Support Broker Agreement

Please type your information into the boxes, save the document and submit. Please complete the entire form.

Section I: Self-Direction Participant

Last Name		First Name		Middle Initial	
Street Address					
City		State		Zip Code	
Phone Number		E-Mail Address			
TABS ID Number		Medicaid ID Number			

Section II: Support Broker

Last Name		First Name		Middle Initial	
Business Address					
City		State		Zip Code	
Phone Number		E-Mail Address			
Broker Authorization Number		Name of Agency*			

* if the Support Broker provides services cooperatively with other Support Brokers (e.g. to provide back-up, additional skills) provide the name of the organization or individual the Support Broker provides services with, or if the Support Broker is independent, please enter “independent”.

Section III: Support Broker Hourly Fee*

Total Annual Hours	Hourly Fee	Total Annual Cost
		0

* these amounts may not exceed amounts included in the approved Self-Direction budget

Section IV: Fiscal Intermediary

Agency Name				Corp ID	
FI Street Address					
City		State		Zip Code	
Phone Number		E-Mail Address			
FI Contact					

Section V: Care Manager

Name					
Affiliation					
Address					
City		State		Zip Code	
Phone Number		E-Mail Address			

Section VI: Identify the services the Support Broker will provide:

Note: To receive payment, the service provided to the Self-Direction Participant (SDP) must be identified in this agreement. Services provided to the SDP but not identified in this agreement will not be reimbursed. Check those that apply. The first five services listed must be delivered.

- ✓ Assisting the participant in developing and maintaining a Circle of Support/Planning Team and assisting in planning and directing team meetings (this includes: assisting the participant in scheduling and facilitating team meetings; identifying new team members; identifying and assigning roles and tasks for Circle of Support/Planning Team members; assisting with the overall functioning of the Circle of Support/Planning Team; ensuring team members are freely chosen by the participant; and the team is operating in the participant's best interests and within the principles of Self-Determination).

- ✓ Meeting with the participant's Circle of Support/Planning Team, at least twice a year as detailed in the Circle of Support/Planning Team Meetings section below.

- ✓ Ensuring completion of and updates to Staff Action Plans for self-hired Community Habilitation and Supported Employment (SEMP) staff for participants who receive such services.

- ✓ Assisting the individual to develop a comprehensive Self-Directed Budget that is consistent with his/her Life Plan; and
- ✓ Working with the individual and his/her Circle of Support/Planning Team to ensure that all necessary safeguards are included and addressed in the Life Plan.

☐ Assisting the participant with developing a comprehensive Life Plan.

☐ Providing education, training, and technical assistance to the participant and his/her Circle of Support/Planning Team in implementing the Self-Directed Budget according to applicable federal and state standards.

☐ Working with the participant, his/her Circle of Support/Planning Team, and the Care Manager to identify and develop initial connections in the community, as identified in the participant's Life Plan.

☐ Monitoring Self-Direction expenditures to ensure that spending does not exceed the Self-Directed Budget by assisting the participant and the Circle of Support/Planning Team to review the expenditure report provided by the Fiscal Intermediary (FI).

☐ Working with the individual and Circle of Support/Planning Team to review and update the Self-Direction Budget, as needed, so that it meets the needs of the participant and remains current and eligible for Medicaid funding.

☐ Attending the participant's Life Plan reviews and assisting the participant with reviewing and updating his/her Life Plan as requested.

☐ Ensuring that at least two face-to-face Circle of Support/Planning Team meetings occur each year.

☐ Assisting the participant with properly documenting services according to applicable federal and state regulations and policy (including assisting the participant with reviewing and submitting documentation to the FI, such as: employee time sheets; monthly summary note; mileage and expense reimbursement forms; and all other required documentation)

☐ Assisting the participant with hiring and retaining appropriate support staff (including assisting the participant in recruiting, interviewing, hiring, scheduling, and supervising self-hired staff, and assisting the participant with identifying and retaining adequate backup staffing to ensure availability as needed by the participant).

Section VII: Additional Description of Services

Use this space to provide additional detail or descriptions for services that will be provided by the Support Broker to the Self-Directed Participant, as identified above, and define the level of supports.

Section VIII: Affiliated Brokers

If the Support Broker will provide services to the participant on a cooperative basis with other Support Brokers, please identify the affiliated brokers in this section. Note: each Support Broker must complete a separate Support Broker Agreement and adhere to all documentary standards established in the current Administrative Memorandum governing Support Broker services.

Section VII should detail the role of each affiliated Support Broker. If no other Support Brokers will work with or assist the Support Broker with the participant, skip to Section IX.

Affiliated Broker Name	Authorization #	Affiliated Broker Name	Authorization #

Section IX: Anticipated Start Date for Support Broker Agreement

Projected date for Support Broker services to begin* (enter date as mm/dd/yyyy)	

* These services will continue until the agreement is terminated (complete a Termination Form when terminating this agreement).

Section X: Agreement for Services

By signing this Agreement, it is agreed that the Support Broker indicated below will provide the Support Broker services listed above to the Self-Direction participant.

Support Broker Signature _____ Date _____

Participant/Designee Signature _____ Date _____

Once the Support Broker and the applicant/designee have completed, signed, and dated the Support Broker Agreement, send the original agreement to the Fiscal Intermediary and a copy to the DDRO Self-Direction Liaison. Upon execution of the agreement, the agreement must be submitted to the Central Broker Authorization and Review staff.

This document is to be reviewed and revised as needed.