

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) REACTIVATION FORM, MAD 770 ISSUED AUGUST 2018

GENERAL INFORMATION

The MAD 770 is to be completed by contracted Service Coordination Agencies (SCA) of the Brain Injury Services Fund (BISF) to document the request of a participant to reinstate BISF services, without the requirement to complete a new MAD 386 application (pages 1-3, 6, 7) or acquire a new ICD-10 code (pages 8 - 9).

The form includes:

- Checkboxes to indicate whether it is a “Standard” reactivation or a reactivation requiring HSD BISF Program approval;
- Sections identifying the reactivating participant and their current Medicaid Eligibility / Health Insurance Status;
- A section for description of the “Crisis Need”, related to Service Coordination, Life Skills Coaching, or CIS services;
- A section to indicate which BISF services are requested for reactivation;
- A section for additional comments; and
- A section for certification by the SCA using an electronic signature.

FILING INSTRUCTIONS

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

INSERT MAD 770 Issued August 2018

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

Attachment: MAD 770 Issued August 2018

NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM

REACTIVATION OF BISF PROGRAM SERVICES

- Standard Within 6 months or less of inactivation (requiring HSD BISF Program approval; attach last assessment, if not expiring within 90 days)

A. REACTIVATING 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.](#)

DATE OF REACTIVATION REQUEST: [Click here to enter a date.](#)

DATE LAST EXITED PROGRAM: [Click here to enter a date.](#)

DATE FOR START OF NEW ILP: [Click here to enter a date.](#)

SERVICE COORDINATOR (Name, Title, Agency):

B. MEDICAID ELIGIBILITY / HEALTH INSURANCE STATUS (Current):

- Not insured Private Insurance
 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:

C. BISF SERVICES REQUESTED FOR REACTIVATION: (Check all that apply)

- Service Coordination**
 Life Skills Coaching through Service Coordination Agency
 Crisis Interim Services (CIS) Funding (referrals, current POs and other documentation included)

D. CRISIS NEED: (Describe the basis for seeking reactivation, including any Service Coordination, Life Skills Coaching, and Crisis Interim Service needs.)

E. ADDITIONAL INFORMATION / REQUESTS:

F. SERVICE COORDINATOR CERTIFICATION: (Original or electronic signature)

_____ **Date:** _____

Brain Injury Services Fund (BISF) Reactivation of BISF Program Services

Form Instructions

PURPOSE:

The MAD 770 is for use by contracted Service Coordination Agencies (SCA) of the Brain Injury Services Fund (BISF) Program. It is to be completed by the Service Coordinators (SC) to document the request of a participant to reinstate BISF services, without the requirement to complete a new MAD 386 application (pages 1-3, 6, 7) or acquire a new ICD-10 code (pages 8 -9). The form can be completed at the discretion of the SCA for participants, who have been separated from the program for more than 6 months. For participants who have been separated from the program for 6 months or less, the form must be completed and submitted to the HSD BISF Program Manager for approval, prior to reinstating services. The form will be submitted to the provider of Crisis Interim Services (CIS) in lieu of otherwise required application pages, when CIS services are being requested.

INSTRUCTIONS:

- 1) The SC will note whether the reactivation is “Standard” (for participants who have been separated from the program for more than 6 months); or whether the reactivation and completion of the form first requires approval from the HSD BISF Program (for participants who have been separated from the program 6 months or less).
- 2) The SC will complete all fields for sections A - F.
- 3) Section A relates general information to identify the reactivating participant; date reactivation was requested; date last served by the program; date a new ILP is planned to go into effect; and the SC.
- 4) Section B notifies of current health insurance status, as potential payer sources.
- 5) Section C identifies the specific program services with which the individual is requesting assistance, including Service Coordination (SC), Life Skills Coaching (LSC), and Crisis Interim Services (CIS) funding.
- 6) Section D requires description of the individual’s crisis need, related to SC, LSC or CIS, which serve as the basis for reactivating services; for CIS, the specific CIS needs will be identified.
- 7) Section E provides a multi-line text field that allows for the entry of any additional notes or requests.
- 8) Section F requires the SC to supply an original or electronic signature, certifying the authorization to reactivate participant services (if more than 6 months separated), or to request reactivation through HSD (if less than 6 months separated). For electronic signature, the SCA agrees that the use and submission of the electronic form constitutes the SC’s signature, acceptance and agreement as if actually signed in writing. All parties using the form agree that no certification authority or other third party verification is necessary to validate the electronic signature; and the lack of such certification or third party verification will not, in any way, affect the enforceability of the signature or ability of the SCA or provider of CIS to complete related scopes of work.

ROUTING:

The MAD 770 is to be completed by the SCA and retained in the participant’s file. In cases requiring reactivation of CIS, the form will be submitted with the appropriate documentation to the contracted CIS provider. For reactivations that are requested 6 months or less from program separation date, the MAD 770 will be submitted to HSD for approval prior to reactivation. Following HSD approval to reactivate services (MAD 401), the MAD 770 and MAD 401 will be submitted to the provider of CIS, as applicable. The form and documentation are to be retained by the SCA, CIS provider and HSD, as applicable.

FORM RETENTION: Permanent