

DEPARTMENTAL MEMORANDUM
MAD-MR: 19-XX
DATE:

TO: MEDICAL ASSISTANCE DIVISION
FROM: *NLS* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION
THROUGH: SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU
BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB
SUBJECT: BRAIN INJURY SERVICES FUND (BISF) EXCEPTION REQUEST APPROVAL/DENIAL FORM, MAD 401 REVISED AUGUST 2018

GENERAL INFORMATION

The MAD 401 is for use by the HSD BSF 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. The MAD 401 may also be used to respond to MAD 770 requests to reactivate services for former participants who have been separated from the BISF Program for 6 months or less. The form has been revised to include the following:

- Distinction of form sections using letters A - C, in correspondence with instructions;
- Inclusion of a checkbox for requests related to reactivation of services;
- Inclusion of a checkbox notifying the SCA of a "Request for Information" (RFI);
- Addition of "New ILP begins (date)";
- Removal of "cc:" lines; and
- Inclusion of a formal instructions page.

FILING INSTRUCTIONS

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

INSERT MAD 401 Revised August 2018

DELETE MAD 401 Issued 10-06-14

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

Attachment: MAD 401 Revised August 2018

**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** / **Reactivation of the following BISF Program Services:**

- Service Coordination
- Life Skills Coaching
- Crisis Interim Services

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 HelpNet, LLC, BISF Crisis Interim Services.

**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 BSF 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. The MAD 401 may also be used to respond to MAD 770 requests to reactivate services for former participants who have been separated from the BISF Program for 6 months or less. Services for review include Service Coordination (SC), at a minimum, and may also include Life Skills Coaching (LSC) and/or Crisis Interim Services (CIS). BISF Providers are referred to BISF Standard Operating Procedures 18-3 for additional procedural details.

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 or MAD 770 reactivation request and related supporting documentation, including at a minimum the last SC/LSC ILP, most current SCA Assessment (MAD 387), updated Physician's Orders (MAD 404).
- 2) Section A requires completion of general information to identify the participant.
- 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 SC 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 Crisis Interim Services are approved in the new period, and any further guidance regarding completion of other requirements in accordance with the regulations.
- 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 CIS 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 to the provider of CIS with any referrals, as appropriate. The forms will be retained by HSD, the SCA, and the provider of CIS, as appropriate.

FORM RETENTION:

Permanent