Consumer/Representative Training
Module 4: Payroll

Ron DeSantis
Governor

Barbara Palmer
Director
### Payroll

<table>
<thead>
<tr>
<th>Timesheets and Invoices</th>
<th>Payroll Schedule</th>
<th>Submitting and Tracking</th>
<th>Reconciling</th>
</tr>
</thead>
</table>

**Agency for Persons with Disabilities**

State of Florida
Types of Claims

- **Directly Hired Employees**: Timesheet
- **Agency Vendors & Independent Contractors**: Invoice
- **Representative Reimbursements**: Receipt
# FLORIDA CDC+ WEEKLY TIMESHEET

<table>
<thead>
<tr>
<th>Date Worked</th>
<th>Service Code</th>
<th>Enter Plan Section</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hrs. Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo Day Code</td>
<td></td>
<td></td>
<td>H H M M</td>
<td>H H M M</td>
<td>H H M M</td>
<td>H H M M</td>
<td></td>
</tr>
</tbody>
</table>

**Service Code Totals:**

| # | # | # | # | ALL | 0.00 | 0.00 |

**This is required information:**

- **Live-in Employee:** Yes/No

**Employee Signature**

**Participant/Representative Signature**

**Date**

**NOTE:**

1. You must indicate if the employee is a live-in employee. To qualify as a live-in, the employee must live with the participant or stay overnight during the course of providing the service. Live-in employees are not paid time and a half when they work more than 40 hours in a work week.

2. The CDC+ work week is from 12:00 AM (midnight) on Monday through Sunday at 11:59 PM.

3. The participant/representative is responsible for entering the Section of the Purchasing Plan in which the employee's services are budgeted. If budgeted in Services, enter R; if budgeted in Savings, enter S; if budgeted in the Short Term Expenditures section, enter T.

4. The participant/representative is responsible for entering a Y or N in the Back Up column to indicate whether or not the employee is working as an Emergency Back Up (EBU) provider based on the approved Purchasing Plan that covers this work week. EBUs are only budgeted in the Services Section.
### Florida CDC+ Weekly Timesheet

**Employee:** Millie Monroe  
**Participant:** Patty Participant

**Contact Information:**  
Phone: 123-456-1718  
Email: SarahRep@yahoo.com

#### Time Log

<table>
<thead>
<tr>
<th>Date Worked</th>
<th>Service</th>
<th>Enter Plan Section*</th>
<th>Back Up</th>
<th>Time IN</th>
<th>Time OUT</th>
<th>Time IN</th>
<th>Time OUT</th>
<th>Total Hrs. Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/7</td>
<td>R</td>
<td>Y</td>
<td>0800 AM</td>
<td>0200 PM</td>
<td>0200 PM</td>
<td>0300 PM</td>
<td></td>
<td>6.00</td>
</tr>
<tr>
<td>12/7</td>
<td>R</td>
<td>N</td>
<td>011</td>
<td>0200 PM</td>
<td>0300 PM</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>12/10</td>
<td>R</td>
<td>Y</td>
<td>0800 AM</td>
<td>0200 PM</td>
<td>0200 PM</td>
<td></td>
<td>6.00</td>
<td></td>
</tr>
<tr>
<td>12/10</td>
<td>R</td>
<td>N</td>
<td>011</td>
<td>0200 PM</td>
<td>0300 PM</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>12/12</td>
<td>R</td>
<td>Y</td>
<td>011</td>
<td>1200 PM</td>
<td>0300 PM</td>
<td></td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>12/13</td>
<td>R</td>
<td>Y</td>
<td>011</td>
<td>1200 PM</td>
<td>0300 PM</td>
<td></td>
<td>3.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Service Code Totals:

- #32: 12.00
- #11: 8.00

**Live-in Employee:** Yes

**Signature:** Sarah Rep  
**Date:** 12/14/2016
## INVOICE SAMPLE

### FROM
Name: Consumable Supplies Inc.
1234 Easy Street
Anywhere, Fl 23569

### TO
Consumer Name: Patty Participant

### Date of Service
<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Start Time</th>
<th>End Time</th>
<th>Units</th>
<th>Rate:/hr</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/21/2016</td>
<td></td>
<td></td>
<td>2</td>
<td>26.00</td>
<td>52.00</td>
</tr>
</tbody>
</table>

2 cases of Lg Briefs

### Signature
#12345

Goods and Service received as shown

Sarah Representative 12/2/2016
Sarah Representative
<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Start Time</th>
<th>End Time</th>
<th>Units</th>
<th>Rate/hr</th>
<th>Total</th>
<th>Paid</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/21/2016</td>
<td></td>
<td></td>
<td>2</td>
<td>26.00</td>
<td>52.00</td>
<td>52.00</td>
<td>0</td>
</tr>
</tbody>
</table>

2 cases of Lg Briefs

#12345

Paid in full check #1678 12/1/2016
Mary Clark, Owner

Goods and Service received as shown

Sarah Representative 12/2/2016

Sarah Representative

FROM
Name: Consumable Supplies Inc.
1234 Easy Street
Anywhere, Fl 23569

TO
Consumer Name: Patty Participant

*Date of Invoice: 12/1/2016
Payroll Schedule

- Work week = 12:00 am Mon. – 11:59 pm Sun.
- Bi-weekly Payroll
  - Payroll entries must be \textit{completed} by 5:00 pm on Tuesday of payroll weeks
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-16</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Pay Day</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-17</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>End Pay Period</td>
<td>New Year's Day (Observed)</td>
<td>Payroll Deadline 5 pm 12/19 - 1/1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Pay Day</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>End Pay Period</td>
<td>MLK Day</td>
<td>Payroll Deadline 5 pm 1/2 - 1/15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>Pay Day</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Submitting Payroll

Online Secure Payroll

CDC+ Customer Service
Warning

APD CDC+ Secure Web-based Payroll System

This site is for the exclusive use of current CDC+ consumers and their authorized consumer representatives.

Unauthorized use or access of this application or its resources is strictly prohibited.

This application and its resources may only be used or accessed by explicitly authorized individuals.

Unauthorized use or access of this application or its resources will be prosecuted to the fullest extent of all applicable United States Federal and State of Florida laws.

If you have questions regarding your authorization to use this application or its resources, call 1-866-761-7043 Toll Free.

UserName: ConsumerC99999
Password: **********
APD CDC+ Secure Web-based Payroll System

MAIN MENU

This is where you are to enter your CDC+ timesheets, invoices, and reimbursement requests.

Entering information in this system does not guarantee payment. Payment depends on correct entry of all information based on your approved Purchasing Plan and availability of funds in your account.

After you have entered and submitted each timesheet, invoice, or reimbursement request, a new screen will appear and will give you a tracking number and instructions on how to check the status of your payment request.

PLEASE SELECT THE FORM YOU WANT TO ENTER

- Employee Weekly Timesheet
- Agency/Vendor or Independent Contractor Invoice
- Consumer or Representative Reimbursement Request
- Consumer Statement
- Check Transaction Status

Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.
**Employee Weekly Timesheet**

Each week in the 2-week pay period coincides with the CDC+ work week which begins at 12:00 a.m. Monday and ends Sunday at 11:59 p.m.

At the end of each work week, you (i.e., the consumer or representative) should have a completed paper timesheet for each of your employees that both you and your employee have signed. Even though you may have more than one paper timesheet for an employee for services provided during the same work week, all the sheets together are considered one completed timesheet for that employee.

Enter the requested information from the employee’s completed timesheet into the spaces shown below. You must enter ALL of the time worked for all services during one work week before you hit the submit button. Once you hit the submit button, you cannot enter any more services provided by that employee for that work week. When you have submitted your timesheet entry, you should have only one tracking number for each of your employees who worked during each work week.

Please notice that the paper timesheets require that you enter “time in” and “time out” for each day worked. However, when you enter the payroll information using the web-based system, you will provide only the TOTAL number of hours and minutes worked (to the nearest 15 minutes) in a lump sum for each work week for each service.

You may enter your employee’s weekly timesheet(s) at the end of each work week if you wish to do so. As soon as the work week is over on Sunday at 11:59 p.m., and you have a completed and signed timesheet for the work week, you can enter that week’s time worked until Tuesday at 5:00 p.m. after the end of the pay period. Please review the pay schedule to verify the end of each pay period. The pay schedule is posted on the CDC+ webpage at [http://apd.myflorida.com/cdcplus](http://apd.myflorida.com/cdcplus).

If you receive an error message after hitting “Add” you can correct the error and hit “Add” again.

When you have completed the week's timesheet entry, hit "Submit Timesheet." You will then record your tracking number and check the status later.

**Consumer: F39Name L39Name**

<table>
<thead>
<tr>
<th>Work Week:</th>
<th>Employee ID:</th>
</tr>
</thead>
</table>

*Click on the SUBMIT button ONLY if you have entered ALL of the services and time this employee has worked during the pay period. If you have more than one paper timesheet for this employee, enter ALL of the information from ALL of the timesheets before you submit for payment.*

### Services

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th># Units</th>
<th>Rate</th>
<th>Taxes</th>
<th>Monthly Cost</th>
<th>Begin Date</th>
<th>End Date</th>
<th>EBM</th>
<th>Provider</th>
<th>Hours</th>
<th>Minutes</th>
<th>BilledUnits</th>
<th>UnSubmitted Units</th>
<th>Submitted Units</th>
<th>Remaining Units</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
</table>

### Savings

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th># Units</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Hours</th>
<th>Minutes</th>
<th>BilledUnits</th>
<th>UnSubmitted Units</th>
<th>Submitted Units</th>
<th>Remaining Units</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
</table>

### Site

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th># Units</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Hours</th>
<th>Minutes</th>
<th>BilledUnits</th>
<th>UnSubmittedUnits</th>
<th>SubmittedUnits</th>
<th>RemainingUnits</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
</table>

©2008 Agency for Persons with Disabilities
| Provider ID: 830008 LAMPERT'S HOME THERAPY, INC |

| Date of Invoice: 07/15/2018 | Year: 2018 | Month: 0 | Invoice Number: 12345 |

**Services**

<table>
<thead>
<tr>
<th>SA#</th>
<th>Service Code</th>
<th>Service</th>
<th># Units</th>
<th>Rate</th>
<th>Taxes</th>
<th>Monthly Cost</th>
<th>Begin Date</th>
<th>End Date</th>
<th>EBU</th>
<th>Provider</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>Amount</th>
<th>Billed</th>
<th>Un-Submitted Amount</th>
<th>Submitted Amount</th>
<th>Remaining Amount</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>154879</td>
<td>029</td>
<td>OT</td>
<td>4.00</td>
<td>66.76</td>
<td>0.00</td>
<td>267.94</td>
<td>05/01/2016</td>
<td>12/31/999</td>
<td>No</td>
<td>LAMPERT'S HOME THERAPY, INC</td>
<td>✓</td>
<td>✓</td>
<td>$</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>267.94</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Savings**

<table>
<thead>
<tr>
<th>SA#</th>
<th>Service Code</th>
<th>Service</th>
<th># Units</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>Amount</th>
<th>Billed</th>
<th>Un-Submitted Amount</th>
<th>Submitted Amount</th>
<th>Remaining Amount</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>60005</td>
<td>029</td>
<td>OT</td>
<td>12.00</td>
<td>66.76</td>
<td>0.00</td>
<td>801.12</td>
<td>09/01/2016</td>
<td>09/01/2016</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>$</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>801.12</td>
</tr>
</tbody>
</table>

**BTE**

No Records Found

**OTE**

No Records Found

©2008 Agency for Persons with Disabilities
### Services

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th>U/L</th>
<th>Rate</th>
<th>Taxes</th>
<th>Monthly Cost</th>
<th>Begin Date</th>
<th>End Date</th>
<th>EBU</th>
<th>Primary Provider</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>UnSubmittedAmt</th>
<th>SubmittedAmt</th>
<th>Remaining</th>
<th>Edit Delete</th>
</tr>
</thead>
</table>

### Savings

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th>U/L</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>UnSubmittedAmt</th>
<th>SubmittedAmt</th>
<th>Remaining</th>
<th>Edit Delete</th>
</tr>
</thead>
</table>

### STE

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th>U/L</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>UnSubmittedAmt</th>
<th>SubmittedAmt</th>
<th>Remaining</th>
<th>Edit Delete</th>
</tr>
</thead>
</table>

### OTE

<table>
<thead>
<tr>
<th>S#</th>
<th>Service Code</th>
<th>Service</th>
<th>U/L</th>
<th>Rate</th>
<th>Taxes</th>
<th>Total Budget</th>
<th>Begin Date</th>
<th>End Date</th>
<th>First Day of Service</th>
<th>Last Day of Service</th>
<th>UnSubmittedAmt</th>
<th>SubmittedAmt</th>
<th>Remaining</th>
<th>Edit Delete</th>
</tr>
</thead>
</table>

©2008 Agency for Persons with Disabilities
Check Transaction Status

Enter your Tracking Number:  
Search

©2008 Agency for Persons with Disabilities

This application is best viewed in the following browsers:

Microsoft Internet Explorer 6.0 or higher
Important Information to Ensure On-time Payment

You will receive a tracking number for each timesheet, invoice, or request for reimbursement that you submit. Please print the page that displays your tracking number, or if you do not have a printer, please carefully write down the number.

It is very important (and it is the consumer /representative’s responsibility) to check the tracking status. The consumer/representative is to use the issued tracking number(s) to “check transaction status” for each submitted claim a few hours after each timesheet, invoice, or request for reimbursement has been entered. To check your transaction status click on the fourth (bottom) button, above, entitled “Check Transaction Status. This will take you to a screen where you will enter your tracking number and then hit the “Search” button. You will then be provided the status of payment processing.

If you receive the message, “Processing, please check back for an updated status,” please wait three to four hours and check back. If you enter payment information after 5 p.m. Eastern Time, processing may not be complete until the next morning.

The APD payment system functions very effectively but in order to help us provide on-time payments you must check the transaction status on all Web submissions, and alert CDC+ staff immediately when you receive any message other than “Processing” or “Approved”.
Tracking Spending

- Use Calendar
- Log or Track submissions
- Reconcile your account
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total Hours Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>2  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>3  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>4  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>5  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>6  Kim(22)6:30a-8a Joe(11)2p-7:30p</td>
<td>7  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs</td>
</tr>
<tr>
<td>8  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>9  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>10  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>11  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>12  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>13  Kim(22)6:30a-8a Joe(11)2p-7:30p</td>
<td>14  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs</td>
</tr>
<tr>
<td>15  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>16  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>17  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>18  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>19  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>20  Kim(22)6:30a-8a Joe(11)2p-7:30p</td>
<td>21  Joe(32)7a-1a Dan(11)1p-9p</td>
<td>Joe(32) = 34hrs Joe(11) = 5.5hrs Kim(22) = 7.5hrs Dan(11) = 16hrs</td>
</tr>
<tr>
<td>22  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>23  Kim(22)6:30a-8a Joe(32)2p-9:00p</td>
<td>24  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>25  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>26  Kim(22)6:30a-8a Joe(11)2p-7:30p</td>
<td>27  Kim(22)6:30a-8a Joe(11)2p-7:30p</td>
<td>28  Joe(32)7a-2p Dan(11)2p-9p</td>
<td>Joe(32) = 31hrs Joe(11) = 11hrs Kim(22) = 7.5hrs Dan(11) = 16hrs</td>
</tr>
<tr>
<td>29  Joe(32)7a-1p Dan(11)1p-9p</td>
<td>30  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td>31  Kim(22)6:30a-8a Joe(32)2p-7:30p</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monthly Hours Joe(32) = 149.0hrs Joe(11) = 27.5hrs Kim(22) = 33.0hrs Dan(11) = 68hrs</td>
</tr>
</tbody>
</table>

Joe(32) = 179hrs Joe(11) = 8hrs
Account Reconciliation

Monthly Deposit
- Timesheets
- Invoices
- Reimbursements

Remaining Balance
Timesheets and Invoices

Payroll Schedule

Submitting and Tracking

Reconciling
Thank you for your participation

For additional questions, please contact:

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850-274-1211

Or CDC+ Customer Service
1-866-761-7043

CDC+ Website http://apdcares.org/cdcpplus/