



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083
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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, _____ (print) 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) I will complete a DBHDS competency checklist(s) that are maintained in agreement with DBHDS requirements including annual updates and the program

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director's (or designee's) signature to include the DSP and Supervisor's Competencies Checklist and the appropriate additional competencies checklist(s) when supporting individuals at Level 5, 6 or 7 based on their completed Supports intensity Scale Level.

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

Supervisor's Signature

Date

Director/Manager's Signature

Date

a): Copy of compliance letter to DSP

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



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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.



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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

1. *Copy of assurance and a copy of the scored test on file for viewing during a DMAS Quality Management Review.*

2. *Keep a copy to DSP for personal records.*

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