



Annual Applied Behavior Analysis (ABA) Provider Quality Assurance Attestation

For TennCare ABA provider use

Instructions: Effective 10/1/25, and annually thereafter, ABA providers contracted with one or more TennCare managed care organizations (MCOs) must complete the Annual ABA Provider Quality Assurance Attestation to demonstrate compliance with ABA best practice efforts. Each MCO may select a subset of providers for a quality review, which may include, but isn't limited to, sharing policies for review, clinical documentation, and other supporting documentation to validate best practice expectations.

Legal Provider Name:	
Provider DBA:	
NPI# (s):	
TIN #:	
Medicaid Provider #:	
Provider Address (primary):	
Contact Information: <i>(Include Phone, Email, and Fax)</i>	

Quality Assurance Attestation

Quality Assurance Activity/Item	Y = Policy/Process in Place E = Explanation Provided	Explanation (Complete if "E")
Telehealth Policy and Procedure		
Parent/Caregiver Involvement Policy and Procedure		

As the identified representative for my organization, I attest to the accuracy and completeness of this document. Additionally, my signature attests that my organization has read and is following the ABA Provider Requirements and Program Description.

Print Name & Title:	
Electronic Signature:	
Date of Signature:	

Please upload completed and signed forms to the TennCare Provider Registration Portal:

<https://pdms.tennCare.tn.gov/Account/Login.aspx>