

1.3	Intake and Eligibility Determination Process (ABI)	Pages 8
Issue date: 8/04	Revision date: 01/2018	Division Staff
Form(s): 1-1 Intake and Referral Form; 18 Request for ICD 10 CM Code from Licensed Physician; 2-2 Needs Assessment; 4-1 CBIA;	Authorizing Utah Law: UCA 62A-5-103	

Directive Purpose:

The purpose of this directive is to establish, for the Division of Services for People with Disabilities (DSPD or Division), procedures for the intake, eligibility determination, and ongoing eligibility determination of persons with an Acquired Brain Injury (ABI) for waiver services and non-waiver services.

Definitions:

Caseworker Specialist - A DSPD internally certified ABI Support Coordinator (ABISC).

CBIA - The Comprehensive Brain Injury Assessment (developed by the division)

ICD 10 CM - *The International Classification of Diseases, Tenth Revision, Clinical Modification*, is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States.

Division Eligibility Review Committee (ERC) - The committee within the Division that, as part of its responsibility, recommends eligibility of Persons with ABI when eligibility is in question. (Please also see division directive 4.0 "Division Eligibility Review Committee.")

Policy:

As per Utah Code Annotated, UCA 62A-5-103, the Division has the authority and responsibility to establish eligibility criteria for services and supports. Eligibility criteria for Acquired Brain Injury is found in Utah Administrative Rule R539-1-8 "Non-Waiver Services for People with Brain Injury," as well as in the Acquired Brain Injury State Implementation Plan (Waiver), located in appendix B "Participant Access and Eligibility."

Procedures:

I. Intake

- A. An applicant or applicant's representative who is interested in applying for services should be referred to a Caseworker Specialist by instructing the applicant or applicant's representative to call 1-844-ASK-DSPD or 1-844-275-3773, or the direct intake line at 1-

877-568-0084 and choose the *apply for services* option to speak with a Caseworker Specialist.

1. Acquired Brain Injury Eligibility shall be determined by an ABISC Certified Caseworker Specialist.
- B. The Caseworker Specialist will enter the applicant's contact information into the USTEPS Contact Screen.
- C. Within 5 business days of the initial contact, the Caseworker Specialist assigned 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 Caseworker 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 a Caseworker Specialist assigned to the geographic location nearest the applicant or otherwise as the Intake and Referral Program Manager deems appropriate.
 2. After being assigned the new case, the Caseworker Specialist shall mail out an intake packet to the applicant or applicant's Representative within 5 business days of being assigned the case. Depending on the preference of the applicant or applicant's Representative, the intake packet can also be scanned and sent via e-mail, faxed, or downloaded from the DSPD website on the internet.
- 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; however, the assigned Caseworker Specialist should assist the applicant or applicant's representative as needed. Information and supporting documentation, as illustrated in the ABI Intake Packet, needed to determine eligibility include but are not limited to:
 1. Social History, completed within one year of the date of application.
 2. Demonstration that Applicants are at least 18 years of age verified with a copy of the person's birth certificate and social security card.
 3. Documentation of Medical Diagnosis:
 - a. Medical documentation from a licensed physician, including a qualifying ICD 10 CM Code defining the applicant's brain injury.
 - b. If no ICD 10 CM Code is provided in the applicant's medical documentation, the Caseworker Specialist shall complete the Request for ICD 10 CM Code from Licensed Physician Form 18, and send it to the applicant's physician.
 - c. Medical Documentation of the actual brain injury the applicant has suffered, supporting the diagnosis.
 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 (CBIA):
 - a. The Caseworker Specialist must work with the applicant to complete Sections A through L of the CBIA.
 - b. In order to be found eligible, an applicant must score between 36-136 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. Residency can be declared upon 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 a Caseworker Specialist. Eligibility decisions will be made within 10 business days of receipt of all required eligibility documentation, unless eligibility remains in question.
 1. If the applicant is determined eligible for DSPD non-waiver services (eligible for DSPD Waitlist), the 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 (NOA) 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 Caseworker Specialist will finalize the Needs Assessment,
 - i. The Caseworker Specialist shall update the applicant's Needs Assessment at any time when requested by the applicant or his/her representative, while the applicant is on the DSPD Waitlist awaiting services.
 - ii. A DSPD 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 DSPD non-waiver services, the Caseworker Specialist will document that decision in the eligibility screen in USTEPS.
 - a. The applicant's status automatically changes 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 (NOA) 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 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 Review Committee for review and recommendation.
- 4. If the applicant or applicant's representative chooses for the person to receive services in a nursing facility, the applicant or applicant's representative may do so.
 - a. If the applicant is on the waiting list, and subsequently becomes a resident of a nursing facility, the applicant or the applicant's representative should notify DSPD and the Caseworker Specialist will update the information in USTEPS.
 - i. If the applicant would like to continue to wait for services the Caseworker Specialist will document the services as "immediate". If the applicant indicates they do not want to wait for services the Caseworker Specialist will change the requested services to "future need" or, if requested, close the episode in USTEPS

II. ABI eligibility and need for review by the Division Eligibility Review Committee (Criteria)

A person's eligibility for brain injury shall be reviewed by the Division Eligibility Review Committee, when:

- A. There are questions in regards to the person's diagnosis, including but not limited to, the diagnosis not matching the medical documentation or the definition of the diagnosis not matching the diagnostic code according to the ICD 10 CM coding criteria.
- B. A brain injury waiver applicant's CBIA score falls in the range of 46 points or lower, or 126 points or higher
- C. A current waiver participant's CBIA score falls in the range of 46 points or lower, or 126 points or higher
- D. Person not meeting at least three out of seven substantial functional limitations as identified in accordance with Utah Administrative Rule R539-1-8
 - 1. If it is determined that a person's eligibility needs verification during the annual eligibility determination, the Caseworker Specialist will submit the Participant's eligibility documentation to the State Eligibility Review Committee for review and recommendation.
 - a. A participant who's CBIA scores fall within the ranges of 36-46 and 126-136 will be deemed eligible, pending the Decision of the State Eligibility Review Committee.
- E. The Division Eligibility Review Committee shall review cases that fall under the criteria listed above under Section II.A.-II.D. and will review, at a minimum, the following documentation:
 - 1. Social History;
 - 2. Documentation of medical diagnoses;
 - 3. Substantial Functional Limitation Supporting Documentation; and
 - 4. CBIA.
- F. The Division Eligibility Review Committee shall determine when or if to review cases that may repeatedly (on an annual basis) fall within the CBIA scoring ranges listed under B. and C. above. It is not an expectation that the Division Eligibility Review Committee review such cases on an annual basis.

1. In order for the Division Eligibility Review Committee to validate the score of the CBIA, they shall look at the following and identify that:
 - a. The CBIA was administered by an ABISC certified Caseworker Specialist who,
 - i. Used the CBIA manual and handouts during the participant's interview,
 - ii. Considered feedback from all caregivers, natural and service based,
 - iii. Reviewed the medical documentation and diagnosis found in the participant's file,
 - iv. Completed all sections of the CBIA, and
 - v. Correctly computed the scores of each section and the total score; and
 - b. The Division Eligibility Review Committee received a report either via phone or in person from the participant's SCE and the Caseworker Specialist who administered the CBIA, sharing their impressions of current client status during the administration of the CBIA, overall functioning and how it impacts the scores on the CBIA.
- G. Brain Injury Waiver cases recommended by the Division Eligibility Review Committee as not meeting the required ABI eligibility criteria will start the participant's disenrollment process as outlined in Division Directive 1.30 "Medicaid Home and Community Based Program Disenrollment Protocol."