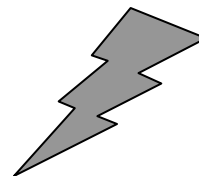


CDC+ *FLASH*



EARLY PAYROLL SUBMISSION DEADLINE!!

Please note that there is an important change to the CDC+ payroll calendar. For the biweekly period December 15 through December 28, the deadline to submit timesheets, invoices, and requests for reimbursement via the Web or phone is **5 p.m. (EST) Monday, December 29**. This deadline is necessary in order to ensure a pay date of January 7, 2009.

RESTRICTED VERSUS UNRESTRICTED SERVICES

The CDC+ Service Code Chart is a list of all service codes along with the descriptions of all the services that can be purchased with CDC+ funds. In all cases, the services a CDC+ participant purchases must be related to the participant's needs and goals that were identified on his or her most recent Waiver Support Plan. The Service Code Chart also defines restricted and unrestricted services, one-time and short-term expenditures, and unallowable expenditures. It is important that everyone associated with CDC+ be familiar with this important resource.

The Service Code Chart is divided into restricted and unrestricted services. What is the difference? Unrestricted services are typically social in nature, geared primarily to supporting the participant in their home and in the community. Restricted services are typically medical in nature, such as dental, nursing, therapy, dietitian, medication review, and assessments. Also restricted are services that are approved on a one-time or short-term basis to meet a specific time-limited need. What do we mean by restricted? We mean that the funding must be spent as follows: The participant must plan to purchase at least 92% of the number of units of service approved in the Waiver Cost Plan in CDC+. If any of the funds allocated for that purpose are not spent, they are to be re-invested, that is, returned to the Medicaid Waiver program. Unexpended funds earmarked for restricted services cannot be used to purchase any other service.

Mary and David's Experience:

Mary and David each were approved on their Waiver Cost Plans to receive 1,000 Quarter Hours (QHrs) of Physical Therapy over the next 12 months. The funding approved for

this service was (1,000 x \$16.69/QHr=) \$16,690.00. They both know they must earmark at least 92% of the number of units of service approved in the cost plan, which is (92% x 1,000)=920 QHrs and so they have (92% x \$16,690.00)= \$15,354.80 to spend.

MARY located a non-Waiver physical therapist who charges \$60.00 an hour, which is \$15.00/QHr. For this rate, she could actually purchase (\$15,354.80/\$15=) 1,023 QHrs of service, which translates to 255 Hrs, or approximately 21 Hrs. per month. So she writes her Purchasing Plan for 21 hours at \$60/Hr, or \$1,260.00/month. If Mary is able to attend every scheduled physical therapy session, she will receive 255 hours (1,020 QHrs) of this service and spend \$15,300.00. At the end of the cost plan year, she will return \$54.80 to the Medicaid Waiver program.

DAVID did not have as many options for physical therapists as Mary did. All physical therapists in his town are enrolled in the Waiver and charge \$16.69 per QHr. For this rate, David can purchase (\$15,354.80/\$16.69=) 920 QHrs, or 230 hours. So he writes his Purchasing Plan for 19 hours at \$66.76/Hr, or \$1268.44/month in the Services section and adds an item in the Savings section to purchase 2 hours of PT at \$66.76/Hr. If David is able to attend every scheduled physical therapy session, he will receive 230 hours (920 QHrs) of this service and

spend \$15,354.80. Of course, if he misses any sessions during the year and cannot make them up, he will return any unexpended funds that were earmarked for Physical Therapy to the Medicaid Waiver program.

The Needs section of Mary's Purchasing Plan would look like this:

Need/Goal (Column 1)
Physical Therapy
Cost Plan (Column 2)
1,000 QHrs
Purchasing Plan (Column 3)
1,020 QHrs = 255 Hrs

The Needs section of David's Purchasing Plan would look like this:

Need/Goal (Column 1)
Physical Therapy
Cost Plan (Column 2)
1,000 QHrs
Purchasing Plan (Column 3)
920 QHrs = 230 Hrs

CORRECT COMPLETION OF THE I-9 FORM

The CDC+ Financial Services team often receives I-9 Employment Eligibility forms that cannot be processed immediately due to errors made in filling out the forms. Please see the instruction sheet included in this mailing for proper completion of the I-9 form. Our goal is to provide prompt provider enrollment and you can assist us by ensuring that forms are completed correctly.