



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ELIGIBILITY DETERMINATION POLICY 11.01

Authority:	RCW 71A.10.020(4) RCW 71A.10.060 Chapter 71A.16 RCW Chapter 388-823 WAC WAC 388-825-100 through 105 WAC 388-825-120 through 165	<i>Definitions</i> <i>Notice by Secretary</i> <i>Eligibility for Services</i> <i>Applying for a Determination of a Developmental Disability</i> <i>Notification</i> <i>Appeal Rights</i>
Reference:	DDD Policy 5.02 DDD Policy 11.02 D06-021 Management Bulletin H10-065 Management Bulletin	<i>Necessary Supplemental Accommodation Administration of the ICAP (Inventory of Client and Agency Planning)</i> <i>Adaptive Behavior Assessment System (ABAS-II) Accepted as Evidence for Determining Eligibility</i> <i>Agency Based Voter Registration (ABVR)</i>

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 WAC](#).

PURPOSE

This policy establishes statewide procedures for compliance with [Chapter 71A.10 RCW](#) and [Chapter 71A.16 RCW](#) and the portions of [Chapter 388-823 WAC](#) 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 Intake and Eligibility (IE) staff trained in the:
 - a. Use of the DDD Determination section in the Comprehensive Assessment and Reporting Evaluation (CARE) application; and
 - b. Rules governing DDD eligibility.
 2. All documentation will be entered into CARE DDD Determination screens.
 3. Regions will comply with the statewide procedures described in this policy for accomplishing tasks regarding eligibility determination.
 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. Intake Process**

1. Intake request by phone
 - a. Send an intake application packet to the requestor; and
 - b. Refer further questions to regional IE staff.
2. Intake request by “walk in”
 - a. Provide an intake application packet.

- b. Provide assistance with completing application form if requested.
 - c. If an applicant asks to speak to an eligibility worker, refer to the IE supervisor or follow regional procedures.
 - d. If the applicant is in crisis, refer to the appropriate supervisor or CRM.
3. In-person intake is by exception only
- a. The justification and supervisor approval for in-person intake will be documented in the CARE Service Episode Record (SER).
 - b. This exception does not apply to assistance with completing the application form.
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 SER.
 - i. FRCs can be located on the [ESIT internet website](#).
 - ii. The same information is available by calling the Family Health Hotline at 1-800-322-2588, 711 TTY.
5. Withdrawn application
- a. Move the pending determination to history. CARE automatically sets the determination to “withdrawn”.
 - b. Send the appropriate Eligibility Planned Action Notice (PAN) to the applicant after calling and confirming the withdrawal request and explaining their right to reapply.
 - c. Document this action in the SER.
6. Intake Application Packet
- a. Self-addressed return envelope;

- b. [DSHS 14-151, Request for DDD Eligibility Determination](#) (also referred to as the “application”);
- c. [DSHS 16-192, Intake Cover Letter](#) (with instructions, contact name, phone number, and internet address);
- d. [DSHS 14-012, Consent](#);
- e. [DSHS 03-387, Notice of Privacy Practices for Client Confidential Information](#);
- f. [DSHS 14-459, Eligible Conditions Specific to Age and Type of Evidence](#);
- g. [DSHS 02-590, Native American/Alaskan Native/Tribal Affiliation Information Request](#) (Note: this form is available only on the DSHS Intranet website); and
- h. [Voter Registration Forms](#) (for adult applicants).

B. Assisting the Applicant to Obtain Documentation

- 1. Send a signed [DSHS 14-012, Consent](#) to the identified relevant sources of information.
- 2. Record all requests for documents in 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).
 - c. Evidence of residency is required and must be entered as a document in the document screen before it can be selected as evidence.
 - i. If the Automated Client Eligibility System (ACES) is used as evidence of residency, enter the Community Services Office (CSO) as the source.
 - ii. A rent receipt or utility bill may be used as evidence that the applicant lives in Washington. Enter the person providing the documentation as the “collateral contact” in CARE.

3. If requested information is not received within thirty (30) days, follow up with a telephone call to the source and record all attempts for information in the SER.
4. 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 or by sending a [DSHS 14-460, Notice of Insufficient Information](#), and ask for their assistance in getting the missing information. Document contact in the SER.
5. 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.
6. DDD does not pay for assessments for the purpose of determining eligibility.
 - a. An ICAP may be administered if a current (within the past three (3) years from the date of application) Vineland Adaptive Behavior Scale (VABS), Scales of Independent Behavior-Revised (SIB-R) (WAC 388-823-0420(1)) or Adaptive Behavior Assessment System (ABAS-II) is not available.
 - b. The CARE assessment may be used to document the need for physical assistance.
7. [RCW 70.02.010\(15\)](#) 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 Operations Manager for payment.
8. If an applicant or client presents documentation in a language other than English, it is the responsibility of the Department to translate documents needed for eligibility determination.

C. 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.
 - i. Is there evidence of an eligible condition?
 - ii. Did the appropriate professional make the diagnosis?
 - iii. Is there evidence of “substantial limitation” for the eligible condition?
 - c. Tab the relevant pages with “Post-it” tabs.
 - d. At the 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.
 - c. Confirm only the valid evidence in the CARE Evidence Tracking screen.
 - d. 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 a FSIQ using the appropriate test, but the IQ is too high or invalid per the assessor.”
 - e. Document consultations with the regional Field Services Psychologist 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, SIB-R, or ABAS-II 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.
 - i. If administered by a CRM other than IE staff, the ICAP will be sent to the IE worker for scoring.
 - ii. Document in the SER the need for an ICAP and all activity related to the ICAP administration.
 - iii. Enter “DDD” as the collateral contact and enter the ICAP and the CRM who administered it into the Document Tracking screen.
 - iv. When the completed ICAP is received and scored, enter the ICAP score into the comments box.

D. 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.

E. Notification Requirements

1. Notification of Eligibility
 - a. All applicants will be notified within five (5) working days of the date of the determination decision.
 - b. Send the Eligibility PAN to the applicant/legal representative. If the applicant is determined eligible, a Necessary Supplemental Accommodation (NSA) representative must also be notified.
 - c. Check ACES, if there is an ACES record print it for the case file, and enter the Categorically Needy Person (CNP) information on the financial screen in CARE.
 - d. Confirm the Social Security number in ACES with a copy of the applicant's Social Security card whenever provided.
2. Notification of Denial of DDD Eligibility
 - a. Contact the applicant/legal representative by phone before mailing the denial notice. If the applicant is a former DDD client and a NSA representative is known, attempt to contact them as well.
 - i. Explain the decision;
 - ii. Explain appeal rights and timelines;
 - iii. Explain the next steps regarding notification; and
 - iv. Assist the person to appeal if he/she wants 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:
 - i. Eligibility Denial PAN;
 - ii. CARE summary of eligibility evidence reviewed; and
 - iii. Any other relevant 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.

F. Regional 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; and
 - c. IE Supervisors.
- 2. Regional IE Supervisors 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.
 - i. QCC/Central Office Program Manager will provide the list of decisions to be reviewed.
 - ii. Supervisory reviews will be documented in the IE Review database in SharePoint.
 - iii. A "no" response to any question on the form will require a corrective action by the region to be entered into the database.
 - iv. The IE database will be developed, maintained, and monitored by QCC staff.
 - b. Review regional IE reports and work with IE staff to ensure consistency and timeliness.
- 3. The regional IE staff will work with the Administrative Hearing Coordinator on administrative hearings appeals regarding eligibility decisions.
 - a. The Administrative Hearing Coordinator will review the appealed decision with the IE supervisor prior to the hearing.
 - b. Regional IE staff may be required to testify in an Administrative Hearing.

- c. The Central Office IE Program Manager and regionally assigned Assistant Attorney General (AAG) are available for consultation and assistance with hearings.
4. Regions will have written procedures for implementing IE processes and assigning specific functions, responsibilities, and oversight.

G. Central Office Intake & Eligibility Program Manager Responsibilities

1. Coordinate monthly meetings, remote or in person, with regional IE supervisors and other participants as needed.
2. Provide consultation to the regions.
3. Update WAC and policies as needed.
4. Create and maintain IE department forms and notices.
5. Maintain accurate and updated Internet and Intranet information.
6. Provide and/or coordinate IE training to regional staff.
7. Consult with Assistant Attorneys General (AAG) and regions regarding appeals.

H. Quality Control and Compliance (QCC) Central Office Responsibilities

1. In consultation with the regions and IE Program Manager, develop 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 May 1, 2009

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

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