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

DEPARTMENTAL MEMORANDUM
MAD-MR: 17-03
DATE: 1/24/2017

TO: **INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE DIVISION**

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

THROUGH: SRA **SHARI ROANHORSE-AGUILAR, EXEMPT SERVICES AND PROGRAMS BUREAU CHIEF, MEDICAL ASSISTANCE DIVISION**

BY: **LINDA GILLET, BRAIN INJURY PROGRAM MANAGER, EXEMPT PROGRAMS AND SERVICES BUREAU**

SUBJECT: **NM BRAIN INJURY SERVICES FUND (BISF) PROGRAM APPLICATION**

GENERAL INFORMATION
This form will be for public use

FILING INSTRUCTIONS
Please make the following changes to the MAD forms manuals:

REPLACE MAD 386 Revised 10/01/15 BISF Program Application

Please address any questions concerning these guidelines to Linda Gillet, LindaB.Gillet@state.nm.us or call (505) 827-7218.

Attachment: MAD 386 Revised 1/23/2017 Application Short-Term Services for Brain Injury

NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

APPLICATION
Short-Term Brain Injury Services

STEPS TO APPLY FOR BRAIN INJURY SERVICES THROUGH THE BRAIN INJURY SERVICES FUND (BISF) PROGRAM

1. Please review the Tip Sheet about the Brain Injury Services Fund (BISF) Program, provided with this application.
2. You must be a resident of the State of NM and have a confirmed diagnosis of Brain Injury to apply.
3. Fill in answers to the questions on pages 1 and 2 of this application and sign. Do NOT fill in any of the boxes on page 3, "TO BE COMPLETED BY SERVICE COORDINATOR ONLY." Complete and sign the Release of Information on pages 4 and 5. Complete and sign Page 6, "Assurances". Complete and sign the "Residency Affidavit" on page 7 only if you are a resident of NM.
4. On page 8, write your name and the name of the licensed medical professional or psychologist, who best understands your brain injury.
5. Take this application to the licensed medical professional or psychologist, who best understands your brain injury. Request that your medical provider review these pages and complete page 9. Your provider may give the form back to you or mail it directly to Goodwill Industries of NM, who is the contracted agency to coordinate the services of eligible and approved applicants. Be sure to sign the Release of Information at the bottom of page 5, since this will assist with this process.
6. Mail or drop off all pages of this application to Goodwill Industries of NM. If you have any questions, you may call Goodwill at 505-881-6401 and request to speak with someone with "The Brain Injury Program".

A. GENERAL INFORMATION

Application Date: ____________________

1. Name (Last, First, Middle Initial)	**2. Social Security Number**	**3. Date of Birth**
4. Sex: ◯ Female ◯ Male	**5. Marital Status** ◯ Married ◯ Single ◯ Divorced ◯ Widowed	

6. Ethnicity:
◯ Hispanic ◯ Caucasian ◯ Native American ◯ Asian ◯ African American ◯ Other (specify):____________________

7. Primary Language: ◯ English ◯ Spanish ◯ Navajo ◯ Other (specify):____________________

8. Veterans Status

A. Are you a Veteran of the US Armed Forces ◯ Yes ◯ No (If yes, answer B and C.)

B. If "Yes", please list your military dates of service and describe your Veterans status, or provide a copy of your DD214 with this application.

Dates of Military Service: ____

Veterans Status: ____

C. Do you have a documented service-connected disability? ◯ Yes ◯ No

9. Physical Address (Address, City, State, Zip Code, County)

10. Mailing Address (Address, City, State, Zip Code, County)

11. Phone Number (with area code):_______________ Alternate Phone Number (with area code):_______________

12. Are you a resident of New Mexico? ◯ Yes ◯ No
(To qualify for the New Mexico Brain Injury Services Fund Program you must be a resident of the State of NM.)

13. Contact Person (Family member, Legal Guardian, or friend assisting in the completion of this application)

Name: _______________________________

Relationship: _______________________________

Phone Number (with area code): _______________________

B. CURRENT SITUATION

14. Reason for Application

A. Please list type of Brain Injury and any information on when, where, and how the Brain Injury was acquired.

____

____

____

B. Explain why you are applying for services from the Brain Injury Services Fund Program.

____

____

C. How did you hear about the Brain Injury Services Fund Program?

____

____

15. Name of person completing form, if other than the person with a Brain Injury or a family member.

____

Phone number of person above, if not given in # 13, above: _______________________

16. Emergency Contact Information

Name:____

Address: ____

Relationship: _______________________________

Phone Number (with area code):_______________________

17. Signature of Applicant, Parent, or Legal Guardian

_______________________________ _______________________
Signature Date

NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

DO NOT FILL SECTIONS ON THIS PAGE TO BE COMPLETED BY SERVICE COORDINATOR ONLY	
Service Coordination Agency	Date Referred
Service Coordinator	
ICD-10 Code (s) ☐ TBI ☐ Other ABI List codes here:	Date of Injury

Applicant Qualifies / Approved ◯	Date Approved
Applicant Qualifies / Approval Pending Allocation ◯	Date Allocation Opened
Applicant Does Not Qualify / Denied ◯ (Appeal Procedures Mailed)	Date Denial Mailed
Service Coordination Staff Signature	
Start of Service Date	Inactivation Date
REFERRED FOR:	
☐ Life Skills Coaching Assessment / SC Agency	Date
☐ Crisis Interim Services	Date

If denied, state reason(s) below:

NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Date: ____________________

Applicant's Name	Social Security Number	Date of Birth
Address		**Phone Number (w/area code)**
City, State, Zip Code		**County**

"I, the undersigned, hereby give the following provider(s) listed in **Section A** authorization to supply relevant protected health information (PHI) about my Brain Injury condition to the New Mexico Human Services Department (HSD) / Medical Assistance Division's Brain Injury Services Fund (BISF) Program and its contracted provider, as noted in **Sections B.** I understand that this information is needed by the Human Services Department and the designated BISF Contract Provider in order to establish BISF Program eligibility and provide appropriate services for me."

"I also authorize the BISF Contract Provider, noted in **Section B,** to receive, use, and/or disclose the protected health information (PHI) I have selected. Should a referral to another BISF Service Provider be necessary, my BISF Service Coordination agency is authorized to disclose my PHI to the BISF Service Providers serving my region, noted in **Section C.** I understand that the PHI exchanged between BISF Service Providers will be related to my Brain Injury and the services I receive through the BISF Program."

The authorization in **Section A** allows only the release of information identified. Please indicate exactly which records you are designating for release **(Section A)**, to whom **(Sections B and C)** and within what time period (or indicate, "All dates of service"). It is understood that any information obtained will be treated as confidential.

Section A

Please Check	Type of Information Required:	Enter Provider's/Physician's Name and Location (City/Address)	Service Date(s) To/From
☐	Records (ICD -10 Code) Verifying Brain Injury Diagnosis		
☐	Physician's Statement		
☐	Supporting Report		
☐	Other Diagnoses		
☐	Neuropsychological Evaluation(s)		
☐	Complete Medical Record		
☐	Hospital Admission/Discharge Records		
☐	Mental Health/Substance Abuse Records		

Section B: All applications will be processed through the Goodwill Industries of NM Metro Office. Check the Service Coordination Provider for the region in which you reside. (See attached map for regions.)

Please Check One	Applicant's Service Region	BISF Service Coordination Provider Authorized To Use or Disclose PHI	Address of Authorized Regional BISF Service Coordination Agency
○	Metro	Goodwill Industries of NM	*5000 San Mateo NE, ABQ, NM 87109*
○	NW	Goodwill Industries of NM	*1820 E. Highway 66, Gallup, NM 87301*
○	NE	Goodwill Industries of NM	*3060 Cerrillos Road, Santa Fe, NM 87507*
○	SE	Goodwill Industries of NM	*2601 N Main, Roswell, NM 88201*
○	SW	Goodwill Industries of NM	*2407 W. Picacho St., Las Cruces, NM 88007*

Section C (Check the Statewide Crisis Interim Provider to access referred and authorized services.)

Please Check	Applicant's Service Region	Brain Injury Crisis Interim Provider Authorized To Receive or Use the PHI	Address of Authorized Regional BISF Crisis Interim Provider Agency
◯	Statewide	HelpNet, LLC	*PO Box 159, Espanola, NM 87532*

I understand that I may review and copy the information to be disclosed, by requesting a copy from the identified BISF Service Coordination agency. I may revoke this authorization at any time, but to do so, I must notify the BISF Service Coordination agency in writing. Such revocation will not apply to actions that any of my BISF Service Providers have taken in reliance of this Authorization. I also understand that the PHI, which I authorize any person or entity related to the BISF Program to receive, may no longer be protected by Federal law and regulations the disclosing parties/physicians, their affiliates, employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

This authorization is valid from ______________________ until ______________________
Date Date
(If end date is not specified, this authorization will expire 12 months from the date of signature.)

______________________________ ______________________________
Name of Applicant Name of Parent or Legal Guardian (if applicable)

______________________________ ______________
Signature of Applicant, Parent, or Legal Guardian Date

If signed by Legal Guardian, provide description of legal authority to act on behalf of applicant. Please attach legal documentation, if you are the Legal Guardian or Holder of Power of Attorney for healthcare decisions.

If you have any questions, please contact:
The Brain Injury Program
Medical Assistance Division / ESPB
2025 S Pacheco, PO Box 2348
Santa Fe, NM 87504
505-827-7218

New Mexico Brain Injury Services Fund Program
Human Services Department
Medical Assistance Division

Assurances

I, (print name) ____ agree to provide complete and accurate information needed to determine eligibility for myself and/or other family members for whom I am applying. I understand that I will be subject to legal action for recovery of amounts of assistance to which I am not entitled. I further understand that anyone who participates in deception or falsification in connection with this application or any BISF Service Coordination or Life Skills Coaching Assessment is subject to the criminal penalties prescribed by law. I understand the questions in this application, and I confirm my answers are correct and complete to the best of my knowledge.

____ ______________________

Signature of Applicant or Representative Date

____ ______________________

Signature of Guardian Date

(Required if applicant is under 18years of age or has a court appointed legal guardian.)

NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Residency Affidavit

I, (print name) ______________________________________, am a resident of the State of New Mexico, as described below. I am officially living in New Mexico. I understand that a false claim will subject me to immediate termination of services from the New Mexico Brain Injury Services Fund Program.

______________________________________ ______________________
Signature of Applicant, Parent, or Legal Guardian Date

If not signed by Applicant, specify signatory's relationship to Applicant: ______________________

Reason Applicant is unable to sign (if applicable): ______________________________

____

NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Request for Documentation of Brain Injury Diagnosis

May be completed with the assistance of a Service Coordinator.

Date: ____________________

Dear Dr.: ___________________________________

Your patient, (print name) ____ , who resides in ____________________________________ County, has applied for services from the NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM, which provides short-term services to individuals with a confirmed diagnosis of BRAIN INJURY and who have crisis needs. Your patient has completed a RELEASE OF INFORMATION to allow his/her BISF Service Coordinator to receive information from you about his/her brain injury (see page 4-5). Your assistance in qualifying your patient for BISF services is needed.

Please supply this patient or your patient's BISF Service Coordinator documentation of his/her brain injury. Attached to this application is the Confirmation of ICD-10 Code Form. The code(s) supplied must support a qualifying diagnosis for ***Traumatic Brain Injury (TBI) and/or other Acquired Brain Injuries, such as stroke, aneurysm/vascular lesions of the brain, brain tumor, anoxia, brain infections, lightning/electrical shock, exposure to toxic or chemical substances, and shaken baby syndrome.*** The BISF Program will determine if the code(s) supplied qualifies the individual for short-term services. Please fill out this form and return to Goodwill Industries of NM METRO Office at 5000 San Mateo NE, Albuquerque, NM 87109. Alternatively, a brief letter, signed by you, stating that this patient has a Brain Injury diagnosis, including the specific qualifying ICD-10 code(s), and information about when and how the Brain Injury was acquired, will suffice. If you have any questions about this matter, please refer to the information in this packet, which your patient received from the BISF Program. If you need further clarification, please feel free to call me at (505) 827-7218.

We understand that your time is very important and thank you for your help in qualifying your patient for the BISF Program. Since this is a short-term program, your timely response is critical in putting your patient's services in place.

Sincerely,

Linda Gillet, Ph.D.
Brain Injury Program Manager
Medical Assistance Division
Human Services Department

NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Confirmation of ICD-10 Code

To be completed by Applicant's Licensed Physician (M.D. or D. O.) Physician Assistant, Certified Nurse Practitioner and/or Licensed Psychologist.

I confirm that my patient, named below, has been diagnosed with a BRAIN INJURY and that the ICD-10 code data specified for this patient represents a true and accurate diagnosis to support the qualifying condition. List any and all qualifying codes below to support the diagnosis.

Name of Patient with Brain Injury (Printed Name) ____________________

Social Security # of Patient ____________________

ICD-10-CM Code ____________ ICD-10-CM Code ____________
ICD-10-CM Code ____________ ICD-10-CM Code ____________
ICD-10-CM Code ____________ ICD-10-CM Code ____________

Printed Name ____________________
Physician (M.D. or D.O.)/Psychologist (Ph.D.)/Physician Assistant/Certified Nurse Practitioner

Signature ____________________
Physician (M.D. or D.O.)/Psychologist (Ph.D.)/Physician Assistant/Certified Nurse Practitioner

Date ____________________

Printed Name ____________________
BISF Service Coordinator- verifying approved ICD-10 code

Signature ____________________
BISF Service Coordinator- verifying approved ICD-10 code

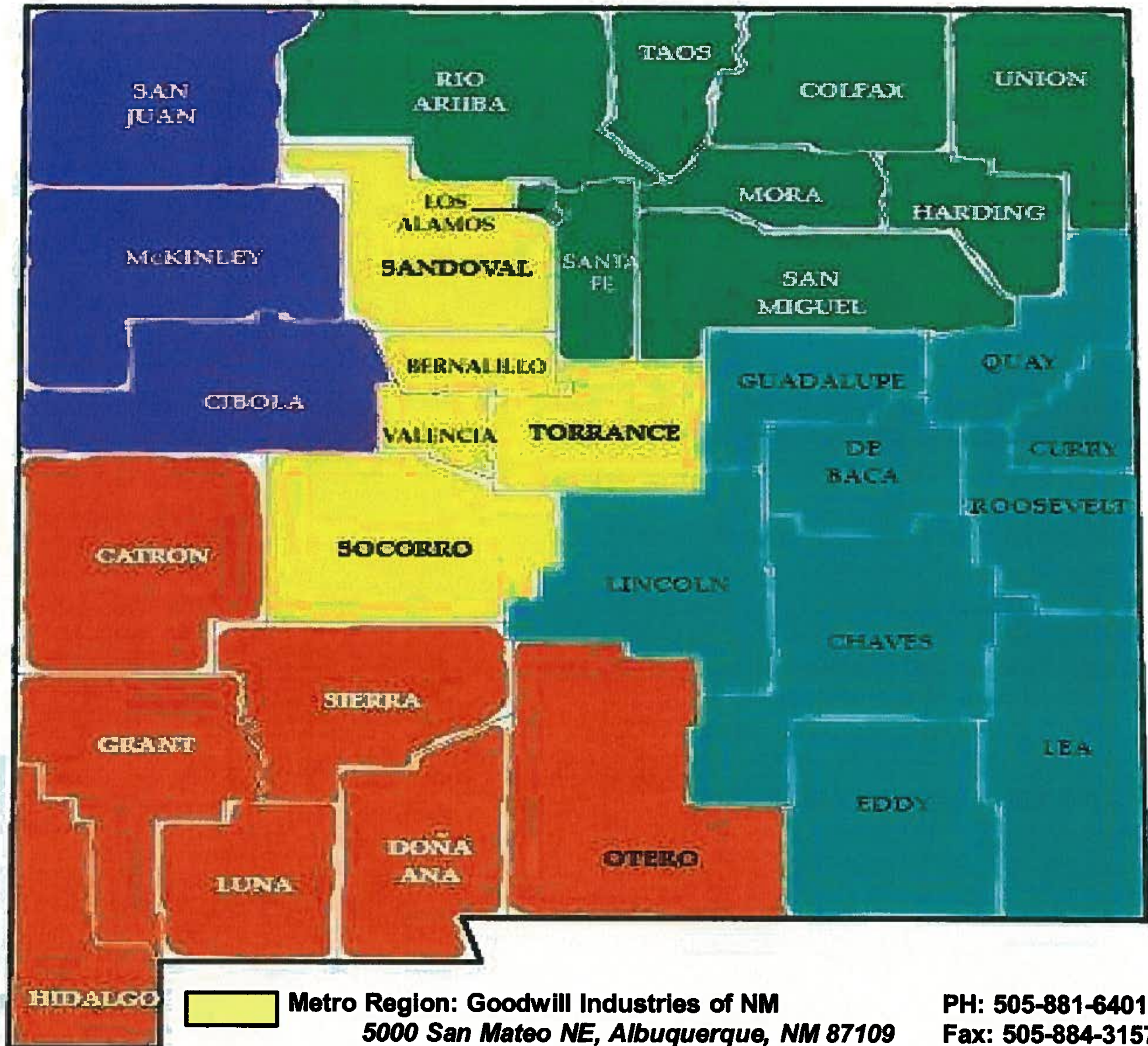
Date ____________________

Note to the Medical Professional Completing this Form:
A confirmation of a qualifying Brain Injury ICD-10 code is required by the Human Services Department for all those receiving services from the BISF Program. Applicants, who do not have a confirmed and appropriate Brain Injury ICD-10 code, are not eligible to receive BISF services.

In order for your patient to receive BISF services, the code(s) supplied must support a qualifying diagnosis for ***Traumatic Brain Injury (TBI) and/or other Acquired Brain Injuries, such as stroke, aneurysm/vascular lesions of the brain, brain tumor, anoxia, brain infections, lightning/electrical shock, exposure to toxic or chemical substances, and shaken baby syndrome.***

The BISF Program will determine if the code(s) supplied qualifies the individual for short-term services. Please fill out this form and return to Goodwill Industries of NM METRO Office at 5000 San Mateo NE, Albuquerque, NM 87109. Phone: 505-881-6401 Fax: 505-884-3157

Brain Injury Service Fund Service Coordination Agencies by County and Region



Metro Region: Goodwill Industries of NM — *5000 San Mateo NE, Albuquerque, NM 87109* — **PH: 505-881-6401 Fax: 505-884-3157**

Northwest Region: Goodwill Industries of NM — *1820 E. Highway 66, Gallup, NM 87301* — **PH: 505-863-6374 Fax: 505-863-6199**

Northeast Region: Goodwill Industries of NM — *3060 Cerrillos Road, Santa Fe, NM 87507* — **PH: 505-216-3306 Fax: 505-216-3187**

Southeast Region: Goodwill Industries of NM — *2601 N. Main St., Roswell, NM 88201* — **PH: 575-622-4980 Fax: 575-622-6585**

Southwest Region: Goodwill Industries of NM — *2407 W. Picacho St., Las Cruces, NM 88007* — **PH: 575-323-5147 Fax: 575-323-5145**

Brain Injury Services Fund Program (Revised 11/18/2016)

(Short-Term Services for People Living with Brain Injury)

TIP SHEET

What is the Brain Injury Services Fund (BISF) Program?

This program provides short-term services to individuals with a crisis need, who have been diagnosed with a Brain Injury acquired through traumatic brain injury; shaken baby syndrome; stroke; brain tumor; anoxia; aneurysms / vascular lesions; brain infections; lightning / electrical shock; or exposure to toxic or chemical substances. The BISF Program provides three services: Service Coordination, Life Skills Independence Coaching, and Crisis Interim Services. It is funded from a $5 fee, added to New Mexico moving traffic violation tickets.

Who is eligible for the BISF Program?

Individuals, who are in crisis, are eligible to receive short-term services from the NM BISF Program, if they have been diagnosed with a Brain Injury, which has been confirmed through written documentation by a licensed physician or psychologist. Eligible individuals must be residents of New Mexico. The BISF is the payer of last resort for individuals seeking assistance to live more independently in their homes and communities. The BISF is *not an entitlement* program, and not everyone living with a brain injury will qualify for services.

What services are available?

Service Coordination / Independence Coach Coordinators- Service Coordination is the point of entry for those who wish to receive program services. Service Coordinators are responsible for determining eligibility, assessing needs, identifying appropriate services, and helping participants access needed services and resources.

As Independence Coach Coordinators, they may also provide Life Skills Coaching assistance, unless a contracted and licensed entity is available to do so. Life Skills Independence Coaching is customized to provide assistance in meeting the unique needs of individuals living with a Brain Injury. Coaching services may include assistance with relearning activities of daily living (ADLs); time management; home organization; financial organization; dealing with personal relationships; anger management; the use of memory prompts; and how to access social, recreational, education resources and employment.

Crisis Interim Services- Crisis Interim Services are provided to a person in crisis following an initial event of brain injury, in the event of a worsening condition or to alleviate a new crisis. Funds may be used to pay for home health care; homemaker services; respite care; outpatient mental health; therapies; medically-related transportation and medications related to the brain injury; physician co-pays; special equipment, communication/assistive devices, and durable medical goods; professional life skills coaching / organizer services; once in a lifetime housing assistance; environmental modifications; and retrofit of an automobile. Funding is only available for services that are necessary due to an individual's brain injury. Funding is allocated regionally and may or may not be available for all services at the time of request. All requests for Crisis Interim Services must be processed through a BISF Service Coordinator.

How to Apply:

Please call the Service Coordination agency, listed to the right, which is nearest to your home, to learn more about the program and to get assistance in applying for BISF Program services.

Important Points to Remember:

Funding is Allocated Regionally- and may or may not be available for all services at the time of request.

To Inquire About Other Service Options- Please contact the NM Brain Injury Resource Center. Persons with Brain Injury in need of long-term services should contact the Aging and Disability Resource Center (800-432-2080) to be placed on the Central Registry for Brain Injury.

BISF SERVICE COORDINATION PROVIDERS:

METRO REGION
Goodwill Industries of NM
5000 San Mateo NE
Albuquerque, NM 87109
505-881-6401

NORTHEAST REGION
Goodwill Industries of NM
3060 Cerrillos Road
Santa Fe, NM 87507
505-216-3306

NORTHWEST REGION
Goodwill industries of NM
1820 E. Highway 66
Gallup, NM 87301
505-863-6374

SOUTHEAST REGION
Goodwill Industries of NM
2601 N. Main Street
Roswell, NM 88201
575-622-4980

SOUTHWEST REGION
Goodwill Industries of NM
2407 W. Picacho Street
Las Cruces, NM 88007
575-323-5147

NM BRAIN INJURY RESOURCE CENTER
(For Information, Referrals and Resources at ARCA)

844-3NM-BIRC

OTHER CONTACT INFORMATION FOR THE BRAIN INJURY SERVICES FUND PROGRAM:

NM Brain Injury Resource Center
ARCA / Brain Injury Division
1503 4th Street NW
Albuquerque, 87102
Tel: 1-844-3NM-BIRC; 1-844-366-2472
Email: nmbirc@arcaspirit.org
Director: John Pimentel, CBIST
Website: www.nmbirc.org

Brain Injury Program / BISF Manager: Linda Gillet, Ph.D.
Brain Injury Program
Exempt Services and Support Bureau (ESPB)
Medical Assistance Division (MAD)
Human Services Department (HSD)
Ark Plaza
PO Box 2348
2025 S. Pacheco
Santa Fe, New Mexico 87504
http://www.hsd.state.nm.us/LookingForAssistance/brain-injury.aspx
E-mail: LindaB.Gillet@state.nm.us
Phone: **505-827-7218**
Fax: **505-827-7277**

For other helpful community resources, please visit: http://nmbirc.org/helpful-links/