

# SELF-DIRECTED SERVICES

## SPRINGBROOK VENDOR AGREEMENT

To ensure timely payment for services rendered, the vendor listed below and Springbrook enter into this agreement which outlines the responsibilities of both the vendor and the Fiscal Intermediary, Springbrook, while operating under the rules of OPWDD Self-Directed services. Vendors partnering with Springbrook must adhere to all regulatory guidance as issued by OMIG and OPWDD, as articulated in Administrative Memoranda and Guidance issued by New York State. Any failure to meet these expectations may result in payment delays as well as a void of this agreement, and must be remedied as quickly as possible to limit any lapses in service unto a Self-Directing Individual.

Self-Directing Individual Information			
Name:			
Telephone #:		E-Mail:	
Individual/Advocate Signature:		Date:	
Vendor Information			
Name/Type of Service:			
Billed by: <input type="checkbox"/> Hours <input type="checkbox"/> Units	# of Annual Units/Hours:	\$\$\$ per Unit/Hour	\$ _____
Anticipated Effective Date:		Total Cost:	\$ _____
Comments:			
Provider Agency:			
Street Address:			
City/State/Zip:			
Provider Contact Name:			
Telephone #:		E-Mail:	
Support Broker Information			
Broker Name:			
Affiliation:	<input type="checkbox"/> Springbrook Agency <input type="checkbox"/> Independent		
Street Address:			
City/State/Zip:			
Telephone #:		E-Mail:	
Signature:		Date:	

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Vendor Name:

### UNDER THIS AGREEMENT, THE VENDOR WILL:

- Provide the needed contact and other business information, including a W9, to Springbrook.
- Record and document the Self-Directing Individual's attendance.
- Provide a thorough invoice for services that includes, at minimum:
  - Self-Directing Individual's Name
  - Vendor Name
  - Date of Invoice
  - Name/Type of Service(s)
  - Date(s) of Service(s)
  - Rate(s)\* for Service(s)

*\*For therapy providers, the service rate must not exceed the Bureau of Labor Statistics (BLS) rate for said service.*
- Send invoices to [selfdirection@springbrookny.org](mailto:selfdirection@springbrookny.org) within 30 days of the services ending.
- Self-Disclose any identified conflict(s) of interest.
- Strictly bill Springbrook for services that the Self-Directing Individual attended. Services that were not attended but still require payment must be settled between the vendor and the Self-Directing Individual/their family, designee, etc.
- Retain responsibility for recouping costs outside the scope of Self-Direction budgets (e.g., service-related mileage). Such matters must be settled between the vendor and the recipient of services.

### UNDER THIS AGREEMENT, SPRINGBROOK WILL:

- Utilize the W9 and any associated vendor identifying information to run exclusionary checks and ensure that the vendor is in good-standing with Medicaid.
- Upon receipt of an acceptable invoice, issue payment to the vendor for services rendered via check.
- Work with the vendor to remedy any concerns with invoices that do not meet the requirements listed above.
- Provide timely notification to the vendor of any changes to OPWDD or Springbrook procedures that may impact this agreement/arrangement.

### SIGNATURES

VENDOR REPRESENTATIVE

DATE

FISCAL INTERMEDIARY REPRESENTATIVE

DATE