



Brain Injury Association of NM
Brain Injury Guide (BIG)
Statement of Understanding and Agreement

The Role of the Brain Injury Guide

The role of a Brain Injury Guide (BIG) is to help the Mi Via brain injury applicant through the medical and financial application process and recertification process as well as the service and support plan/budget development process.

The Responsibilities of the Brain Injury Guide

The responsibility of a Brain Injury Guide (BIG) is to **only** assist the applicant and/or the designated representative of the applicant with the application process to apply for Medicaid long term care services.

The following are statements that the BIG will adhere to:

- I agree to conduct myself in a professional and respectful manner.
- To the best of my ability, I agree to assist the applicant with gathering the required documentation to apply for Medicaid services.
- I agree to keep my conversation with the applicant and/or their designated representative confidential in accordance with Health Insurance, Portability and Accountability Act (HIPAA) and other applicable confidentiality laws. (see attached HIPAA notice).
- I understand that I am a contractor and not an employee of the Brain Injury Association of New Mexico (BIANM) or the New Mexico Aging and Long-Term Services Department (ALTSD).
- As a contractor, I understand that I cannot ask the applicant or the designated representative to pay for my time or assistance.
- If an issue other than applying for the Mi Via Medicaid Waiver arises, I understand that I am not responsible for assisting the applicant and should refer them to the appropriate resource.
- I will accompany the participant to ISD appointment(s), medical appointment(s), the nursing assessment, and up to 2 meetings to develop the Service and Support Plan/Budget if requested or work with the participant or their representative to identify someone else of their choosing.
- I understand that I will participate in the nursing assessment, if the applicant or their designated representative requests/approves.
- I understand that I will be paid mileage for visiting the applicant and/or designated representative and I am not obligated to drive the applicant and/or their representative to Mi Via related events.

- I accept full responsibility in the event that I transport the applicant/and or their designated representative and we become involved in an accident. I will not hold the BIA-NM nor ALTSD responsible.
- Upon completion of BIA assistance, I will surrender **ALL** applicant related documents to the BIA-NM.
- I will attend one (1) Consumer Direct Personal Care (CDPC) enrollment meeting. I understand that I am required to attend one of these meetings but am not required to attend this meeting with each participant.
- I will participate in BIA-NM and/or ALTSD BIG meetings (by teleconference or in person).

BIG Signature

Date

BIANM Staff

Date