



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ELIGIBILITY EXPIRATIONS AND REVIEWS POLICY 11.03

Authority: RCW 71A.16.040(3) *Determination of Eligibility*
WAC 388-823-1005 through 1090 *Applying for a Determination of a
Developmental Disability*

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) Intake and Eligibility staff.

POLICY

DDD will provide timely notice and determinations to clients/families whose eligibility is subject to expiration and reviews, and 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 fourth birthday for all children;
 - 2. On the tenth birthday for children eligible under Down syndrome, developmental delays, medically intensive program, 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 ten or older determined eligible under Down syndrome or developmental delays prior to July 2005;

2. At age 17 and before the 18th birthday for all disability conditions;
3. For Medically Intensive Home Care Program (MIHCP) children, prior to the 18th birthday or when no longer eligible for MIHCP;
4. Prior to initiation of paid services if:
 - a. Age four 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 is 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 18.

PROCEDURES

A. Expiration of Eligibility

1. Expiration/reapplication notices will be mailed to the eligible child and parent/legal representative during the month of the third and ninth birthday and six months before the fourth and tenth birthday.
 - a. Record these mailings in the CARE application:
 - 1) The date application is sent is the date the Request for DDD Eligibility Determination is mailed with the [Notification of Age Four \(4\) Eligibility Expiration \(DSHS 10-377\)](#) or [Notification of Age Ten \(10\) Eligibility Expiration \(DSHS 10-378\)](#);
 - 2) The date the Request for DDD Eligibility Determination is returned;
 - 3) HIPAA date is the date [Notice of Privacy Practices for Client Confidential Information \(DSHS 03-387\)](#) is mailed.
 - b. Email or copy the case resource manager (CRM) regarding any notice.

2. These documents will include a postage paid, addressed return envelope and enclosures:
 - a. Request for DDD Eligibility Determination;
 - b. [Notification of Age Four \(4\) Eligibility Expiration \(DSHS 10-377\)](#) or [Notification of Age Ten \(10\) Eligibility Expiration \(DSHS 10-378\)](#) with instructions, contact name, phone number and internet address;
 - c. [Consent \(DSHS 14-012\)](#);
 - d. [Notice of Privacy Practices for Client Confidential Information \(DSHS 03-387\)](#);
 - e. [Who, What, Where, How? DDD Services and Supports \(DSHS 22-722\)](#);
 - f. [Estate Recovery Fact Sheet \(DSHS 14-454\)](#) along with [Estate Recovery for Medical Services Covered by the State](#), from Columbia Legal Services; and
 - g. [Eligible Conditions Specific to Age and Type of Evidence \(DSHS 14-459\)](#);
3. If no reapplication is received, notice of expiration [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#) will be sent 90 days before the fourth or tenth birthday.
 - a. Before sending [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#), DDD will attempt to call and talk with the family/legal representative to explain the termination and requirement for reapplication.
 - b. Record all contacts and correspondence in the Service Episode Record (SER).
 - c. Email or copy the CRM regarding any notice.
 - d. If the child is receiving paid DDD services, enclose the termination notice relevant to the paid service in the same envelope with the eligibility PAN.
4. Expiration of eligibility takes effect on the fourth and tenth birthday if there is no completed decision of eligibility.

- a. Ensure that the CRM has terminated payment authorizations effective no later than the eligibility expiration date.
- b. Terminate the client eligibility in Comprehensive Assessment Reporting Evaluation (CARE) and CCDB.
- c. If eligibility is re-determined after the expiration date, the new eligibility date is not retroactive to the fourth or tenth birthday. The new date of eligibility is the date of receipt of the last document received for eligibility re-determination.

B. Review of Eligibility Prior to the 18th Birthday

1. At age 17, all eligible clients are reviewed to ensure eligibility under Chapter 388-823 WAC unless eligibility was initially determined at age 17.
2. Eligibility review must be completed by the 18th birthday.
3. Eligibility terminations based on the 17-year review are effective the 18th birthday.
 - a. At age 18, the client is an adult and may be eligible for Social Security Income (SSI) and Home and Community Services (HCS) or other DSHS services.
 - b. DDD will provide information related to transition of services.
4. Review the available information in the file and determine if additional information is required to determine eligibility.
5. If additional information is required, send the [Notification of Eligibility Review \(DSHS 10-303\)](#) to the child and the parent/legal representative:
 - a. Record these mailings in the IE CARE application:
 - 1) Date [Notification of Eligibility Review \(DSHS 10-303\)](#) is mailed;
 - 2) Date that [Consent \(DSHS 14-012\)](#) is received;
 - 3) HIPAA date is the date [Notice of Privacy Practices for Client Confidential Information \(DSHS 03-387\)](#) is mailed.
 - b. Email or copy the CRM regarding any notice.

6. The notice will include a postage paid, addressed return envelope and the following enclosures:
 - a. [Notification of Eligibility Review \(DSHS 10-303\)](#);
 - b. [Consent \(DSHS 14-012\)](#);
 - c. [Eligible Conditions Specific to Age and Type of Evidence \(DSHS 14-459\)](#);
 - d. [Notice of Privacy Practices for Client Confidential Information \(DSHS 03-387\)](#);
 - e. [Estate Recovery Fact Sheet \(DSHS 14-454\)](#) along with [Estate Recovery for Medical Services Covered by the State](#), from Columbia Legal Services; and
 - f. [Who, What, Where, How? DDD Services and Supports \(DSHS 22-722\)](#)
7. If the [Consent \(DSHS 14-012\)](#) is not returned, [DSHS 14-457, DDD Eligibility Planned Action Notice](#) terminating eligibility will be sent 90 days before the 18th birthday.
 - a. Before sending the termination notice, DDD will attempt to call and talk with the family/legal representative to explain the termination and requirement for reapplication.
 - b. Record all contacts and correspondence in the SER.
 - c. Email or copy the CRM regarding any notice.
8. The review must be completed no later than 90 days before the 18th birthday to allow for transition and time for the 90 day appeal period.
9. If an appeal of an eligibility denial/termination is filed by the required date on [DSHS 14-457, DDD Eligibility Planned Action Notice](#), eligibility and paid services are continued until the final decision.

C. Review of Eligibility

1. When an eligibility review is required, follow steps 4 through 6 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
 - 1) The person is not receiving paid services and requests a paid service; or
 - 2) The person is being referred for a full assessment after a determination of “high level of need” per a DDD administered mini-assessment.

D. Authorizing Paid Services

1. Paid services may be authorized prior to the completion of a required eligibility review only through the Exception to Rule (ETR) process when the following conditions apply:
 - a. Paid services are required to meet a critical health and safety need; and
 - b. The eligibility review is initiated before paid services are authorized; and
 - c. The Regional Administrator or designee has approved an ETR to WAC 388-823-1010 that must be reviewed every 60 days.
 - 1) [Rule Exception Request \(DSHS 05-010\)](#);
 - 2) The original ETR is placed in the client file;
 - 3) A copy is sent to the regional IE QC staff.
2. The end dates of any award letters or Social Service Payment System (SSPS) authorizations cannot exceed the expiration birthday or termination date.

E. Case Transfers During the Reapplication or Review Period

1. If a family moves to another region and the family is not yet known to the other region, the originating region will:
 - a. Send the notice of expiration or review to the new address and put the contact name and number of the new home region on the letter; and
 - b. Email the letter to the Field Services Administrator (FSA) in the receiving region as a “heads up” and let them know you can transfer the file upon request if the family contacts them.
2. If there is no request for the case transfer after 30 days:
 - a. The originating region follows up with the new region to confirm no contact, calls the family; and
 - b. Depending on the outcome of the family contact, the originating region either initiates termination of eligibility of DDD services or transfers the case.
3. If the individual or 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. **Allen/Marr Class Members**

- a. Before initiating an eligibility review on an Allen/Marr Class Member, DDD staff will review and comply with [DDD Policy 5.02, Necessary Supplemental Accommodation \(NSA\)](#), Procedures Section B.
- b. DDD Eligibility staff will determine if an eligibility review is required. If a review is required, IE staff will coordinate with the regional DDD Mental Health CRM.
- c. When the class member is residing at either Eastern State Hospital (ESH) or Western State Hospital (WSH), the following additional procedures are required:
 - 1) The DDD Mental Health CRM or his/her designee will notify the following people via e-mail or fax that DDD will be reviewing a class member’s eligibility prior to taking further action:
 - a) DDD Mental Health Program Manager;

- b) ESH or WSH Habilitative Mental Health (HMH) Social Worker; and
 - c) ESH or WSH HMH Program Manager.
- 2) The DDD Mental Health CRM will coordinate and communicate with the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Manager in advance of any mailed notifications.
 - 3) The ESH or WSH HMH Social Worker will notify the Mental Health Division (MHD) Program Administrator via e-mail or telephone that the eligibility of the class member is being reviewed.
 - 4) At a mutually agreeable time, the DDD Mental Health CRM and the ESH or WSH HMH Social Worker or his/her designee, and the client's legal representative(s), if available, will meet with the class member in person to notify the class member verbally and in writing using [*Notification of Eligibility Review \(DSHS Form 10-301\)*](#) of DDD's intent to review the class member's eligibility.
 - a) This activity will be documented in the class member's hospital and DDD records;
 - b) DDD will provide a copy of [*Notification of Eligibility Review \(DSHS Form 10-301\)*](#) to the ESH or WSH HMH Social Worker for the client's hospital record; and
 - c) DDD will send a copy of or [*Notification of Eligibility Review \(DSHS Form 10-301\)*](#) to WPAS and the legal representative(s), if applicable, and to the DDD Mental Health Program Manager.
 - 5) The ESH or WSH HMH Social Worker or his/her designee will notify the HMH treatment team and the Regional Support Network/Mental Health (RSN/MH) liaison that the client will be undergoing an eligibility re-determination.
 - 6) The HMH treatment team, along with the appropriate DDD and RSN/MH liaison staff, will address any treatment concerns or considerations this process may present.

- a) The HMH treatment team will document any treatment concerns in the client record;
 - b) The ESH or WSH HMH Social Worker will request that the RSN/MH liaison participate in treatment planning.
- 7) If the eligibility review determines the client to be ineligible, the DDD/Mental Health CRM will:
- a) Notify the ESH or WSH HMH Social Worker and the ESH or WSH HMH Program Manager of the decision; and
 - b) Determine how best to deliver the information to the client.
- 8) DDD will meet with client in person and hand to the client the [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#).
- 9) DDD will mail the [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#) to:
- a) The legal representative(s);
 - b) The ESH or WSH HMH Social Worker; and
 - c) WPAS.
- 10) The class member has 90 days from receipt of the termination notice to appeal DDD's decision. The class member may appeal the decision by completing [Request for Hearing \(DSHS 05-013\)](#) enclosed with the [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#).
- a) Eligibility continues beyond the stated termination date if the appeal is filed by the date entered in the [DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)](#).
 - b) If the client or his/her legal representative appeals the decision, eligibility is continued until the completion of the Department's appeal process but no paid DDD services will be authorized until there is a final decision on the appeal from the Office of Administrative Hearings or Board of Appeals.

- c) If no appeal is filed, DDD eligibility termination becomes effective per the date entered in the [*DDD Eligibility Planned Action Notice \(PAN\) \(DSHS 14-457\)*](#).
 - d) DDD eligibility will not be continued during the client appeal through Superior Court, absent a Superior Court order staying the termination of eligibility pending judicial review.
 - e) The ESH or WSH HMH Social Worker will contact the Office of Assigned Counsel (OAC) to ensure that an attorney will be appointed to assist the class member with his/her appeal process.
 - f) These efforts will be documented in the HMH class member's record.
- 11) The DDD Mental Health CRM will continue to participate in treatment planning through the Department's appeal process, which ends with the Board of Appeals (BOA) decision.
- 12) If the Department's denial of eligibility is upheld by the Board of Appeals, DDD will continue the client's eligibility for a maximum ten (10) days.
- 13) Ten (10) days after receipt of the BOA decision, DDD will terminate the client's DDD eligibility unless there is a Superior Court order to maintain eligibility until the Superior Court decision is rendered.
- 14) If the class member is no longer eligible for DDD services, the HMH treatment team, along with the appropriate DDD and RSN/MH liaison staff, will identify any treatment and transition issues.
- a) The DDD Mental Health CRM will assist in transition to other appropriate resources as needed. These efforts will be documented in the DDD SER.
 - b) When continued hospitalization is indicated, the HMH treatment team will assist in transitioning the client to an appropriate hospital unit.

- c) If the client is to be discharged within ten (10) days, the client will remain in the HMH unit rather than be transferred to another hospital unit.
- 15) Should the Superior Court reverse DDD's decision, the client's eligibility will be reinstated and he/she may be transferred back to the HMH Unit.
- d. Eligibility Rules applicable to persons in psychiatric facilities
- 1) If evidence of adaptive functioning is required to determine eligibility under epilepsy, autism, or other condition, per WAC 388-823-0420 "DDD will not accept the results of a VABS or SIB-R administered after the onset of a secondary unrelated condition and staff will not administer the ICAP because DDD must be able to determine that the current adaptive functioning impairment is the result of the developmental disability and not an unrelated illness or psychiatric condition.
- 2) If a FS IQ is required as evidence of eligibility, refer to WAC 388-823-0215 and 0230.
- 3) Complete the eligibility review prior to discharge from the hospital, and in time to facilitate a transfer to other DSHS entities if necessary.
- e. When an eligible individual 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 Your Request to Disenroll from DDD](#), and send copies of the letter to WPAS and the regional DDD Mental Health CRM.
- 1) When transition planning begins, DDD will review the class member's request with the class member. DDD will notify WPAS in advance of this meeting.
- 2) When the person is determined to have met discharge criteria, and 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 enrolled in the Waiver:

- a) Have the person or his/her legal representative sign a written statement requesting discharge from DDD and DDD services.
 - b) A witness signature is also advised.
 - c) Send copies of the signed statement and the [DSHS 10-310, Notice of Disenrollment From DDD](#) to:
 - Washington Protection and Advocacy System (WPAS);
 - Regional Support Network (RSN);
 - DDD Mental Health Program Manager; and
 - Regional DDD Mental Health CRM.
 - d) Termination will occur no later than the discharge date from the hospital.
2. Adults in Department of Corrections (DOC) Custody
- a. DDD will not automatically terminate individuals who are sentenced to DOC correctional facilities. The CRM shall update the CCDB with the person's DOC status.
 - b. Voluntary termination from DDD: If an individual requests to terminate his/her DDD eligibility, DDD will request that the individual or his/her legal representative and a witness sign a discharge request letter that explains the consequences of terminating DDD eligibility.
 - c. Eligibility Reviews: If the person does not meet the definition of paid services per WAC 388-823-1015, eligibility will be reviewed prior to the release date and initiation of paid DDD services. If an ICAP is required, a qualified respondent must be available.
 - d. Eligibility Termination Notification: If an individual is determined to be ineligible for DDD, notify the Central Office Program Manager who coordinates with DOC.

G. Meeting Compliance Timelines

1. Initiate required reapplication and reviews 12 months before the fourth, tenth, and 18th birthdays and before initial authorization of paid services per WAC 388-823-1010(3).

2. Reports will be available through IE CARE to assist regions in tracking children turning three, nine, and 17; turning three and one-half, nine and one-half, and 17 and one-half; 90 days prior to the fourth, tenth, and 18th birthdays.
3. Clients with no paid services (NPS) will either be designated in CCDB or by CRM assignment, requiring a CCDB change before authorizing payment. This will help identify clients who need an eligibility review.

H. Termination Process

1. DDD will initiate termination of eligibility 90 days before the fourth, tenth, or 18th birthday when:
 - a. The individual/family fails to return the signed application or consent form;
 - b. The individual/family has missed two appointments for an ICAP or has failed to respond to at least two department attempts to schedule an ICAP;
 - c. There is insufficient evidence to determine eligibility and no additional evidence is expected; or
 - d. The individual/family cannot be located.
 - e. DDD will document activity in the CARE IE screens and the SER.
2. The termination date for expiring eligibility will be no later than the fourth birthday/tenth birthday.
3. The termination date for eligibility reviews at age 17 will be the 18th birthday.
4. For other reviews, the termination date is last day of the month and no sooner than 90 days from receipt of notice.

I. Discharge/Move to History

1. When an eligible client establishes residency in another state or is voluntarily discharged, move the IE determination to history, inactivate the CARE record, terminate all open service authorizations and discharge from CCDB.
 - a. Notice of eligibility termination (PAN) must be sent to the client per notification procedures.

- b. Notice must be included with the IE PAN for any termination of DDD paid services.
 - c. If an appeal is filed, continue eligibility during the appeal. Do not continue paid services during appeal if someone is no longer a Washington State resident.
 2. When an eligible client dies, move the IE determination to history, terminate all open service authorizations, then discharge from CCDB as deceased.
 - a. After 90 days terminate the CARE record.
 - b. CARE information can be retrieved from a terminated record by Central Office staff.
 3. If an eligible client /legal representative cannot be located:
 - a. Send PAN to last known address of the client/legal representative;
 - b. If the notice is returned as undeliverable, document the return in the SER, discharge and move the IE determination to history, inactivate the CARE record, terminate all open service authorizations and discharge from CCDB.

J. Termination/Denial Notification Procedures

1. DDD will contact each individual/family by phone prior to mailing the certified letter to explain the eligibility termination/denial and appeal rights. If the number has been disconnected or changed, document attempts in the SER.
2. Notice will be sent by both certified and regular mail to the individual and his/her parent or legal representative as follows:
 - a. For children living in the same household as their parent or legal representative, the notice can be sent in one envelope;
 - b. If the child is in the legal custody of DSHS through a dependency court order, send the notification to the Child Welfare System (CWS) worker, not to the parent.
 - c. If the letter is returned due to an incorrect mailing address, DDD will document reasonable efforts to locate the client/family (e.g., calling the

paid provider, ACES, client registry, phone book, other listed significant others).

3. Notify the individual's CRM of eligibility termination date.
4. If the client is receiving benefits in ACES, notify the Community Service Office (CSO) of termination of eligibility.
5. Allen/Marr class members: Whether the client is a state hospital patient or residing in the community send copies of the termination/denial letter to:
 - Washington Protection and Advocacy System (WPAS);
 - Regional Support Network (RSN);
 - Central Office Mental Health Program Manager; and
 - Regional Mental Health CRM.
6. Mail the DDD Eligibility Planned Action with an:
 - IE summary
 - A request for appeal form stamped with the DDD office name and address to ensure that the hearing information is distributed correctly.

K. Appeal Rights

1. There is an appeal right to a denial of eligibility.
 - a. Services do not continue during the appeal beyond the fourth or tenth birthday when eligibility expires.
 - b. Services continue during the appeal when the eligibility termination is the result of an eligibility "review."
2. There is no appeal right to expiration of eligibility and paid services do not continue during an appeal of termination of services when eligibility has expired (WAC 388-825-150)
3. There are no appeal rights to reduction or termination of an ETR.

L. Regional Responsibilities

1. Determine staff IE 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 staff who perform eligibility reviews on a monthly basis.
3. Provide initial and ongoing training to CRMs or supervisors who perform eligibility determinations or administer ICAPs.
4. Track eligibility data in the CARE application.
5. Enter the eligible condition and next review date and client demographics into the CCDB in a timely manner to ensure accuracy of departmental inquiries. The “next review” date is the expiration or review date generated by the CARE application i.e., fourth or tenth 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/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 and appeal rights.
8. Develop regional procedures addressing eligibility reviews and staff responsibilities, staff training, and quality assurance of the process.

M. Quality Control And Compliance (QCC) Coordinator Responsibilities

The QCC staff in each region will assist the regions with:

1. Developing regional plans and strategies to ensure compliance and statewide consistency.
2. Eligibility policy and procedures.
3. Monitoring of regional ETRs to begin 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 February 17, 2005

DDD Policy 11.03
November 30, 2004

DDD Policy 11.03
Issued June 29, 2004

DDD Policy 11.03
Issued December 16, 2003

DDD Policy 11.03
Issued July 1, 2003

Approved: /s/ Linda Rolfe Date: July 20, 2005
Director, Division of Developmental Disabilities

ELIGIBILITY EXPIRATION AND REVIEW REQUIREMENTS
WAC 388-823

AGE	ELIGIBILITY CONDITIONS	EXPIRATION	REVIEW	ADDITIONAL CRITERIA
Regardless of date of eligibility determination				
4 th birthday	ALL	X		
18 th birthday	Medically intensive	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 18 th 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		X	No longer eligible for continuous nursing through MIP.
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
10 th birthday	Down syndrome Developmental delay Medically intensive	X		Ages 4 through 9
Age 10 or older	Developmental delay Down syndrome		X	Can be reviewed at any time
Eligibility determined before July 2005 or later				
10 th birthday	Developmental delay Down syndrome Too severe to be assessed Medically Intensive	X		