Welcome to the APD CDC+ Purchasing Plan training. This training will demonstrate all the steps necessary to write a successful CDC+ Purchasing Plan. We hope you will enjoy learning about this important aspect of your participation in the Consumer Directed Care Plus Program.

To begin, you want to ensure you have downloaded the most recent version of the Purchasing Plan from the APD CDC+ website. It is located in the Appendix to the How-to Guide. Currently, this is Version 3.0-C

You will need your most recent Support Plan and Cost Plan to complete the Purchasing Plan. Contact your CDC+ Consultant if you do not already have copies of these. The Purchasing Plan is an Excel document; when completing the form in Excel, it will make calculations, such as employer taxes, if applicable. If you do not have Excel, you can download a free version from OpenOffice.

Before we begin writing the plan, let's go over some tips to navigate through the Purchasing Plan document. A Purchasing Plan consists of 5 sections and will always be at least 6 pages long. To navigate between pages and sections, click the tabs at the bottom of the page.

We'll discuss each section as we tab through the plan. Whenever you see a red triangle in the corner of a field; hover your curser over the triangle for useful tips or general information regarding that field.

Now, let us begin with page 1.

We'll begin by entering the Purchasing Plan Effective Date.

This will always be the first day of any given month. Allow sufficient time for processing when setting this date. CDC+ recommends having the completed Purchasing Plan to your Consultant for review by the 5th of the month prior to the Plan's start date. If this plan is effective on August 1, then it should be to the consultant by July 5.

If this is your very first Purchasing Plan, the effective date is located on the Budget Authorization Form.

Next, enter the Monthly Budget amount. The approved CDC+ Monthly budget amount will be given to you by your consultant. If this is your first Purchasing Plan, your

approved CDC+ Monthly budget amount is also located on the Budget Authorization Form.

Now, select the APD Area from the drop down. The Area number will correspond with the APD Field Office number that serves the county the consumer lives in. If you are uncertain, please check with your CDC+ Consultant.

Be sure to indicate whether or not you are a participant on the Florida Freedom Initiative or FFI. Mark "Yes" if you are a participant, or "No" if you are not. If you are uncertain, check with your Consultant.

Tabbing down to the next line; enter the Participant's legal first name, middle initial – if applicable and last name; use the tab key between each name or initial so that the information entered is appropriately aligned. This information will pre-populate at the top of each page for this plan.

Enter the Participant ID number; again if this is your first Purchasing Plan, the Participant's ID number is located on the Budget Authorization Form.

Enter the Participant's Age. This will be the age of the Participant as of the effective date of the Purchasing Plan.

As the Representative, enter your: first name, middle initial – if applicable and last name. Again, use the tab key on your computer keyboard to align each name or initial with the space that it is to be entered in. If there is no Representative, leave this section blank.

At least one valid phone number where you can be reached must be entered should it be necessary to contact you regarding any questions or concerns about the Purchasing Plan. Keep in mind that if an APD staff member needs to contact you, they will likely be calling between standard working hours; between, 8am – 5 pm.

Moving down to the portion of page one labeled "REASON FOR SUBMITTING PURCHAING PLAN". The information entered in this part of the page lets everyone know why the plan is being submitted. New Purchasing Plans will be submitted when 1) you are new to the program, 2) if there has been a change to the monthly budget or 3) if information contained within the plan needs to be revised or updated.

The Consumer/Representative is responsible for entering any applicable information in highlighted fields that are also marked with an asterisk. All other information in this section will be entered by the Consultant.

If you are a new start, your consultant will enter the information regarding any budget changes that may have occurred since your Budget Authorization Form was created, as well as the information for any One Time or Short Term expenditures that may be authorized on your cost plan. Please note, that you will need to submit a copy of your initial Budget Authorization Form with this Purchasing Plan.

If this Purchasing Plan is being submitted because you have had a change to your cost plan resulting in a change to your monthly budget amount; the Consultant will enter the information here in lines 6 – 9.

If this Purchasing Plan is being submitted to update the existing information in the Purchasing Plan, a check mark should be placed in the Purchasing Plan Update box on line 10 and the page numbers that have been revised should be entered in the space provided on line 11.

Lines 15 – 17 allows you to enter the names of any Employees or Vendors you are adding through this Purchasing Plan. If you are adding any Employees or Vendors; be sure to include their provider packets when you submit the plan to your consultant.

Lines 18 – 21 are provided for you to list any employees or vendors who are no longer working for you.

On line 22, enter the total number of pages being submitted for this Purchasing Plan. Remember there must be a minimum of 6 pages submitted.

Moving on to Page 2, Section B: Needs. Click on the Page 2 tab at the bottom of the excel worksheet.

This section is to be completed with the assistance of the Consultant. The most recent Support Plan and Cost Plan will be needed to complete this section.

Begin with Column 1; this is where you will identify the Support Plan goals being worked towards. Start by enter the effective date of the most current Waiver Support Plan.

Next, list all needs and goals that are listed on the Support Plan goals page

Next, enter the current Cost Plan information, begin by entering the current Waiver Cost Plan Date at the top of Column 2.

Now, enter the Service name, number of Months in the service is approved for on the cost plan, total number of units approved and the unit type for each service approved on the cost plan.

In Column 3, enter all items and services that will be purchased in CDC+ and will be listed in the Purchasing Plan. You may have both restricted and unrestricted services on your Cost Plan. A Restricted Service is a service that must be provided by a licensed or certified professional; Therapies, Nursing and Behavior Services are a few examples. For Restricted services, you are required to purchase at least 92% of all units approved on the cost plan. The required amount of units must be allocated in the Services Section of the Purchasing Plan. Your consultant can assist you if you have any questions about this.

Patty will be going to ADT Monday through Friday and will work with her Companion provider for a few hours each weekend.

Moving now to page 3 Section C.1: Budget Details – Services.

In this section, you will list all services that will be purchased monthly and the Providers you have hired to meet the needs and goals identified in the Support Plan.

To enter a service and provider, begin with the column titled “Services”

Select the 3 -5 letter abbreviation of the service to be provided. A list of all services and abbreviations is located in the Appendix to the How-to Guide.

Note that once you select the Service abbreviation, the service code pre-populates in the service code column

Next, indicate if this is a Critical Service or not. Keep in mind that for CDC+ a Services should be identified as Critical if the Participant’s health, safety or welfare would be put at risk or the family could be negatively impacted if the service was not provided. Remember that Personal Care Assistance is *always* considered to be a critical service.

For Patty, Adult Day Training or ADT is a critical service. She is not able to remain home alone, so if the ADT program is closed or if she is unable to attend due to illness, then someone would need to remain with her during those hours to ensure her health and safety.

ADT is provided by an established Agency, this provider type will always be an A/V for Agency Vendor.

Patty attends the ADT on Weekdays; Monday through Friday. You always want to enter the maximum total number of units a provider could provide in one calendar month. CDC+ recommends you calculate service amounts as follows: If the service is provided Monday through Friday, calculate it for 22 days; if the service is only used on Saturday and Sunday calculate it for 9 days; if the service is used every day calculate it for 31 days.

Since Patty attends the ADT Monday through Friday, we'll calculate 22 days. They have agreed that Patty will attend 5 hours per day and will pay $24 for each day she attends.

Typically, the primary service being provided is the same service that will be provided by the Emergency Back Up or EBU provider. The Emergency Back Up must be entered to provide the same number of units of service as the primary worker.

Due to the nature of Adult Day Training programs, it is not feasible for one ADT program to back-up another ADT program. This is the only service that would have an EBU provide a different service. For Patty, Personal Care Assistance could be the back-up service for ADT, as could Companion, Respite, or In Home Support Services. In this example, we will use PCA.

Millie is a directly hired employee who is over the age of 18 and is not related to Patty, so her relationship code is a "5". Refer to the code at the bottom of the page or hover over the red triangle for the relationship key.

Directly Hired Employees can only be paid by the hour. We will calculate the maximum amount of hours Patty could attend the ADT in a month to know how many hours Millie will need to back up. Patty attends the ADT for 5 hours per day for no more than 22 days per month. This is a total of 110 hours per month that an Emergency Back Up would need to be prepared to work.

Because Millie is a DHE over the age of 18 who is not related to Patty, all employer taxes must be paid. The amount of employer taxes will automatically calculate.

On days Patty is unable to attend ADT and Millie is not able to provide back up, the Representative has agreed to remain home from work and care for Patty. Because he is the Representative, he cannot be paid for any service provided; he still must be listed on the Purchasing Plan so that there is no question who will be taking care of Patty in this type of situation. He will be listed as a natural support since he will not be paid. Keep in mind that anyone providing services must complete and pass a level 2 background screening even if they are providing the service as a natural support.

Millie's provider type and relationship code will be the same as it was before.

Millie provides Companion for Patty on the weekends for an average of 3 hours each weekend day. We'll calculate this for 9 days per month to ensure we calculate a sufficient amount of time for each month of the year. 3 hours per day times 9 days = 27 hours for the month.

Millie is paid $9.50 per hour for Companion Service.

Again, Millie's Employer Taxes that Patty must pay are auto-calculated and populates into the plan.

As stated on page 2, Patty is incontinent at night and requires the use of Consumable Medical Supplies while she sleeps.

These supplies will be entered in section C.2 Budget Details – Supplies, that is located on the lower portion of page 3.

Select CMS under Service (code 63 pre-populates). Enter the Provider Name

Enter the supplies to be purchased. A Detailed description of all items being purchased is required.

Enter the number of units and the type of unit being purchased as well as the total monthly cost. Patty will be purchasing 1 case of briefs. One case of briefs from this provider costs $30.24.

If supplies are purchased from several providers, each provider is listed separately.

If you have more service or supply entries then are available on this page, put an "x" in the box at the bottom of page 3 and click on the tab labeled "Page 3A".

Likewise, if you fill page 3A and need additional space, put an "x" in the box at the bottom of page 3A and click the tab labeled "age 3B". Placing an "x" in these boxes will add the total of the pages together and will reflect the correct total for the C.1 Services and C.2 Supplies on the Budget Summary located on page 6. If all three Services and Supply pages have been filled and additional space is still required, please contact CDC+ Consumer Service.

Patty does not require the use of additional pages, so we'll now go directly to page 4.

Section D – Cash is no longer available on the CDC+ program. This section has been grayed out and will not allow you to enter any information.

The large blank space on the lower portion of this page is still used. This is where you will need to explain and justify how any services or supplies being entered in the Savings section will meet the needs and goals identified on your Support Plan or will increase your independence. Be sure to explain the purpose for each item and when it will be used, and explain how the necessary funds will be accumulated for the requested items by the estimated date of purchase you have entered. Remember that the Estimated Date of Purchase cannot exceed 1 year from the date the item was entered on the purchasing plan. With that in mind, you should not enter items in the Savings Plan that you cannot reasonably save for in 1 years' time.

Seasonal Camp is a service Patty is saving for, so, let us move on to page 5

Page 5, section E – Savings

First, enter the month and year of the CDC+ Monthly statement you most recently received.

Next, you will enter the Statement Balance from that statement.

Now, enter the total amount of unrestricted funds you currently have available. This amount will be different from the balance of your last statement. You will need to reconcile your account using any monthly deposits and services purchased since the last statement was prepared.

Patty currently has $582.02 available.

Note that the field titled: Unrestricted funds made available for these purchases each month has been pre-populated. This amount is the difference between the cost of Services and Supplies listed in sections C.1 and C.2 and your Monthly Budget Amount.

If you have Emergency Back Ups that will cost more than the primary employee, the additional cost to use your EBU will be automatically populated in the Total Estimated Cost column of the first line in the Savings section. The amount of Unrestricted Funds Available listed at the top of the page will need to sufficiently cover the additional cost of using the EBU.

Now, you will add each Service or Supply you are planning to purchase with Unrestricted Funds Available

Enter the Service and a brief description in the first column.

Next, enter the legal name of the provider or Company providing the service. If you are planning to pay for the item up front and be reimbursed later. When entering a Service or Supply for Consumer/Representative Reimbursement, you must enter the name of the company that the Service or Supply will be purchased from and then enter "Con/Rep Reimbursement" after the company's name. The Provider Type for all Consumer/Representative Reimbursements will always be A/V.

You will need to enter the provider type and relationship code, just as you did in the Services section.

Enter the number of units and unit type. Remember, in the Savings Section, the units entered are to be for the total number of units that you will be purchasing by the date entered in the Last Date Purchase Will Be Made column.

Enter the rate per unit.

Just as in the Services section, any applicable employer taxes will be automatically calculated.

Now, you will enter the Last Date the Purchase Will Be Made. This should be the date you anticipate the purchase will be completed. Again, this date can never be more than 1 year's time from the first time the item appears on the Plan. CDC+ recommends you enter the last day of a month.

For Patty, the Last Date Purchase will be made is 7/31/2017

Section F is for One Time and Short Term expenditures that are funded on your cost plan.

Items entered in this section of the Purchasing Plan must be specifically approved on the Cost Plan. Items entered in this section are considered Restricted; the funds must be spent on the service they were approved for on the Cost Plan. A Purchasing Plan incorporating these funds should be sent in as soon as the funds have been approved.

Patty has Adult Dental approved on her Cost Plan at the beginning of the Fiscal Year, which starts in July. Since this is an STE, she will receive 92% of the funds that were approved on her cost plan. Patty's first Purchasing Plan of the Fiscal Year is being submitted for an 8/1 start date. The service will be entered on the Purchasing Plan to be effective for the rest of the Fiscal Year; from 8/1/2016 - 06/30/2017

If Adult Dental is approved next fiscal year, then a new entry with new service dates will be entered at that time. Refer to the APD CDC+ Handbook for more information regarding OTE and STE services.

Patty's dental visits cost $250 per visit; however, she only receives 92% of the Cost Plan funds. Patty and her Representative would like to save for the additional 8% of funds needed to pay for the Dental visit. She will need to save a total of $40; $20 per visit. This amount will go into the Savings section.

Every item listed in the Savings Plan must have a justification on page 4.

Now all services and supplies that Patty will be purchasing have been entered on the plan.

Before moving on to Page 6, you will want to review all information you have entered for accuracy.

Once you have verified that everything within the plan is correct; you are ready to move on to the Budget Summary on page 6.

Double check the Authorized Budget Amount. This amount should have prepopulated from the Monthly Budget Amount you entered on page 1.

Double check cost amount for Services and Supplies. This will be the combined cost of all information entered in both the Services C.1 and Supplies C.2 sections on page 3. Again, this information should have prepopulated.

Double check the amount going into unspent each month, this amount will prepopulate as Savings.

IF the amount showing in Savings is in parentheses it means that the amount of Services and Supplies entered in Sections C.1 and C.2 total more than your Monthly Budget. You must go back to page 3 and make adjustments to bring the plan within your budget.

The total of the amounts listed on line C and line E will prepopulate your total monthly expenditure amount.

Once you have verified that all information entered on the plan is correct, you now must print and sign the plan.

You will sign under "Participant or CDC+ Representative". Your signature, printed name and the date the document was signed are all required information. Signing this document acknowledges that you developed this Purchasing Plan, that it meets the

needs and goals specified in your Waiver Support Plan, and that the paperwork of all providers on the Plan has been submitted to APD for processing.

You will need to send this plan to your Consultant no later than the 5th of the month prior to the Plan's start date. Patty's plan is to be effective on 8/1, so you will need to get it to your consultant by July 5th.

Your consultant will review the plan. He or She will contact you with any questions they have about the plan. Once they are certain of the accuracy of all information entered, they will sign under "Consultant". Their signature verifies that the information in the plan is accurate, meets the participant's needs and goals identified on the Support Plan and also meets CDC+ program requirements. The Consultant must send the plan to the Regional office by the 10th of the month prior to the Plans' start date.

If this is your first Purchasing Plan, your consultant will submit the Plan directly to CDC+ State Office.

After the Region has completed their review of the plan, the reviewer will send it up to CDC+ State Office for final review and processing.

Once CDC+ State Office has reviewed the plan and verified it meets your stated needs and goals identified on the Support Plan and it complies with all program requirements, they will sign it. APD Staff signature indicates that the plan is approved and may be implemented on the effective date. If there were any items that could not be approved, they will enter that information here.

The signed Purchasing Plan gives authorization to spend the Monthly Budget Amount as outlined on the plan. CDC+ State Office will send the signed plan back to both the Regional Office and to your Consultant. Your consultant will ensure you receive a copy of the signed plan. You must keep a copy of the signed plan in your records.

You have now completed the APD CDC+ Purchasing Plan. Please review these Quick Tips to help you complete your Purchasing Plan correctly. These Quick Tips can be printed from the APD CDC+ Website.

For Questions, Please contact your Consultant; or, you may call the CDC+ Customer Service number at 1-866-761-7043.

Thank you.