

Supervisor Assurance

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

I, _____ (print), recognize that, as a condition of providing services or consultation under the BI, FIS, and CL Waivers, the following requirements must be met. I hereby assure that, as supervisor of these services, the following events have occurred as described.

- 1) I have reviewed the required training topics (including 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) and completed the DBHDS online training for supervisors, which details the supervisors' responsibilities for ensuring DSP training, testing, and competency requirements of the BI, FIS, and CL waivers.
- 2) I have obtained a supervisor's training certificate through the Commonwealth of Virginia Learning Center and passed the Orientation Manual test (with a total score of 80% or better).
- 3) I [*or a certified trainer*] will ensure that DSPs who will be providing services have received training 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, and I have passed the Orientation Manual Test (with a total score of 80% or better).
- 4) I will work with my agency director or designee to complete a DBHDS competency checklist (DMAS P241a) that is maintained in agreement with DBHDS requirements 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®.**
- 5) When using the "Orientation Manual for DSPs and Supervisors (July 2016)," I agree NOT to give the manual to DSPs as a self-study tool, but rather to meet with them individually or in small groups to review the content and dialogue about it. I will meet with DSPs who utilize the on-line orientation training for DSPs to facilitate their further understanding of the material and answer questions.
- 6) 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 pass the test and obtain a DBHDS certificate 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).

2) The following conditions will be met **within 180 days of my hire:**

- I will demonstrate an ongoing ability (i.e. proficiency) to provide support in accordance with all required competencies as described in the DSP and DSP Supervisors Competencies checklist (DMAS P241a),
- If needed, I will work with my agency director or designee 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.”

_____ Supervisor’s Signature	_____ Date
_____ Director/Manager’s Signature (Optional)	_____ Date
_____ Agency Name and Address	

Please keep this assurance, your training certificate, and competency checklist(s) on file for viewing during a DBHDS Licensing and DMAS Quality Management Review.