



Qualified Developmental Disabilities Professional (QDDP) Certification Attestation and Professional Responsibility Agreement

This attestation is required for initial certification and continued recognition as a Qualified Developmental Disabilities Professional (QDDP) with the Alabama Department of Mental Health DD Division under the Alabama Home and Community-Based Services (HCBS) Waiver programs. This document aligns with CMS HCBS assurances related to Health and Welfare, Qualified Providers, Person-Centered Planning, and Administrative Authority.

Ethical Practice and Professional Conduct

I affirm that I will perform QDDP duties ethically, in accordance with professional standards, Alabama Department of Mental Health DDD policies, and CMS HCBS assurances. I will promote dignity, respect, choice, and self-determination for people with intellectual and developmental disabilities.

Person Centered Planning and Implementation

I affirm that I will actively participate in the development, implementation, monitoring, and revision of Person-Centered Plans, ensuring services are delivered as authorized and responsive to assessed needs, preferences, and outcomes. This includes, but is not limited to, hands-on involvement with the people I support to ensure services and supports are tailored to the person.

Oversight of Direct Support Professionals

If applicable, I affirm that I will ensure Direct Support Professionals are adequately trained, supported, and equipped to implement service plans in a manner that protects health and safety and meets HCBS waiver requirements.

Health, Safety, and Rights Protection

I affirm that I will take reasonable steps to prevent abuse, neglect, exploitation, and rights restrictions, and will comply with all critical incident reporting and follow-up requirements.

Training and Competency

I affirm that I will complete all required initial and annual QDDP training, maintain competency, and remain informed of waiver and policy updates.

Employment and Registry Maintenance

I affirm that I will promptly notify the Alabama Department of Mental Health DDD QA Systems and Training Coordinator or designee of employment or agency changes to maintain an accurate QDDP registry.

I further affirm that I will manage my caseload in a manner that ensures meaningful, hands-on involvement with each person receiving services and does not negatively impact service quality, health and welfare oversight, or compliance with person-centered planning requirements.

Compliance and Accountability

I understand that failure to comply with this attestation may result in corrective action, suspension, or revocation of QDDP certification.

By signing below, I attest that I understand and agree to the responsibilities outlined above.

Printed Name: _____

Signature: _____ Date: _____

Current Employer / Provider Agency: _____