

1.3	Initial Eligibility and Intake (ABI)	Page 1 of 3
Issue date: 8/04	Revision date: 9/14	Division Staff
Form(s): 1-1 Intake and Referral Form; 18b Request for ICD 9 CM Code from Licensed Physician; 2-2 Needs Assessment; 4-1 CBIA;	Authorizing Utah Law: 62A-5-103	

I. Directive Purpose:

The purpose of this Directive is to establish for the Division of Services for People with Disabilities (Division) a procedure for the intake and eligibility determination of persons with an Acquired Brain Injury for non-waiver services.

II. Procedure:

- A. An applicant or applicant's representative who is interested in applying for services should be referred to an intake caseworker specialist by instructing the applicant or applicant's representative to call 1-844-ASK-DSPD or 1-844-275-3773 and choose the apply for services option to speak with an intake worker.
 - 1. Acquired Brain Injury Eligibility can only be determined by an ABISC Certified Caseworker Specialist.
- B. The intake caseworker specialist will enter the applicant's contact information into the USTEPS Contact Screen.
- C. Within 5 business days of the initial contact, the intake case specialist shall mail out a Form 1-1 to the applicant or applicant's representative, to be completed and returned to the Division.
- D. Once the Form 1-1 has been completed and returned, the intake case specialist shall enter the return date into the USTEPS Contact Decision Screen, which begins the 90-day intake period.
- E. Assigning a Case:
 - 1. The Intake and Referral Program Manager will re-assign the applicant's case to an intake caseworker specialist assigned to the geographic location nearest the applicant or otherwise as the Intake/Eligibility Supervisor deems appropriate.
 - 2. After being assigned the new case, the intake case specialist shall mail out an intake packet to the applicant or applicant's Representative within 5 business days of being assigned the case.
- F. It is the responsibility of the applicant or applicant's representative to provide the necessary information and supporting documentation necessary to make an eligibility decision. The assigned intake caseworker specialist will assist the applicant or applicant's representative as needed. Information and supporting documentation needed to determine eligibility include but are not limited to:
 - 1. Social History:
 - a. Must be completed by or for the applicant within one year of the date of application.
 - 2. Verification of the applicant's age:
 - a. All applicants must be 18 years of age or older.
 - 3. Documentation of Medical Diagnosis:
 - a. Medical documentation from a licensed physician, including a qualifying ICD 9 CM Code defining the applicant's brain injury.
 - b. If no ICD 9 CM Code is provided in the applicant's medical documentation, the intake caseworker specialist shall complete the

Request for ICD 9 CM Code from Licensed Physician Form 18b, and send it to the applicant's physician.

4. Substantial Functional Limitation Supporting Documentation:
 - a. Supporting documentation of all substantial functional limitations identified and defined in Section R539-1-8.
 5. Comprehensive Brain Injury Assessment:
 - a. The intake caseworker specialist must work with the applicant to complete Parts I through VIII of the Comprehensive Brain Injury Assessment.
 - b. In order to be found eligible, an applicant must score 40-120 on the CBIA.
 6. Residency Verification:
 - a. The applicant or legal guardian must be a resident of Utah, meaning the applicant or legal guardian must be physically present within the State of Utah.
 - b. Residency can be declared on the first day of arrival.
- G. If all necessary eligibility information and documentation is not received within the 90-day intake period, the intake caseworker specialist will send a written notification letter to the applicant or applicant's representative indicating:
1. That the case is being placed in inactive status;
 2. What information or documentation still needs to be submitted; and
 3. That the applicant or applicant's representative may reactivate the application at any time by providing the remaining required information or documentation.
- H. An eligibility decision can be made at any time during the 90-day intake period upon review of all information by an intake caseworker specialist. Eligibility decisions will be made within 10 business days of receipt of all required eligibility documentation, unless Eligibility remains in question. (See paragraph 3 below.)
1. If the applicant is determined eligible for Division non-waiver services, the intake caseworker specialist will document that decision in the eligibility screen in USTEPS.
 - a. The applicant's status should be changed in USTEPS to "Waiting List."
 - b. A Notice of Agency Action will be mailed to the applicant or applicant's representative notifying them of the eligibility determination within two (2) business days of the determination.
 - c. The intake caseworker specialist will finalize the Needs Assessment.
 - i. The applicant or applicant's representative can contact their intake caseworker specialist at any time while the applicant is waiting for services to update the applicant's needs assessment.
 - ii. A Division Research Consultant will administer an annual waiting list survey to document the applicant's continued intent to wait for services, per the guidelines contained in Division Directive 1.5 Updating and Reporting Waiting List Information.
 2. If the applicant is determined ineligible for Division non-waiver services, the intake caseworker specialist will document that decision in the eligibility screen in USTEPS.
 - a. The applicant's status should be changed in USTEPS to "Ineligible." Once the 90-day intake period is completed, the applicant's status will automatically be changed in USTEPS to "Episode Closed."
 - b. A Notice of Agency Action will be mailed to the applicant or applicant's representative notifying them of the eligibility determination within two (2) business days of the determination.
 - i. The applicant or applicant's representative may challenge the decision by completing the attached Hearing Request Form and returning it within 30 days of the date postmarked.
 3. If the applicant's eligibility is in question, the intake caseworker specialist will, prior to the 90-day intake deadline:

- a. Request additional information from the applicant or applicant's representative;
 - b. Consult with the Intake and Referral Program Manager;
 - c. Consult with the ABI Program Administrator; or
 - d. Forward the applicant's information to the State Eligibility Committee for review and recommendation.
- I. If the applicant or applicant's representative chooses to receive services in a Nursing Facility, the Division Representative will provide the applicant or applicant's representative with a list of Nursing Facilities to contact.
 1. If the applicant is on the waiting list, and subsequently becomes a resident of a Nursing Facility, the applicant or applicant's representative should notify the Division Representative. The Division Representative will change the requested services from "immediate" to "future" need in USTEPS.