



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

DEPARTMENTAL MEMORANDUM

MAD-MR: 20-08

DATE: NOVEMBER 13, 2020

TO: MEDICAL ASSISTANCE DIVISION

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

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

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

SUBJECT: MAD 812 ISSUED OCTOBER 2020, BRAIN INJURY SERVICES FUND (BISF) MASTER QUARTERLY REPORT



GENERAL INFORMATION

The MAD 812 is to be completed by BISF Service Coordinators on a quarterly basis and by region to report on applicant and participant demographics, compute total applicant and participant member months, and provide aggregate data on census, enrollments and disenrollment's, transitions to Centennial Care, incident reports, grievances, and waiting list data. Aggregate data from the form results are used to report data to HSD/MAD, the New Mexico Brain Injury Advisory Council and the NM Legislature.

FILING INSTRUCTIONS

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

INSERT MAD 812 Issued October 2020

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

Attachment: MAD 812 Issued October 2020



Brain Injury Services Fund Program

Service Coordination Quarterly Regional Report Form

Fiscal Year:	2021
Quarter:	1 - 2
Date:	

Region:	
Name of SC Agency:	
Report Prepared By:	

Current Applicants (Fill in information as known):

LIST #	SCA's #	LAST NAME	FIRST NAME	SSN	DATE OF BIRTH				DATE OF APPL.	DURATION IN APPL. STATUS (Weeks)	ICD 10	CAUSE OF INJURY TBI	CAUSE OF INJURY ABI	RACE: A=Asian B =Black C =Cauc. H =Hispanic I =Indian =Other	O VETERAN (Y / N)	ADDRESS	CITY	ZIP	NM COUNTY	PHONE	

Enrolled Participants July 1, 2020 through June 30, 2021 (Complete all fields):

LIST #	SCA's #	LAST NAME	FIRST NAME	SSN	DATE OF BIRTH	DATE OF FIRST ACCESS TO BISF PROGRAM	SERVICE START DATE	IF INACTIVATED, DATE OF DISCHARGE	IF INACTIVATED, REASON FOR DISCHARGE	DURATION ON PROGRAM (Months)	ICD 10	CAUSE OF INJURY TBI	CAUSE OF INJURY ABI	RACE: A=Asian B =Black C =Cauc. H =Hispanic I =Indian =Other	O VETERAN (Y / N)	ADDRESS	CITY	ZIP	NM COUNTY	PHONE	

Total

Inactives June 30, 2020 or Prior

LIST #	SCA's #	LAST NAME	FIRST NAME	SSN	DATE OF BIRTH	DATE OF FIRST ACCESS TO BISF PROGRAM	SERVICE START DATE	DATE OF DISCHARGE	REASON FOR DISCHARGE	DURATION ON PROGRAM (Months)	ICD 10	CAUSE OF INJURY TBI	CAUSE OF INJURY ABI	RACE: A=Asian B =Black C =Cauc. H =Hispanic I =Indian =Other	O VETERAN (Y / N)	ADDRESS	CITY	ZIP	NM COUNTY	PHONE	