



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
HCBS Waiver Enrollment Database Update

CLIENT NAME AND ADDRESS

CLIENT REPRESENTATIVE NAME AND ADDRESS

Your request for enrollment in the _____ Waiver was denied and entered into the statewide database for the DDA Home and Community Based Services (HCBS) waiver on _____.

At that time you were identified as needing ICF/ID level of Care.

DDA must re-evaluate waiver enrollment requests annually. If you wish to remain on the database, please select the statement that best reflects your current situation. A self-addressed, postage paid envelope has been included for your convenience.

- I would like my name to remain on the waiver enrollment database.
 - My situation and/or needs remain the same from last year.
 - I have experienced the following changes:

You must contact DDA or return this completed form by _____ . If we do not hear from you, your name will be removed from the database.

- I no longer wish to remain on the waiver enrollment request database.

If you have questions, you may contact your Case Resource Manager or Sue Cabe at (360) 725-3430.

CLIENT SIGNATURE

DATE

LEGAL GUARDIAN / REPRESENTATIVE SIGNATURE

DATE

cc: Client File

Enclosure: DDA HCBS Waiver Brochure

FREQUENTLY ASKED QUESTIONS

When is this form used?

This form is used to notify individuals they need to renew their waiver enrollment request..

Who will be sending this notice?

Headquarters will send this notice to the client and their NSA contact on the 10th month of their original enrollment to the database.

When will the individual's name be removed from the database if they do not respond to the letter?

The individual's name will be removed on the last day of the 12th month from the date of placement on the database.

What if their notice goes out late?

Notices sent out late will provide the individual with the same time frame for response as those letters sent out at 10 months.

How can the individual notify DDA of their desire to remain on the waiver enrollment database?

The letter will include a return envelope. The individual can sign and date this letter and return it directly to Headquarters. The individual may also contact their Case Resource Manager directly.

What if they telephone in their request to renew their waiver enrollment request?

The Case Resource Manager will submit an e-mail to the Waiver Program Manager confirming the client and/or their legal representative made a verbal request to renew their placement on the waiver enrollment database.

What if the situation has changed?

Headquarters will notify CRM. The CRM must follow-up by telephone or in person and assess the change in circumstance or condition.

- The contacts and information will be entered into an SER.
- A new waiver enrollment request, DSHS 15-282, must be completed. Completing a Waiver Enrollment Request form requires re-determining priority population and completing a Current Support Assessment.

How will I know if my client has been removed from the database?

Headquarters will notify you when a client name is removed from the database.

What if I contact my family after they have been removed from the database and they wish to be placed back on?

Submit the Waiver Enrollment Request form, DSHS 15-282. Completing a Waiver Enrollment Request form requires re-determining priority population and completing a Current Support Assessment. Their original referral date will be reinstated if the request is submitted within 30 days from the date of removal from the database.