Utah Department of
Health & Human Services
Services for People with Disabilities

ELIGIBILITY AND INTAKE

Acquired Brain Injury (ABI)

Directive 1.3

Authorizing Code: 26B-6-403
Rule: R539-1-6
Version Date: January 2024
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Forms: 1-1 Intake and Referral; 18 Request for ICD 10 CM Code from Licensed Physician; 4-1 CBIA; 824-I Social History

Purpose

The purpose of this directive is to establish a procedure for DSPD (the division) for the intake and eligibility determination of people with Acquired Brain Injury (ABI) for non-waiver services.

Definitions

Applicant — the individual applying for services, including the individual with a disability and their legal representative

Caseworker — A DSPD 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.

Eligibility Review Committee — The committee within the division that, as part of its responsibility, recommends eligibility of persons with ABI when eligibility is in question. (Please see Directive 4.0 Eligibility Review Committee.)

Policy

As per Utah Code Annotated, UCA 26B-6-403, the division has the authority and responsibility to establish eligibility criteria for services and supports. Utah Administrative Rule R539-1-6 describes eligibility criteria for services for people with brain injury. Eligibility decisions shall be determined by an ABISC.

Intake Procedure

1. An applicant can apply through any of the following four ways:

    a. call 1-844-ASK-DSPD or 1-844-275-3773, or the intake line at 1-877-568-0084, and then choose the apply for services option to speak with an intake worker;

    b. email an intake packet to dspdintake@utah.gov;

    c. mail an intake packet; or

    d. online through MySTEPS.

2. If the applicant contacts intake by phone, email, or mail:

    a. The caseworkers staffing the intake line shall enter the applicant's contact information into the USTEPS Contact Screen.

    b. Within 5 business days of the initial contact, the caseworker shall mail, email, or fax a Form 1-1 to the applicant. The applicant must complete and return the Form 1-1 to the division.

    c. After a completed Form 1-1 is returned, the caseworker shall enter the return date into the USTEPS Contact Decision Screen. The Form 1-1 return date is the 90-day intake period start date.

    d. The intake and referral program manager assigns the applicant's case to a caseworker located nearest to the applicant's physical address, or by another method that the intake and referral program manager deems appropriate.

    e. The assigned caseworker sends out an intake packet to the applicant within 5 business days of being assigned the case. Send the intake packet based on the applicant's preference: via email, mail, fax, or downloaded from the DSPD website.

3. If the applicant applies through MySTEPS:

    a. Any caseworker staffing the intake line that day shall regularly review the following:

        i. Pending help requests, applications, and documents; and

        ii. Chat windows.

    b. The applicant must complete and submit the social history and application.

    c. The applicant must upload any documents necessary to make an eligibility decision.

4. It is the responsibility of the applicant to provide the information and supporting documents necessary to make an eligibility decision. Eligibility documents must include a qualifying diagnosis as described in Section R539-1-6. Information and supporting documents needed to determine eligibility include but are not limited to:

a. Social History: must be completed by or for the applicant within one year of the date of application.

b. Copy of the applicant's birth certificate and social security card.

c. Documented Medical Diagnosis:

i. Document with a qualifying diagnosis made by a licensed physician. A licensed physician is a medical doctor (MD) or a doctor of osteopathic medicine (DO).

A. Form 18 Request for ICD-10 CM Code from licensed physician; or

B. A letter signed and dated by the physician that includes a diagnosis, corresponding ICD-10 CM Code, and description of functional limitations.

ii. Medical records related to the applicant's brain injury that support the diagnosis.

d. Substantial Functional Limitation Supporting Documents: all substantial functional limitations defined in Section R539-1-6 must be documented in a medical record or other supporting document.

e. Needs Assessment Questionnaire (NAQ): administered and completed by the caseworker.

f. Comprehensive Brain Injury Assessment (CBIA):

i. The caseworker must work with the applicant to complete Sections 'A' through 'L' of the CBIA.

ii. A CBIA score between 36 and 136 is eligible for services.

g. Residency Verification:

i. 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.

ii. Residency may be declared on the first day of arrival.

5. The assigned caseworker will assist the applicant as needed.

6. If all necessary eligibility information and documents are not received within the 90-day intake period, the caseworker will send a written notification letter to the applicant indicating:

a. That the case is being placed in inactive status;

b. What information or documents is missing; and

c. That the applicant may reactivate the application at any time by providing the remaining required information or documents.

7. A caseworker may make an eligibility decision at any time during the 90-day intake period. A caseworker

must review all required eligibility documents before making a decision. Eligibility decisions will be made within 10 business days of receipt of all required eligibility documents, unless eligibility remains in question. (See 7(c).)

a. If the applicant is determined eligible for division non-waiver services, the caseworker will document that decision in the eligibility screen in USTEPS.

    i. Change the applicant's status in USTEPS to 'Waiting List'.

    ii. Mail a Notice of Agency Action that indicates the eligibility determination to the applicant within 2 business days of the determination.

b. If the applicant is determined ineligible for division non-waiver services, the caseworker will document that decision in the eligibility screen in USTEPS.

    i. Change the applicant's status in USTEPS to 'Ineligible'. After the 90-day intake period ends, the applicant's USTEPS status will automatically change to 'Episode Closed'.

    ii. Mail a Notice of Agency Action that indicates the eligibility determination to the applicant within 2 business days of the determination.

        A. The applicant may challenge the decision by completing the attached Hearing Request Form and returning it within 30 days of the date postmarked.

c. If the applicant's eligibility is in question, the caseworker will, prior to the 90-day intake deadline:

    i. Request additional information from the applicant;

    ii. Consult with the intake and referral program manager;

    iii. Consult with the ABI program administrator; or

    iv. Forward the applicant's information to the Eligibility Review Committee for review and recommendation.

8. The applicant may choose to receive services in a nursing facility and wait for division services.

    a. The division will include the nursing facility fact sheet in the intake packet sent to the applicant. The fact sheet contains information about nursing facilities.

    b. If the applicant is on the waiting list, and subsequently becomes a resident of a nursing facility, the applicant should notify the division representative.

9. The caseworker 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."

Referral to the Eligibility Review Committee

1. Forward the applicant's information to the Eligibility Review Committee for any of the following reasons:

    a. Questions about the applicant's diagnosis, including but not limited to:

        i. the diagnosis does not match other supporting medical documents; or

        ii. the description of the diagnosis does not match the diagnostic code according to the ICD-10 CM coding criteria.

    b. An applicant's CBIA score falls in the ranges of 36–46 points, or 126–136 points.

    c. Applicant does not clearly meet at least 3 out of 7 substantial functional limitations as described in Utah Administrative Rule R539-1-6.

2. Information needed by the Eligibility Review Committee:

    a. Social history;

    b. Supporting medical documents;

    c. Substantial Functional Limitation Supporting Documents; and

    d. CBIA.