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**Behavior Analyst Certification Board
Qualifying Psychologist
Provider Type 445 Specialty 099
ATTESTATION**

Name of Practitioner _____
Practitioner NPI _____
Practitioner Medicaid Provider Number (if currently enrolled) _____

Name of Agency _____
Agency NPI _____
Agency Medicaid Provider Number _____

Contracted with:

- Blue Cross/Blue Shield of New Mexico
- Presbyterian Health Plan
- United Health Plan
- Molina Health Plan
- Not yet enrolled

I, **INSERT YOUR NAME**, hereby attest that I meet the standards as set forth in the New Mexico Administrative Code (NMAC) rules and any subsequent supplements or policy and billing manuals to render Applied Behavior Analysis (ABA) Stage 2- Assessment and ABA Stage 3-Treatment Services as a Medical Assistance Division (MAD) approved Qualifying Psychologist. In addition:

- 1) I have attached my current practice board's license as a psychologist and my certification with the American Board of Professional Psychology in Behavioral and Cognitive Psychology as a Applied Behavior Analysis Specialist.
- 2) I will maintain my license and certification throughout the time I render ABA Stage 2 and Stage 3 services and provide MAD's fiscal agency with license and certification renewals prior to the expiration of my license and certification.
- 3) I will report any change in my license and certification status in-between renewals immediately to my agency and to the MAD ABA Manager and each Healthcare Authority (HCA) contracted managed care organizations (MCOs).

Print Name and Title, Date and Sign

AGENCY USE

I, **INSERT NAME of AGENCY OFFICIAL**, hereby attest that **INSERT PRACTITIONER'S NAME** has presented documentation to substantiate their licensure and certification requirements to render ABA Stage 2 and 3 services. The agency has a placed a copy of their license and certificate and will place allsubsequent renewals in their personnel file.

Print Name and Title, Date and Sign