

Attestation

I certify that the responses in this attestation and certification application, including referenced information in the document, are accurate, complete, and current as of this date. I and my agency providers have read and understand the BIL4NILs Clinical Supervision Policy, state regulations and statutes relative to rendering and seeking reimbursement for services through the Human Services Department and Behavioral Health Services Division of the State of New Mexico. All supervisors have been trained to provide appropriate clinical supervision on the above listed items and read and understand our agency Policies and Procedures. All providers practicing in the above noted agency are in compliance with the applicable state board licensing regulations according to their licensure.

Rosters and relative attestation must be updated if there is a change in staffing. Updates must occur both with the BHSD and the MCO's with which an agency is contracted according to each MCO's policies and procedures. RETURN FORM and any applicable P&P to: bilfornil.bhsd@state.nm.us

Agency Name and NPI

Print Agency Director/CEO

Signature Agency Director/CEO

Date

Approved by HSD

Reviewer

Date