Support Broker Authorization Form - Instructions

Instructions

Please follow the directions provided when completing this form. Failure to adhere to the standards established below may lead to either rejection of this form or Authorization revocation. Please note, factually false information included and submitted on 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.

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. You do not need to be listed publicly to accept new additions to your caseload.

Section II – Additional Languages (other than English)

Please select the languages you can understand and can communicate in. Use the dropdown box to choose languages. If you need additional room, or you can communicate in a language not included in the dropdown, please include that in the broker profile. Do not type in languages in this section. Please be specific about what language you are indicating proficiency in (e.g., do not just indicate "Iroquoian languages" specifically cite "Onondaga," "Iroquois," etc.). The categories correspond with the categories utilized by the Census Bureau and represent a sample of the common languages spoken in New York. The list was held to the number you see to simplify completion of the form.

If you are not comfortable communicating in English, or have a limited capacity to do so, please include that in the broker profile. Otherwise, by completing the form, you are

affirming that you are comfortable communicating in English.

Section III – Broker Profile

Please provide a short description of your background and experience as it relates to the provision of Support Broker Services for a person who Self-Directs their services.

Section IV – The DDRFO and County you intend to serve

Once approved, your authorization is valid statewide and additional regional approval is not necessary. Please check the box next to each Region and County where you are willing to provide services. You are not required nor limited to providing services in each of the counties cited.

Section V – Specialized Skills

Please list your individual skills that may be of use to a person who Self-Directs their services. Please separate each skill with a semicolon (;). (e.g., Housing Navigator; Licensed Practical Nurse…)

Section VI – Agency Contact Information

If you are employed by an agency as described in Section I, please provide contact information for a manager or supervisor approved to receive information regarding the Support Broker services you provide.

Section VII – Training Attestation

In the date field, enter the date you finished the training for each class.

In the organization field, enter OPWDD or the organization that provided the training. SASD and PCP may be taken through an outside provider agency.

In the location field, enter “Webex” for online trainings, or the Agency city/town that provided the training in person.

For the Additional Six Training Courses (only), you have the option of receiving the trainings in written form from OPWDD 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 Medicaid Compliance training through an agency, enter the name of the agency. 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.

You must include readable versions of your training certificates for Self- Advocacy/Self-Determination, Person Centered Planning, Broker Training Institute, and Budget Template Training. If a course includes multiple certificates, you must include all certificates.

Please be advised that Broker Training Institute classes and Budget Template Training completed prior to July 1, 2020, have been determined to be obsolete. Per the standards established in ADM 2019-05, obsolete trainings are not acceptable for Authorization.

Please be advised that Person Centered Planning must include both Introduction to Person Centered Planning and Advanced Person-Centered Planning. These courses may be taken together or separately. The certificate must demonstrate that both courses were completed.

Signature

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 and training certificates to SDBroker@opwdd.ny.gov

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Support Broker Authorization 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					

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: Additional Languages (other than English)

Section III: Broker Profile

Section IV: Check each Developmental Disabilities Regional Field Office and County you intend to serve

Region 1	**Finger Lakes DDRO**			
	☐ Chemung	☐ Livingston	☐ Monroe	☐ Ontario
	☐ Schuyler	☐ Seneca	☐ Steuben	☐ Wayne
	☐ Wyoming	☐ Yates		
	Western NY DDRO			
	☐ Allegany	☐ Cattaraugus	☐ Chautauqua	☐ Erie
	☐ Genesee	☐ Niagara	☐ Orleans	
Region 2	**Broome DDRO**			
	☐ Broome	☐ Chenango	☐ Delaware	☐ Otsego
	☐ Tioga	☐ Tompkins		
	Central NY DDRO			
	☐ Cayuga	☐ Cortland	☐ Herkimer	☐ Lewis
	☐ Madison	☐ Oneida	☐ Onondaga	☐ Oswego
	Sunmount DDRO			
	☐ Clinton	☐ Essex	☐ Franklin	☐ Hamilton
	☐ Jefferson	☐ St. Lawrence		
Region 3	**Capital District DDRO**			
	☐ Albany	☐ Fulton	☐ Montgomery	☐ Rensselaer
	☐ Saratoga	☐ Schenectady	☐ Schoharie	☐ Warren
	☐ Washington			
	Hudson Valley DDRO			
	☐ Orange	☐ Rockland	☐ Sullivan	☐ Westchester
	Taconic DDRO			
	☐ Columbia	☐ Dutchess	☐ Greene	☐ Putnam
	☐ Ulster			

Section IV Cont.

Region 4	Bernard Fineson DDRO		Queens ☐
	Brooklyn DDRO		Kings ☐
	Metro Bronx		Bronx ☐
	Metro Manhattan		New York ☐
	Staten Island		Richmond ☐
Region 5	Long Island DDRO		
	Nassau ☐	Suffolk ☐	

Section V: Specialized Skills

Section VI: Agency Manager/Supervisor Contact Information

Agency Name			
Contact Name		E-Mail	
Address		Phone	

- **Please make sure to scroll down to the next page.**
- **All trainings need to be completed.**
- **Training certificates needs to be attached as a separate file with the form.**
- **Additional instructions for training is listed on pages 2-3.**
- **It is important to fill all the required fields before sending the form to SDBroker@opwdd.ny.gov**

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Section VII: Training Attestation

		Date	Organization	Location
Self-Advocacy/Self-Determination				

Person-Center Planning				

Broker Training Institute 1			**OPWDD**	**Webex**
Broker Training Institute 2			**OPWDD**	**Webex**
Broker Training Institute 3			**OPWDD**	**Webex**
Broker Training Institute 4			**OPWDD**	**Webex**

The trainings below are provided as "Read and Sign" after completion of the Broker Training Institute		**Date**	**Organization**	**Read/In-Person**
Privacy and Security of Health Information				
Overview of Developmental Disabilities				
Medicaid Compliance				
PICA				
PRAISE				
Rights and Responsibilities of Persons Receiving Services				

	Date	Organization	Location
Budget Template		**OPWDD**	**Webex**

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.

For OPWDD Use Only

Reviewer		Approval Date		Authorization Date		Authorization #	