



UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES POLICY AND PROCEDURES		
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ELIGIBILITY & INTAKE - ABI		
<p>RATIONALE: This policy is intended to establish a standard for intake and eligibility determinations for individuals with an Acquired Brain Injury.</p> <p>Authorizing Code: 26B-6-403 Rule: R539-1 "Eligibility" Forms: Forms: 1-1 Intake and Referral; 18 Request for ICD 10 CM Code; 4-1 CBIA; 824-I Social History</p>		
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I. DESCRIPTION

This policy and procedure establish a standard for intake and eligibility determinations of individuals with Acquired Brain Injury (ABI) for non-waiver services.

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Applicant:** means an individual applying for services, or their guardian if applicable.
- B. **Caseworker:** means a DSPD certified ABI Support Coordinator (ABISC).
- C. **CBIA:** means the Comprehensive Brain Injury Assessment, an instrument developed by the division.
- D. **ICD-10 CM:** means the International Classification of Diseases, Tenth Revision, Clinical Modification. It 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.
- A. **Intake program administrator (IPA):** means an employee of the division who supervises staff on the intake and waiting list team.
- E. **Eligibility Review Committee:** means the committee as described in Policy 1.63

that provides an eligibility recommendation in cases where an individual does not already clearly meet the state eligibility requirements and a recommendation is needed.

- F. **Intake and waiting list team:** means division staff assigned responsibility for eligibility determinations and referrals.

III. POLICY

- A. Section 26B-6-403 grants the division the authority and responsibility to establish eligibility criteria for services and supports. Administrative Rule R539-1 describes the eligibility criteria of services for people with brain injury.
- B. Eligibility decisions shall be determined by a caseworker.
- C. The intake period is 90 days starting from the return date of the Form 1-1 “Intake and Referral.”

IV. PROCEDURE

- A. If an applicant contacts the intake and waiting list team by phone, email, chat, or postal mail:
 - 1. the intake and waiting list staff shall enter the applicant’s contact information into the USTEPS contact screen; and
 - 2. within 5 business days of the initial contact, the staff shall mail, email, or fax a Form 1-1 “Intake and Referral” to the applicant.
- B. After an applicant has completed and returned Form 1-1 “Intake and Referral” to the division to initiate the intake process, staff from the intake and waiting list team shall complete the following steps.
 - 1. First, the IPA shall enter the Form 1-1 “Intake and Referral” return date into the USTEPS Contact Decision Screen, which shall then be the 90-day intake period start date.
 - 2. Next, the IPA shall assign the applicant’s case to a caseworker who is located near to the applicant’s physical address, or by another method that the IPA deems appropriate.
 - 3. Finally, the assigned caseworker shall send out an intake packet to the applicant within 5 business days of being assigned the case. The intake packet shall be sent according to the applicant’s preferred method: emailed, posted, faxed, or downloaded from the DSPD website.
- C. When the applicant applies through MySTEPS, a caseworker shall review and then record the outcome of their review in MySTEPS. The outcome will be either:
 - 1. the caseworker shall start the intake because the data submitted is appropriate for doing so; or
 - 2. the caseworker shall cancel the application because the applicant mistakenly submitted a second application when an intake was already started.
- D. Caseworkers shall review applications to ensure that the required information and supporting eligibility documents necessary to make an eligibility decision have been completed and submitted. Eligibility documents shall include a qualifying diagnosis as described in Rule R539-1 and 42 C.F.R. 435.1010 (2025).
- E. Information and supporting documents that are required to determine eligibility include, but are not limited to, the items listed below.

1. A social history shall be submitted by or for the applicant within one year of the date of application.
 2. A copy of the applicant's birth certificate and Social Security card.
 3. A documented qualifying diagnosis by a medical professional whose scope of licensure includes the ability to render diagnoses:
 - a) Form 18 "Request for ICD-10 CM Code";
 - b) A letter signed and dated that includes a diagnosis, the corresponding ICD-10 CM Code, and a description of functional limitations; or
 - c) Medical records related to the applicant's brain injury that support the diagnosis.
 4. Supporting documents for substantial functional limitation are defined in Rule R539-1 and shall be documented within a medical record or other supporting document.
 5. A Needs Assessment Questionnaire (NAQ) that has been administered and completed by the caseworker.
 6. A Comprehensive Brain Injury Assessment (CBIA) where:
 - a) the caseworker shall work with the applicant to complete Sections 'A' through 'L' of the CBIA; and
 - b) there is a CBIA score between 36 and 136 to be eligible for services.
 7. Residency verification confirming that the applicant, or guardian where applicable, is a resident of Utah. This means that the applicant, or guardian where applicable, is physically present within the state of Utah. Residency shall be declared on the first day of arrival if moving to Utah.
- F. The assigned caseworker shall assist the applicant as needed with ensuring that all required materials are completed and submitted.
- G. If required eligibility information and documents are not received within the 90-day intake period, then the caseworker shall send a written notification letter to the applicant stating:
1. that the case is being placed in an inactive status;
 2. what required information or documents are still missing; and
 3. that the applicant may reactivate the application at any time by providing the remaining required information or documents.
- H. A caseworker may make an eligibility decision at any time during the 90-day intake period.
1. A caseworker shall review all required eligibility documents before making a decision.
 2. Eligibility decisions shall be made within 10 business days of receipt of all required eligibility documents, unless eligibility still remains in question.
 3. If the applicant is determined eligible for division non-waiver services, the caseworker shall document the decision in the eligibility screen of USTEPS.
 4. The caseworker shall list the services that the applicant is interested in receiving in USTEPS in the Waiting List Information Screen, once the applicant's status has been changed to waiting list. This is an automatically assigned task that must be completed to resolve that task in USTEPS.
 5. If the applicant is determined ineligible for division non-waiver services, the caseworker shall document that decision in the eligibility screen of USTEPS.
 6. The division shall send a Notice of Agency Action that indicates the eligibility determination to the applicant within two (2) business days of the determination.
 7. If the applicant's eligibility remains in question, the caseworker shall, prior to the 90-day intake deadline:
 - a) request any additional necessary information from the applicant;
 - b) consult with the IPA as needed;

- c) consult with the ABI program manager as needed; or
 - d) forward the applicant's information to the Eligibility Review Committee for a review and recommendation.
- I. The division shall inform an applicant that they may choose to receive services in a nursing facility and remain on the waiting list for division services.
 - J. The caseworker shall update the NAQ and administer the waiting list survey annually to document the applicant's continued intent to wait for services, as described in Policy and Procedure 1.5 "Updating and Reporting Waiting List Information."

V. REFERRAL TO THE ELIGIBILITY REVIEW COMMITTEE

- A. A case worker may forward the applicant's information to the Eligibility Review Committee for any of the following reasons.
 - 1. There are questions about the applicant's diagnosis, including but not limited to:
 - a) the diagnosis does not match other supporting medical documents; or
 - b) the description of the diagnosis does not match the diagnostic code according to the ICD-10 CM coding criteria.
 - 2. An applicant's CBIA score falls within the ranges of 36-46 points, or 126-136 points.
 - 3. An applicant does not clearly meet at least 3 out of 7 substantial functional limitations as described in Rule R539-1.
- B. The caseworker shall send all of the following information that is needed by the Eligibility Review Committee:
 - 1. social history;
 - 2. supporting medical documents;
 - 3. substantial Functional Limitation Supporting Documents; and
 - 4. a completed CBIA.