

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: INTAKE AND ELIGIBILITY DETERMINATION POLICY 11.01

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Authority: [RCW 71A.10.020\(5\)](#) *Definitions*  
[RCW 71A.10.060](#) *Notice by Secretary*  
[Chapter 71A.16 RCW](#) *Eligibility for Services*  
[Chapter 388-823 WAC](#) *DDA Intake and Eligibility Determination*  
[WAC 388-825-100 through 105](#) *Notification*  
[WAC 388-825-120 through 165](#) *Appeal Rights*

Reference: [DDA Policy 5.02](#) *Necessary Supplemental Accommodation*  
[DDA Policy 11.02](#) *Administration of the ICAP (Inventory of*  
*Client and Agency Planning)*  
[DDA Policy 11.04](#) *Determining “Other Condition” Similar to*  
*Intellectual Disability*

## **BACKGROUND**

Procedures for determining eligibility for the Developmental Disabilities Administration (DDA) were previously described in DDA Policies 11.01, *Eligibility Determination*, and 11.03, *Eligibility Expirations and Reviews*. In July 2014, the DDA WAC chapter for Intake and Eligibility ([388-823](#)) was revised. This policy combines the procedures from 11.01 and 11.03 and reflects the WAC changes made in 2014. DDA Policy 11.03 was rescinded effective August 31, 2014.

## **PURPOSE**

This policy outlines the procedures for processing all DDA eligibility determinations, including initial applications, reapplications, and reviews in compliance with Chapters 71A.10, 71A.16 RCW and Chapter 388-823 WAC.

## **SCOPE**

This policy applies to DDA Central Office and Field Services staff.

## **POLICY**

- A. DDA eligibility determinations are made based on an evaluation of documentation provided by the applicant. Eligibility reviews for existing DDA clients may require additional documentation beyond what is currently in the file.
- B. DDA will ensure that eligibility processes and decisions are accurate, consistent, and timely.
- C. Every signed Request for DDA Eligibility Determination ([DSHS 14-151](#), *Request for DDA Eligibility Determination*) from an applicant with no previous determinations will receive a determination of eligible or ineligible unless the applicant withdraws the request prior to a decision. Requests from previously denied applicants will be reviewed per WAC 388-823-1080.
- D. All applicants and DDA clients reviewed for eligibility will be appropriately notified of the decision and their right of appeal per WAC 388-823-0105 and WAC 388-825-100.
- E. 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 DDA Determination section in the Comprehensive Assessment and Reporting Evaluation (CARE) application; and
    - b. Rules governing DDA eligibility.
  - 2. All documentation will be entered into CARE DDA 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 ICAP for anyone on their caseloads.
- F. DDA does not pay for assessments for the purpose of determining eligibility. See [Procedures](#) Section F.9.

## **PROCEDURES**

- A. **Intake Process**
  - 1. All new requests for DDA eligibility determination will be provided with an intake packet.

- a. Handling of requests to speak to someone about eligibility will follow regional procedures.
  - b. If an applicant appears to be in crisis, follow regional procedures for assisting the individual.
2. All DDA eligibility determinations and reviews will be documented in CARE.
- a. If the applicant does not have a CARE record, create a new client record. If a match by SSN is found in ProviderOne, create the client record from the ProviderOne database.
  - b. If the applicant has an inactive CARE record, reactivate the client record and open a pending determination.
  - c. If the applicant/client has a current determination, open a pending determination.
  - d. For new applications, enter the date the signed application was received in Document Tracking screen.
  - e. For reviews, enter the date the [DSHS 10-301, Notification of Eligibility Review](#), is mailed.
  - f. Enter the HIPAA date as the date the [DSHS 03-387, Notice of Privacy Practices for Client Confidential Information](#) is signed.
  - g. For all IE actions not documented in the CARE Determination screens, use IE purpose codes to document in the CARE Service Episode Record (SER).
3. Create an applicant “paper” file.
4. If applicant is a child under age three (3) and the referral was not initiated by the local Family Resources Coordinator (FRC) or early intervention program, make a referral to the local FRC and enter the referral into the SER.
- a. FRCs can be located on the Department of Early Learning’s Early Support for Infants and Toddlers (ESIT) [Internet website](#).
  - b. The same information is available by calling the Family Health Hotline at 1-866-482-4325, 711 TTY.

5. If an applicant withdraws the determination request:
  - 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; and
  - c. Document this action in the SER.
6. Intake Application Packet
  - a. Self-addressed return envelope;
  - b. [DSHS 14-151](#), *Request for DDA 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*; and
  - g. Washington State Voter Registration form for adult applicants. [Voter Registration Forms](#) in English and other languages are available at the Secretary of State’s website at: <http://www.sos.wa.gov/elections/abvr/forms.aspx>.

**B. Eligibility reviews do not require a reapplication and will occur at the following times:**

1. At age 19 and before the 20<sup>th</sup> birthday for all disability conditions unless eligibility expires at age 20;
2. Prior to initiation of paid services if the client is age 17 or older and has not had an eligibility determination since June 1, 2005;
3. At any time, if evidence used to determine eligibility was insufficient, in error, or fraudulent per the rules in place at the time of the decision (1992 or later);

4. At any time, if new diagnostic information becomes available which does not support the person's current eligibility per the rules in place at the time of the decision and the person is under the age of 20; or
5. At any time, if it is discovered that DDA made an error in the current determination.

**C. Eligibility Review Notification**

1. All eligibility reviews require prior notification to the client/legal representative and NSA representative.
2. Notify the client and/or parent/legal representative, enclosing an addressed return envelope and the following documents:
  - a. [DSHS 10-301](#), *Notification of Eligibility Review*;
  - b. [DSHS 14-012](#), *Consent*;
  - c. [DSHS 14-459](#), *Eligible Conditions Specific to Age and Type of Evidence*;
  - d. [DSHS 03-387](#), *Notice of Privacy Practices for Client Confidential Information* (if no signed copy in the file), and
  - e. Voter Registration form for adult applicants (see [Voter Registration Forms](#)).
3. Mail the notice to the last known address.
  - a. If it comes back with a forwarding address, re-mail it to the correct address.
  - b. If the notice is returned due to an incorrect mailing address, document in the SER all reasonable efforts to locate the client/family.
  - c. If the client cannot be located, close the case.
4. If the client/applicant has moved to a different region, transfer the file to the new region.
5. The eligibility determination will be done by the region in which the client/applicant lives.

6. Eligibility decisions for reviews of 20-year old clients will be made effective by their 20<sup>th</sup> birthday, unless new evidence is expected based on information in the CARE Determinations screens and the SER.
7. All other review decisions will be effective immediately, given the PAN timeline requirements.

**D. Eligibility expirations require a reapplication and will occur at the following times:**

1. At age 3, before the 4<sup>th</sup> birthday for all disability conditions;
2. At age 9, before the 10<sup>th</sup> birthday for clients eligible under developmental delay;
3. At age 17, before the 18<sup>th</sup> birthday for clients eligible for DDA because of their eligibility for the Medically Intensive Children's Program (MICP); and
4. At age 19, before the 20<sup>th</sup> birthday for clients found eligible using evidence of academic delay.

**E. Eligibility Expiration Notification**

1. Expiration notices will be mailed to the client or parent/legal representative at least six (6) months before the birthdate when eligibility expires and documented in the SER. Use the letters listed below:
  - a. [DSHS 10-377](#), *Notification of Age 4 Eligibility Expiration*;
  - b. [DSHS 10-378](#), *Notification of Age 10 Eligibility Expiration*;
  - c. [DSHS 15-473](#), *Notification of Age 18 Eligibility Expiration*; or
  - d. [DSHS 15-474](#), *Notification of Age 20 Eligibility Expiration*.
2. If a client/representative requests an application, send the packet described in Section A.6 above and document in the SER.
3. Upon receipt of a signed application, follow Section A.2 above.
4. If no request for reapplication is received within sixty (60) days prior to the expiration date, mail the Denial or Termination of DDA Eligibility PAN per WAC 388-825-105.
  - a. Include the Paid Program Services information on the Termination of DDA Eligibility PAN if the client is currently receiving paid services;

- b. If the client is receiving DDA paid services, brief the current CRM and contact the client and NSA/Legal Guardian per [DDA Policy 5.02](#), *Necessary Supplemental Accommodation*, and
  - c. Document all contacts and correspondence in the SER using Intake/Eligibility (DDA) Purpose codes.
- 5. If the client is receiving DDA paid services and has not reapplied, thirty (30) days prior to expiration the case carrying CRM will attempt a courtesy call to the parent/legal representative to explain the termination of services.
  - 6. If there is no new eligibility determination or there is a pending determination when the application was received less than sixty (60) days prior to the birthday, the current eligibility will end on the 4<sup>th</sup>, 10<sup>th</sup>, 18<sup>th</sup> or 20<sup>th</sup> birthday, respectively.
  - 7. If a DDA client is determined ineligible during the year prior to expiration, the current eligibility will end on the 4<sup>th</sup>, 10<sup>th</sup>, 18<sup>th</sup>, or 20<sup>th</sup> birthday, respectively.
  - 8. If a client is no longer eligible on their 4<sup>th</sup>, 10<sup>th</sup>, 18<sup>th</sup> or 20<sup>th</sup> birthday, follow the steps below:
    - a. The Primary CRM should end date any payment authorizations and RACs effective no later than the eligibility expiration date;
    - b. Move the DDA assessment to history;
    - c. Move the DDA determination to history, and
    - d. Inactivate the client in CARE.

**F. Obtaining Required Documentation**

- 1. New applicants are expected to provide the documentation necessary to meet DDA eligibility requirements. If sufficient documentation is not provided with the application or additional documentation is needed for a review, the eligibility CRM will contact the applicant/client to notify them that additional documentation is necessary.
- 2. Eligibility reviews may not require additional information if there is sufficient information in the client record to make a determination that the client is eligible.
- 3. If the applicant/client cannot obtain the necessary documentation, the eligibility CRM may assist with obtaining the documentation by contacting the identified sources and requesting the documentation.

4. All requests for documentation from a source other than the client/applicant must be accompanied by a signed [DSHS 14-012](#), *Consent* form. If there is no signed Consent form, a determination will be made based on the available information.
5. 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).
6. 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.
7. 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 send a [DSHS 14-460](#), *Notice of Insufficient Information*, and ask for their assistance in getting the missing information. Document the contact in the SER.
8. At ninety (90) days, proceed with the determination based on the available information unless there are reasons for waiting longer and these reasons are recorded in the SER.
9. DDA 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) acceptable adaptive skills test is not available.
  - b. The CARE assessment may be used to document the need for physical assistance.
10. If an applicant or client presents documentation in a language other than English, it is DDA’s responsibility to translate documents needed for eligibility determination. Use the regional process for obtaining translations.

#### **G. Reviewing Eligibility Documentation**

1. Is there sufficient information to make a decision?



- a.     If all information has been requested and received, make a 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 documentation for evidence of residency.
  - c.     Review the documentation and highlight relevant evidence.
    - 1)     Is there evidence of an acceptable diagnosed condition?
    - 2)     Is there evidence of “substantial limitation” for the eligible condition?
    - 3)     If a current acceptable adaptive skills test is not available, determine whether an ICAP is appropriate.
      - a)     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.
      - b)     If administered by a CRM other than IE staff, the ICAP will be sent to the IE worker for scoring.
      - c)     Document in the SER the need for an ICAP and all activity related to the ICAP administration.
      - d)     Enter “DDA” as the collateral contact and enter the ICAP and the CRM who administered it into the Document Tracking screen.
      - e)     When the completed ICAP is received and scored, enter the ICAP score into the comments box.
  - d.     Tab the relevant pages with “Post-it” tabs.
  - e.     At the top of the first page of each document, put worker initials and the date reviewed.

3. Enter into the CARE Evidence Tracking screen all evidence of residency, 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 all evidence reviewed that supports or conflicts with required condition or substantial limitation requirements. *Example: There is an 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.

#### H. Making the Eligibility Determination

1. The CARE eligibility algorithm lists all eligible conditions for which sufficient evidence has been documented.
2. IE staff must determine and mark if the condition occurred prior to age 18.
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 DDA 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. For new applicants or individuals who reapplied after their expiration date, the eligibility date is the date the last document was received.
6. For eligibility determinations of current DDA clients, there is no change to the existing eligibility date.
7. If the applicant is NOT eligible, the denial is recorded in the CARE Eligibility Decisions screen with the date of the decision.

**I. 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. Include the following documents for all new DDA clients:
    - 1) [DSHS 22-722](#), *Who, What, Where, How? DDA Services and Supports* brochure;
    - 2) [DSHS 22-605](#), *Home and Community Based Waiver Services* brochure;
    - 3) [DSHS 14-454](#), *Estate Recovery Fact Sheet*, along with [Estate Recovery for Medical Services Covered by the State](#), from Columbia Legal Services; and
    - 4) [DSHS 22-1463](#), *Employment Support Services for Adults with Developmental Disabilities* brochure (for individuals 16 and older).
2. Notification of Termination or Denial of Eligibility
  - a. Contact the applicant/client by phone before mailing the denial/termination notice. If the applicant is a former DDA client and a NSA representative is known, attempt to contact them as well.
    - 1) Explain the decision.
    - 2) Explain appeal rights and timelines.
    - 3) Explain the next steps regarding notification.
    - 4) 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/client and their NSA representative if applicable:

- 1) Eligibility Termination or Denial PAN.
  - 2) Printout of CARE determination showing all documents used as evidence.
  - 3) Any other relevant information.
- c. Record all mailings of notices in the CARE Eligibility Decisions screen and maintain copies of all correspondence that has been translated in the applicant's paper file.
- d. Record in the SER all interviews and phone contacts made with or on behalf of the applicant.
- e. Notify the client's CRM of the eligibility termination date and remind them to:
- 1) Close all authorizations for service effective on the termination date.
  - 2) If the client is receiving benefits in ACES, notify the DDA Long-term Care financial team via Barcode of termination of DDA eligibility.
- f. For DDA clients residing at Eastern or Western State Hospitals, send copies of the termination/denial PAN to:
- 1) The DDA Mental Health Program Manager, and
  - 2) The regional Mental Health CRM.

**J. CARE Documentation of Death or Discharge**

1. When a client no longer meets residency requirements per WAC 388-823-0050 or requests not to be a DDA client per WAC 388-823-1095:
  - a. Work with the paid services Case Manager to ensure all open services and RACs are end dated prior to the date of death;
  - b. Send appropriate PANs;
  - c. Send the DDA Eligibility PAN to the client per notification procedures;
  - d. Move the DDA determination to history;

- e. Inactivate the CARE record; and
  - f. If an appeal is filed, continue eligibility during the appeal. Do not continue paid services during appeal.
2. When a client dies:
- a. Enter the Date of Death in the Overview panel in CARE;
  - b. Verify that the paid CRM terminates all open service authorizations and RACs;
  - d. Move the eligibility determination and DDA Assessment to history; and
  - e. Inactivate the client with the reason “Death.”
3. If a DDA PAN is returned as undeliverable and the client/legal representative cannot be located:
- a. Document the mail return and attempts to contact in the SER;
  - b. Move the eligibility determination to history;
  - c. Close all open program records and service authorizations, etc., following the CARE process; and
  - d. Inactivate the CARE record.

**K. Appeal Rights**

- 1. Expiration of eligibility is effective on the 4<sup>th</sup>, 10<sup>th</sup>, 18<sup>th</sup>, or 20<sup>th</sup> birthday. There are no appeal rights to expiration of eligibility and services do not continue when eligibility termination is due to expiration.
- 2. A client may reapply before or after their eligibility expires.
  - a. If the client is determined ineligible before his/her eligibility expires, the client may appeal the ineligible decision; or
  - b. If the client reapplies after his/her eligibility expires, the client may appeal the denial of eligibility from the new application.
- 3. If the client is receiving DDA services at the time of the termination of eligibility, services will continue during an appeal only if the appeal is filed on time per WAC 388-825-145 and the client does not ask that services be terminated.

**L. Authorizing Paid Services During Eligibility Review**

1. New paid services may not be authorized after a client's eligibility has expired.
2. Categorically Needy Medicaid clients receiving Personal Care, Private Duty Nursing or the MICP services may continue to receive services on a month-to-month basis during the eligibility review process.
3. Medicaid services for CN eligible clients on the No Paid Services (NPS) Caseload may be authorized on a month-to-month basis during the eligibility review process.
4. Other DDA paid services may only be authorized prior to completion of the eligibility review process by a Regional Administrator approved Exception to Rule (ETR) to WAC 388-823-1010(2).
  - a. Services are only allowed if required to meet critical health and safety needs;
  - b. May not be initiated until the eligibility review process has begun; and
  - c. May be only authorized for a maximum of sixty (60) days.
5. Individuals determined ineligible would be referred to the appropriate DSHS entity for continued services.

**M. Special Populations**

1. Clients residing at Eastern State Hospital (ESH) or Western State Hospital (WSH)
  - a. All eligibility reviews for clients at ESH or WSH will comply with [DDA Policy 5.02](#), *Necessary Supplemental Accommodation*.
  - b. For all required reviews, IE staff will coordinate with the regional DDA Mental Health CRM.
  - c. When the client is residing at either ESH or WSH, follow the additional required procedures set forth in Attachment A of this policy.
2. Adults in Department of Corrections (DOC) Custody
  - a. DDA will not automatically terminate clients who are sentenced to DOC correctional facilities. Update the Residence screen in CARE with the client's DOC status.

- b. Eligibility Reviews: Eligibility reviews will be completed within ninety (90) days of the request for paid DDA services. If an ICAP is required, a qualified respondent must be available.
- c. Eligibility Termination Notification: If a client in DOC custody is determined to be ineligible for DDA, notify the Central Office DOC liaison via email.

**N. Regional Responsibilities**

- 1. Develop regional procedures that address eligibility reviews and staff responsibilities, staff training, and quality assurance in compliance with WAC 388-823, all IE policies and management bulletins.
- 2. Ensure that CRMs who perform eligibility determinations or administer ICAPs attend required training before performing IE tasks.
- 3. Comply with IE monitoring requirements.
- 4. Work with Administrative Hearing Coordinators on administrative hearings appeals regarding eligibility decisions. Participate in administrative hearings as required.
- 5. Prior to inactivating a client who is no longer eligible, assure that DDA payment authorizations, waiver eligibility, and waiver-related Medicaid documents are closed or terminated.
- 6. Provide quality control and oversight regarding eligibility decisions, compliance with review timelines, termination of payments and waiver eligibility simultaneous with termination of DDA eligibility, and proper notification of appeal rights.

**O. Central Office Intake and 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 as needed.
7. Consult with Assistant Attorneys General (AAG) and regions regarding appeals.
8. In consultation with Quality Compliance Coordination Unit Manager and staff, develop IE monitoring requirements for quality control purposes.

**EXCEPTIONS**

ETR for eligibility determinations cannot exempt requirements in RCW. The prior written approval of the Assistant Secretary or Deputy Assistant Secretary is required for any ETR to Chapter 388-823 WAC or DDA IE Policy.

**SUPERSESSION**

DDA Policy 11.01  
Issued September 1, 2014

Approved: /s/ Donald Clintsman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: September 15, 2015

Attachment A: *Procedures for Eligibility Re-Determination of Clients Residing at Eastern and Western State Hospitals*



## ATTACHMENT A

### PROCEDURES FOR ELIGIBILITY RE-DETERMINATION OF CLIENTS RESIDING AT EASTERN AND WESTERN STATE HOSPITALS

- A. DDA patients who have had an eligibility determination since June 1, 2005, do not require another eligibility determination.
- B. DDA will initiate the eligibility determination process within thirty days of admission or as soon as clinically appropriate following admission. For patients whose psychiatric status must be stable in order to proceed with the eligibility redetermination, this step may be delayed until such time that the treating hospital psychiatrist makes a determination that the patient is stable enough to proceed with the eligibility redetermination process.
- C. The DDA Mental Health CRM or designee will notify the following individuals via email or fax that DDA will be reviewing a client's eligibility prior to taking further action:
  - 1. The DDA Mental Health Program Manager;
  - 2. The ESH or WSH Habilitative Mental Health (HMH) Social Worker; and
  - 3. The ESH or WSH HMH Program Director.
- B. The DDA Mental Health CRM will coordinate with the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Director in advance of any mailed notifications.
- C. Prior to initiating an eligibility review/determination, DDA will send a copy of the [DSHS 10-301](#), *Notification of Eligibility Review*, to:
  - 1. The client;
  - 2. The client's NSA representative;
  - 3. The ESH or WSH HMH Social Worker; and
  - 4. The DDA Mental Health Program Manager.
- D. The DDA Mental Health CRM will be available to meet with the HMH treatment team, along with the Regional Support Network/Mental Health (RSN/MH) liaison staff, to address any treatment concerns or considerations this eligibility re-determination may present.

## ATTACHMENT A

- E. If the eligibility review determines the client to be ineligible, the DDA Mental Health CRM will:
1. Notify the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Director of the decision;
  2. Continue to participate in treatment planning through the Department's appeal process, if the decision is appealed; and
  3. When termination is final, work with the state hospital treatment team, along with the appropriate RSN/MH liaison staff, to identify any treatment and transition issues. The CRM will assist in transition to other appropriate resources as needed and document these efforts in the client's SER.
- F. DDA will mail the *DDA Eligibility PAN* to:
1. The client's NSA representative;
  2. The ESH or WSH HMH Social Worker; and
  3. The DDA Mental Health Program Manager.