

FAMILY AND SELF-DIRECTED SERVICES SUPPORT BROKER PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. When budget pages are complete, which two items are submitted to the Medicaid Care Manager or equivalent?**
 - A. Workbook and SSP
 - B. Plan overview and consent form
 - C. Attendance log and progress notes
 - D. Service authorization and emergency contact
- 2. What elements should a broker include in a grievance or complaint process?**
 - A. A clear pathway for filing complaints, timetables for response, investigation steps, and resolution documentation
 - B. A policy to ignore complaints
 - C. Only annual review of complaints
 - D. A method to remove participant's rights
- 3. What is a recommended approach to ensure cultural and linguistic accessibility in SDS services?**
 - A. Provide materials only in English
 - B. Avoid using interpreters
 - C. Use interpreters or bilingual staff
 - D. Assume participant will translate
- 4. Which statement best describes Plan of Service in SDS?**
 - A. Plan of Service outlines specific services and providers
 - B. Plan of Service outlines goals and outcomes
 - C. Plan of Service is the budget summary
 - D. Plan of Service is the grievance policy
- 5. The FEA provides training on which process?**
 - A. The enrollment process and employment forms
 - B. Medical record management
 - C. Legal representation
 - D. Tax filing for participants

- 6. Which statement best reflects the Consumer Directed Services philosophy?**
- A. All services & treatments are directed toward as much self-determination & independence as possible.
 - B. The program is focused on centralized decision making.
 - C. Family involvement is discouraged.
 - D. There is no emphasis on independence.
- 7. Which expenditures are commonly non-allowable in SDS budgets?**
- A. Groceries for meals.
 - B. Transportation to appointments.
 - C. Personal vacations unrelated to care, fines, penalties, or purchases not approved for participant needs.
 - D. Medical supplies.
- 8. How do SDS practices ensure compliance with state and federal regulations?**
- A. They ignore regulatory changes to avoid delays.
 - B. They rely on external resources to handle all compliance with no internal training.
 - C. Compliance is evaluated only during federal audits.
 - D. They stay current on laws, train staff, apply rules in planning and billing, and prepare for audits.
- 9. What does Right Outcomes mean?**
- A. Services are based on assessed needs and result in progress, maintenance or delay of regression.
 - B. Services are based on provider discretion.
 - C. Services are based on assessed need, and result in progress, maintenance or delay or prevention of regression for the participant.
 - D. Services are delivered in the most integrated setting.
- 10. How should a broker handle disputes between participants and providers?**
- A. Ignore the dispute if it seems minor.
 - B. Terminate the provider immediately without review.
 - C. Document the issue, escalate per policy, pursue mediation or escalation, and resolve with outcomes aligned to the plan.
 - D. Refer the dispute to the participant's family for resolution.

Answers

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1. A
2. A
3. C
4. A
5. A
6. A
7. C
8. D
9. C
10. C

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Explanations

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1. When budget pages are complete, which two items are submitted to the Medicaid Care Manager or equivalent?

A. Workbook and SSP

B. Plan overview and consent form

C. Attendance log and progress notes

D. Service authorization and emergency contact

After the budget pages are finished, the two items you submit to the Medicaid Care Manager (or equivalent) are the budget workbook and the Service/Support Plan (SSP). The workbook lays out the detailed budget calculations—line items, unit costs, hours, and total funds—showing exactly how the funds will be allocated. The SSP takes those numbers and turns them into a concrete plan of supports: what services will be funded, who will provide them, where and when they'll occur, and how progress and adjustments will be handled. The care manager reviews these documents together to determine eligibility and approve the plan. Other options either represent ongoing documentation (attendance logs and progress notes) or parts of intake and authorization processes that aren't the specific two documents tied to completing the budget page submission.

2. What elements should a broker include in a grievance or complaint process?

A. A clear pathway for filing complaints, timetables for response, investigation steps, and resolution documentation

B. A policy to ignore complaints

C. Only annual review of complaints

D. A method to remove participant's rights

A clear and functioning grievance process is essential so participants can raise concerns and see timely, fair resolution. The best approach includes four key elements that make the process work in practice. First, a clear pathway for filing complaints ensures participants know exactly how to report an issue—who to contact, where to submit, and what information to include. This reduces barriers to reporting and helps ensure complaints are captured and addressed rather than ignored or lost. Second, timetables for response set expectations and accountability. When there are defined deadlines for acknowledging the complaint, for initial responses, and for moving the investigation forward, issues are handled promptly and participants aren't left waiting indefinitely. Third, explicit investigation steps describe how the complaint will be reviewed, who will be involved, what evidence will be gathered, and how confidentiality and impartiality will be protected. This transparency helps ensure conclusions are fair and based on the facts. Fourth, resolution documentation records the final decision, actions taken, and any follow-up or corrective measures. This creates a trackable record for accountability, informs the participant, and supports ongoing program improvement and quality assurance. In the context of a broker supporting families in self-directed services, having these elements helps protect participants' rights, ensures service quality, and keeps the process consistent and compliant with program rules. Policies that ignore complaints, rely only on annual reviews, or seek to strip participant rights would undermine safety, trust, and due process, which is why they do not fit a proper grievance process.

3. What is a recommended approach to ensure cultural and linguistic accessibility in SDS services?

- A. Provide materials only in English
- B. Avoid using interpreters
- C. Use interpreters or bilingual staff**
- D. Assume participant will translate

Access to SDS services must be linguistically and culturally accessible to every participant. The recommended approach is to use interpreters or bilingual staff to facilitate clear, accurate communication, ensure informed decision-making, maintain confidentiality, and show respect for participants' language and cultural preferences. Interpreters help bridge language barriers while bilingual staff can support ongoing communication and culturally appropriate interactions. Relying on English-only materials, avoiding interpreters, or assuming participants will translate creates barriers, increases the risk of miscommunication, and undermines consent. Engaging qualified interpreters or bilingual team members makes services more inclusive and person-centered.

4. Which statement best describes Plan of Service in SDS?

- A. Plan of Service outlines specific services and providers**
- B. Plan of Service outlines goals and outcomes
- C. Plan of Service is the budget summary
- D. Plan of Service is the grievance policy

In SDS, the Plan of Service is the practical blueprint that specifies exactly what services will be provided and which providers will deliver them. It turns the participant's needs into concrete, actionable items—who will do what, where, and when—so everyone knows who is responsible for each service and how it will be delivered. This makes budgeting, scheduling, and accountability possible because there's a clear map of the actual services and the people delivering them. While goals and outcomes may guide planning, the Plan of Service itself focuses on the specific services and the providers. A budget summary or a grievance policy are separate documents: the former covers money and payments, the latter covers how complaints are handled.

5. The FEA provides training on which process?

- A. The enrollment process and employment forms**
- B. Medical record management
- C. Legal representation
- D. Tax filing for participants

The training focuses on helping families navigate the setup steps for self-directed services, specifically how to enroll and the forms needed to hire and manage support staff. You learn what enrollment involves—eligibility, what documents are required, where and how to submit them, who approves the enrollment, and the typical timelines. You also get practice with the employment forms that come with bringing on direct support workers—things like employment agreements, timesheets, wage details, payroll considerations, and any required background checks or onboarding paperwork. This combination prepares families to start services smoothly and stay compliant. Medical record management belongs to handling health information and records, typically outside the enrollment and hiring processes. Legal representation and tax filing involve different functions and training tracks, not the enrollment and employment paperwork covered here.

6. Which statement best reflects the Consumer Directed Services philosophy?

- A. All services & treatments are directed toward as much self-determination & independence as possible.**
- B. The program is focused on centralized decision making.
- C. Family involvement is discouraged.
- D. There is no emphasis on independence.

Consumer Directed Services centers on giving the person control over their supports, focusing on self-determination and independence. The best statement reflects that the goals, services, and treatments are directed by the individual to maximize their autonomy, letting them choose what supports they need, who provides them, and how their budget is used. This aligns with person-centered planning, where the consumer's preferences and goals guide decisions and daily arrangements. Options that suggest centralized decision making, discourage family involvement, or imply no emphasis on independence don't fit CDS principles. In CDS, the consumer (often with family as partners) guides decisions and remains the primary decision maker, while independence and personal choice stay at the forefront.

7. Which expenditures are commonly non-allowable in SDS budgets?

- A. Groceries for meals.
- B. Transportation to appointments.
- C. Personal vacations unrelated to care, fines, penalties, or purchases not approved for participant needs.**
- D. Medical supplies.

In SDS budgets, every expenditure must directly fund supports that help the participant meet their needs and goals, and be aligned with what's approved in the plan. Personal vacations unrelated to care, fines and penalties, or purchases not approved for participant needs don't support those goals and aren't permitted, so they're non-allowable. This is why the option describing vacations and unapproved purchases is the best answer: it highlights the type of spending that SDS budgets do not cover because it doesn't fund approved, need-based supports. Groceries for meals, transportation to appointments, and medical supplies are typically allowable when they directly support the participant's daily living, health, or care needs as outlined in the plan. If an item isn't explicitly approved in the plan, though, it would be non-allowable, so always align expenditures with the approved supports and documented needs.

8. How do SDS practices ensure compliance with state and federal regulations?

- A. They ignore regulatory changes to avoid delays.
- B. They rely on external resources to handle all compliance with no internal training.
- C. Compliance is evaluated only during federal audits.
- D. They stay current on laws, train staff, apply rules in planning and billing, and prepare for audits.**

Active, ongoing compliance is built into daily operations. SDS practices stay current on state and federal laws so any regulatory changes are identified and acted on quickly. They invest in staff training so everyone understands how those rules affect planning, documentation, and billing. Those rules are then woven into service planning processes, ensuring plans reflect permitted services, eligibility, and proper documentation and cost controls. Billing workflows are aligned with the latest codes and authorizations, reducing errors and penalties. Finally, being prepared for audits means maintaining organized records, conducting internal reviews, and practicing audit readiness so external reviews go smoothly. For example, if a new consent or privacy requirement appears, the practice updates policies, trains staff, revises plan templates, adjusts billing, and keeps records ready for an audit. This integrated approach ensures ongoing compliance rather than waiting for problems to emerge.

9. What does Right Outcomes mean?

- A. Services are based on assessed needs and result in progress, maintenance or delay of regression.
- B. Services are based on provider discretion.
- C. Services are based on assessed need, and result in progress, maintenance or delay or prevention of regression for the participant.**
- D. Services are delivered in the most integrated setting.

Right Outcomes means services are chosen after assessing the participant's needs and are aimed at producing meaningful change for that person—whether that's progress toward goals, maintenance of skills, or preventing or delaying regression. This wording centers the plan on actual, measurable benefit to the individual, not on who decides the services or where they're delivered. The other ideas miss the emphasis on outcomes tied to assessment and participant-specific goals (provider discretion) or focus on setting rather than the result (most integrated setting).

10. How should a broker handle disputes between participants and providers?

- A. Ignore the dispute if it seems minor.
- B. Terminate the provider immediately without review.
- C. Document the issue, escalate per policy, pursue mediation or escalation, and resolve with outcomes aligned to the plan.**
- D. Refer the dispute to the participant's family for resolution.

Disputes should be handled through a documented, policy-guided process that protects the participant's rights and keeps decisions aligned with the plan. The best approach is to document the issue, escalate per policy, pursue mediation or other appropriate escalation, and resolve with outcomes that fit the plan and participant goals. This approach ensures due process, consistency, and accountability, while creating a clear record for auditing and showing that decisions reflect the agreed-upon expectations and requirements. Ignoring a dispute or terminating a provider without a proper review bypasses governance, can violate policy, and may harm the participant. Referring the dispute to the participant's family bypasses formal processes and professional boundaries; families can be involved in a supported way, but the resolution should follow established procedures and escalation paths. If needed, bring in a supervisor, mediator, or an independent party to help reach a fair, plan-aligned outcome.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://famselfdirectedservicessuppbroker.examzify.com>

We wish you the very best on your exam journey. You've got this!

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