

Manual for the Intake, Screening and Assessment Form, HCBS Brain Injury Waiver Version 2.0

INTRODUCTION

This Form is a tool, and like any tool, it is only effective if the person using it knows how to do so correctly. In order to apply our eligibility criteria fairly within DSPD we need to complete this Form in the same manner, with the same approach, across the state. An Intake Worker in Logan should be doing it the same as a Worker in Vernal. This means if the Logan Intake Worker visited Vernal and administered the Form to the applicant there, the results would be the same, within a certain margin of error.

The only way for us to ensure we achieve this is by training staff in how to use the tool, and by providing explicit written instructions on how to do so. This may seem excessive and over-controlling, but in the field of assessment such manuals are very common. For example, the manual for the WAIS-III states very clearly what should be said and what should not. Because ensuring standardized administration for such a complex instrument cannot be achieved simply by reading a book, a whole quarter-long course is devoted just to teaching how to give and score the WAIS. We aren't going to go that far, but we are going to strive for greater accuracy by having a manual, training, and reliability checks.

The Intake, Screening and Assessment Form is made up of seven sections, and within each section there are several types of questions to be answered. These include Scored, Unscored, General, Applicant Only, and Significant Other Only. To assist in administration, the scored questions are printed in black from Section II on, with the unscored ones printed in light gray. This is so only the scored or only the unscored questions can be asked in separate groups at different times, if desired. Questions that are to be asked of Significant Others Only are printed with a red box outline. As much as possible, these "red box" questions should be asked out of the presence of the applicant, to ensure the respondent feels comfortable telling their true opinion. If desired, a second form can be used to record the responses of a significant other. Be sure to make it clear on the form who this person is.

Even though there is space to record several assessment dates on this form, ALWAYS use a new blank form at an annual review. Not doing so will bias your responses and evaluation (even if you think it won't). Feel free to note if this is the second or eighth time the CBIA has been completed.

Section I Applicant Information: The applicant's name and other identifying information is recorded here. The goal here is to have as accurate information as possible. Therefore, if your sources contradict each other you will have to investigate

further to determine what to record. Make explanations and give examples as needed to help the respondent understand what we want to know. Where possible, record responses *verbatim*. No scores are given for any response in this section.

Make this section as complete as possible. Although many of these details may not be relevant to determining eligibility, they are important when we have to demonstrate, for example, we aren't discriminating on the basis of race or language. In addition, the information can help us design better programs and waivers in the future. Feel free to write notes and observations on the form even if there isn't an official space for comments.

Section II MSQ and Cognitive Deficits: This contains the first set of questions that receive a score. The first section must be completed by the applicant; no other person's responses can substitute. It's best to go through the first section of questions with yourself and the applicant alone together in a room. Sometimes family members will want to be present. Explain to them we need to see the absolute best the person can do. Sometimes people will not answer when others are present, or make errors, from fear of being seen to make a mistake. If family insist on being present, permit this but have them sit out of sight of the applicant and caution them not to speak. Be sure not to look past the applicant and establish eye contact with them. Doing so could distract, if not worry, the applicant and could negatively affect their answers. If, because of communication deficits, a third person is necessary to "translate", say to them "Please be sure not to answer for _____. Try to just tell me what he/she said. It is important that we see how he/she does on his/her own."

During administration of the Mental Status Questionnaire (MSQ) it is especially important that the questions be read exactly as written, that time limits be followed, and that no cues or clues be given to the applicant regarding the quality of their answer. This is not a section during which it is appropriate to make small talk or unrelated comments. All responses should be acknowledged without distinguishing between correct and incorrect ones. People may ask how they are doing, to which you can reply that you cannot tell them that until after the whole intake is complete and been evaluated. Remind them no one particular answer is key or more important than any other. Encourage them to do the best they can. You may be asked if the answer they gave is correct or not. Say you are not permitted to tell them that, but you will answer any other general questions they may have.

In the second part of Section II you are determining how much difficulty a person has doing certain things. Another's opinion can be very helpful, so any one who accompanied the applicant is welcome to be present. It cannot be emphasized enough, however, that this is your assessment, not the applicant's, or the third party's. You interview such individuals to help in making your determination, but the final score is based on your judgment, using multiple sources of information, including your own knowledge and observations. You may place the Cognitive Deficits Scale sheet out to assist respondents in answering you, if that will be helpful. It may just confuse, so evaluate the situation before doing so

You must be very familiar with the scale and the individual items in order to administer this section. Not all scale points are applicable to every item. The more familiar you are the easier it will be to score this section while you go through it. You do

not, however, have to score it during the interview. You can simply make notes and score afterwards.

Accurate scoring is not an easy task, which is why it is important to ask qualified peers when you are uncertain about how to score an item. Practice and experience will make the task easier over time, provided your work is reviewed periodically for errors.

Section III Health Problems: Questions about health status are asked in this section of the Form. Because many of these are not scored they are printed in light gray. Only a small portion needs to be asked for scoring to be completed. This part also contains the first “red box” item, which is to be asked only of a significant other. You may choose to ask some of the unscored questions, if appropriate.

Section IV Functional Assessment: Address all questions to the applicant as much as possible. The purpose of these questions is to determine actual ability to do various activities. Sometimes caregivers help an applicant with an activity, regardless of the person’s ability. Ask enough questions to make sure the applicant is telling you what he/she can or cannot do. For example “What could you do if no one was there to help you?” You will often have to make a clinical judgment as to how best to describe the individual.

Section V Social Resources: This section gathers information on the social resources an applicant has. Here we want an accurate picture of what they are, so multiple sources can be helpful. In the case of conflicting information you will have to investigate far enough to judge what best reflects reality. Again, for scoring purposes, only a subsection needs to be asked.

Section VI Mental Health: Information regarding the applicant’s mental health history and status is recorded here. These items can be asked directly of the applicant, of a significant other, or both. As with Parts II and IV, the score awarded should be based on your judgment, not that of others.

Section VII Control of Emotions: Information regarding an applicant’s/ consumer’s psychological status. This Section needs to be directed to the applicant or consumer. This section is not scored!!!! Look further under Instructions for Administration as well as under the appendix of this manual.

Section VIII Employment: Information regarding an applicant’s/ consumer’s employment status. As under Section VII, this section need to be directed to the applicant or consumer. This section is not scored!!!! Look further under Instructions of Administration as well as under the appendix of this manual.

Section IX Scoring Matrix: The scores of the different sections are recorded here, from which the total score is calculated.

In general, there are some accepted short hand ways of recording very common responses given by people during an interview.

DK, or dk, for “don’t know.”

NR, or nr, for “no response.”

Make it clear whose remarks are being recorded. If it is the applicant’s statement you are recording, no identification is required.

Before meeting with someone to perform this assessment, check to make sure you have all the materials you need. These include:

1. Clipboard
2. Pen
3. Watch with second hand
4. Respondent Cognitive Deficits Scale sheet: This is a laminated sheet, which shows the detailed definitions of the different scores on one side, and a summary of the scale on the other. Either side may be used during the assessment.
5. ADL/IADL Answer sheet: This is a laminated sheet showing the three possible answers to the questions. This may be shown to the respondent.
6. Behavior/Emotional Deficits Scale sheet: This is on the opposite side of the ADL/IADL Answer sheet. It lists the choices for answering questions in this section. It may be placed in front of the respondent if desired.
7. Substitute memory sentences: This is a list of memory sentences that can be used instead of “John Brown...,” which should only be used on intake. The characteristics of this sentence are a person’s name, consisting of a one syllable first name and a one syllable last name, a two digit address with a two syllable street name, and the name of a major city in the USA.

INSTRUCTIONS FOR ADMINISTRATION

Respondent Preparation: Explain the purpose of the questionnaire

This interview is one of the tools we use to help us determine whether or not someone is eligible for services with DSPD.

Ask that they answer as best they can, as only then can we make an appropriate decision. State there are no right or wrong answers. Describe the Form briefly.

This Form has nine sections and we will go through some of them today. Sometimes it won’t matter who answers a question, but there will be times when I will want only one person to respond. I will tell you when this occurs and also who should answer me. I will also want to talk individually with people, and so may ask that some of you leave briefly.

Modify these instructions to be appropriate to the situation.

Section I Applicant Information

Spend some time visiting with the applicant/respondent before beginning this section. Ask all questions in a conversational manner, show interest in the answers, and ask for clarification when necessary. This is where rapport with the individual is created, without which the assessment could be very inaccurate. The following information will help you in completing specific questions in this Section.

Primary Means of Expression:

Communication is the use of listening, speaking, reading, writing and gesturing either to understand an idea or to express a thought.

Language refers to the use of words and sentences to convey ideas.

Speech skills are different from language skills. Speech is the production of sounds that make up words and sentences.

Alternative means of communication refers to pictures, reading, writing, sign language, gestures, use of communication boards, and facial expressions if speaking is not effective

Important: Indicate the consumer's speaking and communication ability (primary means of expression) based on his/her performance in this interview/assessment.

What problems are you having right now that are causing you difficulty?: These could be any new health conditions in addition to the already diagnosed Acquired Neurological Brain Injury. It also could be something in the consumer's living environment, any medication side effects, and so forth.

Ask the opinion of the consumer and his/her natural support system (if consumer has one). If consumer or natural support system resource is not reliable, ask the primary care physician for his/her opinion.

What services is the consumer or applicant currently receiving?: We recognize that this assessment tool is also administered to those that are coming into contact with DSPD for the first time. Therefore it is necessary to list those services that an applicant receives currently, other than from DSPD. This also may apply to consumers who already are served on the ABI Waiver through DSPD. In addition, please list all of the waived services.

Diagnostic Status/ Primary Diagnosis. What is the difference between Brain Injury versus Brain or Neurological Damage? Brain Injury (ABI or TBI) is a specific cause of Brain or Neurological Damage. Brain Damage also can occur from a wide range of conditions, [illnesses](#), or [injuries](#). Possible causes of widespread (*diffuse*) brain damage include prolonged [hypoxia](#) (shortage of [oxygen](#)), [poisoning](#), [infection](#), and [neurological illness](#)

Section II MSQ and Cognitive Deficits

Ask others to wait outside the room during this portion. Tell them you will invite them back in a few minutes. Say **I'm going to ask you some questions and have you do some things. Please follow my instructions and do the best you can.**

Idea: You might start Section II by saying:

“Now I am going to read you a list of questions. These are questions often asked in interviews like this and we are asking them the same way to everyone. Some may be easy and some may be difficult. Let’s start with the current year...”

Mental Status Questionnaire

Item 1

Ask: **What year is it now?** Record response. **What month is it now?** Record response.

Item 2

Say: **I am going to give you a person’s name and address to memorize. Listen carefully while I read it to you. Then I want you to repeat it three times.** Read the phrase out loud once, then ask the applicant to repeat it. Be sure to record which version of this sentence you use.

Item 3

Ask: **Without looking at a clock, about what time is it now?** Record response. It is best if the person is not interviewed where a clock is clearly visible. It is acceptable to reach over and cover a person’s watch if they begin to glance at it. Score response correct if it is within 60 minutes of the actual time.

Item 4

Say: **I want you to count backwards from 20 to 1. You may begin now.**” Do not prompt. If person does not begin on their own within 30 seconds, say **Thank you for trying, let’s go on to the next item.** Make a note if the person begins but takes a long time to complete their answer. Omissions and repetitions are counted as errors. Starting over is counted as a repetition.

Clarification:

If you think the consumer has memorized the number set 20 to 1, replace it with any other number set (i.e.: 40 to 21; 60 to 41, etc...).

Item 5

Say: **Now I’d like you to say the months of the year in reverse order, beginning with December.** Do not prompt. If person does not begin on their own within 30 seconds, say **We’ll now go on to the next item.**

Item 6

Ask: **Remember that name and address I read a little bit ago? Please repeat it back to me now.** Record verbatim response.

Cognitive Deficits

Items 7 - 11

Say: (Invite anyone who accompanied the applicant back into the interview room). **I want to understand how things are for you. Please tell me about your attention and**

concentration. DO NOT ask “Do you have any problems with attention and concentration?” Doing so would be leading the person towards a particular response set, e.g., that he/she does have problems in this area. Record response. Note your own observations, or that of a third party. If the person indicates their attention and concentration are fine, and you believe differently, note your reasons for thinking so. Be sure to probe enough to get a clear idea of how the person does. Continue in the same fashion for all five items. You may use the Cognitive Deficits Scale sheet (either side) to assist in the interview if desired.

Descriptors for Cognitive Deficits

(Note: Please remember that the below list are examples, which means that the consumer might show behaviors that are not included, but also need to be recognized)

Item 7: Attention and Concentration:

Examples include: Difficulty sustaining attention; easily distracted; unable to filter out irrelevant information, frequently gets lost in group conversations; reduced arousal, sleepiness

Item 8: Learning and Memory:

Examples include: difficulty organizing or processing information; specific memory deficits remembering visual information rather than verbal auditory or vice versa; difficulty learning due to short term memory deficits; problems remembering basic routines, (i.e., self-care, daily routine, Adl’s).

Item 9: Judgment and Perception:

Examples include: Misinterpretation of the actions or intentions of others; easily confused by multiple pieces of information presented at one time; socially inappropriate in verbal communication; unrealistic appraisal of his/her strengths and weaknesses.

Item 10: Initiation and Planning:

Examples include: Interprets information literally, concrete thinking; difficulty starting or stopping an action, impulsiveness; slow initiation time; confusion of where to start solving a problem, unrealistic problem-solving strategies; difficulty in sequencing information; difficulty in knowing when, where and how to ask for help; trouble learning from mistakes, as well as successes.

Item 11: Communication:

Examples include tangential communication (structure of sentences are complete, but irrelevant to the situation or topic); talkativeness; use of peculiar words or phrases; confabulation (making up responses); perservation (repetition of the same response when it is no longer appropriate); disinhibited choice of words.

Section III Health Problems

Say: **Now I would like to ask you about your health**

Item 1

Ask: **Do you have any health problems other than a brain injury that affects your daily living?** If response is positive, ask what they are and when the last episode was. Record this information.

Item 2

Ask: **How do you remember to take your medications?** If the person says “I just do.” Ask **Is there anyway in particular you remember to do so?** but don’t make any other queries.

Item 3

Do not ask this question in front of the applicant/consumer. Gather this information at another time. Asking in front of them may bias the respondent’s answer. Say **Does _____ have difficulty with ...?**, or some appropriate variation. Query for clarification.

Item 4

Ask: **Do you take three or more prescribed or over the counter medications daily?** Record response.

Item 5

Ask: **In the past 6 months have you seen a doctor, a physician’s assistant, or a nurse practitioner?** Record response and any relevant information.

Ask: **In the past 6 months have you been admitted to the hospital?** Record response and any relevant information.

Ask: **In the past 6 months have you gone to the emergency room?** Record response and any relevant information.

Item 6

Ask: **Have you ever been a resident of a nursing home or similar place?** Record response and any relevant information.

Here you are able to ask the consumer directly, but also value the responses of a significant other.

Item 7

Ask: **Do you have or need any of the following special equipment, devices, or aids?** Read the list, record responses and any relevant information. If the applicant denies using a device and you know they actually do (or vice versa), make a note of this.

Item 8

Ask: **Do you drink any alcoholic beverages, including beer and wine?** Record response.

Ask: **Does anyone think you use alcohol?** Record response.

If the answer to both questions above is “No” skip the next question, even if you suspect otherwise. Note your concern and ask a third party if possible.

Ask: **On average, counting beer, wine and other alcoholic beverages, how much do you drink?** Record amount and frequency.

Item 9

Ask: **Do you smoke or use tobacco?** Record response. If the person reports they used to but do not anymore, record this as a “No” but make a note about it.

Ask: **Does anyone else think you use tobacco?** Record response.

Item 10

Ask: **Do you use illegal substances (drugs)?** Record response. If the person reports they used to but do not anymore, record this as a “No” but make a note about it.

Ask: **Does anyone else think you use illegal drugs?** Record response.

Item 11

Do not ask this question in the presence of the applicant/consumer.

Ask: **How concerned are you about the client’s alcohol use, substance use and/or careless smoking? Not concerned, slightly concerned, mildly concerned, moderately concerned, extremely concerned?** Record response(s) and who gave them

Item 12

Ask: **How is your appetite? Good, fair, or poor?** Record response.

Item 13

Say: **Now I would like to know if your weight has fluctuated significantly in the last 6 months.**

Ask: **What was your weight 6 months ago?**

Record response, and note details. Score 2 only if more than 10% is gained or lost.

Ask: **Are you happy with your weight?**

Record the person’s response.

Item 14

Ask: **Do you have any problems that make it difficult to eat? For example, do you have ...?** Read list, record responses and note any details.

Item 15

Ask: **Are you on any special diets for medical reasons?** If answer is “yes,” Ask: **What type of special diets are you on?** Record response and note any details. You may read the list of choices to cue the person if needed.

Item 16

Ask: **Is there anything else that we need to know that makes it difficult for you to eat properly?** Record response and note any details.

Item 17

Ask: **Overall, do you consider your health as excellent, good, fair or poor?** Record response and note any details.

Item 18

Ask: **Do you have any new health problems?** If “yes,” say: **Please describe them.** Record response.

Section IV Functional Assessment

Say: I am going to ask you about things people do every day, or almost every day. I want you to tell me if you need no help, some help, or you can't do it at all. If it will be helpful, place the ADL/IADL Answer sheet in front of the person.

Activities of Daily Living

Items 1 - 8

Ask: What amount of help do you need when you are dressing? Record response. Ask each item 1 through 8 using the same format, e.g., What amount of help do you need when you are grooming?

Item 9

Ask: How much help do you need to control your bladder? Your bowel? An individual may not understand "bladder" or "bowel" so be ready to explain further what you mean. If person says "some help" or "can't do it at all," ask: How often do you have accidents? Record response.

Item 10

Ask: Do you use incontinent briefs? Record response.

Item 11

If yes to Item 10, ask: Do you need help changing them? Record response.

Instrumental Activities of Daily Living

Items 1 - 10

Follow same instructions as for Section A above.

Section V Social Resources

Item 1

Ask: Do you live alone? Record response.

Item 2

Ask: Do you have someone who could stay with you for a while if you needed it, or if you were sick? Record response and any appropriate details.

Item 3

Ask: If you could no longer live in your present location, do you have any thoughts about where you would like to live? Read the list of options to prompt the respondent if necessary. Record response.

Item 4

Ask: Do you have someone you can talk to when you have a problem? Record response and note any details.

Item 5

Ask: **Do you have a pet?** Record response.

Item 6

Ask: **How many times do you talk on the telephone to friends, relatives, or others during the week?** Record response.

Item 7

Ask: **How many times during a week do you spend time with someone who does not live with you?** You may give the choices to prompt an answer if needed. If response is “Daily,” “2-6 times a week,” or “Once a week,” ask: **Do you go to see them or do they come to visit you? Do you do things together?** Record the response to these two questions but do not include them in scoring.

Item 8

Ask: **What activities do you enjoy?** Record response.

Item 9

Ask: **If you want to attend religious services or other community groups, are you able to attend as often as you like?** Record response.

Section VI Mental Health

Say: **I Would like to know about your mental health**

Item 1

Ask: **Are you currently or have you received mental health services or counseling?**
Record response and relevant details.

Items 2 - 3

Ask a third party these questions, or answer them yourself if you know the individual well. Do not ask a third party with the applicant present.

Behavior/Emotional Deficits

Items 4-10

Use the scale listed on the assessment form. This is your assessment, not the opinion of the individual or a third party. These may be useful sources of information, but the final judgment is yours.

Descriptors for Behavior/ Emotional Deficits

(Note: Please remember that the below list are examples, which means that the consumer might show behaviors that are not included, but also need to be recognized)

Item 4: Self-Injurious Behavior:

Engages in deliberate behavior that causes injury or has a potential for causing injury to his/her own body. Example: self-hitting, self-biting, head-banging, self burning, self poking or stabbing, ingesting foreign substances, pulling out hair, purposeful tipping of wheelchair.

Item 5: Hurtful to Others:

- Engages in behavior that causes physical pain to other people or animals.
Example: hitting, pinching, kicking and inappropriate sexual physical contact.
- Item 6: Destruction to Property:
Damages, destroys or breaks things. Example: breaking windows, lamps, furniture, tearing clothes, setting fires, using tools or objects to damage property.
- Item 7: Socially Offensive Behavior:
Behavior that is offensive to others or that interferes with the activity of others.
Example: Spitting, urinating in inappropriate places, stealing, screaming, verbal harassment, bullying, public masturbation.
- Item 8: Wandering:
Departs from home unexpectedly. Example: leaving the living area for extended periods of time without informing appropriate persons, running away, wandering away while in community.
- Item 9: Withdrawal:
Excessively avoids others or situations calling for personal interaction to a point where this behavior significantly interferes with participation in normal activities.
Example: refusing to talk to others, remaining in room for inordinate periods of time, repeatedly declining recreation activities with others, extreme passivity leading to victimization.
- Item 10: Susceptibility to Victimization:
Lacks sufficient level of judgment or self-protection ability. Places himself in positions of neglect, physical harm, emotional distress, sexual or financial exploitation. Example: inappropriately familiar with strangers, unaware of monetary values, does not recognize risky situations.

Section VII Control of Emotions and Section VIII Employment (both No Score)

Note: As an introduction to the next couple of questionnaires you might say the following example to the person and or caregiver:

Example: On some days you might experience a great number of troublesome symptoms and find yourself totally dysfunctional as a result and do not get your tasks accomplished with or without assistance. Then, on other days you might be symptom free, and highly functional and get all your tasks accomplished. Such a pattern is a common feature of psychological consequences due to brain injury.

This type of variation is all the more reason to utilize the following couple of questionnaires to track the symptoms that are problematic for you. It will increase your and our awareness of your difficulties and identify how we can best help you.

Section VII Control of Emotions (No Score)

Ask: Brain Injury often effects people emotionally. Since your Brain Injury have you had difficulty with any of the below listed consequences?

The following is a list of neuropsychological impairments caused by brain injury. Place a check mark beside each impairment that either the person or the caregiver/staff noticed. (check “yes” or “no”). If yes, then circle **the scale of “M”/ “O”/“S”/ to indicate the severity of each impairment.**

For example:

M = mild, present but does not interfere with routine and familiar situations, but may compromise functioning in complex and unfamiliar activities/tasks

O = m”o”derate, interferes with functioning in routine and familiar situations, needs moderate level of assistance to accomplish tasks

S = severe, completely dependent, needs constant assistance to accomplish tasks

Note: If the majority of checked impairments are moderate (O) and or severe (S), it indicates that this person most likely meets the substantial functional limitation of “Control of Emotions”)

(please see also appendix at the end of this manual)!

Section VIII Employment (No Score)

Ask: **Brain Injury often effects people in the work environment. Since your Brain Injury have you had difficulty with any of the below listed issues?**

The following is a list of work environment issues caused by brain injury. Place a check mark beside each impairment that either the person or the caregiver/staff noticed. (check “yes” or “no”). If yes, then circle **the scale of “M”/ “O”/“S”/ to indicate the severity of each impairment.**

For example:

M = mild, present but does not interfere with routine and familiar situations, but may compromise functioning in complex and unfamiliar activities/tasks

O = m”o”derate, interferes with functioning in routine and familiar situations, needs moderate level of assistance to accomplish tasks

S = severe, completely dependent, needs constant assistance to accomplish tasks

Note: If the majority of checked impairments are moderate (O) and or severe (S), it indicates that this person most likely meets the substantial functional limitation of “Employment”)

(please see also appendix at the end of this manual)!

Section IX Scoring Matrix

Before summing up the scores for each area, review the points you have given. After having spent more time with the individual, do you think your score best represents how this person is? For example, you may have an initial impression that the person's memory is very impaired. At the end, however, you may realize the person was able to give very accurate and detailed answers to questions, and volunteered detail even without being asked. The scores on items requiring clinical judgment should reflect your total understanding of the person, not simply your impression at the time you asked the question.

Record the total score for each line, being sure to include all the answers to the appropriate items. Sum the total score of all the lines. If someone scores between 40 and 120 they meet the CBIA portion of the criteria for receiving services through DSPD. Waiver determination is a separate step.

Appendix to CBIA Manual Version 2.0

Appendix includes Sections VII Control of Emotions and VIII Employment of CBIA Version 2.0

Brief History on implementation of Sections VII and VIII:

In 2005 the DSPD ABI Program Management conducted the **“Tour de Utah 2005.”** The Tour de Utah was a survey geared to identify the needs of the Acquired Brain Injury (ABI) home and community based services waiver population in the Division of Services for People with Disabilities (DSPD) in the State of Utah. Furthermore this survey was designed to help the ABI Program to develop enhanced eligibility and service criteria on the ABI Home and Community Based Service Waiver, as well as for people on the Acquired Brain Injury Waitlist.

At this time it was the Utah Legislature’s intent to simplify the eligibility process and use the seven MR/RC substantial functional limitations of major life activity for all three populations that DSPD serves.

Part of the survey was to identify how many of the ABI consumers would meet the MR/RC substantial functional limitations in three or more areas of major life activity: Data analysis of this portion of the survey showed that one fourth of the ABI Waiver consumers would not meet this requirement and therefore fall off ABI waiver services.

The collected data was presented to the Utah Legislature. It was the decision of the legislature that DSPD create a new set of substantial functional limitations that is meaningful to people with brain injury in the State of Utah.

The new set of ABI Substantial Functional Limitations was approved by DSPD and the ABI Community (including consumers as well as professionals). The survey was re-administered to those consumers that would have fallen off the waiver. All consumers now remained on the ABI Waiver.

The new substantial functional limitations were addressed to both the Senate and the House as House Bill 213.

The Bill was approved and signed by Governor Huntsman into law in March of 2006.

Part of the ABI Substantial Functional Limitations are “Control Of Emotions” and “Employment.”

After reviewing the CBIA it was decided to add both Functional Limitations as Sections VII and VIII. Therefore all areas of ABI Substantial Functional Limitations are reflected in the CBIA.