

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

Utah DHS-DSPD
7/09

Eligibility for Acquired Brain Injury Services

Form 19b
Page 1 of 2

Applicant's Name: _____ Date of Birth: _____ Client ID: _____

Individual's Age/Resident/ Diagnosis Information:

- Yes No Is the applicant 18 years of age or older? (R539-1-8-(1)-(b))
 - Yes No Is the applicant a resident of Utah? (R539-1-8- (5))
 - Yes No Does the applicant have a diagnosed Brain Injury? (R539-1-8-(a))
- Type of Brain Injury: _____ ICD 9-CM Code: _____
 Licensed Physician (MD or DO): _____ Date _____

Exclusions:

- Does the applicant meet the following exclusionary condition?
- Yes No Mental Retardation (current DSM) **If "yes" please evaluate for UCSW eligibility**
- Are the substantial functional limitations due solely to an exclusionary diagnosis, including the following?(UCA 62A-5-101 (9a) (vi))
- | | | | |
|--|----------------------|--|-----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental illness |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Personality Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Impairment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Visual Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Learning disabilities |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Behavior Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Aging process |
- Is the applicant's disability solely due to a deteriorating disease? (UCA 62A-5-101 (5))
- Yes No (specify): _____

Required Assessments:

- Comprehensive Brain Injury Assessment Form (4-1)
- Brain Injury/Social History (824L)
- Documented Brain Injury by a licensed Physician (R539-1-8-(6))

Assessment Score:

Is the Individual's score on the Comprehensive Brain Injury Assessment Form (4-1) between 40 and 120 ?

Yes No **Score:** _____

Functional Limitations (R539-1-8-(4)):

(Primarily due to the Brain Injury)

Check all that apply and record the assessment and date used to substantiate the determination:

- 1. Memory or Cognition. _____
 - 2. Activities of Daily Life. _____
 - 3. Judgment and Self-Protection. _____
 - 4. Control of Emotion. _____
 - 5. Communication. _____
 - 6. Physical Health _____
 - 7. Employment. _____
- Yes No Does the applicant have three or more substantial, chronic, functional limitations in the above areas of major life activity?

Eligibility Determination:

Yes No Is the applicant eligible for non-waiver Acquired Brain Injury services based on information in the Division of Services for People with Disabilities record at this time?

Signed: _____, ABI Support Coordinator Date: _____

Form 19b

Definition for ABI Substantial Functional Limitations:

- (a) **Memory or Cognition** means the Applicant's brain injury resulted in substantial problems with recall of information, concentration, attention, planning, sequencing, executive level skills, or orientation to time and place.
- (b) **Activities of Daily Life** means the Applicant's brain injury resulted in substantial dependence on others to move, eat, bathe, toilet, shop, prepare meals, or pay bills.
- (c) **Judgment and Self-protection** means the Applicant's brain injury resulted in substantial limitation of the ability to:
 - (i) provide personal protection;
 - (ii) provide necessities such as food, shelter, clothing, or mental or other health care;
 - (iii) obtain services necessary for health, safety, or welfare;
 - (iv) comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation.
- (d) **Control of Emotion** means the Applicant's brain injury resulted in substantial limitation of the ability to regulate mood, anxiety, impulsivity, agitation, or socially appropriate conduct.
- (e) **Communication** means the Applicant's brain injury resulted in substantial limitation in language fluency, reading, writing, comprehension, or auditory processing.
- (f) **Physical Health** means the Applicant's brain injury resulted in substantial limitation of the normal processes and workings of the human body.
- (g) **Employment** means the Applicant's brain injury resulted in substantial limitation in obtaining and maintaining a gainful occupation without ongoing supports.

