

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 o	f Developmental Disabilities (DDD)	under
	nal information to confirm eligibility i Palsy, Epilepsy, Autism, Another N	_
DDD will be glad to send for the informatio information, please do the following:	n needed for this re-determination.	If you want DDD to send for this
 sign the enclosed consent form indicate on the form where we nee return it to DDD in the enclosed ac 		
Please respond as soon as possible to avoil we do not hear from you, we will make a		
If you have any questions contact:		
NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
A copy of the state rules governing eligibili http://www1.dshs.wa.gov/ddd/index.shtml	ty (WAC 388-823) is available upor	n request or online at

Enclosures: Required Documentation Table

Consent form (DSHS 14-012)

Brochures

Cc: Client file

Disability Rights Washington for Allen / Marr Members

REQUIRED DOCUMENTATION TABLE

DISABILITY DIAGNOSIS DIAGNOSTICIAN OTUER RECORDS				
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:
 - 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 redetermine eligibility. If the client is no longer eligible, send out the DDD Eligibility Planned Action Notice (DSHS 14-468) per policy 11.03.