

| | | |
|---|--|--------------------------|
| 1.2 | Initial Eligibility and Intake (DD/MR) | Page 1 of 2 |
| Authorizing Utah Code: 62a, Chapter 5, Part 1 | Rule: R539-1 | Division Staff |
| Issue date 1/00: | Revision date: 08/04 | |
| Form(s): 19 , 19C , 490S , 522-I , 817 , 824 and ICAP | | Guidelines: DD/MR Waiver |

The intake process determines eligibility for non-waiver developmental disabilities services.

PROCEDURES

1. An **Applicant's** eligibility for the Division of Services for People with Disabilities' non-waiver supports is determined by the following process:
 - A. **Intake** workers shall mail or deliver an information packet to an **Applicant** or **Applicant's Representative** within 15 calendar days of initial contact with **Applicant**. At initial contact, staff shall tell callers they have the right to apply for eligibility for services and briefly outline eligibility criteria. Callers should never be told they can't apply or they are not eligible for services prior to official eligibility determination. Both the date of initial contact and the date of mailing or delivery of the information packet are noted in the **Applicant's** record.
 - B. The following documents are required to determine eligibility for non-waiver developmental disabilities services.
 - i. **Intake** workers shall inform the **Applicant** of their responsibility to provide supporting documentation for all functional limitations identified on the **Division Form 19** or **Division Form 19C**. Supporting documentation is filed in the **Applicant's** record. Examples of supporting documentation include, but are not limited to:
 - a. Inventory for Client and Agency Planning (ICAP) assessment;
 - b. Psychological Evaluation or, for children six years of age or younger, a Developmental Assessment (e.g. Batelle, Denver, Help Strands, Mullen, Developmental Profile, etc.);
 - c. Medical health summary; and
 - d. Social History completed by or for the Applicant within one year of the date of application.
 - ii. A **Division Form 19** completed by Region staff designated to determine eligibility, or **Division Form 19C** for a child six years of age or younger.
 - C. When eligibility documentation is not complete after 60 calendar days of initial contact, the Intake worker shall contact the **Applicant** or **Applicant's Representative** to remind the **Applicant** or **Applicant's Representative** about required documents necessary to complete the **intake** process.
 - D. The Intake worker will document any referral information sent or given to the **Applicant** or **Applicant's Representative** during the intake process. Referral information includes, but is not limited to, information about the **Division** (Guide to Services), **Medicaid**, and community resources (e.g. Vocational Rehabilitation, Supplemental Security Income, etc.).
 - i. If an **Applicant's Representative** is interested in residential services for an **Applicant** who is 17 years of age and under, the **Applicant's Representative** shall be provided with (in addition to the documents listed above) an Office of Recovery Services (ORS) Pamphlet and given instructions on how to contact ORS in order to request a required Duty of

Support application.

- E. If **Applicant** does not provide information within 90 calendar days of initial contact, a written notification shall be sent to **Applicant** or **Applicant's Representative** indicating that the intake case will be closed.
 - F. When all necessary eligibility documentation is received from the **Applicant** or **Applicant's Representative**, **Region** staff designated to determine eligibility shall document the determination of eligibility by completing the **Form 19** or **19C** within 90 days of receiving the required documentation from the **Applicant**.
 - G. When eligibility is in question, staff shall:
 - i. request additional information from the Applicant;
 - ii. consult with supervisor or Region State Eligibility Committee member;
 - iii. request consultation from the contracted psychologist; or
 - iv. forward the **Applicant's** name and intake information to the **State Eligibility Committee** for placement on the Committee's next meeting agenda. The Committee shall review the **Applicant's** information and make recommendations to the Regions.
2. A Notice of **Agency Action, Form 522I**, and a Hearing Request, **Form 490S**, are mailed to each **Applicant** or **Applicant's Representative** upon completion of the determination of eligibility or ineligibility for funding (see Division Directive 1.6, Notice of Hearing for **Agency Action**). The Notice of **Agency Action, Form 522I**, should inform the **Applicant** or **Applicant's Representative** of eligibility determination and placement on the waiting list.
 3. If funding is unavailable for an **Applicant** who chooses to receive services from a community **Provider**, the **Applicant's** name is entered on the waiting list in accordance with **Division Directive 1.4**, Waiting List and Needs Assessment.
 - A. If the **Applicant** chooses to receive services in an **Intermediate Care Facility for People with Mental Retardation (ICF/MR)**, the **Region Director** will write a letter of referral.
 4. Designated Region staff shall screen the Person for level-of-care criteria for potential waiver eligibility.
 5. **Applicants** shall be provided with an array of service options, including a list of **Intermediate Care Facilities for People with Mental Retardation (ICFs/MR)**. (For persons under 11 years of age, see Procedure 5C below.) When funding becomes available and the **Applicant** is removed from the waiting list, a **QMRP** shall determine waiver eligibility based on level-of-care. Upon determination, the **QMRP** shall complete **Form 817**.
 6. **Support Coordinators** or **Intake** workers update the file and complete a **Division Form 19** before a child's seventh birthday to ensure that the child is still eligible for **Division** services. If the child is determined to not be eligible, a **Form 522I** (Notice of Agency Action) and **Form 490S** (Hearing Rights Form) are sent to the **Applicant** or **Applicant's Representative**.