

Service Specific Record Review – CDC+ Representative

#	Performance Measure/Standard	Protocol	Not met reasons
1	Complete and signed Participant/ Representative Agreement is available for review.	<p>1915j (p18-19); CDC+ Rule Handbook 1-20, 2-4 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • Participant-Representative (Rep) Agreement is in the record. • Agreement is signed and dated by Participant/Legal Representative, Consultant and Representative. • Agreement is required even if participant is their own representative. 	<ol style="list-style-type: none"> 1) The Participant-Representative Agreement was not available for review. 2) The Participant-Representative Agreement was not signed and dated by the Participant/Legal Representative. 3) The Participant-Representative Agreement was not signed and dated by Representative. 4) The Participant-Representative Agreement was not signed and dated by Consultant.
2	Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	<p>CDC+ Rule Handbook 2-2 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • Does Participant have DHE's on the Purchasing Plan? If no, score N/A. • Timesheets for each DHE are in the record for entire period of review. • Timesheets are complete showing hours worked and are signed/dated by the DHE and Participant/Representative. • Add Discovery regarding date specifics. 	<ol style="list-style-type: none"> 1) Timesheet(s) were not available for review. 2) One or more timesheet (s) were not available for review. 3) Timesheet(s) were incomplete and did not reflect hours worked. 4) Timesheet (s) did not have correct service code. 5) Timesheet(s) did not have one service code per line. 6) Timesheet(s) were not signed by DHE(s) or dated. 7) One or more timesheet(s) were not signed or dated by DHE(s) 8) Timesheet(s) were not signed, dated and approved by Participant/Representative. 9) One or more timesheet(s) were not signed or dated by the Participant/Representative. 10) One or more timesheets were signed prior to last date worked.

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3	Signed and approved Invoices for Vendor Payments are available for review.	<p>CDC+ Rule Handbook 2-2 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • If there are no Vendors listed on Purchasing Plan, score N/A. • Invoices for vendor payments are in the record. • Invoices are complete, signed and “approved” by the Participant/Representative. • Add Discovery regarding which invoices were not available. 	<ol style="list-style-type: none"> 1) Invoice(s) were not available for review. 2) Invoice(s) were not signed and approved by Participant/Representative. 3) Some but not all invoices were signed and approved by Participant/Representative. 4) Some but not all invoices were available for review.
4	Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	<p>CDC+ Rule Handbook 2-3 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • Is the Participant reimbursed for any services paid for “out of pocket” (services identified in the Savings or One Time Expenditure/Short Term Expenditure sections of the Purchasing Plan)? If no, score N/A. • Invoice must show a zero balance or paid in full, participants name, date, Vendor’s signature, printed name and title. • Representative signed and approved by writing on the invoice “Goods/services received as shown”. • Add Discovery regarding which receipts were not available. 	<ol style="list-style-type: none"> 1) Receipt(s) were not available for review. 2) Some but not all receipts(s) were available for review. 3) Receipt(s) were not signed and approved by Participant/Representative. 4) Receipt(s)/Statements did not show zero balance and/or paid in full.
5	Complete Employee Packets for all Directly Hired Employees are available for review.	<p>CDC+ Rule Handbook 1-19, 2-2 COMPLIANCE</p> <p>Determine:</p>	<ol style="list-style-type: none"> 1) Employee Packet(s) were not available for review for all Directly Hired Employees. 2) Employee Packet(s) did not contain fully completed/signed Employee Information Form.

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		<ul style="list-style-type: none"> Does Participant have DHE's on the Purchasing Plan? If no, score N/A. Complete Employee Packet is in the record for each DHE. A complete packet includes the Employee Information form, a W-4 and an I-9. 	<ol style="list-style-type: none"> Employee Packet(s) did not contain fully completed/signed W4. Employee Packet(s) did not contain a fully completed/signed I-9.
6	Complete Vendor Packets for all vendors and independent contractors are available for review.	<p>CDC+ Rule Handbook 1-19, 2-2 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> Does Participant have vendors and/or independent contractors on the Purchasing Plan? If no, score N/A. Complete Vendor Packet is in the record for each vendor and/or Independent contractor. A complete packet includes the Vendor Information Form and a W-9 (W-9 is required for independent contractor's only). 	<ol style="list-style-type: none"> Vendor Packet(s) were not available for review for all vendor(s) and independent contractor(s). Vendor Packet(s) did not contain the Vendor Information Form. Vendor Packet(s) did not contain IRS Form W-9 (required for Independent Contractor's only).
7	Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	<p>1915j (p18); CDC+ Rule Handbook 1-5; 1-20, 2-2, 3-1, 3-2 COMPLIANCE</p> <ul style="list-style-type: none"> Check the Purchasing Plan for the list of providers who render direct care including DHE's, as well as emergency backup workers. <p>For each DHE who renders direct care, including anyone identified as an emergency backup worker determine:</p> <ul style="list-style-type: none"> Date of hire; Affidavit of Good Moral Character is complete, signed and notarized (*Note: Newer form entitled Certification of Good Moral Character does not require notary); If screening is prior to 5/25/15-Florida Department of Law Enforcement screening clearance letter or another acceptable form of screening clearance is in the record; 	<ol style="list-style-type: none"> Affidavit/Certification of Good Moral Character was not available for review. Affidavit/Certification of Good Moral Character was present but was not signed by employee. Affidavit/Certification of Good Moral Character was present but was not notarized*. Current FDLE/FBI clearance was not present at the time of the review. (A) Florida Department of Law Enforcement screening clearance letter or another acceptable form of FDLE screening was not available for review (pre 5/25/15 results). (A) Federal Bureau of Investigation screening clearance letter was not available for review

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		<ul style="list-style-type: none"> • If screening is prior to 5/25/15- Federal Bureau of Investigation screening clearance letter or another acceptable form of screening clearance is in the record; • 5-year re-screenings require a new APD Affidavit of Good Moral Character, and new APD General FDLE/FBI clearance through the DCF/APD Background Screening Clearinghouse. • When applicable, criminal records with possible disqualifiers have been resolved through court dispositions; and • When applicable, look for evidence of State/Regional Office exemptions on disqualifying offenses. <p>For Independent Contractors, See standard 8.</p> <p>Note: For screening results done through the DCF/APD Background Screening Clearinghouse and dated May 25th 2015 or later, results must show status as <u>APD CDC Eligible</u>.</p> <p style="text-align: center;">Not Met on this standard is an automatic alert</p>	<p>and was required of employee (pre 5/25/15 results). (A)</p> <p>7) Background screening results identified a disqualifying offense for an active employee. (A)</p> <p>8) Screening Results from the DCF/APD Background Screening Clearinghouse did not show status as APD CDC Eligible. (A)</p> <p>9) Employee was not fully re-screened following a greater than 90 day lapse in employment. (A)</p>
8	Background screening results for all Independent Contractors who render direct care are available for review.	<p>1915j (p18); CDC+ Rule Handbook 1-5; 1-20, 2-2, 3-1, 3-2 COMPLIANCE</p> <ul style="list-style-type: none"> • Check the Purchasing Plan for the list of providers who render direct care including Independent Contractors, as well as emergency backup workers. <p>For Independent Contractors, review the Vendor Information form and determine:</p>	<p>1) Independent Contractor was not a Medicaid Waiver provider or a professionally licensed provider and background screening results were not available for review. (A)</p> <p>2) Affidavit/Certification of Good Moral Character was not available for review.</p> <p>3) Affidavit/Certification of Good Moral Character was present but was not signed by Independent Contractor.</p>

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		<ul style="list-style-type: none"> • Whether or not the Independent Contractor is a Medicaid Waiver Provider or has a current Professional License from FL Department of Health. If the Independent Contractor is not a Medicaid Waiver Provider and they are not professionally licensed, the Representative is required to show copies of background screening documentation for the Independent Contractor. • If the Independent Contractor is a Medicaid Waiver Provider or they hold a current professional license from FL Department of Health and the IC is providing services under that license, the Representative is not required to show copies of background screening documentation for the Independent Contractor and the standard would be n/a. <p>For each applicable Independent Contractor who renders direct care, including anyone identified as an emergency backup worker determine:</p> <ul style="list-style-type: none"> • Date of hire; • Affidavit of Good Moral Character is complete, signed and notarized (*Note: Newer form entitled Certification of Good Moral Character does not require notary); • If screening is prior to 5/25/15-Florida Department of Law Enforcement screening clearance letter or another acceptable form of screening clearance is in the record; • If screening is prior to 5/25/15- Federal Bureau of Investigation screening clearance letter or another acceptable form of screening clearance is in the record; • 5-year re-screenings require a new APD Affidavit of Good Moral Character, and new APD General 	<p>4) Affidavit/Certification of Good Moral Character was present but was not notarized*.</p> <p>5) Screening Results from the DCF/APD Background Screening Clearinghouse did not show status as APD CDC Eligible. (A)</p>

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		<p>FDLE/FBI clearance through the DCF/APD Background Screening Clearinghouse.</p> <ul style="list-style-type: none"> • When applicable, criminal records with possible disqualifiers have been resolved through court dispositions; and • When applicable, look for evidence of State/Regional Office exemptions on disqualifying offenses. <p><u>Please Note:</u> As a best practice, Representatives are encouraged to request copies of background screening results for key staff working with the participant from any Vendor or Independent Contractor regardless of whether or not they are a Medicaid Waiver provider or Professionally Licensed.</p> <p>Note: For screening results done through the DCF/APD Background Screening Clearinghouse and dated May 25th 2015 or later, results must show status as <u>APD CDC Eligible</u>.</p> <p>Effective 1/1/2019, Independent Contractors are required to complete the Affidavit/Certification of Good Moral Character.</p> <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	
9	The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	<p>CMS Assurance – Qualified Providers 1915j (p18); CDC+ Rule Handbook 1-5; 1-20, 2-2, 3-1, 3-2; F.S. 435.12(2)(c) COMPLIANCE</p> <p>CDC+ Representatives are required to maintain an Employee/Contractor Roster in the Clearinghouse.</p>	<p>1) CDC+ Representative has not created an Employee/Contractor Roster within the DCF/APD Background Screening Clearinghouse. (A)</p> <p>2) CDC+ Representative does not maintain the employment status of all who provide direct care on the Employee/Contractor Roster</p>

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		<p>Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the AHCA Clearinghouse.</p> <p>Review Roster to locate names (DHE, EBU, IC and Vendors) from Purchasing Plan for all of the people the CDC+ Representative is required to retain background screening results.</p> <p>NOTE: For Vendors, the only employees that can be listed on the roster are those the Representative has initiated the screening for or completed an agency review for. This could include Independent Contractors if they were hired directly by the Rep and not employed through an agency. If the Rep hires an agency, the agency will not be listed on the Roster.</p> <p>Review the Retained Prints Expiration Date on the Roster.</p> <ul style="list-style-type: none"> • Score standard Met: <ul style="list-style-type: none"> ○ If the CDC+ Representative presents Employee/Contractor Roster from the DCF/APD Background Screening Clearinghouse, and ○ All names from Purchasing Plan who required screening in the DCF/APD Background Screening Clearinghouse by the Representative are listed on the Roster, and ○ Retained prints are not expired. • Score standard Not Met if: 	<p>within the DCF/APD Background Screening Clearinghouse. (A)</p> <p>3) Applicable name(s) from Purchasing Plan were not listed on the Employee/Contractor Roster within the DCF/APD Background Screening Clearinghouse. (A)</p> <p>4) Retained Prints Date on the Employee/Contractor Roster within the DCF/APD Background Screening Clearinghouse was expired. (A)</p>

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		<ul style="list-style-type: none"> ○ The CDC+ Representative does not have an Employee/Contractor Roster from the DCF/APD Background Screening Clearinghouse, or ○ One or more names from Purchasing Plan who have been screened in the DCF/APD Background Screening Clearinghouse are not on the Roster, and/or ○ One or more names from Purchasing Plan who have been screened indicate retained prints date is expired. <p>Note: If a person from the Purchasing Plan has not yet been screened in the DCF/APD Background Screening Clearinghouse (five-year re-screening has not come due), do not score not met based on their status.</p> <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	
10	Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	<p>CDC+ Rule Handbook 2-1; 2-2 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • Does Participant have DHE's on the Purchasing Plan? If no, score N/A. • Job descriptions for each DHE are complete and in the record. • Job descriptions are signed by the DHE and the Employer or Representative. <p>Note: Even if Participant and Representative are separate the Participant is Employer of Record and can sign in place of the Representative.</p>	<ol style="list-style-type: none"> 1) Job Descriptions for each service provider were not available for review. 2) Job Description(s) were incomplete. 3) Job Description(s) were not signed by employee. 4) Job Description(s) were not signed by Employer or Representative.

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11	All applicable signed and approved Purchasing Plans are available for review.	<p>1915j (p19-20); CDC+ Rule Handbook 1-19, 2-2, 3-4 – 3-9 COMPLIANCE</p> <ul style="list-style-type: none"> • Verify effective dates for Purchasing Plans. • Verify Purchasing Plan(s) for the period of review is in the record. • Purchasing Plan is complete. • Signature box below Budget Summary section of the Purchasing Plan includes signatures of the: <ul style="list-style-type: none"> ○ Participant and/or Representative ○ Consultant ○ APD Staff ○ Note: APD will provide date of current Purchasing Plan. 	<ol style="list-style-type: none"> 1) Current Purchasing Plan was not available for review. 2) Current Purchasing Plan was not signed and dated by Participant or Representative. 3) Current Purchasing Plan was not signed and dated by Consultant. (**Not Met but not calculated into score) 4) Current Purchasing Plan was not signed and dated by APD Staff. (**Not Met but not calculated into score) 5) Current Purchasing Plan was not complete. 6) Some but not all Purchasing Plans in effect during this review period were available for review.
12	All applicable signed and approved Quick Updates are available for review.	<p>CDC+ Rule Handbook 3-4, 3-9 COMPLIANCE</p> <ul style="list-style-type: none"> • Ask Representative if any Quick Updates have been submitted and determine reason for the updates. • Verify Quick Updates for the period of review are in the record. • Quick Updates are signed by Participant and/or Representative, Consultant and APD Staff. • Note: APD will provide number and dates of applicable Quick Updates. <p>Note: If no Quick Updates were required during review period, score N/A.</p>	<ol style="list-style-type: none"> 1) Quick Update was not signed by Participant and/or Representative. 2) Quick Update was not signed by Consultant. (**Not Met but not calculated into score) 3) Quick Update was not signed by APD Staff. (**Not Met but not calculated into score) 4) Some but not all Quick Updates processed during this review period were available for review. 5) Quick Update was completed when update should have been a Purchasing Plan Update.
13	Copies of Support Plan(s) are available for entire period of review.	<p>CDC+ Rule Handbook 2-3, 3-4, 3-5, 3-8 COMPLIANCE</p>	<ol style="list-style-type: none"> 1) The current Support Plan was not in the record.

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		Determine: <ul style="list-style-type: none"> • Current Support Plan is present. • Current Support Plan is complete including signature page with Participant/Legal Representative signature. 	2) The current Support Plan was not signed and dated by the person/legal representative. (**Not Met but not calculated into score) 3) The current Support Plan was not signed and dated by Support Coordinator. (**Not Met but not calculated into score)
14	Copies of approved Cost Plan(s) are available for entire period of review.	CDC+ Rule Handbook 3-4, 3-5, 3-9 COMPLIANCE Determine: <ul style="list-style-type: none"> • Copy of an approved Cost Plan(s) is in the record for the period of review. Note: No specific Cost Plan form or screen printout is required. Reviewer simply needs to be able to verify what services have been approved and time period it covers.	1) Approved Cost Plan was not in the record. 2) Cost Plan was in the record but it is not approved. 3) Some but not all approved Cost Plans for review period were in the record.
15	Emergency Backup Plan is complete and available for review.	1915j (p18); CDC+ Rule Handbook 1-11, 3-3 COMPLIANCE All Participants are required to develop an Emergency Backup Plan. Determine: <ul style="list-style-type: none"> • Emergency Backup Plan is in the record and complete. • Emergency Backup Plan is updated for critical services as needed. • Discuss with the Representative who the backup providers are to ensure they are currently viable. • Emergency Backup Plan is signed by the Participant/Representative. 	1) Emergency Backup Plan was not available for review. 2) Emergency Backup Plan was not complete. 3) Emergency Backup Plan was not signed by Participant and/or Representative. 4) There was no proof the Emergency Backup Plan was reviewed and/or updated during the annual support planning process.

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		<p>Note: Emergency Backup Plan is a document separate and apart from the Purchasing Plan.</p> <p>The Emergency Backup Plan must be reviewed and updated, if necessary, during the annual support planning process. Review can be through signature or initialing by the WSC and date the review took place. WSC should also indicate the plan was reviewed within their Progress Notes and remains reflective of what the Participant would do/require in the event of an emergency.</p>	
16	Corrective Action Plan (if applicable) is available for review.	<p>1915j (p12); CDC+ Rule Handbook 1-23, 2-4 COMPLIANCE</p> <ul style="list-style-type: none"> • Ask the Participant/Representative if CDC+ Consultant has initiated a Corrective Action Plan. • Ask the Consultant if he or she has initiated a Corrective Action Plan. • Review Monthly Statements to determine if person is in a negative balance for two or more months in a row. <p>Determine:</p> <ul style="list-style-type: none"> • Has a Corrective Action Plan been initiated by the CDC+ Consultant. • Copy of Corrective Action Plan is in the record and complete. • Corrective Action Plan is signed by Representative, CDC+ Consultant, Regional/Area APD office Liaison and State APD office. • Note: APD will provide number and dates of applicable Corrective Action Plans. <p>If no Corrective Action Plan has been initiated, score N/A.</p>	<ol style="list-style-type: none"> 1) Corrective Action Plan had been initiated but a copy was not available for review. 2) Corrective Action Plan was not signed by the Participant/Representative. 3) Corrective Action Plan was not signed by Regional/Area APD liaison. 4) Corrective Action Plan was not signed by State APD office.

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17	Monthly Statements are available for review.	<p>1915j (p12); CDC+ Rule Handbook 2-2 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> • All Monthly Statements for the review period are available either in hard copy or made available to view on the Representative’s computer. <p>Note: Monthly Statements are mailed out 45 days after the first of each month.</p>	<ol style="list-style-type: none"> 1) None of the Monthly Statements were available for review. 2) Some but not all Monthly Statements were available for review.
18	Documentation is available to support the reconciliation of Monthly Statements.	<p>1915j (p12); CDC+ Rule Handbook 1-4, 2-8, 2-9 COMPLIANCE</p> <ul style="list-style-type: none"> • Ask the Participant/Representative to describe the method used for balancing/reconciliation on a monthly basis. • Review record for documentation to support how the Participant/Representative reconciles the Monthly Statement with spending. • The Monthly Statement alone is not proof of reconciliation. • Documentation to support reconciliation is available every month for the period of review for all invoices and timesheets submitted for payment. 	<ol style="list-style-type: none"> 1) There was no documentation showing reconciliation occurred for the entire period of review. 2) There was documentation to support reconciliation had occurred for some months but not all in the period of review. 3) There was no documentation showing reconciliation occurred up to the end of period of review.
19	The Participant obtains services consistent with stated/documentated needs and goals.	<p>1915j (p16); CDC+ Rule Handbook 2-2, 3-5, 3-8 COMPLIANCE</p> <ul style="list-style-type: none"> • Review current Cost Plan to determine what services are approved. • Review needs section of current Purchasing Plan. • Review goals identified on the current Support Plan. 	<ol style="list-style-type: none"> 1) Services listed in the Purchasing Plan were not consistent with the stated/documentated Participant needs. 2) Goals on the Support Plan were not consistent with needs and services listed in the Purchasing Plan.

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		<ul style="list-style-type: none"> • Review authorizations on the Purchasing Plan. • Verify services used are consistent with Participant's needs and goals. 	<ol style="list-style-type: none"> 3) Restricted services approved in the Cost Plan were not reflected in the Purchasing Plan. 4) Current Support Plan was not in the record. 5) Approved Cost Plan was not in the record. 6) Current Purchasing Plan was not in the record.
20	The Participant makes purchases consistent with the Purchasing Plan.	<p>1915j (p6, 12); 42 CFR 441.464(a) CDC+ Rule Handbook 2-3, 3-8 COMPLIANCE</p> <ul style="list-style-type: none"> • Review current Cost Plan to determine what services are approved. • Review Services on the Purchasing Plan. • Identify any Restricted Services on the Purchasing Plan. • Review Monthly Statements to determine what services have been used and who money is being paid out to. • Compare what is being utilized with the Purchasing Plan. • Verify Participant/Representative is making purchases consistent with the authorized Purchasing Plan. • Verify dollars approved for restricted services are being spent on those services. <p>Note: Participants have some flexibility with how they purchase <u>unrestricted</u> services. However, if services purchased vary from the Purchasing Plan for 2 consecutive months or more score as not met. In this instance, the Representative needs to update the Purchasing Plan.</p>	<ol style="list-style-type: none"> 1) Purchases were not consistent with approved monthly services and savings. 2) Monies approved for Restricted Services were being used for other services. 3) Current Support Plan was not in the record. 4) Approved Cost Plan was not in the record. 5) Current Purchasing Plan was not in the record.