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**SPECIALTY CARE PRACTITIONER (SCP)
Counselor, Therapists and Other Social Workers
Provider Type 445 Specialty Behavior Analyst 253
ATTESTATION**

Name of Specialty Care Practitioner (SCP) _____

SCP NPI _____

SCP Medicaid Provider Number _____

Name of Agency SCP will bill under _____

Agency NPI _____

Agency MAD 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 ABA Specialty Care Services. As a Specialty Care Practitioner (SCP), I am a Behavior Analyst Certification Board® (BACB) Board Certified Behavior Analyst® (BCBA) or a BCBA-Doctorate® (BCBA-D).

A. I meet Path 1 or 2 below as attested to by my initial. Path

1 SCP graduate coursework and experiential training:

- (1) I hold documentation of graduate level coursework specific to the assessment and treatment of an ASD referral concern associated with the Specialty Care Area (e.g., sleep Dysregulation). The graduate level coursework is the equivalent of at least one-3 credit hour course (i.e., 45 classroom contact hours and 45 non-classroom contact hours) specific to the ABA Specialty Care Area; and
- (2) I have completed 500 hours in the specific specialty area under supervision from a BCBA®, BCBA-D® or other credentialed practitioner who has 3 or more years of documented experience in the Specialty Care Area. My 500 hours are in a specific ABA specialty care area implementing treatment protocols by either working directly with a individual or directing a BACB or BICC Certificant working with them with at least 125 delivery hours acquired post master’s degree. No more than 350 delivery hours may be counted from meeting my BCBA or BCBA-D® certification requirements, implementing the specific specialty care treatment protocols with working directly with an individual or directing a BACB or BICC Certificant working with an individual. The 500 hours include 25 hours of directly supervised case management in the Specialty Care Area.

Path 2 Experiential Training Only:

1. I completed 1,000 hours in the Specialty Care Area under supervision by a BCBA, BCBA-D or other credentialed practitioner who has 3 or more years of documented experience in the Specialty Care Area.
2. My 1,000 hours are in a specific Specialty Care Area implementing treatment protocols by either working directly with an individual or directing a BACB or BICC Certificant working with an individual with at least 250 delivery hours acquired post master’s degree.
3. No more than 712.5 delivery hours are counted from meeting my BCBA/D certification requirements, implementing the specific ABA specialty care treatment protocols with working directly with an individual or directing a BACB or BICC Certificant working with an individual.
4. My 1,000 hours included 37.5 hours of directly supervised case management in the Specialty

Care Area.

B. Selection of Specialty Care Area:

Based on meeting at least one path found in Section A, my Specialty Care Area(s) is/are as attested by my initial:

1. **Aggression** - behaviors that place other individuals at risk of harm (e.g., hitting, kicking, biting). At times, other forms of behavior not considered aggression might place others at risk. For example, property destruction (e.g., throwing chairs, breaking windows) may impose a risk to others that warrants Specialty Care Services. Plausible acts of aggression may warrant ABA Specialty Care services and might warrant coordination with other practitioners (e.g., psychiatrist) and/or utilization of other supports (e.g., inpatient hospitalization)._____
2. **Self-injury** - behaviors that place the recipient at risk of harm (e.g., head banging, biting). The behaviors are not limited to harm resulting from self-injury. For example, elopement might create a substantial risk of harm (e.g., running into traffic)._____
3. **Sleep dysregulation** -the recipient's hours of sleep are consistently much less than the recommended levels (e.g., National Sleep Foundation recommendations, American Academy of Pediatrics recommendations), and/or the recipient's unusual sleep patterns cause disruption of a Family Set member's sleep patterns (e.g., missing work due to sleep deprivation) when they reside with the recipient._____
4. **Feeding disorders** - the recipient is at high-risk for health issues associated with eating (e.g., short gut, breathing problems), severe lack of eating (e.g., less than 20% of nutritional needs by mouth), high levels of inappropriate behavior during meals, and ingestion of non-edible items (i.e., pica). Food selectivity that can be addressed by increasing variety and advancing textures do not typically warrant ABA Feeding Specialty Care, unless there are further complications as listed above._____

C. Additionally:

1. I have attached my current BCBA or BCBA-D certificate.
2. I will maintain my BACB certification throughout the time I render ABA Specialty Care Services and provide MAD's fiscal agency with certification renewals prior to the expiration of my current BCBA or BCBA-D certification.
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.
5. I understand as a SCP, I must bill through the AP agency listed above. If I wish to render SCP services with a different AP agency, I must submit a separate attestation.

Print Name and Title, Date and Sign

I, **INSERT NAME of AGENCY OFFICIAL**, hereby attest **INSERT PRACTITIONER'S NAME** has presented:

1. Copy of their current BACB certificate;
2. Documentation demonstrating the SCP met Section A Path 1 or Path 2 in the selected Section B Specialty Care Area(s).

The agency assures all subsequent renewals and all current and subsequent training/education/experience that demonstrate they continue to meet Section A's Path 1 or 2 located in and will be placed in the SCP's personnel file.

The agency must submit a MAD 312 for the SCP for billing and reimbursement purposes.

Print Name and Title, Date and Sign
