



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ELIGIBILITY EXPIRATIONS AND REVIEWS POLICY 11.03

Authority: RCW 71A.16.040 (3) *Determination of Eligibility*
WAC 388-823-1000-1100 *Eligibility Expiration, Reviews, & Reapplication*

PURPOSE

This policy establishes a consistent process for completing eligibility re-determinations and reviews in compliance with Chapter 388-823 WAC.

SCOPE

This policy applies to Division of Developmental Disabilities (DDD) Field Services staff.

POLICY

DDD will provide timely notice and determinations to clients/families whose eligibility is subject to expiration and reviews. DDD will not require review of adults receiving DDD paid services as defined in WAC 388-823-1010.

- A. Eligibility expiration requires a reapplication for an eligibility determination and occurs at the following times:
 - 1. On the 4th birthday for all children; and
 - 2. On the 10th birthday for children eligible under Down syndrome, developmental delay, the Medically Intensive Children's Program (MICP) or "too severe to be assessed."

- B. Eligibility reviews do not require a reapplication and can occur at the following times:
 - 1. At any time for persons age 10 or older determined eligible under Down syndrome or developmental delay prior to July 2005;

2. At age 17 and before the 18th birthday for all disability conditions;
3. For children in the MICP, prior to the 18th birthday or when no longer eligible for MICP;
4. Prior to initiation of paid services if:
 - a. Age 4 through 17 and eligible before July 2005 under developmental delay or Down syndrome; or
 - b. Age 18 or older and the person's eligibility determination is more than 24 months old.
5. 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); and
6. At any time, if new diagnostic information becomes available and 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 eighteen years.

PROCEDURES

A. Expiration of Eligibility for Children Age 4 and 10 Years

1. Expiration notices will be mailed to the parent/legal representative at least six (6) months before the 4th and 10th birthday and documented in the Service Episode Record (SER):
 - a. [DSHS 10-377, Notification of Age Four \(4\) Eligibility Expiration](#); or
 - b. [DSHS 10-378, Notification of Age Ten \(10\) Eligibility Expiration](#).
2. If a client/representative requests an application form:
 - a. Send a packet containing the following enclosures:
 - 1) A postage paid, addressed return envelope;
 - 2) [DSHS 14-151, Request for DDD Eligibility Determination](#);
 - 3) [DSHS 16-192, Intake Cover Letter](#), with instructions, contact name, and phone number;
 - 4) [DSHS 14-012, Consent](#);

- 5) [DSHS 03-387, Notice of Privacy Practices for Client Confidential Information](#) (if no signed copy in the file); and
 - 6) [DSHS 14-459, Eligible Conditions Specific to Age and Type of Evidence](#).
- b. Document the request and the date the packet is sent in the SER.
 - c. When a signed [DSHS 14-151, Request for Eligibility Determination](#), is received, open a new DDD Determination in CARE.
 - 1) Use the receipt date of the signed application for both “date application mailed” and “date received.”
 - 2) The HIPAA date is the date the [DSHS 03-387, Notice of Privacy Practices for Client Confidential Information](#), is signed.
3. If no request for reapplication is received within 90 days of the date of the expiration notice, mail a *DDD Eligibility Planned Action Notice (PAN)* per WAC 388-825-105 and DDD Policy 5.02, *Necessary Supplemental Accommodation*.
 - a. Include information on termination of any programs or services the client may be receiving on the PAN; and
 - b. Record all contacts and correspondence in the SER with Intake/Eligibility (DDD) Purpose codes.
 4. If the client is receiving DDD services and has not reapplied, thirty (30) days prior to expiration the case carrying Case Resource Manager (CRM) will attempt a courtesy call to the parent/legal representative to explain the termination of services.
 5. Expiration of eligibility takes effect on the 4th and 10th birthday if there is no completed eligibility decision. Follow the steps below:
 - a. Terminate the payment authorizations effective no later than the eligibility expiration date;
 - b. Move the DDD Assessment to history;
 - c. Move the DDD determination to history; and
 - d. Inactivate the client in CARE.

6. If re-determination at age 3 results in an ineligible decision, eligibility termination is effective on the 4th birthday.
7. If re-determination at age 9 results in an ineligible decision, eligibility termination is effective on the 10th birthday.
8. If eligibility is re-determined after the expiration date, the new eligibility date is the date of receipt of the last document received for eligibility re-determination.
9. If the individual is determined eligible, send the *Eligibility Planned Action Notice* to the applicant/legal representative and their NSA representative, if applicable. Include the following documents with the PAN:
 - a. DSHS 22-722, *Who, What, Where, How? DDD Services and Supports* brochure;
 - b. DSHS 22-605, *Home and Community Based Waiver Services* brochure; and
 - c. DSHS 16-172, *Your Rights and Responsibilities When You Receive Services Offered by the Aging and Disability Services Administration*.

B. Review of Eligibility Prior to the 18th Birthday

1. At age 17, review all eligible clients to ensure eligibility under Chapter 388-823 WAC unless eligibility was initially determined at age seventeen.
2. Notify the parent/legal representative, enclosing a postage paid, 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. DSHS 02-541, *Voter Registration Service*.
3. Create the pending determination and record in the CARE SER with Intake/Eligibility (DDD) Purpose codes:

- a. Date the DSHS 10-301, *Notification of Eligibility Review*, is mailed;
 - b. Date that the DSHS 14-012, *Consent*, is received;
 - c. HIPAA date is the date that the DSHS 03-387, *Notice of Privacy Practices for Client Confidential Information*, is signed; and
 - d. Ensure that copies of all notices sent to the client are added to the client file.
4. The eligibility determination will be made based on information available:
- a. If there is sufficient information in the client file to re-determine eligibility, new information is not required.
 - b. Failure to return the consent form restricts DDD staff to the information available in the file for making a re-determination of eligibility.
 - c. If there is insufficient information to make a determination of eligible and a signed consent form is not returned, the client will be determined ineligible.
 - d. Eligibility review decisions will be made effective by the 18th birthday unless new evidence is expected based on information entered into the CARE DDD Determination screens and the SER.
 - e. When a client is determined ineligible, follow the procedures in section A.5 above.

C. Review of Eligibility for Adults

1. When any other eligibility review is required, follow step 2 in the procedures outlined for the 18 year old reviews.
2. Regions will have a written procedure for identifying and referring clients for eligibility reviews.
3. Review of clients age 18 or older is required prior to initiation of paid services only when the following apply:
 - a. The current eligibility determination is more than 24 months old; and
 - b. The person is not currently receiving a paid DDD service as defined in WAC 388-823-1015 and requests a paid service.

D. Authorizing Paid Services

Paid services may be authorized prior to the completion of an eligibility review or redetermination only if the individual's eligibility has not expired and one of the following criteria applies:

1. Categorically Needy (CN) Medicaid clients currently in eligibility review status who are receiving Medicaid Personal Care (MPC), Private Duty Nursing (PDN), Medically Intensive Children's Program (MICP), or Adult Day Health (ADH) services:
 - a. Continue payments for the above services on a month-to-month basis during the eligibility review and appeal per WAC 388-825-145.
 - b. If the client is determined no longer to meet DDD eligibility, transfer CARE to the Home and Community Services Division or the Specialized Unit for MPC (S-UM).
2. CN Medicaid clients in eligibility review status that are requesting MPC, PDN, MICP, or ADH and require an eligibility review:
 - a. Follow the normal business process for No Paid Service (NPS) clients requesting a paid service and ensure that the I/E staff is included on the client's team.
 - b. If a client is determined eligible for the requested state plan service, payment can be initiated before the eligibility review is completed, but is authorized on a month-to-month basis until eligibility is determined.
 - c. If the client is determined to no longer meet DDD eligibility, transfer CARE to the Home and Community Services Division or the Specialized Unit for MPC (S-UM).
3. Initiating paid services for other clients prior to completion of a required eligibility review or re-determination requires an Exception to Rule (ETR) if:
 - a. The paid services are required to meet a critical health and safety need; and
 - b. The eligibility review is initiated before paid services are authorized.
4. The Regional Administrator or designee may approve an ETR to WAC 388-823-1010 for a maximum of sixty (60) days.
 - a. Complete the Exception Request in CARE; and

- b. Initiate the PAN and Social Service Payment System (SSPS) authorization. The end dates cannot exceed the expiration birthday or termination date.

E. Case Transfers During the Reapplication or Review Period

1. If a client/family moves to another region and is not yet known to the other region, the originating region will:
 - a. Send the notice of expiration or review to the forwarding address, if known. When the client/family responds, inform them that the file will be transferred to the new region.
 - b. If there is no forwarding address or the notice is returned as undeliverable, the case is closed in CARE.
 - c. Notify the new region that the file is being transferred to them.
 - d. The new region will complete the eligibility determination.
2. If there is no response to the notice request for the case transfer after thirty (30) days, the originating region:
 - a. Follows up with the new region to confirm no contact, calls the client/family; and
 - b. Depending on the outcome of the client/family contact, terminates DDD eligibility or transfers the case.
3. If the client/family contacts DDD for an eligibility review or reapplication, refer them to the region they are living in and transfer the records to that region.

F. Special Populations

1. **Clients residing at Eastern State Hospital (ESH) or Western State Hospital (WSH)**
 - a. Before initiating an eligibility review on an a client at ESH or WSH, DDD staff will review and comply with DDD Policy 5.02, *Necessary Supplement Accommodation (NSA)*, Procedures, Section C.
 - b. For all required reviews, I/E staff will coordinate with the regional DDD Mental Health CRM.

- c. When the class member is residing at either ESH or WSH, follow the additional required procedures set forth in Attachment B of this policy.

2. **Adults in Department of Corrections (DOC) Custody**

- a. DDD 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. Voluntary termination from DDD: If a client requests to terminate his/her DDD eligibility, request that the client or his/her legal representative and a witness sign a discharge request letter that explains the consequences of terminating DDD eligibility.
- c. Eligibility Reviews: Eligibility reviews will be completed within ninety (90) days of the request for paid DDD services. If an ICAP is required, a qualified respondent must be available.
- d. Eligibility Termination Notification: If a client in DOC custody is determined to be ineligible for DDD, notify the Central Office DOC liaison via email.

G. Meeting Compliance Timelines

1. Required reapplications and reviews must be initiated six (6) months before the 4th, 10th, and 18th birthdays and before initial authorization of paid services per WAC 388-823-1010.
2. CARE DDD Eligibility Expiration/Review Reports are available to assist regions in tracking children turning ages 3, 9, and 17; turning 3-½, 9-½, and 17-½, and ninety (90) days prior to the 4th, 10th, and 18th birthdays.

H. Termination/Denial Notification Procedures

1. Contact each client/family by phone prior to mailing the letter to explain the eligibility termination/denial and appeal rights. If the number has been disconnected or changed, document attempts in the SER.
2. Send the *DDD Eligibility Planned Action Notice* by regular mail to the client and his/her parent or NSA representative per WAC 388-825-100 as follows:
 - a. For children living in the same household as their parent or legal representative, send the notice in one envelope.

- b. If the child is in the legal custody of DSHS through a dependency court order, send the notice to the Children's Administration social worker, not to the parent.
 3. If the *DDD Eligibility Planned Action Notice* is returned due to an incorrect mailing address, document in the SER all reasonable efforts to locate the client/family (e.g., calling the paid provider, ACES, client registry, phone book, other listed significant others).
 4. The I/E staff will notify the client's CRM of the eligibility termination date.
 - a. Close all SSPS and county service authorizations effective the termination date.
 - b. If the client is receiving benefits in ACES, notify the Community Service Office (CSO) via Barcode of termination of DDD eligibility.
 - c. Notify the Health and Recovery Services Administration (HRSA) via email of a current client's DDD eligibility termination to update the Medicaid information.
 5. Marr class members residing at ESH: Send copies of the termination/denial *DDD Eligibility Planned Action Notice* to:
 - a. The client;
 - b. The NSA representative;
 - c. The DDD Mental Health Program Manager;
 - d. The regional Mental Health CRM; and
 - e. Disability Rights Washington (DRW) if the client is a patient at Eastern State Hospital (ESH).
- I. Discharge/Move to History
 1. When a client establishes residency in another state or requests to no longer be a DDD client:
 - a. Terminate all open service authorizations and send appropriate PANs;
 - b. Send the *DDD Eligibility Planned Action Notice* to the client per notification procedures, move the DDD determination to history, and inactivate the CARE record; and

- c. If an appeal is filed, continue eligibility during the appeal. Do not continue paid services during appeal when someone is no longer a Washington State resident.
 2. When a client dies:
 - a. Enter the Date of Death in the Overview panel in CARE;
 - b. Move the eligibility determination to history;
 - c. Terminate all open service authorizations; and
 - d. Inactivate the client with the reason "Death."
 3. If a DDD 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. Terminate all open program records and service authorizations; and
 - d. Inactivate the CARE record.

J. Appeal Rights

1. Expiration of eligibility is effective on the 4th or 10th birthday. There are no appeal rights to expiration of eligibility.
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; and
 - 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 DDD services at the time of the determination of ineligibility, services will continue during an appeal only if the appeal is filed on time per WAC 388-825-150 and the client does not ask that services be terminated.

K. Regional Responsibilities

1. Determine I/E staff responsibilities that will enable compliance with the expiration and review requirements.
2. The regional Mental Health CRMs will distribute the list of Allen/Marr class members to I/E staff on a monthly basis.
3. CRMs or supervisors who perform eligibility determinations or administer ICAPs must attend required training before performing I/E tasks.
4. Track eligibility data in CARE.
5. The “next review” date is the expiration or review date generated by the CARE application (i.e., 4th, 10th, or 18th birthday).
6. With the termination of DDD eligibility, assure that DDD payment authorizations, waiver eligibility, and waiver-related Medicaid documents are simultaneously closed or terminated.
7. Provide quality control and oversight regarding eligibility decisions, compliance with review timelines, termination of payments and waiver eligibility simultaneous with termination of DDD eligibility, and proper notification of appeal rights.
8. Develop regional procedures that address eligibility reviews and staff responsibilities, staff training, and quality assurance of the process.
9. Comply with DDD Policy 11.01, *Eligibility Determination*, regarding regional quality control responsibilities for eligibility.

L. Quality Control and Compliance (QCC) Coordinator Responsibilities

The assigned QCC Coordinator will assist the region with:

1. Developing regional plans and strategies to ensure compliance and statewide consistency;
2. Eligibility policy and procedures; and
3. Monitoring of regional ETRs to initiate paid services prior to completion of the eligibility review.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSSION:

DDD Policy 11.03
Issued June 1, 2009

Approved: /s/ Linda Rolfe Date: January 15, 2010
Director, Division of Developmental Disabilities

Attachment A: *Eligibility Expiration and Review Requirements*

Attachment B: *Procedures for Eligibility Re-Determination of Clients Residing at State Hospitals*

ATTACHMENT A
ELIGIBILITY EXPIRATION AND REVIEW REQUIREMENTS
WAC 388-823

AGE	ELIGIBILITY CONDITIONS	EXPIRATION	REVIEW	ADDITIONAL CRITERIA
Regardless of date of eligibility determination				
4th birthday	ALL	X		
10th birthday	Developmental Delay Down Syndrome 'Too severe to be assessed' Medically Intensive Children's Program	X		
18th birthday	Medically Intensive Children's Program	X		This eligibility condition is limited to children under the age of 18.
Age 17 - 18	ALL		X	Review begins at age 17 with termination no sooner than 18th birthday.
18 yrs old or older	ALL		X	Prior to initial authorization of paid services if most current eligibility determination is more than 2 yrs. old, <u>and</u> you are not receiving paid DDD services.
At any age	ALL		X	Evidence was insufficient, in error, or fraudulent or if new information becomes available.
At any age	Medically Intensive Children's Program		X	No longer eligible for continuous nursing through MICP.
Eligibility determined before July 2005				
Age 4 through 17	Developmental Delay Down Syndrome		X	Prior to initiation of paid services if you are not receiving paid services.
10th birthday	Down Syndrome Developmental Delay Medically Intensive Children's Program	X		Ages 4 through 9
Age 10 or older	Developmental Delay Down Syndrome		X	Can be reviewed at any time.

ATTACHMENT B

PROCEDURES FOR ELIGIBILITY RE-DETERMINATION OF CLIENTS RESIDING AT STATE HOSPITALS

- A. The DDD Mental Health Case Resource Manager (CRM) or his/her designee will notify the following people via email or fax that DDD will be reviewing a client's eligibility who is currently residing at a state hospital prior to taking further action:
1. The DDD Mental Health Program Manager;
 2. The Eastern State Hospital (ESH) or Western State Hospital (WSH) Habilitative Mental Health (HMH) Social Worker; and
 3. The ESH or WSH HMH Program Manager.
- B. The DDD Mental Health CRM will coordinate with the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Manager in advance of any mailed notifications.
- C. Prior to initiating an eligibility review/determination, DDD 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;
 4. The DDD Mental Health Program Manager; and
 5. Disability Rights Washington (DRW) if the individual is a patient at ESH.
- D. The DDD Mental Health CRM will be available to meet with the HMH treatment team, along with the RSN/MH liaison staff, to address any treatment concerns or considerations this eligibility re-determination may present.
- E. If the eligibility review determines the client to be ineligible, the DDD Mental Health CRM will:
1. Notify the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Manager of the decision;
 2. Continue to participate in treatment planning through the Department's appeal process, if the decision is appealed; and

ATTACHMENT B

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. DDD will mail the *DDD Eligibility Planned Action Notice* to:
1. The client's NSA representative;
 2. The ESH or WSH HMH Social Worker;
 3. The DDD Mental Health Program Manager; and
 4. Disability Rights Washington (DRW) if the individual is a patient at ESH.
- G. Eligibility Rules Applicable to Persons in Psychiatric Facilities
1. Follow WAC 388-823-0420(2):
“If DDD is unable to determine that your current adaptive functioning impairment is the result of your developmental disability because you have an unrelated injury or illness that is impairing your current adaptive functioning:
 - (a) *DDD will not accept the results of a VABS or SIB-R administered after that event and will not administer the ICAP; and*
 - (b) *Your eligibility will have to be determined under a different condition that does not require evidence of adaptive functioning per a VABS, SIB-R or ICAP.”*
 2. If a Full Scale IQ is required as evidence of eligibility, refer to WAC 388-823-0215 and 0230.
- H. Client Requests to Terminate
- When a client requests to terminate DDD services voluntarily while residing in a state hospital, DDD will acknowledge the request in writing using DSHS 10-312, *Response to Disenroll from DDD*, and send copies of the notice to DRW if the client is a patient at ESH, and the regional DDD Mental Health CRM.
1. When the client is determined by the treating psychiatrist to be psychiatrically stable, DDD will review the class member's request with the class member. DDD will notify DRW in advance of this meeting.

ATTACHMENT B

2. If the client confirms that he/she wants to terminate DDD eligibility and services voluntarily, complete the DSHS 10-310, *Notice of Disenrollment from DDD*, and the DSHS 10-298, *Notification of Termination from DDD HCBS Waiver*, if the client is enrolled in the waiver.
 - a. Have the client or his/her legal representative sign a written statement requesting discharge from DDD and DDD services. Obtain a witness' signature if possible.
 - b. Provide copies of the signed statement and the DSHS 10-310 to:
 - 1) The client;
 - 2) The client's NSA representative;
 - 3) The Regional Support Network (RSN);
 - 4) The DDD Mental Health Program Manager;
 - 5) The DDD Mental Health CRM; and
 - 6) DRW if the individual is a patient at ESH.