Direct Support Professional Assurance  
(for DBHDS-licensed providers)

[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 complete a DBHDS competency checklist that is maintained in agreement with DBHDS requirements including annual updates and my Supervisor’s signature and the appropriate additional competencies checklist(s) when supporting individuals at Level 5, 6 or 7 based on their completed Supports intensity Scale Level.

4) The above events occurred prior to my providing direct reimbursable support services under the BI, FIS, or CL Waivers.

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, a copy of the scored test, and competency checklist(s) on file for viewing during a DBHDS Licensing or DMAS Quality Management Review. Keep a copy for your own records.

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