



HUMAN SERVICES  
DEPARTMENT

Susana Martinez, Governor  
Brent Earnest, Secretary  
Nancy Smith-Leslie, Director

**DEPARTMENTAL MEMORANDUM**

**MAD-MR:**

**DATE:**

**TO: MEDICAL ASSISTANCE DIVISION**

**FROM: NSL NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION**

**THROUGH: SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS**

**BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB**

**SUBJECT: BRAIN INJURY SERVICES FUND CRISIS INTERIM SERVICES DOCUMENT COVER PAGE, MAD 767 ISSUED JUNE 2018**

**GENERAL INFORMATION**

This form is for completion by contracted Service Coordination Agencies of the Brain Injury Services Fund for the purpose of submitting documents to the Crisis Interim Services Fiscal Management Agency.

**FILING INSTRUCTIONS**

Please make the following replacements in the Medical Assistance Forms Manual:

INSERT MAD 767 Issued June 2018

Please address any questions concerning these guidelines to [Lindab.gillet@state.nm.us](mailto:Lindab.gillet@state.nm.us) or call (505) 827-7218.

Attachment: MAD 767 Issued June 2018

**BRAIN INJURY SERVICES FUND (BISF)  
CRISIS INTERIM SERVICES (CIS) DOCUMENT SUBMISSION COVER PAGE**

Service Coordinator: \_\_\_\_\_ Region: \_\_\_\_\_

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Check off the relevant boxes of documents submitted for ONE SUBMISSION TYPE ONLY. Paperwork is to be submitted in the same order as listed.

**SUBMISSION TYPE**

Other Submission (specify in Comments)	Corrections	Discontinuation of Services	Changes to Existing Services	New Services Added	Reactivation	Continued Service Extension	Quarterly Renewal of Referral /ILP	Initial (new to CIS)	REQUIRED DOCUMENTATION (All documentation must be complete including all required fields and signatures as applicable)
									Copy of HSD BI Program Manager's approval of extension
									Copy of HSD BI Program Manager's approval of reactivation (only if reactivated within 6 months)
									Reactivation Form
									New MAD 751 CIS Referral Form
									Denial of Service Documentation
									New Physician's Orders for Therapies, as applicable
									New Treatment Verification forms for Physician Services
									New ILP (Independent Living Plan) – signed by participant and Service Coordinator, services listed, accurate cost and dates
									Application- first 3 pages completed
									New Program Release of Information – signed, dated, all required fields completed
									New Signed Release of Liability
									Other (specify):
COMMENTS:									



## **Brain Injury Services Fund (BISF) Crisis Interim Services (CIS) Document Submission Cover Page**

### **Form Instructions**

**PURPOSE:** The MAD 767 is to be completed by contracted Service Coordination Agencies (SCA) of the Brain Injury Services Fund (BISF) Program. It is to accompany any submission of the MAD 751 CIS Referral form and include any supporting documentation, as indicated for the submission type. BISF Providers are referred to Standard Operating Procedure BISF 18-1 for additional procedural details on referral processes.

#### **INSTRUCTIONS:**

The Service Coordinator (SC) will:

- 1) Enter the Service Coordinator Name, Region, Participant Name, and Date at the top of the Cover Sheet.
- 2) Indicate the Submission Type by checking off the Required Documentation boxes ~~that are enabled~~ under that Submission Type.
- 3) Include one Cover Sheet for each separate Submission Type.
- 4) Submit documents for the Submission Type in the order noted in the Column titled "Required Documentation".
- 5) Select the column "Other" for Submission Types not noted on the form, check off the paperwork included, and specify the type of submission using the "Comments" text field.
- 6) Specify any additional documentation that will accompany the submission. This will be noted in the text field on the line marked "Other" under the column labelled "Required Documentation".
- 7) Add any additional notes to the "Comments" section.

#### **ROUTING:**

The form will be completed by the SCA and submitted with the indicated documentation to the contracted CIS-Fiscal Intermediary Agency.

#### **FORM RETENTION:**

Permanent