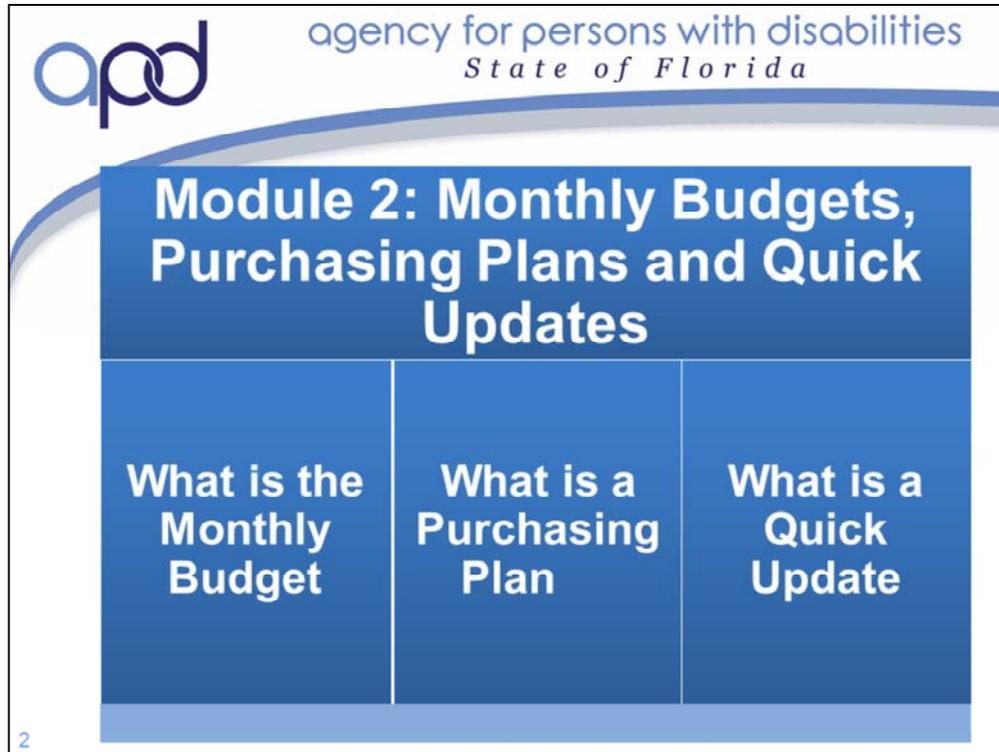




Welcome to the Consumer Directed Care Plus Consumer/Representative Training. This is Training Module 2: Monthly Budgets, Purchasing Plans and Quick Updates. We are very glad to have you join us. We hope that you will find this an informational training that will help you determine if the CDC+ program is right for you.



This is Representative Training Module 2: Monthly Budgets, Purchasing Plans and Quick Updates. In this section, we will :

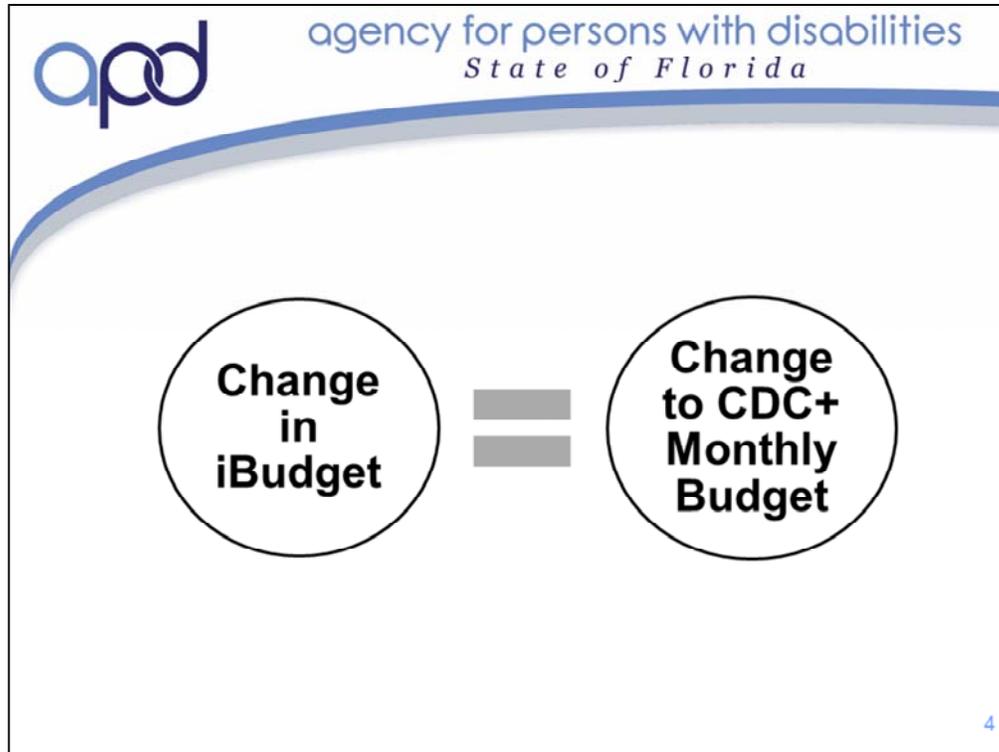
- 1) Discuss what the Monthly Budget is and how it is calculated
- 2) What is a purchasing plan and how it relates to your support plan and cost plan
- 3) What a Quick Update is and when you may need one.



Your monthly budget amount is directly related to your iBudget amount; how your iBudget Amount is determined does not change once you are on CDC+. You will still participate in the needs assessment tool (QSI) approximately every three years, you will still have an annual support plan meeting, your cost plan will still be entered into iBudget. The monthly budget amount used in CDC+ to meet needs and goals, is calculated from the iBudget amount after the iBudget cost plan is reviewed for Medical Necessity and approved. CDC+ has no funding, all funding is awarded by the iBudget waiver. What is being purchased in CDC+ does not determine the Medical Necessity of what is approved in the iBudget Waiver.

CDC+ Staff will calculate your monthly budget amount by using your approved iBudget Cost Plan. They will review all services you are approved for. They will subtract out the funds budgeted for Support Coordination/Consultant (Your Consultant will continue to bill through Medicaid for their services just as they do now). They will also subtract out any amount that has been budgeted for services that are considered One-Time or Short-Term services; these are any services that are authorized for 6 months or less. The remaining amount (including any amount that is in your iBudget Reserve) is divided by 12. CDC+ is funded at a 92% discounted rate, this means the consumer gets 92% of the service dollar awarded in iBudget. This was determined prior to CDC starting in the state of Florida, based on budget utilization of a test group of served by the waiver. There were also stakeholder meetings held around the states where parents stated, 'Give us control

and we can provide the same services cheaper'. The 8% stays at Medicaid. Approximately 4% (but no more than \$160) is taken out for the Administrative fees. Your first year on the program this amount will be pro-rated by the number of months left in the Cost Plan year; the reserve amount is always divided by 12 months. If any portion of your iBudget amount was budgeted for a One-Time or Short-Term expenditure, that amount will be calculated separately and will only be available to purchase the service that it was allocated to in iBudget. For example, you may have Adult Dental approved in iBudget for two routine cleanings per year. These funds will only be available to purchase Adult Dental in CDC+.



Any change that occurs to iBudget funds or how iBudget funds are allocated in a cost plan could effect the CDC+ monthly budget amount.

Possible iBudget Changes that could effect your Monthly Budget include:

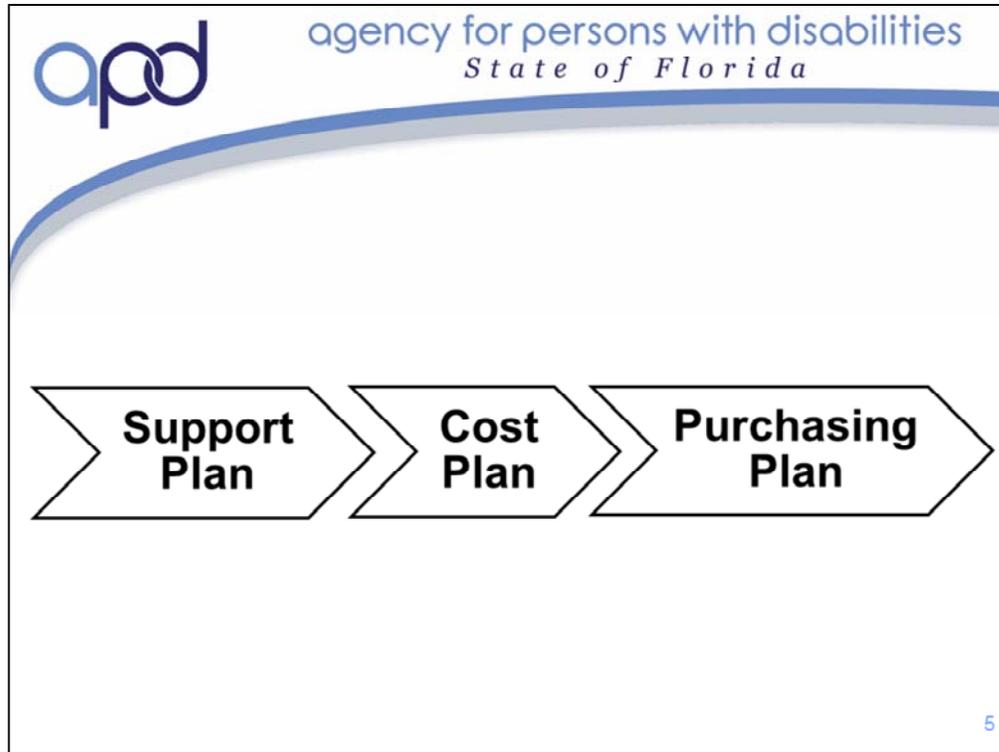
- Change in Consultant (Limited to Full or vise-versa)
- Significant Additional Need (SAN) determination
- Change in Living Situation
- iBudget Algorithm redetermination or recalculation

Possible iBudget Changes in how funds are allocated in a cost plan that could effect your Monthly Budget include:

- Reserve amount changed to STE such as Assessments, Adult Dental
- Funds moved from STE, OTE to ongoing Services

Also, if you are under 21 and receiving MSP PCA funding that you have opted to self-direct on CDC+, any change to your PCA will effect your monthly budget as well.

If you have a change in iBudget, you will want to work with your Consultant to ensure that your Monthly Budget is still correct. If you or your consultant are uncertain if a new Monthly Budget is warranted, you should contact either your Regional Liaison or call CDC+ Customer Services.



When in the iBudget system, your iBudget Amount must be spent on Services and Supplies that will help you to meet the needs and goals stated in your support plan.

Your CDC+ Monthly Budget amount must be spent in the same manner. As we discussed, CDC+ allows for a larger array of services than are available on iBudget to meet the your needs and goals and you are able to hire people who are not waiver providers. This greater choice and control comes with higher responsibility. Once on CDC+, you are the one who must ensure that all goals and needs stated on the support plan are being met.

You can find creative or non-traditional ways to meet these needs and goals, but you must ensure the needs and goals are being met. The services and supplies being purchased are in direct relationship to the individuals disability and helping the individual gain more independence and to reach their full potential. Your iBudget amount is awarded to you to meet your identified these needs and goals in your support plan.

The number of units being purchased in CDC+ must also be tied back to the needs and goals stated in your support plan.



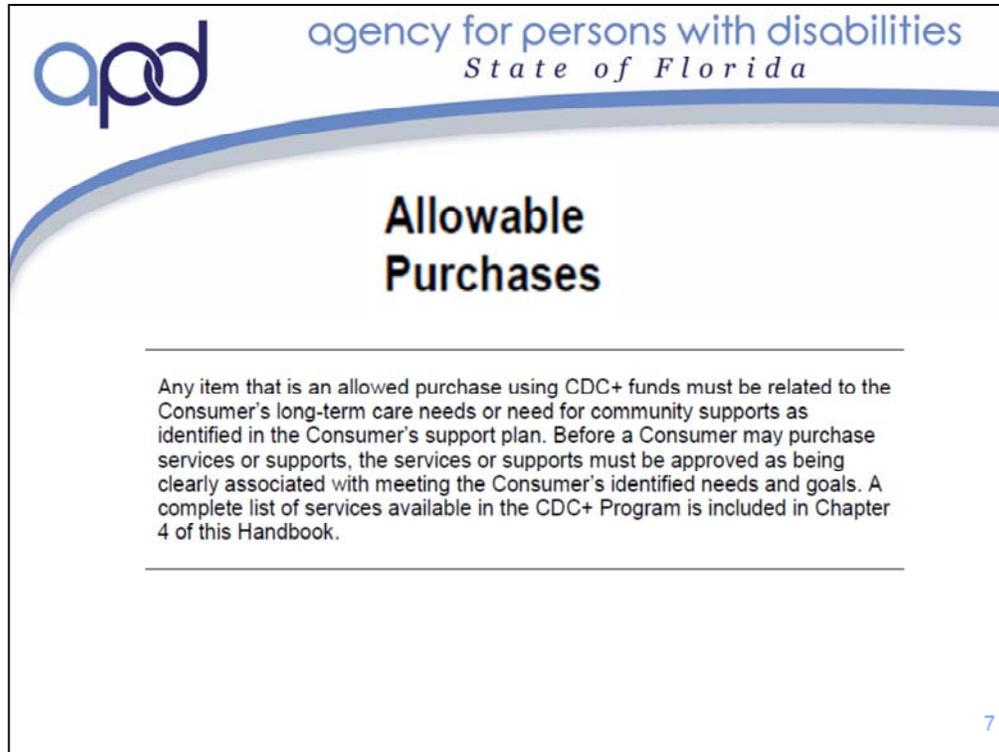
Your CDC+ Purchasing Plan is like your contract with APD. It is what gives you the authorization on how your CDC+ Monthly Budget will be spent. The Purchasing Plan authorizes both the services, the employees and outlines exactly how you will be spending the Monthly Budget Amount each month. The Purchasing Plan must be written by you, reviewed by your Consultant, the Regional Liaison and approved by CDC+ State Office. You will know the plan is approved and can be implemented once you have received a copy of the Purchasing Plan that contains: 1) your signature, 2) your Consultant's signature and 3) CDC+ State Office Signature.

Once you have written a Purchasing Plan and it has been approved, the plan remains in effect until revised either by a new purchasing plan or a quick update is submitted. Purchasing Plans always go into effect on the first day of any given month.

If you are able to meet the Support Plan needs and goals without spending the full Monthly Budget each month, then remaining unspent funds are available for other planned purchases (provided these funds were not originally authorized for "restricted services" in your iBudget cost plan – we'll talk more about that in a few moments). These unspent unrestricted dollars can be used for planned special purchases, such as seasonal camps or possibly additional services that may be needed to meet an added need or goal in your support plan. It is also possible that these funds could be used for pieces of equipment that may be needed but is not authorized through Medicaid State Plan or not available through any other resource. In iBudget, if you don't use your full year's funding allocation by the end of the fiscal

year, those funds could be absorbed back into the Medicaid waiver program.

On CDC+, unspent unrestricted dollars will remain in your CDC+ account from year to year; however, if you have a large sum accumulated and no stated plan to spend that amount of funds, then those funds could be subject to reinvestment. Reinvested funds are returned to Medicaid on an annual basis.



We've discussed how the CDC+ Monthly budget is calculated and that the funds still must be used to meet stated needs and goals.

We mentioned that CDC+ offers greater flexibility and how being creative can better help individuals meet these needs and goals.

So, what can be purchased through CDC+? and, does it matter what services are purchased?

Per the APD CDC+ Rule Handbook:

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



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

A list of unallowable purchases can be found on page 3-9 of the CDC+ Rule Handbook.



When deciding what services are best suited for the your individual needs, you will want to read the service descriptions in the CDC+ Rule Handbook. A description of each service is stated in the Handbook. You will also need to consider what services are already approved on the Cost Plan.

CDC+ classifies services in two different categories “Restricted” and “Unrestricted”

A services is classified as Restricted if: 1) it can only be provided by a Licensed or Certified Professional and 2) it is approved on your iBudget Cost Plan.

If a Restricted Service is approved on your Cost Plan, then you must purchase at least 92% of that services each month through the Services section of your Purchasing Plan. Any funding amount that was allocated to this service on you Purchasing Plan that was not spent remains restricted. You will not be able to use those particular unspent funds on anything else.

If you use restricted funds to pay for other services or supplies, you might be required to give the funds back to CDC+.



Restricted Services

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

10

- These are the 20 Restricted services available on CDC+. These services are not interchangeable.
- For example: If your cost plan includes Physical Therapy, you are required to purchase Physical Therapy on your Purchasing Plan. You cannot take the funding from Physical Therapy to purchase Speech Therapy or Personal Supports.



Unrestricted Services

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

Unrestricted Services are interchangeable. They are non-medical in nature. Purchase of any of these services must still meet the stated needs and goals

These are the 18 Unrestricted Services. For additional information on Unrestricted Services, See Chapter 4 of the CDC+ Rule Handbook



Critical Services

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

12

When selecting services, you will also need to determine if the service should be qualified as Critical or not.

A critical services is any service that, if not provided, your health, safety or welfare - or that of your family, would be put at risk. Just because the service is on the Cost plan doesn't mean that the service is critical.

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.



Quick Update

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

13

As mentioned, Purchasing Plans always go into effect on the first day of any given month. So, what happens if a change is needed in the middle of a month? For example, if an employee quits with no notice and a new employee needs to be authorized to work? A Quick Update can quickly update information to your Purchasing Plan. We'll go over both the Purchasing Plan and the Quick Update during Module 6; but for now, please note that:

The Quick Update can only be used for five specific reasons:

- To replace a current authorized provider with a new provider. (provider type, rate of pay & number of hours must be the same)
- To change a vendor of an approved Savings item, OTE or STE
- To change only the estimated date of purchase for an approved Savings item or the End Date of an approved OTE or STE. (NOT TO EXTEND THE ESTIMATED DATE OF AN AUTHORIZATION OF FUNDS ALREADY USED)
- To add or replace a service or support in the Savings Section.
- To add an emergency back-up provider for a critical service in the Services Section.

A Quick Update form is a quick way to update the information on you purchasing

plan; keep in mind that Quick does not equal instant.



You should now have a better understanding of how CDC+ is funded and how your Monthly Budget is Calculated

You should also know that workers and services must be authorized prior to being used and that these authorizations come through either an approved Purchasing Plan or Quick Update.

In the next module we will discuss how to find, hire and manage Employees.



agency for persons with disabilities
State of Florida

**Thank you for your
participation**

For additional questions, please call:

Mindy Whitehead

Mindy.Whitehead@apdcares.org

850-414-6691

CDC+ Customer Service

1-866-761-7043

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

15

Thank you for your participation.