

RE-Certification Attestation Form



List all your agency's sites that are/will be participating in Treat First. Insert more rows, if needed	Medicaid ID	NPI
Name of the Agency		
Name/ location of Facility Site (street address City, State, Zip)		
Name/location of Facility Site		
Name/location of Facility Site		
Name/location of Facility Site		
The Provider Agency attests to the following activities:	Yes	No
<ul style="list-style-type: none"> Is familiar with, and is following, the procedures as clarified and defined in the Treat First Model for specialized behavioral health services as used in: Medicaid Behavioral Health Policy & Billing Manual https://www.hsd.state.nm.us/providers/behavioral-health-policy-and-billing-manual.aspx 		
<ul style="list-style-type: none"> Has participated in, or scheduled, a RE-Certification session with the state to discuss any changes or modifications from the Agency's original Certification. 		Or, Date Scheduled
<ul style="list-style-type: none"> Has registered, or scheduled registration, their agency and any changes in relevant staff in the BHSDstar.org web-based data collection system. 		Or, Date Scheduled
<ul style="list-style-type: none"> Will post the required data on a timely basis. 		
<ul style="list-style-type: none"> Will utilize the <i>Self Check-In</i> and <i>Session Check-Out</i> Instruments with all participating clients. 		
<ul style="list-style-type: none"> Will participate in the scheduled Treat First Learning Community meetings. 		
<ul style="list-style-type: none"> All staff new to Treat First have been/will be trained in the modules contained in https://TreatFirst.org. Existing staff, not trained in the module within the last 6 months, will have a refresher training of the same modules. 		

I attest to the accuracy of the above statements.

Signature: _____

Authorized Name and Title: _____ (Print please)

Telephone Number: _____

Email Address: _____ Date: _____

Lead Treat First Contact, if different than above: _____

Email: _____ Telephone Number: _____

If you are downloading this form and intend to email it (instead of submitting it directly on the Treatfirst.org website) send the signed and completed Attestation form to Treat.First@hsd.nm.gov

Send the Data Collection Training Request form directly to support@bhsdstar.org