

# RTC WAIVER

Community Treatment and Support for Maryland Children and Youth with Intensive Mental Health Needs

## Attestation of Age, Experience, and Training of CRISIS AND STABILIZATION SERVICE PROVIDERS

Name of Organization: \_\_\_\_\_

Indicate agreement with the statement by initialing next to the statement and signing where indicated below.

\_\_\_\_\_ I attest that all staff members who provide services to RTC Waiver participants and their families have received the required child care criminal history background checks and child abuse and neglect clearances required by COMAR 10.21.10. Additionally, I attest that I have received and reviewed original copies of these reports from the Department of Public Safety and Correctional Services and the Department of Human Resources/Local Department of Social Services respectively and that they are available on-file at this organization and meet all requirements in COMAR 10.21.10.05. For individuals who may not meet the requirements in COMAR 10.21.10.05, I have requested the Mental Hygiene Administration to forego the requirement(s) in accordance with 10.21.10.05(D). I will not permit the individual(s) in question to provide services to RTC Waiver recipients or their families until such a request is granted.

I attest that all clinical supervisors in this organization who will be providing clinical supervision and/or respite services under COMAR 10.21.10 and COMAR 10.09.79:

\_\_\_\_\_ Are employed by this organization;

\_\_\_\_\_ Are licensed in good standing under Health Occupations Article, Annotated Code of Maryland, as a psychiatrist, social worker, registered nurse, or mental health professional;

\_\_\_\_\_ Are permitted to provide supervision under their respective practice act; and,

\_\_\_\_\_ Have experience providing crisis response services.

I attest that all behavior care aides in this organization who will be providing respite services under COMAR 10.21.10 and COMAR 10.09.79:

\_\_\_\_\_ Are employed by this organization;

\_\_\_\_\_ Are at least 21 years old;

\_\_\_\_\_ Have a bachelor's degree in a human services field; and

\_\_\_\_\_ Receive initial and ongoing training on crisis and stabilization services.

**By signing below, I attest to the veracity of the statements above.**

Name of Director of the Organization: \_\_\_\_\_

Signature of Director of the Organization: \_\_\_\_\_

Date: \_\_\_\_\_