BEHAVIORAL HEALTH WORKER
BACB®, BICC® Registered Behavior Technician or
Non-Certified Behavior Technician
Provider Type 430 Specialty 098
or
BACB® Board Certified Assistant Behavior Analyst
Provider Type 430 Specialty 151

Name of Agency __________________________________________
Agency NPI __________________________________________
Agency MAD Provider Number ____________________________

Contracted with:
☐ Blue Cross/Blue Shield of New Mexico
☐ Presbyterian Health Plan
☐ 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 of 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 Technician or Board Certified Assistant Behavior Analyst ®.

Select one of the practitioner types below.

_____ Behavior Analyst Certification Board (BACB®) Registered Behavioral Technician® (RBT®) credential or a Behavioral Intervention Certification Council (BICC) Board Certified Autism Technician® (BCAT®) credential:

1) I have attached my current RBT® credential or BCAT® credential or BACB Board Certified Assistant Behavior Analyst ® (BCaBA) credential.
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.
4) I have successfully completed a New Mexico criminal background registry check.
5) 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 credential status in-between renewals immediately to my agency and to the Behavioral Health Services Division (BHSD) ABA Program Manager.
Non-Certified Behavior Technician without RBT® or BCAT® credential:

1) I have a high school diploma or equivalent.
2) I am at least 18 years of age.
3) I have successfully completed a New Mexico criminal background registry check.
4) I will 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 prior to rendering ABA Stage 2 or 3 services.
5) I will complete 40 hours of training in ABA (provided by a MAD approved BA) that meets Registered Behavior Technician® (RBT®) requirements for credentialing by the Behavior Analyst Certification Board® (BACB®) or Board Certified Autism Technician® (BCAT®) requirements for credentialing by the Behavioral Intervention Certification Council® (BICC®).
6) I will complete at least 20 hours of this training prior to rendering ABA BT services.
7) I will complete the remaining 20 training hours within 90 calendar days of the first date I render ABA Behavior Technician (BT) services.
8) 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.).
9) I will hold my RBT® or BCAT® credential on or before 180 calendar days of the first day I rendered ABA BT services.
10) If I fail to obtain my RBT® or BCAT® credential on and after this 180-calendar day period, I will no longer render ABA Stage 2 and 3 services as a MAD approved BT until such time as I hold a current RBT® BCBA® or BCAT® BICC® credential.
11) I will provide my agency a copy of my RBT® or BCAT® credential and subsequent renewals.
12) 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.

BACB Board Certified Assistant Behavior Analyst® (BCaBA):

1) I have attached my current BACB Board Certified Assistant Behavior Analyst® (BCaBA) credential.
2) I will maintain my BCaBA® 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 have successfully completed a criminal background registry check.
4) 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, 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 his or her required training (listed above) and current credential status as a RBT®, BCAT®, or BCaBA®. The agency has a placed a copy of INSERT PRACTITIONER NAME RBT®, BCAT®, or BCaBA® credential and will place all subsequent renewals in his or her personnel file.

or

For the employee without credential, I, INSERT NAME of AGENCY OFFICIAL, hereby attest that INSERT PRACTITIONER’S NAME will acquire RBT® or BCAT® credential on or before 180 calendar days of the first day he or she rendered ABA BT services.

Print Name and Title, Date and Sign