IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID-SUPPORT BROKER AGREEMENT

This agreement is hereby made between the Self Directed Community Supports Option, a Medicaid Option administered by the Department of Health and Welfare (the Department), and_____, a Support Broker.

The Support Broker acknowledges that even though he/she is the employee of a participant in the Self-Directed Community Supports Option, the Department, through the Fiscal Employer Agent, is the source of payment for the Support Broker's wages for services performed under the Self-Directed Community Supports Option. Because of the unique relationships of the participant, the Department, and the Fiscal Employer Agent, the Support Broker acknowledges and agrees to the following:

1. That the Support Broker is a provider under the Idaho Medicaid Self-Directed Community Supports Option.

2. To promptly notify the Fiscal Employer Agent, of any change of address or other Support Broker contact information.

3. To accept, as payment in full for all Self-Directed Community Supports services, payments made by the Fiscal Employer Agent, and will make no additional charge except as allowed by the Medicaid Option.

4. To provide all Support Broker services according to the Participant- Support Broker Employment Agreement and all duties and responsibilities in accordance with the rules pertaining to the Support Broker contained in Idaho Administrative Procedures Act (IDAPA) 16.03.13, "Consumer-Directed Services."

5. To protect the confidentiality of personal and health information relating to the participant and his participation in the Medicaid Self-Directed Community Services Option, and to release that information only on request of the participant or as otherwise allowed by law.

6. The Support Broker acknowledges that they are an employee of the participant and not an employee of the Department or the Fiscal Employer Agent, and agrees that the Support Broker is not entitled to, nor will make claim for, any employee benefits from the Department or the Fiscal Employer Agent, including worker's compensation, disability, life and/or health insurance.

The provisions of this agreement represent the entirety of the agreement between the parties. It may be amended only in writing with all parties consenting by their signature.

_____

SUPPORT BROKER Date