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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Notification of Eligibility Review** | |
| DATE: | | |
| CLIENT NAME AND ADDRESS | | CLIENT REPRESENTATIVE NAME AND ADDRESS |
| RE: **NOTIFICATION OF** **ELIGIBILITY REVIEW FOR**  You are currently a client with the Developmental Disabilities Administration (DDA). DDA Eligibility rules require a review of eligibility at various times. We need more information to continue your eligibility for DDA under one of the following conditions: Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, or Another Neurological **or** Other Condition Similar to Intellectual Disability. We have attached the Required Documentation Table to let you know what information is needed.  **What do you need to do?**  DDA will be glad to send for the information needed for this re-determination. If you want DDA to send for this information, please complete the attached consent form as follows:   1. Indicate on the consent form which places, providers and facilities we may request information from including contact information; 2. Sign the enclosed consent form(s); and 3. Return it to DDA in the enclosed addressed envelope.   **What happens if I do not respond to this request?**  If we do not hear from you, we will review your eligibility using the information we have available to us in your client file. If there is not sufficient information to confirm the eligibility decision, then your eligibility for DDA will be terminated.  Respond as soon as possible to avoid any disruption in service, but no later than  .  If we do not hear from you by this date, 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 <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>.  Enclosures: Required Documentation Table  Consent form (DSHS 14-012)  cc: Client file | | |

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| **Required Documentation Table** | | | |
| **DISABILITY CONDITION** | **DIAGNOSIS** | **DIAGNOSTICIAN** | **OTHER RECORDS** |
| Intellectual Disability | Intellectual Disability | A Licensed Psychologist, Washington Certified School Psychologist or other school psychologist certified by the National Assoc. of School Psychologists | Full Psychological report including a Full Scale IQ score of more than two standard deviations below the mean and adaptive skills test score of more than two standard deviations below the mean completed within the last 36 months. |
| Cerebral Palsy | Cerebral Palsy  Quadriplegia  Hemiplegia  Diplegia | Licensed Physician | Onset prior to age three (3) and information supporting the need for daily direct physical assistance in two or more areas (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, and adaptive skills test showing substantial limitations in adaptive functioning of more than two standard deviations below the mean. |
| Autism  (per DSM-IV-TR) | Autism or Autistic Disorder  Per 299.00 in DSM-IV-TR | A Licensed Psychologist, a Licensed Physician or ARNP associated with an autism center, developmental center, or center of excellence, or a Board Certified: Neurologist, Psychiatrist, or Developmental and Behavioral Pediatrician | Full evaluation per DSM-IV-TR meeting all diagnostic criteria, evidence of delay or abnormal functioning prior to age five (5) in social, language, communication skills or symbolic or imaginative play, and adaptive skills test showing substantial limitations in adaptive functioning of more than two standard deviations below the mean. |
| Autism Spectrum Disorder  (per DSM-5) | Autism Spectrum Disorder 299.00  Per DSM-5 | A Licensed Psychologist, a Licensed Physician or ARNP associated with an autism center, developmental center, or center of excellence, or a Board Certified: Neurologist, Psychiatrist, or Developmental and Behavioral Pediatrician | Full evaluation per DSM-V meeting all diagnostic criteria, evidence of delay or abnormal functioning prior to age five (5), adaptive skills test showing substantial limitations in adaptive functioning of more than two standard deviations, and FSIQ of one standard deviation or more below the mean. |
| Another Neurological or Other Condition Similar to Intellectual Disability | Neurological or chromosomal disorder known to cause intellectual and adaptive skills deficits | Licensed Physician | Full Scale IQ score of more than 1.5 standard deviations below the mean and adaptive skills test showing substantial limitations in adaptive functioning of more than two standard deviations below the mean completed within the last 36 months. |
| **Note: This form is a general guide only and DDA may require additional information or assessments. This documentation is the first step in determining eligibility. DDA eligibility is determined per WAC Chapter 388-823.** | | | |