



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: ELIGIBILITY DETERMINATION POLICY 11.01

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Authority: RCW 71A.10.020(2), 71A.10.060, 71A.16  
WAC 388-825-030, 388-825-035, 388-825-100, 388-825-120

### **BACKGROUND**

The Division of Developmental Disabilities (DDD) provides a variety of services and programs for eligible individuals and their families. The requirements for an applicant's condition to be considered a developmental disability at the time of the initial determination or upon review of eligibility are described under [WAC 388-825-030](#).

### **PURPOSE**

This policy establishes procedures for compliance with RCW 71A.10 and 71A.16 and statewide consistency for initial intake and eligibility. Refer to [DDD Policy 11.03, Eligibility Reviews](#), for procedures regarding eligibility reviews.

### **SCOPE**

This policy applies to all DDD Field Services staff who determine applicants' eligibility and/or ineligibility for DDD services.

### **POLICY**

DDD shall ensure that eligibility processes and decisions are accurate, consistent, and timely. All applicants who are determined eligible or ineligible for DDD services will be appropriately notified of the decision and, in the case of denial of eligibility, their right of appeal.

- A. Accuracy and consistency will be achieved through the following:
1. The authority to make eligibility decisions will be limited to designated, trained staff.

2. Case Resource Managers (CRM) will not determine eligibility or administer the *Inventory for Client and Agency Planning (ICAP)* for anyone on their caseloads.
- B. Eligibility determinations will be made within ten (10) working days of receipt of the required documentation. If sufficient information is unavailable, determine the applicant ineligible based on the available information.

## **PROCEDURES**

### **A. Initial Contact with the Applicant/Legal Representative**

1. Information that can be provided by telephone:
  - a. DDD services and the intake process;
  - b. Options for completing application (i.e., telephone, in-person, mail); and
  - c. Availability of assistance and special accommodations to assist with the application process.
2. Information that will be provided to all applicants and their legal representative by mail or in person:
  - a. *Consent* form ([DSHS 14-012](#));
  - b. *Notice of Privacy Practices for Client Confidential Information* form ([DSHS 03-387](#));
  - c. *Eligibility for Services WAC 388-825-030* application ([DSHS 10-213](#));
  - d. *Who, What, Where, How? DDD Services and Supports* brochure ([DSHS 22-722x](#));
  - e. DDD internet address ([DSHS Division of Developmental Disabilities](#)); and
  - f. Documentation needed for eligibility.
3. If the person decides not to apply for DDD services, offer to provide referral information to other services.

### **B. Assisting Applicant to Obtain Documentation**

1. Send signed *Consent* form ([DSHS 14-012](#)) to the identified sources of information;

2. Track mailing and receipt of information;
3. DDD may reimburse for cost of copying documents within WAC guidelines;
4. If no response in thirty (30) days, follow-up with a telephone call; and
5. If there is no information available after sixty (60) days, contact the family for assistance and/or make a determination based on the available information.
6. DDD will not pay for assessments for the purpose of determining eligibility. The only assessment administered by DDD is the ICAP per [WAC 388-825-035\(7\)](#).
7. [WAC 246-08-400](#) allows 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. Any such billings will be given to the Regional Business Managers for payment.

**C. Reviewing Eligibility Documentation**

1. Is there sufficient information to make a decision? If not, notify the applicant/legal representative, then deny for lack of information or lack of response.
2. Is there evidence of an eligible condition?
3. Did the appropriate professional make the diagnosis?
4. Is there evidence of “substantial handicap” for the eligible condition?
5. Is an ICAP required?

**D. Administering the ICAP for Eligibility Under “Other Condition”**

1. There must be a qualified respondent to proceed with the ICAP.
2. Identify respondents and require the presence of the applicant for a skills demonstration.
3. Provide the respondents with [Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale](#), and DSHS Form 10-329, [Informed Consent for ICAP](#), prior to administering the ICAP.

4. Ask the respondents to read and sign the section entitled “Declaration of Understanding” on page three of DSHS 10-329, [\*Informed Consent for ICAP\*](#).
5. Offer the respondents the opportunity to answer questions in private and document this conversation.
6. Include the applicant in the discussion, but direct questions to the respondents.
7. After reaching agreement on the responses, review the completed section with the respondents, and have them initial the bottom of each ICAP section to document their agreement.
  - a. If a respondent disagrees with the response DDD has chosen, review the question and response, and either change the response or note this on the page with the reason for the different conclusion.
  - b. Observe or ask the applicant to demonstrate any or all of the following tasks. The suggested items to use for this demonstration are listed below.

**Motor Skills:** Items #1 through #11, #13, #14, #16, #17, and #18

Suggested items for demonstration:

Foam beads in jar

- Picks up small object (Item #1)
- Transfers small objects from one hand to another (Item #2)
- Puts small objects into containers and takes them out again (Item #6)

Chair

- Observe if applicant is able to sit alone for thirty seconds with head and back held straight and steady, without support (Item #3)
- Observe if applicant is able to stand for at least five seconds by holding on to furniture or other objects (Item #4)
- Observe if applicant pulls self into a standing position (Item #5)

Stand/Walk

- Stands alone and walks for at least six feet (Item #7)

Crayons and blank paper

- Scribbles or marks on a piece of paper (Item #8)

Foam beads wrapped in foil

- Removes wrapping (Item #9)

Standard round door knob or handle

- Turns a knob or handle and opens a door (Item #10)

Stairs

- If the ICAP is done in the home and the home has stairs, staff will demonstrate going up and down stairs by alternating feet from step to step (Item #11)

Scissors, thick black marker and blank paper

- Cuts along a thick straight line (Item #13)

Blank paper and pen

- Prints first name, copying from example (Item #14)
- Envelope and previously used paper
- Folds letter into three equal sections and seals it in an envelope (Item #16)

Sewing needle, thread, buttons, felt

- Threads a sewing needle (Item #17)

Note: If client can thread a sewing needle, go to “repairs minor damage to clothing” under Personal Living Skills, Item #21

**Social and Communication Skills:** Items #1 through #3, #5, #6, #8 through #10, #14, #17, #18

Suggested items for demonstration:

Informal conversation and observation

- Shakes head or otherwise indicates ‘yes’ or ‘no’ (Item #6)
- Turns head toward speaker when name is called (Item #3)
- Speaks in three or four word sentences (Item #10)

Knife, fork and spoon

- Hands toys or objects to another person (Item #5)

Common signs/symbols sheet

- Responds appropriately to most common signs, symbols, for example staff can point to a symbol and ask client to identify it, what it is for, etc. (Item #14)

**Personal Living Skills:** Item #21

Suggested items for demonstration:

Sewing needle, thread, buttons, felt

- Sews a button on the felt and/or demonstrates sewing stitches on the felt (Item #21)

**Community Living Skills:** Item #10

Suggested items for demonstration:

Informal conversation and observation

- States day, month and year of birth (Item #10)

8. Score the ICAP using the ICAP computer program.

**E. Timeliness**

1. Make eligibility determination within ten (10) working days of receipt of the required documentation, including the ICAP.

2. Make a reasonable effort to conclude eligibility determinations within ninety (90) calendar days.

## F. **Notification Requirements**

### 1. General Requirements

- a. Per [RCW 71A10.060](#), the applicant and at least one other person will be notified in writing of the eligibility status.
  - 1) Use DSHS/DDD forms for eligibility determination notification.
  - 2) Enclose a copy of the completed *Application for DDD Services* form ([DSHS 14-151](#)) with the notification.
  - 3) For children age birth to three years, provide the name and phone number of the Family Resource Coordinator (FRC).
- b. Maintain copies of all correspondence and certified mail receipts in the applicant's file and document, sign, and date in the narrative record of the file all interviews and phone contacts made with, or on behalf of, the applicant.

### 2. Notification of DDD Eligibility

- a. Send the *Notification of Eligibility* letter ([DSHS 10-306](#)) and enclose the DDD Waivers information brochure ([DSHS 22-605](#));
- b. Check ACES and print out ACES record for the case file; and
- c. Confirm Social Security number from ACES or from the applicant/legal representative.

### 3. Notification of Denial of DDD Eligibility

- a. Call or see the applicant in person to explain the denial of eligibility and the person's right to appeal the decision.
- b. Assist the person to appeal if they ask for assistance to do so. For example, if the person is unable to write but wants to send a request for appeal, help the person do so, and refer the person to an advocate or family member for assistance with the appeal process.

- c. Send by certified mail to the applicant and one other person the following documents:
- *Notification of Denial of Eligibility* ([DSHS 10-307](#))
  - *Eligibility for Services WAC 388-825-030* ([DSHS 10-213](#))
  - *Request for Fair Hearing* ([DSHS 05-013](#))
- d. If the certified letter is returned to DDD, re-send by regular mail.

## G. **CCDB Input**

### 1. Social Security numbers

- a. If the Social Security number (SSN) is not available, enter “123-45-6789” for no more than 60 days from the date of eligibility.
- b. Within 60 days, the SSN must be a client unique identifier:
- 1) The SSN assigned by the Social Security Administration;
  - 2) 999-6 digit DDD identifier for persons who are not legally eligible for an SSN.

### 2. Qualifying Disability And Secondary Disability

- a. Only disabilities that meet WAC criteria for developmental disability eligibility can be entered into this screen as either the qualifying disability or a secondary disability.
- b. If a person qualifies with more than one disability, the person/family can choose which is entered as the qualifying disability. The other will be entered as a secondary disability.
- c. Policy exception is used only for children in the Medically Intensive Program who have no other qualifying disability.
- d. The following disability choices are not eligible per WAC and cannot be selected as either the qualifying or secondary disability:
- Blindness;
  - Dual diagnosis; and
  - Deafness.

**EXCEPTIONS**

No exceptions to this policy may be granted without the prior written approval of the Division Director.

**SUPERSESSION**

DDD Policy 11.01  
Issued May 23, 2004

DDD Policy 11.01  
Issued October 17, 2003

DDD Policy 11.01  
Issued August 11, 2003

DDD Policy 11.01  
Issued July 1, 2003

DDD Policy 11.01  
Issued April 13, 2000

DDD Policy 11.01  
Issued April 8, 1996

DDD Policy 11.01  
Issued February 17, 1994

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

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