

**COMPLEX BEHAVIOR COLLABORATIVE (CBC)
CONSULTANT ATTESTATION ACKNOWLEDGMENT FORM**

Consulting Agency Name: _____

Consultant Name (Printed): _____

By signing below, I acknowledge that I have received, reviewed, and fully understand the **Complex Behavior Collaborative Consultation and Training Provider Agreement** with the **State of Alaska Department of Health (DOH), Division of Behavioral Health (DBH)**.

I understand as a consultant or representative of a consulting agency that:

- I have read the entire CBC Consultation and Training Provider Agreement.
- I am responsible for complying with all requirements and expectations outlined in the Provider Agreement, including service delivery, billing, travel, documentation, performance standards, and participant eligibility.
- I will follow all applicable state and federal laws, licensing and certification requirements, and CBC policies and procedures.
- I understand that **case assignments are not guaranteed** and will be made based on fiscal responsibility, geographic location, specialty, and past performance.
- I understand that **poor performance or non-compliance** may result in suspension or termination from the CBC program.
- I understand that I am responsible for accurate and timely documentation in **AKAIMS**, including encounter notes and billing.
- I understand the expectations related to timelines, the Behavior Intervention Plan (BIP) deadline, and participant eligibility requirements.
- I understand that all travel expense reimbursements require a submission of receipts.
- I acknowledge that in the CBC program, the **service provider—not the participant—is considered the client**. As such, my role as a consultant is to support the service provider in effectively managing the complex behaviors of the participant.
- I agree to uphold the mission of the CBC program by supporting service providers, families, and communities in managing individuals with complex behavioral needs safely and effectively.
- I understand that the participant displaying the complex behaviors is not my client. I will provide my professional expertise, guidance, and training to the service provider.

The CBC Consultant will NOT provide:

- **1. Case Management Services**
 - The CBC consultants are NOT responsible for coordinating funding sources, referrals or service authorizations. These tasks are handled by **care coordinators** or case managers
- **2. Direct 1:1 Therapy**
 - CBC consultants do not act as Registered Behavior Technician (RBT) or direct service providers.
 - Their focus is on consultation, training, and planning, NOT implementing services hour-to-hour.

- **3. Replace Long-Term Providers**
 - CBC support is intensive but temporary
 - Consultants are **not a substitute** for ongoing ABA therapy, residential placement, school staff or mental health clinicians.

- **4. Guarantee Placement or Outcomes**
 - Consultants cannot guarantee a specific school, program or housing placement
 - They may **recommend or support applications**, but placement decisions are made by other entities (e.g. Care Coordinators, Guardians, Medicaid, facilities, etc.)

I hereby agree to all the terms and conditions outlined in the Provider Agreement and affirm my commitment to uphold the responsibilities of a CBC Consultant.

CBC Consultant Signature: _____

Date: _____

CBC Agency Representative Signature (if applicable): _____

Date: _____

CBC Program Manager or DBH Representative (For Internal Use):

Reviewed by: _____

Date: _____