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BEHAVIORAL HEALTH WORKER
Non-certified Behavior Technician
Provider Type 430 Specialty 098
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 a Medical Assistance Division (MAD) Non-certified Behavior Technician.

- 1) I am at least 18 years of age and have a high diploma or equivalent.
- 2) I must comply with BACB's Professional and Ethical Compliance Code for RBTs or the BICC's Code of Conduct.
- 3) I will successfully complete a New Mexico criminal background registry check prior to rendering ABA services.
- 4) If I am working to be a RBT, I will complete a minimum of four hours of training in Autism Spectrum Disorders, including, but not limited to, training about prevalence, etiology, core symptoms, characteristics, and learning differences prior to rendering services.
- 5) I will complete at least 20 hours BCAT or RBT coursework hours prior to rendering ABA BT services.
- 6) I will complete the remaining 20 hours of RBT or BCAT coursework hours within six months of my first date of service.
- 7) I will complete all other requirements for registration as an RBT® or BCAT (e.g., passing the identified competency assessment, submitting the necessary documentation to the board, etc.).
- 8) I will hold my RBT or BCAT certificate on or before 180-calendar days of the first day I rendered ABA services.
- 9) If I fail to obtain my RBT or BCAT certification on and after this 180-calendar day period, I will not render ABA Stage 2 and 3 services as a MAD approved BT until such time as I hold a current RBT or BCBA certificate.
- 10) Once certified as a RBT or BCAT, I will submit a RBT or BCAT Attestation.
- 11) I will report any change in my status immediately to my agency and to the MAD ABA Manager.

Print Name and Title, Provider Type 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* required training (listed above) and current credential status towards becoming a RBT or BCAT. The agency has placed a copy of *INSERT PRACTITIONER NAME* coursework and updates in their personnel file.

Print Name and Title, Date and Sign
