

## CDC+ Consultant Checklist

### APPLICATION PACKET

- Program Application
- Consent Form
- Consumer/Consultant Agreement
- Representative Agreement/Registration Form (optional)
- Background Screening Forms: Background Screening Appointment Form for the CDC+ Program within DOEA, and the Affidavit of Good Moral Character (ELDERS ONLY)
- PGS - Personal Goal Setting Document
- SS4 – Application for Employer ID #
- EIN Third Party Designee Authorization

### ENROLLMENT PACKET

- Informed Consent
- IRS 2678
- IRS 8821
- Budget Plan
- BAF (Budget Authorization Form)
- Direct Deposit (*optional*)

#### Employee Forms:

- W-4
- I-9
- Background Screening Forms: Background Screening Appointment Form for the CDC+ Program within DOEA, and the Affidavit of Good Moral Character (ELDERS ONLY)
- Employer/Employee Agreement
- Direct Deposit (*optional*)

#### Vendor Forms

- Vendor Registration



## Consumer Directed Care Plus (CDC+) Program Application



<b>First Name</b>					<b>Medicaid ID#</b>					
<b>Last Name</b>					<b>Social Security Number</b>					
<b>E-mail Address</b>	@				<b>Date of Birth</b>	/ /				
<b>Language Preference</b>	<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<b>Gender</b>	<input type="checkbox"/> Female		<input type="checkbox"/> Male		
<b>Home Phone</b>	( )				<b>Other Contact Number</b>	( )				
<b>Home Address</b>										
<b>City</b>				<b>State</b>	<b>FL</b>	<b>Zip Code</b>			<b>County</b>	
<b>Mailing Address (if different)</b>										
<b>City</b>				<b>State</b>	<b>FL</b>	<b>Zip Code</b>			<b>County</b>	
<b>Agency</b>	<input type="checkbox"/> AHCA/Aging Out		<input type="checkbox"/> DCF/Adult Services		<b>Care Plan Date</b>					
	<input type="checkbox"/> DOEA/ Elders		<input type="checkbox"/> DOH/ TB/SCI Waiver							
<b>Annual Care Plan Amount</b> (After case management fees are deducted)									\$	
<b>Discount Rate</b> (Only TB/SCI Waiver)									\$	
<b>CDC+ Monthly Budget Amount</b> (Annual care plan amount divided by twelve; or amount after discount rate divided by twelve)									\$	

Consumer/Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Authorized Agency ONLY**

Agency       AAA       AHCA       DCF       DOH

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located		
	7a Name of responsible party	7b SSN, ITIN, or EIN	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶	
8c If 8a is "Yes," was the LLC organized in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9a <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶ _____		Group Exemption Number (GEN) if any ▶ _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
10 <b>Reason for applying</b> (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural	Household	Other	
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
16 Check <b>one</b> box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service
		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale-agent/broker
			<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," write previous EIN here ▶ _____			
Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name	Designee's telephone number (include area code) ( )	
	Address and ZIP code	Designee's fax number (include area code) ( )	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ( )
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ( )
Signature ▶			Date ▶

## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1-18 (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup>	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

<sup>2</sup> However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



## **EMPLOYER IDENTIFICATION NUMBER (EIN) THIRD PARTY DESIGNEE AUTHORIZATION**

I understand that my signature on IRS Form SS-4 Application for Employer Identification Number authorizes the Department of Elder Affairs as the Fiscal Employer Agent (F/EA) to apply for and receive an Employer Identification Number (EIN) on my behalf and to answer questions about completion of the form.

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Consumer's Signature

Date

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Consumer Name (Printed)



# CDC+ CONSENT FORM

Please initial on each line below to indicate you have read and understood each.

## As a Consumer in CDC+ I consent to the following:

### USE OF BUDGET:

I will receive a monthly budget to buy services and make other purchases related to my long-term care needs. I understand that I must choose cost-effective purchases that will best meet my needs. I will choose who provides my services and I will be the Household Employer for employees I hire. I will develop a budget plan with the help of my consultant. I will decide what to buy as long as I do not overspend my budget. I understand that if I overspend and no longer have funds in my CDC+ account, I am responsible for the payment of employees and purchases. I understand that I am legally required to pay employer-related taxes for employees I hire and that my CDC+ budget must be used to pay for those taxes. I will get help from my consultant in making sure the budget is being used correctly. I understand that if I misuse my CDC+ budget, I may be transferred back to traditional services.

\_\_\_\_\_

### CONFIDENTIALITY:

I understand all CDC+ information about me is confidential. I give my permission for CDC+ to release information about my participation in the program and how I use my budget to the Centers for Medicare and Medicaid Services (CMS), the Food and Nutrition Service, and the United States Department of Health and Human Services. This includes information on the forms I fill out and the information collected from the CMS programs about my use of medical services. CDC+, the Agency for Health Care Administration (AHCA), the Social Security Administration, and all state and federal agencies mentioned in this text will hold my name in confidence to the full extent provided by state and federal law. I understand that all information obtained in surveys and program records will be reported only for groups of people and will be used for research purposes only.

\_\_\_\_\_

### CONSUMER BENEFITS:

#### SSI

- My Supplemental Security Income (SSI) benefits will not change because of my participation in CDC+.
- My CDC+ budget will not be counted as income or resources for SSI eligibility. CDC+ may release information about my CDC+ budget to the Social Security Administration.

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#### Food Stamps

- My food stamp benefits will not change when I enroll in CDC+.
- My CDC+ budget will not be counted as income or assets for food stamp eligibility.
- I give permission for CDC+ to release information about my CDC+ budget to the Food and Nutrition Service and the Social Security Administration.

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#### Office of Special Education and Rehabilitation Services

- I understand those services from Independent Living Services for Older Individuals Who Are Blind **may** be affected by a CDC+ budget.
- I understand it is my responsibility to check with my local office.
- All other programs administered through the Office of Special Education and Rehabilitation Services will not be affected.

\_\_\_\_\_



## CDC+ CONSUMER/CONSULTANT AGREEMENT

The purpose of this agreement is to clarify the responsibilities of consumers and consultants and make sure everyone understands those responsibilities.

### Consumer/Representative Responsibilities:

1. Participate in the CDC+ program to the level of consumer's individual capability
2. Select a representative for assistance in the areas that are a challenge such as bookkeeping, completing forms or managing finances
3. Complete mandatory CDC+ training
4. Develop a budget plan to establish how the monthly allocation will be spent
5. Keep all purchases within the monthly budget
6. Purchase only items that are listed on the budget plan
7. Provide receipts monthly to my consultant for all cash purchases
8. Have enough workers in the employee pool to cover when a scheduled worker is not available
9. Recruit and hire employees and prepare all employment forms. Submit forms to the CDC+ Fiscal/Employer Agent (F/EA) and retain a copy
10. Train employees and identify what is expected of them
11. Make sure employee timesheets and invoices from vendors, agencies or independent contractors are entered on the appropriate Monday, either by phone or web entry system. Timesheets for employees are entered weekly and invoices are entered the first Monday after the month of service for vendors, agencies or independent contractors
12. Distribute employee paychecks as soon as you receive them from the F/EA
13. Contact your consultant when you have questions

### Consultant's Responsibilities

1. Conduct initial 701-B Assessment Form and develop a care plan
2. Consultants will attend CDC+ training and participate in phone conferences to obtain a clear understanding of CDC+ and remain current with changes
3. Provide training to consumer and/or representative
4. Encourage and support consumer to make independent choices about services, purchases and employees
5. Review consumer's budget plan to make sure it meets the consumer's needs and is calculated accurately
6. Receive and review cash receipts monthly
7. Consultant should be available to answer consumer's questions
8. Consultant works with the consumer to develop a CDC+ Improvement Plan or Corrective Action Plan when necessary
9. Consultant should inform the consumer about community services available
10. Consultant will **NOT**:
  - Interview, hire, train, supervise or dismiss consumer's employees
  - Relay messages to employees when consumer is unhappy with the work
  - Locate employees or providers for the consumer
  - Be able to get extra money if the consumer spends more than the monthly budget allocation

I understand and accept the responsibilities listed in this agreement.

Consumer/Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Consultant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



**REPRESENTATIVE AGREEMENT / REGISTRATION FORM**

I voluntarily agree to serve as the sole Representative for this Consumer. The Consultant has provided adequate training as to the requirements of the Consumer-Directed Care Plus Program (CDC+), and questions about CDC+ have been answered to my satisfaction. I also have access to a copy of the CDC+ Guidelines and know that I can contact the Consultant if I need additional assistance.

**I agree to the following terms and conditions as a CDC+ Representative**

I understand that the CDC+ consumer will receive a monthly budget, which I will control and manage on behalf of the consumer to the level of responsibility deemed appropriate by the consumer’s capability. The consumer will be involved with all decisions made to the appropriate level of participation. I agree to:

- Act for and on behalf of the consumer in administering CDC+ monthly budget funds
- Use the monthly budget for services and supports that meet the consumer’s needs and goals
- Make purchases in accordance with CDC+ program guidelines
- Maintain a cash log and keep all cash receipts for all purchases made with cash
- Maintain copies of all required forms
- Work cooperatively with the Fiscal/Employer Agent
- Submit budget plan updates and change forms to the Consultant as necessary
- Hire employees in accordance with CDC+ program guidelines
- Submit background screenings for all directly hired employees within 5 working days
- Ensure the consumer’s health and safety are not at imminent risk
- Comply with state and federal requirements for hiring and employing workers
- Authorize payment only to employees for time/hours worked
- Keep the Consumer’s CDC+ information confidential
- Accept the decisions of CDC+ program staff regarding my assignment as representative
- Receive no payment for service as this consumer’s representative

Following are limited responsibilities as defined by the consumer (optional):

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**I understand that:**

- If I mismanage the consumer’s budget, I may be removed as representative or the consumer may be dis-enrolled from CDC+.
- The consumer is legally responsible for paying employer-related taxes, and I am responsible for notifying the F/EA of all employees’ tax status.
- CDC+ staff may contact the consumer’s providers, vendors, and employees to discuss their provision of services to the consumer.
- Information gathered will be used in the aggregate and no personal identifying information will be released without my permission.
- I **cannot** be paid for being a representative or as a consumer’s employee.
- A consultant will train me on the CDC+ program and provide ongoing consultant services.
- If I overspend the consumer’s budget and no longer have funds in the consumer’s account, I am responsible for paying any outstanding obligations to employees, vendors and other providers from my personal funds.

I agree to hold harmless the State and its agencies, representatives and employees from the consequences of my choices as a representative in the CDC+ program.

\_\_\_\_\_  
 Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Representative Name (Printed)

\_\_\_\_\_  
 Consumer Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Consumer Name (Printed)

\_\_\_\_\_  
 Consultant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Consultant Name (Printed)

### REPRESENTATIVE REGISTRATION

Consumer Name:	Consumer ID#:
Representative's Name:	Representative's Social Security:
Language Preference: (    ) English    (    ) Spanish	Representative's Date of Birth:
Address:	
City:	State: FL          Zip Code:
Home Phone Number: (    )	Cell Phone Number: (    )
Representative e-mail address:	



## CDC+ PERSONAL GOAL SETTING (PGS)

CDC+ gives you the flexibility to hire people who will help you take care of your daily needs. CDC+ resources are limited, so it is important to use them in ways that will help you the most. Think about how CDC+ can assist you in achieving the goals that are most important to you. CDC+ gives you the flexibility to:

- Hire family members or friends to assist you
- Buy services from an agency or independent contractor
- Spend some of your budget to modify your home or buy equipment
- Buy services or supplies to help you to live independently

Once you have identified your personal goals, your consultant will then work with you to decide what CDC+ services and supports are available to help reach your goals.

### HERE IS AN EXAMPLE OF A PERSONAL GOAL:

PERSONAL GOAL	SERVICES AND SUPPORTS TO REACH THE GOAL
1. I want to visit family and friends.	Transportation
2. Take a shower and go to the bathroom	Personal Care Assistance

### NOW IDENTIFY YOUR OWN PERSONAL GOALS:

PERSONAL GOAL # 1	SERVICES AND SUPPORTS TO REACH THE GOAL

PERSONAL GOAL # 2	SERVICES AND SUPPORTS TO REACH THE GOAL

PERSONAL GOAL # 3	SERVICES AND SUPPORTS TO REACH THE GOAL

PERSONAL GOAL # 4	SERVICES AND SUPPORTS TO REACH THE GOAL

**EMERGENCY BACK-UP PLAN:**

Planning for emergencies is one of the most important things you will do to prepare yourself to direct your own care. The basic purpose of the emergency backup plan is to provide critically needed services; such as Personal Care, Attendant Care and Skilled Nurse services; when the primary caregiver is unable to work. An emergency backup plan is a “strategy” to have in place to reduce potential risk to your health, safety and welfare. This emergency backup plan is required for all critical services in the budget plan; as required by the 1915(j) State Plan Amendment.

Consumer/Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

**I have reviewed and discussed with the consumer the Personal Goal Setting (PGS) to include the Emergency Backup Plan.**

Consultant Signature: \_\_\_\_\_ Date \_\_\_\_\_