

Licensed Behavior Analyst (LBA) Attestation Form Regarding Location of Services

LBAs who have designated office space where they render services must use the physical office address where services are provided on the Texas Medicaid enrollment application. Providers who render services at a client's home, via telemedicine, or at any other temporary venue selected by the client must update their physical address to reflect the place where client files and records are kept. For example, an office location (e.g. office space where the provider works, even if client visits are held elsewhere) or Provider's Home Address, or Business Headquarter location if records are stored electronically.

Note: *Temporary conference room spaces that are occasionally used for client visits but are not leased as office space nor used to store client records should not be used as the physical location on the Texas Medicaid application.*

Additionally, LBAs must attest to where services will be provided so that Texas Health and Human Services Commission (HHSC) can determine applicable site visit requirements.

- When an LBA provides any services at a designated office location, a site visit is required.
- When an LBA exclusively provides services at their own home, HHSC needs additional information to satisfy the site visit requirements.
- When an LBA exclusively provides services at client homes, via telemedicine, or at locations directed by the clients, a site visit is not required.

Please respond to the below attestation, and provide any additional information required based on your response.

I, _____, a Licensed Behavior Analyst (LBA) licensed pursuant to Chapter 121 of Title 16 of the Texas Administration Code, attest that I (please select all that apply below):

Will provide services to clients at a designated office location.

Will provide services to clients at a designated office location and at the client homes.

May provide services to clients in my own home.

Will provide services to clients exclusively at the client homes, via telemedicine, or at a location directed by clients.

If you selected the third option (May provide services to clients in my own home), please review the following items, and submit responses and associated documentation with this attestation.

- Submit clear photographs with an accurate date/time stamp of the office space and general work areas where services will be provided in your home.
- Explain how you will meet accessibility requirements for any clients with accessibility needs (e.g. handicapped parking, wheelchair accessibility). If applicable, include clear photographs with an accurate date/time stamp that substantiate how the space is suitable for people with disabilities.

Enter text here.

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Irrespective of where you provide services, if you use a third-party billing service for invoicing or receiving payment, submit a copy of your billing agreement. If you do not use a third-party billing service, check the box below.

I do not use a third-party billing service.

By signing this form, I certify that the information above is true and correct. If I become aware that any information above is not true or correct or changes, I agree to notify TMHP at 800-925-9126 immediately. I know that I may be subject to penalties or prosecution under State and Federal laws if I provide information that is not true or correct.

Provider Information	
LBA Printed Name:	NPI:
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Provider Signature (<i>stamped signatures not accepted</i>)	Date