NEW YORK STATE | Office for People With Developmental Disabilities

Support Broker Reauthorization Form - Instructions

Instructions

Please follow the directions when completing this form. Failure to adhere to the standards established below may lead to either rejection of this form or revocation of Authorization. Failure to submit an acceptable application by July 31st of the authorization year will result in your Support Broker Authorization being revoked. Please note, any factually false information included in this form may lead to immediate revocation of certification.

Section I – Identifying Information

Use your legal last name, first name, and the first letter of your first middle name. This is the name that will appear on the Bi-Weekly Support Broker Verification List and **must match the name on the Budgets and Support Broker Agreements.** If appropriate and desired, enter a nickname, a maiden name, or preferred alternates in the "Alternate Names" field.

Enter the address, phone number, and e-mail address you use for business purposes. Date of Birth should be entered as MM/DD/YYYY. Enter only numbers for your Phone number, it will save in this format (XXX)XXX-XXXX. Multiple e-mail addresses should be separated by a semicolon (;) only. The state must be the accepted two-letter abbreviation (e.g. New York is NY). The first five numbers of the zip code are the only numbers necessary in that field. The Bi-Weekly Support Broker Verification List will include the established Broker Authorization Number, the legal name, the city and state from the address, and the effective date of authorization.

Enter your Broker Authorization number as issued by OPWDD. Enter the numerical month and year (MM/YYYY) of your initial authorization. This is used to determine your number of required Professional Development hours during your first year of authorization. If you are unsure of your authorization date, it can be located at https://opwdd.ny.gov/providers/self-direction-providers under Resources - Support Broker Verification List.

Support Brokers may provide services independently or as staff of an agency. An Agency refers to a voluntary provider of Home and Community Based Services (HCBS). Only agencies listed in the drop-down are acceptable.

If employed by an agency, as defined above, please enter the name of the agency in the appropriate field and include your Agency email address (not a shared mailbox). If you are not employed by an agency, please leave this section blank.

The public list(s) are regional lists of Support Brokers who are currently accepting new additions to their caseload. This list is distributed to Care Coordination Organizations and Fiscal Intermediaries to assist persons who Self-Direct their services and are looking for a Support Broker. If you choose to be included in the public version of the Broker Registry, it will not include the full address, but it will include the information from the verification list, the e-mail address, phone number and the information from Section II, Section III, Section IV, and Section V that was provided on your initial Authorization form. You do not need to be listed publicly to accept new additions to your caseload.

Section II - Mandatory Annual Training Attestation

For the Mandatory Annual Training Courses, you have the option of receiving the trainings in written form from OPWDD Central Office or in-person through an agency. If you read the training, choose "Read" with the dropdown box, and by complete this section you are attesting that you read and understood the material. If you attended an in- person training, choose "In-Person" with the dropdown box and, by completing this section, you are attesting that you completed all the required elements of the training to the satisfaction of the instructor.

Section III - Yearly Professional Training

To be reauthorized, the Support Broker must demonstrate that (s)he has completed OPWDD Mandatory Training and obtained twelve (12) or more hours of Yearly Professional Training during the authorization year.

Please enter the course name, date, format (lecture, online, etc) and hours (to the nearest quarter hour). Total your trainings and enter it in the appropriate box. Support Brokers who have not completed their required hours of training will not be reauthorized.

Yearly Professional Training may include lectures; workshops; OPWDD-sponsored or attended Broker Forums or Broker Communities of Practice; OPWDD-endorsed

Broker Mentorship and other training sessions conducted by OPWDD, a Support Brokerage Learning Network, other agencies, or educational institutions. This may include online courses, webcasts, or other electronic communication media, offered by OPWDD or other entities. The subject of the training must enhance the Support Broker's ability to serve individuals with developmental disabilities. The Support Broker is responsible for ensuring that the subject matter of all training applied to the Yearly Professional Training requirement is appropriate.

During the first year of authorization, a Support Broker's Yearly Professional Training Requirements are pro-rated based on the Support Broker's effective date of authorization. If the effective date of authorization is between August 1 and October 31, the Broker must demonstrate that (s)he has obtained twelve (12) hours of training. If the effective date of authorization is between November 1 and January 31, the Broker must demonstrate that (s)he has obtained nine (9) hours of training. If the effective date of authorization is between February 1 and April 30, the Broker must demonstrate that they have obtained six (6) hours of training. If the effective date of authorization is between May 1 and June 30, the Broker must demonstrate that (s)he has obtained three (3) hours of training.

Yearly Professional Training supporting documentation does not need to be submitted with your reauthorization application but should be retained and available for review by OPWDD, fiscal intermediaries, and participants upon request. New York State regulations require each Medicaid provider to prepare records to demonstrate its right to receive Medicaid payment for a service. These records must be "contemporaneous" and kept for ten years from the date the service was provided.18 NYCRR 504.3(a).

Signature

You must check each attestation for your reauthorization to be accepted.

Unsigned documents will not be accepted. Forms that have been reproduced or scanned are not acceptable. The form does not print, and handwritten submissions are not accepted. To complete this document, you need to use Adobe Reader. To get a free copy of Adobe Reader, please visit: https://get.adobe.com/reader Follow the Digital Instructions attachment to set up a digital signature in Adobe.

Save the form to your computer and close. Download and open Adobe Reader and then open the form within Adobe Reader to complete all required fields, digitally sign, and date. Information entered outside of Adobe Reader may not transfer properly and may corrupt your form. After signing, save the form as a PDF file and e-mail the form to SDBroker@opwdd.ny.gov.

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Support Broker Reauthorization Form

Please complete the entire form, save the document, and submit the file to OPWDD. See page 1 for instructions.

Section I: Identifying Information

Last Name		**First Name**		**Middle Initial**	
Alternate Name(s)		**Date of Birth**			
Street Address					
City		**State**		**Zip Code**	
Phone Number		**Extension:**			
E-Mail Address					
Broker Authorization #		**Initial Authorization Date**			
Please check here if you wish to be included in the public version of the registry as an INDEPENDENT Support Broker* ☐					

If you are employed by an agency, as defined above, in the capacity of a Support Broker, please complete the below section.

Name of Agency					
Business Street Address					
City		**State**		**Zip Code**	
Phone Number		**Extension:**			
E-Mail Address					
Please check here if you wish to be included in the public version of the registry as an AGENCY Support Broker* ☐					

*Inclusion on the public version of the registry is not mandatory. It is intended only for paid Support Brokers who are seeking to Increase their current caseloads.

Section II: Mandatory Annual Training Attestation

	Date	Organization	Read/In-Person
Privacy and Security of Health Care Information			
Medicaid Compliance			
PRAISE			

Section III: Yearly Professional Training

Support Brokers are required to have 12 hours of Yearly Professional Training. This is pro-rated for Support Brokers in their first year:

Initial Authorization Date	Hours of Required Training
Between May 1 – June 30 of current authorization year	3
Between February 1 – April 30 of current authorization year	6
Between November 1 – January 31 of current authorization year	9
Prior to November 1 of current authorization year	12

Please continue to page 4 to document your Yearly Professional Training.

Section III: Yearly Professional Training (Continued)

Training	Date	Organization	Format	Hours

Total hours

Attestations

I attest to the following:

The above trainings are appropriate and enhance my ability to serve individuals with developmental disabilities as required in 19-ADM-05R. ☐

I am able to provide documentation of the above Professional Training if requested. ☐

I understand that current OPWDD acceptance of a training does not constitute future OPWDD acceptance. ☐

I have maintained a standard of conduct consistent with OPWDD expectations (see ADM 2019-05R). ☐

Signature		**Date**	

By signing above, you attest to the accuracy of the information included in this document and affirm that you are aware that any factually false information provided could serve as the basis of immediate, or retroactive, revocation of the Broker Authorization.