



agency for persons with disabilities
State of Florida

**Charlie Crist,
Governor**

November 30, 2009

..

**Jim DeBeaugrine,
Director**

Dear Prospective CDC+ Participant:

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**4030 Esplanade
Way,
Suite 380**

Congratulations! I am pleased to announce that you have been selected to enroll in the Consumer-Directed Care Plus (CDC+) program. This is a great opportunity for you to direct your own care and manage your funds.

**Tallahassee,
Florida**

32399-0950

..

(850) 488-4257

Fax:

(850) 922-6456

Toll Free:

(866) APD-CARES

(866-273-2273)

In order to get started with the enrollment process, you must first complete the enclosed CDC+ application and participate in a CDC+ training session. Please contact your APD Area Office (refer to attached list) as soon as possible to obtain information about training sessions in your area (note that some of the training sessions are scheduled to occur between December 7 and 18). If for some reason, you are unable to attend the one-day face-to-face training scheduled in your area for December, you may choose to attend the training scheduled in January or you can ask to receive your training materials in the mail. If you ask to receive training materials by mail, you must be trained with the assistance of your consultant and submit your readiness review to your APD area liaison within one month of receiving the training materials before your enrollment can be completed.

Please review the enclosed enrollment instructions. It is very important that you follow all of the instructions to prevent delays in your enrollment.

Thank you for your interest in participating in the CDC+ program.

Sincerely,

Jim DeBeaugrine
Director

cc: Area APD Administrators
Area CDC+ Liaisons

Attachments



APPLICATION PACKET

- List of APD Area Office telephone numbers
- Instructions to Complete Prior to Attending CDC+ Training
- CDC+ Application Instructions
- CDC+ Application
- Hiring and Working with Your Consultant
- Questions you can ask when interviewing a Consultant
- New Consultant Evaluation Form
- CDC+ Participant/Consultant Agreement
- Representative Agreement
- Glossary of Terms

GLOSSARY

AHCA – Agency for Health Care Administration – The single state agency in Florida responsible for administering the Consumer-Directed Care Plus Medicaid 1915(j) State Plan Option and Florida’s Medicaid program.

APD – Agency for Persons with Disabilities – Provides supports/services to individuals with Developmental Disabilities, Children (age 3-17) and Adults (age 18 and older), through four Developmental Disabilities Home and Community Based Services (DD/HCBS) Medicaid 1915(c) Waivers.

Annual Re-assessment – This is the process that takes place every year whereby a participant’s DD/HCBS waiver Support Plan is updated and if service needs have changed, the Cost Plan is amended and submitted to the Prior Service Authorization contractor for approval.

Area CDC+ Liaison – APD staff person responsible for administering CDC+ at the local level. Such staff is located in each APD Area office. This person is responsible for approving all CDC+ purchasing plans for consumers served by the Area Office.

Area Offices – Agency for Persons with Disabilities offices responsible for administering programs at the local level. There are 14 such offices throughout the state, as follows:

Area #	Counties Served	City of Office Location
Area 1	Escambia, Okaloosa, Santa Rosa, Walton	Pensacola
Area 2A	Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Washington	Panama City
Area 2B	Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Tallahassee
Area 3	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Gainesville
Area 4	Baker, Clay, Duval, Nassau, St. Johns	Jacksonville
Area 7	Brevard, Orange, Osceola, Seminole	Orlando
Area 8	Charlotte, Collier, Glades, Hendry, Lee	Ft. Myers
Area 9	Palm Beach	West Palm Beach
Area 10	Broward	Ft. Lauderdale
Area 11	Miami-Dade, Monroe	Miami
Area 12	Flagler, Volusia	Daytona Beach
Area 13	Citrus, Hernando, Lake, Marion, Sumter	Wildwood
Area 14	Hardee, Highlands, Polk	Lakeland
Area 15	Indian River, Martin, Okeechobee, St. Lucie	Ft. Pierce
Area 23 (SunCoast Region)	DeSoto, Hillsborough, Manatee, Pinellas, Pasco, Sarasota	St. Petersburg

CMS – Centers for Medicare and Medicaid Services – The federal agency that authorizes consumer directed programs throughout the United States.

CDC+ – Consumer-Directed Care Plus Program – A program based upon the belief that informed participants or their representatives can determine their own service needs, determine how and by whom these service needs will be met, and monitor the quality of services received. Program participants and their representatives use a Fiscal/Employer Agent to assist them with employer-related and bill paying tasks, such as paying providers and withholding and paying employer and employee taxes. Consultants assist

participants/representatives in assessing their needs and determining how to access services, in developing and implementing their Purchasing Plans and in obtaining information about how to manage their services, providers, and workers.

CDC+ Fiscal Department – The Fiscal/Employer Agent (F/EA) for the CDC+ program.

Cash Check – A check received by the participant or representative each month based on an approved Purchasing Plan on which the need for cash to purchase specific supports was identified. These funds may be spent only on the supports listed in the Cash section of the approved Purchasing Plan.

Cash Receipts Log – a formal listing of all items purchased with and subtracted from the cash check each month and cumulatively since the consumer began receiving a cash check.

Consultant - A waiver support coordinator specifically trained to assist CDC+ participants with program administration and care management.

DHE – Directly Hired Employee – Individuals who are directly hired by a participant to provide long-term care services. Under common-law rules, anyone who performs services for an employer is the employer's employee if the employer can control what will be done and how it will be done. Even when the employer gives the employee freedom of action, the employer has the right to control the details of how the services are performed. The employer is responsible for withholding and paying income and employment taxes for employees. An employee is paid based on an hourly rate of pay and hours worked are documented on a timesheet rather than an invoice.

Employee Packet – The three forms required to be completed and submitted to the F/EA in order to enroll a new Directly Hired Employee (DHE) with the Fiscal/Employer Agent so that person can be paid: Employee Information Form, IRS Form W-4, and DHS Form I-9.

Employer – Under CDC+, this term refers to the participant, who is the employer of record.

F/EA – Fiscal/Employer Agent – The entity responsible for reviewing and processing employment information, paying vendors and independent contractors, paying employees in accordance with the Fair Labor Standards Act, withholding and paying state and federal taxes on behalf of the CDC+ participant, and providing monthly statements of account to each participant.

IC – Independent Contractor – A sole proprietor of a business or an individual who, by virtue of the working relationship to the participant, meets the IRS criteria for an independent contractor and is therefore not considered a common law employee. As a general rule this means that the employer has the right to control or direct only the result of the work performed not the means and methods for accomplishing the result. The employer neither withholds nor pays any taxes on behalf of independent contractors; independent contractors are responsible for filing their own taxes and are paid from an invoice rather than a timesheet.

Medicaid Provider – A service provider that has executed a Medicaid provider agreement with AHCA or APD and meets all Medicaid requirements.

Monthly Statement – A document provided by the F/EA to the participants, consultants and APD on a monthly basis that shows the beginning and ending balance of the participant's account along with the detail of all deposits into and expenditures from the account during a given month.

Monthly Budget Allowance – The amount of money made available each month to a participant to purchase services and supports that meet the participant's needs that have been identified on the Support Plan or increase his or her independence.

Participant – A person who has chosen to participate in the CDC+ program, has met the enrollment requirements, and has received a monthly budget allowance.

PSA – Prior Service Authorization – A process whereby a state contractor reviews each participant's DD/HCBS Waiver Support Plan to determine whether the supports and services listed on the participant's Cost Plan are medically necessary. This process is a federal and

state requirement for the provision of Medicaid services. The purpose of the PSA reviews is to ensure that individuals receive the services that they need at the appropriate intensity, frequency and duration, and in a cost-effective manner. Support Plans and all required documentation are normally sent for PSA review on an annual basis.

Program – The Consumer-Directed Care Plus (CDC+) program.

Program Participant – An individual enrolled in Consumer-Directed Care Plus, may also be referred to as participant or consumer.

Purchasing Plan – This is a monthly plan of expenditures for service and supports that is developed by a CDC+ participant or representative.

Reimbursement – The participant or the participant’s representative may be reimbursed for items or services identified in the Savings or OTE/STE section of the approved Purchasing Plan that they have purchased and paid for with their own funds. In order for a reimbursement to be allowable, the provider must be an incorporated business, and the participant must be able to produce evidence of having paid the invoice from his or her own funds. In order for a reimbursement to be authorized, the provider listed in the Savings or OTE/STE section of the Purchasing Plan must be identified along with “Participant/ Representative Reimbursement” on an approved Purchasing Plan.

Representative – An individual selected by the program participant to manage the program on his or her behalf. A representative may be a person who is duly appointed or designated in the manner required by law or rule to act on behalf of another individual (e.g., legal guardian, conservator, or power of attorney). Representatives advocate for and act on behalf of the program participant in all CDC+ matters.

Reimbursement Tracking Form – A form completed by the participant to track his or her receipt of an invoice, payment of the invoice, and subsequent reimbursement request from CDC+ funds. This form or a similar form of the participant’s own making, is an optional form designed to assist the participant in managing the CDC+ program.

Restricted Services – services, usually of a medical nature, that are approved on a participant’s DD/HCBS Cost Plan. Such services are prescribed by a physician or authorized by a local review committee, provided by providers with professional licensure or certification, and include the following:

Adult Dental Services	Dietitian Services
Behavior Therapy	Behavior Therapy Assessment
Behavior Assistance Services	Pharmaceutical Review
Occupational Therapy	Occupational Therapy Assessment
Physical Therapy	Physical Therapy Assessment
Respiratory Therapy	Respiratory Therapy Assessment
Speech Therapy	Speech Therapy Assessment
Private Duty Nursing / LPN	Private Duty Nursing / RN
Skilled Nursing / LPN	Skilled Nursing / RN
Specialized Mental Health Therapy and Assessment	
Environmental Modifications	Environmental Modification Assessment
Equipment	Vehicle Modification

Vendor – A business entity that provides services and supports to a participant under the CDC+ program. This is a general term that includes independent contractors, for profit and not-for-profit agencies, and retail merchants that sell supplies. Vendors are paid from an invoice rather than a timesheet.

Vendor Packet – The forms required to be completed and submitted to the F/EA in order to enroll a newly hired vendor with the Fiscal/Employer Agent so the vendor can be paid. A vendor who is an independent contractor (IC) requires a vendor packet that includes a Vendor Information Form and an IRS Form W-9. A vendor who is a private, for-profit or not-for profit incorporated business requires a vendor packet that includes a Vendor Information Form (only); the IRS Form W-9 is optional.

Unrestricted Services – services and supports, usually of a social nature, that a CDC+ consumer may purchase so long as the service clearly meets the consumer's needs and goals as identified on the DD/HCBS Support Plan. Such services, when purchased in the CDC+ program, do not have to be identical to or in the same quantity as the same services funded in the DD/HCBS cost plan. These services are intended to help the consumer live in his own home or in a family home, and perhaps participate in the community, and include the following:

Personal Care Assistance	Companion Services
Adult Day Training	In-Home Supports
Respite	Over-the-Counter medications
Consumable Medical Supplies	Nutritional Supplements
Non-traditional (Other) Therapies	Gym Membership
Personal Emergency Response System	Personal Emergency Response System Installation
Parts and Repairs for equipment	Summer Camp
Training	Employment
Supported Living Coaching	Transportation
Residential Habilitation	

Workweek – The CDC+ workweek begins at 12:00am Monday and ends at 11:59pm Sunday. All businesses are required to designate the workweek for its employees for purposes of determining overtime. Employees are eligible to be paid time and a half for working more than 40 hours during a workweek, unless the type of work they provide is exempt from overtime pay. If an employee is a live-in employee, that employee is also exempt from overtime pay.

Hiring and Working with Your Consultant

When hiring a consultant, you should interview potential candidates to find the right person for the job. You will be able to obtain from your APD Area Office a list of consultants that are available within your Area. A list of suggested questions and a sample evaluation sheet are provided on the following pages that can be used when interviewing a consultant.

Hiring a consultant is just as important as hiring any other employee.

- Consultants must possess a Medicaid Provider Number for consultant services, be registered with CDC+, have a signed Memorandum of Agreement with the local APD Area office, and be determined by the local APD Area office to be in good standing.
- Consultants may not be a paid provider of services or supports other than consultant services to any CDC+ participant. Consultants may not serve as representative for a CDC+ participant for whom he or she provides consultant services.
- Remember – your consultant has a different role than a Support Coordinator. Even if your consultant is the same person who provided your support coordination services, he/she now has different responsibilities as your consultant.
- Re-read the section of the CDC+ Participant Notebook on your respective roles and responsibilities carefully so there is no misunderstanding between you and your consultant about what he/she can and cannot do for you in CDC+.
- Participant /Consultant Agreement must be signed.

By signing this agreement you and your consultant are stating that both of you understand and accept the responsibilities of each of your roles as CDC+ participant and consultant.

Your consultant is not responsible for:

- Interviewing, hiring, training or supervising employees.
- Telling your employees that you are unhappy with their work.
- Firing employees.
- Filling out the employment forms package.
- Finding emergency backup employees or providers.
- Writing your Purchasing Plan or Purchasing Plan Quick Update.
- Helping you get more money if you spend more than the funds you have been allocated.

Questions you can ask when interviewing a Consultant

1. How long have you been a Support Coordinator? Consultant?
2. What special Education or training do you have for working with people with developmental disabilities?
3. What experience have you had working with people with developmental disabilities?
4. Do you have any experience working with an individual who has similar needs and capacities as the individual receiving services (or relative, friend or dependent)?
5. Would you be my CDC+ consultant or would it be someone else from your agency?
6. If you leave your agency or get sick, how do I get a new consultant or a temporary consultant while you are unable to work?
7. Have you or your agency ever had a contract canceled by the Area office or been removed from their list of approved support coordinators or consultants because of poor performance?
8. How was your last evaluation by Delmarva?
9. Has there ever been an attempt to remove you from the CDC+ program?
10. How would you explain the role of the consultant?
11. How would you describe the relationship between the consultant and the individual and family?
12. What do you like or dislike about being a consultant?
13. What is your turn-around-time to answer a call?
14. How many other CDC+ consumers do you work for?

Consumer-Directed Care Plus Participant/Consultant Agreement

The purpose of this agreement is to delineate the responsibilities of CDC+ participants and consultants, so that everyone understands those responsibilities.

Your Responsibilities as a CDC+ Participant:

1. Complete all mandatory Consumer Directed Care Plus training.
2. Select a representative if you need assistance managing finances or making decisions about your care.
3. Find and hire employees and start the background screening process within 5 days of their starting to work.
4. Train employees about their job duties and what you expect from them.
5. Develop a purchasing plan to show how your budget will be spent each month.
6. Make any changes to your purchasing plan in a timely manner so that the changes can be effective on the first of the month that you wish them to be effective.
7. Make purchases that are the same as listed on your approved purchasing plan.
8. Keep all purchases within the funding you have been authorized to spend.
9. Develop an Emergency Backup Plan during the support planning process and update it annually. Identify on the purchasing plan a minimum of two backup providers who will provide services when the primary provider of a critical service cannot work because of illness, transportation problems, or other unexpected situations.
10. Send all employee and vendor packets to the program Fiscal/ Employer Agent (F/EA) with the purchasing plan on which they are first listed. A new employee or vendor cannot begin working until a provider number has been assigned. The number is assigned upon receipt of a properly completed employee or vendor packet.
11. Sign your employees' signed timesheets before you submit them for payment.
12. Submit your employees' timesheets to the F/EA by 5:00 p.m. Tuesday following the end of each two week pay period in order to ensure your employees are paid every pay day.
13. Document your approval of invoices from vendors, agencies or independent contractors and submit your requests for payment to the F/EA as soon as they are received, so that they will be paid on the very next pay day.
14. Give your providers their paychecks as soon as you get their paychecks from the F/EA.
15. Review monthly statements from the F/EA as soon as they are received to make sure everything reflected on the statement agrees with your records. If it does not agree, immediately notify your consultant.

16. Report immediately any changes in your income or assets to your consultant and to the Florida Office of Economic Self Sufficiency.
17. Respond immediately to your annual notice of Medicaid eligibility redetermination to ensure you do not become ineligible for Medicaid for failure to be redetermined eligible in a timely manner.
18. Tell your consultant if you are or are not satisfied with the services he or she is giving you, and why.
19. Expect to hear from your consultant at least once each month if you have full consultant services. **If you have limited consultant services, you should hear from your consultant only when your consultant has questions for you.**
20. Contact your consultant whenever you have questions or concerns, so small problems won't become big problems. Please keep your contact within the consultant's regular business hours. (Your CDC+ consultant is not required to be available to you 24/7 as your waiver support coordinator was when you were on the Home and Community Based Services Medicaid Waiver.)

Consultant's Responsibilities:

1. Attend training for consultants and understand the Consumer- Directed Care Plus program philosophy.
2. Be knowledgeable of and familiar with the Participant Notebook, and the policies and procedures of the CDC+ program.
3. Fulfill the support planning process that is required by the Developmental Disabilities Home and Community Based Services (DD/HCBS) Waiver.
4. Work with the participant to develop the Cost Plan that is required by the DD/HCBS Waiver.
5. Provide technical assistance to the participant regarding his or her services, the services available in the community, local resources, and the CDC+ program.
6. Encourage and support the participant in making independent choices about services, purchases and providers.
7. Provide the participant with Level 1 and Level 2 background screening materials, including the approved Department of Children and Families fingerprint cards that must be used, so that the participant can provide them to his or her employees when hired.
8. Make sure the participant is aware of the time by which a revised purchasing plan is due in order for it to be reviewed and submitted to the APD Area Office in time for the participant's desired effective date.
9. Process all paperwork submitted by the participant so that it is submitted to the APD Area Office in a timely manner.
10. Ensure the participant completes and annually updates an Emergency Backup Plan; keep a copy of that plan in the participant's primary file.

11. Review the participant's purchasing plan and contact the participant if additional information is needed before submitting it to the APD Area Office for approval.
12. Review your participant's monthly statements from the F/EA using the CDC+ Participant Review Form each month to ensure the participant is receiving his or her monthly services and submitting employee timesheets every two weeks and vendor invoices at least monthly for services rendered the prior month.
13. Talk with the participant every month (if Full consultant services are provided) **or periodically (if Limited consultant services are provided)** about the participant's monthly budget, his or her satisfaction with the quality of services, and any questions or concerns the participant may have.
14. Be available to the participant to answer questions or provide technical assistance in resolving problems.
15. **Temporarily act in the capacity of the participant's representative for up to one month if the participant must select a new representative.**
16. Work with the participant to develop a corrective action plan if he or she has experienced major problems managing services, the monthly budget, or other aspects of the CDC+ program.
17. Coordinate the participant's annual Medicaid redetermination with the Office of Economic Self Sufficiency to ensure the participant does not become ineligible for Medicaid for his or her failure to be redetermined eligible in a timely manner.

What the Consultant will not do:

1. Interview, hire, train, supervise or fire the participant's employees.
2. Tell the participant's employees if the participant is unhappy with their work.
3. Fill out forms for the participant.
5. Find emergency back up employees or providers for the participant.
6. Write the purchasing plan for the participant.
7. Be able to get the participant more money if the participant spends more than his or her monthly budget.

I understand and accept the responsibilities listed in this agreement.

(Participant/Representative Signature)

(Date)

(Consultant Signature)

(Date)

REPRESENTATIVE AGREEMENT

Participant Name: _____

Participant ID # _____

I, (*Representative Name*) _____ have received comprehensive training regarding the Consumer Directed Care Plus (CDC+) Program, and have had the opportunity to have all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Participant Notebook and the Fiscal/Employer Agent (FEA) documents.

I voluntarily agree to serve as Representative for _____.

Agreed Upon Terms and Conditions for CDC+ Representatives

I understand that:

- the CDC+ participant will receive a monthly budget, which I will control and manage on behalf of the participant;
- I will not be paid for being a Representative and cannot be a paid employee or be paid for any service provided to the CDC+ participant referenced in this agreement;
- I will be fully trained on the CDC+ program and successfully complete a readiness review before I can officially act as the participant's Representative;
- the CDC+ consultant is not to write the Purchasing Plan for me; and
- the participant is the employer of record for directly hired employees.

I agree to:

- use the monthly budget for services and supports that meet the participant's needs and goals that are identified on the participant's support plan;
- make purchases in accordance with program guidelines;
- act for and in place of the participant in administering CDC+ monthly budget funds;
- maintain a log of and receipts for all purchases made with cash;
- maintain all original paperwork documenting time worked and services provided by employees (timesheets), services provided by vendors and independent contractors (invoices), and all purchases for which I have been reimbursed;
- submit purchasing plan updates and changes to the consultant in a timely manner so they can be processed by the necessary effective date;
- obtain background screenings for all directly hired employees and hire employees in accordance with program guidelines;
- submit with the purchasing plan a correctly completed Employee Packet for every directly hired employee who appears for the first time on that purchasing plan;
- submit with the purchasing plan a correctly completed Vendor Packet for every

vendor and independent contractor that appears for the first time on that purchasing plan;

- ensure the participant's health and safety are not at risk;
- comply with state and federal requirements for hiring and employing workers;
- authorize payment to employees only for time/hours worked;
- keep the participant's CDC+ information confidential; and
- accept the decision of CDC+ program staff regarding my assignment as Representative.

I understand:

- if I mismanage the participant's budget, I may be removed as Representative or the participant may be dis-enrolled from CDC+;
- the participant is legally responsible for paying the employer's share of employment-related taxes and I am responsible for making sure the necessary forms are completed so that the F/EA is informed of the employees' tax status;
- if I overspend the participant's budget, and no longer have funds in the participant's account, I am responsible for paying any outstanding obligations to employees, vendors and other providers from my personal funds and for reimbursing the participant's CDC+ account for the amount overspent; and
- CDC+ program staff may contact the participant's employees, independent contractors, and agencies to discuss their provision of services to the participant.

I agree to provide data and information as required, including but not limited to responding to surveys from the CDC+ program. I understand that information gathered will be used in the aggregate and no personally identifying information will be released without my permission.

I agree to hold harmless the State and its agencies, representatives and employees from the consequences of my choices as a Representative in the CDC+ program.

Representative Name

Representative Signature

Date

Participant Name

Participant Signature

Date

Consultant Name

Consultant Signature

Date

CDC+ Application
Instructions for Completion prior to attending the CDC+ training

Section I

- Print all information in capital letters
- Obtain the participant's (consumer's) Medicaid ID number. This 10 digit number can be obtained from your Waiver Support Coordinator.
- Be sure to complete the participant's date of birth, gender and race.
- Participant's primary language should be English unless the participant cannot speak English. Please provide the language in which you need your written materials.

Section II

- If the participant is a minor (under 18 years of age) and has parents, then the parents are the guardian. If someone else is the legal guardian, please check the legal guardian. If the participant is an adult (18 years of age or over) he or she must either be a competent adult or have a legal representative. If a parent of an adult has not been appointed legal representative through the court system, they are not considered that person's legal representative. Please get with your Waiver Support Coordinator if you have any doubts.

Section III

- This section is to be completed only if the participant has selected a person to be his or her CDC+ representative. This is NOT the same as a legal representative (although it can be the same person). Please refer to the Glossary of Terms for additional information.
- The representative must attend the CDC+ training and pass a Readiness Review in order to be the participant's official representative.
- Be sure to check the relationship of the representative to the participant.

Section IV

- You must select a Waiver Support Coordinator who is trained as a CDC+ Consultant. Please obtain a list of trained CDC+ Consultants from your APD Area Office.

Section V

- This section needs to be completed by your Waiver Support Coordinator/ CDC+ Consultant. Your Waiver Support Coordinator/ CDC+ Consultant can obtain the monthly budget amount from the APD Area Office.

Signatures

- If the participant is a minor, the parent or legal guardian will sign the top line. If the participant is a competent adult, the participant needs to sign. If the participant has a legal representative, the legal representative must sign. The consultant and APD Area Office will also sign this form.

Instructions to Complete Prior to Attending CDC+ Training

Please follow these instructions carefully. Doing so will allow you to complete your enrollment process in a timely manner.

1. **Glossary of Terms.** Please review this glossary to become familiar with all terms
2. **CDC+ Application.** Get with your Waiver Support Coordinator to fill out the CDC+ Application. Please refer to the document called *CDC+ Application Instructions for Completion prior to attending the CDC+ training*
3. **How to Select a Consultant.** You will need to select a Waiver Support Coordinator who has been trained in CDC+ as a Consultant. Check with your Waiver Support Coordinator to determine if he/she is a trained CDC+ Consultant, if you wish to continue using the same individual. If not, please contact your APD Area Office to obtain a list of available CDC+ Consultants. Refer to the attached documents called *Hiring and Working with Your Consultant*, *Questions you can ask when interviewing a Consultant* and *New Consultant Evaluation Form*.
4. **Obtain a copy of your most recent approved Cost Plan and Support Plan.** This information is needed in order to fill out your CDC+ Application and to determine your monthly budget amount.
5. **Select a 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. **Your representative MUST attend the CDC+ training and pass a readiness review in order for you to be enrolled in the CDC+ program. If you do not need a representative and will manage the CDC+ program on your own, you must attend the training and pass the readiness review in order to enroll in the CDC+ program.**
6. **Select one of the training options and call the APD Area Office** to confirm your (or your representative's) attendance at the CDC+ training.

**Consumer Directed Care Plus (CDC+)
List of APD Area Offices**

<p>Area 1: Escambia, Okaloosa, Santa Rosa, Walton Counties (850) 595-8351</p>	<p>Area 10: Broward County (954) 467-4218</p>
<p>Area 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla, Washington Counties (850) 487-1992</p>	<p>Area 11: Dade, Monroe Counties (305) 349-1478</p>
<p>Area 3: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union Counties (352) 955-5793</p>	<p>Area 12: Flagler, Volusia Counties (386) 947-4026</p>
<p>Area 4: Baker, Clay, Duval, St. Johns, Nassau Counties (904) 992-2407</p>	<p>Area 13: Citrus, Hernando, Lake, Marion, Sumter Counties (352) 330-2749</p>
<p>Area 7: Brevard, Orange, Osceola, Seminole Counties (407) 245-0440</p>	<p>Area 14: Hardee, Highlands, Polk Counties (863) 413-3360</p>
<p>Area 8: Charlotte, Collier, Glades, Hendry, Lee Counties (239) 338-1370</p>	<p>Area 15: Indian River, Martin, Okeechobee, St. Lucie Counties (772) 468-4080</p>
<p>Area 9: Palm Beach County (561) 837-5564</p>	<p>Suncoast Region: De Soto, Hillsborough, Manatee, Pasco, Pinellas, Sarasota Counties (813) 233-4300</p>



PARTICIPANT/CONSUMER PACKET

Step-by-Step Instructions

1. Informed Consent for Florida CDC+ Fiscal/Employer Agent (F/EA) **(MUST HAVE THE ORIGINAL WITH SIGNATURE)**

- Print participant/consumer's name.
- Leave Consumer ID number # area BLANK (APD will complete this for you).
- Participant/Consumer signs and dates the form on the signature line.
- Witness signs and dates form, if any of the following conditions apply:
 - participant/consumer is a minor (under age 18)
 - participant/consumer is age 18 or older and has a LEGAL GUARDIAN (appointed by the court)
 - participant/consumer signs with an X or a mark.
- Make a copy for your records.
- Bring the original to the training session.

2. IRS Form 2678 – Employer/Payer Appointment of Agent **(MUST HAVE THE ORIGINAL WITH SIGNATURE)**

- ◆ Complete ONLY page 1.
 - Go to Part 2 of form section:
 - Leave item #1 BLANK (APD will complete this for you).
 - Print in capital letters the participant/consumer's complete name in item #2 Employer's or payor's name).
 - Leave item #3 (trade name) BLANK.
 - Print in capital letters the consumer's mailing address in item #4.
 - Leave item #5 (forms) BLANK (APD has completed this for you).
 - Consumer signs in box indicated by an X.
 - Print the participant/consumer's name in box at lower right.
 - Title: Skip. APD has completed this for you. "household employer"
 - Enter phone number in box at lower right.
 - Enter the date signed.
 - Witness signs and dates form, if any of the following conditions apply:
 - participant/consumer is a minor (under age 18)
 - participant/consumer is age 18 or older and has a LEGAL GUARDIAN (appointed by the court)
 - participant/consumer signs with an X or a mark.
 - If document needs to be witnessed, simply make the witness line under the consumer's signature, as follows:
WITNESS: _____ Date: _____
 - Make a copy for your records.
 - Bring the original to the training session.

**3. IRS Form 8821 - Tax Information Authorization
(MUST HAVE THE ORIGINAL WITH SIGNATURE)**

- In Section 1 (Taxpayer information), print in capital letters the participant/consumer's
 - Complete name
 - Mailing address
 - Social Security number
 - Daytime telephone number
 - Leave Employer identification and Plan Number(s) BLANK (APD will complete this for you).
- Sections 2, 3, and 4 have been completed for you.
- Leave Sections 5 – 6 BLANK.
- In Section 7, consumer signs on first signature line.
- Leave second signature area BLANK.
- Enter the date signed.
- Print the name of the participant/consumer below his or her signature.
- In the 5 small boxes below the participant/consumer's printed name, enter any 5 numbers (but not all zeros) so APD can file this form electronically.
- Witness signs and dates form, if any of the following conditions apply:
 - participant/consumer is a minor (under age 18)
 - participant/consumer is age 18 or older and has a LEGAL GUARDIAN (appointed by the court)
 - participant/consumer signs with an X or a mark.
- If document needs to be witnessed, make the witness line under the consumer's signature, as follows:
WITNESS: _____ Date: _____
- Page 2 of this tax form has already been completed for you and is not included in this mailing.
- Make a copy for your records.
- Bring the original to the training session.

4. Direct Deposit Form (A copy of the form is acceptable)

- Please complete if Consumer or Representative wishes to receive by direct deposit the monthly cash check or reimbursement for personal funds used to pay vendors in accordance with program policies.
- All sections of form must be completed.
- Include a voided check.
- Make a copy for your records.
- Bring the original to the training session.

See a completed SAMPLE of each of the referenced forms in this packet.



PARTICIPANT/CONSUMER PACKET

- Step-by-Step Instructions
- Informed Consent for Florida CDC+ Fiscal/Employer Agent
- IRS Form 2678 - Employer Appointment of Agent
- IRS Form 8821 - Tax Information Authorization
- Direct Deposit Form (for Consumer/Representative)
- Completed SAMPLES of each of the packet forms



Informed Consent Florida CDC+ Fiscal/Employer Agent

Effective March 1, 2008, the Florida Agency for Persons with Disabilities (APD) became the Fiscal/Employer Agent (F/EA) for APD consumers participating in the Florida Consumer-Directed Care Plus (CDC+) Program. The role of the F/EA is to assure that all wage and tax-related issues are in compliance with applicable state and federal laws and regulations.

- APD will review all timesheets, invoices and other claims for payment to ensure that they are consistent with the consumer's Purchasing Plan, that all documents are completed properly and that adequate funds are available to pay the claim.

- APD will automatically calculate overtime when an employee works for a consumer more than 40 hours during the work week (except for Companion Services or for an employee who lives in the consumer's home). For CDC+, the work week is 12:00 AM (Midnight) Monday through 11:59 PM Sunday.

- APD will use a payroll company, Mains'l Services, Inc., to process payroll and distribute payments, including payroll, vendor payments, reimbursement payments and cash payments to consumers by check or electronic funds transfer (EFT). Mains'l Services, Inc., will also file appropriate tax returns and make appropriate tax payments on behalf of each consumer.

By your signature below, you delegate to APD and its sub-agent, Mains'l Services, Inc., a limited power of attorney to perform these tax-related tasks on your behalf and discuss, if necessary, tax information with appropriate federal and state government agencies (i.e. Internal Revenue Service and the Florida Department of Revenue).

Questions about any of the F/EA functions being provided by APD may be addressed to your consultant or APD Customer Service at 1-866-761-7043 or via email at APD_cdcinfo@apd.state.fl.us.

I understand and agree to the F/EA and sub-agent functions stated above.

Participant/Consumer (PRINT NAME)	Consumer ID #
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Signature of Participant/Consumer	Date
-----------------------------------	------

Signature of Witness	Date
----------------------	------



Direct Deposit Form

for

Employee Cons/Rep Vendor Independent Contractor

Instructions:

1. Complete the "Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form.
5. **Mail to:**

Consumer Directed Care Plus
 Agency for Persons with Disabilities
 4030 Esplanade Way, Suite 380
 Tallahassee, FL 32399-0950

Required Information

Employer/Consumer Name and CDC+ ID Number: _____

PLEASE PRINT

Employee Name: _____

Employee Email Address: _____

A voided check, not a deposit form, **MUST** be attached to this form for the request to be processed.

Complete for Direct Deposit

I would like my wages/salary/payments deposited to the following bank account:

Bank Account Type: Checking Savings

Bank Name: _____

Bank Routing Number (9 digits): ___ ___ ___ ___ ___ ___ ___ ___

Bank Account Number: _____

Please **attach one** of the following (check one):

- Voided check (deposit slips are not accepted)
- Bank letter or specification sheet* **See your local bank representative.*

Signature _____ **Date** _____



SAMPLE



Direct Deposit Form

for

- Employee
 Cons/Rep
 Vendor
 Independent Contractor

Instructions:

1. Complete the "Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form.
5. Mail to:

Consumer Directed Care Plus
 Agency for Persons with Disabilities
 4030 Esplanade Way, Suite 380
 Tallahassee, FL 32399-0950

Required Information

Employer/Consumer Name and CDC+ ID Number: CONSUMER OR REPRESENTATIVE NAME
 LEAVE CONSUMER ID BLANK (APD WILL COMPLETE THIS FOR YOU WHEN ASSIGNED)

PLEASE PRINT

Employee Name: CONSUMER OR REPRESENTATIVE NAME that complete the deposit for

Employee Email Address: CONSUMER OR REPRESENTATIVE Email address i.e. consumer@yahoo.com

A voided check, not a deposit form, **MUST** be attached to this form for the request to be processed.

Complete for Direct Deposit

I would like my wages/salary/payments deposited to the following bank account:

Bank Account Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	<u>BANK of XXXxxxxxx</u>	
Bank Routing Number (9 digits):	1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__	
Bank Account Number:	<u>123456789</u>	
Please attach one of the following (check one):		
<input checked="" type="checkbox"/> Voided check (deposit slips are not accepted)		
<input type="checkbox"/> Bank letter or specification sheet* *See your local bank representative.		

Signature Consumer/Representative Signature Date x/xx/xx

This is the signature of the actual account holder. If this Deposit form is for completing for deposit to the Representative account, then it would be the signature of the Representative. If the Deposit request is for the Consumers account, then the signature would be of the participant/consumer.