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**Behavior Analyst Certification Board
Behavior Analyst or Behavior Analyst-Doctorate
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
- Western Sky Community Care
- 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 approved by the Behavior Analyst Certification Board® (BACB) Board Certified Behavior Analyst® (BCBA) or BCBA-Doctorate® (BCBA-D). In addition:

- 1) I have attached my current practice board's certification as a BCBA or BCBA-D.
- 2) I will maintain my BACB certification throughout the time I render ABA Stage 2 and Stage 3 services and provide MAD's fiscal agency with certification renewals prior to the expiration of my current BCBA or BCBA-D certificate.
- 3) I will report any change in my certification status in-between renewals immediately to my agency and to the MAD ABA Staff Manager and each Human Services Department (HSD) contracted managed care organizations (MCOs).
- 4) I have successfully completed a New Mexico criminal background registry check prior to rendering ABA services.

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 current certification status as a BCBA or BCBA-D. The agency has placed a copy of their BACB® certificate and will place all subsequent renewals in their personnel file.

Print Name and Title, Date and Sign