

DEPARTMENTAL MEMORANDUM

MAD-MR: 20-04

DATE: April 22, 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 PROGRAM / ESPB

SUBJECT: MAD 767 REVISED JANUARY 2020, BRAIN INJURY SERVICES FUND (BISF) DOCUMENT COVER FORM

GENERAL INFORMATION

The MAD 767 is for completion by contracted Service Coordination Agencies of the Brain Injury Services Fund for the purpose of submitting documents to the Fiscal Intermediary Agency. The form was revised as follows:

- Form (page 1):
 - Replaced “Crisis Interim Services” with “Home and Community Based Services (HCBS);
 - Inserted “Response to RFI”;
 - Deleted columns pertaining to quarterly referral renewals and corrections;
 - Deleted the row pertaining to reactivations within 6 months of inactivation;
 - Deleted the row pertaining to Physician’s Orders;
 - Deleted the requirement for additional documentation noted under “Discontinuation of Services”; and
 - Added allowance for multiple service referrals to be submitted under one cover sheet, by indicating the number.
 - Deleted requirement for ILP to require updated signatures from participant or to list exact costs; allows for submission of an addendum for any midcycle changes.
- Instructions (page 2):
 - Clarified language to correspond to changes noted on the form, as described above.

FILING INSTRUCTIONS

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

DELETE MAD 767 Issued June 2018

INSERT MAD 767 Revised January 2020

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

Attachment: MAD 767 Revised January 2020

**BRAIN INJURY SERVICES FUND (BISF)
HCBS DOCUMENT SUBMISSION COVER PAGE**

NEED TO COMPLETE AS FILLABLE PDF

Service Coordinator: _____

Region: _____

Participant: _____

Date: _____

INSTRUCTIONS: Check off the relevant boxes of documents submitted for ONE SUBMISSION TYPE ONLY. Paperwork is to be submitted in the same order as listed.

SUBMISSION TYPE:

Response to RFI:

Other Submission (specify in Comments)	Discontinuation of Services	Changes to Existing Services	New Services Added	Reactivation	Continued Service Extension	Initial (new to BISF HCBS)	
							<p>REQUIRED DOCUMENTATION (All documentation must be complete including all required fields and signatures as applicable)</p>
							Copy of HSD BI Program Manager's approval of extension
							Reactivation Form
							MAD 751 HCBS Referral; number of referrals included:
							Denial of Service Documentation
							New Treatment Verification forms for Physician Services
							New ILP (Independent Living Plan) or addendum – listing services and supports
							Application- first 3 pages completed
							New Program Release of Information – signed, dated, all required fields completed
							New Signed Release of Liability
							Other (specify):
<p>Comments:</p>							

**Brain Injury Services Fund (BISF)
HCBS Document Submission Cover Page
Form Instructions**

PURPOSE: The MAD 767 is to be completed by contracted Service Coordination Agencies (SCA) of the Brain Injury Services Fund (BISF) Program. It is to accompany any submission of the MAD 751 HCBS Referral form and include any supporting documentation, as indicated for the submission type. BISF Providers are referred to Standard Operating Procedure BISF 18-1 (or updated) for additional procedural details on referral processes.

INSTRUCTIONS:

The Service Coordinator (SC) will:

- 1) Enter the Service Coordinator Name, Region, Participant Name, and Date at the top of the Cover Sheet.
- 2) Indicate the Submission Type by checking off the Required Documentation boxes under that Submission Type.
- 3) Indicate whether it is in response to an RFI by checking the box.
- 4) Include one Cover Sheet for each separate Submission Type.
- 5) Submit documents for the Submission Type in the order noted in the Column titled "Required Documentation".
- 6) Select the column "Other" for Submission Types not noted on the form, check off the paperwork included, and specify the type of submission using the "Comments" text field. Where "MAD 751 Referral" appears, indicate the number of referrals included.
- 7) Specify any additional documentation that will accompany the submission. This will be noted in the text field on the line marked "Other" under the column labelled "Required Documentation".
- 8) Add any additional notes to the "Comments" section (e.g., "ILP was submitted with Continued Service Extension).

ROUTING:

The form will be completed by the SCA and submitted with the indicated documentation to the BISF-contracted Fiscal Intermediary Agency.

FORM RETENTION:

Permanent

**BRAIN INJURY SERVICES FUND (BISF)
HCBS DOCUMENT SUBMISSION COVER PAGE**

Service Coordinator: _____

Region: _____

Participant: _____

Date: _____

INSTRUCTIONS: Check off the relevant boxes of documents submitted for ONE SUBMISSION TYPE ONLY. Paperwork is to be submitted in the same order as listed.

SUBMISSION TYPE:

Response to RFI:

Other Submission (specify in Comments)	Discontinuation of Services	Changes to Existing Services	New Services Added	Reactivation	Continued Service Extension	Initial (new to BISF HCBS)	<p align="center">REQUIRED DOCUMENTATION (All documentation must be complete including all required fields and signatures as applicable)</p>
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							MAD 751 HCBS Referral; number of referrals included:
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							New Treatment Verification forms for Physician Services
							New ILP (Independent Living Plan) or addendum – listing services and supports
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							New Program Release of Information – signed, dated, all required fields completed
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							Other (specify):
<p>Comments:</p> 							



Brain Injury Services Fund (BISF) HCBS Document Submission Cover Page Form Instructions

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