Behavior Analyst with BACB® Certification
BCBA and BCBA-D
COUNSELOR, THERAPIST, AND OTHER SOCIAL WORKERS
Provider Type 445 Specialty 099
Attestation Template

Name of Agency ________________________________
Agency NPI ________________________________
Agency MAD Provider Number ________________________________

Contracted with:
Δ Blue Cross/Blue Shield of New Mexico
Δ Presbyterian Health Plan
Δ Western Sky Community Care

Name of Practitioner ________________________________
Practitioner NPI ________________________________
Practitioner Medicaid Provider Number ________________________________

I, INSERT YOUR NAME, hereby attest that I meet the standards as set forth in the New Mexico Administrative Code (NMAC), MAD Supplement 19-04, and the Behavioral Health Policy and Billing Manual to allow me to render Applied Behavior Analysis (ABA) Stage 2 - Assessment and ABA Stage 3 - Treatment Services as a MAD-BHSD approved Behavior Analyst. In addition:

1) I have attached my current Behavior Analyst Certification Board BACB® pick one Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst-Doctoral® BCBA-D® credential

2) I will maintain my BACB® credential 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 pick one BCBA® or BCBA-D® credential.

3) I will report any change in my credential status in-between renewals immediately to my agency and to the Behavioral Health Services Division (BHSD) ABA Program Manager.

Print Name and Title, Date and Sign

AGENCY USE

I, INSERT NAME of AGENCY OFFICIAL, hereby attest that INSERT PRACTITIONER’S NAME has presented documentation to substantiate his or her current certification status as a pick one BCBA® or BCBA-D®. The agency has placed a copy of INSERT PRACTITIONER NAME BACB® credential and will place all subsequent renewals in his or her personnel file.

Print Name and Title, Date and Sign