

AGENCY FOR PERSONS WITH DISABILITIES

CONSUMER DIRECTED CARE PLUS (CDC+) PROGRAM

ONLINE PROGRAM STORYBOARD

Course: New Consultant Training

Goal: To provide the Waiver Support Coordinator with a training that includes general and current updated information on the CDC+ Program

Course Objectives:

- Learn the general CDC+ Program information
- Learn the participant's, representative's, and Consultant roles within the CDC+ Program
- Provide CDC+ Program updates
- Provide the CDC+ Program resources and tools available

	NARRATION
A.1 Slide 1	Welcome to the Consumer Directed Care Plus New Consultant Training. We are very glad to have you joined us. We hope that you will find this a very informational training that will help you determine whether you want to be a consultant and take on this new responsibility. Before we begin, we would like to remind you of a few Housekeeping Rules: Please put your phones on mute and silence any other electronic device you may have brought to this training. Have your agenda in front of you This training will last from 9 am until 2:00 pm. There will be a half hour lunch break at noon and one 15 minute break. If you are attending this training at a Regional office, please remember to sign in.
A.2 Slide 2	Our CDC+ Administrator is Rhonda Sloan who is responsible for ensuring that all fiscal components of the program are implemented in accordance to rules and policies. Patricia Rush is our Program Administrator Mindy Whitehead: The CDC+ program's Training and Outreach Coordinator You may also submit questions by e-mail to Mindy.Whitehead@apdcares.org <i>It is suggested that you have the CDC+ Rule Handbook and Appendix available for reference as you view this presentation.</i>
A.3 Slide 3	The Training Objectives This training will provide • WSC's with a review of the overall philosophy of the CDC+ program, which includes the principles of self-direction and person-centered planning. • Provide a review of CDC+ operations which, includes Program updates • As well as provide updates and changes to policies and procedures that affect the administration of the CDC+ program

NARRATION

A.4 Slide 4	Upon completing this section Representatives should be able to: 1) Explain the benefits of a Participant-Driven program 2) Describe the decisions consumers are authorized to make as household employers 3) Explain the five principles of Self-Determination 4) Describe critical requirements of the CDC+ program
A.5 Slide 5	• This training provides consultants with valuable information needed to actively assist consumers with achieving their goals and selecting services and supports to meet their long-term care needs. • Consultants must complete an assessment at the end of this training and pass with a score of 85% or better in order to receive a Certificate of Completion and credit for this Training.
A.6 Slide 6	The CDC+ Program Participant Toolbox • The apdcares.org/cdcplus website provides a link for the CDC+ Rule Handbook, as well as a link for the Appendix to the CDC+ Participant Notebook • These resources are the guidebooks for the CDC+ program. Every consultant needs to be aware of the information contained in each. It is advisable for consultants to bookmark this site for quicker access when needed (e.g. when providing technical assistance to consumers/representatives).
A.7 Slide 7	Consultant Resources • The apdcares.org/cdcplus website provides a link for 1 stop shopping for consultant programmatic resources • Here, consultants can access the Secure Consultant Reporting System, the Corrective Action Plan (CAP) template as well as other forms that are utilized by consultants
A.8 Slide 8	• As you know, the PCA Under 21 authorizations for CDC+ Consumers granted by <u>eQHealth Solution</u> are for a <u>maximum 6 month period</u>. Prior to their authorization expiring, consumer/ reps have to obtain request a new authorization (continuation of services) for the next 6 month period. If the authorization has expired and there is no current authorization for them now iBudget, then their monthly budget will change and consumer will not be able to use that service. Anytime there is a change in a PCA Under 21 consumers eQ authorization, <u>there should be a Purchasing Plan update/change</u> submitted to adjust services and monthly budget accordingly. • Also, more importantly those consumers receiving PCA under 21 under iBudget waiver need to finish their authorizations and then request the PCA under 21 through the <u>CDC+ Program with the forms that are found in our website</u>.
A.9 Slide 9	• Any item that is an allowable purchase must appear on the Purchasing Plan. • CDC+ funds can only be used to purchase services and supports that are clearly identified on the consumer's support plan and serve to meet the consumer's identified needs and goals. • Examples of Unallowable Purchases are listed in Chapter 3 of the Rule handbook. Chapter 4 of the Rule Handbook gives a complete list of services available in the CDC+ program. These are divided into two (2) categories - Restricted and Unrestricted Services.
A.10 Slide 10	• Allowable purchases include items that are related to the consumer's long-term care needs or need for community supports as identified in the Consumer's support plan. Before a consumer may

NARRATION

	purchase services or supports, the services or supports must be approved as being clearly associated with meeting the consumer's identified needs and goals. A complete list of services available in the CDC+ program is included in Chapter 4 of the CDC+ Rule Handbook. • Turn to page in Handbook and read examples. • Examples of Unallowable purchases include: payment for someone to be the CDC+ representative, clothing, groceries, gifts, lottery tickets, general purpose furniture. Duplication of service is unallowable as well. See the Service Code Chart listed under Appendix I for codes and Service abbreviations.
A.11 Slide 11	• I will bring up the Service Code Chart on the screen • 2. CDC+ Service Code Chart- This is list of the Restricted/Unrestricted Services that can be purchased in CDC+.
A.12 Slide 12	• The CDC+ program began in 2000 as an 8-year research and demonstration project called Consumer Directed Care (CDC) • In January 2004, (after three successful years as a research project) CDC was expanded and entered the demonstration phase called, Consumer-Directed Care Plus (CDC+). • In March 2008 CDC+ was offered as a permanent Florida Medicaid State Plan Option under the 1915J State Plan Amendment. • As of today, 3/1/16, we currently have 2,400+ consumers directing their care on the CDC+ Program Statewide.
A.13 Slide 13	As program advocates consultants should always remain mindful of what CDC+ is all about: • CDC+ is a participant-driven, long-term care program alternative to the Medicaid Individual Budget Waiver. • Participant-Driven means the consumer is expected to be involved in all aspects of planning for their supports and services • The principles of self-determination along with person-centered planning gives consumers the control to seek opportunities for improving their quality of life.
A.14 Slide 14	○ CDC+ offers a framework that supports what is important to the consumer right now, in their current stage of life, thus increasing their options for self-determination. ○ The five (5) principles of Self Determination are...
A.15 Slide 15	1. FREEDOM to decide where and with whom the individual will live 2. AUTHORITY to decide how the individual will live 3. SUPPORT the individual will need to make decisions 4. CONTROL over the resources needed for the individual's support 5. RESPONSIBILITY for the individual's decisions and actions
A.16 Slide 16	• In the CDC+ program the consumer is in charge of... • WHAT supports and services are purchased • WHO provides the supports and services • WHEN supports and services will be provided and the quantity • WHERE supports and services will be provided AND • HOW supports and services will be provided
A.17 Slide 17	• The participant communicates his or her needs, preferences and expectations about the supports and services being purchased.

NARRATION

	- The CDC+ participant exchanges the total waiver budget of their current approved Medicaid waiver cost plan for a reduced budget which has greater flexibility. The budget is reduced because a discount of 8% is taken out to make the program cost-neutral. Also APD, as the fiscal/employer agent, charges a 4% administrative fee to fulfill its required fiscal/employer responsibilities, which include among others: accounting, check writing, and tax withholding. - The participant has the choice and flexibility about their services, purchases, and employees. With choice and flexibility, the participant also has more responsibility about making sure that he spends in accordance with his authorized Medicaid waiver budget and only purchases supports/services allowable under the rules of this program. - The participant is not limited to the same waiver services and can choose other services allowed in CDC+. - The participant can hire non-Medicaid enrolled providers. - The participant submits claims (timesheets, invoices, reimbursements) in order to pay their providers - The participant must ensure that he spends his monthly budget within the parameters of the CDC+ program
A.18 Slide 18	- Individuals eligible to participate in the CDC+ program for persons with developmental disabilities and Down syndrome must be enrolled in the – Individual Budgeting Waiver (also known as the iBudget waiver). - Reside in their own or family home, in accordance with 42 USC 1396n(j)(1); which states, “Self-directed personal assistance services may not be provided under this subsection to individuals who reside in a home or property that is owned, operated, or controlled by a provider of services, not related by blood or marriage.” - Not have been previously dis-enrolled from the CDC+ program due to their mismanagement or inappropriate use of Medicaid funds. Any CDC+ consumer/representative who has been previously dis-enrolled from the CDC+ program for mismanagement or inappropriate use of Medicaid funds will not be permitted to participate in the CDC+ program in any capacity.
B.1 Slide 19	Objectives; Roles and Responsibilities In this section we will cover some of the key roles and responsibilities of the CDC+ program Consumer, Representative, Consultant, Regional Liaison and the State Office including the Fiscal Employer Agent.
B.2 Slide 20	After completing this section B consultants should be able to: Describe the roles and responsibilities of CDC+ consumer, representative, consultant, Regional liaison and the State Office.
B.3 Slide 21	As part of the participant-centered process CDC+ consumers (representatives) are expected to: - Decide how best to meet the needs listed on the support/cost plan - Evaluate how well selected goods and services are meeting identified needs and goals
B.4 Slide 22	- Once a consumer is enrolled into the CDC+ program they are expected to: - Develop a Purchasing Plan and ensure it remains updated (It is not the responsibility of the consultant to develop the purchasing Plan, only provide assistance) - Write a job description for each service provider or individual who is hired for the job and provide training to the new employee, as required - As a household employer the CDC+ consumer has the power to- negotiate rates, hire, pay, manage, terminate providers and ensure background screening requirements are met. - Other responsibilities include signing all program documents, for example, provider timesheets and invoices and tax documents.

NARRATION

B.5 Slide 23	• To increase the chances of success with managing the CDC+ program the Consultant should ensure that the consumer: • Sets up a well-organized file system to maintain the paperwork associated with their participation in the CDC+ program including saving receipts needed for reimbursements • Uses the CDC+ Monthly Budget responsibly to meet the identified long-term care needs and goals; purchase only approved services and supports; do not overspend the monthly allowance • The consultant should also encourage their consumers to reconcile their CDC+ monthly statement and immediately report any discrepancies. • And when things aren't going quite right the consultant should make sure the consumer complies with any Corrective Action Plan (CAP) that has been developed • Lastly, consultants should ensure that the consumer fully cooperates with the Quality Assurance process
B.6 Slide 24	• If a consumer is not able to fulfill all the duties prescribed a representative may be chosen. • The representative must be at least 18 years of age. • They cannot be paid and must not be an owner, co-owner, stockholder of, or in any way benefit from, any profit or not-for-profit business authorized to provide services to or for the consumer.
B.7 Slide 25	• All Representative are expected to: • Perform all the duties and assume all the responsibilities of the consumer, although the consumer is the employer of record • Be available to the consumer or consultant as needed to perform all required responsibilities for the CDC+ program • Must sign an agreement with the consumer to work on the consumer's behalf • Involve the consumer in decisions regarding the consumer's needs, wishes, services, budget and satisfaction with services • Sign all CDC+ required program materials on behalf of the consumer except the IRS and Florida Department of Revenue documents, which must be signed by the consumer as the employer of record • Assist the consumer to develop the Purchasing Plan in accordance with program instruction • Be responsible for complying with any Corrective Action Plan (CAP) written for the consumer; and assist the consumer with meeting the actions required in the CAP. • Manage the CDC+ financial responsibilities and oversee services received on the consumer's behalf • The representative must be responsible and financially liable for repayment of funds used in excess of what was authorized in the consumer's CDC+ monthly budget • Cooperate with CDC+ Quality Assurance monitoring requirements for representatives as identified in the Rule
B.8 Slide 26	• Good Standing means the WSC is compliance with the requirements of the Region they work within. • we will go over all the enrollment paperwork of a consultant at the end of the presentation • The Readiness Review is an open book Test for Consultants which consists of 25 questions and you would need to get at least a score of 85 % which is 4 wrong. • The consultant will be a great resource to the participant about what may be available in the community or offer tips on how to use CDC+ creatively to meet the participant's needs and goals.

NARRATION

B.9 Slide 27	Consultants are an integral part to the consumer's successful navigation and management of the CDC+ program. • They have an active role in the participant's annual support planning process and ensuring Medicaid eligibility. • The consultant is required to accept all consumers who select them for consultant services • They should provide information, support and technical assistance as needed to the consumer for matters such as choosing supports and services to meet the consumer's current needs and goals and in planning for their future needs. • They will also monitor the consumer's health, safety & welfare and immediately report any instance of neglect, abuse or exploitation. • Having monthly contact with the consumer in the form of phone calls or in person, whichever is the consumer's preferred method, is a great way for consultants to continuously assess the consumer's well-being. • However, the consultant must meet with the consumer at least every six months. During this time one visit must be in the participant's home
B.10 Slide 28	• The consultant is required to maintain all documentation of home visits and monthly contacts, including a monthly review form in addition to the case notes. • They should ensure the compliance of the consumer/representative with all CDC+ program requirements. • When there is a failure to comply with program requirements it's the consultant's responsibility to <u>work with</u> the consumer and representative to develop a Corrective Action Plan (CAP) if needed and follow-up as required.
B.11 Slide 29	The Role of the CDC+ Regional Liaison The Regional CDC+ Liaison is employed by the Agency for Persons with Disabilities and is the contact person at the local level for CDC+ program. Consultants will provide all completed documents to the liaison for local level review.
B.12 Slide 30	• Reviews Purchasing Plan. • The Regional liaison will oversee local program operations, Corrective Action Plans (CAP). • The Regional liaison ensures information is actively communicated between the consumers, consultants and the CDC+ Program State Office.
B.13 Slide 31	• The CDC+ State Office (formerly known as Central Office) is located at the APD State Office in Tallahassee. • Staff coordinates with the Agency for Health Care Administration (AHCA) in the development of all policies and procedures for the administration of the CDC+ program and ensures that all state and federal required guidelines, policies and procedures are followed, which includes quality assurance and monitoring. • The State Office also provides customer service including on-going technical assistance to the consumer, representative and consultant, by answering questions and providing explanations. • Program staff develop and update CDC+ training materials for consumers, representatives, consultants and CDC+ Regional Liaisons

NARRATION

	Program staff conduct initial and ongoing CDC+ training for consumers, representatives, consultants and CDC+ Regional Liaisons
B.14 Slide 32	The State Office also performs all the fiscal and payroll duties: The Fiscal/Employer Agent manages all aspects of the CDC+ program relevant to payroll, tax reporting, Monthly Statements, recoupment and re-investment of unexpended funds. - The Fiscal Employer Agent (F/EA) receives the consumer's monthly budget amount from Medicaid and maintains it in the participant's account. - The F/EA assigns CDC+ Provider ID numbers and provides banker, bill payer and tax payer services. - Monthly statements are sent by the F/EA to the participant showing the amount of money that was deposited each month, the purchases that were made, and the ending balance of the participant's account at the end of the statement month. - On a monthly basis the F/EA reconciles the CDC+ account to ensure their bank statement balances against all submitted and processed claim files ***However, It is the consumer's responsibility to reconcile their CDC+ statement monthly and immediately report any discrepancies to APD CDC+ fiscal staff. - Also, the F/EA will routinely notify consultants and the Regional office regarding consumer eligibility issues when consumer monthly budgets deposits are denied by FMMIS
B.15 Slide 33	- Currently the Delmarva Foundation has the contract with AHCA to conduct quality assurance reviews for the CDC+ program. They conduct random interviews with CDC+ participants to help us discover if they are satisfied with the services they have chosen to receive, if the services are meeting their needs and goals, and if their supports are following the state guidelines for health, safety and well-being. - The tools that are used by Delmarva for both the Consultant interviews and the Participant interviews can be found on the Delmarva website. - There are two components to the Delmarva review process: 1. Person Centered Review (PCR): This review consists of an interview with the CDC+ participant and should not take more than an hour to complete. If the participant wishes, their Consultant may be present with them in this process. A family member and/or their CDC+ representative can also be present if the participant chooses. The Delmarva reviewer has been professionally trained and will be asking questions to determine how well the services that are being provided are meeting the participants identified needs and goals. 2. Provider Discovery Review: The Delmarva reviewer will arrange to speak with the participants CDC+ Consultant to be sure the Consultant is helping to meet the goals and needs and is following state rules for service provision. The Delmarva reviewer will also ask to meet with the participant or their CDC+ Representative to review the documentation that a Participant/Representative is responsible to maintain. In preparation for this review, the participant and/or the Representative should review the CDC+ Participant/Representative tool - Should the participant choose not to participate in the Person Centered Review, the Delmarva reviewer will conduct the Provider Discovery Review as planned.
B.16 Slide 34	All eligible individuals are required to follow an enrollment process in order to participate in the CDC+ program: They will select a CDC+ representative, if needed;

NARRATION

	• Complete the CDC+ New Participant Training Registration and the CDC+ New Participant Training Program Affirmation Form; then • Complete a New Participant orientation/training • After completing the training they must pass a Readiness Review with at least a score of 85% • Also, a Waiver Support Coordinator, who is also a CDC+ Consultant, should be selected; • And required CDC+ agreements should be signed
B.17 Slide 35	• Once you have completed the training and passed the readiness review, then you're ready to submit the application and enrollment packets. • The application packet consists of the program documents: 2 page application consisting of the consumer's legal name, demographic information, SS and Medicaid ID numbers, consultant and representative details, consumer's expected monthly budget amount and signatures. • The enrollment packet consists of the tax documents: These are the 8821 IRS form; 2678 IRS form and the fiscal informed consent form. These forms authorize the APD Fiscal Employer Agent to act on the consumer's behalf with the IRS and DOR on issues related to employment taxes and unemployment compensation. It is important to understand that while the APD/CDC+ program acts on behalf of the consumer, the consumer is the employer of record and makes all decisions regarding who they hire. More information will be given in this afternoon's session. Other forms needed are the Program Consent Form which you complete to show you understand the CDC+ Program and your responsibility to manage your spending in accordance with your budget. The representative Agreement when signed means that the representative understands the CDC+ Program and that he or she is responsible for every document he or she signs on your behalf. • Bring up the forms.
B.18 Slide 36	• State office calculates the participant's monthly budget using the CDC+ budget calculation worksheet. This worksheet has formulas in it that calculates the consumer's monthly budget including the 8% reduction and 4% administrative fee from the total approved waiver cost plan amount. • Consultant reviews the application and enrollment packets to check for accuracy and sends to the state office for approval. The state office reviews app/enroll packets and sends out a Budget Authorization Form to the regional office indicating that all documents are correct, the consumer has been assigned a Consumer ID, and is in Application status on our CDCPP database. • The Participant chooses their supports and services and interviews potential providers. • (If a consumer wishes to enroll in the CDC+ program on February 1, the application/enrollment packets are due in the state office on December 22. If they wish to enroll on March 1, the packets are due on January 22)
B.19 Slide 37	• Once the participant selects his/her providers, the participant directs the providers to obtain their level 2 background screenings. • New method as of May 25, 2015. There are multiple live scan vendors in each region. It is VERY important that you tell your providers to use the ORI and OCA numbers assigned to you before they get their scan done. • Ensure providers complete Level 2 background screening requirements via Care Provider Background Screening Clearinghouse; to preregister log onto 1. https://apps.ahca.myflorida.com/SingleSignOnPortal 2. Click on the link for "New User Registration.

NARRATION

3. Click the box for user Authorization and click "Continue" button.
4. Representative will register using their personal email address.
5. Then click "Register" button
6. Click the "Return to Login" button on the next screen
7. Log in using the username and password you created
8. Select "Department of Children and Families" from the select program drop-down list and click "request Program Access".
9. Select "Provider from the Role drop-down list
10. Select "APD CDC"
11. Begin typing name of provider/consumer you represent
Select it from the list and see the OCA #.
12. Click "add Provider"
13. Repeat steps 10-12 for additional providers you represent.
14. Click on "submit Request and Generate User Agreement"
15. Print the agreement and sign it
16. Send agreement and photo ID of Rep by mail, email or fax to DCF.
17. You will receive an email when your registration is complete with a link to the Clearinghouse Results Portal and training materials.
18. When new employee needs to get a new Background screening done, You need to log into the system, "initiate a Screening", select the vendor and select appointment.
19. Print Appointment Request Form and bring to vendor which lists name of employee, provider, and OCA#.

B.20 Slide 38

- **Because all providers in the CDC+ program, including family members, are subject to the Background Screening provisions of section 409.221(4)(i), and Chapter 435, F.S.; CDC+ Consumers and Representatives shall not hire, allow provision of services, or render care until the completion of the Background Screening process.**
- **Regardless of adjudication, no person who has been found guilty of, entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for a disqualifying offense may provide CDC+ services without receiving an exemption from the Agency for Persons with Disabilities (APD). Providers who have been arrested for a disqualifying offense and who are awaiting disposition of the offense shall not provide services. Disqualifying offenses are listed in section 435, F.S.**
- **Failure to comply with the Background Screening requirements of sections 409.221(4)(i) and Chapter 435, F.S., may lead to disenrollment from the CDC+ program.**
- **Consequences for Violation**
- **Any provider who has been disqualified by APD, based on a negative Background Screening results, may not provide services or render care to a CDC+ Consumer unless an exemption from disqualification has been granted by the APD. It is the responsibility of the affected employee to contest disqualification or to request exemption from disqualification.**
- **Any provider or Representative required to undergo employment screening who refuses to cooperate or refuses to submit the information necessary to complete the screening, including fingerprints when required; must be disqualified for employment in such position or, if employed, must not be allowed to continue serving a CDC+ Consumer. If a provider is arrested for a disqualifying offense, the provider must cease providing services to the CDC+ Consumer.**

NARRATION

	- Also in the Florida Statutes in 435.04 (2) says that even if arrested but not yet convicted they cannot work and it lists all of the offenses. 435.06 (2) (a) says: (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any vulnerable person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any vulnerable person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. 435.06(2) (b)(b) If an employer becomes aware that an employee has been arrested for a disqualifying offense, the employer must remove the employee from contact with any vulnerable person that places the employee in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
B.21 Slide 39	- Once the participant selects his/her providers, the participant directs the providers to obtain their level 2 background screenings. There are multiple live scan vendors in each region. It is VERY important that you tell your providers to use the ORI and OCA numbers assigned to your Regional before they get their scan done. If you don't, the screening results may end up in the wrong agency and these cannot be shared from one agency to another. The provider will need to redo their screening and it will take longer for you to be able to hire them. The ORI and OCA numbers are posted on our website for your information. - The participant develops and submits the purchasing plan and employee/vendor packets to their consultant. - Once the purchasing plan is reviewed/approved by the agency; and, the employee/vendor packets have been reviewed/processed and provider ID numbers issued; THEN, the participant is ready to begin self-directing their supports and services in CDC+. ALL consumers begin in the CDC+ program on the first of a given month. No one can start in the middle of the month.
B.22 Slide 40	
B.23 Slide 41	<i>The Consumer may begin self-directing services under the CDC+ program once the first Purchasing Plan has been approved and entered in the CDC+ Purchasing Plan Application System. But first, CDC will call consumers to let them know when their effective date has been set and give them provider ID numbers for anyone delivering services to the consumer.</i> The enrollment process typically takes approximately 45 days excluding time to correct errors or submit additional information.
C.1 Slide 42	After completing section B consultants should be able to: - Explain the process for completing a Budget Calculation Worksheet - Explain the difference between iBudget Florida and the CDC+ program - List three resources consumers need to assist with developing a Purchasing Plan - Explain when to use a Purchasing Plan Change versus a Purchasing Plan Update or a Quick Update
C.2 Slide 43	- Section D - The CDC+ Monthly Budget

NARRATION

	Lets take a look at Purchasing Plan Development, Types of Purchasing Plan Revisions and CDC+ Budget management
C.3 Slide 44	- So, a CDC+ consumer's monthly budget is based on the cost of services that a consumer has been approved to receive in the iBudget waiver cost plan. - Annual services are divided by the number of months authorized. The amounts are totaled to determine the total monthly cost plan amount. - A discount rate and administrative fee are subtracted from the cost plan total. - Based on this method the CDC+ consumer exchanges the total budget of their current approved, Medicaid waiver cost plan for a smaller budget that has greater flexibility.
C.4 Slide 45	Calculating the consumer's monthly budget
C.5 Slide 46	- To calculate a Monthly Budget you would need to use the Budget Calculation Worksheet; - Enter only the services that the consumer uses every month. Do not enter consultant services or funds for either OTEs or STEs. Funds for OTEs and STEs are not included in the calculation of the consumer's monthly budget. - Funds for OTEs and STEs are given to the consumer over and above the monthly budget amount in the first month the service or support is authorized on the Purchasing Plan (i.e., page 1 reflects the OTE or STE amount and Section F shows the service/support being purchased. NOTE: The effective date of the OTE/STE must be the same as the Purchasing Plan effective date in order for the funds for the OTE/STE to be transferred to the consumer's CDC+ account.) - The Monthly Budget will be brought up on the screen to demonstrate how the form calculates.
C.6 Slide 47	One-time expenditures are medically necessary supports/services approved in the cost plan that are funded at 100%. - OTEs can be equipment or an item requiring construction or renovation such as a ramp or vehicle modification. - Funds given for an OTE are <u>restricted</u> and <u>must be</u> used within approved timelines. ! Funds allocated as OTEs <u>cannot</u> be spent on any other service!
C.7 Slide 48	- Funding for a STE is for medically necessary supports or services that are periodic purchases during the year or for temporary (not on-going) approved services in the cost plan that do not exceed <u>six (6) months</u> in duration - The 92% discount rate applies to STE funding; the consumer should indicate on the Purchase Plan the rate of pay that has been negotiated with the provider for each unit of service specified on the Purchase Plan. - Any service can be an Short-Term Expenditure (STE). - However, STEs are time-limited, therefore, they are considered Restricted Services and <u>cannot</u> be spent on any other support or service other than the STE for which it was funded on the iBudget cost plan.
C.8 Slide 49	The Individual Budgeting System also known as iBudget Florida is a Medicaid waiver program. It is part of Florida's overall solution to fairly serve people with developmental disabilities. Customer's individual needs are met by blending the individual and family resources, community services, services provided under the Medicaid State Plan and other state programs.

NARRATION

	Each consumer has a budget and a waiver support coordinator and access to services like: Service Families • Life Skills Development • Supplies & Equipment • Personal Supports • Residential Services • Therapeutic Supports • Transportation • Dental However, iBudget Florida has limited flexibility when compared to CDC+. Under iBudget Florida consumers are required to utilize only Medicaid-waiver-enrolled providers.
C.9 Slide 50	The CDC+ uses the iBudget cost plan (minus consultant services), but reduces the overall budget by– 12% (8% discount rate +4% administration fee up to a maximum of \$160/per month) However, CDC+ allows the consumer more flexibility with their budget allowing them to negotiate the best rates for services and supports and using workers who are not Medicaid-waiver enrolled providers <i>iBudget services PLUS Additional services like...</i> • Advertising, Seasonal Camp, Gym Membership, Over-the-Counter Medications, Personal Emergency Response System, Parts and Repairs Therapeutic Equipment, Specialized Training, and other Therapies are offered
C.10 Slide 51	Morning Break and Q & A
D.1 Slide 52	• Who can provide supports and services? • Lets take a look at Provider Information, Background Screening and Pay Rates
D.2 Slide 53	Services on an approved cost plan may be prescribed by a physician are <u>Restricted Services</u>. This means: • Independent contractors or agency/vendors who perform a Restricted Service are required to be professionally licensed, certified or have received specific training to provide the service. • If the consumer wishes to purchase a service that is normally considered “restricted” but, was not funded on cost plan the consumer may request approval from the APD Regional Office to purchase the service. However, these additional services must increase the consumers options for self-determination. • Unused restricted funds can be used to purchase unrestricted services not listed on the cost plan. These services then become Unrestricted Services.
D.3 Slide 54	There are 20 CDC+ Restricted Services - these are services e.g. therapies like BT, ST, OT, PT, Nursing Services. Providers are to be professionally licensed, certified IC or AV or have specific training. • Remember!!! Ninety-two percent (92%) of restricted units of measure services are required to be purchased and <u>cannot</u> be spent on or converted to any other service; unused funds are returned to Medicaid to be reinvested. For example, if BT authorized at 12 hours a month, at least 11 hours should be purchased for the same identical service.
D.4	• Unrestricted Services are not prescribed by a physician, but they clearly meet needs and goals

NARRATION

Slide 55	identified on the Support Plan. Unrestricted Services purchased in CDC+ do not need to be identical to or the same quantity as funded in the iBudget cost plan.
D.5 Slide 56	These are the 18 Unrestricted Services – these are interchangeable <i>For additional information on Unrestricted Services, See Chapter 4 of the CDC+ Rule Handbook</i>
D.6 Slide 57	PCA is the only service that is ALWAYS considered a critical service within CDC+. For all critical services, the designated EBU's must be valid, background screened, with paperwork completed and a provider id assigned. If the EBU is a natural support, the person still must be listed by name and background screening clearance submitted. NO PENDING PROVIDERS should be listed. Just because the service is on the Cost plan doesn't mean that the service is critical. That service is considered critical because the provider failed to show up at the last minute, the participant's health and safety would be jeopardized. The family could not provide natural support without jeopardizing their own job outside the home.
D.7 Slide 58	- After completing section C consultants should be able to: - Describe the various CDC+ provider types - Distinguish between the different payment methods for Agency/Vendors, Independent Contractors and Directly Hired Employees - Identify forms required for hiring providers - Explain required background screening requirements
D.8 Slide 59	- For the purposes of the CDC+ program the term "provider" includes all types of service providers in the program including: - Agency/Vendors (AV) - Independent Contractors (IC) and - Directly-Hired Employees (DHE)
D.9 Slide 60	- An agency/vendor is a person or business that provides services and supports to a consumer under the CDC+ program---this is a general term that includes Independent Contractors - Agency/vendors must provide a written description of the services that will be provided by the Agency/Vendor. - The consumer has the right to control or direct only the result of the work performed not the methods for accomplishing the result. - Agencies, vendors and independent contractors must submit an invoice for payment. - Use an example of the Handyman who will be the I/C to install grab bars - And a Speech Therapist who will provide the participant with clearer speech. - Supported Living Coach is also an example of an I/C or Agency-he is a skilled professional-licensed or certified in their field.
D.10 Slide 61	- A Directly Hired Employee (DHE) is an individual who is directly hired by a consumer, not through an agency, to provide long-term care services. - The employer controls the details of what will be done and how services will be performed by a DHE. - All DHEs are paid based on an approved time sheet, <u>not</u> an invoice. - Examples, mother, father, brother, neighbor, grandmother can be a DHE.

NARRATION

D.11 Slide 62	All CDC+ providers must be at least 16 years of age and must satisfy the qualifications and requirements for the service that is to be provided. Information forms must be completed for all providers. - Forms must be completed to collect tax-related information: Internal Revenue Service (IRS) Form W – 9 must be completed for Agency/Vendor / Independent Contractors. An IRS W-9 is not required for an Agency/Vendor that is a corporation. - For Directly Hired Employees a W-4 form should be completed - Also, DHEs must have a completed Department of Homeland Security (DHS) Form I-9. - A Level 2 Background Screening Clearance Letter should be included for each provider unless they were hired prior to August 1, 2010, or if there is an exemption letter from APD. - A notarized affidavit of Good Moral Standing should be provided for providers - The Direct Deposit (EFT) RapidPayCard®/Visa Payroll Card Form is required for any newly hired provider. The form is located on the CDC+ website. <u>Not spoken</u> Note: CDC+ providers must also comply with the Background Screening requirements listed in the Developmental Disabilities Medicaid Waivers Consumer-Directed Care Plus Program Coverage, Limitations and Reimbursement Handbook, the provisions of section 409.221(4)(i), Florida Statutes, and the provisions of Chapter 435, FL Statutes.
D.12 Slide 63	Consumers are EMPLOYERS. The wages paid are income to the family. So if the employee is the mother or father the wages will affect the total household income.
D.13 Slide 64	- If Consumers hire parents, a spouse, OR their child (under age 21) the employee will not earn eligible wages that will count toward Social Security, Medicare benefits or Unemployment Compensation. - Directly hired employee (DHE) under the age of 18, in CDC+, will not earn eligible wages to qualify for Social Security and Medicare benefits.
D.14 Slide 65	- This is a decision that needs to be carefully considered by the employee before working for a CDC+ Consumer. - Visit IRS.gov to look at the Household Employer's Tax Guide, IRS Publication 926 and www.myflorida.com/dor to look at the Employer Guide to Unemployment Tax, UCT- 800002
D.15 Slide 66	- This is a decision that needs to be carefully considered by the employee before working for a CDC+ Consumer. - Visit IRS.gov to look at the Household Employer's Tax Guide, IRS Publication 926 and www.myflorida.com/dor to look at the Employer Guide to Unemployment Tax, UCT- 800002
D.16 Slide 67	Reminder to the Representatives that the employees will not receive any benefits like paid sick time nor vacation time through the CDC+ Program so they will have to value their employees and given them time off. It is best practice to spread the hours between 2 employees. They will need to pay their employees at fair wage of at least \$8.05 an hour with the exception of Companion service until further notice of the DOL Home Care rule.
D.17 Slide 68	This is a decision that needs to be carefully considered by the employee before working for a CDC+ Consumer. Visit IRS.gov to look at the Household Employer's Tax Guide, IRS Publication 926 and www.myflorida.com/dor to look at the Employer Guide to Unemployment Tax, UCT- 800002
D.18 Slide 69	When reviewing a Purchasing Plan a consultant should:

NARRATION

	• Check that the indicated service is an allowable purchase and • that it <u>meets</u> needs and goals identified in the consumer's support plan. • The Plan should be cost effective and not contain requests for services or items that are available through Medicare or the Medicaid State Plan.
D.19 Slide 70	Consultants should assist the consumer with developing a Purchasing Plan by making sure they have their: ✓ Current Support Plan, Cost Plan and the ✓ Completed Budget Calculation Worksheet Consumers should have readily available: ✓ The names of hired service providers with negotiated rates and provider types ✓ The List of CDC+ Service Codes and Abbreviations and the ✓ CDC+ Handbook with list of services ❖ <i>All approved supports and services on a Purchasing Plan must have a Service Code obtained from current approved Service Code Chart. For detailed explanation of restricted & unrestricted services, reference Chapter 4, CDC+ program Services of the CDC+ Rule Handbook</i>
D.20 Slide 71	• All Purchasing Plans have an effective date of the first (1st) day of the month. • The consumer must submit their completed Purchasing Plan to their consultant for review no later than 5th of the month before the plan's effective date. • The consultant will submit the Purchasing Plan to Regional liaison no later than close of business (COB) on the 10th of the month before the plan's effective date. • After the Purchasing Plan is approved by the Regional liaison, the plan will be submitted to the CDC+ Program State Office no later than COB on the 20th of the month.
D.21 Slide 72	There are three ways to modify an approved Purchasing Plan: 1. A Purchasing Plan Change is required when revisions are made to a Purchasing Plan that effect the monthly budget. 2. An Update is required when revisions are made to a Purchasing Plan and there is no change in the participant's monthly or overall budget. 3. A Quick Update Form is used to amend the participant's current approved Purchasing Plan when the update is not intended for the 1st day of the month. Let's look at these three options a little closer!
D.22 Slide 73	A Purchasing Plan Change is required when there is a ✓ Change in the participant's monthly budget or ✓ When a One-Time or Short-Term Expenditure is added. Purchasing plan changes are <u>effective on the first day of the month</u>. Note: The effective date of the amended Purchasing Plan should be no later than one month after the effective date of the Support Plan/Cost Plan. <i>!The Purchasing Plan monthly budget amount can only be changed if the participant's Support Plan / Cost Plan have been amended to change the overall budget!</i>
D.23 Slide 74	A Purchasing Plan Update is used: • To <u>hire</u> a new employee or agency/vendor to take place of one who has stopped providing services. • To <u>change</u> the rate of pay for an employee or vendor without changing the overall budget.

NARRATION

	- To <u>purchase</u> different services or supports to meet identified needs or goals without changing the overall budget. - To <u>increase</u> the number of hours of a restricted or unrestricted service and decrease the number of hours of an unrestricted service on approved Purchasing Plan and will not affect the overall budget. - To <u>add</u> a new Savings item to the Purchasing Plan after available Savings funds have been spent on an approved special purchase. Purchasing plan updates are <u>effective on the first day of the month</u> ***Pull out the previous PP to see what the consumer was changing from the previous PP to now.
D.24 Slide 75	Use the Quick Update Form to revise a Purchasing Plan that does not involve changing the services or supports that are currently approved on the Purchasing Plan. Monthly budget and current services and supports stay the same The Quick Update should be used for five (5) specific reasons: - To <u>replace</u> a current authorized provider with a new provider. (provider type, rate of pay & number of hours must be the same) - To <u>change</u> a vendor of an approved Savings item, OTE or STE - To <u>change</u> only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE. - To <u>add</u> or <u>replace</u> a service or support in the Savings Section. - To <u>add</u> an emergency back-up provider for a critical service in the Services Section.
D.25 Slide 76	✓ A Quick Update Form should be used to make an update to the Purchasing Plan in the middle of a month for a rare or unusual circumstance. ✓ Only one (1) revision is allowed on a Quick Update Form. Multiple Quick Update Forms could take more than seven (7) days to process. ✓ If a new provider has been hired to begin work before the 1st of the month the Quick Update Form must be completed by the participant or representative at least seven (7) days <u>before</u> the new provider is anticipated to begin work. ✓ Ensure all information is clearly stated on the Quick Update Form. ✓ Submit the appropriate Provider Packet Information with the Quick Update Form ✓ Note: Excessive use of the Quick Update Form <u>indicates problems</u> in managing the CDC+ program and may result in a quality assurance review by APD to provide technical assistance. ✓ When using a Quick Update, it requires a new Purchasing Plan to be submitted effective the <u>1st of the following month</u>.
D.26 Slide 77	The CDC+ purchasing plan consists of: ✓ Page 1 – Section A – Basic Information ✓ Page 2 – Section B – Needs and Goals ✓ Page 3 – Section C.1 and C.2 – Services and Supplies ✓ Page 4 – Section D – Cash (no longer available) ✓ Page 4 – Bottom of Section D – Justification for Savings items in Section E ✓ Page 5 – Sections E and F – Savings Plan and OTEs/STEs ✓ Page 6 – Budget Summary and Signatures

NARRATION

D.27 Slide 78	Begin by downloading the most recent version of the purchasing plan (Version 3.0-C) in the Microsoft Excel format from APD's CDC+ Web site at http://apdcare.org/cdcplus/participants/appendix/purchasing-plan.xls. You must have the Microsoft Excel program on your computer to be able to download it. When updating your purchasing plan, always use the most recent version that is on the APD CDC+ Web site. Open a blank Purchasing Plan. Please follow along Slides 72- 115 or review our webpage for the Purchasing Plan Module under Training and Education.
D.28 Slide 79	Lunch Break
D.29 Slide 80	Submitting a Purchasing Plan for approval Before submitting a Purchasing Plan for approval be sure to: • Double check all including information ○ A minimum of six (6) pages must be completed • Be sure to include all required documents in the submission packet • Keep copies of everything that is submitted • Finally, send the Purchasing Plan and all supporting documents to the Consultant by the 5th of the month
D.30 Slide 81	• PURCHASING PLAN SUBMISSION PROCESS for Consultants • The consultant is responsible for the following: • The consultant reviews all plan information and accompanying documents for accuracy and signatures. • If the plan meets the needs and goals of the participant and guidelines of the CDC+ program, then the consultant signs the plan. • The consultant submits the signed Purchasing Plan to Regional office <u>no later than the 10th of the month prior to the effective date.</u>
D.31 Slide 82	• PURCHASING PLAN SUBMISSION PROCESS for Regional Liaison • The Regional office is responsible for the following: • The Regional office reviews the Purchasing Plan plus all enclosed documents for required signatures and ensures all documents are correct. • Then, the Regional office forwards all documents to CDC+ State Office <u>no later than the 20th of the month prior to the effective date.</u>
D.32 Slide 83	The Purchasing Plan approval process The CDC+ State Office should receive the Purchasing Plan and all supporting documents by the 20th of the month. • A quality assurance review is performed on all Purchasing Plans and supportive documentation to ensure completeness and accuracy and will be returned if revisions are needed. • If no revisions are necessary the Purchasing Plan is approved and supporting documentation is processed. The Provider Identification number is generated and given to the Participant or Representative and the regional office is sent a copy of the approved Budget Summary.
D.33	Some <u>Best Practices</u> or proven techniques for successfully managing a CDC+ budget are:

NARRATION

Slide 84	- Submitting all payroll claims in a timely manner. - Retain and file all submitted timesheets and receipts. Web page screen shots and handwritten tracking ID numbers <u>are not acceptable</u> support documentation of CDC+ claims - As the employer of record, the participant must keep track of all services provided including paper timesheets, invoices and other related paperwork. - Organization is key! Set up a file system, maintain and retain all CDC+ documents for audit purposes. - But, most importantly reconcile the CDC+ Monthly Statement to know exactly the amount of funds available.
D.33 Slide 85	- It is very important to remember that the next month's anticipated monthly budget deposit <u>cannot</u> be used to pay for supports or services provided in the current month. - Also, <u>purchase no more than</u> the authorized units and quantity of services to prevent overspending the CDC+ Monthly Budget. - Update the participant's Purchasing Plan when necessary.
D.34 Slide 86	<i>Always plan for the maximum number of days in a month by dividing the total amount of hours per month by 4.33</i> <i>For the purchase of consistency in calculating the # of hours, the following tip may be useful: If an employee works Monday – Friday, then budget for 22 weekdays in a month</i> <i>If they work Saturday and Sunday workweek, then calculate 9 weekend days in a month</i> <i>If they work every day, then budget for 31 calendar days in a month</i>
E.1 Slide 87	- Section E - Program Activities - Let's take a look at Payroll and Reimbursement Issues, the Corrective Action Plan and Disenrollment
E.2 Slide 88	After completing this section E the consultant should be able to: (1) Explain two outcomes that can result from program mismanagement (2) Explain two things that can happen for continuously overspending the CDC+ budget (3) Explain the process for submitting and processing provider payments. (4) Explain the process utilized for paying PENDED claims
E.3 Slide 89	- Payroll information is due in the payroll system by 5:00 pm (eastern) following the bi-weekly payroll calendar. <u>Only</u> the consumer or representative can make payroll timesheet or invoice or reimbursement submissions. - Two (2) methods to submit payroll are: - Online Secure Payroll (suggested method) - CDC+ Customer Service - Call toll-free to speak directly with a customer service representative (last resort)
E.4 Slide 90	<i>This is what the 1st page of the Secure Web-based Payroll System looks like when a Rep enters their username/password to submit timesheets, invoices, and rep reimbursements. They would get a letter in the mail with their username/password, if not they can call customer service to reset their password</i>

NARRATION

E.5 91	<i>This is the main menu of the secure web-based payroll system.</i>
E.6 92	<i>This is an example of the tracking # you will get when submitted payroll via the secure web-based payroll system.</i>
E.7 Slide 93	- The Fiscal/Employer Agent and Payroll: - Once payroll has been successfully submitted, the consumer will be provided a tracking number to track payroll submissions. - All compensation generated in a payroll cycle is mailed to the consumer or representative unless arrangements were made for Direct Deposit/Rapid!PayCard® - However, the 1st payroll payment is always sent as a paper check Provider payrolls, thereafter, will be electronically deposited into the provider's designated bank account. Note: It can take a minimum of two pay cycles to activate direct deposit. Thus, the first payroll check is sent by mail.
E.8 Slide 94	Timesheets! - A Directly Hired Employee must complete and submit a paper timesheet to the consumer or representative weekly documenting time for each service provided each day. - Paper timesheets <u>must be</u> approved and signed by the participant or representative verifying that the service code and hours shown are correct. - CDC+ workweek begins Monday at 12:00 am midnight to Sunday evening at 11:59 pm. Bi-weekly payroll cycle consists of two (2) work weeks. Consultants, please advise consumers/representatives to retain timesheets for audit purposes hard copies and signed by employee and representative. They must be kept for <u>minimum of 6 years</u>.
E.9 Slide 95	Invoices! - Vendors and independent contractors must submit invoices, not timesheets to the consumer or representative for payment. - All dates for services must be <u>prior</u> to the invoice date. - All invoices must be approved by the participant or representative. - As with timesheets, Invoices must be kept for audit purposes for <u>6 years</u> as well. Each invoice needs to have the words, "goods and services received as shown" written on it and signed by the Rep.
E.10 Slide 96	Remind all consumers/representatives that: - All checks or EFT (electronic fund transfer) direct deposit notices should be distributed in a timely manner. <u>Do not hold provider payments</u>. - Consumers should provide a copy of the payment or EFT notice to each vendor. - Also, accurately maintain the paperwork generated with participation in the CDC+ program. For example, keep copies of all payroll checks and electronic fund transfer notices.
E.11 Slide 97	A Reimbursement ... - can only be made to a consumer or representative. - a receipt is needed for reimbursement for out-of-pocket purchases - can only be made for supports or services purchased from a vendor identified in the Savings or OTE / STE sections of the current approved Purchasing Plan.

NARRATION

	!All reimbursement receipts must be <u>retained</u> for audit purposes for a minimum of <u>6 years</u> !
E.12 Slide 98	• Spending within the monthly budget • By using a calendar for each month, the participant/representative will be able to determine the number of hours a service can be provided in any given month without overspending the monthly budget. General rule of thumb, since there are not 4 equal weeks in each month, to obtain a weekly average number of hours, divide the monthly hours by 4.33. The consumer will better be able to stay on track using this method. Always plan for the max number of days in a month, 31 days, working M-F would be 22 days. • Since a purchasing plan has already been developed to spend the monthly budget, a consumer/representative should know how much they can purchase in services each week/month to stay within their budget. • Overtime is not a good use of funds. If an employee is already working enough hours that could possible create overtime, hiring a second DHE would be a more cost effective use of funds. So this means that if the same provider is working PCA and Respite, the combination of the weekly hours could result in OT. You should always guide your consumer to plan wisely and spread the hours between employees if needed. • Reconciling the monthly statement when it is received and tracking in between statements is the best way for the participant to know what is in his or her account that is available to be spent at any given time. • Bring up the Payroll Schedule
E.13 Slide 99	• Overspending is purchasing supports or services greater than the amount that is authorized in the consumer's approved Purchasing Plan. • Overspending of the consumer's monthly budget may result in a written Corrective Action Plan (CAP). The CAP is a privilege. The consumer is not entitled to a CAP before other sanctions can occur. • Payments will PEND put on HOLD for any claim submitted if there are insufficient funds to cover those claims. • PENDED claims are reviewed and processed in the next available scheduled payroll that includes sufficient funds in the account to cover the claims.
E.14 Slide 100	• The consumer or representative must responsibly manage the monthly budget while providing the participant with supports and services needed to meet identified needs and goals while maintaining the consumer's health, safety and welfare. • Budget mismanagement will lead to either the implementation of a Corrective Action Plan (CAP) or possible disenrollment and the participant's return to the iBudget Waiver.
E.15 Slide 101	A Corrective Action Plan (CAP) can be implemented whenever a consultant or APD Staff identifies program mismanagement. ✓ The CAP is a privilege. The consumer is not entitled to a CAP before other sanctions can occur. ✓ Failure to sign and submit a CAP <u>or</u> keep budget within the guidelines during the agreed upon time period can result in an involuntary disenrollment.
E.16 Slide 102	Congratulations • A Corrective Action Plan (CAP) is a tool that is completed together by the consumer, representative and consultant to address program mismanagement. The CDC+ liaison will also be involved with

NARRATION

	ensuring all identified areas of improvement are listed and expectations of improvement are clearly addressed. - The CAP written plan addresses - WHAT has happened - WHAT contributed to the problem and - HOW the consumer and representative plan to correct the problem within a given timeline. !Once the CAP is resolved it should be signed and sent to the CDC+ State Office to have the CAP removed. This is very important especially if the consumer has a financial CAP!
E.17 Slide 103	Claims are reviewed and processed in the following order: timesheet claims for DHEs, invoice claims then reimbursement requests Using the first in, first out methodology, claims pended during a previous payroll processing receive first priority for payments once additional funds are available. Consumers on an approved CAP can only pay claims to the extent authorized in their CAP. Consumers with negative account balances without an authorized CAP in place will have their claims pended until the account is restored to a positive balance.
E.18 Slide 104	Disenrollment Overview The CDC+ Regional liaison is responsible for notifying the consumer or representative in writing of the agency's intent to disenroll the consumer from CDC+ program; that the consumer may return to the iBudget Waiver and of the consumer's right to appeal with due process. The consumer has the right to appeal the decision to disenroll within the time frame specified in the given notice. The State Office disenrolls the consumer by closing out open authorizations then entering a disenrollment date into the Purchasing Plan System. Claims are paid for services rendered prior to the disenrollment date (provided the consumer has sufficient funds to pay levied claims). Upon disenrollment from CDC+ the consumer may still access waiver services through the iBudget Waiver. The consultant is responsible for ensuring the consumer's traditional iBudget Waiver services are set to begin on the first of the month after disenrollment from CDC+. If the consumer dies or is placed in a residential facility on an emergency basis, the consultant must complete and submit to the APD CDC+ liaison the required notice to stop the budget on the last day of the appropriate month, and must provide the date of disenrollment. When a consumer disenrolls from CDC+, the consumer or representative is responsible for ensuring that all outstanding bills for services and supports provided have been paid, and that the consumer's records are in agreement with the final monthly statement after disenrollment, If the consumer's reconciled account balance is overspent at the time of disenrollment, the Consumer or consumer's representative is responsible for paying the overspent amount back to APD by writing a check in the amount owed payable to the CDC+ program. The consumer must provide final reconciliation documents to the APD Regional Office along with all CDC+ records. Unexpended funds of the disenrolled consumer are collected through a reinvestment process and are reinvested in DD waivers to serve others and help keep the CDC+ program cost effective.

NARRATION

E.19 Slide 105	• However, a Consumer may elect to discontinue participation in the Consumer-Directed Care Plus (CDC+) program at any time. • If a consumer wishes to leave CDC+ on their own accord and return to the iBudget Waiver – i.e., a non-emergency disenrollment – the consultant shall complete and submit to the Regional liaison a Participant Information Update Form to “Stop Budget” on the last day of the appropriate month. The consultant should ensure a smooth transition back to the iBudget Waiver on the first of the month after ending CDC+.
E.20 Slide 106	• At the completion of CDC+, an Account Close-out Form is mandatory when a consumer disenrolls from CDC+ for any reason. • An Account Close-out Form is <u>required</u> to account for all deposits and expenditures related to the consumer’s CDC+ account. • This form accounts for all outstanding timesheets and invoices for services rendered through the date the consumer was on CDC+ and that have not been submitted for payment.
E.21 Slide 107	• Consumer success in the CDC+ program can be greatly improved through a strong partnership with a knowledgeable consultant. • This means that it is important for a consultant to understand how each part of the CDC+ program comes together to assist in fulfilling the needs and goals of each consumer. • This training is to provide only an overview of vital and unique aspects of the CDC+ program, such as the roles and responsibilities of the consumer, representative, consultant, Regional liaison and State Office; also how the CDC+ program works, who are CDC+ providers; what is the difference between the iBudget Florida waiver and the CDC+ program; the significance of the Budget Calculation Worksheet; components of a Purchasing Plan; types of Purchasing Plan Revisions; understanding allowable CDC+ purchases; differences between Short-Term and One-Time Expenditures; and the possible outcomes of mismanaged CDC+ budgets like PENDED claims, Corrective Action Plans (CAP) and voluntary and involuntary disenrollment from the CDC+ program. • These topics and others can be accessed in more detail in the CDC+ Rule Handbook. However, feel free to review this training as needed.
E.22 Slide 108	• Complete and submit the Course Assessment in order to receive a Certificate of Completion • Only scores of 85% or better will receive a Certificate of Completion by mail • You will be contacted if you need to retake the Assessment. • http://apdcares.org/cdc-plus/newconsultantform.php • Evaluations • http://www.surveymonkey.com/s/HF5GNDH
E.23 Slide 109	• For questions, please call 866.761.7043 and ask for “Consultant training assistance” • Thank you!!!

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