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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
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) 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 1 year of the first day I rendered ABA services.
9) If I fail to obtain my RBT or BCAT certification on and after this 1 year 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

