



UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES POLICY AND PROCEDURES		
Policy: 1.46	Page 1 of 4	
COMPREHENSIVE BRAIN INJURY ASSESSMENT (CBIA)		
<p>RATIONALE: The intent of this policy is to provide a standard for conducting Comprehensive Brain Injury Assessments, as described in R539-1 “Eligibility.”</p> <p>Authorizing Code: 26B-6-403 Rule: R539-1 “Eligibility” Forms: NA</p>		
Original Effective: 06/01/2020	Revision: 12/01/2025	Next Review Due: 12/01/2030

I. DESCRIPTION

Division staff use the Comprehensive Brain Injury Assessment (CBIA) to determine level of care needs and eligibility for brain injury services. To achieve accurate results, the assessment relies on the completion of tasks and standardized interactions between the Acquired Brain Injury Support Coordinator (ABISC) and the Person during the assessment. It may also include other observations made by the ABISC of the Person in their physical environment.

II. DEFINITIONS

The following terms are defined for this policy as:

- A. Acquired brain injury support coordinator/trainer: means division certified as an ABISC who completed additional training and who takes on a leadership role supervising other ABISCs, including the administration of the CBIA.
- B. Acquired brain injury waiver manager (ABIW manager): means the division staff who manages the acquired brain injury program.
- C. Alternatives: means alternatives to the paper handouts and score cards that are provided for the assessment. The alternatives are described in the CBIA instrument (CBIA Version 3.1- Rev 2024).
- D. Certified acquired brain injury support coordinator (ABISC): means a qualified brain injury professional (QBIP) who has completed the certification process to become an ABISC. A certified ABISC is further required to study the ABI Training Manual and then successfully pass both a written and verbal exam, at which point they are certified.
- E. Comprehensive brain injury assessment (CBIA): means a standard

comprehensive assessment instrument that includes all the data necessary to evaluate the Person's level of care needs as defined in the state's Medicaid nursing facility admission criteria.

- F. Eligibility review committee (ERC): means the committee as described in division policy 1.63 "Eligibility review committee" that provides an eligibility recommendation in cases where an individual does not already clearly meet the state eligibility requirements and a recommendation is needed. This recommendation applies to eligibility for intellectual disability and related conditions, acquired brain injury, or physical disability services.
- G. Qualified brain injury professional (QBIP): means an individual who holds a bachelor's degree in nursing, behavioral science, or a human services related field such as social work, sociology, special education, rehabilitation counseling, or psychology, with at least one additional year of experience in the field of brain injury.
- H. Request for services (RFS): means a process integrated into Utah System for Tracking Eligibility, Planning, and Services (USTEPS) that facilitates the creation of a person-centered budget through an initial budget and any budget adjustments by submitting to the RFS Team: proposed service codes, units, and rates; designated start and end dates; and evidence of need.
- I. Tasks: means tasks performed during the administration of a CBIA. These involve the use of paper handouts and score cards that are provided in the CBIA materials. Acceptable alternatives to these handouts and score cards are described in the Notes of Section A of the CBIA.

III. **POLICY**

- A. The CBIA result determines the Person's functional limitations and abilities. The result informs decisions about the type, intensity, and duration of services to meet the Person's support needs and goals.
- B. The CBIA includes a thorough assessment of the Person's diagnostic and other health considerations, their ability to complete activities of daily living and instrumental activities of daily living. It is also used to assess any additional services that are needed. The current instrument is CBIA Version 3.1- Rev 2024.
- C. The CBIA shall be completed during the intake process for each Person who is applying for brain injury services. If a Person is already in services, the CBIA shall be updated annually. It may also be readministered when there is need for a second opinion as described in procedures below, after an institutional stay, or after a significant change in health status.
- D. All CBIA's shall be administered in the physical presence of the Person, unless there is an illness in the family or where bad weather conditions would cause travel for the visit to be unsafe. These exceptions shall be approved by the ABIW manager and documented with a log note.
- E. A CBIA shall be completed by an ABISC in order to:
 - 1. determine eligibility for brain injury waiver and non-waiver services;

2. establish level of care for waiver services; and
 3. coordinate person-centered planning.
- F. A CBIA score between 36 and 136 is required to be eligible for brain injury services.

IV. **PROCEDURE**

- A. Administering the assessment tasks: Tasks require the use of paper handouts and score cards that are provided in the CBIA materials. These materials are available at: <https://dspd.utah.gov/acquired-brain-injury-resources/>.
1. Section A of the CBIA includes descriptions of accepted alternatives in the notes section.
 2. Alternatives are described in Section A of the CBIA and may be used when a Person:
 - a) presents with a speech, physical, or visual impairment;
 - b) shows signs of distress; or
 - c) shows signs of fatigue.
- B. Procedure for administering the standardized assessment: division staff shall follow the protocol outlined in the assessment manual when administering the CBIA. Division staff shall:
1. follow the CBIA instructions for the reviewer to ensure that a standardized and trauma-informed assessment is administered;
 2. follow the seating arrangement protocol to avoid unintentional and intentional nonverbal cues from caregivers and family members;
 3. adjust the assessment environment to avoid objects that may influence the results of a task; and
 4. rephrase questions and provide additional explanation to the Person when needed.
- C. Procedure for including observations: division staff shall use clues from the Person's living environment and from caregivers/direct support staff to confirm or question the accuracy of an answer. Division staff may use additional questions during the assessment to identify the accuracy of an answer.
- D. New CBIA: A new CBIA is required annually, and may be conducted remotely only under the conditions described in III(D). If the assessment is conducted remotely:
1. the assessment may be conducted through any HIPAA compliant product or platform (e.g. Telehealth);
 2. shall consider whether the Person has any other diagnoses or disabilities that may need additional support during the assessment; and
 3. shall consider that the remote assessment may require additional pre-planning and supports, including adaptive equipment, internet connectivity, or support of a caregiver for any necessary assistance, including but not limited to hygiene purposes and motor skills assistance for using adaptive equipment and other technology.
- E. The availability of adequate support can impact the validity of the final score.
- F. A new CBIA shall be done when a second opinion is needed. A second opinion

may be needed when:

1. the Person scores outside of the required eligibility range;
 2. the ERC determines that a second opinion is required;
 3. an RFS includes a new service or a service increase that is not supported by the most recent CBIA;
 4. a significant change in health status occurs; or
 5. Upon discharge from a skilled nursing facility or any other institution to reestablish the level of care.
- G. Division staff shall question the accuracy of the Person's CBIA score if the score deviates by 10 or more points in either direction from the previous score. If there is a question about accuracy:
1. the ABIW manager shall review the CBIA to determine whether caregivers have influenced the responses; and
 2. the ABIW manager shall review written statements, provided by the ABISC, explaining how the score was computed.
- H. The ABIW manager shall readminister any new CBIA:
1. for a second opinion;
 2. due to a significant change in health status; or
 3. to reestablish the level of care after admission to an institution.
 4. If discrepancies in scoring are discovered, the ABIW manager shall re-administer the assessment.
- I. CBIA Reviews: The ABIW manager shall review administered CBIA's. During a temporary absence of the ABIW manager, an acquired brain injury support coordinator/trainer who has completed advanced training in the field of brain injury may perform the review in their place. Assessment reviews are used for process improvements and ABISC training. The review shall evaluate the accuracy of the assessment to ensure that all questions were scored correctly and that the functional limitations were determined correctly.