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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
- 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 (8.321.2 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* coursework and updates in their personnel file.

Print Name and Title, Date and Sign