Maryland
DEPARTMENT OF HEALTH

DDA Quarterly Provider Training Attestation

DDA certified/licensed providers are required to ensure that they are delivering services that meet the training requirements outlined in the DDA-operated Medicaid waiver at the time of service.

To meet waiver requirements, proof of training is required at initial certification/licensure and every fiscal quarter for all staff who provide waiver services. Please refer to the following schedule:

- **Initial application**
- **1st Quarter Report Due October 5th** (includes trainings completed in July, August, and September)
- **2nd Quarter Report Due January 5th** (includes training completed in October, November, and December
- **3rd Quarter Report Due April 5th** (includes training completed in January, February, and March)
- **4th Quarter Report Due July 5th** (includes training completed in April, May, and June)

Providers must complete and sign this attestation for each Quarter Period and upload it to this Google form within 5 calendar days

Attestation Statement (please initial the statements below)

_____ I understand that as a DDA certified and/or licensed provider providing waiver services, I am required to ensure all staff working for or contracted with the agency are fully trained in accordance with the DDA-operated Medicaid waiver requirements, Code of Maryland Regulations (COMAR), and DDA policy at the time of service delivery.

_____I attest that all staff working for or contracted with the agency meet the training standards and timelines outlined in the DDA waiver application and DDA Provider Training Matrix at the time of service delivery.

_____I am unable to attest that all staff working for or contracted with the agency have completed all required training for the following reason(s).

- Please provide details, including: 1) the number of staff and the percentage of staff who meet the standards and timelines outlined in the DDA Training Matrix.
- Please also indicate 2.) the number and percentage of staff who do not meet the standards and timelines outlined in the DDA Training Matrix and the agency's plan to achieve compliance this reporting period.

Notes:_____
_____
_____
_____
_____
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_____

_____I understand that I cannot bill for services provided by staff working for or contracted with the agency who did not meet the required training standards and timelines at the time of service delivery.

_____ I understand that at any time the DDA or its designee may request a training roster or other proof of training.

_____ I will submit this form every quarter (quarterly).

Signatures

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Provider Name: _____

Provider Signature: _____

Print Name and title: _____

Title: _____

References

Community Pathways Waiver/ Appendix C: Participant Services

Code of Maryland Regulations (COMAR) 10.22.02

Code of Maryland Regulations (COMAR) 10.09.26

Code of Maryland Regulations (COMAR) 10.09.36

Maryland Department of Health Provider Training Matrix

Quarterly Provider Services Training Attestation Form