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BEHAVIORAL HEALTH WORKER
Registered Behavior Technician or Board Certified Autism 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
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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) Behavior Analyst Certification Board Registered Behavior Technician or a Behavioral Intervention Certification Council Board Certified Autism Technician. In addition:

- 1) I have attached my current RBT or BCAT certificate
- 2) I will maintain my RBT or BCAT certification throughout the time I render ABA Stage 2 and Stage 3 services and provide MAD with certification renewals prior to the expiration of my current credential.
- 3) I am at least 18 years of age with a high school diploma or equivalent.
- 4) I have successfully completed a New Mexico criminal background registry check.
- 5) If I am a RBT, I have completed 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.
- 6) I will report any change in my certification status in-between renewals 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 their RBT or BCAT certificate. The agency has placed a copy of *INSERT PRACTITIONER NAME* and the agency assures all subsequent renewal will be placed in their personnel file.

Print Name and Title, Date and Sign