate of pay than what is being paid to the primary provider.

Otherwise you will not have to have enough money in your account to pay the difference between what you have budgeted for your regular employee and what you will need to pay your backup provider.

IX. YOUR PURCHASING PLAN

Writing a Purchasing Plan

You have chosen the supports/services to meet your needs that are identified on your Support Plan/Cost Plan. You have interviewed and made your decision about whom you will be hiring to provide those supports/services to meet those needs. You are now ready to write a Purchasing Plan.

A Purchasing Plan must be developed and completed by you or your CDC+ representative to show how you plan to spend your budget each month to meet your needs and reach your goals.

A Purchasing Plan has different sections in which you will list the providers you hire and the other items or services you will purchase. You must complete each section of the Purchasing Plan as instructed, using the instructions in the **Appendix J**²⁵. You are encouraged to save some money for unanticipated needs or purchases — suppose you find a good deal on the consumable medical supplies you usually purchase, or perhaps you find you need a few more hours of personal care or respite one month.

Your consultant is available and responsible for providing technical assistance to you.

You may need to write your Purchasing Plan several different ways before you find the one you like best and that works. It is important for you to remember that the needs identified on your Support Plan/Cost Plan resulted in funding for specific services and supports that have been determined to be medically necessary. You must be able to meet those identified needs with the supports and services you put on your Purchasing Plan.

This is where creativity plays an important part. You will want to develop a cost effective Purchasing Plan that stretches your monthly funds to the fullest. Think of all the different ways you can meet your needs other than the way you have been able – or have been trying – to meet your needs and goals under the traditional waiver.

Examples:

- 1. Supported employment is identified and approved on your Support Plan/Cost Plan as a medically necessary service to meet your needs.**

²⁵ Purchasing Plan and instructions can be found in Appendix J in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/

You may be able to hire your own IC supported employment coach at a lower rate than the traditional Med-waiver provider. Remember that you write your own job description, so create a job description that meets your individual needs.

2. Respite is identified and approved on the Support Plan/Cost Plan.

Writing a Purchasing Plan that includes summer camp in the savings section will enable you to purchase this particular support/service with the portion of the monthly budget that is deposited into your savings account each month. Not only is the participant able to realize his or her goal of attending camp but the primary caregivers can also benefit by receiving respite at the same time.

3. 180 hours of Personal Care Assistance (PCA) support/services are identified and approved on the Support Plan/Cost Plan.

You were able to negotiate a lower rate of pay per hour for a DHE to provide PCA services. The amount being funded by the 1915(c) HCBS Waiver for the support/service identified as medically necessary on your Support Plan/Cost Plan may be higher. The difference in the hourly rate can be used to purchase additional supports/services that would benefit you or assist you in achieving your goals.



The amount of MEDICALLY NECESSARY hours approved and funded from the 1915(c) waiver will not change at your next annual Support Plan/Cost Plan review just because you are able to purchase more by paying a lower rate of pay.

These are just a few examples of creativity. (Refer to Cost-Effective Purchasing in this section of the notebook)

You may choose not to spend your entire monthly budget amount for your regular monthly purchases; this is the amount you are able to put into saving every month. Savings will be used to pay for any needed additional costs for your Emergency Backup Plan and for any additional purchases you would like to make, after receiving approval from the Area office, to improve your quality of life. Each service and support, the provider, an estimated cost of the item/service, and a realistic date you plan to purchase the item/service must be entered into the savings section of your Purchasing Plan.

Your savings account is to be used for purchasing supports/services that you need and not for items that are not necessary. It is also for specific purposes. You cannot save just for the sake of saving.

Remember, the decisions you make in how you plan to spend your monthly budget, who you will hire, and what you will save for should be centered on your identified needs and goals. Your Purchasing Plan is what drives this whole program.

Your Purchasing Plan serves several purposes

1. It describes how you plan to spend your CDC+ budget.
2. It ensures you know how much money you have available to spend each month.
3. It keeps you from overspending if you purchase only what is on your Purchasing Plan.
4. It gives your consultant and the Agency an understanding of your skills in managing your monthly budget.
5. It informs your consultant of your plans for services when a provider is not available and your services must continue.

While reviewing your Purchasing Plan, your consultant may call or visit you to get a better understanding of your plans. Your consultant will tell you if your plans for using the monthly budget do not agree with CDC+ guidelines.

Both you and your consultant must sign and date the signature page of the Purchasing Plan. You will keep a copy, your consultant will keep a copy in your official file, and the signed original will be sent to the Area Liaison for approval.

All Purchasing Plans have an effective date of the first day of a given month. The 10th of the month is the deadline for consultants to submit completed Purchasing Plans to the area office prior to the Plan's effective date. Some Area offices have an earlier deadline, so please be sure you follow your Area office's procedures for submitting your paperwork. You must submit your completed Purchasing Plan to your consultant in sufficient time for them to meet the Area office's deadline. When approved by the Area Liaison, he or she will submit the plan to the CDC+ Program Unit to be entered into the CDC+ database.

When you update your Purchasing Plan to add a new service, support, or a new provider, the effective date of the approved, updated Purchasing Plan is the first day of a given month. This is the first day the service or support can be purchased or the new provider can begin to provide the service.



If your provider starts providing services before the effective date of the Purchasing Plan on which he or she first appears, you are responsible for paying the provider from your own funds for services rendered prior to the effective date of the approved plan, or for paying for any items purchased prior to the effective date of the approved Purchasing Plan.

Cost-Effective Purchasing

Making purchases that are cost-effective will not only stretch your budget but you may find it easier to obtain what you need. The following is a quick-reference list to help you find cost-effective products and services. If you have questions, please contact your consultant.

What	How
You are a keeper of public money.	This means that your role is to use the budget responsibly. The budget must be used to meet your long-term care needs and purchases must be cost-effective.
"Shop around" and compare prices so you get the most value from your budget.	Some examples of "shopping around" are purchasing generic drugs when available, calling at least three suppliers and comparing their products/services and prices, getting at least three written bids for large purchases such as home modifications, checking Internet sales, and shopping at wholesale/discount stores.
Do not hire an employee at higher pay than an agency would charge.	Example: Personal care costs \$15 an hour at the ABC Agency. You have found a person to hire but the individual charges \$20 an hour. Hiring the person at \$20 an hour would not be a cost-effective use of CDC+ funds and you would need to justify why you were planning to pay such a high rate. It is a good idea to learn the average agency service charges – directly hired employees typically cost less. Your consultant will be able to tell you the approved agency and individual provider rates under the DD/Home and Community-Based Services Waiver for each service /support you wish to purchase before you negotiate rates with potential providers.
Remember that your savings may help you.	Saving money to buy adaptive devices might be more cost-effective in the long run than having to pay an employee. For example, if you have limited mobility you may be able to buy products that help you reach, cook, bathe and dress. You could then adjust your employees' hours as you choose.
Use your CDC+ budget to purchase only services or items that are not available from other programs.	For example, the Medicaid program provides transportation for Medicaid eligible people to and from Medicaid eligible services. You must use Medicaid transportation for such services as going to the doctor or to some therapies rather than spend your CDC+ funds on such transportation.
Continue to take advantage of the services, equipment, and supplies available to you from community organizations.	Community resources are often available at reasonable prices or even free of charge. It is a good idea to see what is available through community groups or organizations before purchasing services with your monthly budget. Your consultant will be able to give you a list of community resources available in your area.
Overtime Considerations	It is not cost-effective to pay your employees over-time. If you need an employee consistently more than 40 hours a week, you must hire more employees or use an agency to meet your needs. The CDC+ workweek is Monday morning at 12:00 a.m. through 11:59 p.m. on Sunday night.

Service Codes

Every service/support typically purchased in the CDC+ program has been assigned a number for accounting and tracking purposes. That number is called a service code.

The Service Code Chart provides the following information for all services available in the CDC+ program:

- Service Name
- Abbreviation
- Service Code
- Definition
- Restrictions/Special Conditions
- Documentation that must be in the participant's Primary File

All service codes consist of two digits with the exception of an Assessment or a Home Modification Evaluation or installation of a Personal Emergency Response System, which will be the two digit service code followed by an "A."

Every service on your Purchasing Plan must be assigned an appropriate service code in order for the service to be paid. The Service Code Chart may be updated periodically. Please be sure to always use the most current version of the Service Code Chart²⁶.

You may notice that the services listed on the Service Code Chart are not exactly the same as the services that can be purchased in the 1915(c) DD/Home and Community-Based Services (HCBS) Waiver. The CDC+ program allows some flexibility in the services that are provided as long as they meet your needs as identified on the Support Plan and are consistent with your goals.

If any of the services or supports listed in the restricted section of the Service Code Chart have been approved on your DD/HCBS Cost Plan, you must use your CDC+ monthly budget to purchase at least 92% of those services. Emergency Backups for restricted services must be fully licensed or certified and must provide the same service for which they are a backup provider. For example, the Skilled or Private Duty Nursing service must be a licensed or certified nurse (RN or LPN, as appropriate). The participant's parent - and only the participant's parent - can be trained by the nurse to perform the medical procedures prescribed for the nurse. If the service provided by the nurse is determined to be "CRITICAL" and the participant's parent has been trained to perform the procedures, the parent may be an emergency backup

²⁶ The most current Service Code Chart, Appendix I is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

for the nurse, providing Personal Care Assistance, but ONLY as an UNPAID NATURAL SUPPORT. It is against Florida's Nurse Practice Act for someone who is not a nurse to be paid to provide nursing services.

If you wish to purchase a service listed in the restricted section – i.e., one that is normally considered "restricted" but that service was NOT funded in your DD/HCBS Cost Plan, you may request approval from the APD Area Office to purchase the service from accumulated savings. In order for the Area CDC+ Liaison to be able to approve the purchase from savings, you must provide to the Area CDC+ Liaison a brief written explanation of how the service or support will benefit you. The service may be purchased only if approved in advance by the Area CDC+ Liaison, and only if sufficient funds have been accumulated in your savings account. For services not funded in the Support Plan/Cost Plan and purchased from savings, the service does not require a prescription and is not "restricted".

One-Time and Short-Term Expenditures

Definitions: One-Time Expenditures (OTEs) and Short-Term Expenditures (STEs) are medically necessary supports/services specifically approved in your 1915(c) Support Plan/Cost Plan. An OTE is an item of equipment, or an item requiring construction or renovation, such as a ramp or a vehicle modification. An STE is a support or service that is for periodic purchases during the year or for temporary (not on-going) services approved in the Support Plan/Cost Plan (not to exceed six months). Some examples may include: six months of behavioral therapy, an environmental assessment, adult dental services for four cleaning appointments during the year, or three months of PCA services while the usual unpaid natural support provider is recovering from surgery.

Procedure for OTE and STE:

1. **Consultant** advises you or your CDC+ representative of the amount of funding authorized for the OTE or STE. OTEs are funded at 100% of the amount approved on the 1915(c) Cost Plan. STEs are funded at 92% of the amount approved on the 1915(c) Support Plan/Cost Plan.
2. **Participant** completes Section F – Budget Detail – OTE/STE of the Purchasing Plan. CDC+ funding for OTEs and STEs approved in your DD/HCBS Support Plan/Cost Plan must be used to purchase the same (or similar) services in CDC+. (Refer to the Purchasing Plan Instructions²⁷ for completing Section F – Budget Detail – OTE/STE of the Purchasing Plan for an explanation of when the services purchased in CDC+ do not have to be exactly the same as what was approved in the DD/HCBS Support Plan/Cost Plan as an STE.)

The budget for purchases in this section is transferred to the F/EA in the month it is first approved on a Purchasing Plan *in addition to* the approved monthly budget. This assures the funding for the OTE or STE will be available when needed. Funds for an

²⁷ Purchasing Plan Step-by-Step instructions can be found in Appendix J of the Appendix for the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

STE must be used to purchase at least 92% of services approved on your Support Plan/ Cost Plan. If this funding is not used in the period for which it was intended, and the dates have not been extended to authorize their use, the funds will be returned to Medicaid. If you need additional funds to purchase an STE service, you must include an item in the savings plan to cover the additional cost. **For example**, a participant is approved for a Physical Therapy (PT) Assessment on the DD/HCBS Support Plan/Cost Plan in the amount of \$300.00. This translates to $0.92 \times \$300$ or \$276.00 in CDC+. The best outcome would be for the participant to negotiate a rate of \$276 or less for the PT Assessment. However, if the PT Assessment will cost more than \$276, the participant will have to include a savings item for the remaining amount. The payment to the provider must be split between the item in the STE section and the item in the savings section.

3. **Consultant** completes page 1 of the Purchasing Plan to show a Purchasing Plan CHANGE; the amount entered as an OTE and/or STE must agree with the total new OTEs and/or STEs in Section F- Budget Detail.
4. **Consultant** submits Purchasing Plan to Area Office for approval.



If the service or item can be purchased from your savings without jeopardizing your health, safety or welfare, the consultant shall not request additional funding from the 1915(c) waiver.

Purchasing Plan Updates / Quick Updates (monthly budget stays the same)

You should purchase services and supports in accordance with what has been approved on your most recent Purchasing Plan. However, you may increase or decrease the amounts of purchases slightly as long as the services or supports are identified in your approved Purchasing Plan and you are sure you have sufficient funds to pay for them. For example, you may find a special offer on some supplies you need and pay less than you budgeted or it may be more cost effective to buy a larger quantity to save on future purchases. Under no circumstances may you purchase more services and supports than you have been provided funds to purchase. That means when your monthly budget for, say, the month of May is deposited into your account, those funds, and any funds accumulated in savings and services through April 30 but not yet spent, are available to pay for services and supports purchased or received through May 31. You cannot use funding given to you in June to pay for anything purchased or provided prior to June 1.

You may UPDATE your Purchasing Plan for any of the following reasons:

- You hire a new employee or agency/vendor to take the place of an employee or vendor that has stopped providing services.
- You want to change the rate of pay for one of your employees or vendors without changing your overall budget.

- You want to purchase different services/supports to meet your needs than are identified on your approved Support Plan/Cost Plan, and you can do this without affecting your overall budget.
- You want to increase the number of hours of a restricted or unrestricted service and decrease the number of hours of an unrestricted service on your current approved Purchasing Plan, and this will not affect your overall budget.
- You have just used the available funds in your account to make a special purchase of an item in the savings section of your purchasing plan and you now want plan to purchase a new item to support or increase your independence.

If the Purchasing Plan update that is needed is only replacing a provider listed in your current approved Purchasing Plan with the same type of provider, the same units of service, being paid the same rate of pay, the Purchasing Plan Quick Update Form²⁸, can be used. After completing and signing the Quick Update Form, submit the form along with a copy of the page of your Purchasing Page the Quick Update Form you will be updating and the Employee or Vendor packets for the new providers. Attach the approved copy of the Quick Update form to your current approved Purchasing Plan. This now becomes your updated Purchasing Plan.

If you are unable to use the Quick Update Form, you will need to write a new Purchasing Plan. On page 1 of the Purchasing Plan you will need to change the Purchasing Plan Effective Date. On the bottom half of page 1 of the Purchasing Plan, enter the page numbers on which revisions were made, any employee or vendor names, and the number of packets that will accompany the updated Purchasing Plan. By doing this, your consultant will know exactly where the update was made in the Purchasing Plan. The consultant will indicate that the Purchasing Plan being submitted is a Purchasing Plan UPDATE and submit to the Area office for approval.

Remember, if you are updating your plan to increase the number of hours or units of an approved service/support on your plan you may need to decrease some other service/support to provide the sufficient funds needed to allow you to do this or you may need to reduce your monthly savings amount. If you have a new need that requires different supports or services that you can buy within your current budget, you should do so. If you add a new regular monthly service, you will have to use the funds identified in your purchasing plan as the monthly savings amount or you will have to spend less somewhere else on your purchasing plan to generate the funds needed for the new service.

If you wish to purchase an item from the unspent unrestricted funds you have accumulated in your account or want to plan to make a special purchase of an item, you must update your Purchasing Plan and list the new item you intend to purchase, the estimated cost, and the estimated date you anticipate having a sufficient amount accumulated in your account to purchase the item.

²⁸ Quick Update Form and instructions for completing is available in Appendix J of the Appendix to the CDC+ Participant Notebook at www.myflorida.com/cdcplus/.

Purchasing Plan Changes (budget amount changes or an OTE or STE is added)

Purchasing Plan CHANGES are revisions made to the Purchasing Plan that affect the Purchasing Plan budget. You will need to write a new Purchasing Plan for these changes.

There are three types of Changes:

1. Change to the monthly budget amount because the HCBS Support Plan/Cost Plan was amended.
2. Change to the monthly amount being transferred to the Fiscal/Employer Agent due to the addition of a One-Time Expenditure (OTE)
3. Change to the monthly amount being transferred to the Fiscal/Employer Agent due to the addition of a Short-Term Expenditure (STE)



The Purchasing Plan monthly budget amount may ONLY be changed if the Support Plan and Cost Plan have been updated, amended and approved due to a change in your health status or living situation.

Once your consultant provides you with the changed Monthly Budget amount, the OTE amount or the STE amount, you must write a new Purchasing Plan to make the needed change to be effective the 1st of the next month in accordance with the guidelines of the submission of purchasing plans. Your consultant will mark the box Purchasing Plan CHANGE on the bottom half of page 1, check the appropriate box and enter the amount representing the change in the correct space provided.

If the change is being made because of a Monthly Budget change, the new monthly budget amount must match what is entered in the Monthly Budget box at the top of page 1.

If the change is due to the addition of an OTE or STE, the amount the consultant listed on page 1 of the plan must equal the amount you entered in the Section F – Budget Detail – OTE/STE of your Purchasing Plan. The effective date of the new OTE or STE must be the same as the effective date of the Purchasing Plan on which it is first entered.



If the Support Plan/Cost Plan has not been updated or amended, there can be no change to the CDC+ budget.

Call your consultant if you have questions about writing your Purchasing Plan.

Your consultant is not allowed to write your Purchasing Plan for you.

X. MANAGING YOUR MONTHLY BUDGET

Overview

The first step to responsibly managing your monthly budget is to set up your records in a way that will enable you to keep track of your spending so you will stay within your approved monthly budget amount when purchasing your supports/services.

The following are just a few examples of good fiscal management of your account:

1. Balancing your monthly statement. You should reconcile the difference between the balance on your monthly statement and the balance in your records as soon as you receive your statement each month. If you cannot get these balances to agree and you cannot determine why, ask your consultant for assistance or call CDC+ Customer Service. If you do not understand a transaction on your statement, call CDC+ Customer Service and they will assist you. Do not allow these kinds of problems to continue as it will be very difficult to correct later.
2. Keeping track of all services provided, and all related timesheets, invoices and other paperwork.
3. Keeping track of how much you have accumulated of the monthly savings amount allocated in your Purchasing Plan toward purchasing any item that is currently approved in Section E. Budget Detail –Savings Plan.
4. Keeping track of the estimated date of purchase of your approved savings plan items and making sure you have enough funds accumulated before you purchase the items. If you need more time to accumulate funds to purchase an item, you must extend the estimated date of purchase listed in your Purchasing Plan before the current expiration date expires. The estimated date of purchase associated with a savings item can be extended by using a Quick Update Form²⁹.
5. Using unspent/unrestricted service dollars to purchase additional hours of the services/supports already authorized on your approved Purchasing Plan is not considered overspending. Overspending is purchasing more services than you can pay for with the funds you have been authorized to spend. When funds for the month April 2009 are deposited into your account, you are authorized to use those funds on services provided for you from the first to the last day of April 2009.

²⁹ The Quick Update Form is available in Appendix J of the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

If you submit invoices or timesheets for more services than you have allocated in your purchasing plan for a month of services and you do not have available funds in your account from a previous month to spend, you are “overspent” and it is your responsibility to pay the overage. CDC+ funds deposited for any month are to be used first to pay for services/supports provided to you for that same month. You should never purchase services/supports with the intention of paying for them with CDC+ funds to be deposited in the future.

6. Hiring a second DHE when one of your employees is working more than 40 hours in a workweek and being paid time and a half overtime. Remember – Companion Services and Live-in employees are exempt from overtime. If you receive a check that reflects overtime paid to employees who provided Companion Services or are Live-in employees, contact Customer Service immediately so that corrections may be made in either paperwork submitted or data entered into the payroll system.



Overtime is not considered a cost effective use of funds.
(See Overtime Discussion in Section VIII.)

7. Setting priorities when determining how you want to spend your CDC+ budget. What is most important to you? Concentrate on that first, then purchase lower priority items later. That is what is meant by setting your priorities.

Example: Sam’s biggest priority is going into the community to help him become more independent. Respite is a low priority for Sam. Therefore, Sam uses his monthly budget to purchase additional hours of a service/support that enables him to go into the community to help him become more independent. Sam negotiated good rates for his services and was able to deposit funds into his savings so he could save toward purchasing respite hours as needed.

8. Using funds available in your account (unspent/unrestricted dollars, and/or funds accumulated from the monthly savings amount) to meet your needs or additional identified needs rather than requesting additional funding from the DD/HCBS Waiver. Unless there has been a major change in a person’s life, additional funding may not be approved.

Mismanagement of funds is not allowed in CDC+.

- If the monthly budget amount has been exceeded, both you and your consultant must determine whether the overspending occurred because of a change in care needs or mismanagement of the budget.
- If your care needs have changed and additional services are required, then the consultant will update the Support Plan/Cost Plan. If the update results in a change in your monthly budget, you must develop a new Purchasing Plan based on the new monthly budget. The same procedure is followed if your needs have decreased.
- If your Support Plan/Cost Plan has changed, resulting in a new CDC+ monthly budget, you are required to submit a Purchasing Plan Change reflecting that

budget so that the effective date of the Purchasing Plan is effective no later than one month after the effective date of the Support Plan/Cost Plan.

- ❑ If the monthly budget has been exceeded because of mismanagement of the budget, the consultant and participant must develop a Corrective Action Plan (at the direction of the Area office) to address the overspending and assist the participant in correcting the problem. If the participant fails to follow the Corrective Action Plan or if the mismanagement of funds has jeopardized the health and safety of the participant, the participant must be dis-enrolled from CDC+ and returned to traditional services in the DD/HCBS Waiver.



The participant's monthly budget cannot be increased in order to correct a participants' mismanagement of funds.

What is "overspending"?

Overspending occurs when you purchase services in an amount greater than you are authorized to purchase on a monthly basis, in accordance with your approved Purchasing Plan. The funds deposited into your account at the beginning of each month are to be used to purchase the services provided to you during that month: funds deposited in January would pay for services provided to you in January, funds deposited in February pays for services provided to you in February, etc.

You must sign a Participant/Consultant Agreement in order to participate in the CDC+ program. The agreement specifies, among other requirements, that you keep all purchases within the budget amount, review the monthly statement from the F/EA and contact your consultant if you have questions or concerns.

Your consultant is responsible for reviewing the monthly budget report and helping you develop a corrective action plan to address problems managing the monthly budget.

If the monthly budget is exceeded, you and your consultant will determine whether this is the result of a change in your needs or mismanagement of the budget. In the event your needs have changed and additional supports/services are required, your consultant will update your Support Plan/Cost Plan.

Sample Situation #1:

January's monthly budget of \$1,000 is deposited the first week of January. The participant has \$40 left over from the prior month and the participant knows all timesheets and invoices have been paid. In January, the participant spends \$1,010. This participant is spending responsibly.

Sample Situation #2:

January's monthly budget of \$1,000 is deposited the first week of January. The participant has \$150 left over from the prior month. The participant submits timesheets and invoices for services provided through January 31 that total \$1300.00. This puts the participant in an "overspent" position. The F/EA will pay up to \$1150. The participant or CDC+ representative (if a representative has been selected) is personally responsible for paying the \$150.00 in excess of his authorized funded budget. This situation requires that a Corrective Action Plan be developed to prevent overspending from occurring again. If overspending occurs a second time, the Agency for Persons with Disabilities will recommend the participant be removed from CDC+ and returned to the DD/HCBS Waiver.

Reinvestment of Unexpended, Unobligated, and Unneeded Funds

Unexpended funds are always subject to be returned to Medicaid under specific circumstances. The Agency for Persons with Disabilities is in the process of developing a standard reinvestment procedure. Once finalized, the reinvestment procedure will be distributed to all participants to update the Appendix section of this Participant Notebook. Reinvestment is a very critical part of this program's long-term success. Unspent funds collected through reinvestment are reinvested in the Medicaid program to serve others and help keep the program cost effective.

XI. PAYING YOUR PROVIDERS

Directly Hired Employees (DHEs)

Your DHEs are paid bi-weekly based on a weekly timesheet which coincides with the CDC+ workweek. A paper timesheet³⁰ must be completed for all your employees showing time in/time out each day and must be signed by both you and your employee after the employee has finished working each week. The signed timesheet certifies the hours being submitted for payment to be true, accurate, and complete.

You may enter your employee’s weekly timesheet information into the Secure Payroll System (Web), Interactive Voice Response System (IVR) or call it in via telephone to Customer Service. You may enter or submit your employee’s completed timesheet beginning at 8 a.m. on the Monday following the previous work week or after the employee has signed and submitted the paper timesheet, whichever is later, until Tuesday at 5:00 p.m. after the 2-week pay period has ended.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	1st week
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday End pay period	2nd week
Monday	Tuesday 5:00 deadline						

It is your choice to enter your employee’s time each week or every other week for the entire 2-week pay period, but the paper timesheets must be completed and signed by your employees on a weekly basis. This is the official documentation for Medicaid funding of your employees. Copies of all timesheets must be maintained in your file for six years.

Your employees will be paid every other week in accordance with the official CDC+ bi-weekly pay schedule³¹. The bi-weekly pay schedule will be updated and made available to you every six months. All payroll checks will be mailed to the participant or to the representative for distribution to each provider. If your DHEs have requested direct deposit, you will receive a non-negotiable direct deposit “check stub” describing the payment that was made and deposited directly into their account. (You will need to provide each employee who receives a direct deposit with a copy of the non-negotiable direct deposit “check stub” so the employee will have a pay stub showing their taxes and other deductions).

³⁰ Timesheets (in Excel or PDF) are available in Appendix K of the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

³¹ The official Bi-Weekly Pay Schedule (in Excel or PDF) is available in Appendix O of the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/

The fiscal/employer agent will issue paychecks based on the hours you entered on the Secure Web-based System³², IVR System³³ or submitted via telephone into Customer Service³⁴. A secure ID and Password are required for the Web or IVR system. Security questions that only you or your representative would know the answers to will be asked when calling into Customer Service. Holidays could affect payroll submission dates, so please always refer to the bi-weekly pay schedule³⁵.

It is important to submit all payroll documents on the dates that they are due. Keep a copy of all documents submitted for payroll in your file. Sharing with your directly hired employees how their timesheets will be paid and the dates of your payroll submissions will eliminate any misunderstanding that could arise if payment is not received when expected.

Agencies, Vendors (A/Vs), and Independent Contractors (ICs)

Agencies, Vendors, and Independent Contractors may bill on a monthly or bi-weekly basis. Typically payments will arrive more timely if billed on a bi-weekly basis. Agency, vendor, and independent contractor invoices should reflect all services/supports they provided to you during the payment period. If monthly invoices are submitted, the participant should submit the invoice to APD via the Secure Web-Based System, IVR System or via telephone (see footnotes 32, 33, and 34 below) as soon as possible so that the provider will be paid on the next regular pay date. If bi-weekly invoices are submitted, the participant should submit the payment request according to the timesheet submission schedule for directly hired employees to ensure prompt payment of providers.

Agencies, vendors, and independent contractors must submit invoices, not timesheets, to the participant. You must confirm the goods or services billed on the invoice(s) were received, by writing on the invoice(s): "Goods/services received as shown." Write the participants ID number on the invoice(s). Sign the invoice(s) and write the date signed next to the signature. Whoever signed the invoice should print his or her name under the signature.

All services for the time period included in the invoice must have been delivered prior to the provider submitting the invoice to you. The invoice will be paid on the pay date that immediately follows the Tuesday deadline of the payroll in which you submitted the invoice. You must track³⁶ the amounts paid monthly to your vendors or independent contractors to ensure that you do not spend more than you have allocated for a month of services. As always, if you can use the Web-based system or IVR system, it is preferred for you to do so.

³² Web-based system for online submission of payroll is available at www.apd.myflorida.com/cdcplus/

³³ IVR stands for Interactive Voice Response System

³⁴ Timesheet and invoice information can be submitted to a Customer Service Representative.

³⁵ Bi-weekly Pay Schedule is available in Appendix O of the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

³⁶ Invoice Tracking Forms and instructions are available in Appendix K of the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/ to assist you in tracking A/V and I/C payments.

Monday	Tuesday 5:00 deadline	Wednesday	Thursday	Friday	Saturday	Sunday	1 st week
Monday	Tuesday	Wednesday Pay date	Thursday	Friday	Saturday	Sunday End pay period	2 nd week
Monday	Tuesday 5:00 deadline	Wednesday	Thursday	Friday	Saturday	Sunday	1 st week
Monday	Tuesday	Wednesday Pay date	Thursday	Friday	Saturday	Sunday End pay period	2 nd week

Please advise your Agency/Vendors and Independent Contractors of the pay schedule dates to eliminate any misunderstanding that could arise when payment is not received as quickly as they might anticipate. If you fail to receive an invoice from a vendor every month, call them to make sure they send it to you. It is a requirement of the CDC+ program that invoices for monthly services are submitted on a monthly basis.

All agencies, vendors and independent contractors' checks will be mailed to the participant or to the participant's representative for distribution to each provider. Before distributing the checks to your providers, write the invoice numbers that the check will be paying on the check stub or attach a copy of the invoice or invoices to ensure that the checks are properly credited to your account. If they have requested direct deposit, you will receive a non-negotiable direct deposit "check stub" describing the payment that was made and deposited directly into their account. You will need to provide each provider that receives a direct deposit with a copy of this non-negotiable direct deposit "check stub", before sending them a copy write the invoice numbers or attach a copy of the invoice or invoices to ensure your account is properly credited.

Your vendor or independent contractor invoices are your only documentation for Medicaid funding. All invoices received from your vendors and independent contractors that were used for submitting the request for payment must be maintained for six years.

Getting Reimbursed for Services/Supports You Paid Out of Pocket

Reimbursement can be made to participants when purchasing items from local vendors and requesting reimbursement ONLY for services identified in the Savings or OTE/STE sections of the Purchasing Plan. The type of items you might request a reimbursement for are items purchased at point of sale, such as from a retail business, paying the dentist, etc.

When completing your Purchasing Plan, the items you will be requesting a reimbursement for must be identified with the vendor name, followed by "Con/Rep reimbursement" in the Provider column. The Provider Type must be identified as "A/V."

The invoice you use to request a reimbursement must be a "PAID" invoice. It must either show a ZERO balance or the vendor must enter the following information on the invoice(s): "Paid in Full", date, participant's name, vendor's signature, printed name and title.

You must also confirm the goods or services billed on the invoice(s) were received, by writing on the invoices(s): "Goods/services received as shown." Write the participant's ID number on the invoice(s). Sign the invoice(s) and write the date signed next to the signature. Whoever signed the invoice should print his or her name under the signature.

Requests for reimbursements may be submitted any time after you have paid your vendor based on a correctly completed invoice. As with invoices, reimbursements can be paid on a monthly or bi-weekly basis; however, bi-weekly submission will result in more prompt payment.

All checks will be mailed to the participant or to the representative if a representative has been selected, and will be made payable to the participant when you submit the reimbursement request by Web, IVR or via telephone. If you have requested direct deposit, you will receive a non-negotiable direct deposit "check stub" describing the payment that was made and deposited directly into your account.

Your paid-in-full invoice(s) is your only documentation for Medicaid funding for reimbursements. All invoice(s) used to request a reimbursement must be maintained in your file for six years.



Medicaid funds can be paid directly to providers of service. Reimbursements do not meet that requirement; therefore, only the participant can receive reimbursements.

In Summary, reimbursements cannot be made for the following:

- Services or supports listed in Section C, Services, of your approved Purchasing Plan.
- Services provided by Independent Contractors or Directly Hired Employees in any section of the Purchasing Plan.

XII. KEEPING TRACK OF CASH PURCHASES

If you determine it will be more cost effective to purchase some of your supplies locally using cash or if you must pay your transportation vendor every time you ride, and you have been approved to receive a cash check, you are responsible for keeping all receipts and a log to record each purchase. You may only spend the cash on supports and services that have been approved in the cash section of your Purchasing Plan.

You will need to keep a log of what you have used the cash to buy. See example below for information required to be written in the cash log. Recording the cash amount received each month and deducting your purchases will enable you to keep track of the balance. Your consultant is required to review your log that shows your cash purchases in detail every month. A sample cash receipt log is available in the **Appendix L**³⁷ of the Participant Notebook or can be readily set up as an **Excel file**³⁸ or other spreadsheet software to automatically calculate the totals each month and the percent of excess cash in relation to the monthly cash check.

Mo/Yr	Amount of Cash Ck	Vendor	Date of Receipt or Invoice	What was Purchased	Service Code	Total Amt (Inc tax)	Cash on hand/ end of month
							B-G
Mar-09	\$ 100.00	K-Mart	03/05/09	2 boxes wipes	63	\$ 25.79	\$ 74.21
		WinnDixie	03/05/09	gluten-free bread	66	\$ 6.99	\$ 67.22
		Walmart	03/05/09	3 boxes diapers	63	\$ 45.00	\$ 22.22
		A+ Bus	03/10/09	monthly bus pass	60	\$ 20.00	\$ 2.22
Apr-09	\$ 100.00	K-Mart	04/03/09	2 boxes wipes	63	\$ 23.54	\$ 78.68
			04/05/09	4 boxes diapers	63	\$ 58.00	\$ 20.68
			04/05/09	monthly bus pass	60	\$ 20.00	\$ 0.68

All receipts must be available upon request. Receipts must show the date of purchase, item(s) purchased, the amount of the purchase, and the name of the person or company from whom the purchase was made.

You cannot use cash to purchase items not listed in the D – Budget Detail Cash section of your current approved Purchasing Plan.

Remember, the cash check is a fixed monthly amount. If the amount of unspent cash is more than 20% of the monthly cash check amount for two consecutive months, the participant must update the Purchasing Plan to reduce the monthly cash amount.

Receipts and logs must be kept in your file for six years.

³⁷ Appendix L is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/

³⁸ Excel version of the Cash Receipt Log can be found at www.apd.myflorida.com/cdcplus/.

XIII. BALANCING YOUR MONTHLY STATEMENTS

You will receive a monthly statement listing all funds deposited into and all expenditures paid out of your CDC+ account. It is your responsibility to review and verify the deposits and expenditures shown on your monthly statement, ensuring the deposits and purchases made were consistent with your currently approved purchasing plan. Your consultant will also receive a copy of your monthly statement and may have some questions concerning the purchases listed.

Balancing your monthly statements when received each month is an important part of managing your monthly budget responsibly. In **Appendix M**³⁹ a blank reconciliation form is provided with instructions on how to balance your statement to your records. Reconciling your CDC+ monthly statement will be very similar to balancing a bank statement.

Any monies that have been allocated for One-Time/Short-Term Expenditures will also appear on this statement. You may not use the funds given to you for Restricted Services (refer to CDC+ Service Codes, Appendix I⁴⁰), OTEs or STEs for other purchases.

If you have questions concerning the information showing on the monthly statement, please call CDC+ customer service 866-761-7043.

³⁹ Appendix M is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

⁴⁰ Appendix I is available in the Appendix to the CDC+ Participant Notebook at www.apd.myflorida.com/cdcplus/.

XIV. RESOLVING PAYROLL ISSUES

You are responsible for resolving problems that may occur with payroll. If you have any questions about the amount of an employee's or vendor's check, failure to receive a check as expected, or any other issue that has to do with paying your providers, you should call the CDC+ Customer Service Unit at 866-761-7043, toll free. Customer Service staff will research your problem and let you know as soon as possible why the action you expected did not occur. They will let you know whether they can correct the problem without any further action from you, or if you will need to submit a document that may be missing before the payroll item can be corrected.

CDC+ Customer Service is dedicated to helping you be successful in CDC+ and will do whatever they can do to assist you in payroll matters.

XV. MANAGING YOUR CDC+ PAPERWORK

Being an employer brings with it the responsibility of maintaining the paperwork you will encounter with the CDC+ Program. It doesn't have to be a complicated filing system, but it does need to be well-organized in the event you need to find a particular document.

The following is a suggested list of tab titles to make your filing system easy to set up and maintain.

- Support Plan/Cost Plan
- Current Purchasing Plan
- Monthly Statements
- Monthly Service Summary (Medicaid) – Showing total funds sent to the F/EA
- Timesheets (paid) that you used to submit the hours worked by your DHE's, with copies of check or direct deposit notifications attached
- Invoices (paid) that you used to submit for payments to your agency/vendors (A/V), independent contractor (I/C) payment, with copies of check or direct deposit notifications attached
- Invoices (paid) that you used for requests for reimbursements, with copies of check or direct deposit notifications attached
- Cash log and receipts for purchases made with “cash check,”
[Participant and consultant will agree on the procedure that will be used to monitor on a monthly basis the receipts of the items purchased with “cash check”.]
- Employee files – copies of all paperwork (Employee Information form
Employer/Employee Relationship Tax Exemption Information form, W-4, I-9)
- Agency/Vendor files – copies of all paperwork (Vendor Information form, W-9)
- Blank Forms: Employee & Vendor Packets, Background screening forms
- Correspondence

Most expandable folders will hold up to a year's worth of paperwork.

This will allow everything you will need in CDC+ to be in one place and easily accessed whenever needed.

All paperwork relating to CDC+ must be maintained for six years.

XVI. CORRECTIVE ACTION

A Corrective Action Plan is a written plan developed by the consultant and the participant or CDC+ representative and is used to correct a major problem that is occurring with the participant's CDC+ program. This written plan will explain what has happened, what contributed to the problem and how you plan to correct the problem. The plan may be written at the instruction of the APD Area office.

The Corrective Action Plan is a tool that can be used to help the participant stay within his or her budget, improve the participant's supervision skills, make sure the participant's health, safety and welfare needs are met, and correct any problems that, if not corrected, would result in your disenrollment from the CDC+ program.

The consultant must discuss all minor problems with the participant during the monthly review process or as soon as the consultant becomes aware of the problem in order to help the participant correct the problem.

It is the consultant's job to monitor the participant's health, safety, and welfare and to make sure the participant is complying with all requirements of the program. Therefore, the consultant is responsible for initiating a Corrective Action Plan whenever he or she deems it necessary in accordance with this procedure.

- Participants shall be allowed to incur minor problems twice before they become a major problem.
- A **major** problem requires a Corrective Action Plan.
- An example of using a Corrective Action Plan to address a major problem might be the participant's failure to keep track of expenditures with the result being the participant has spent the complete monthly budget before the end of the month.
- A Corrective Action Plan must be detailed and prescriptive such as requiring a participant to spend a certain amount of the budget for services needed to prevent self-neglect when the participant has not been using services and supports on the Purchasing Plan that the consultant knows are medically necessary.
- Major mistakes requiring a Corrective Action Plan include overspending the budget and not having the adequate funds to meet payroll or other obligations, paying workers with cash to avoid payroll taxes, or failing to calculate on the Purchasing Plan employer taxes on directly hired employees who are not exempt from employer taxes.
- If the **same** major problem occurs twice in a one-year time period, the consultant should contact the Area Office. If, after review, the Area Office recommends disenrollment from the CDC+ program, the Area Liaison will notify the Central Office and will initiate due process.

XVII. DIS-ENROLLMENT FROM CDC+

Participants, CDC+ representatives, consultants, APD Central or Area Offices may initiate dis-enrollment at any time.

Reasons for dis-enrollment include, but are not limited to:

- Participant moved out of state;
- Temporary long-term care facility admission for more than three months;
- Permanent long-term care facility admission;
- Hospitalization for more than 30 days;
- Loss of Medicaid eligibility;
- Loss of Waiver eligibility;
- No longer requires waiver services;
- CDC+ Representative not available;
- Death of participant;
- Participant or CDC+ representative request;
- Mismanagement of budget;
- Participant health or safety at risk;
- Participant can no longer be served safely in the community.

The document that officially removes a participant from CDC+ is called a Participant Information Update Form. The consultant is required to complete the Disenrollment section of this form as soon as possible prior to a planned, non-emergency disenrollment or after an unplanned disenrollment. As soon as the Central Office receives this form, the participant is officially dis-enrolled from CDC+ and AHCA is notified to return the participant to the DD/HCBS Waiver, if appropriate.

If the participant wishes to leave CDC+ of his or her own accord and return to the DD/HCBS Waiver – i.e., a non-emergency disenrollment – the consultant shall complete and submit to the Area Liaison a Participant Information Update Form to “Stop Budget” on the last day of the appropriate month. The consultant shall ensure a smooth transition back to the DD/HCBS Waiver on the first of the month after ending CDC+.

If the participant dies or is placed in a residential facility on an emergency basis, the consultant shall complete and submit to the Area Liaison a Consumer Information Update Form to “Stop Budget” on the last day of the appropriate month, and shall indicate the date placed in the Reason for Disenrollment section.

Your consultant is required to complete the disenrollment section of the CDC+ consumer Information Update Form as soon as possible prior to a planned, non-emergency disenrollment or after an unplanned disenrollment.

The completion of the CDC+ Account Close-out Form is mandatory when you dis-enroll from CDC+ for any reason. This form is required to ensure all deposits and expenditures relating to your CDC+ account are correctly accounted for. A copy of the close-out form and appropriate attachments will be maintained in your central record, and the original will be submitted to the Area Office along with the Participant Update Form for further processing.

If you or your CDC+ representative has experienced difficulty in managing the CDC+ program that resulted in a Corrective Action Plan and ultimately non-compliance with program procedures as specified in the Operational Protocol and the Participant Notebook, the consultant must notify the Area Liaison. The Area Liaison is responsible for notifying you or your CDC+ representative of the agency's recommendation for disenrollment of the participant from CDC+ and return to the DD/HCBS Waiver, and the participant's right to due process. You have the right to appeal this recommendation within the time frame specified in the notice. While an appeal is in process, you will remain in CDC+.