

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Subject: DDA Intake and Eligibility Determination	Procedure No.: 2022-DDA-PR001
Responsible Program or Office: Developmental Disabilities Administration	Effective Date: May 8, 2023
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Supersedes Policy (Dated): 2016-DDA-PR02 DDA, Intake and Eligibility Determination (October 1, 2016).	
Cross References, Related Policies and Procedures, and Related Documents: DDA Intake and Eligibility Policy; DDS Language Access Policy and Procedure; SOP on RSA & DDA Coordination of Intake and Referral Activities; DDS Front Door Tool; Freedom of Choice form; Developmental Disability Eligibility Reform Amendment Act of 2022; DDA Waiting List Policy and Procedure	

1. PURPOSE

The purpose of this procedure is to provide standards for processing the applications of all people requesting services or supports from the Developmental Disabilities Administration (DDA), and for providing timely and adequate due process notice of a person’s right to appeal a determination that he or she is ineligible to receive DDA services.

2. APPLICABILITY

This procedure applies to DDS employees responsible for activities associated with the intake and eligibility determination of people seeking DDA supports, as well as to employees providing service coordination to people receiving DDA supports.

3. DEFINITIONS

Adaptive Functioning Domains – include:

Conceptual domain – adaptive skills for abstract thinking, problem solving, memory, language and academic learning.

Practical domain – adaptive skills for activities of daily living (personal care), occupational skills, household tasks, safety, healthcare, and community use.

Social domain – adaptive skills for social behavior, social problem solving, and interpersonal communication.

Circle of Support - A group of people chosen by a person with an intellectual or developmental disability or their decision-maker who meet with the person to develop the person's person-centered ISP and Plan of Care based on assessed needs and identified preferences.

DDA Person Information System (MCIS) – electronic case records with information about all individuals receiving services and supports from DDA.

Deficits in Adaptive Functioning – composite score in at least one domain of adaptive functioning--conceptual, social or practical--that is two or more standard deviations below the mean on an individualized standardized test of adaptive behavior. Performance is sufficiently impaired that ongoing support is required across multiple environments, such as home, school, work, or community.

Developmental Disability – a severe and chronic disability of a person that:

- (A) Is attributable to a mental or physical impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- (B) Is manifested before 22 years of age;
- (C) Is likely to continue indefinitely;
- (D) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) Self-care;
 - (ii) Understanding and use of language;
 - (iii) Functional academics
 - (iv) Social skills;
 - (v) Mobility;
 - (vi) Self-direction;
 - (vii) Capacity for independent living; or
 - (viii) Health and safety; and
- (E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are person-centered, planned, and coordinated.

Eligibility Determination Team – Qualified professionals at DDA who review applications for DDA services and render eligibility decisions.

Home and Community-Based Services (HCBS) Waiver – The District of Columbia Medicaid Waiver programs operated by DDA that offer eligible individuals a wide range of community-based residential, vocational, clinical and support services via a choice of Medicaid Waiver enrolled providers.

Intellectual Disability (Intellectual Developmental Disorder) – an intellectual disability as set forth in the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Intellectual Disability is characterized by substantial

limitations in intellectual functioning, existing concurrently with deficits in adaptive behavior that limit functioning across multiple environments, such as home, school, work, and community. The onset of the intellectual and adaptive deficits occurs during the developmental period, which refers to the recognition that these deficits are present during childhood or adolescence. While D.C. Official Code §§ 7-761.02(7A) and 7-1301.03(15A) specifically include a diagnosis before 22 years of age in the definition of “intellectual disability,” the DDA psychologist will exercise clinical judgment to determine whether a diagnosis of intellectual disability after 22 years of age is appropriate in accordance with the procedures below (*see* Sections 4.B.4 and 5).

Limited English Proficient – refers to an individual who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

Non-English Proficient – refers to an individual who cannot speak or understand the English language at any meaningful level.

Social Security Disability Insurance (SSDI) – federal social insurance program which provides benefits to disabled workers (and their dependents, in certain circumstances) who have worked and paid Social Security taxes.

Substantial Functional Limitations in Areas of Major Life Activities – documentation of risks that affect the health and safety of the person and the need for support across multiple environments, as determined by a comprehensive assessment using the DC DDA Level of Need Assessment and Screening Tool (LON).

Substantial Limitations in Intellectual Functioning – refers to a full-scale intelligence quotient (FSIQ) score of approximately two standard deviations or more below the population mean on an individually administered standardized test of intelligence, taking into account the standard error of measurement.

Supplemental Security Income (SSI) – federal program which pays monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older.

4. PROCEDURES

A. Application for DDA Services and Supports

1. To be eligible to receive services and supports from DDA, the applicant must:
 - a. Provide proof that the applicant is a current resident of the District of Columbia and is domiciled in the District of Columbia at the time of application. Wards of the District who reside in other states are considered District residents;
 - b. Demonstrate that the person has an intellectual or developmental disability, as defined below in Section B (“Establishing Intellectual Disability”) or Section C (“Establishing Developmental Disability”), or that the person has been a resident at Forest Haven (*i.e.*, formerly an *Evans* class member); and
 - c. Submit a complete **application package**, which must include:
 - i. A signed and dated application form requesting services from DDA;

- ii. Proof of Identity: Copies of the person's birth certificate or government-issued identification (I.D.) such as a driver's or non-driver's I.D., a Supplemental Nutrition Assistance Program (SNAP) card, etc.;
- iii. Proof of Health Insurance: Copies of District Medicaid, D.C. Healthcare Alliance, or private health insurance coverage if the person has health insurance;
- iv. Current Proof of Residency: Recognizing that this is not an exhaustive list, copies of the most current SSI or SSDI Award Letter with address; a current court order establishing residency from a District of Columbia court; current utility bills in the caregiver's, guardian's, or person's name within the last three months; a current residency letter from a District shelter; or a letter from District government agencies, private social service agencies, or other non-profits stating that the organization is aware that the person resides in the District; and
- v. Records that support the presence of an intellectual disability or developmental disability, which may be demonstrated through any of the documents below:
 - 1. Supporting documentation, such as school records, medical records, or social history, if available, that demonstrates the presence of an intellectual disability or developmental disability prior to the age of 22;
 - 2. Psychological evaluations, based on one or more standardized intelligence tests, that document that the person has an intellectual disability, as well as any other supporting documentation of adaptive behavior deficits or developmental delays manifested during the developmental period;
 - 3. Psychological and psychiatric evaluations that document any diagnosed psychiatric condition, should one be present;
 - 4. Professional evaluations documenting the diagnosis of a developmental disability prior to the age of 22 by a licensed psychologist, certified school psychologist, psychiatrist, developmental pediatrician, licensed physician, licensed physician's assistant or certified registered nurse practitioner in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD);
 - 5. Professional evaluations for specialized interventions, including, but not limited to: physical therapy, occupational therapy, and speech-language therapy;
 - 6. Vocational assessments;
 - 7. Medical evaluations; and
 - 8. Genetic evaluations.

- 2. DDS will provide assistance, as needed, with collecting the above documents.
- 3. Language translation services will be provided for non-native English speakers in accordance with the DDS Language Access Policy and Procedure.

4. American Sign Language interpretation and other reasonable accommodations will be provided in accordance with the Americans with Disabilities Act.

B. Establishing Intellectual Disability (Intellectual Developmental Disorder)

1. Determination of Intellectual Functioning

Intellectual Disability (Intellectual Developmental Disorder) is characterized by substantial limitations in intellectual functioning, as evidenced by an intelligence quotient (IQ) score of approximately two standard deviations or more below the population mean derived from a standardized IQ test, taking into account the standard error of measurement. This corresponds to an IQ score of approximately 65 to 75.

- a. Intellectual functioning must be measured with an individually administered, psychometrically valid, comprehensive, and culturally appropriate test of intelligence. For people with language, motor, or hearing disabilities, a combination of assessment methods should be used.
- b. Deficits in intellectual functioning are confirmed by both clinical judgment and standardized test scores.
- c. Clinical judgment is important in interpreting results from standardized test scores and diagnostic criteria for intellectual disability. “Clinical judgment” includes the consideration of the person’s socioeconomic, ethnic, cultural and linguistic background; available experiences; and adaptive functioning within the person’s community and cultural setting.
- d. For the purposes of determining eligibility for DDA services and supports, if the designated DDA psychologist determines that standardized intellectual testing is inappropriate or unreliable for the person, the DDA psychologist can make a clinical judgment based on the preponderance of evidence obtained from all sources. If past testing of the person has resulted in highly discrepant individual subtest scores that may make an FSIQ score invalid, or large numerical differences between FSIQ scores over time, or large numerical discrepancies between standard scores obtained from different standardized tests, then clinical judgment is required to interpret the test results. It is the responsibility of the DDA psychologist to document which scores most accurately reflect the person’s cognitive ability. This information should be shared with the applicant in a determination letter explaining how the determination was made.

2. Determination of Adaptive Functioning

- a. Deficits in Adaptive Functioning are characterized by a composite score in at least one domain of adaptive functioning (conceptual, social, or practical) that is two or more standard deviations below the mean on an individualized standardized test of adaptive behavior. Performance is sufficiently impaired that ongoing support is required across multiple environments, such as home, school, work, or community.
- b. Adaptive functioning must be measured by an individually administered, standardized, norm-referenced assessment instrument, such as the Vineland

Adaptive Behavioral Scale or the Adaptive Behavior Assessment Scales. The assessment instrument must be standardized with reference to people of similar age in the general population. Additionally, the assessment instrument must be interpreted by a person qualified to administer, score, and interpret the results as specified in the assessment instrument's manual.

- c. If composite scores from tests of adaptive functioning are inconsistent with direct observations of the person's need for ongoing support across multiple environments, then the DDA psychologist and Eligibility Determination Unit (EDU) case review team will decide which information is most accurate.
 - d. If adaptive testing has resulted in large numerical discrepancies between composite scores, then clinical judgment is required to interpret the test results. It is the responsibility of the DDA psychologist to document which scores most accurately reflect the person's functioning in each adaptive domain based on a preponderance of the evidence obtained from all sources. An explanation of the determination shall be shared with the applicant in the Eligibility Determination letter.
 - e. Adaptive functioning may be difficult to assess in secure settings (*e.g.*, prisons, hospitals, residential treatment centers). The EDU will consider the lack of opportunity to perform the adaptive behavior when assessing adaptive behaviors and interpreting scores.
3. A diagnosis of an intellectual disability is not assumed because of a particular genetic or medical condition.
 4. In the absence of a pre-age 22 psychological evaluation, DDA/EDU will conduct a social or developmental history. The social history should corroborate the presence of an intellectual disability and/or developmental delays prior to the age of 22 and should clearly include: (1) any documents that are available; and (2) the sources of the interviews (*i.e.*, the person, the person's parents, caregivers, or others that know the person) relied upon to compile the history. DDA/EDU will refer the persons for a current psychological evaluation if the social and developmental history corroborates the presence of intellectual disability and/or developmental delays prior to the age of 22.
 5. When a pre-age 22 psychological evaluation or other pre-age 22 supporting documentation are absent and there is no one available to provide a social history, DDA will determine whether the person has an intellectual disability based on a current psychological evaluation, and considering whether there is evidence or history of:
 - a. Head trauma that occurred after the age of 22;
 - b. Significant mental or emotional disorders; or
 - c. Substance use disorder.

In these circumstances, the DDA psychologist will exercise clinical judgment to determine whether the person has an intellectual disability.

C. Establishing Developmental Disability

1. Documentation substantiates the diagnosis of a developmental disability by a licensed psychologist, certified school psychologist, psychiatrist, developmental pediatrician, licensed physician, licensed physician's assistant or certified registered nurse practitioner prior to the age of 22 in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

The developmental disability results in substantial functional limitations in 3 or more of the following areas of major life activities.

- a. Self-care;
 - b. Understanding and use of language;
 - c. Functional academics;
 - d. Social skills;
 - e. Mobility;
 - f. Self-direction;
 - g. Capacity for independent living; or
 - h. Health and safety.
2. The DC LON assessment substantiates 3 or more functional limitations that require a current need for ongoing support.
 3. If the diagnostic records or the assessment of functional limitations contain discrepant information, the DDA licensed psychologist will document what information is most accurate and will determine eligibility based on the preponderance of the evidence obtained from all sources: provided, however, that EDU may, in the exercise of its discretion, seek additional assistance from licensed clinical professionals where necessary.
 4. In the absence of a pre-age 22 or current psychological or medical evaluation, DDA will arrange for the person to receive a current psychological or medical evaluation if the evaluation is needed to confirm a DSM or ICD diagnosis.
 5. A psychological or medical evaluation will be considered current if completed within five years of the person's application date. An evaluation that is older than five years may be considered current if the EDU reviews the documentation and determines that the person's condition has not changed; otherwise, the EDU case review team may request additional assessments as recommended by the DDA psychologist.

D. Intake Application and File Creation

1. The DDS Intake Unit will receive initial inquiries and DDA applications and forward them to a Community Liaison Specialist. The Community Liaison Specialist will establish contact with the applicant and/or their legal representative within five (5) business days and schedule an intake to occur in a timely manner based on the applicant's availability and preferred location.
2. The Intake Unit will review the DDS MCIS database to determine whether the person has previously applied for DDA services.
3. During intake, the Community Liaison Specialist will:

- a. Assist the person in completing an application. If the person has previously submitted an application, the Community Liaison Specialist will review and update the contact information, proof of residence, and release of information as needed; and
 - b. Complete the Front Door Tool and offer the applicant referrals to community and eligibility-based supports as appropriate. If there is already a current Front Door Tool (completed within the past year), then the Community Liaison Specialist will send notice of the application directly to the EDU.
4. Within two (2) business days of receiving a signed and dated application from the Intake or Transition Community Liaison Specialist, a record of the new applicant's file will be created in the agency database and the EDU Service Coordinator will be assigned.
5. If the applicant has previously applied for eligibility determination, the Intake or Transition Community Liaison Specialist shall request reactivation of the person's electronic records file in MCIS.
6. The EDU Service Coordinator assigned to the person's file shall:
 - a. Mail an introductory letter and contact the person or their legal representative through their preferred mode of contact within three (3) business days of receiving the file assignment. The introductory contact or letter will notify the person that an EDU Service Coordinator will assist the person to complete the eligibility process through record requests, interviews and by coordinating any needed assessments;
 - b. Notify the person and/or their legal representative of any missing information required for eligibility determination; and
 - c. Schedule an initial meeting with the person and their circle of support to occur within five (5) business days of making initial contact, based on the availability of the person and their circle of support. The meeting shall be held virtually or in person at a location that is convenient for the person to review the Eligibility Determination process and to obtain, or make plans for obtaining, any needed or additional information. All activities conducted should be timely and properly documented in the case notes of all applicants.

E. Individual's File Review and Eligibility Process

1. The EDU Service Coordinator shall present the person's case to the Eligibility Determination Team within five (5) business days of receiving all the requested documents.
2. The Eligibility Determination Team may request additional information or documentation, as necessary, for the eligibility determination. The EDU Service Coordinator shall work with the person, their family, and/or the person's circle of support to obtain the necessary documentation. If additional testing is recommended, the EDU Service Coordinator will work with the agency vendor to schedule and coordinate the required testing.
3. If the Eligibility Determination Team determines that sufficient information or documentation has been received, that team shall make an eligibility determination during the case review meeting.

F. Notification of Eligibility Determination

1. For people found eligible for DDA services, the EDU shall send written notice of their eligibility determination within one business day of their case review meeting.
2. The assigned EDU Service Coordinator will assess the person's level of service need, with consideration of available natural and community supports. Based on the person's person-centered identified needs, the EDU Service Coordinator will recommend which HCBS waiver would be most appropriate and request a Waiver Attestation Letter from the DDS Medicaid Waiver Unit (Waiver Unit). Additionally, the EDU Service Coordinator will recommend an assigned "Priority Level" in the event of a waiting list in the appropriate waiver.
3. For people found ineligible for DDA services, the EDU shall send written notice of their eligibility determination within five (5) business days of their case review meeting. The notice will include information on the person's Medicaid due process appeals rights as well as DDA's informal review process, as described in Section H.

G. Transfer of Eligible Individual's Files to Service Coordination

1. Within five (5) business days of the determination that the applicant is eligible, the EDU Service Coordinator shall complete the Intake Transfer Summary and prepare the person's file for transfer to continuing services. This includes updating the case record.
2. The EDU Supervisor shall review the person's record for completion and, if complete, transfer the case to a Continuing Services Coordinator within five (5) business days of the completion of the Intake Transfer Summary.
3. Within five (5) business days of receiving the New Case Assignment, the Continuing Services Service Coordinator will notify the person of the assignment orally and in writing.

H. Appeal of Eligibility Determination Process

One factor in determining eligibility for an HCBS Waiver is a finding that the person is eligible for DDA services. Therefore, DDS issues a Medicaid Notice and Right to Appeal upon a denial of eligibility. To appeal solely a finding of DDA eligibility, the person must use the DDA Review process. However, for people who are also interested in applying for HCBS Waiver services, the person may also appeal the denial of DDA eligibility as a denial of a Medicaid benefit.

1. DDA Level I & II Review

The agency review contemplated by this provision is the process by which the person and their legal representative may seek reconsideration of a finding of DDA eligibility. It does not replace a person's right to request an appeal of Medicaid benefits by a fair hearing and is not a prerequisite to a Medicaid fair hearing. Using the agency review process does not toll a person's timeline to file for a Medicaid fair hearing.

- a. Within thirty (30) business days of the notification of ineligibility, the applicant and/or their legal representative must notify the EDU Supervisor of their request

to appeal the determination decision in writing, by telephone, or in person at DDA.

- b. Within five (5) business days of the receipt of the notification of the request to appeal the determination decision, the EDU Supervisor shall contact the applicant and/or their representative, legal guardian, and referral source, if applicable, to schedule a Level I review meeting. The Level I review meeting provides the EDU with the opportunity to explain its process and how the determination was made.
- c. The Level I review meeting will include, at minimum, the following: the applicant, their designee, the EDU Service Coordinator, the EDU Supervisor and Manager, and any other DDA staff, as needed.
- d. The applicant and/or their designee may provide any additional information that was not available in the EDU's initial determination. If additional information is provided in the Level I meeting, the EDU Supervisor and Manager shall, within ten (10) business days of the Level I meeting, review this information in conjunction with the information provided in the initial application and make a determination of eligibility. Written notification of this determination will be provided within two (2) business days of the new determination of eligibility.
- e. If no additional information is provided in the Level I meeting, or if the EDU Supervisor and Manager determine that the applicant is still ineligible for DDA services after review of the additional information provided in the Level I meeting, the applicant may, within twenty (20) business days of the Level I decision, appeal the determination to the DDS Deputy Director for DDA (Deputy Director) by notifying the EDU Supervisor and/or Manager in writing, by telephone, or in person at DDA.
- f. The EDU Manager shall notify the Deputy Director of the request for a Level II review of the eligibility determination within twenty-four (24) hours or the next business day of receiving a notice of appeal from the applicant.
- g. The Deputy Director shall review the person's file and may opt to convene a Level II review meeting for a re-evaluation of eligibility or to provide a written statement of formal determination to the applicant and/or their representative, legal guardian, and referral source, if applicable.
- h. Any Level II review meeting will be convened within ten (10) business days of the Deputy Director being notified by the EDU Manager.
- i. The Level II review meeting shall include, but not be limited to, the following: the applicant or their designee, the Deputy Director, and any other DDA staff, as needed.
- j. Within five (5) business days of the Level II review meeting, or within ten (10) business days of receipt of the request for a Level II review where the Deputy Director does not convene a Level II review meeting, the Deputy Director will provide a formal written decision to all parties. If the written decision deems the applicant ineligible for DDA services, it shall outline additional steps that could be taken to seek redress. In addition, the Deputy Director will notify the person and/or their legal representative that they may petition D.C. Superior Court for

review of the formal DDA eligibility determination and notify the person of any Medicaid appeal rights.

- k. The EDU Manager shall notify the applicant in a timely and adequate fashion of the effects of the eligibility determination on the person's ability to receive services through an HCBS Medicaid Waiver and provide information about the right to further appeal a Medicaid determination through a fair hearing if the DDA eligibility determination renders the person ineligible for Medicaid or waiver services. The timeliness and adequacy of this notice is described in the "Medicaid Notice and Right to Appeal" section of this procedure.

2. Medicaid Notice and Right to Appeal

- a. The EDU Manager shall provide each person determined ineligible and their legal representative timely and adequate written notice of the right to submit a Medicaid appeal regarding eligibility for HCBS Waiver services, in a timely and adequate fashion.
- b. "Timely" means that the written notice is sent by first-class U.S. Mail, postage prepaid, within five (5) business days of the eligibility determination, to the last known address for the person and their legal representative as included in the completed application or entered in the DDA database for the person.
- c. "Adequate" means that the written notice includes:
 - i. A statement of the action taken by DDA;
 - ii. The reason for the action and, if the action is ineligibility for DDA services, notice of ineligibility, along with the reasons for the ineligibility determination;
 - iii. That the person can contact the Office of Administrative Hearings (OAH);
 - iv. An explanation of the person's right to an informal agency review and/or fair hearing at OAH;
 - v. The method and deadlines by which the person may request an informal agency review or demand a fair hearing;
 - vi. That the informal agency review is not required and does not toll the time that a person has to file with OAH;
 - vii. That the person may immediately file a fair hearing request with OAH;
 - viii. That the person may represent himself or herself, or use legal counsel, a relative, a friend, or other person for assistance;
 - ix. Referral information for area legal services organizations; and
 - x. That, if a person needs assistance, they may contact the DDS Office of Rights and Advocacy at (202) 730-1700.

I. Closing Intake Case

An applicant's file may be closed when one or more of the following occurs:

1. The EDU Review Team makes the final determination that an applicant is not eligible to receive services through the DDA service delivery system within sixty (60) calendar days.
2. At the written or oral request of the applicant and/or their legal guardian that the applicant no longer wishes to pursue eligibility. Within twenty-four (24) hours or the next business day, the EDU Service Coordinator shall document this decision in the person's record, notify the EDU Supervisor, and close the case. The EDU will send written notification of case closure to the applicant and/or their legal representative within forty-five (45) calendar days. The applicant may reapply to receive services at any time.
3. The EDU Service Coordinator is informed of and confirmed the death of the applicant.
4. The EDU Service Coordinator is informed that the applicant is no longer a resident of the District of Columbia. In this instance, the EDU Service Coordinator shall send a letter to the applicant and/or their legal guardian or family notifying them of EDU's decision to close the person's file within forty-five (45) calendar days.
5. The applicant and/or their legal guardian or designee does not provide documentation requested after three (3) unsuccessful attempts, using communication channels provided by applicant, within ten (10) business days of the first attempt. All efforts to contact the applicant or their legal representative shall be documented in the person's case record. Within forty-five (45) calendar days of a person's application, the EDU Service Coordinator will mail the person's file closure letter to the applicant and/or their legal guardian explaining the reason for the closure and the option to reapply for future services.