



Self-directed Services ~ Community Pathways

Developmental Disabilities Administration

SUPPORT BROKER DOCUMENTATION

Employer Name/Waiver Participant: _____

Support Broker Name: _____

Pay Period: _____

Duties Performed During this Pay Period

Activities Performed

Summary Description of Key Activities

- Assist with initial planning and start-up activities
Help with staff recruitment
Help with hiring/interviewing staff
Help with staff supervision/evaluation
Help with firing of staff
Help with skills training
Help with managing the budget
Help with managing supports and services
Help with managing/maintaining benefits (SSI, MA, etc.)
Facilitating team meetings
Advocating for supports and services
Program development activities
Quality Assurance activities
Risk assessment/planning/mitigation activities
Emergency backup activities
Budget/invoice reviews/audits
Develop/review data and communication logs
Other:

Summary Description of Key Activities section with multiple horizontal lines for text entry.

Total number of hours of Support Broker services provided during this pay period _____

I attest that I have reviewed employee time sheets for _____ (covered pay periods) and the monthly financial statement for the month of _____ and that services are being provided as approved by DDA in the above named person's Individual Plan and Budget (IP&B).

Support Broker Signature _____

Date _____

INSTRUCTIONS: This form must be submitted to the FMS by all Support Brokers (paid and unpaid) during each pay period.



Self-directed Services ~ Community Pathways

As *Self-direction* continues to grow, we are receiving requests to provide a list of available Support Brokers. The requests are coming from individuals who may be new to *Self-direction* or they may already be participants in the waiver and looking for a new Support Broker.

The Developmental Disabilities Administration (DDA) will be providing a list of Support Brokers as a service to individuals interested in, or participating in, *Self-direction*. Individuals will be informed that the listing is not an endorsement of any specific Support Broker or group of Support Brokers, but is available for information purposes only.

If you are interested in providing Support Brokerage services to other individuals and are willing to be included on our listing, please fill out the attached form and email or fax it to Terri Hartman at (fax) 410-767-5850 or terri.hartman@maryland.gov. Submission of the form indicates your willingness to be included in a list that will be posted on the DDA website.

The Support Broker List will be made available at Support Broker Trainings and on our website. You may request to be included, or withdrawn, at anytime. The listing will be updated on a monthly basis.

If you have any questions, please contact Terri at (410) 767-5421.

Support Broker Listing Request

I have completed DDA Support Broker Training and would like to make my services as a Support Broker available to participants of the *Self-directed Services ~ Community Pathways* Waiver. I understand that by submitting this form, my contact information will be made available to the public on the Maryland Developmental Disabilities Administration (DDA) website.

Name (please print): _____ Date: _____

Address: _____

Phone: _____ Email: _____

INFORMATION FOR DDA WEBSITE

Name: _____ Phone Number: _____

Email Address: _____

Website (if applicable): _____

Regions/Counties served: _____

Please submit to:

Terri Hartman
Maryland Developmental Disabilities Administration
201 West Preston Street, 4th Floor
Baltimore, MD 21201
(Fax) 410-767-5850
Email: terri.hartman@maryland.gov