

Direct Support Professional Assurance

[To confirm successful completion of testing and competency requirements for the DD Waivers]

I, _____ (print) recognize that, as a condition of providing direct support under the BI, FIS, and/or CL Waivers, the following requirements must be met. I hereby assure that, as a direct support professional delivering one or more of these services, the following events have occurred as described:

- 1) I have received instruction in the characteristics of developmental disabilities and Virginia’s DD Waivers, person-centeredness, positive behavioral supports, effective communication, DBHDS-identified health risks and the appropriate interventions, and best practices in the support of individuals with developmental disabilities.
- 2) I have taken and passed (with a total score of 80% or better) the “*Orientation Manual Test.*”
- 3) I will work with my supervisor on the completion of a DBHDS competency checklist (DMAS P241a) that is maintained in agreement with DBHDS requirements including annual updates and my Supervisor’s signature and, **if working in a DBHDS-licensed service, the appropriate additional competencies checklist(s) (DMAS P244a, DMAS P240a, and/or DMAS P201) when supporting individuals at Tier Four based on their completed Supports Intensity Scale®.**
- 4) The following conditions will be met **prior** to my providing direct reimbursable support services under the BI, FIS, or CL Waivers:
 - I will receive instruction as described in #1 above
 - I will take and pass the test as described in #2 above
 - I will demonstrate competence with Competency 3 related to health and safety as included on the DSP and DSP Supervisors Competencies checklist (DMAS P241a)
- 5) The following conditions will be met **within 180 days of my hire:**
 - I will demonstrate an ongoing ability to provide support in accordance with all required competencies (proficiency) as described in the DSP and DSP Supervisors Competencies checklist (DMAS P241a),
 - If needed, I will work with my supervisor to complete any additional required checklists, which may include Health Competencies (DMAS P244a), Behavioral Competencies (DMAS P240a), and/or Autism Competencies (DMAS P201) as referenced in #3 above, and
 - I will participate in an annual update to confirm my ongoing ability with competencies

My signature and date below indicate the date I passed the “DSP Orientation Test.”

Direct Support Professional’s Signature

Date

Supervisor’s Signature

Date

Trainer's Signature (if applicable)

Date

Agency Name

Agency Address

Please keep this assurance and a copy of the scored test on file for viewing during a DMAS Quality Management Review. Keep a copy for your own records.