DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE:	ELIGIBILITY DETERMINATION	POLICY 11.01

Authority: RCW 71A.10.020(3) and 71A.10.060   *General Provisions*
Chapter 71A.16 RCW   *Eligibility for Services*
Chapter 388-823 WAC   *Applying for a Determination of a*
Developmental Disability

WAC 388-825-100 through 105   *Notification*
WAC 388-825-120 through 165   *Appeal Rights*

BACKGROUND

To be a client of the Division of Developmental Disabilities (DDD), one must be determined by DDD to have a developmental disability. The requirements for an applicant's condition to be considered a developmental disability at the time of the initial determination, reapplication determination, or upon review of eligibility are described in Chapter 388-823 WAC.

PURPOSE

This policy establishes procedures for compliance with Chapters 71A.10 and 71A.16 RCW and statewide consistency for initial intake and eligibility. Refer to DDD Policy 11.03, *Eligibility Expirations and Reviews,* for procedures regarding eligibility expirations and reviews.

SCOPE

This policy applies to all DDD Intake and Eligibility (IE) staff.

POLICY

DDD shall ensure that eligibility processes and decisions are accurate, consistent, and timely. All applicants who are determined eligible or ineligible to be a client of DDD 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 staff trained in the:

      a.   Use of the Intake and Eligibility application in Comprehensive Assessment Reporting Evaluation (CARE);

      b.   Rules governing intake and eligibility.

2.   All intakes and documentation will be entered into the CARE intake and eligibility application screens.

3.   Regions will apply consistent statewide processes for accomplishing tasks involving intake and eligibility.

4.   Case Resource Managers (CRM) will not determine eligibility or administer the Inventory for Client and Agency Planning (ICAP) for anyone on their caseloads.

B.   Every signed request for eligibility determination will receive a determination of eligible or ineligible unless the applicant requests the application be withdrawn prior to a determination.

PROCEDURES

A.   The eligibility determination process will be done by mail/phone.

1.   <u>In-person intake is an exception</u>:

      a.   The justification and supervisor approval for in-person intake will be documented in the Service Episode Record (SER).

      b.   This exception does not apply to support staff assisting a walk-in applicant to complete an application.

2.   <u>Intake request by phone</u>

      a.   Designated IE staff will receive phone requests for intake.

            1)   If the call is received by non-IE staff, these staff will record the name and phone number of the potential applicant and refer the request to IE staff.

            2)   Non-IE staff may provide the local or toll free IE intake number.

b.   Check for a client record in CARE and open a Client Detail Record if none already exists in CARE.

    1)   Open the record effective the date the *Request for DDD Eligibility Determination* (DSHS 14-151), is mailed to the applicant. If a signed application is received that was not sent by DDD, the "Date Sent" shall be the same as the "Date Received."

    2)   After opening the CARE record, you may pull up *Request for DDD Eligibility Determination* (DSHS 14-151) and enter this information before mailing it to the applicant.

c.   Mail the application with a postage paid, addressed return envelope. Enclose the following information/forms with the application:

    1)   *Intake Cover Letter* (DSHS 16-192) with instructions, contact name, phone number and internet address.

    2)   *Consent* (DSHS 14-012);

    3)   *Notice of Privacy Practices for Client Confidential Information* (DSHS 03-387);

    4)   *Who, What, Where, How? DDD Services and Supports* brochure (DSHS 22-722);

    5)   *Estate Recovery Fact Sheet* (DSHS 14-454) along with *Estate Recovery for Medical Services Covered by the State,* from Columbia Legal Services;

    6)   *Eligible Conditions Specific to Age and Type of Evidence* (DSHS 14-459);

    7)   *Voter Registration application* and information for applicants age 18 or older; and

    8)   *Please Ask—Babies Can't Wait* (DSHS 22-889) for children under the age of three.

3.   Intake Request by a "Walk-In"

a.   Provide an intake packet (section 1.b. above);

     b.   Offer the opportunity and assistance with completing the application in the office; and

     c.   If the applicant is in crisis, refer to appropriate supervisor or CRM.

     d.   Staff do not open the CARE record when walk-in applicants are given an intake packet.

4.   <u>Track Receipt of Signed Application in CARE</u>

     a.   If a CARE record is open because DDD mailed the application, enter the date of the receipt of the signed application into CARE;

     b.   If there is no open record in CARE, open a record and record the date that the completed request was received on the intake screen;

     c.   Open an applicant "paper" file;

     d.   If applicant is a child under age three (3), refer to the local Family Resources Coordinator (FRC) and enter the referral into the CARE SER.

          1)   FRCs can be located on the ITEIP Internet website at: http://www1.dshs.wa.gov/iteip/CountyOrgLinks.html.

          2)   The same information is available by calling Healthy Mothers, Healthy Babies Hotline at 1-800-322-2588, 711 TTY.

     e.   If a record was open in CARE when the request for determination was mailed, but no signed application is received within ninety (90) days or the applicant requests that their signed application be withdrawn without a determination:

          1)   Move the pending determination to history and it automatically sets to "withdrawn."

          2)   Mail the person to whom the application was sent a *Notice of Withdrawal of DDD Eligibility Determination Request* (DSHS 14-458), after calling and informing them of the reason for withdrawal and their right to reapply.

          3)   Enter this action in the SER.

B.   Requests for an eligibility determination can be made by the following persons per WAC 388-823-0070:

1.   The parent or legal representative of a child must apply on behalf of a child under age eighteen (18).

   a.   If the applicant is a child in Child Protective Services (CPS) foster care custody, the parent may still need to sign the application. Check with the CPS Social Worker (SW) to determine parental rights. If the child is a dependent, the SW may sign the application. If the child is placed under a voluntary agreement, the application should be signed by the parent.

   b.   The child's residency is determined by:

      (1)   the receipt of Medicaid or other benefits from the department of social and health services that require residency as a condition of eligibility, or

      (2)   documentation that shows that the child's parent or legal guardian lives in the state of Washington (WAC 388-823-0050).

2.   An adult with no legal representative may self refer.

3.   A legal representative of an adult must apply on behalf of the adult.

4.   Any person, agency or advocate may refer an adult age eighteen (18) or older for an eligibility determination.

   a.   DDD will require the consent and signature of the adult applicant on the request form.

   b.   If the adult applicant is not able to understand, consent will be assumed if the person does not object to the eligibility determination.

5.   If an eligibility determination is requested by persons not residing in Washington State, DDD may provide a review, but not an IE decision.

C.   Assisting Applicant to Obtain Documentation

   The intake/clerical staff will:

1.   Send a signed *Consent* (DSHS 14-012) to the identified sources of information.

2.   Enter all requested documents into the document screen.

   a.   All information sources must be entered as collateral contacts in CARE.

        1)   If ACES is used as evidence of residency, enter the Community Services Office (CSO) as the source.

        2)   If a rent receipt or a utility bill is used as evidence of residency, the family or client may be entered as source.

    b.   Once information/evidence is received, record the date the information request was sent and the date information was received in the CARE application by selecting the source from the list of collateral contacts.

    c.   A numbered documents list will be generated in CARE.

3.   Evidence of residency is required (WAC 388-823-0050) and must be entered as a document in the document screen before it can be selected as evidence in the "conditions" screen.

    a.   The immigration status of the applicant does not affect eligibility.

    b.   Evidence can be any document that proves the person lives in Washington.

    c.   Enter the person providing the documentation as the "collateral contact" in CARE (all documents are pulled from the collateral contacts).

4.   If no information is received in thirty (30) days, follow up with a telephone call to the source and record all additional requests for information in the SER.

5.   If there is incomplete or no information available after sixty (60) days from the date of the signed application, contact the family by phone or form letter and ask for their assistance in getting the missing information.

6.   At ninety (90) days, make a determination based on the available information (WAC 388-823-0090(3)) unless there are reasons for waiting longer and these reasons are recorded in the SER.

7.   DDD will not pay for assessments for the purpose of determining eligibility.

    a.   The only assessment administered by DDD is the Inventory Client and Agency Planning (ICAP) (WAC 388-823-0110).

    b.   An ICAP will not be administered if a Vineland Adaptive Behavior Scale (VABS) or Scales of Independent Behavior-Revised (SIB-R) is available

and current within the past three years from the date of application (WAC 388-823-0420(1)).

8.   RCW 70.02.010 and WAC 246-08-400 allow 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. All billings will be given to the Regional Business Manager for payment.

D.   Reviewing Eligibility Documentation

1.   Is there sufficient information to make a decision?

      a.   If all information has been requested and received, make 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.

            1)   The CARE application will not make an eligibility determination if a document is listed without a "date received."

            2)   Remove from the tracking screen all documents requested but not received.

                  (a)   Before taking this action, document in the SER the number of each document sent for but not received, name of the document, and that this information was deleted from the tracking screen.

                  (b)   Deleting an item from the document tracking screen does not change the number of the remaining documents. Example: Document number 4 of 7 is never received. Document number 4 is removed, remaining documents are numbered 1, 2, 3, 5, 6, and 7.

                  (c)   For Administrative Hearings, print the SER and submit it with a print-out of the document tracking screen.

2.   IE staff will review documents for relevant evidence:

      a.   Number each document with the number assigned in the CARE application;

        b.   Review the documentation and highlight relevant evidence;

           1)   Is there evidence of an eligible condition?

           2)   Did the appropriate professional make the diagnosis?

           3)   Is there evidence of "substantial limitation" for the eligible condition?

        c.   Tab the pages with "Post-it" tabs;

        d.   At top of the first page of each document, put initials and date reviewed.

   3.   Enter into the CARE intake and eligibility screen all evidence of 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:

           1)   Confirm only the valid evidence in the CARE intake and eligibility screen;

           2)   Note in the comment box on the document screen any issue with evidence reviewed that will not be shown as confirming condition or substantial limitation. <u>Example</u>: There is an FSIQ using the appropriate test, but the IQ is too high or invalid per the assessor.

           3)   Consultations with the regional psychologist are documented in the SER.

   4.   Determine if an ICAP is required as evidence for a determination of eligibility under epilepsy, autism, or "other" condition, after ruling out psychiatric and other excluded secondary conditions. Document in the SER the review for excluded conditions that prohibit ICAP.

        a.   No ICAP is administered if there is a VABS or SIB-R within three (3) years of the application date.

        b.   If an ICAP is required, IE staff will administer the ICAP or refer to supervisor to assign a CRM trained to administer ICAPs. If supervisor approval is required, record in SER.

   1) If administered by a CRM other than IE staff, the ICAP will be sent to the IE worker for scoring.

   2) Document in a SER the need for an ICAP and all activity related to the ICAP administration.

   3) Enter "DDD" as the collateral contact and enter the ICAP and the CRM who administered it into the documents screen.

   4) When the completed ICAP is received and scored, enter the ICAP score into the comments box.

E. Making the eligibility determination

  1. The CARE intake and eligibility algorithm will list all eligible conditions for which there is sufficient evidence.

  2. IE staff must determine and mark if the condition is expected to last indefinitely and occurred prior to age eighteen (18).

   a. If the staff person making the eligibility decision is a different person than staff who reviewed the written evidence, the staff must review all of the written information and not just rely on the evidence selected in the CARE intake and eligibility screen.

   b. All eligible conditions will be confirmed and the eligibility date, decision date, expiration date or review date will be auto-populated into the CARE intake and eligibility screen.

  3. If the applicant is eligible with two (2) or more conditions, the primary eligibility condition must be identified for CCDB.

  4. The CCDB data will not be automatically transferred from the CARE application. Staff must enter the date of eligibility, the eligible condition, and the next review date (if any).

  5. If the applicant is NOT eligible, the denial is recorded in the CARE intake and eligibility screen with the date of the decision.

   a. The CARE application will provide a summary document of the evidence received and reviewed. Print out the summary document for applicant/client file.

b.   This summary is sent with the notice of denial and appeal rights.

c.   If this is a termination of an eligible client, when the termination is
       effective, the case must be closed in CCDB and all open SSPS
       authorizations must be closed.

F.   Notification Requirements

       Per RCW 71A10.060, WAC 388-823-1060 and WAC 388-825-100 through 105, the
       applicant and at least one other person will be notified in writing of the eligibility
       decision **within five (5) working days** of the decision date.

       1.   Notification of DDD Eligibility

              a.   Send *Eligibility Planned Action Notice* (DSHS 14-457) and enclose *Home
                     and Community Based Waiver Services* (DSHS 22-605) information
                     brochure.

              b.   Check Automated Client Eligibility System (ACES), print out an ACES
                     record for the case file, and enter the Categorically Needy Person (CNP)
                     information on the financial screen in Comprehensive Assessment
                     Reporting Evaluation (CARE).

              c.   Confirm Social Security number from ACES with a copy of the
                     applicant's Social Security card received with the Intake documentation.

              d.   Notify Medical Assistance Administration (MAA) via email of DDD
                     eligibility of new client to update the Medicaid information.

       2.   Notification of Denial or Termination of DDD Eligibility

              a.   Contact the applicant's representative by phone before mailing the denial
                     or termination notice.

                     1)   Explain the decision.

                     2)   Explain appeal rights and timelines.

                     3)   Explain the next steps regarding notification, continuation of
                            services, etc.

                     4)   Assist the person to appeal if he/she requests 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 both certified and regular mail to the applicant/legal representative and to one other person by regular mail:

        1)   *DDD Eligibility Planned Action Notice* (DSHS 14-457);

        2)   IE CARE summary of evidence reviewed;

        3)   For children age birth to three (3) years, provide the name and phone number of the Family Resources Coordinator (FRC); and

        4)   Other relevant referral information.

    c.   Record all mailings of notices in the CARE intake and eligibility screen and maintain copies of all correspondence and certified mail receipts in the applicant's paper file.

    d.   Record in the SER all interviews and phone contacts made with or on behalf of the applicant.

G.   Regional Roles and Responsibilities

    1.   Regions will determine the IE roles and responsibilities for the various staff positions:

        a.   Administrative/office support staff;

        b.   IE Case Resource Managers;

        c.   IE Supervisors; and

        d.   Staff designated to perform regional quality control functions for IE (this is not Quality Control Coordinator (QCC) staff).

    2.   Regions will have written procedures for implementing IE and assigning specific functions, responsibilities and oversight.

H.   Regional Quality Control Responsibilities for Intake and Eligibility

    1.   Each region will assign a staff for quality control activities who is not:

        a.   Making eligibility decisions on a routine basis; or

b.   Administering ICAPs.

2.   These assigned regional staff will:

a.   Review IE cases identified from Central Office and enter the information into the IE Access database.

1)   One eligible and one ineligible decision per IE staff will be reviewed quarterly per a list issued by QCC/Central Office.

2)   A "no" in Section 2a through Section 9 will require a corrective action by the region to be entered into the database.

b.   Review regional IE reports and work with IE staff to ensure consistency and timeliness.

3.   Regional staff will be responsible for representing DDD in Administrative Hearings appeals regarding eligibility decisions.

a.   The Fair Hearing Coordinator (FHC) will ensure that the IE information and decision is reviewed by the assigned regional staff or other IE staff not involved in the original decision to ensure the accuracy of the decision that is being appealed.

b.   The Central Office Program Manager and regionally assigned Assistant Attorney General (AAG) are available for consultation and assistance with hearings.

I.   Central Office Responsibilities

The Central Office Program Manager will:

1.   Hold quarterly meetings for regional IE staff;

2.   Be available to consult with regions as needed;

3.   Keep WAC and policies updated;

4.   Create and maintain IE department forms and notices;

5.   Keep internet and intranet information updated and current;

6.   Provide ICAP training to regions as requested;

7. QCC Central Office, in consultation with the regions, will develop:

    a. Quality Control review questions;

    b. Access database for the review process;

    c. Sampling methodology for IE file reviews; and

    d. Training for regional staff assigned to do quality control activities;

8. QCC Central Office will, per the sampling method, provide a list every three (3) months of IE decisions to be reviewed (i.e., one eligible and one ineligible decision per month).

9. Consult with Assistant Attorney General (AAG) and regions regarding appeals.

10. Assign QCC staff to monitor regional compliance with the policy.

EXCEPTIONS

Exceptions-to-rule (ETR) for eligibility determinations cannot exempt requirements in RCW. The prior written approval of the division director is required for any ETR to Chapter 388-823 WAC or DDD Policy 11.01.

SUPERSESSION:

DDD Policy 11.01
Issued July 12, 2005

DDD Policy 11.01
Issued February 17, 2005

DDD Policy 11.01
Issued November 30, 2004

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 April 13, 2000

DDD Policy 11.01
Issued April 18, 1996

DDD Policy 11.01
Issued February 17, 1994

Approved: _/s/ Linda Rolfe_____ Date: October 1, 2007
              Director, Division of Developmental Disabilities

Attachment A, *DDD Intake and Eligibility Coordination with Lead Family Resources Coordinators*

**DDD Intake and Eligibility Coordination with
Lead Family Resources Coordinators
Updated October 1, 2007**

Policy: Children birth through age two will be referred by DDD IE staff to the FRC at the time of initial contact for eligibility determination.

How can I contact the Lead Family Resources Coordinator or Local Lead Agency in my geographic area?

The Lead Family Resources Coordinator (FRC), designated in each county or for the Spokane, Colville, Nooksack, and Quileute Tribes, is the person to contact for families who do not already have an FRC or know their coordinator. To contact the Lead FRC:

- Go online to http://www1.dshs.wa.gov/iteip and then click on the Contacts, Staff, and Providers tab on the left hand side of the home page.

- Scroll down to Early Intervention Services and select Lead FRC:
    - This will take you to a page that includes a Washington State map.
    - Click on the appropriate county.
    - You will get all counties beginning with the same letter of the alphabet.

- Click on the county you want again and the name of the Lead FRC for that area will appear.
    - This page also includes the Public Awareness contact, the Local Lead Agency, the County Interagency Coordinating Council (CICC) Chair, and the ITEIP staff assigned to the area.

OR
You can also get to the ITEIP internet site through the DDD intranet site by clicking on ITEIP from the heading bar across the top of DDD intranet home page. Then click on ITEIP internet from the drop down menu and follow the steps above.

OR
You can call the Family Health Hotline at 1-800-322-2588 and ask for the Lead FRC of your county/geographic area.

How will I know if a family is already working with an FRC?
- Ask the parent if they already have an FRC helping them. If they are unsure, ask them if someone is assisting them with obtaining eligibility documentation and early intervention services.

What if the family does not already have an FRC?
- Give them the name and phone number of the local Lead FRC and/or assist them to make the call to start the referral process.

What if the family already has an FRC assigned to them?
- Contact the FRC and inform them that the family has applied for a DDD eligibility determination for the child receiving services from the lead agency.
- Do not send child and family information by e-mail to the Lead FRC unless it is sent in a secure format.

How can assigned DDD Supervisor obtain access to the ITEIP Data Management System?
- Ask the parent to include you as an Individual Family Service Plan (IFSP) team member.
- If they agree, contact the Local Lead Agency and request to be included on the Staff Detail page.
- Once the Supervisor's information is entered, contact the FRC and request to be added to the ITEIP Data Management System as a team member for the individual child's ITEIP Data System Contacts and Team Members section of the Team Member's page.
- Once on the ITEIP Data System Contacts and Team Members, the Supervisor will be able to log into the ITEIP Management Data System and view the child/family's information for which they are a team member.
- The DDD team member will be able to view the child/family's information. They will not be able to make any changes to the records/information.