



Support Broker Reauthorization Form - Instructions

Instructions

Please follow the directions when completing this form. Failure to adhere to the standards established below will 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. If appropriate and desired, enter a nickname, a professional 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 formatted MM/DD/YYYY. Phone number should be formatted (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 verification registry 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 of your initial authorization. This is used to determine your number of required Professional Development hours. If you are unsure of your authorization date, it may 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 (HSBS). 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. If you are not employed by an agency, please leave this blank.

Section II - Mandatory Annual Training Attestation

For the Mandatory Annual Training Courses, you have the option of receiving the trainings in written form from Central Office or in-person through an agency. If you read the training, choose “Read”, 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” 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 (s)he has 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.



Office for People With Developmental Disabilities

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 six 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.

Digitally sign and date the form. The form does not print, and handwritten submissions are not acceptable. For more information on signing the pdf go to www.adobe.com and search “Signing PDFs in Adobe Reader”. After signing, save the file and e-mail the form to SDBroker@opwdd.ny.gov. To complete this document, you need to use the Adobe Reader. To get a free copy of the Adobe Reader, please visit: www.adobe.com



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*

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:

<u>Initial Authorization Date</u>	<u>Hours of Required Training</u>
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.

