



Developmental Disabilities Administration (DDA)

# Notification of Enrollment Review

Date:

Name and Address

Representative Name and Address

**RE: Notification of Enrollment Review for \_\_\_\_\_**

You are currently enrolled with the Developmental Disabilities Administration (DDA). DDA Enrollment rules require a review of eligibility at various times. We need more information to continue your enrollment with 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. Write in the names of the places, providers, and facilities we may request information on the consent form. Include contact information for all those listed on the consent form.
2. Sign and date the enclosed consent form(s); and
3. Return the form(s) to DDA.

### What happens if you do not respond to this request?

If we do not hear from you, we will review your eligibility using the information in your client file. If there is not sufficient information to confirm the eligibility decision, then your enrollment with DDA will be terminated.

Please 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:

\_\_\_\_\_  
Case Resource Manager's Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email 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

### Required Documentation Table

Disability Condition	Diagnosis	Diagnostician	Other Records
Intellectual Disability	Intellectual Disability or an equivalent diagnosis	A Licensed Psychologist, Washington Certified School Psychologist; or other school psychologist certified by the National Association of School Psychologists	The diagnosis must be documented in a diagnostic report and an adaptive skills test score of more than two standard deviations below the mean completed within the last 36 months.
Cerebral Palsy	Cerebral Palsy or similar brain damage that causes full or partial limb paralysis	Licensed Physician; Licensed Naturopathic physician; or a Physician Assistant or Advanced Registered Nurse Practitioner (ARNP) associated with a neurological practice.	Information supporting the need for daily direct physical assistance in two or more of the following areas: toileting, bathing, eating, dressing, mobility, or communication.
Epilepsy	Epilepsy or Seizure disorder	Licensed Neurologist	Diagnosis based on medical history and neurological testing, confirmation from physician or neurologist of ongoing seizures despite medical interventions, and an adaptive skills test score of more than two standard deviations below the mean completed within the last 36 months.
Autism	Autism Spectrum Disorder or Autistic Disorder prior to February 1, 2022	A licensed: Neurologist, Psychiatrist, Psychologist, Developmental and Behavioral Pediatrician; a Center of Excellence as defined in WAC 182-531A-0200; or a Licensed Physician, an ARNP, a Physician Assistant, or Naturopathic physician associated with an autism center or developmental center.	The diagnosis must be documented in a diagnostic report, and an adaptive skills test score of more than two standard deviations below the mean completed within the last 36 months.
Another Neurological or Other Condition Similar to Intellectual Disability	Neurological or chromosomal disorder known to cause intellectual and adaptive skills deficits	Licensed Physician, Licensed Naturopathic Physician, Geneticist, or an ARNP or Physician Assistant associated with a neurological clinic or genetic testing center.	An eligible diagnosis and an adaptive skills test score 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 for enrollment. DDA enrollment is determined per WAC Chapter 388-823.**