

Provider Compliance Attestation Autism Care Demonstration Provider Training

TRICARE requires all providers—whether organizations or individuals—that provide applied behavior analysis (ABA) services to TRICARE eligible beneficiaries diagnosed with autism spectrum disorder (ASD) to comply with various program requirements. By completing the following attestation, you certify that you/your organization and all existing, as well as future, personnel involved in the administration or delivery of ABA services to TRICARE eligible beneficiaries have reviewed, understand, and are committed to compliance with the requirements as disclosed in the TRICARE Autism Provider Training at:

<https://www.MagellanProvider.com/USFHP>

Find additional information on the below requirements at:

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2022-02-16/AsOf/TO15/C18S4.html>

Return this attestation to Magellan no later than 45 days after receipt of the TRICARE US Family Health Plan Autism Care Demonstration Provider Training document, as well as on an annual basis.

Provider Attestation:

*Instructions: Complete fields below and sign; **all fields are required**. Submit the completed attestation to Magellan at FieldNetworkEast@MagellanHealth.com.*

As authorized representative for the below named organization, I certify that I have reviewed, understand, and will comply with all the requirements within the training document, that the above statements are true to the best of my knowledge, and that I/my organization and all existing and future personnel maintain compliance with these requirements.

Organization Name: _____

Organization Address: _____

Authorized Representative: _____

Signature: _____

Title: _____

Phone Number: _____

Email Address: _____

Attestation Date: _____