



Iowa Department of Human Services

Independent Support Broker Agreement

_____ agrees to be an independent support broker for
Independent Support Broker

_____ who is participating in the Consumer Choices Option.
Member

The independent support broker acknowledges that they are not the members' guardian, conservator, attorney in fact under durable power of attorney for health care, power of attorney for financial matters, trustee or representative payee. The independent support broker further acknowledges that they shall not be paid for any other service to the consumer and that they shall not work for an individual or entity that is providing services to the member.

The independent support broker agrees to perform the following services:

- ◆ Assists the member with developing the consumers' initial and subsequent individual budgets and with making any changes to the individual budget.
- ◆ Have monthly contact with the member for the first four months of implementation of the individual budget and have quarterly contact thereafter.
- ◆ Assist with interviewing potential employees and entities providing services and supports if requested by the member.
- ◆ Assist the member with determining whether a potential employee meets the qualifications necessary to perform the job.
- ◆ Assist the member with obtaining signed consent from a potential employee to conduct background checks.
- ◆ Assist the member with negotiating with entities providing services and supports if requested by the member.
- ◆ Assist the member with contracts and payment methods for services and supports if requested by the member.
- ◆ Assist the member with developing an emergency back-up plan. The emergency back-up plan shall also address any health and safety concerns.
- ◆ Review expenditures reports from financial management services to ensure that services and supports in the individual budget are being provided.
- ◆ Document in writing on the independent support broker time card every contact the broker has with the consumer. Contact documentation shall include information on the extent, which the members' individual budget has addressed the members' needs and the satisfaction of the consumer.

Either party may terminate this agreement at anytime with or without cause. If either party terminates the agreement, the Financial Management Services and the consumers' case manager/service worker shall be immediately notified. The Independent Support Broker will be paid an hourly rate of \$_____ (not to exceed \$15.15 an hour). The Independent Support Broker will need permission from the Department of Human Services Iowa Medicaid Enterprise to provide more than 26 hours of service in a 12-month period for the member.

Name of Member (Please Sign)

Date

Name of Independent Support Broker (Please Sign)

Date