



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ELIGIBILITY DETERMINATION POLICY 11.01

Authority: RCW 71A.10.020 (3) & 71A.10.060 *General Provisions*
Chapter 71A.16 RCW *Eligibility for Services*
Chapter 388-823 WAC *Applying for a Determination of a
Developmental Disability*
WAC 388-825-100 through 105 *Notification*
WAC 388-825-120 through 165 *Appeal Rights*

BACKGROUND

An individual must be determined by the Division of Developmental Disabilities (DDD) to have a developmental disability in order to become a client of DDD. The requirements for an applicant's condition to be considered a developmental disability at the time of the initial determination, reapplication determination, or upon review of eligibility are described in [Chapter 388-823](#) of the Washington Administrative Code (WAC.)

PURPOSE

This policy establishes statewide procedures for compliance with Chapters 71A.10, 71A.16 RCW and the portions of Chapter 388-823WAC that address initial eligibility determinations. Refer to DDD Policy 11.03, *Eligibility Expirations and Reviews*, for procedures regarding eligibility expirations and reviews.

SCOPE

This policy applies to all DDD staff.

POLICY

- A. DDD shall ensure that eligibility processes and decisions are accurate, consistent, and timely. All applicants who are determined eligible or ineligible to be a client of DDD will be appropriately notified of the decision and their right of appeal.

- B. Accuracy and consistency will be achieved through the following:
1. The authority to make eligibility decisions will be limited to designated staff trained in the:
 - a. Use of the DDD Determination section in the Comprehensive Assessment Reporting Evaluation (CARE) application; and
 - b. Rules governing DDD eligibility.
 2. All documentation will be entered into the CARE DDD Determination screens.
 3. Regions will comply with the statewide procedures described in this policy for accomplishing tasks regarding eligibility determinations.
 4. Case Resource Managers (CRM) will not determine eligibility or administer the Inventory for Client and Agency Planning (ICAP) for anyone on their caseloads.
- C. Every signed Request for DDD Eligibility Determination will receive a determination of eligible or ineligible unless the applicant withdraws the request prior to a determination.

PROCEDURES

- A. The eligibility determination process will be completed by mail/phone.
1. In-person intake is an exception
 - a. The justification and supervisor approval for in-person intake will be documented in the Service Episode Record (SER).
 - b. This exception does not apply to support staff assisting a walk-in applicant to complete an application.
 2. Intake request by phone
 - a. When phone requests for DDD intake are received:
 - 1) An intake packet will be sent to the requestor; and
 - 2) Further questions will be referred to regional Intake & Eligibility staff.
 - b. Mail the intake packet with a postage paid, addressed return envelope. Enclose the following information/forms:

- 1) DSHS 14-151, *Request for DDD Eligibility Determination* (also referred to as the “application”);
 - 2) DSHS 16-192, *Intake Cover Letter*, with instructions, contact name, phone number, and internet address;
 - 3) [DSHS 14-012, *Consent*](#);
 - 4) [DSHS 03-387, *Notice of Privacy Practices for Client Confidential Information*](#);
 - 5) [DSHS 22-722, *Who, What, Where, How? DDD Services and Supports*](#) brochure;
 - 6) [DSHS 22-605, *Home and Community Based Waiver Services*](#) brochure;
 - 7) [DSHS 14-454, *Estate Recovery Fact Sheet*](#) along with [Estate Recovery for Medical Services Covered by the State](#), from Columbia Legal Services; and
 - 8) [DSHS 14-459, *Eligible Conditions Specific to Age and Type of Evidence*](#);
3. Intake Request by a “Walk-In”
- a. Provide an intake packet (described in section 2.b. above);
 - b. Offer the opportunity and assistance with completing the application in the office; and
 - c. If the applicant is in crisis, refer to appropriate supervisor or CRM.
4. Track Receipt of Signed Application in CARE
- a. After determining that the client does not already exist, create a record in CARE and add the date that the completed application was received on the Document Tracking screen;
 - b. Open an applicant “paper” file;
 - c. If applicant is a child under age three (3), refer to the local Family Resources Coordinator (FRC) and enter the referral into the CARE SER.

- 1) FRCs can be located on the ITEIP Internet website at: <http://www1.dshs.wa.gov/iteip/CountyOrgLinks.html>.
 - 2) The same information is available by calling the Family Health Hotline at 1-800-322-2588, 711 TTY.
- d. If the applicant requests that their signed application be withdrawn without a determination:
- 1) Move the pending determination to history. CARE automatically sets the record to “withdrawn.”
 - 2) Mail a [*Notice of Withdrawal of DDD Eligibility Determination Request \(DSHS 14-458\)*](#), to the applicant after calling and informing them of the reason for withdrawal and their right to reapply.
 - 3) Document this action in the SER.
- B. Requests for an Eligibility Determination can be made by the following persons per WAC 388-823-0070:
1. The parent or legal representative of a child must apply on behalf of a child under age eighteen (18).
 2. An adult with no legal representative may self refer.
 3. If an adult has a legal representative, the legal representative must apply on behalf of the adult.
 4. Any person, agency, or advocate may refer an adult age eighteen (18) or older for an eligibility determination.
 - a. DDD will require the consent and signature of the adult applicant on the request form.
 - b. If the adult applicant is not able to understand, consent will be assumed if the person does not object to the eligibility determination.
 5. If an eligibility determination is requested by persons not residing in Washington State, DDD may provide a courtesy review, but not an eligibility decision.

C. Assisting Applicant to Obtain Documentation

The intake/clerical staff will:

1. Send a signed [Consent \(DSHS 14-012\)](#) to the identified relevant sources of information.
2. Record all requests for documents into the SER.
 - a. Once information/evidence is received, record the documents in the Document Tracking screen, including the date the information request was sent and the date information was received. A numbered documents list will be created in CARE. The CARE application will not make an eligibility determination if a document is listed without a “date received.”
 - b. All information sources must be entered as collateral contacts in CARE (e.g., diagnosing physician, school psychologist).
 - 1) If ACES is used as evidence of residency, enter the Community Services Office (CSO) as the source.
 - 2) If a rent receipt or utility bill is used as evidence of residency, the family or client may be entered as source.
 - c. For Administrative Hearings, print the SER entries and submit it with a print-out of the Document Tracking screen.
3. Evidence of residency is required and must be entered as a document in the document screen before it can be selected as evidence in the “conditions” screen ([WAC 388-823-0050](#)).
 - a. The immigration status of the applicant does not affect eligibility.
 - b. Evidence can be any document that proves the person lives in Washington (e.g., rent receipt, utility bill.)
 - c. Enter the person providing the documentation as the “collateral contact” in CARE (all documents are pulled from the collateral contacts).
4. If requested information is not received in thirty (30) days, follow up with a telephone call to the source and record all additional requests for information in the SER.
5. If there is incomplete or no information available after sixty (60) days from the date of the signed application, contact the applicant/legal representative by phone

(document in the SER) or by form letter (DSHS 14-460) and ask for their assistance in getting the missing information.

6. At ninety (90) days, make a determination based on the available information unless there are reasons for waiting longer and these reasons are recorded in the SER (WAC 388-823-0090(3)).
7. DDD will not pay for assessments for the purpose of determining eligibility.
 - a. The only assessment administered by DDD is the Inventory Client and Agency Planning (ICAP) (WAC 388-823-0110).
 - b. An ICAP will not be administered if a Vineland Adaptive Behavior Scale (VABS) or Scales of Independent Behavior-Revised (SIB-R) is available and current within the past three (3) years from the date of application (WAC 388-823-0420(1)).
8. RCW 70.02.010 and WAC 246-08-400 allow medical providers to charge fees for searching and duplicating medical records requested by DDD on behalf of applicants/clients to determine eligibility or re-determine eligibility. All billings will be given to the Regional Business Manager for payment.

D. Reviewing Eligibility Documentation

1. Is there sufficient information to make a decision?
 - a. If all information has been requested and received, make decision based on available information.
 - b. If all information has been requested but not received, make a decision after ninety (90) days based on information available unless you have reason to expect receipt of additional information.
2. IE staff will review documents for relevant evidence:
 - a. Number each document with the number assigned in the CARE application;
 - b. Review the documentation and highlight relevant evidence:
 - 1) Is there evidence of an eligible condition?
 - 2) Did the appropriate professional make the diagnosis?

- 3) Is there evidence of “substantial limitation” for the eligible condition?
 - c. Tab the relevant pages with “Post-it” tabs;
 - d. At top of the first page of each document, put worker initials and date reviewed.
3. Enter into the CARE Evidence Tracking screen all evidence of eligible conditions and substantial limitations.
 - a. The CARE application will only provide the choices for evidence of conditions and substantial limitations relevant to the age of the applicant.
 - b. If there is inconsistent or contradictory evidence in the record, consult with the IE supervisor:
 - 1) Confirm only the valid evidence in the CARE Evidence Tracking screen;
 - 2) Note in the comment box on the Document Tracking screen any issue with evidence reviewed that will not be shown as confirming condition or substantial limitation. Example: There is an FSIQ using the appropriate test, but the IQ is too high or invalid per the assessor.
 - 3) Consultations with the regional Field Services Psychologist are documented in the SER.
4. Determine if an ICAP is required as evidence for a determination of eligibility under epilepsy, autism, or “other” condition, after ruling out psychiatric and other excluded secondary conditions. Document in the SER the review for excluded conditions that prohibit ICAP.
 - a. No ICAP is administered if there is a VABS or SIB-R within three (3) years of the application date.
 - b. If an ICAP is required, IE staff will administer the ICAP or refer to the supervisor to assign a CRM trained to administer the ICAP. If supervisor approval is required, record in the SER.
 - 1) If administered by a CRM other than IE staff, the ICAP will be sent to the IE worker for scoring.

- 2) Document in the SER the need for an ICAP and all activity related to the ICAP administration.
- 3) Enter “DDD” as the collateral contact and enter the ICAP and the CRM who administered it into the Document Tracking screen.
- 4) When the completed ICAP is received and scored, enter the ICAP score into the comments box.

E. Making the Eligibility Determination

1. The CARE eligibility algorithm lists all eligible conditions for which there is sufficient evidence.
2. IE staff must determine and mark if the condition is expected to last indefinitely and occurred prior to age eighteen (18), and supports substantial limitations.
3. The staff person making the eligibility decision must review all of the written information and not just rely on the evidence selected in the CARE DDD Determination section.
4. All eligible conditions are confirmed and the eligibility date, decision date, expiration date or review date will be auto-populated into the CARE Eligibility Decisions screen.
5. If the applicant is NOT eligible, the denial is recorded in the CARE Eligibility Decisions screen with the date of the decision.
 - a. The CARE application will provide a summary document of the evidence received and reviewed. Print out the summary document for the applicant/client file.
 - b. If this is a termination of an eligible client, all SSPS authorizations must be closed when the termination is effective.

F. Notification Requirements

Per RCW 71A10.060, WAC 388-823-1060 and WAC 388-825-100 through 105, all applicants will be notified in writing of the eligibility decision **within five (5) working days** of the decision date. For applicants who are DDD clients at the time of determination, notification will also be sent to the NSA representative (per DDD Policy 5.02).

1. Notification of DDD Eligibility

- a. Send the [Eligibility Planned Action Notice](#) to the applicant/legal representative and their NSA representative, if applicable.
 - b. Check Automated Client Eligibility System (ACES), print out an ACES record for the case file, and enter the Categorically Needy Person (CNP) information on the financial screen in (CARE).
 - c. Confirm the Social Security number from ACES with a copy of the applicant's Social Security card if provided with the intake documentation.
 - d. Notify Health and Recovery Services Administration (HRSA) using the Community Services Office/DDD Communication (DSHS 15-345) of DDD eligibility of new client to update the Medicaid information.
2. Notification of Denial or Termination of DDD Eligibility
- a. Contact the applicant/legal representative and their NSA representative, if applicable, by phone before mailing the denial or termination notice.
 - 1) Explain the decision;
 - 2) Explain appeal rights and timelines;
 - 3) Explain the next steps regarding notification, continuation of services, etc.; and
 - 4) Assist the person to appeal if he/she requests your help.

Example: If the person is unable to write but wants to send a request for appeal, fill out the request, and refer the person to an advocate or family member for assistance with the appeal process.
 - b. Send the following documents by regular mail to the applicant/legal representative and their NSA representative, if applicable:
 - 1) [DDD Eligibility Planned Action Notice](#);
 - 2) CARE summary of eligibility evidence reviewed;
 - 3) For children age birth to three (3) years, provide the name and phone number of the Family Resources Coordinator (FRC); and
 - 4) Other relevant referral information.

- c. Record all mailings of notices in the CARE Eligibility Decisions screen and maintain copies of all correspondence in the applicant's paper file.
- d. Record in the SER all interviews and phone contacts made with or on behalf of the applicant.

G. Regional Roles and Responsibilities

- 1. Regions will determine the IE roles and responsibilities for the various staff positions:
 - a. Administrative/office support staff;
 - b. IE Case Resource Managers;
 - c. IE Supervisors; and
 - d. Staff designated to perform regional quality control functions for IE.
Note: this is not the regional Quality Control Coordinator (QCC).
- 2. Regions will have written procedures for implementing IE and assigning specific functions, responsibilities, and oversight.

H. Regional Quality Control Responsibilities for Intake and Eligibility

- 1. Each region will assign a staff for quality control activities who is not:
 - a. Making eligibility decisions on a routine basis; or
 - b. Administering ICAPs.
- 2. These assigned regional staff will:
 - a. Review IE cases identified from Central Office and enter the information into the IE review database. One eligible and one ineligible decision per IE staff will be reviewed quarterly.
 - 1) One eligible and one ineligible decision per IE staff will be reviewed quarterly per a list issued by QCC/Central Office.
 - 2) A "no" in Section 2a through Section 9 will require a corrective action by the region to be entered into the database.
 - b. Review regional IE reports and work with IE staff to ensure consistency and timeliness.

3. Regional staff will be responsible for representing DDD in administrative hearings appeals regarding eligibility decisions.
 - a. The regional Administrative Hearing Coordinator will ensure that the IE information and decision is reviewed by the assigned regional staff or other IE staff not involved in the original decision to ensure the accuracy of the decision that is being appealed.
 - b. The Central Office IE Program Manager and regionally assigned Assistant Attorney General (AAG) are available for consultation and assistance with hearings.

I. Central Office Intake & Eligibility Program Manager Responsibilities

1. Hold quarterly meetings for regional IE staff;
2. Be available to consult with regions as needed;
3. Keep WAC and policies updated;
4. Create and maintain IE department forms and notices;
5. Keep Internet and Intranet information updated and current;
6. Provide ICAP training to regions as requested; and
7. Consult with Assistant Attorneys General (AAG) and regions regarding appeals.

J. QCC Central Office Responsibilities

1. Develop, in consultation with the regions and IE Program Manager, the following:
 - a. Quality control review questions;
 - b. Database for the review process;
 - c. Sampling methodology for IE file reviews; and
 - d. Training for regional staff assigned to do quality control activities;
2. Per the sampling method, provide a list every three (3) months of IE decisions to be reviewed (i.e., one eligible and one ineligible decision per month).

3. Assign a QCC staff to monitor regional compliance with the policy.

EXCEPTIONS

Exceptions-to-rule (ETR) for eligibility determinations cannot exempt requirements in RCW. The prior written approval of the Division Director is required for any ETR to Chapter 388-823 WAC or DDD Policy 11.01.

SUPERSESSSION:

DDD Policy 11.01
Issued April 1, 2008

Approved: /s/ Linda Rolfe Date: May 1, 2009
Director, Division of Developmental Disabilities

*Attachment A - DDD Intake and Eligibility Coordination with Lead Family Resources
Coordinators*

ATTACHMENT A

DDD Intake and Eligibility Coordination with Lead Family Resources Coordinators

Policy: Children birth through age two will be referred by DDD IE staff to the FRC at the time of initial contact for eligibility determination.

How can I contact the Lead Family Resources Coordinator or Local Lead Agency in my geographic area?

The Lead Family Resources Coordinator (FRC), designated in each county or for the Spokane, Colville, Nooksack, and Quileute Tribes, is the person to contact for families who do not already have an FRC or know their coordinator. To contact the Lead FRC:

- Go online to <http://www1.dshs.wa.gov/iteip> and then click on the Contacts, Staff, and Providers tab on the left hand side of the home page.
- Scroll down to Early Intervention Services and select Lead FRC:
 - This will take you to a page that includes a Washington State map.
 - Click on the appropriate county.
 - You will get all counties beginning with the same letter of the alphabet.
- Click on the county you want again and the name of the Lead FRC for that area will appear.
 - This page also includes the Public Awareness contact, the Local Lead Agency, the County Interagency Coordinating Council (CICC) Chair, and the ITEIP staff assigned to the area.

OR

You can also get to the ITEIP internet site through the DDD intranet site by clicking on ITEIP from the heading bar across the top of DDD intranet home page. Then click on ITEIP internet from the drop down menu and follow the steps above.

OR

You can call the Family Health Hotline at 1-800-322-2588 and ask for the Lead FRC of your county/geographic area.

How will I know if a family is already working with an FRC?

- Ask the parent if they already have an FRC helping them. If they are unsure, ask them if someone is assisting them with obtaining eligibility documentation and early intervention services.

What if the family does not already have an FRC?

- Give them the name and phone number of the local Lead FRC and/or assist them to make the call to start the referral process.

What if the family already has an FRC assigned to them?

- Contact the FRC and inform them that the family has applied for a DDD eligibility determination for the child receiving services from the lead agency.
- Do not send child and family information by e-mail to the Lead FRC unless it is sent in a secure format.

ATTACHMENT A

How can assigned DDD Supervisor obtain access to the ITEIP Data Management System?

- Ask the parent to include you as an Individual Family Service Plan (IFSP) team member.
- If they agree, contact the Local Lead Agency and request to be included on the Staff Detail page.
- Once the Supervisor's information is entered, contact the FRC and request to be added to the ITEIP Data Management System as a team member for the individual child's ITEIP Data System Contacts and Team Members section of the Team Member's page.
- Once on the ITEIP Data System Contacts and Team Members, the Supervisor will be able to log into the ITEIP Management Data System and view the child/family's information for which they are a team member.
- The DDD team member will be able to view the child/family's information. They will not be able to make any changes to the records/information.