



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.

- **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 and upload it within 5 calendar days for each Quarter Period to this [google form](#).

Note: The approved [DDA waiver application](#) and [training matrix](#) list all training requirements.

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 be fully trained and ensure all staff to be 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 have completed all required training.

_____ I attest that all staff providing waiver services are fully trained 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](#)