Checklist – CDC+ Representative

This checklist is provided as a helpful guide; however, it is ultimately your responsibility to ensure all documentation supporting the standards under review are submitted. You may want to contact your CDC+ Consultant for assistance with gathering documents for the review.

Refer to the CDC+ Representative Tool for review standards and protocols at:
https://florida.qlarant.com/

The Qlarant reviewer will tell you the names of the files you need to submit.

Items marked with an **(A)** are Alert items and if not provided in the main submission will be identified at the close of the review. You will be given a list of anything the reviewer could not locate and an additional 24-hours to submit these items.

- ☐ Complete and signed Participant/Representative Agreement
- ☐ Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) - Provide for 6 months
- ☐ Signed and approved Invoices for Vendor Payments (if applicable)
- ☐ Signed and approved receipts/statement of "Goods and Services" for reimbursement items (if applicable)
- ☐ Complete Employee Packets for all Directly Hired Employees
- ☐ Complete Vendor Packets for all vendors and independent contractors (if applicable)
- ☐ Background screening results for the CDC+ Representative **(A)** – *APD CDC Eligible and Certification of Good Moral Character. Not required if participant is their own representative.*
- ☐ Background screening results for all Directly Hired Employees (DHE's) who render direct care **(A)** - *If the 5-year rescreening was done during the review period, include the previous APD CDC Eligible results and Certification of Good Moral Character.*
- ☐ Background screening results for all Independent Contractors who render direct care **(A)** - *If the 5-year rescreening was done during the review period, include the previous APD CDC Eligible results, and Certification of Good Moral Character.*
- ☐ APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse **(A)**
- ☐ Completed and signed Job Descriptions for each Directly Hired Employee
- ☐ Signed and approved Purchasing Plans - Provide for the 12 month annual review period
- ☐ Signed and approved Quick Updates - Provide for the 12 month annual review period
- ☐ Support Plans - Provide the current and previous plans given to you by the CDC+ Consultant
- ☐ Cost Plan(s) - Provide for the 12 month annual review period
- ☐ Complete and signed annual Emergency Backup Plan
- ☐ Corrective Action Plan (if applicable)
- ☐ Monthly Statements
- ☐ Documentation to support the reconciliation of Monthly Statements