



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: 19-12

DATE: November 14, 2019

TO: MEDICAL ASSISTANCE DIVISION
FROM: ^{VLC/MNC} NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION
THROUGH: ^{JA} SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)
BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB ^{JA}
SUBJECT: MAD 401 REVISED SEPTEMBER 2019, BRAIN INJURY SERVICES FUND (BISF) EXCEPTION REQUEST APPROVAL / DENIAL

GENERAL INFORMATION

The MAD 401 is for use by the HSD BISF Program Manager to approve, deny, or request additional information in response to a review of the MAD 400, which is provided by the Service Coordination Agency (SCA) to request a continuation of program services beyond one year for a noted participant. Services for review include BISF Service Coordination (SC) and BISF Home and Community Based Services (HCBS). The form was revised as follows:

- Form (page 1):
 - Deleted “Life Skills Coaching” through the SCA;
 - Replacement of “Crisis Interim Services” with “BISF Home and Community Based Services (HCBS)”;
 - Deleted “Reactivation” review option.
- Instructions (page 2):
 - The SCA is referred to Program Standard Operating Procedures for additional guidance;
 - Deleted Life Skills Coaching through the SCA;
 - Replacement of “Crisis Interim Services” with “BISF Home and Community Based Services (HCBS)”;
 - Deleted language relating to request for “Reactivation”.

FILING INSTRUCTIONS

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

DELETE MAD 401 Revised August 2018
INSERT MAD 401 Revised September 2019

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

Attachment: MAD 401 Revised September 2019

**NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
EXCEPTION FOR CONTINUED BISF PROGRAM SERVICES
APPROVAL/DENIAL FORM**

A. Date: [Click here to enter a date.](#)
To (Name, Title, Agency, Region):
From: Linda Gillet, Ph.D. Brain Injury Program Manager, HSD
Participant's Name:
SSN#: - -
Date of Birth: [Click here to enter a date.](#)
BISF Program Start Date: [Click here to enter a date.](#)

B. Re: Request for Continuation:

- BISF Service Coordination
 BISF Home and Community Based Services (HCBS)

Your request for the above named participant has been reviewed. Status:

- Approved; New ILP begins [Click here to enter a date.](#) Denied Request for Information

C. Comments:

HSD Brain Injury Program Manager

Date

Please include this approval with any referrals to the BISF HCBS Fiscal Intermediary Agent.

**NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
EXCEPTION FOR CONTINUED BISF PROGRAM SERVICES
APPROVAL/DENIAL FORM**

Form Instructions

PURPOSE:

The MAD 401 is for use by the HSD BISF Program Manager to approve, deny, or request additional information in response to a review of the MAD 400, which is provided by the Service Coordination Agency (SCA) to request a continuation of program services beyond one year for a noted participant. Services for review include BISF Service Coordination (SC) and BISF Home and Community Based Services (HCBS). BISF Providers are referred to *BISF Standard Operating Procedures* for additional guidance.

INSTRUCTIONS:

- 1) The HSD BISF Program Manager will complete sections A – C and sign and date each response, following a review of any MAD 400 exception request and related supporting documentation, including at a minimum the last quarter Independent Living Plan (MAD 393), most current SC Assessment (MAD 387), and any updated Physician's Orders (MAD 404) or Treatment Verification Forms (MAD 772).
- 2) Section A requires completion of general information to identify the participant and the Service Coordinator.
- 3) Section B notes which services are requested and provides a status, noted by a checkbox. Requests may be "Approved" with a new ILP date, or "Denied". In the event that the information supplied by the Service Coordinator is not complete or accurate, the checkbox for "Request for Information" (RFI) will be indicated.
- 4) Section C allows for comments or detail related to the approval, denial or RFI. At a minimum, approvals will include a reason for continuation of the service, which BISF HCBS are approved in the new period, and any further guidance regarding completion of other requirements in accordance with the Program regulations, 8.326.10 NMAC.
- 5) The MAD 401 includes an electronic signature and date. Note: The use and submission of the electronic form constitutes the manager'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 providers of SCA or BISF HCBS to complete related scopes of work.

ROUTING:

The MAD 401 will be completed by the HSD BISF Program Manager and sent to the SCA for further action, as noted on the form. The MAD 401 in "Approved" status will be forwarded by the SCA to the provider of BISF HCBS with any referrals, as appropriate. The forms will be retained by HSD, the SCA, and the provider of BISF HCBS, as appropriate.

FORM RETENTION:

Permanent