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

Name of Agency _________________________________
Agency NPI _________________________________
Agency MAD Provider Number _________________________________

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

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. As a Specialty Care Practitioner, I meet (initial all that apply):

Requirement 1:
The practitioner must provide documentation of certification as a BACB® or a BCBA-D®; ______

or

The practitioner must provide documentation of a licensure as a psychologist with documented coursework and training experience equivalent to BACB® requirements for a BCBA® or a BCBA-D®; ______

(a) Coursework specific to the science of behavior analysis that meets current BACB® guidelines (see BH Policy and Billing manual for listing of coursework requirements); and
(b) 1500 hours of supervised experience utilizing principles and practices specific to the science of behavior analysis. Experiences must align with the most recent BACB® task list for behavior analytic experiences.

Must meet either Requirement 2 or 3. Initial one.

Requirement 2

Specialty care practitioner graduate coursework and experiential training:

(1) The applicant must provide 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 must be 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) Complete 500 hours in the 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. The 500 hours must be in a specific ABA specialty care area implementing treatment protocols by either working directly with a recipient or directing a BT working with a recipient with at least 125 delivery hours acquired post master’s degree. Not more than 350 delivery hours may be counted from meeting his or her BCBA or BCBA-D® certification requirements, implementing the specific specialty care treatment protocols with working directly with a recipient or directing a BT working with a recipient. The 500 hours must include 25 hours of directly supervised case management in the specialty care area.
Requirement 3
Experiential training only:

1. The applicant must complete 1,000 hours in the specialty 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. The 1,000 hours must be in a specific specialty care area implementing treatment protocols by either working directly with a recipient or directing a BAA or BT working with a recipient with at least 250 delivery hours acquired post master’s degree.

3. Not more than 712.5 delivery hours may be counted from meeting his or her BCBA/D or Qualifying Psychologist certification requirements, implementing the specific ABA specialty care treatment protocols with working directly with a recipient or directing a BAA or BT working with a recipient.

4. The 1,000 hours must include 37.5 hours of directly supervised case management in the specialty care area.

Additionally,
A) I have attached my current Behavior Analyst Certification Board BACB® Board Certified Behavior Analyst® (BCBA®) Board Certified Behavior Analyst-Doctoral® BCBA-D® credential Board of Psychologist license.

B) I will maintain my BACB® credential Board of Psychologist license 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 BCBA® BCBA-D® credential Board of Psychologist license.

C) 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:
(1) his or her current certification status as a (select one) BCBA® BCBA-D® Board of Psychologist license; and
(2) proof of meeting Requirements 1 and Requirement 2 or 3.

The agency has placed a copy of INSERT PRACTITIONER NAME BACB® credential Board of Psychologist license and all subsequent such renewals and all current and subsequent training/education/experience that he or she continues to meet Requirement 1 and Requirement 2 or 3 in his or her personnel file.

Print Name and Title, Date and Sign