

Service Specific Record Review – CDC+ Representative

#	Performance Measure/Standard	Protocol	Not met reasons	
1	Complete and signed Participant/ Representative Agreement is available for review.	1915j (p18-19); CDC+ Rule Handbook 1-20, 2-4 RECORD REVIEW Determine: <ul style="list-style-type: none"> Participant-Representative Agreement is in the record. Agreement is signed and dated by Participant/Guardian and Representative. 	<ol style="list-style-type: none"> The Participant-Representative Agreement was not available for review. The Participant-Representative Agreement was not signed and dated by the Participant/Guardian. The Participant-Representative Agreement was not signed and dated by Representative. 	C
2	Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	CDC+ Rule Handbook 2-2 RECORD REVIEW Determine: <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. 	<ol style="list-style-type: none"> Timesheet(s) were not available for review. Timesheet(s) were not available for one or more months reviewed. Timesheet(s) were incomplete and did not reflect hours worked. Timesheet(s) were not signed by DHE(s) or dated. Timesheet(s) were not signed, dated and approved by Participant/Representative. One or more timesheets were signed prior to last date worked. 	C
3	Signed and approved Invoices for Vendor Payments are available for review.	CDC+ Rule Handbook 2-2 RECORD REVIEW Determine: <ul style="list-style-type: none"> Does Participant have Vendors on the Purchasing Plan? If no, score N/A. Invoices for vendor payments are in the record. Invoices are complete, signed and "approved" by the Participant/Representative. 	<ol style="list-style-type: none"> Invoice(s) were not available for review. Invoice(s) were not signed and approved by Participant/Representative. Some but not all invoices were available for review. 	C

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4	Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	<p>CDC+ Rule Handbook 2-3 RECORD REVIEW</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. <p>Representative signs and approves by writing on the invoice “Goods/services received as shown”.</p>	<ol style="list-style-type: none"> Receipt(s) were not available for review. Receipt(s) were not signed and approved by Participant/Representative. Receipt(s)/Statements did not show zero balance/paid in full. 	C
5	Complete Employee Packets for all Directly Hired Employees are available for review.	<p>CDC+ Rule Handbook 1-19, 2-2 RECORD REVIEW</p> <p>Determine:</p> <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. <p>Note: For Employee Packets submitted November 2010 or later, the Employee Information Form with effective date 1/17/2012 on the bottom should be used.</p>	<ol style="list-style-type: none"> Employee Packet(s) were not available for review for all Directly Hired Employees. Employee Packet(s) did not contain fully completed/signed Employee Information Form. Employee Packet(s) did not contain fully completed/signed W4. Employee Packet(s) did not contain a fully completed/signed I-9. 	C
6	Complete Vendor Packets for all vendors and independent contractors are available for review.	<p>CDC+ Rule Handbook 1-19, 2-2 RECORD REVIEW</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 	<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 	C

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		<p>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).</p> <p>Note: For Vendor Packets submitted November 2010 or later, the Vendor Information form with effective date 1/17/2012 on the bottom should be used.</p>	<p>Form W-9 (required for Independent Contractor's only).</p>	
7	<p>Background screening results for all providers who render direct care are available for review.</p>	<p>1915j (p18); CDC+ Rule Handbook 1-5; 1-20, 2-2, 3-1, 3-2 RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Participant/Representative for providers who render direct care. • Ask the Participant/Representative who the emergency back-up workers are. <p>For each provider who renders direct care, including anyone identified as an emergency backup worker. Determine:</p> <ul style="list-style-type: none"> • Date of hire and relationship to CDC+ Participant (see note below for why this is important) • Affidavit of Good Moral Character is complete, signed and notarized • Florida Department of Law Enforcement screening clearance letter or another acceptable form of screening clearance is in the record • Federal Bureau of Investigation screening clearance letter or another acceptable form of screening clearance is in the record • Where applicable FDLE clearance documenting 5 year re-screening is in the record • Criminal records that include possible disqualifiers have been resolved through court dispositions. • As appropriate, look for evidence of Regional/Area Office 	<ol style="list-style-type: none"> 1) Affidavit of Good Moral Character was not available for review. 2) Affidavit of Good Moral Character was present but was not signed. 3) Affidavit of Good Moral Character was present but was not notarized. 4) Florida Department of Law Enforcement screening clearance letter or another acceptable form of FDLE screening was not available for review. 5) Federal Bureau of Investigation screening clearance letter was not available for review and was required of employee. 6) Background screening results identified a disqualifying offense but the Representative/Participant had not taken action to resolve or terminate the employee. 7) Required five year re-screening was due and not available for review. 8) Vendor/Independent Contractor was not a Medicaid Waiver provider or a professionally licensed provider and background screening results were not available for review. 	C

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		<p>exemptions on disqualifying offenses.</p> <ul style="list-style-type: none"> • For vendors and independent contractors; if the Vendor Information Form indicates the vendor or independent contractor is a Medicaid Waiver Provider or has a current professional license from FL Department of Health the Representative does not have to maintain copies of background screening documentation. • If the Representative has an old Vendor Information Form on file that does not include questions relating to whether Vendor is professionally licensed or a Medicaid Waiver provider the Representative can provide other supporting documentation such as a copy of the vendor's license or provider certificate. • For large vendors who are not professionally licensed or a Medicaid Waiver Provider such as summer camps or therapeutic riding groups the Representative needs to demonstrate steps they have taken to best try and ensure employees working with the Vendor are Background Screened. This could be done via documentation of a conversation with the Vendor or a letter from the Vendor indicating their policies requiring all staff to be screened. <p>Note: Effective August 2010, Florida's background screening laws changed to require all employees of CDC+ participants pass a level 2 background screening before they can begin working for the CDC+ participant who is their employer.</p> <p>Prior to August 1st 2010 immediate family members (parent, sibling, spouse) could work with just a Level 1 screening. Family members with a Level 1 screening are required to pass a Level 2 once they are due for their 5 year re-screening.</p>	<p>9) Background screening results were not available for review for a Vendor and/or Independent Contractor and Representative was unable to demonstrate due diligence to ensure they were screened.</p>	

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8	Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	<p>CDC+ Rule Handbook 2-1; 2-2 RECORD REVIEW</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 Participant/Representative. 	<ol style="list-style-type: none"> Job Descriptions for each service provider were not available for review. Job Description(s) were incomplete. Job Description(s) were not signed by service provider. Job Description(s) were not signed by Participant/Representative. 	C
9	Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	<p>CDC+ Rule Handbook 1-19, 2-2 RECORD REVIEW</p> <p>Determine:</p> <ul style="list-style-type: none"> Does Participant have DHE's on the Purchasing Plan? If no, score N/A. Employer/Employee Agreement for each DHE is complete and in the record. Employer/Employee agreement is signed by the DHE and the Participant/Representative. 	<ol style="list-style-type: none"> Employee/Employer Agreement(s) were not available for review. Employee/Employer Agreement(s) were incomplete. Employee/Employer Agreement(s) were not signed by Directly Hired Employee. Employee/Employer Agreement(s) were not signed by Participant/Representative. 	C
10	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 RECORD REVIEW</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. Purchasing plan is signed by Participant and/or Representative, Consultant and Regional/ Area office CDC+ Liaison on the first page and the back signature page. 	<ol style="list-style-type: none"> Purchasing Plan was not available for review. Purchasing Plan was not signed and dated by Participant/Representative. Purchasing Plan was not signed and dated by Consultant. (**Not Met but not calculated into score) Purchasing Plan was not signed and dated by Regional/Area Liaison. (**Not Met but not calculated into score) Purchasing Plan was not complete. Some but not all Purchasing Plans in 	C

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			effect during this review period were available for review.	
11	All applicable signed and approved Quick Updates are available for review.	<p>CDC+ Rule Handbook 3-4, 3-9 RECORD REVIEW</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 Regional/Area office CDC+ Liaison <p>Note: if no Quick Updates were required/done score N/A.</p>	<ol style="list-style-type: none"> Quick Update was not signed by Participant and/or Representative. Quick Update was not signed by Consultant. (**Not Met but not calculated into score) Quick Update was not signed by Regional/Area CDC+ Liaison. (**Not Met but not calculated into score) Some but not all Quick Updates processed during this review period were available for review. 	C
12	Copies of Support Plan(s) are available for entire period of review.	<p>CDC+ Rule Handbook 2-3, 3-4, 3-5, 3-8 RECORD REVIEW</p> <p>Determine:</p> <ul style="list-style-type: none"> Support Plan(s) effective during the review period is/are present. Support Plan (s) is complete including signature page with Participant/Legal Guardian signature. 	<ol style="list-style-type: none"> The current Support Plan was not in the record. The current Support Plan was not signed and dated by the person/legal guardian. (**Not Met but not calculated into score) The current Support Plan was not signed and dated by Support Coordinator. (**Not Met but not calculated into score) 	C
13	Copies of approved Cost Plans are available for entire period of review.	<p>CDC+ Rule Handbook 3-4, 3-5, 3-9 RECORD REVIEW</p> <p>Determine:</p> <ul style="list-style-type: none"> Copy of an approved Cost Plan(s) is in the record for the period of review. <p>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.</p>	<ol style="list-style-type: none"> Approved Cost Plan was not in the record. Cost Plan was in the record but it is not approved. Some but not all Approved Cost Plans for review period were in the record. 	C

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14	Emergency Backup Plan is complete and available for review.	<p>1915j (p18); CDC+ Rule Handbook 1-11, 3-3 RECORD REVIEW</p> <p>All Participants are required to develop an Emergency Backup Plan.</p> <p>Determine:</p> <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. <p>Note: Emergency Backup Plan is a document separate and apart from the Purchasing Plan.</p>	<ol style="list-style-type: none"> 1) Emergency Backup Plan was not available for review. 2) Emergency Backup Plan was not complete. 	C
15	Corrective Action Plan (if applicable) is available for review.	<p>1915j (p12); CDC+ Rule Handbook 1-23, 2-4 RECORD REVIEW</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 2 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 Participant/Representative, CDC+ Consultant, Regional//Area APD office Liaison and State APD office. 	<ol style="list-style-type: none"> 1) A 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. 	C

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		<p>Note: Corrective Action Plan form was revised 11/15/2010. This is the current form that should be used.</p> <p>If no Corrective Action plan has been initiated, score N/A.</p>		
16	Monthly Statements are available for review.	<p>1915j (p12); CDC+ Rule Handbook 2-2 RECORD REVIEW</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 Representatives 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 was available for review. 2) Some but not all of the Monthly Statements were available for review. 	C
17	Documentation is available to support the reconciliation of Monthly Statements.	<p>1915j (p12); CDC+ Rule Handbook 2-8, 2-9 RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Participant/Representative to describe the method used for reconciliation on a monthly basis. • Review record for documentation to support how the Participant/Representative reconciles the Monthly Statement with spending. • Documentation to support reconciliation is available every month for the period of review. 	<ol style="list-style-type: none"> 1) There was no documentation showing reconciliation occurred. 2) There was documentation to support reconciliation had occurred for some months but not all. 	C
18	The Participant obtains services consistent with stated/documentated needs and goals.	<p>1915j (p16); CDC+ Rule Handbook 2-2, 3-5, 3-8 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review current Cost Plan to determine what services are approved. • Review goals identified on the current Support Plan. • Review needs section of current Purchasing Plan. 	<ol style="list-style-type: none"> 1) Services listed in the Purchasing Plan were not consistent with the Participant's needs. 2) Goals on the Support Plan were not consistent with needs and services in the Purchasing Plan. 3) Restricted services approved in the Cost 	C

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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. <p>If a PCR ask Participant about current activities. Ask if Participant feels service(s) received meets desired needs and is helping accomplish goals.</p>	<p>Plan were not reflected in the Purchasing Plan.</p> <p>4) Current Support Plan was not in the record.</p> <p>5) Approved Cost Plan was not in the record.</p> <p>6) Purchasing Plan was not in the record.</p>	
19	<p>The Participant makes purchases that are consistent with the Purchasing Plan.</p>	<p>1915j (p6, 12); 42 CFR 441.464(a) CDC+ Rule Handbook 2-3, 3-8</p> <p>RECORD REVIEW</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 that are 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>	<p>1) Purchases were not consistent with approved monthly services.</p> <p>2) Monies approved for Restricted Services were being used for other services.</p> <p>3) Current Support Plan was not in the record.</p> <p>4) Approved Cost Plan was not in the record.</p> <p>5) Purchasing Plan was not in the record.</p>	C