



HUMAN SERVICES
DEPARTMENT

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

DEPARTMENTAL MEMORANDUM
MAD-MR: 19-XX
DATE:

TO: MEDICAL ASSISTANCE DIVISION

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

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

BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB

SUBJECT: BRAIN INJURY SERVICES FUND (BISF) EXCEPTION REQUEST FOR CONTINUED BISF SERVICES, MAD 400 REVISED AUGUST 2018

GENERAL INFORMATION

The MAD 400 is to be completed by contracted Service Coordination Agencies (SCA) of the Brain Injury Services Fund (BISF) to request an exception from HSD to continue program services beyond the one year regulatory limit for participants whose crisis needs have not been resolved. The completed form is submitted to the HSD BISF Program Manager, with any supporting documentation, for review and approval/denial of the request. The form was revised to include the following:

- Distinction of form sections using letters A-E, in correspondence with instructions;
- Inclusion of checkboxes to identify the participant's region of residence;
- Change "BISF Services End Date" to "Current ILP End Date";
- Requirement to specify Medicaid Eligibility / Health Insurance Status;
- Deletion of "reactivation within 6 months of inactivation" (required through MAD 770);
- Removal of contractor agencies under "Services Requested / Life Skills Coaching";
- Revised language for service selections under "Crisis Interim Services Funding"; additional checkboxes to distinguish PT, OT, SLP; removal of checkbox and text field for "Supporting Documentation" (required through MAD 767);
- Addition of a text box to provide "Additional Information / Requests";
- Removal of "cc:" line; and
- Inclusion of a formal instructions page

FILING INSTRUCTIONS

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

INSERT MAD 400 Revised August 2018

DELETE MAD 400 Issued 10-06-14

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

Attachment: MAD 400 Revised August 2018

NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM

EXCEPTION REQUEST FOR CONTINUED BISF PROGRAM SERVICES

A. DATE: [Click here to enter a date.](#)
TO: Linda Gillet, Ph.D., Brain Injury Program Manager, HSD
FROM (Name, Title, Agency):

PARTICIPANT'S NAME:
REGION: Metro NE NW SE SW
SSN#: - - **DATE OF BIRTH:** [Click here to enter a date.](#)
BISF PROGRAM START DATE (first date of Program access): [Click here to enter a date.](#)
CURRENT ILP END DATE: [Click here to enter a date.](#)

B. MEDICAID ELIGIBILITY / HEALTH INSURANCE STATUS:

Not insured
 Eligible for full Medicaid Applying for full Medicaid or in applicant status w/ expected eligibility
 Will not qualify for full Medicaid due to
 QMB SLIMB QI1 Family Planning I.H.S Veteran's Benefits
 Medicare beneficiary with Part(s) A B D Supplement:
 Private Insurance

C. CRISIS NEED: This request to continue BISF Program services for this participant is based on the following criteria: (check all that apply)

Participant has no other funding sources at this time.
 Participant needs assistance accessing long-term services.
 Participant needs assistance with Centennial Care transition (Limited Service Coordination)
 Expected transition date: [Click here to enter a date.](#)
 Participant needs assistance with

D. BISF SERVICES REQUESTED: (Check all that apply):

Service Coordination (Last ILP and current SC Assessment are attached)
 Life Skills Coaching through Service Coordination Agency (Last ILP is attached)
 Crisis Interim Services (CIS) Funding (Check all requested CIS below. Supporting documentation is attached per MAD 767 and MAD 751 referrals)

<input type="checkbox"/> Homecare/Home Health /Nursing	<input type="checkbox"/> Respite services
<input type="checkbox"/> Prescription Medications (BI)	<input type="checkbox"/> Psychotherapy/Outpatient Mental Health
<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Physician Services Copay	<input type="checkbox"/> Environmental Modification
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Professional Life Skills Coaching Services
<input type="checkbox"/> Massage	<input type="checkbox"/> Housing/Utility Assistance
<input type="checkbox"/> Chiropractic Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other	

E. ADDITIONAL INFORMATION / REQUESTS:

Brain Injury Services Fund (BISF) Exception Request for Continued BISF Program Services

Form Instructions

PURPOSE:

The MAD 400 is for use by contracted Service Coordination Agencies of the Brain Injury Services Fund (BISF) Program. It is to be completed by Service Coordinators to request an exception to continue program services beyond the one year regulatory limit for participants whose crisis need has not resolved. The completed form will be submitted to the HSD BISF Program Manager along with any necessary documentation that supports the request.

INSTRUCTIONS:

- 1) The Service Coordinator (SC) will complete sections A - E, completing all applicable fields.
- 2) Section A relates general information to identify the Service Coordinator, the participant, the date of the request, and the anticipated end date for current services.
- 3) Section B notifies of existing health insurance status, as potential payer sources.
- 4) Section C is used to identify the individual's crisis need and includes a text field describing the assistance the individual needs from the program, which may relate to Service Coordination, Life Skills Coaching, and /or Crisis Interim Services.
- 5) Section D identifies the specific program services with which the individual requires assistance, including Service Coordination, Life Skills Coaching, and Crisis Interim Services (CIS) funding. The section under Crisis Interim Services Funding requires the SC to check all boxes designating the assistance needed from the BISF, as payer of last resort. It includes a box and text field for "Other" Crisis Interim Services that are not listed.
- 6) Section E provides a multi-line text field that allows for the entry of any additional notes or requests.

ROUTING:

The form will be completed by the SCA and submitted with the appropriate supporting documentation to the HSD BISF Program Manager for a review, resulting in an approval or denial, or request for more information. The form and documentation are to be retained by both the SCA and HSD.

FORM RETENTION:

Permanent