

## Checklist – CDC+ Representative

Your review period is: \_\_\_\_\_

**EXCEPT** for Timesheets, which should be submitted for 6 months only: \_\_\_\_\_

Please see entire Discovery Review Tool at [www.florida.qlarant.com](http://www.florida.qlarant.com). For services provided and billed during the period under review, please submit the following documents.

Items marked with an (A) are Alert items and if not provided will be identified at the close of the review.

- ☐ Complete and signed Participant/Representative Agreement
- ☐ Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) (6 months)
- ☐ Signed and approved Invoices for Vendor Payments (if applicable) (review period)
- ☐ Signed and approved receipts/statement of “Goods and Services” for reimbursement items (if applicable, for the review period)
- ☐ Complete Employee Packets for all Directly Hired Employees
- ☐ Complete Vendor Packets for all vendors and independent contractors (if applicable)
- ☐ Background screening results for all Directly Hired Employees (DHE’s) who render direct care (A)
- ☐ Background screening results for all Independent Contractors who render direct care (A)
- ☐ Employee/Contractor Roster within the Department of Children and Families/APD Background Screening Clearinghouse (A)
- ☐ Completed and signed Job Descriptions for each Directly Hired Employee
- ☐ All applicable signed and approved Purchasing Plans (review period)
- ☐ All applicable signed and approved Quick Updates (review period)
- ☐ Copies of Support Plan(s) for entire period of review (current and previous)
- ☐ Copies of Cost Plan(s) for entire period of review (current and previous)
- ☐ Emergency Backup Plan
- ☐ Corrective Action Plan (if applicable)
- ☐ Monthly Statements for period of review review period
- ☐ Documentation to support the reconciliation of Monthly Statements review period