

DEPARTMENTAL MEMORANDUM

MAD-MR: 15-20

DATE: 11/2/2015

TO: MEDICAL ASSISTANCE DIVISION
FROM: NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION *AM/NSL*
THROUGH: MEGAN PFEFFER, BUREAU CHIEF, QUALITY BUREAU *mp*
BY: ANDREA CHAMBERS, QUALITY BUREAU
SUBJECT: CNA EXCEPTION REQUEST FORM

GENERAL INFORMATION

This form is for use by Care Coordinators when they request a CNA exception.

FILING INSTRUCTIONS

Please make the following changes to the MAD forms manuals:

INSERT MAD 601

Please address any questions concerning these guidelines to:
Megan.Pfeffer@state.nm.us or call (505) 827-7722.

Attachment: MAD 601 Issued 10/5/15 CNA Exception Request Form



CENTENNIAL CARE CNA EXCEPTION REQUEST

Please email this document to HSD/MAD Care Coordination Unit staff:
HSD-QB-CCU-CNA@state.nm.us
Cc your respective MCO Contract Manager.

Request Date: _____

Member Information	
Name	
Medicaid ID	

Requestor Information	
Name	
Phone	Email

Unique Needs of Member

Reason for Request

Proposed Alternate Location/Address

Notes/Plan for Monitoring Home Environment