



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: 19-11

DATE: November 14, 2019

TO: MEDICAL ASSISTANCE DIVISION

FROM: ^{KLA for NC} NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

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

BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB ^{LA}

SUBJECT: MAD 400 REVISED SEPTEMBER 2019, BRAIN INJURY SERVICES FUND (BISF) EXCEPTION REQUEST

GENERAL INFORMATION

The MAD 400 is for use by contracted Service Coordination Agencies (SCA) 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 needs have not resolved. The completed form will be submitted to the HSD BISF Program Manager along with any necessary documentation that supports the request. The form was revised as follows:

- Form (page 1):
 - Deleted “Life Skills Coaching” through the SCA;
 - Addition of fields for ICD-10 Code and date last updated;
 - Replaced “Crisis Interim Services” with “BISF Home and Community Based Services (HCBS)”;
 - Deleted “Participant needs assistance accessing long-term services” and added “Participant needs assistance in applying for Medicaid”.
- Instructions (page 2):
 - The SCA is referred to *BISF Program Standard Operating Procedures* for additional guidance;
 - Addition of language for current ICD-10 Code and date last updated;
 - Deleted Life Skills Coaching through the SCA;
 - Replaced “Crisis Interim Services” with “BISF Home and Community Based Services (HCBS)”;
 - Addition of minimum required supporting documentation to be submitted with the request.

FILING INSTRUCTIONS

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

DELETE MAD 400 Revised August 2018
INSERT MAD 400 Revised September 2019

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

Attachment: MAD 400 Revised September 2019

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.](#)
ICD-10 CODE: **LAST UPDATED:** [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 in applying for Medicaid
 Participant needs assistance with Centennial Care transition
 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)
 Home and Community Based Services (HCBS) Funding (Check all requested HCBS 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 / Organizer 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 (SCA) 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 needs have not resolved. The completed form will be submitted to the HSD BISF Program Manager along with any necessary documentation that supports the request. BISF Providers are referred to *BISF Standard Operating Procedures* for additional guidance.

INSTRUCTIONS:

- 1) The SCA will complete sections A - E, completing all applicable fields.
- 2) Section A identifies the Service Coordinator, the participant, the date of the request, qualifying ICD-10 code, the date the code was last updated, and the anticipated end date for current services. "ILP" means Independent Living Plan.
- 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 BISF Service Coordination (SC) and BISF Home and Community Based Services (HCBS).
- 5) Section D identifies the specific program services with which the individual requires assistance, including BISF SC and BISF HCBS. The section under BISF HCBS Funding requires the Service Coordinator 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" HCBS that are not listed.
- 6) Section E provides a multi-line text field that allows for the entry of any additional notes or requests.
- 7) The minimum supporting documentation to be submitted with the MAD 400 includes the last quarter Independent Living Plan (MAD 393), the latest SC Assessment (MAD 387, and any updated Physician's Orders (MAD 404) and Treatment Verification Forms (MAD 772), which establish the ongoing need for BISF HCBS.

ROUTING:

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

FORM RETENTION:

Permanent