

## HOW TO APPLY TO BECOME A SUPPORT BROKER

More information on Consumer Directed Programs can be found on the Department's Self-Direction and Family-Direction web site at: [www.selfdirection.idaho.gov](http://www.selfdirection.idaho.gov) or [www.familydirected.dhw.idaho.gov](http://www.familydirected.dhw.idaho.gov)

<p>If you are applying to serve both children and adults, or just adults, completed applications should be sent to:</p> <p>E-mail: <a href="mailto:CDSO@dhw.idaho.gov">CDSO@dhw.idaho.gov</a> or</p> <p>DHW – Regional Medicaid Services          ATTN: Cheryl Willard          1720 Westgate Dr. Ste. B          Boise, ID 83707</p> <p>Phone: (208) 334-0985 Fax: 208-334-0953</p>	<p>If you are applying to service children only, completed applications should be sent to:</p> <p>Email: <a href="mailto:CDSO@dhw.idaho.gov">CDSO@dhw.idaho.gov</a> or</p> <p>DHW -- FACS - DD          ATTN: Rachel Johnson          P.P. Box 83720          Boise, ID 83720-0036</p> <p>Phone: (208) 334-0603 Fax: (208) 332-7331</p>
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Applications are forwarded to a Support Broker Operations Specialist for review to determine if the applicant meets the minimum qualifications for taking the Support Broker Training and exam.

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\*\***

MINIMUM REQUIREMENTS TO BE A SUPPORT BROKER	
REQUIREMENT	REQUIRED DOCUMENTATION
<b>a. Eighteen (18) years of age, AND</b>	<b>Copy of Driver's License, Birth Certificate or other documents to verify age.</b>
<b>b. Skills and knowledge typically gained by completing college courses, community classes, or workshops that would count toward a degree in the human services field, AND</b>	<b>SB Application must be completed in full, including, names, dates and location of courses that meet this requirement.</b>
<b>c. At least two (2) years verifiable experience with the target population, AND</b>	<b>SB Application must be completed in full, including employers, titles, and dates. Experience parenting a child with a developmental disability may count towards this requirement – include name of child.</b>
<b>d. Knowledge of services and resources in the field of developmental disabilities, AND</b>	<b>Indicate on SB Application under "Additional relevant training, coursework, skills or knowledge".</b>
<b>e. Proof of Criminal History Check clearance by the Department, AND</b>	<b>Follow instructions as given in this document.</b>
<b>f. Pass the SB Application Exam.</b>	

### ADDITIONAL HELPFUL SKILLS AND KNOWLEDGE:

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|---|---|--|
| <input type="checkbox"/> Negotiation          | <input type="checkbox"/> Conflict Resolution      | <input type="checkbox"/> Community Resource Development    |
| <input type="checkbox"/> Contract Development | <input type="checkbox"/> Person-centered planning | <input type="checkbox"/> Hiring, and other employer issues |

### A PERSON IS NOT ELIGIBLE TO BECOME A SB FOR AN INDIVIDUAL IF:

- They are the individual's guardian, payee or conservator (unless they are enrolled in the Family-Directed Services program, they are unpaid, and the individual is their minor ward); or
- They are the individual's parent (unless they are enrolled in the Family-Directed Services program, they are unpaid, and the individual is their minor child); or
- They are the individual's spouse; or

- They are employed by an agency that provides paid community supports to the individual.

### **THE APPLICATION AND CRIMINAL HISTORY CHECK:**

A SB applicant must show clearance of a criminal background history check through the Criminal History Unit. The employer identification number to use to apply is **1710**. For more information on how to complete a criminal history background check go to the website:

<https://chu.dhw.idaho.gov> or PHONE (208) 332-7990 TOLL FREE 1 (800) 340-1246

If the applicant has passed a Criminal History and Background check within the last three (3) years, they may contact Cheryl Willard (adult, adult and children) OR Darcy Nesor (children only SBs). In these cases, the applicant may request to do an Idaho State Police (ISP) Name Check, which is less expensive. More information is available on the Criminal History Unit's web site.

In these cases, the applicant must complete the top section of the ISP name check application, purchase a money order for \$20.00 made out to the Idaho State Police, and send the application and money order for to the appropriate Department address listed at the top of this form. DHW will then complete the bottom portion of the application and submit it to the Idaho State Police with the money order. All other forms of payment will not be processed.

Medicaid or FACS will review the SB application to ensure minimum qualifications are met within ten (10) business days of receipt and will contact the applicant regarding the next step in qualifying to be a SB. The notice will provide the applicant with information regarding the SB examination.

### **TRAINING:**

There is material on the Self-Direction web site ([www.selfdirection.idaho.gov](http://www.selfdirection.idaho.gov)) is specific to working as a SB with the adult population. If you wish to work with children, contact the FACS regional trainer listed on your notice for the date and location of the Support Broker Training - attendance is mandatory to work in the Family-Direction program.

### **REQUIRED EXAMINATION:**

- The SB Qualifying Examination will be given monthly, at a minimum.
- Contact the FACS regional trainer listed on your notice for the date and location of the exam.
- There is no fee for the exam.
- All exams will contain questions on both the adult and children's program, regardless of the population you intend to serve.

### **PASSING THE APPLICATION EXAM:**

Applicants who score 70 or higher on the proctored exam and have passed the case study portion, will be sent a notice within thirty (30) days from the date of the test which verifies they have completed the process to become a SB. A Case study for each population (children or adults) you wish to work with must be submitted.

Additionally, if requested, the SB's name will be placed on a register of approved SBs. This register is maintained by Medicaid and is available on the Self-Direction website.

### **FAILURE TO PASS THE APPLICATION EXAM:**

If an applicant does not pass the application exam, they will be notified in writing. Each applicant can re-take the exam three (3) times in one twelve-month period. An applicant who fails the exam three (3) consecutive times must wait one year from the date of the last failed exam to re-take the test.

### **CONTINUING EDUCATION REQUIREMENT:**

In order to remain a qualified SB, you must submit documentation of twelve (12) hours of relevant on-going training annually, six (6) of which can be met through self-study. The process for submitting documentation is contained in the SB Manual. It is the responsibility of the SB to send in documentation of their annual training.