

DIVISION OF DEVELOPMENTAL DISABILITIES
Notification of Eligibility Review

CLIENT NAME AND ADDRESS

CLIENT REPRESENTATIVE NAME AND ADDRESS

RE: **NOTIFICATION OF ELIGIBILITY REVIEW FOR** _____

You are currently eligible for the Division of Developmental Disabilities (DDD) under _____. DDD eligibility rules require a review of eligibility at various times. We need additional information to support eligibility for DDD per WAC 388-823. We need additional information to confirm eligibility for DDD services under one of the following conditions: Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, Another Neurological or Other condition similar to Intellectual Disability. Please see the attached *Required Documentation Table* for more information.

DDD will be glad to send for the information needed for this re-determination. If you want DDD to send for this information, please do the following:

- sign the enclosed consent form
- indicate on the form where we need to send for the information, and
- return it to DDD in the enclosed addressed envelope

Please respond as soon as possible to avoid any disruption in service, but no later than _____. If we do not hear from you, we will make an eligibility determination based on information in your file.

If you have any questions contact:

_____	_____	_____
NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

A copy of the state rules governing eligibility (WAC 388-823) is available upon request or online at <http://www1.dshs.wa.gov/ddd/index.shtml>

Enclosures: Required Documentation Table
Consent form (DSHS 14-012)
Brochures

Cc: Client file
Disability Rights Washington for Allen / Marr Members

REQUIRED DOCUMENTATION TABLE

DISABILITY CONDITION	DIAGNOSIS	DIAGNOSTICIAN	OTHER RECORDS
Intellectual Disability	Intellectual Disability (or Mental Retardation) or Down Syndrome	Licensed Psychologist or Certified School Psychologist Licensed Physician	Psychological assessment and Full Scale IQ score Adaptive skills test that shows substantial limitations in adaptive functioning.
Cerebral Palsy	Cerebral Palsy Quadriplegia Hemiplegia Diplegia	Licensed Physician	Onset prior to age 3 Assessments with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication
Epilepsy	Epilepsy or Seizure disorder	Board-Certified Neurologist	Diagnosis based on medical history and neurological testing. Confirmation from physician or neurologist of uncontrolled and ongoing or recurring seizures Adaptive skills test that shows substantial limitations in adaptive functioning
Autism	Autism or Autistic Disorder Per 299.00 in DSM-IV-TR	Board eligible Neurologist Board-eligible Psychiatrist Licensed Psychologist Board Certified Developmental and Behavioral Pediatrician	DSM IV diagnostic criteria Evidence of delay or abnormal functioning prior to age 3 in social, language, communication skills or symbolic or imaginative play. Adaptive skills test that shows substantial limitations in adaptive functioning
Another Neurological	Central nervous system impairment	Licensed Physician	Full Scale IQ score Assessment with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication.
Other Condition	A condition or disorder that by definition results in both intellectual and adaptive skills deficits; and Is due to a neurological condition, central nervous system disorder, or chromosomal disorder.	Licensed Physician or Licensed Psychologist	Full Scale IQ score Evidence of academic delays Adaptive skills test that shows substantial limitations in adaptive functioning
Medically Intensive (only through age 17)	N/A	N/A	Eligibility for DSHS Medically Intensive Program

Note: This documentation is the first step in determining eligibility. DDD may require additional information or assessments

Instructions for Notification of Eligibility Review

When do I use this form?

Intake Eligibility staff can send a Notification of Eligibility Review at any of the following times:

- At any time for persons age 10 or older determined eligible under Down Syndrome or developmental delay prior to July 2005;
- At age 17 and before the 18th birthday for all disability conditions;
- For Medically Intensive Home Care Program (MIHCP) children, prior to the 18th birthday or when no longer eligible for MIHCP;
- Prior to initiation of paid services if:
 - a. Age 4 through 17 and eligible before July 2005, under developmental delay or Down Syndrome; or
 - b. Age 18 or older and the person's eligibility determination is more than 24 months old.
- At any time if evidence used to determine eligibility was insufficient, in error, or fraudulent per the rules in place at the time of the decision (1992 or later); and
- 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.

Who do I send this form to?

- Send a copy of this form to the client and the client representative per Policy 5.02.
- E-mail or copy the Case Resource Manager (CRM) regarding the notice.
- Send a copy of this form to Disability Rights Washington (formerly WPAS) for all Allen/Marr Class clients.
- Document that this form was sent in the client's Service Episode Record.

What if I get no response?

IE staff will follow-up by telephone with both the client and client representative if no response is received to explain the reason for the eligibility review and the action needed. If no response is received, review the information in the file to re-determine eligibility. If the client is no longer eligible, send out the DDD Eligibility Planned Action Notice (DSHS 14-468) per policy 11.03.