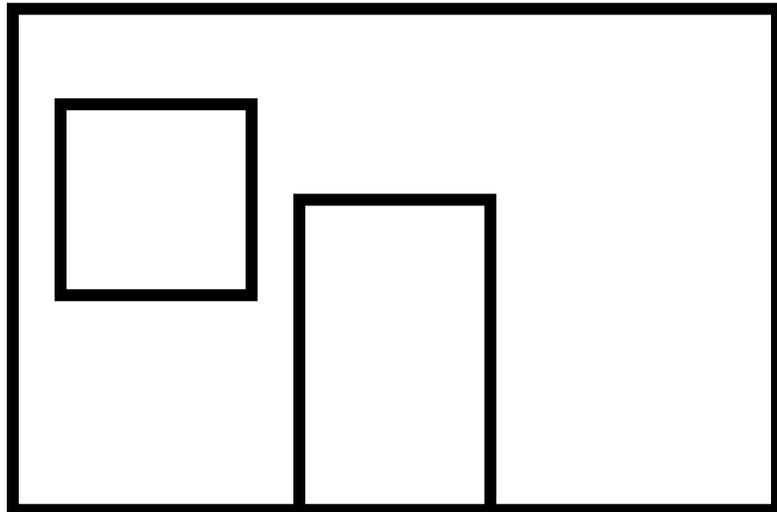


Module III. Acquired Brain Injury Eligibility Determination Guide (Update from 07/01/2014)

“The most beautiful thing we can experience is the mysterious.” (Albert Einstein)



Instructions to this module:

- This module is designed to be interactive. It only is able to reflect the tools in regards to ABI eligibility determination. Every eligibility determination process is different (depending on the person). Eligibility can be considered a fine art.
- The topic “Eligibility Determination” is further discussed in the Certification Training given at the State Office in Salt Lake City.
- You are highly encouraged to discuss the ABI Eligibility Determination Process with your:
 - a) Supervisor, or with the
 - b) ABI Program Administrator, Rolf M. Halbfell (contact number is (801) 538-8244)

Objectives of this module:

- a) Become familiar with the eligibility determination process.
- b) Become familiar with the Administrative Rule relating to eligibility.
- c) Understand the term “related conditions.”
- d) Become familiar what to look for in a case scenario.

Eligibility Criteria

The ABI Eligibility Criteria is not only documented in the actual ABI Waiver template, but is further documented in Administrative Rule. Click on the links listed below to review the Division's most current eligibility rules.

[R539-1-8. Eligibility for Non-Waiver Brain Injury Services.](#)

[R539-1-9. Eligibility for Acquired Brain Injury Waiver Services.](#)

[R539-1-10. Graduated Fee Schedule.](#)

Acquired Brain Injury Waiver Template “Language:” (State Implementation Plan effective July 1, 2014).

- a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. In accordance with 42 CFR §441.301(b)(6)

SELECT ONE WAIVER TARGET GROUP	TARGET GROUP/SUBGROUP	MINIMUM AGE	MAXIMUM AGE	
			MAXIMUM AGE LIMIT: THROUGH AGE –	NO MAXIMUM AGE LIMIT
X	Aged or Disabled, or Both (select one)			
	<input type="checkbox"/> Aged or Disabled or Both – General (check each that applies)			
	<input type="checkbox"/> Aged (age 65 and older)			
	<input type="checkbox"/> Disabled (Physical) (under age 65)			
	<input type="checkbox"/> Disabled (Other) (under age 65)			
	<input checked="" type="checkbox"/> Specific Recognized Subgroups (check each that applies)			
	<input checked="" type="checkbox"/> Brain Injury	18		<input checked="" type="checkbox"/>
	<input type="checkbox"/> HIV/AIDS			<input type="checkbox"/>
	<input type="checkbox"/> Medically Fragile			<input type="checkbox"/>
	<input type="checkbox"/> Technology Dependent			<input type="checkbox"/>
O	Mental Retardation or Developmental Disability, or Both (check each that applies)			
	<input type="checkbox"/> Autism			<input type="checkbox"/>
	<input type="checkbox"/> Developmental Disability			<input type="checkbox"/>
	<input type="checkbox"/> Mental Retardation			<input type="checkbox"/>
O	Mental Illness (check each that applies)			
	<input type="checkbox"/> Mental Illness (age 18 and older)			<input type="checkbox"/>
	<input type="checkbox"/> Mental Illness (under age 18)			

- b. Additional Criteria. The State further specifies its target group(s) as follows:

Waiver services are limited to individuals with the following disease(s) or condition(s)

1. Acquired brain injury is defined as being injury related and neurological in nature, and may include cerebral vascular accident and brain injuries that have occurred after birth. Acquired brain injury does not include individuals whose functional limitations are due solely to mental illness, substance abuse, personality disorder, hearing impairment, visual impairment, learning disabilities, behavior disorders, aging process, or individuals with deteriorating diseases such as multiple sclerosis, muscular dystrophy, Huntington's chorea, ataxia, or cancer.
2. Individuals must meet a qualifying International Classification of Diseases code diagnosis from the most recent revision of the classification, clinical modification, as outlined in Division Directive 1.40 – Qualifying Acquired Brain Injury Diagnoses. To access the list of qualifying code, please click on the following link:
<http://dspd.utah.gov/pdf/1.40%20Acquired%20Brain%20Injury%20Qualifying%20Diagnoses.pdf>
3. Individual must score between 40 and 120 on the Comprehensive Brain Injury Assessment (CBIA) form as outlined in Administrative Rule R539-1-8 (1)(c).
4. This waiver is not available to individuals who have suffered congenital brain injury or brain injuries induced by birth trauma.
5. This waiver is limited to persons with disabilities who have established eligibility for State matching funds through the Utah Department of Human Services in accordance with UCA 62A-5.
6. If a person is eligible for more than one of the waivers operated by DSPD, the division will educate the individual about their choices and will advise the individual about which of the waivers will likely best meet their needs.

What is a “related condition”?

According to Utah Administrative Rule R539-1-8 (3) applicants with intellectual disability or related conditions are ineligible for brain injury services.

“Related conditions” is defined in Federal Law 42CFR435.1009

[Code of Federal Regulations]

[Title 12, Volume 1]
[Revised as of January 1, 2003]
From the U.S. Government Printing Office via GPO Access
[CITE: 42CFR435.1009]

[Page 162-164]

TITLE 42--PUBLIC HEALTH

CHAPTER IV--CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES--(Continued)

PART 435--ELIGIBILITY IN THE STATES, DISTRICT OF COLUMBIA, THE NORTHERN MARIANA ISLANDS, AND AMERICAN SAMOA--Table of Contents

Subpart K--Federal Financial Participation

Sec. 435.1009 Definitions relating to institutional status.

For purposes of FFP, the following definitions apply:

Persons with related conditions means individuals who have a **severe, chronic disability** that meets **all of the following conditions**: (a) It is attributable to

(1) Cerebral palsy or epilepsy; or
(2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of **general intellectual functioning** or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.

(b) It is manifested before the person reaches age 22.
(c) It is likely to continue indefinitely.
(d) results in substantial functional limitations in three or more of the following areas of major life activity:

- (1) Self-care.
- (2) Understanding and use of language.
- (3) Learning.
- (4) Mobility.
- (5) Self-direction.
- (6) Capacity for independent living.

IMPORTANT: Do not use the criteria found in rule or on Form 19

NOTE: Substantial Functional Limitations must be due to the condition noted under (a) attributable to...

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

(a) It is attributable to--

- (1) **Cerebral palsy or epilepsy; or**

The "severe, chronic disability" has to be "attributable" to the identified condition(s). Some related conditions can be very mild in some individuals (F-X, CP, FAS) and ...

(2) Any other condition,
 other than mental illness,
 found to be closely related to **mental retardation**
 because **this condition** results in impairment of
 general **intellectual functioning**
or
adaptive behavior
 similar to that of mentally retarded persons,
and
 requires **treatment or services**
similar to those required for these persons.

“Any other condition” - has to be a specific identified/diagnosed condition-
 Most likely qualify: Autism and lots of known causes of MR: Down’s Syndrome, Fetal Alcohol Syndrome, and Fragile –X are most common;
 Other brain/neurological based conditions may qualify: P-W, severe ABI/TBI, Spina Bifida,

b) It is **manifested** before the person reaches age 22.

Probably not qualify:, PDD-NOS, Tourette’s, Reactive Attachment, CHARGE
 Probably not: Medical/ physical conditions (cancer, AIDS, spinal cord injury, MD, MS)
 Asperger’s, ADHD, Conduct Disorder, Borderline Intellectual Functioning, Learning Disorders, Deaf, Blind, Substance Abuse, Mental Illness (including Psychotic, Mood & Anxiety Disorders and Personality Disorders, Paraphilias)

(c) It is **likely to continue indefinitely**.

The functional limitations must be present by age 22 years, not just the underlying condition

(d) It results in **substantial functional limitations** in three or more of the following areas of major life activity:

- (1) **Self-care.**
- (2) **Understanding and use of language.**
- (3) **Learning.**
- (4) **Mobility.**
- (5) **Self-direction.**
- (6) **Capacity for independent living.**

“substantial functional limitations” must be due to the “condition” noted in “(a)” above.

 Do not use the same criteria as in DSPD Rule (Form 19/19c)

Additional Information on Related Conditions:

Cerebral Palsy

http://www.ucp.org/ucp_generaldoc.cfm/1/9/37/37-37/447

http://gait.aidi.udel.edu/res695/homepage/pd_ortho/clinics/c_palsy/cpweb.htm

<http://www.urbanext.uiuc.edu/specialneeds/cp.html>

Epilepsy

<http://www.epilepsynse.org.uk/pages/info/leaflets/explaini.cfm>

<http://www.urbanext.uiuc.edu/specialneeds/epilepsy.html>

Pervasive Developmental Disorders

-Autism

-Rett's

-Childhood Disintegrative

-Asperger's

-Pervasive Developmental Disorders (NOS) Including Atypical Autism

Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Most Common Causes of Mental Retardation

Down Syndrome

<http://www.ndss.org/content.cfm?fuseaction=InfoRes.Generalarticle&article=29>

Fragile X

<http://www.fragilex.org/html/what.htm>

Fetal Alcohol Syndrome

<http://www.well.com/user/woa/fsfas.htm>

Other Conditions Closely Related to Mental Retardation

Spina Bifida

http://www.sbaa.org/site/PageServer?pagename=ASB_faq

<http://www.urbanext.uiuc.edu/specialneeds/spinebif.html>

Prader -Willie Syndrome

<http://www.pwsausa.org/faq.htm>

Smith-Magenis Syndrome

http://www.rarediseases.org/search/rdbdetail_abstract.html?disname=Smith%20Magenis%20Syndrome

Angelman Syndrome

<http://www.ninds.nih.gov/disorders/angelman/angelman.htm>

Williams Syndrome

<http://www.williams-syndrome.org/forparents/whatiswilliams.html>

Tuberous Sclerosis

http://www.ninds.nih.gov/health_and_medical/pubs/tuberous_sclerosis.htm

Other Conditions

Huntington's Disease

<http://www.neurologychannel.com/huntingtons/>

Reactive Attachment Disorder

Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Tourette's

Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Multiple Sclerosis

<http://www.nationalmssociety.org/MS%20the%20Disease.asp>

Muscular Dystrophy

<http://www.mdausa.org/disease/40list.html>

Sample Selection of International Code of Diseases (ICD) for Brain Injury:

(The below indicated codes do not reflect all varieties of brain injury nor do they reflect if a brain injury is qualifying or not). To see which brain injuries are qualifying for ABI services, please click on the link below:

<http://dspd.utah.gov/pdf/1.40%20Acquired%20Brain%20Injury%20Qualifying%20Diagnoses.pdf>

For this manual, the below codes serve only the purpose of giving you some insight how brain injury is coded in the ICD).

348.1 Anoxic brain damage

Excludes:

that occurring in:

abortion (634-638 with .7, 639.8)

ectopic or molar pregnancy (639.8)

labor or delivery (668.2, 669.4)

that of newborn (767.0, 768.0-768.9, 772.1-772.2)
Use additional E code to identify cause

FRACTURE OF SKULL (800-804)

The following fifth-digit sub-classification is for use with the appropriate codes in categories 800, 801, 803, and 804:

- 0 unspecified state of consciousness
- 1 with no loss of consciousness
- 2 with brief [less than one hour] loss of consciousness
- 3 with moderate [1-24 hours] loss of consciousness
- 4 with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level
- 5 with prolonged [more than 24 hours] loss of consciousness, without return to pre-existing conscious level
 - Use fifth-digit 5 to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness
- 6 with loss of consciousness of unspecified duration
- 9 with concussion, unspecified

800 Fracture of vault of skull

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

Includes:

- frontal bone
- parietal bone

800.0 Closed without mention of intracranial injury

800.1 Closed with cerebral laceration and contusion

800.2 Closed with subarachnoid, subdural, and extradural hemorrhage

800.3 Closed with other and unspecified intracranial hemorrhage

800.4 Closed with intracranial injury of other and unspecified nature

800.5 Open without mention of intracranial injury

800.6 Open with cerebral laceration and contusion

800.7 Open with subarachnoid, subdural, and extradural hemorrhage

800.8 Open with other and unspecified intracranial hemorrhage

800.9 Open with intracranial injury of other and unspecified nature

801 Fracture of base of skull

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

Includes:

- fossa:
 - anterior
 - middle
 - posterior
- occiput bone

orbital roof
sinus:
ethmoid
frontal
sphenoid bone
temporal bone

- 801.0 Closed without mention of intracranial injury**
- 801.1 Closed with cerebral laceration and contusion**
- 801.2 Closed with subarachnoid, subdural, and extradural hemorrhage**
- 801.3 Closed with other and unspecified intracranial hemorrhage**
- 801.4 Closed with intracranial injury of other and unspecified nature**
- 801.5 Open without mention of intracranial injury**
- 801.6 Open with cerebral laceration and contusion**
- 801.7 Open with subarachnoid, subdural, and extradural hemorrhage**
- 801.8 Open with other and unspecified intracranial hemorrhage**
- 801.9 Open with intracranial injury of other and unspecified nature**

Other 803 skull fractures

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

Includes: and unqualified

skull NOS
skull multiple NOS

- 803.0 Closed without mention of intracranial injury**
- 803.1 Closed with cerebral laceration and contusion**
- 803.2 Closed with subarachnoid, subdural, and extradural hemorrhage**
- 803.3 Closed with other and unspecified intracranial hemorrhage**
- 803.4 Closed with intracranial injury of other and unspecified nature**
- 803.5 Open without mention of intracranial injury**
- 803.6 Open with cerebral laceration and contusion**
- 803.7 Open with subarachnoid, subdural, and extradural hemorrhage**
- 803.8 Open with other and unspecified intracranial hemorrhage**
- 803.9 Open with intracranial injury of other and unspecified nature**

804 Multiple fractures involving skull or face with other bones

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

- 804.0 Closed without mention of intracranial injury**
- 804.1 Closed with cerebral laceration and contusion**
- 804.2 Closed with subarachnoid, subdural, and extradural hemorrhage**
- 804.3 Closed with other and unspecified intracranial hemorrhage**
- 804.4 Closed with intracranial injury of other and unspecified nature**
- 804.5 Open without mention of intracranial injury**
- 804.6 Open with cerebral laceration and contusion**
- 804.7 Open with subarachnoid, subdural, and extradural hemorrhage**
- 804.8 Open with other and unspecified intracranial hemorrhage**

804.9 Open with intracranial injury of other and unspecified nature**INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE (850-854)****Excludes:**

*intracranial injury with skull fracture (800-801 and 803-804, except .0 and .5)
open wound of head without intracranial injury (870.0-873.9)*

skull fracture alone (800-801 and 803-804 with .0, .5)

Note: The description "with open intracranial wound," used in the fourth-digit subdivisions, includes those specified as open or with mention of infection or foreign body.

The following fifth-digit subclassification is for use with categories 851-854:

0 unspecified state of consciousness

1 with no loss of consciousness

2 with brief [less than one hour] loss of consciousness

3 with moderate [1-24 hours] loss of consciousness

4 with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level

5 with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level

Use fifth-digit 5 to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness

6 with loss of consciousness of unspecified duration

9 with concussion, unspecified

850 Concussion**Includes:**

commotio cerebri

Excludes:

concussion with:

cerebral laceration or contusion (851.0-851.9)

cerebral hemorrhage (852-853)

head injury NOS (959.01)

850.0 With no loss of consciousness

Concussion with mental confusion or disorientation, without loss of consciousness.

850.1 With brief loss of consciousness

Loss of consciousness for less than one hour

850.2 With moderate loss of consciousness

Loss of consciousness for 1-24 hours

850.3 With prolonged loss of consciousness and return to pre-existing conscious level

Loss of consciousness for more than 24 hours with complete recovery

850.4 With prolonged loss of consciousness, without return to pre-existing conscious level**850.5 With loss of consciousness of unspecified duration**

850.9 Concussion, unspecified**851 Cerebral laceration and contusion**

Requires fifth digit. See beginning of section 850-854 for codes and definitions.

851.0 Cortex (cerebral) contusion without mention of open intracranial wound**851.1 Cortex (cerebral) contusion with open intracranial wound****851.2 Cortex (cerebral) laceration without mention of open intracranial wound****851.3 Cortex (cerebral) laceration with open intracranial wound****851.4 Cerebellar or brain stem contusion without mention of open intracranial wound****851.5 Cerebellar or brain stem contusion with open intracranial wound****851.6 Cerebellar or brain stem laceration without mention of open intracranial wound****851.7 Cerebellar or brain stem laceration with open intracranial wound****851.8 Other and unspecified cerebral laceration and contusion, without mention of open intracranial wound**

Brain (membrane) NOS

851.9 Other and unspecified cerebral laceration and contusion, with open intracranial wound**852 Subarachnoid, subdural, and extradural hemorrhage, following injury**

Requires fifth digit. See beginning of section 850-854 for codes and definitions.

Excludes:

cerebral contusion or laceration (with hemorrhage) (851.0-851.9)

852.0 Subarachnoid hemorrhage following injury without mention of open intracranial wound

Middle meningeal hemorrhage following injury

852.1 Subarachnoid hemorrhage following injury with open intracranial wound**852.2 Subdural hemorrhage following injury without mention of open intracranial wound****852.3 Subdural hemorrhage following injury with open intracranial wound****852.4 Extradural hemorrhage following injury without mention of open intracranial wound**

Epidural hematoma following injury

852.5 Extradural hemorrhage following injury with open intracranial wound**853 Other and unspecified intracranial hemorrhage following injury**

Requires fifth digit. See beginning of section 850-854 for codes and definitions.

853.0 Without mention of open intracranial wound

Cerebral compression due to injury

Intracranial hematoma following injury

Traumatic cerebral hemorrhage
853.1 With open intracranial wound

854 Intracranial injury of other and unspecified nature

Includes:

injury:
brain NOS
cavernous sinus
intracranial

Excludes:

any condition classifiable to 850-853
head injury NOS (959.01)

854.0 Without mention of open intracranial wound

854.1 With open intracranial wound

997.0 Nervous system complications

997.00 Nervous system complication, unspecified

997.01 Central nervous system complication

Anoxic brain damage
Cerebral hypoxia

Excludes:

Cerebrovascular hemorrhage or infarction (997.02)

997.02 Iatrogenic cerebrovascular infarction or hemorrhage

Postoperative stroke

997.09 Other nervous system complications

436 Acute, but ill-defined, cerebrovascular disease

Apoplexy, apoplectic:

NOS
attack
cerebral
seizure

Cerebral seizure

Cerebrovascular accident [CVA] NOS

Stroke

Excludes:

any condition classifiable to categories 430-435
postoperative cerebrovascular accident (997.02)

Source: International Code of Diseases (ICD-9-CM) 2004

What does the ABI Waiver eligibility look like?

Case Scenario

DSPD Eligibility Determination on Acquired Brain Injury and Related Conditions: Please note that the below described person is being reviewed to identify if she continues to meet eligibility criteria for the ABI Waiver. The below case is fictional, but incorporates all areas that need to be identified to determine eligibility.

Issue: Is Elaine eligible for the Home and Community-Based Waiver for Individuals With Acquired Brain Injuries ?

We did not consider which waiver (ABI or CSW) would be most appropriate to meet Elaine's needs. We did not consider how her disability is best clinically conceptualized for planning and providing supports. We did not consider how this decision might affect her Medicaid medical eligibility or other requirements. This is simply an eligibility issue.

Recommendation: Elaine is not eligible for the Home and Community-Based Waiver for Individuals With Acquired Brain Injuries.

We do not question any of the ABI Waiver eligibility requirements except, Elaine had a severe brain injury at age 17 years and she meets the federal definition of "Related Condition."

In the review, we considered her age at the time of her brain injury, the severity of the injury, her overall intellectual functioning, adaptive behavior deficits, and services/support needs as well as her functional limitations. The following are our conclusions with information from the CFR in quotes:

1. Elaine has a "severe, chronic disability"
2. Elaine's disability "is attributable to-" a traumatic head injury as a result of an all-terrain vehicle accident in 1980.
3. Elaine's traumatic head injury meets the definition of "any other condition, other than mental illness, found to be closely related to mental retardation..."
Traumatic head injury/acquired brain injury is one of the common direct causes of Mental Retardation.
4. Elaine's "condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons"

Results of the Neuro Psychological Evaluation completed by Dr. Franken in 1999 indicated an FSIQ = 65.

Diagnostic and Statistical Manual of Mental Disorders – Forth Edition (DSM-IV 1994)

"Significantly subaverage intellectual functioning is defined as an IQ of about 70 or below (approximately 2 standard deviations below the mean). It should be noted that there is a measurement error of approximately 5 points in assessing IQ, although this may vary from instrument to instrument (e.g., a Wechsler IQ of 70 is considered to represent a range of 65 –75). Thus, it is possible to diagnose Mental Retardation in individuals with IQs between 70 and 75 who exhibit significant deficits in adaptive behavior."

We are not suggesting Elaine be diagnosed with Mental Retardation, just that her general intellectual functioning is similar to that of mentally retarded persons.

The DSM-IV also addresses the requirement for adaptive behavior deficits used in diagnosing Mental Retardation. "Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self direction, functional academic skills, work, leisure, health, and safety."

Elaine's record documents deficits in 5 (self-care; home living, self-direction; community resources; and social/interpersonal skills) of these areas of adaptive behavior.

We are not suggesting Elaine be diagnosed with Mental Retardation, just that her impairment of adaptive behavior is similar to that of mentally retarded persons.

1. Elaine "requires treatment or services similar to those required for these persons;" as she requires supervision and individually designed and implemented skill training programs and behavioral programming to address broad deficits in the above listed major life areas. Her special needs in treatment or service related to the cause of her disability do not distinguish this as different from Mental Retardation. Brain injury is just one of the many causes of Mental Retardation that require special considerations in treatment or services.
2. Elaine's condition meets the requirement: "It is manifested before the person reaches age 22;" as her accident occurred at age 17 years.
3. Elaine's condition meets the requirement: "It is likely to continue indefinitely;" as her present condition has persisted for several years and is expected to be lifelong.
4. Elaine's condition has resulted in "substantial functional limitations in three or more of the following areas of major life activity: "Elaine's record is clear in documenting substantial functional limitations in (3) Learning, (5) Self-direction, and (6) Capacity for independent living. There is also documentation of limitations in (1) Self-care and (2) Understanding use of language.

The following assessments and documents were used during the review:

1. DSPD Eligibility Screening Committee Referral Summary by Elaine's Support Coordinator
2. DSPD Brain Injury Waiver Intake, Screening and Assessment Form dated 07-28-02
3. Brain Injury Social Histories dated 10-08-02 and 10-28-03
4. Hospital Discharge Summary
5. Neuro Psychological Evaluation completed by Dr. Franken dated 10-01-99

Form 19B “Eligibility for Acquired Brain Injury Services.”

Form 19B refers to other documentation and assessments. Form 19B is thought to be a checklist for the ABI Eligibility Determination Process to ensure that the necessary documents are aligned.

You will find further information on the following:

- “Intake Screening and Assessment Form in Module IV- “Looking Closer-Brain Injury Comprehensive Intake Screening and Assessment Form and Manual.”
- Neuro./Psychiatric Evaluation in Module V- “ The Impact- Neurological Assessments.”

[See Form 19B](#)

Form 817B “Home and Community- Based Services Waiver- Level of Care Determination- Acquired Brain injury.”

The form 817b is an eligibility form used for data entry and documenting an individual's diagnosis and eligibility for Home and Community-Based Waiver Services.

[See Form 817B](#)