

1.3	<b>Initial Eligibility and Intake (ABI)</b>	Page 1 of 2
Authorizing Utah Code: <u>62a, Chapter 5, Part 1</u>		Rule: <u>R539-1</u>
Issue date: 8/04		Revision date: 06/05
Form(s): <u>2-2, 4-1, 19B, 490S, 522-I, 817b, 824</u>		Guideline: <b>ABI Waiver</b>

The intake process determines eligibility for non-waiver brain injury 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 brain injury services.
    - i. **Intake** workers shall inform the **Applicant** of their responsibility to provide supporting documentation for all functional limitations identified on the **Division Form 4-1**, Part I through Part VII and **Form 19B**. The **Intake** worker will complete Form 4-1 Part I, and the **ABI Eligibility Worker**, who must be a **Certified ABI Support Coordinator**, will complete Form 4-1 Part II-VII. Supporting documentation is filed in the **Applicant's** record. Examples of supporting documentation include, but are not limited to:
      - a. Medical health summary; and
      - b. Brain Injury Social History **Form 824** completed by the **Intake** worker for the **Applicant** within one year of the date of application.
  - 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.).
  - 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 4-1** within 90 days of receiving the required documentation from the **Applicant**.

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- 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. 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 determine if the **Applicant** is eligible for funding.
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.
  4. An **ABI Eligibility Worker (Certified ABI Support Coordinator)** shall screen the Person for level-of-care criteria for potential waiver eligibility.
  5. When funding becomes available and the **Applicant** is removed from the waiting list, a **ABI Eligibility worker (Certified ABI Support Coordinator)** shall determine waiver eligibility based on level-of-care. The **ABI Eligibility worker (Certified ABI Support Coordinator)** shall facilitate the Applicant's application for Medicaid eligibility. Upon determination of both level of care and Medicaid eligibility, the **ABI Eligibility Worker (Certified ABI Support Coordinator)** shall complete **Form 817b**.