

# DIVISION OF DEVELOPMENTAL DISABILITIES Olympia, Washington

TITLE: ELIGIBILITY DETERMINATION POLICY 11.01

Authority: RCW 71A.10.020(2), 71A.10.060, 71A.16

WAC 388-825-030, 388-825-035, 388-825-100, 388-825-120

## **BACKGROUND**

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

## **PURPOSE**

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

# **SCOPE**

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

## **POLICY**

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

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

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

## **PROCEDURES**

# A. Initial Contact with the Applicant/Legal Representative

- 1. Information that can be provided by telephone:
  - a. DDD services and the intake process;
  - b. Options for completing application (i.e., telephone, in-person, mail); and
  - c. Availability of assistance and special accommodations to assist with the application process.
- 2. Information that will be provided to all applicants and their legal representative by mail or in person:
  - a. *Consent* form (DSHS 14-012);
  - b. Notice of Privacy Practices for Client Confidential Information form (DSHS 03-387);
  - c. Eligibility for Services WAC 388-825-030 application (DSHS 10-213);
  - d. *Who, What, Where, How? DDD Services and Supports* brochure (DSHS 22-722x);
  - e. DDD internet address (http://www1.dshs.wa.gov/ddd/index.shtml); and
  - f. Documentation needed for eligibility.
- 3. If the person decides <u>not</u> to apply for DDD services, offer to provide referral information to other services.

# B. Assisting Applicant to Obtain Documentation

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

- 2. Track mailing and receipt of information;
- 3. DDD may reimburse for cost of copying documents within WAC guidelines;
- 4. If no response in thirty (30) days, follow-up with a telephone call; and
- 5. If there is no information available after sixty (60) days, contact the family for assistance and/or make a determination based on the available information.

# C. Reviewing Eligibility Documentation

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

## D. Administering the ICAP for Eligibility Under "Other Condition"

- 1. There must be a qualified respondent to proceed with the ICAP.
- 2. Identify respondents and require the presence of the applicant for skills demonstration.
- 3. Provide the respondents with DSHS 10-329, *Informed Consent for ICAP*, prior to administering the ICAP.
- 4. Ask the respondents to read and sign DSHS 10-329, *Declaration of Understanding*.
- 5. Offer the respondents the opportunity to answer the questions in private.
- 6. Include the applicant in the discussion, but direct the questions to the respondents.
- 7. After reaching agreement on the responses, review the completed section with the respondents, and have them initial the bottom of each ICAP section to document

their agreement.

- a. If a respondent disagrees with the response DDD has chosen, review the question and response and either change the response or note this on the page with the reason for the different conclusion.
- b. Ask the applicant to demonstrate or observe any or all of the following tasks:

Motor Skills: Items 1 through 9, 13, 14, 16, 17 Social and Communication: Items 1, 2, 3, 6 through 10, 17, and 18

Community Living: Item 10

- 8. Score the ICAP using the ICAP computer program.
- 9. Suggested items for ICAP skill demonstration:
  - a. Paper clip
    - Picks up small object
    - Transfers small objects from one hand to another
  - b. Sheet of paper and pen
    - Scribbles or marks with a pencil or crayon on a sheet of paper
  - c. Gum or candy
    - Removes wrappings
  - d. Scissors, thick black marker, and blank paper
    - Cut along a thick straight line
  - e. Another blank paper and pen
    - Prints first name, copying from example
  - f. Envelope and previously used paper
    - Folds letter into three equal sections and seals it in an envelope
  - g. Sewing needle and thread
    - Threads a sewing needle
    - Staff demonstrate the task and cut the thread each time a client tries to thread the needle
  - h. Stairs
    - If the ICAP is done in the home and the family has stairs, then staff

will demonstrate going up and down stairs by alternating feet from step to step.

- i. Standard round door knob
  - Turns a knob and opens a door
- j. Informal conversation and observation
  - Shakes head or otherwise indicates 'yes' or 'no'
  - Turns head toward speaker when name is called
  - Speaks in three or four word sentences
  - States day, month, and year of birth

#### E. Timeliness

- 1. Make eligibility determination within ten (10) working days of receipt of the required documentation, including the ICAP.
- 2. Make a reasonable effort to conclude eligibility determinations within ninety (90) calendar days.

# F. **Notification Requirements**

- 1. General Requirements
  - a. Per RCW 71A10.060, the applicant and at least one other person will be notified in writing of the eligibility status.
    - 1) Use DSHS/DDD forms for eligibility determination notification.
    - 2) Enclose a copy of the completed *Application for DDD Services* form (DSHS 14-151) with the notification.
    - 3) For children age birth to three years, provide the name and phone number of the Family Resource Coordinator (FRC).
  - b. Maintain copies of all correspondence and certified mail receipts in the applicant's file and document, sign, and date in the narrative record of the file all interviews and phone contacts made with, or on behalf of, the applicant.
- 2. Notification of DDD Eligibility
  - a. Send the *Notification of Eligibility* letter (DSHS 10-306) and enclose the

DDD Waiver information brochure (DSHS 22-605);

- b. Check ACES and print out ACES record for the case file; and
- c. Confirm Social Security number from ACES or from the applicant/legal representative.

# 3. Notification of Denial of DDD Eligibility

- a. Call or see the applicant in person to explain the denial of eligibility and the person's right to appeal the decision.
- b. Assist the person to appeal if they ask for assistance to do so. For example, if the person is unable to write but wants to send a request for appeal, help the person do so, and refer the person to an advocate or family members for assistance with the appeal process.
- c. Send by certified mail to the applicant and one other person the following documents:
  - *Notification of Denial of Eligibility* (DSHS 10-307)
  - *Eligibility for Services WAC 388-825-030* (DSHS 10-213)
  - Request for Fair Hearing (DSHS 05-013)
- d. If the certified letter is returned to DDD, re-send by regular mail.

#### **SUPERSESSION**

DDD Policy 11.01 Issued August 11, 2003

DDD Policy 11.01 Issued April 13, 2000

DDD Policy 11.01 Issued April 8, 1996

DDD Policy 11.01 Issued February 17, 1994

Approved: <u>/s/Linda Rolfe</u> Date: <u>10/17/2003</u>

Director, Division of Developmental Disabilities

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