



HUMAN SERVICES  
DEPARTMENT

Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary Designate  
Nicole Comeaux, J.D., M.P.H, Director

**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 19-07**

**DATE: September 19, 2019**

**TO: MEDICAL ASSISTANCE DIVISION**

**FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION** *KLJ NC*

**THROUGH: SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)** *SK*

**BY: LINDA GILLET, BRAIN INJURY SERVICES FUND PROGRAM / ESPB** *LJ*

**SUBJECT: MAD 790 ISSUED JUNE 2019, BRAIN INJURY SERVICES FUND (BISF) FREEDOM OF CHOICE**

**GENERAL INFORMATION**

The MAD 790 is to be completed by BISF program participants in the Metro region in choosing the contracted Service Coordination Agency (SCA) they wish to work with under RFP #19-630-8000-0001. The form will be sent to active Program participants with a request to complete, sign, and send back to HSD. The form will also be posted on the HSD website to allow participants in these regions to switch SCA providers.

**FILING INSTRUCTIONS**

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

INSERT MAD 790 Issued June 2019

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 790 Issued June 2019



**NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM**

**HUMAN SERVICES DEPARTMENT**

Medical Assistance Division

**BISF FREEDOM OF CHOICE**

**&**

**RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

This form lets BISF Program participants in the Metro region choose their Service Coordination Agency (SCA), and it helps with the transfer of their files. It should only be used by those who wish to change the SCA that helps them.

Section A: Fill in the date and your information below.

Date:

Name:	Social Security Number:
Address:	Date of Birth:
City, State, Zip Code:	Phone Number (w/ area code):
My Current Service Coordination Agency:	County:
<input type="radio"/> Care Network	<input type="radio"/> Los Amigos LLC

Section B: You have the right to choose the SCA that will help you in the region where you live. (See page 3 for map of regions.)

Check One	Service Region	BISF Service Coordination Agency Authorized to Use or Disclose PHI	Address of Authorized Regional BISF Service Coordination Agency
<input type="radio"/>	Metro	CNRAG (Care Network Resource Assistance Group)	315 Central Ave, Suite M, Albuquerque, NM 87102
<input type="radio"/>	Metro	Los Amigos LLC	1601 Randolph Court, Suite 110-S, ABQ, NM 87106

"I, the undersigned, hereby give the SCA that now helps me the right to give my files and PHI to the new SCA. (The old SCA is noted in Section A. The new SCA is noted in Section B.) My new SCA needs these, so I can get help from the BISF Program. The SCA can share it with the New Mexico Human Services Department (HSD) / Medical Assistance Division's **Brain Injury Services Fund (BISF) Program**. I know HSD and all those involved in my care will need my PHI, This lets them give me the help and services I need."

"I also allow my new SCA (**Section B**), to have, use and/or share my PHI as needed. The BISF Program's Fiscal Intermediary Agent (FIA) needs my PHI. They will use it to get me my services. They will use it to pay for those services too. I know that the PHI that is shared has to do with my brain injury. It also has to do with the services I get through the BISF Program. The PHI helps them do their jobs. All shared PHI will stay private."

"I know that I can look at the PHI that will be shared. I can also ask my SCA for a copy of this release any time. If I no longer want BISF services, I can take back this permission at any time. To do so, I must tell the SCA in writing. This will not apply to what my BISF Service Providers have done or need to do to close my case. Also, it will not apply to what they must do to pay for services I have used."

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Parent of Legal Guardian (if applicable)

\_\_\_\_\_  
Signature of Participant, Parent, or Legal Guardian

\_\_\_\_\_  
Date

*If signed by legal guardian, describe the legal authority that lets you act on behalf of the participant. Please show legal proof that you are the legal guardian or show that you hold power of attorney for health-care decisions.*

If you need help filling out this form, please contact:  
NM Brain Injury Resource Center  
1504 4<sup>th</sup> Street NW  
Albuquerque, NM 87102  
1-844-366-2472

Send your signed form to:  
The Brain Injury Services Fund Program  
HSD/ Medical Assistance Division / ESPB / Brain Injury  
PO Box 2348  
Santa Fe, NM 87504-2348

If you have any other questions, contact the HSD Brain Injury Program Manager at:  
505-827-7218

**Brain Injury Service Fund Service Coordination Agencies by County and Region**



<b>METRO</b>	<b>Care Network Resource Assistance Group (CNRAG), Inc.</b> 315 Central Ave. NW, Suite M, Albuquerque, NM 87102 PH: 505-936-5807 or 575-526-9084	<b>FAX: 888-838-7086</b>
<b>METRO</b>	<b>Los Amigos LLC</b> 1601 Randolph Court, Suite 110-S, Albuquerque, NM 87109 PH: 505-204-6035	<b>FAX: 505-474-2804</b>
<b>NORTHEAST</b>	<b>Los Amigos LLC</b> 1435 St. Francis Dr., Santa Fe, NM 87505 PH: 505-204-6035	<b>FAX: 505-474-2804</b>
<b>NORTHWEST</b>	<b>Care Network Resource Assistance Group (CNRAG), Inc.</b> 315 Central Ave. NW, Suite M, Albuquerque, NM 87102 PH: 505-936-5807 or 575-526-9084	<b>FAX: 888-838-7086</b>
<b>SOUTHEAST</b>	<b>Care Network Resource Assistance Group (CNRAG), Inc.</b> 225 E. Idaho, Las Cruces, NM 88005 PH: 505-936-5807 or 575-526-9084	<b>FAX: 888-838-7086</b>
<b>SOUTHWEST</b>	<b>Care Network Resource Assistance Group (CNRAG), Inc.</b> 225 E. Idaho, Las Cruces, NM 88005 PH: 505-936-5807 or 575-526-9084	<b>FAX: 888-838-7086</b>

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**BISF FREEDOM OF CHOICE**  
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**RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

**FORM INSTRUCTIONS**

**PURPOSE:**

The MAD 790 form should be filled in by Brain Injury Services Fund (BISF) Program participants. It is for those who live in the Metro region. The form lets them choose their Metro region Service Coordination Agency (SCA). The SCAs available in the Metro region, beginning July 1, 2019, are listed on page 1 of the form. They are also shown on the map on page 3. This form is also for those who wish to change their SCA. The participant fills in, signs, and sends the form back to HSD. The form allows for the transfer of the participant's files to the agency they choose. The form is available on the HSD website.

**INSTRUCTIONS FOR THE PARTICIPANT:**

Section A (page 1):

- The participant fills in the date, their name, address, phone number and the name of their current SCA.

Section B (pages 1 and 2):

- The participant checks the name of the SCA they want to help them. They can refer to the map on page 3. This page lists addresses and phone numbers of the agencies that are available in their region.
- Information is given about how the participant's Protected Health Information (PHI) will be shared and kept private.
- On page 2, the participant or guardian prints their name. They must also sign and date the form.
- The participant or guardian sends the form to the HSD address on page 2 below the signature.

Those who need help in filling in the form may call the NM Brain Injury Resource Center. That is listed on page 2 of the form below the signature.

**ROUTING:**

The participant sends the signed and completed form to HSD/MAD. HSD keeps the original. HSD sends a copy of the form to the SCAs as needed. HSD directs the current SCA to send the participant's files to the new SCA. The SCAs will help with the participant's transition of services, as needed.

**FORM RETENTION:**

Permanent

Flesch-Kincaid grade level: 5.2