Supervisor Assurance
(for Non-DBHDS-Licensed Services)

[To confirm successful completion of training and testing 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 DBHDS Knowledge 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 have passed the Orientation Manual Test (with a total score of 80% or better).

4) 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 DPSs to facilitate their further understanding of the material and answer questions.

_____ _____

Supervisor's Signature Date

_____ _____

Director/Manager's Signature (Optional) Date

_____

Agency Name and Address

Please keep this assurance and your training certificate on file for viewing during a DMAS Quality Management Review.