



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: 19-14

DATE: November 14, 2019

TO: MEDICAL ASSISTANCE DIVISION

FROM: *KLA for NC*
NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

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

BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB *Linda Gillet*

SUBJECT: MAD 770 REVISED SEPTEMBER 2019, BRAIN INJURY SERVICES FUND (BISF) REACTIVATION FORM

GENERAL INFORMATION

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 Service Coordinators (SC) to document the request of a participant to reinstate BISF services, without the requirement to complete a new MAD 386 application or acquire a new ICD-10 code. The form and instructions were revised as follows:

- Removal of designations for “Standard” or “Within 6 months of inactivation”.
- Addition of ICD-10 code and last date updated.
- Removal of Life Skills Coaching as a service provided by the SCA.
- Replacement of “Crisis Interim Services” with “BISF Home and Community Based Services (HCBS)” and where applicable to add “Fiscal Intermediary Agent (FIA)”.
- Requirement to list the specific SC and BISF HCBS services being requested.
- Removal of “Additional Information / Requests” box.
- Clarifications on routing of the form regarding the documentation required by the FIA.

FILING INSTRUCTIONS

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

DELETE MAD 770 Issued August 2018
INSERT MAD 770 Revised September 2019

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

Attachment: MAD 770 Revised September 2019

**NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
REACTIVATION OF BISF PROGRAM SERVICES**

A. REACTIVATING PARTICIPANT'S NAME:

REGION: Metro NE NW SE SW

SSN#: - -

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

CURRENT 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.](#)

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 Q11 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**
 BISF Home and Community Based Services (HCBS) Funding
 (referrals, current POs and other documentation included)

D. CRISIS NEED: (Describe the basis for seeking reactivation and list the specific needs for Service Coordination and BISF HCBS.)

E. 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 Service Coordinators (SC) to document the request of a participant to reinstate BISF services, without the requirement to complete a new MAD 386 application, although new ICD-10 codes are required every 2 years. The form will be submitted to the provider of BISF Home and Community Based Services (HCBS) in lieu of otherwise required application pages, when BISF HCBS are being requested.

INSTRUCTIONS:

- 1) The SC will complete all fields for sections A - E.
- 2) Section A relates general information to identify the reactivating participant; the current ICD-10 code and date last updated; date reactivation was requested; date last served by the program; date a new ILP (Independent Living Plan) is planned to go into effect; and the name and agency of the SC.
- 3) Section B notifies of current health insurance status, as potential payer sources.
- 4) Section C identifies the specific program services with which the individual is requesting assistance, including Service Coordination (SC) and BISF HCBS funding.
- 5) Section D requires description of the individual's crisis need, related to SC or BISF HCBS, which serve as the basis for reactivating services; for BISF HCBS, the specific HCBS needs will be identified.
- 6) Section E requires the SC to supply an original or electronic signature, certifying the authorization to reactivate participant services. 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 the BISF HCBS Fiscal Intermediary Agent (FIA) to complete related scopes of work.

ROUTING:

The MAD 770 is to be completed by the SCA and retained in the participant's file. For reactivation of services that involve BISF HCBS, the SCA will submit the MAD 770 to the BISF HCBS FIA, along with the appropriate documentation to the contracted BISF HCBS Fiscal Intermediary Agent (FIA). Reactivations for those who have not received BISF HCBS will require the submission of application pages to the FIA. The form and documentation are to be retained by the SCA, BISF HCBS FIA and HSD, as applicable.

FORM RETENTION: Permanent