

Broker Agreement

Check if this Support Broker Agreement is for Initial/Start-Up Support Brokerage

All boxes below MUST be completed.

1. SD Participant's Name:	
Address:	
Date of Birth:	
TABS ID number:	Medicaid ID number:
Telephone #:	Email address:

2. Name of Support Broker:	
Mailing Address:	
Telephone number(s):	Email address:
Name of Agency (if applicable, indicate "independent" if Broker is independent):	

3. Support Broker Hourly Fee:
Total annual hours: _____ Hourly fee: _____
Total annual cost: \$ _____
*These amounts may not exceed amounts in the approved SD Budget.

4. Name of Fiscal Intermediary (FI):	
FI Address:	
FI Phone number:	FI Email:

5. Medicaid Service Coordinator (MSC)	
MSC Address:	
MSC Phone number:	MSC Email:

6. Identify the services the Support Broker will provide:

Note: In order to receive payment, the service must be identified in this agreement. Services provided but not identified in this agreement will not be reimbursed. Check those that apply. The first four services listed must be delivered.

- ✓ Assist you to develop and maintain a Circle of Support (also known as a planning team) and assist in directing planning meetings.
- ✓ Ensure that planning meetings occur at least four times per year and are face-to-face.
- ✓ Ensure completion of and regular updating of habilitation plans for self-hired Community Habilitation and Supported Employment (SEMP) staff if you choose to have these services.
- ✓ Assist you to develop a comprehensive Self-Directed Budget that is consistent with your Individualized Service Plan (ISP) and to work with you and your circle of support to ensure that all necessary safeguards are included and addressed in your ISP.

- Assist you to develop a comprehensive Person-Centered Plan (i.e. the ISP and related habilitation plans).
- Provide education and training to you and your Circle of Support in implementing the Self-Directed Budget according to Medicaid and New York State standards.
- Work with you, the Circle of Support and your MSC to help identify and develop initial connections in the community as identified in the your ISP.
- Monitor self-direction expenditures to ensure that spending does not exceed your Self-Directed Budget by assisting you and the Circle of Support to review the expenditure report provided by the Fiscal Intermediary.
- Work with you and your Circle of Support to review and update the Self-Direction Budget as needed, so that it meets your needs and remains current and eligible for Medicaid funding.
- Attend your Individualized Service Plan (ISP) reviews and assist you to review, revisit and update your ISP as requested.
- Assist you to properly document services according to Medicaid and New York State regulations and policy. This includes assisting you to review and submit to the Fiscal Intermediary (FI) employee time sheets, the monthly summary note, mileage and expense reimbursement forms, and all other required documentation.

Assist you to hire and retain appropriate support staff. This includes:

- Recruiting
- Interviewing
- Hiring
- Scheduling
- Supervising
- Assisting you to identify and retain back-up staffing.

Use this space to provide further detail or descriptions for services that will be Provided by the Support Broker, as identified above, and to define the level of supports. Use additional sheets if necessary.

7. Anticipated Start Date for Support Broker Agreement:

Projected date for support broker services to begin: _____
These services will continue until the agreement is terminated (use Termination Form).

8. 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 SD participant.

Support Broker Signature: _____ Date: _____

Participant/Designee Signature: _____ Date: _____

Once the Support Broker and 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 SD Liaison. This document to be reviewed regularly and revised as needed