



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ELIGIBILITY EXPIRATIONS AND REVIEWS POLICY 11.03

Authority: [RCW 71A.16.040](#) *Determination of Eligibility*
[WAC 388-823-1000](#) *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. Eligibility Review Notification

1. All eligibility reviews require prior notification to the client/legal representative and NSA representative.
2. Mail the notice to the last known address.
 - a. If it comes back undeliverable, close the case.
 - b. If it comes back with a forwarding address, re-mail it.
3. If the client/applicant has moved to a different region, transfer the file to the new region.
4. The eligibility determination will be done by the region in which the client/applicant lives.

B. 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 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) An 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);
 - 6) [DSHS 14-459, Eligible Conditions Specific to Age and Type of Evidence](#); and
 - 7) DSHS 02-590, *Native American/Alaskan Native/ Tribal Affiliation Information Request* (available on the DSHS Intranet website only).
 - 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 ninety (90) days of the date of the expiration notice, mail a *DDD Eligibility Planned Action Notice (PAN)* per [WAC 388-825-105](#).
 - a. Include information on termination of any programs or services the client may be receiving on the PAN; and

- b. If the client is receiving DDD paid services, contact the client/NSA representative per DDD Policy 5.02, *Necessary Supplemental Accommodation*.
 - c. Record all contacts and correspondence in the SER with Intake/Eligibility (DDD) Purpose codes.
4. If the client is receiving DDD paid 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 *DDD Eligibility Planned Action Notice (PAN)* 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;

- c. [DSHS 14-454, Estate Recovery Fact Sheet](#) along with [Estate Recovery for Medical Services Covered by the State](#), from Columbia Legal Services; and
- d. [DSHS 22-1463, Employment Support Services for Adults with Developmental Disabilities](#) brochure (for individuals 16 and older).

C. 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 17.
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);
 - e. DSHS 02-541, *Voter Registration Service* (available on the DSHS Intranet website only); and
 - f. DSHS 02-590, *Native American/Alaskan Native/ Tribal Affiliation Information Request* (available on the DSHS Intranet website only).
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; and
 - c. HIPAA date is the date that the [DSHS 03-387, Notice of Privacy Practices for Client Confidential Information](#), is signed.
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. If a signed consent form is not received, eligibility determination will be made based on information available in the file.
- 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 B.5 above.

D. Eligibility Reviews for Other Situations (per [WAC 388-823-1010](#))

- 1. When any other eligibility review is required, follow steps 2 through 4 in the procedures outlined for the 18 year old reviews (Section C above).
- 2. Regions will have a written procedure for identifying and referring clients for eligibility reviews.

E. Authorizing Paid Services During Eligibility Review

- 1. New paid services may not be authorized after a client's eligibility has expired.
- 2. CN Medicaid clients receiving MPC, PDN, or 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 NPS caseload may be authorized on a month-to-month basis during the eligibility review process.
- 4. Other DDD paid services may only be authorized prior to completion of the eligibility review process by an Exception to Rule (ETR) to [WAC 388-823-1010\(3\)](#) that is approved by the Regional Administrator.
 - 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 will be referred to the appropriate DSHS entity for continued services.

F. 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 only one notice.
 - 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 and remind them to:
 - a. Close all SSPS and county service authorizations effective on 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.

G. 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.

H. 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.

I. Special Populations**1. Clients residing at Eastern State Hospital (ESH) or Western State Hospital (WSH)**

- 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 A 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.

J. Regional Responsibilities

- 1. Determine Intake and Eligibility (I/E) staff responsibilities that will enable compliance with the expiration and review requirements.
- 2. CRMs or supervisors who perform eligibility determinations or administer ICAPs must attend required training before performing I/E tasks.
- 3. Monitor Eligibility reports.
- 4. Prior to inactivating a client who is no longer eligible, assure that DDD payment authorizations, waiver eligibility, and waiver-related Medicaid documents are closed or terminated.

5. 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.
6. Develop regional procedures that address eligibility reviews and staff responsibilities, staff training, and quality assurance of the process.
7. Comply with DDD Policy 11.01, *Eligibility Determination*, regarding regional quality control responsibilities for eligibility.

K. 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 January 15, 2010

Approved: /s/ Linda Rolfe Date: June 1, 2012
Director, Division of Developmental Disabilities

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

ATTACHMENT A

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; and
 4. The DDD Mental Health Program Manager.
- D. The DDD 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.
- 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 A

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; and
 3. The DDD Mental Health Program Manager.
- 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 [WAC 388-823-0230](#).
- 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 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.
 2. If the client confirms that he/she wants to terminate DDD eligibility and services voluntarily, complete DSHS 10-310, *Notice of Disenrollment from DDD*, and DSHS 10-298, *Notification of Termination from DDD HCBS Waiver*, if the client

ATTACHMENT A

is enrolled in the waiver (both forms are available on the DSHS Intranet website only).

- a. Have the client or the client's legal representative sign a written statement requesting discharge from DDD and DDD services. Obtain the signature of a witness 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; and
 - 5) The DDD Mental Health CRM.