

## 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"> <li>Participant-Representative (Rep) Agreement is in the record.</li> <li>Agreement is signed and dated by Participant/Legal Representative, Consultant and Representative.</li> <li>Agreement is required even if participant is their own representative.</li> </ul>	<ol style="list-style-type: none"> <li>1) The Participant-Representative Agreement was not available for review.</li> <li>2) The Participant-Representative Agreement was not signed and dated by the Participant/Legal Representative.</li> <li>3) The Participant-Representative Agreement was not signed and dated by Representative.</li> <li>4) The Participant-Representative Agreement was not signed and dated by Consultant.</li> </ol>
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"> <li>Does Participant have DHE's on the Purchasing Plan? If no, score N/A.</li> <li>Timesheets for each DHE are in the record for entire period of review.</li> <li>Timesheets are complete showing hours worked and are signed/dated by the DHE and Participant/Representative.</li> <li>Add Discovery regarding date specifics.</li> </ul>	<ol style="list-style-type: none"> <li>1) Timesheet(s) were not available for review.</li> <li>2) One or more timesheet (s) were not available for review.</li> <li>3) Timesheet(s) were incomplete and did not reflect hours worked.</li> <li>4) Timesheet (s) did not have correct service code.</li> <li>5) Timesheet(s) did not have one service code per line.</li> <li>6) Timesheet(s) were not signed by DHE(s) or dated.</li> <li>7) One or more timesheet(s) were not signed or dated by DHE(s)</li> <li>8) Timesheet(s) were not signed, dated and approved by Participant/Representative.</li> <li>9) One or more timesheet(s) were not signed or dated by the Participant/Representative.</li> <li>10) One or more timesheets were signed prior to last date worked.</li> </ol>

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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"> <li>• If there are no Vendors listed on Purchasing Plan, score N/A.</li> <li>• Invoices for vendor payments are in the record.</li> <li>• Invoices are complete, signed and “approved” by the Participant/Representative.</li> <li>• Add Discovery regarding which invoices were not available.</li> </ul>	<ol style="list-style-type: none"> <li>1) Invoice(s) were not available for review.</li> <li>2) Invoice(s) were not signed and approved by Participant/Representative.</li> <li>3) Some but not all invoices were signed and approved by Participant/Representative.</li> <li>4) Some but not all invoices were available for review.</li> </ol>
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"> <li>• 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.</li> <li>• Invoice must show a zero balance or paid in full, participants name, date, Vendor’s signature, printed name and title.</li> <li>• Representative signed and approved by writing on the invoice “Goods/services received as shown”.</li> <li>• Add Discovery regarding which receipts were not available.</li> </ul>	<ol style="list-style-type: none"> <li>1) Receipt(s) were not available for review.</li> <li>2) Some but not all receipts(s) were available for review.</li> <li>3) Receipt(s) were not signed and approved by Participant/Representative.</li> <li>4) Receipt(s)/Statements did not show zero balance and/or paid in full.</li> </ol>
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"> <li>1) Employee Packet(s) were not available for review for all Directly Hired Employees.</li> </ol>

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		<ul style="list-style-type: none"> <li>Does Participant have DHE's on the Purchasing Plan? If no, score N/A.</li> <li>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.</li> </ul>	2) Employee Packet(s) did not contain fully completed/signed Employee Information Form. 3) Employee Packet(s) did not contain fully completed/signed W4. 4) 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.	CDC+ Rule Handbook 1-19, 2-2 <b>COMPLIANCE</b>  Determine: <ul style="list-style-type: none"> <li>Does Participant have vendors and/or independent contractors on the Purchasing Plan? If no, score N/A.</li> <li>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).</li> </ul>	1) Vendor Packet(s) were not available for review for all vendor(s) and independent contractor(s). 2) Vendor Packet(s) did not contain the Vendor Information Form. 3) 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.	1915j (p18); CDC+ Rule Handbook 1-5; 1-20, 2-2, 3-1, 3-2 <b>COMPLIANCE</b>  Prior to employment and every five years thereafter the DHE must complete an APD CDC background screening through the Agency for Health Care Administration Background Screening Clearinghouse Results Website.  Required components must include: <ul style="list-style-type: none"> <li>A complete CDC+ Certification of Good Moral Character (once at time of hire unless the form is revised)</li> </ul>	1) Certification of Good Moral Character was not available for review. 2) Certification of Good Moral Character was present but was not signed by employee. 3) Certification of Good Moral Character was present but was not dated by employee. 4) Representative did not present evidence of current APD CDC clearance from the Clearinghouse. (A) 5) Clearinghouse screening results presented did not show status as APD CDC Eligible. (A)

## Service Specific Record Review – CDC+ Representative

#	Performance Measure/Standard	Protocol	Not met reasons
		<ul style="list-style-type: none"> <li>Current APD CDC clearance (“Eligible” determination) through the Agency for Health Care Administration Background Screening Clearinghouse Results Website</li> </ul> <p>Check the current Purchasing Plan for the list of providers who render direct care including DHE’s, as well as emergency backup workers.</p> <p>Review files and other provider documents for evidence of compliance.</p> <ul style="list-style-type: none"> <li>Determine date of hire</li> <li>Request current CDC+ Certification of Good Moral Character and APD CDC screening from the Clearinghouse</li> </ul> <p><b><u>Required CDC+ Certification of Good Moral Character</u></b></p> <p>The CDC+ Certification of Good Moral Character must include the following:</p> <ul style="list-style-type: none"> <li>Handwritten signature of the employee</li> <li>Date of completion</li> </ul> <p>Only the CDC+ Certification of Good Moral Character is acceptable. Attestations from AHCA, DCF, APD or other entities cannot be accepted.</p> <p>The current CDC+ Certification of Good Moral Character can be found on the CDC+ website.</p>	

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#	Performance Measure/Standard	Protocol	Not met reasons
		<p>The CDC+ Certification of Good Moral Character is required to be completed once at the time of hire unless it is revised, requiring the new form be signed.</p> <p><b>Note:</b> CDC+ Certification of Good Moral Character must be completed prior to the date of the review.</p> <p style="text-align: center;"><b>Required APD CDC Clearinghouse Screening</b></p> <p>All background screening must be obtained through the Agency for Health Care Administration Background Screening Clearinghouse Results Website.</p> <ul style="list-style-type: none"> <li>• Final determination must indicate a status of “Eligible” under APD CDC</li> <li>• Clearinghouse screening results may be viewed electronically or the provider may choose to present a printed copy.</li> </ul> <p>For Independent Contractors, see standard 8.</p> <p><b>Not Met on this standard is an automatic Alert unless related to the APD CDC Certification of Good Moral Character.</b></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> <p>Prior to employment and every five years thereafter the Independent Contractor must complete an APD CDC background screening through the Agency for Health Care</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) Certification of Good Moral Character was not available for review.</p>

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#	Performance Measure/Standard	Protocol	Not met reasons
		<p>Administration Background Screening Clearinghouse Results Website.</p> <p>Required components must include:</p> <ul style="list-style-type: none"> <li>• A complete CDC+ Certification of Good Moral Character (once at time of hire unless the form is revised)</li> <li>• Current APD CDC clearance (“Eligible” determination) through the Agency for Health Care Administration Background Screening Clearinghouse Results Website</li> </ul> <p>Check the current Purchasing Plan for the list of providers who render direct care including Independent Contractors, as well as emergency backup workers.</p> <p>For Independent Contractors, review the Vendor Information form and determine:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>	<p>3) Certification of Good Moral Character was present but was not signed by Independent Contractor.</p> <p>4) Certification of Good Moral Character was present but was not dated by Independent Contractor.</p> <p>5) Clearinghouse screening results presented did not show status as APD CDC Eligible. (A)</p>

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#	Performance Measure/Standard	Protocol	Not met reasons
		<p>documentation for the Independent Contractor and the standard would be n/a.</p> <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"> <li>• Date of hire;</li> <li>• Current CDC+ Certification of Good Moral Character is complete, dated and signed.</li> <li>• Current Clearinghouse screening indicates “eligible” under APD CDC.</li> </ul> <p><b><u>Required CDC+ Certification of Good Moral Character</u></b></p> <ul style="list-style-type: none"> <li>• Determine the current Certification of Good Moral Character is complete, signed and dated.</li> <li>• Only the CDC Certification of Good Moral Character is acceptable. Attestations/Affidavits from AHCA, DCF, APD or other entities cannot be accepted.</li> </ul> <p>The current CDC+ Certification of Good Moral Character can be found on the CDC+ website.</p> <p>The CDC+ Certification of Good Moral Character is required to be completed once at the time of hire unless it is revised, requiring the new form be signed.</p> <p><b>Note:</b> CDC+ Certification of Good Moral Character must be completed prior to the date of the review.</p> <p><b>Required APD CDC Clearinghouse Screening</b></p>	

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		<p>All background screening must be obtained through the Agency for Health Care Administration Background Screening Clearinghouse Results Website.</p> <ul style="list-style-type: none"> <li>• Final determination must indicate a status of “Eligible” under APD CDC</li> <li>• Clearinghouse screening results may be viewed electronically or the provider may choose to present a printed copy.</li> <li>• When applicable, criminal records with possible disqualifiers have been resolved through court dispositions.</li> </ul> <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><b>Not Met on this standard is an automatic Alert unless related to the APD CDC Certification of Good Moral Character</b></p>	
9	The CDC+ Representative maintains an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website..	<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 create and maintain an APD Employee/Contractor Roster within the Agency for</p>	<p>1) CDC+ Representative did not present evidence of maintaining an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website. (A)</p> <p>2) CDC+ Representative does not maintain the employment status of all who provide direct</p>

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		<p>Health Care Administration Background Screening Clearinghouse Results Website.</p> <p>Request a printed copy (may also be viewed electronically) of the Employee/Contractor Clearinghouse Roster.</p> <p>The proper APD Employee/Contractor Roster must display all of the following column labels:</p> <ul style="list-style-type: none"> <li>• Last Name</li> <li>• First Name</li> <li>• Agency (showing APD)</li> <li>• Provider Name</li> <li>• License #</li> <li>• Position Type</li> <li>• Provisional Hire/Contract Date</li> <li>• Permanent Hire/Contract Date</li> <li>• Retained Prints Expiration Date</li> <li>• End Date</li> </ul> <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>care on the APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website. (A)</p> <p>3) Applicable name(s) from Purchasing Plan were not listed on the APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website. (A)</p> <p>4) Retained Prints Date on the APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website was expired. (A)</p>

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#	Performance Measure/Standard	Protocol	Not met reasons
		<p>Review the Retained Prints Expiration Date on the Roster.</p> <ul style="list-style-type: none"> <li>• Score standard Met: <ul style="list-style-type: none"> <li>○ If the CDC+ Representative presents an APD Employee/Contractor Roster from the Agency for Health Care Administration Background Screening Clearinghouse Results Website, and</li> <li>○ All names from Purchasing Plan who required screening in the Clearinghouse by the Representative are listed on the Roster, and</li> <li>○ Retained prints are not expired.</li> </ul> </li> <li>• Score standard Not Met if: <ul style="list-style-type: none"> <li>○ The CDC+ Representative does not have an APD Employee/Contractor Roster from the Agency for Health Care Administration Background Screening Clearinghouse Results Website, or</li> <li>○ One or more names from Purchasing Plan who have been screened in the Clearinghouse are not on the Roster, and/or</li> <li>○ One or more names from Purchasing Plan who have been screened indicate retained prints date is expired.</li> </ul> </li> </ul> <p><b>Not Met on this standard is an automatic Alert</b></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>	<p>1) Job Descriptions for each service provider were not available for review.</p> <p>2) Job Description(s) were incomplete.</p> <p>3) Job Description(s) were not signed by employee.</p>

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		<ul style="list-style-type: none"> <li>Does Participant have DHE's on the Purchasing Plan? If no, score N/A.</li> <li>Job descriptions for each DHE are complete and in the record.</li> <li>Job descriptions are signed by the DHE and the Employer or Representative.</li> </ul> <p>Note: Even if Participant and Representative are separate the Participant is Employer of Record and can sign in place of the Representative.</p>	4) Job Description(s) were not signed by Employer or Representative.
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"> <li>Verify effective dates for Purchasing Plans.</li> <li>Verify Purchasing Plan(s) for the period of review is in the record.</li> <li>Purchasing Plan is complete.</li> <li>Signature box below Budget Summary section of the Purchasing Plan includes signatures of the: <ul style="list-style-type: none"> <li>Participant and/or Representative</li> <li>Consultant</li> <li>APD Staff</li> <li>Note: APD will provide date of current Purchasing Plan.</li> </ul> </li> </ul>	<p>1) Current Purchasing Plan was not available for review.</p> <p>2) Current Purchasing Plan was not signed and dated by Participant or Representative.</p> <p>3) Current Purchasing Plan was not signed and dated by Consultant. (**Not Met but not calculated into score)</p> <p>4) Current Purchasing Plan was not signed and dated by APD Staff. (**Not Met but not calculated into score)</p> <p>5) Current Purchasing Plan was not complete.</p> <p>6) Some but not all Purchasing Plans in effect during this review period were available for review.</p>
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"> <li>Ask Representative if any Quick Updates have been submitted and determine reason for the updates.</li> </ul>	<p>1) Quick Update was not signed by Participant and/or Representative.</p> <p>2) Quick Update was not signed by Consultant. (**Not Met but not calculated into score)</p> <p>3) Quick Update was not signed by APD Staff. (**Not Met but not calculated into score)</p>

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		<ul style="list-style-type: none"> <li>Verify Quick Updates for the period of review are in the record.</li> <li>Quick Updates are signed by Participant and/or Representative, Consultant and APD Staff.</li> <li>Note: APD will provide number and dates of applicable Quick Updates.</li> </ul> <p><b>Note:</b> If no Quick Updates were required during review period, score N/A.</p>	<p>4) Some but not all Quick Updates processed during this review period were available for review.</p> <p>5) Quick Update was completed when update should have been a Purchasing Plan Update.</p>
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> <p>Determine:</p> <ul style="list-style-type: none"> <li>Current Support Plan is present.</li> <li>Current Support Plan is complete including signature page with Participant/Legal Representative signature.</li> </ul>	<p>1) The current Support Plan was not in the record.</p> <p>2) The current Support Plan was not signed and dated by the person/legal representative. (**Not Met but not calculated into score)</p> <p>3) The current Support Plan was not signed and dated by Support Coordinator. (**Not Met but not calculated into score)</p>
14	Copies of approved Cost Plan(s) are available for entire period of review.	<p>CDC+ Rule Handbook 3-4, 3-5, 3-9 COMPLIANCE</p> <p>Determine:</p> <ul style="list-style-type: none"> <li>Copy of an approved Cost Plan(s) is in the record for the period of review.</li> </ul> <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>	<p>1) Approved Cost Plan was not in the record.</p> <p>2) Cost Plan was in the record but it is not approved.</p> <p>3) Some but not all approved Cost Plans for review period were in the record.</p>
15	Emergency Backup Plan is complete and available for review.	<p>1915j (p18); CDC+ Rule Handbook 1-11, 3-3 COMPLIANCE</p>	<p>1) Emergency Backup Plan was not available for review.</p> <p>2) Emergency Backup Plan was not complete.</p>

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		<p>All Participants are required to develop an Emergency Backup Plan.</p> <p>Determine:</p> <ul style="list-style-type: none"> <li>Emergency Backup Plan is in the record and complete.</li> <li>Emergency Backup Plan is updated for critical services as needed.</li> <li>Discuss with the Representative who the backup providers are to ensure they are currently viable.</li> <li>Emergency Backup Plan is signed by the Participant/Representative.</li> </ul> <p><b>Note:</b> 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>	<p>3) Emergency Backup Plan was not signed by Participant and/or Representative.</p> <p>4) There was no proof the Emergency Backup Plan was reviewed and/or updated during the annual support planning process.</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"> <li>Ask the Participant/Representative if CDC+ Consultant has initiated a Corrective Action Plan.</li> <li>Ask the Consultant if he or she has initiated a Corrective Action Plan.</li> </ul>	<p>1) Corrective Action Plan had been initiated but a copy was not available for review.</p> <p>2) Corrective Action Plan was not signed by the Participant/Representative.</p> <p>3) Corrective Action Plan was not signed by Regional/Area APD liaison.</p> <p>4) Corrective Action Plan was not signed by State APD office.</p>

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		<ul style="list-style-type: none"> <li>Review Monthly Statements to determine if person is in a negative balance for two or more months in a row.</li> </ul> <p>Determine:</p> <ul style="list-style-type: none"> <li>Has a Corrective Action Plan been initiated by the CDC+ Consultant.</li> <li>Copy of Corrective Action Plan is in the record and complete.</li> <li>Corrective Action Plan is signed by Representative, CDC+ Consultant, Regional/Area APD office Liaison and State APD office.</li> <li>Note: APD will provide number and dates of applicable Corrective Action Plans.</li> </ul> <p>If no Corrective Action Plan has been initiated, score N/A.</p>	
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"> <li>All Monthly Statements for the review period are available either in hard copy or made available to view on the Representative's computer.</li> </ul> <p>Note: Monthly Statements are mailed out 45 days after the first of each month.</p>	<p>1) None of the Monthly Statements were available for review.</p> <p>2) Some but not all Monthly Statements were available for review.</p>
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>	<p>1) There was no documentation showing reconciliation occurred for the entire period of review.</p>

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		<ul style="list-style-type: none"> <li>Ask the Participant/Representative to describe the method used for balancing/reconciliation on a monthly basis.</li> <li>Review record for documentation to support how the Participant/Representative reconciles the Monthly Statement with spending.</li> <li>The Monthly Statement alone is not proof of reconciliation.</li> <li>Documentation to support reconciliation is available every month for the period of review for all invoices and timesheets submitted for payment.</li> </ul>	<p>2) There was documentation to support reconciliation had occurred for some months but not all in the period of review.</p> <p>3) There was no documentation showing reconciliation occurred up to the end of period of review.</p>
19	The Participant obtains services consistent with stated/documented needs and goals.	<p>1915j (p16); CDC+ Rule Handbook 2-2, 3-5, 3-8 COMPLIANCE</p> <ul style="list-style-type: none"> <li>Review current Cost Plan to determine what services are approved.</li> <li>Review needs section of current Purchasing Plan.</li> <li>Review goals identified on the current Support Plan.</li> <li>Review authorizations on the Purchasing Plan.</li> <li>Verify services used are consistent with Participant's needs and goals.</li> </ul>	<p>1) Services listed in the Purchasing Plan were not consistent with the stated/documented Participant needs.</p> <p>2) Goals on the Support Plan were not consistent with needs and services listed in the Purchasing Plan.</p> <p>3) Restricted services approved in the Cost 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) Current Purchasing Plan was not in the record.</p>
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"> <li>Review current Cost Plan to determine what services are approved.</li> <li>Review Services on the Purchasing Plan.</li> </ul>	<p>1) Purchases were not consistent with approved monthly services and savings.</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>

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		<ul style="list-style-type: none"> <li>Identify any Restricted Services on the Purchasing Plan.</li> <li>Review Monthly Statements to determine what services have been used and who money is being paid out to.</li> <li>Compare what is being utilized with the Purchasing Plan.</li> <li>Verify Participant/Representative is making purchases consistent with the authorized Purchasing Plan.</li> <li>Verify dollars approved for restricted services are being spent on those services.</li> </ul> <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>	5) Current Purchasing Plan was not in the record.