



Washington State
Department of Social
& Health Services

Transforming lives

Transforming
Lives

Developmental Disabilities Administration (DDA)

An Overview of Eligibility

December 8, 2020

Presented by Kristen Petrakis

Agenda

Intake and Eligibility Rules/Processes

- Overview of Major Categories
- Requirements for Developmental Delay
 - Intake & Eligibility Determination
 - Reapplication/Review Process

DDA's Mission Statement

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.



Each individual is valued as
a contributing member
of the community

What is a developmental disability?

“Developmental disability” means a **disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to intellectual disability** or to require treatment similar to that required for individuals with intellectual disabilities, **which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.** RCW 71A.10.020

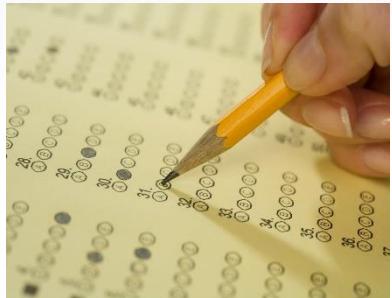
WAC Criteria for DDA Eligibility

- Must have a qualifying documentation of an eligible condition that is not expected to improve or go away.
- Must have evidence that the condition was present prior to age 18 (and sometimes prior to age 3).
- Must have evidence of substantial functional limitations based on:
 - ❖ Cognitive Test Scores
 - ❖ Adaptive Test Scores
 - ❖ Physical Assistance Needs



DDA Eligibility Categories

- Intellectual Disability (ID)
- Cerebral Palsy (CP)
- Epilepsy
- Autism
- Another Neurological or Other Condition similar to Intellectual Disability
- Developmental Delay (temporary eligibility until age of 10)



Where can I find a thumbnail sketch reference for DDA Eligibility Categories?

Required Documentation for Developmental Disability Administration (DDA) Eligibility Determination			
DISABILITY CONDITION	DIAGNOSIS	DIAGNOSTICIAN	SUBSTANTIAL LIMITATION
Intellectual Disability	Intellectual Disability or Mental Retardation	Licensed Psychologist or Nationally Certified School Psychologist	Psychological assessment with Full Scale (FS) IQ score of 69↓ AND Adaptive functioning assessment with a standard score of 69↓ *FSIQ of 67↓ on the Stanford-Binet 4 th Edition
Cerebral Palsy	Cerebral Palsy or similar brain damage which causes quadriplegia, hemiplegia or diplegia	Licensed Physician	Onset prior to age 3; Must require daily physical assistance for any 2 of the following: toileting, bathing, eating, dressing, mobility or communication
Epilepsy	Epilepsy or seizure disorder	Board Certified Neurologist	Uncontrolled and ongoing or recurring seizures AND adaptive functioning assessment with a standard score of 69↓
Autism	Autistic Disorder 299.00 In DSM-IV-TR or Autism Spectrum Disorder 299.00 In DSM-5 with a severity level of 2 or 3 in both columns	Board Certified Neurologist; Board Certified Psychiatrist; Licensed Psychologist; Board Certified Developmental and Behavioral Pediatrician; ARNP associated with an Autism or Developmental Center	Evidence of onset prior to age 3 AND adaptive functioning assessment with a standard score of 69↓ **FSIQ of 84↓ (or statement of too severe to assess) for DSM-5 Diagnosis
Another Neurological or Other Condition	A neurological or chromosomal disorder that is known to cause intellectual & adaptive skills deficits.	Licensed physician	Full Scale (FS) IQ of 77↓ AND adaptive functioning assessment with a standard score of 69↓ *If under age 20, Broad Reading & Broad Math scores of 69↓ CAN REPLACE FSIQ *FSIQ of 75↓ on the Stanford-Binet 4 th edition

ALL DISABILITY CONDITIONS MUST ORIGINATE PRIOR TO AGE 18, BE EXPECTED TO CONTINUE INDEFINITELY, AND RESULT IN SUBSTANTIAL LIMITATIONS IN ADAPTIVE FUNCTIONING PER WAC 388-823

Link to Eligibility WAC's: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-823&full=true>
 DDA on the Internet: <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>


 Washington State
 Department of Social & Health Services
 Transforming Lives
 DHS 22-1679 (Rev. 4/17)

REQUIRED DOCUMENTATION FOR DDA ELIGIBILITY DETERMINATION			
DISABILITY CONDITION	DIAGNOSIS	DIAGNOSTICIAN	SUBSTANTIAL LIMITATION
Intellectual Disability	Intellectual Disability or Mental Retardation	Licensed Psychologist or Nationally Certified School Psychologist	Psychological assessment with Full Scale (FS) IQ score of 69↓* AND Adaptive functioning assessment with a standard score of 69↓ *FSIQ of 67↓ on the Stanford-Binet 4 th Edition
Cerebral Palsy	Cerebral Palsy or similar brain damage which causes quadriplegia, hemiplegia or diplegia	Licensed Physician	Onset prior to age 3; Must require daily physical assistance for any 2 of the following: toileting, bathing, eating, dressing, mobility or communication
Epilepsy	Epilepsy or seizure disorder	Board Certified Neurologist	Uncontrolled and ongoing or recurring seizures AND adaptive functioning assessment with a standard score of 69↓
Autism	Autistic Disorder 299.00 in DSM-IV-TR or Autism Spectrum Disorder 299.00 in DSM-5 with a severity level of 2 or 3 in both columns	Board Certified Neurologist; Board Certified Psychiatrist; Licensed Psychologist; Board Certified Developmental and Behavioral Pediatrician; ARNP associated with an Autism or Developmental Center	Evidence of onset prior to age 3 AND adaptive functioning assessment with a standard score of 69↓ **FSIQ of 84↓ (OR STATEMENT OF TOO SEVERE TO ASSESS) FOR DSM-5 DIAGNOSIS
Another Neurological or Other Condition	A neurological or chromosomal disorder that is known to cause intellectual & adaptive skills deficits.	Licensed physician	Full Scale (FS) IQ of 77↓ AND adaptive functioning assessment with a standard score of 69↓ *If under age 20, Broad Reading & Broad Math scores of 69↓ CAN REPLACE FSIQ *FSIQ of 76↓ on the Stanford-Binet 4 th edition

ALL DISABILITY CONDITIONS MUST ORIGINATE PRIOR TO AGE 18; BE EXPECTED TO CONTINUE INDEFINITELY; AND RESULT IN SUBSTANTIAL LIMITATIONS IN ADAPTIVE FUNCTIONING PER WAC 388-823

Link to Eligibility WAC's: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-823&full=true>
 DDA on the Internet: <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>

Page 2: Team Contact Information + Cognitive & Adaptive Tests Accepted.

REGION 2 DDA ELIGIBILITY CONTACTS

Intake		
Christina Thomason	(425) 977-6524	(King & Snohomish Counties)
Kristen Petrakis	(425) 977-6520	(King & Snohomish Counties)
Treniss Capps	(425) 977-6522	(King & Snohomish Counties)
Isabel Soley	(425) 977-6636	(King County CDS Intakes)
Leslie Kivett	(360) 714-5014	(Skagit, Whatcom, Island, San Juan Counties)
Eligibility Review		
Shane Lucey	(425) 977-6527	(Snohomish & Counties North)
Stacy Flower	(425) 977-6638	(Snohomish & Counties North, Snohomish County CDS Intakes)
Jeanette White	(425) 977-6523	(King County)
Josie Moderow	(425) 977-6637	(Regional Age 20 Reviews)
Supervisor		
Christopher Osborn	(425) 977-6526	Email: christopher.osborn@dshs.wa.gov

COGNITIVE TESTS ACCEPTED BY DDA

- *Stanford-Binet 4th edition
- Stanford-Binet 5th edition
- Wechsler Intelligence Scales (WISC)
- Differential Abilities Scale (DAS)
- Kaufman Assessment Battery for Children (K-ABC)
- Das-Naglieri Cognitive Assessment System (CAS)
- Woodcock Johnson-III Test of Cognitive Abilities (WJ-III(r))

If you have a hearing impairment, English is not your primary language or you are non-verbal, your FSIQ may be estimated using one of the tests below:

- Leiter International Performance Scale-Revised (Leiter-R)
- Wechsler Intelligence Scales (WISC) Performance scale
- Comprehensive Test of Nonverbal Intelligence (C-TONI)
- Kaufman Assessment Battery for Children (K-ABC) Nonverbal scale index

ADAPTIVE ASSESSMENTS ACCEPTED BY DDA

- Vineland Adaptive Behavior Scales (VABS)
- Scales of Independent Behavior-Revised (SIB-R)
- Inventory for Client and Agency Planning (ICAP)
- Adaptive Behavior Assessment System (ABAS-II)

REGION 2 DDA ELIGIBILITY CONTACTS

Intake:

- Cheri Miller (425) 977-6779 (King & Snohomish Counties) – Jan/Feb/Mar DOBs
- Kristen Petrakis (425) 977-6520 (King & Snohomish Counties) – Apr/May/Jun DOBs
- VACANT CASELOAD (King & Snohomish Counties) – Jul/Aug/Sep DOBs
- Christina Thomason (425) 977-6524 (King & Snohomish Counties) – Oct/Nov/Dec DOBs
- Leslie Kivett (360) 714-5014 (Skagit, Whatcom, Island, San Juan Counties) – All DOBs
- Stacy Flower (425) 977-6638 (Birth to Three)
- Josie Moderow (425) 977-6637 (Birth to Three)

Eligibility Review:

- Shane Lucey (425) 977-6527 (Snohomish & Counties North)
- Jeanette White (425) 977-6523 (King County)
- Claire Trammell (425) 977-6636 (Regional Age 19-20 Reviews)

Supervisor:

- Christopher Osborn (425) 977-6526 Email: christopher.osborn@dshs.wa.gov

COGNITIVE TESTS ACCEPTED BY DDA

- *Stanford-Binet 4th edition
- Stanford-Binet 5th edition
- Wechsler Intelligence Scales (WISC)
- Differential Abilities Scale (DAS)
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- Das-Naglieri Cognitive Assessment System (CAS)
- Woodcock Johnson-III Test of Cognitive Abilities (WJ-III(r))

If you have a hearing impairment, English is not your primary language or you are non-verbal, your FSIQ may be estimated using one of the tests below:

- Leiter International Performance Scale-Revised (Leiter-R)
- Wechsler Intelligence Scales (WISC) Performance scale
- Comprehensive Test of Nonverbal Intelligence (C-TONI)
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ADAPTIVE ASSESSMENTS ACCEPTED BY DDA

- Vineland Adaptive Behavior Scales (VABS)
- Scales of Independent Behavior-Revised (SIB-R)
- Inventory for Client and Agency Planning (ICAP)
- Adaptive Behavior Assessment System (ABAS-II)

How do I meet WAC requirements for the category of Intellectual Disability (ID)?

- Diagnosis of ID from a licensed psychologist OR a “finding” of ID (SpEd Category) from a certified school psychologist;
- A full scale IQ of 69 or below (depending on the test used), or verification that full scale IQ cannot be determined due to severity of condition; and
- An adaptive assessment composite score of 69 or below

How do I meet WAC requirements for the category of Cerebral Palsy?

- Diagnosis by a licensed physician of cerebral palsy, OR similar brain damage that causes Quadriplegia, Hemiplegia, or Diplegia);
- Evidence of onset prior to age three; and
- Daily need for direct physical assistance in two or more of the following areas:
 - Toileting
 - Bathing
 - Eating
 - Dressing
 - Mobility
 - Communication

How do I meet WAC requirements for the category of Epilepsy?

- Diagnosis of epilepsy or seizure disorder by a board certified neurologist;
- Seizures must be currently uncontrolled and ongoing or recurring and unable to be controlled by medication; and
- An adaptive composite assessment score of 69 or below.

How do I meet WAC requirements for the category of Autism?

- Diagnosis of Autism Spectrum Disorder 299.00 per the DSM-5, or Autism/Autistic Disorder 299.00 per the DSM-IV-TR;
- Evidence of onset prior to the age of 3;
- Diagnosis must come from an appropriate professional per WAC 388-823-0500(5); and
- An adaptive assessment composite score of 69 or below;
- If the diagnosis is per DSM-5, the following additional information is required:
 - Severity Level of 2 or higher in BOTH columns of the severity level scale, AND
 - A full scale IQ score of 84 or below OR verification that a full scale IQ score cannot be determined due to severity of the condition.

How do I meet WAC requirements for the category of Another Neurological or Other Condition Similar to ID?

- Diagnosis of a neurological or chromosomal disorder by a licensed physician (MD or DO);
- The disorder must be known to cause intellectual and adaptive skills deficits;
- A full scale IQ score of 77 or below (depending on the test used), or academic delays (only until the age of 20), or verification that a full scale IQ score cannot be determined due to severity of condition; and
- An adaptive assessment composite score of 69 or below.

What evidence is required to determine DDA eligibility under Developmental Delay?

Developmental delay of at least 1.5 standard deviations or 25% of the chronological age in the following developmental areas:

- Physical skills (fine or gross motor)
- Self-help/adaptive skills
- Expressive or receptive communication, including American Sign Language
- Social/emotional skills
- Cognitive, academic or problem solving skills

The number of areas in which you are required to have delays to meet the evidence is specific to your age:

- Age 0-3: One qualifying delay (or eligible for ESIT program)
- Age 3-10: Three qualifying delays

What are some examples of the tests used as evidence to determine DDA eligibility under Developmental Delay?

Test Name (acronym)	Cognitive	Communication	Motor	Social-Emotional	Adaptive
Adaptive Behavior Assessment System 2nd Ed. (ABAS-II)	X	X	X	X	X
Battelle Developmental Inventory 2nd Ed. (BDI-II)	X	X	X	X	X
Bayley Scales of Infant and Toddler Development 3rd Ed. (Bayley-III)	X	X	X	X	X
Behavior Assessment System for Children, 2nd Ed. (BASC-2)				X	
Bruininks-Oseretsky Test of Motor Proficiency, 2nd Ed. (BOT-2)					X
Clinical Evaluation of Language Fundamentals, 4th Ed (CELF-4)		X			
Developmental Assessment of Young Children (DAYC)	X	X	X	X	X
Expressive One-Word Picture Vocabulary Test (EOWPVT)		X			
Goldman-Fristoe Test of Articulation 2nd Ed. (GFTA-2)				X	
Peabody Developmental Motor Scales 2nd Ed. (PDMS-2)			X		
Receptive One-Word Picture Vocabulary Test (ROWPVT)				X	
Scales of Independent Behavior-Revised (SIB-R)		X	X	X	X
Vineland Adaptive Behavior Scales-2nd Ed. (VABS-II)	X	X	X	X	

Adaptive Testing

- The test must be administered and scored by an appropriate professional.
- Results must be from within the last 36 months.
- If there is more than one score, the most recent score will be used to make a decision.
- We can accept the lower of 2 scores if tests were administered to different people (e.g. parent & teacher) at the same time.
- In the absence of recent adaptive testing records per table on the right, DDA can administer an ICAP if the person has met all other eligibility requirements.

Assessment	Qualifying Score
Vineland adaptive behavior scales (VABS)	An adaptive behavior composite score of 69 or less
Scales of independent behavior - Revised (SIB-R)	A broad independence standard score of 69 or less
Adaptive behavior assessment system - Second edition (ABAS-II)	An adaptive behavior composite score of 69 or less

IQ Testing

- The IQ test must be administered by a licensed psychologist or school psychologist.
- Results must be deemed valid and not be impacted by conditions that are not related to a developmental disability.
- IQ results must be obtained at age 13+ if the applicant/client is 19 or older.
- Table on right shows which tests are accepted by DDA.

Assessment	Intellectual Disability	Other Condition	DSM-5 Autism
Stanford-Binet 4th edition or earlier editions	67 or less	75 or less	83 or less
Stanford-Binet 5th edition	69 or less	77 or less	84 or less
Wechsler intelligence scales (Wechsler)	69 or less	77 or less	84 or less
Differential abilities scale (DAS)	69 or less	77 or less	84 or less
Kaufman assessment battery for children (K-ABC)	69 or less	77 or less	84 or less
Das-Naglieri cognitive assessment system (CAS)	69 or less	77 or less	84 or less
Woodcock-Johnson-III test of cognitive abilities (WJ III(r))	69 or less	77 or less	84 or less

Nonverbal IQ Testing

- Nonverbal IQ testing can be accepted if the applicant's primary language is not English, if they have a significant hearing/speech impairment, or if they are nonverbal.
- Same requirements for IQ testing otherwise apply.
- People with significant vision impairments can have their IQ estimated using only the verbal IQ score on a Wechsler.
- Table on rights shows which nonverbal IQ tests are accepted by DDA

Assessment	Intellectual Disability	Other Condition	DSM-5 Autism
Wechsler intelligence scales (WISC, WAIS)	69 or less on the performance scale, or, on both the perceptual reasoning index and processing speed index	77 or less on the performance scale, or, on both the perceptual reasoning index and the processing speed index	84 or less on the performance scale, or, on both the perceptual reasoning Index and the processing speed index
Leiter international performance scale-revised (Leiter-R)	69 or less	77 or less	84 or less
Comprehensive test of nonverbal intelligence (C-TONI)	69 or less on full scale (NVIQ)	77 or less on full scale (NVIQ)	84 or less on full scale (NVIQ)
Kaufman assessment battery for children (K-ABC)	Nonverbal scale index of 69 or less	Nonverbal scale index of 77 or less	Nonverbal scale index of 84 or less

How do unrelated injuries or illnesses affect my eligibility determination?

Per WAC, DDA must be able to determine that adaptive and cognitive deficits are not a result of:

- Behavior problems
- Mental health diagnoses
- Injuries or illness occurring after age 18
- Injuries or illness not related to the qualifying diagnosed condition

What are the steps in the DDA application process?

- Applicant/representative submits the Request for DDA Eligibility Determination, Consent and Privacy Practices (HIPAA).
- Relevant school/medical records should be submitted with the application if possible. Applicant has responsibility for providing evidence, but DDA can assist if the consent form is completed.
- Goal is to process applications within 90 days, but it may take longer.
- Eligibility determination is based on the available documentation.
- Applicant will receive written notification – a Planned Action Notice (PAN) – regarding the eligibility decision.
- Applicant has the right to appeal if they want an Administrative Law Judge (ALJ) to review the eligibility decision. Appeal forms and DDA contact information are included with the PAN.
- DDA eligibility does not guarantee access to a paid service.



When does my DDA eligibility expire?

DDA eligibility expires at the following times:

- On the **4th birthday** (for all clients determined eligible under the age of 3)
- On the **10th birthday** (for all clients determined eligible in the category of Developmental Delay)
- If receiving a paid service, clients are sent notice of expiration and an application packet 6 months prior to their birthdate – at ages 3 ½ and 9 ½.
- If reapplication is not received, a Planned Action Notice is sent 90 days prior to a client's birthdate.
- If the reapplication is not received within 60 days of their birthdate, the client's eligibility will expire – and any reapplication is then treated as a new intake which may be subject to longer processing times depending on workload.
- Any DDA paid services are terminated upon eligibility expiration.

When does DDA review my eligibility?

- **DDA reviews eligibility at the following times for all clients:**
 - At age 19 (before the 20th birthday) unless the initial determination was made at age 16 or older; OR
 - Prior to authorization of paid services if the client is age 19 or older, the client hasn't been receiving paid services, and the most recent determination was completed PRIOR to June 1, 2005; OR
 - At any age when there is evidence that the current eligibility determination is based on insufficient, mistaken, or fraudulent information.
- **Clients are sent notice of eligibility review on the month of their 19th birthday.**
- **Clients must return consent forms for DDA to obtain updated information.** If a client does not return the consent form or provide necessary information, DDA makes an eligibility determination based on information available in client's case file.

Who should apply? And, when?

- Anyone with a developmental disability can apply.
- Applicants of all ages can apply, but evidence of onset prior to age 3 or age 18 will be required.
- Applications will only be processed for residents of Washington State, but there are some exceptions for members of the military.
- The DDA Eligibility Team does not require or collect information about income levels or citizenship status. However, DDA services usually require Medicaid eligibility (DDA services presentation can provide more information about this).
- Families should apply as early as possible and keep their addresses up to date with DDA so they receive notices for eligibility expiration and reviews.

Form 14-151 – Applicant Information

- Application forms have been revised and streamlined to include only the minimum required information.
- Missing, incomplete or inaccurate information can create errors and slow the application process.
- This section of 14-151 gathers information about the **Applicant** and does not need to include phone numbers or e-mail addresses for children.

Washington State
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Request for DDA Eligibility Determination

Applicant Information		FOR OFFICE USE ONLY		
FIRST NAME	MIDDLE INITIAL	LAST NAME	Initial <input type="checkbox"/> Reapplication <input type="checkbox"/> DDA NUMBER: <input type="text"/>	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown / Unreported	MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Partner <input type="checkbox"/> Widowed	APPLICANT'S COMMUNICATION NEEDS Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Translate Documents: <input type="checkbox"/> Yes <input type="checkbox"/> No Primary written language: <input type="text"/>	Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited Understands English: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited Primary spoken language: <input type="text"/>	
ETHNIC CODES (CHECK ALL THAT APPLY) <input type="checkbox"/> American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Unreported	HISpanic <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICARE <input type="checkbox"/> Yes; type: <input type="text"/> <input type="checkbox"/> No Other insurance: <input type="text"/>	APPLICANT'S USUAL HOUSING SITUATION <input type="checkbox"/> Adult-Licensed Facility <input type="checkbox"/> Child – foster home <input type="checkbox"/> Correctional Facility / Jail <input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Homeless <input type="checkbox"/> Hospital, medical <input type="checkbox"/> Hospital, psychiatric <input type="checkbox"/> Other, describe: <input type="text"/>	<input type="checkbox"/> Relative's home <input type="checkbox"/> Own Home <input type="checkbox"/> Parent's Home	
STREET ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>	COUNTY OF RESIDENCE <input type="text"/>
MAILING ADDRESS (IF DIFFERENT) <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>	WASHINGTON IS MILITARY HOME OF RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No
PRIMARY PHONE NUMBER (<input type="text"/>) - <input type="text"/> <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MESSAGE	OTHER PHONE NUMBER (<input type="text"/>) - <input type="text"/> <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MESSAGE	EMAIL ADDRESS <input type="text"/>		
LIST SCHOOL DISTRICTS ATTENDED AND DATES <input type="text"/>				
TELL US WHY YOU ARE APPLYING <input type="text"/>				
DEVELOPMENTAL DISABILITY AND THE AGE FIRST OBSERVED Age first diagnosed: <input type="text"/> <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chromosomal Condition <input type="checkbox"/> Developmental Delay		DISABILITY DETERMINATION SERVICE APPLICATION Has the applicant applied for Social Security Disability Benefits, Supplemental Security Income, or DSHS Non-Grant Medical Assistance in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Epilepsy Intellectual Disability Neurological Condition</p>				

Form 14-151 – Representative Information

- This section of 14-151 gathers information about the **Representative** – usually a parent, but can be an advocate or professional.
- **Signatures are required** in order to process applications.
- Anyone 18 or older needs to sign their own application unless DDA has a copy of current **Letters of Guardianship**.

Representative Information					
FIRST NAME	MIDDLE INITIAL	LAST NAME			PRIMARY LANGUAGE
MAILING ADDRESS		CITY	STATE	ZIP CODE	Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Translation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PRIMARY PHONE NUMBER () - 	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> MESSAGE	OTHER PHONE NUMBER () - 	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> MESSAGE	EMAIL ADDRESS	
RELATIONSHIP TYPE / ROLE		LEGAL RELATIONSHIP (ATTACH DOCUMENTS)			LIVES WITH APPLICANT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NAME OF OTHER PARENT					
Signature(s)					
SIGNATURE OF ADULT APPLICANT			DATE		
SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE			DATE	LEGAL RELATIONSHIP	
REQUEST FOR DDA ELIGIBILITY DETERMINATION DHS 14-151 (REV. 04/2019)					

Form 14-012 – Consent

- Fully completed consent forms are required to process DDA applications.
- Consent forms must be signed by the legal representative as well as anyone who is **age 13** or over.
- Consent forms can be used to request records and are often used to follow-up with examiners for clarification about testing or diagnoses.

 **Consent**

NOTICE TO CLIENTS: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

CLIENT IDENTIFICATION:	
NAME	DATE OF BIRTH
ADDRESS	CITY
STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION

CONSENT:
I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery.

Please check all below who are included in this consent in addition to DSHS and identify them by name and address:

<input type="checkbox"/> Health care providers: _____
<input type="checkbox"/> Mental health care providers: _____
<input type="checkbox"/> Substance use disorder service providers: _____
<input type="checkbox"/> Other DSHS contracted providers: _____
<input type="checkbox"/> Housing programs: _____
<input type="checkbox"/> School districts or colleges: _____
<input type="checkbox"/> Department of Corrections: _____
<input type="checkbox"/> Employment Security Department and its employment partners: _____
<input type="checkbox"/> Social Security Administration or other federal agency: _____
<input type="checkbox"/> See attached list
<input type="checkbox"/> Other: _____

I authorize and consent to sharing the following records and information (check all that apply):

<input type="checkbox"/> All my client records	<input type="checkbox"/> Records on attached list
<input type="checkbox"/> Only the following records	
<input type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information
<input type="checkbox"/> Payment records	<input type="checkbox"/> Individual assessments
<input type="checkbox"/> Other (list): _____	

PLEASE NOTE: If your client records include any of the following information, you must also complete this section to include these records. I give my permission to disclose the following records (check all that apply):

<input type="checkbox"/> Mental health	<input type="checkbox"/> HIV/AIDS and STD test results, diagnosis, or treatment	<input type="checkbox"/> Substance Use Disorder
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- This consent is valid for one year as long as DSHS needs records, or until _____ (date or event).

- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.

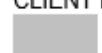
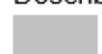
- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.

- A copy of this form is valid to give my permission to share records.

SIGNATURE	DATE	WITNESS / NOTARY (SIGN AND PRINT NAME IF APPLICABLE)	DATE
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Form 03-387 – Privacy Practices

- This is our HIPAA disclosure and must be completed as part of the DDA application process.
- Only the top portion of the form needs to be completed.

DSHS NOTICE OF PRIVACY PRACTICES FOR CONFIDENTIAL INFORMATION Effective September 23, 2013	
Acknowledgement (Needed when DSHS provides direct health care treatment)	
CLIENT NAME 	CLIENT DATE OF BIRTH 
I have received a copy of the DSHS Privacy Notice and have had a chance to ask questions about how DSHS will use and share my Personal Health Information.	
CLIENT OR PERSONAL REPRESENTATIVE SIGNATURE 	DATE 
FOR DSHS USE ONLY	
To be completed if <u>unable</u> to obtain signature of client or personal representative.	
Describe efforts made to have the client acknowledge receipt of the Notice of Privacy Practices (NPP): 	



DDA Region 2 Intake & Eligibility Contacts

Birth To Three Applications

- Josie Corzine: Josie.Corzine@dshs.wa.gov or 360-926-4380
- Stacy Flower: Stacy.Flower@dshs.wa.gov or 425-977-6638

Age 4, 10 & 19 Expirations & Reapplications

- Shane Lucey: Shane.Lucey@dshs.wa.gov or 425-977-6527 – **Ages 4 & 10:** Island, San Juan, Skagit, Snohomish & Whatcom Counties
- Jeanette White: Jeanette.White@dshs.wa.gov or 425-977-6523 – **Ages 4 & 10:** King County
- Claire Trammell: Claire.Trammell@dshs.wa.gov or 425-977-6636 – **Age 19:** All Counties as listed above

New Applications/Intakes (King & Snohomish Counties):

- January/February/March DOBs – Cheri Miller (Cheri.Miller@dshs.wa.gov or 425-977-6779)
- April/May/June DOBs – Kristen Petrakis (Kristen.Petrakis@dshs.wa.gov or 425-977-6520)
- July/August/September DOBs – VACANT
- October/November/December DOBs – Christina Thomason (Christina.Thomason@dshs.wa.gov or 425-977-6524)

DDA Region 2 Intake & Eligibility Contacts

New Applications/Intakes (Island, San Juan, Skagit & Whatcom Counties)

- All Dates of Birth – Leslie Kivett: Leslie.Kivett@dshs.wa.gov or 360-714-5014

General Queries for Intake & Eligibility: DDA2IETEAM@dshs.wa.gov

Clerical Support for Intake & Eligibility:

- Amanda Lopez: Amanda.Lopez@dshs.wa.gov or 425-977-6521 (voice) & 425-977-6525 (fax)

Supervisor for Intake & Eligibility:

- Chris Osborn: Christopher.Osborn@dshs.wa.gov or 425-977-6526

Current Forms for Intake & Eligibility: <https://www.dshs.wa.gov/node/5756/>

Current Forms for DSHS: <https://www.dshs.wa.gov/office-of-the-secretary/forms>

Developmental Disabilities Administration (DDA) An Overview of Services

December 8, 2020

Presented by Kristen Petrakis

Community First Choice (CFC)

Who is eligible for CFC?

- A financial review is needed to determine your financial eligibility.
- An assessment is needed to determine your functional eligibility for personal care and other services.
- Children with Medicaid may qualify for CFC services regardless of DDA eligibility.

Who can provide CFC services?

- Individual Providers (IP), Home Care Agencies, Licensed Assisted Living/Adult Family Home providers



What Other Services are Available Through Community First Choice (CFC)?

- Relief Care: Providing PC hours to a secondary contracted provider for the purposes of giving relief to the primary PC provider.
- Skills Acquisition Training: Training for an individual to help increase their independence with PC tasks.
- Personal Emergency Response Systems (PERS): A system that allows a person to easily call for help without a phone (basic system is free).
- Assistive Technology & Equipment: Technology/equipment that helps an individual become more independent and/or perform PC tasks without a care provider.
- Caregiver Management Training: Training to help an individual manage their care providers (internet or DVD).



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Home and Community Based Waivers

There are over 20,000 DDA clients served on our Home & Community Based Service Waivers.

There are five DDA waivers:

- **Individual and Family Services**
- **Basic Plus**
- **Core**
- **Community Protection**
- **Children's Intensive In-Home Behavioral Supports (CIIBS) for ages 8-18 – and up to age 21 if enrolled by 18**



Home and Community Based Waivers

- Home and community based services (HCBS) waivers are services approved by the Centers for Medicare & Medicaid Services (CMS) as an alternative to placement in an institution (Intermediate Care Facility for the Intellectually Disabled or ICF/ID).
- Certain federal regulations are "waived" enabling the **provision of services in the home and community** to individuals who would otherwise require the services provided in an institution.
- Capacity is limited by federal agreement and the state's ability to provide half of the funding.
- Receiving a waiver can make you eligible for CFC if you are under 18 years of age.
- Waiver services may be limited and/or unavailable due to client's age and EPSDT and/or Medicaid requirements. See case manager for details.

Home and Community Based Waivers

To enroll in a waiver, clients must:

- Be approved for one of the waivers.
- Have a documented need for a waiver service (per DDA assessment).
- Be financially eligible for Medicaid (based on the client's income/resources)*
- Have been determined to meet SSA (Social Security Administration) disability criteria.
- Agree to receive services in the community.

*DDA is not allowed to enroll clients onto a waiver strictly for Medicaid eligibility.



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What Services Are Available Through a DDA Waiver?

- Assistive Technology
- Extermination of Bedbugs
- Community Inclusion
- Community Engagement
- Community Transition
- Employment Services
- Environmental Adaptations
- Extended State Plan Services (OT, PT, Speech not covered by Medicaid)
- Nurse Delegation
- Peer Mentoring
- Person Centered Plan Facilitation
- Residential Habilitation
- Respite
- Specialized Clothing
- Specialized [Medical] Equipment and Supplies
- Staff and Family Consultation
- Supported Parenting
- Waiver Transportation
- Waiver Skilled Nursing (for age 21 and older only)
- Vehicle Modification
- Wellness Education
- Specialized Habilitation
- Stabilization Services – Specialized Habilitation
- Stabilization Services – Staff and Family Consultation
- Therapeutic Equipment and Supplies (CIIBS only)
- Therapeutic Adaptations
- Equine Therapy (CIIBS only)
- Music Therapy (CIIBS only)



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Resources

- **Download DDA Application Materials:**

<https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>

- **Download DDA Services Brochures:**

<https://www.dshs.wa.gov/dda/publications/dda-brochures>

- **Informing Families:**

<https://informingfamilies.org/>

- **Washington Autism Alliance and Advocacy:**

<https://washingtonautismadvocacy.org/>

- **ARC of Snohomish County:**

<https://www.arc sno.org/>

- **ARC of King County:**

<https://arcofkingcounty.org/>



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ANY
QUESTIONS?
?

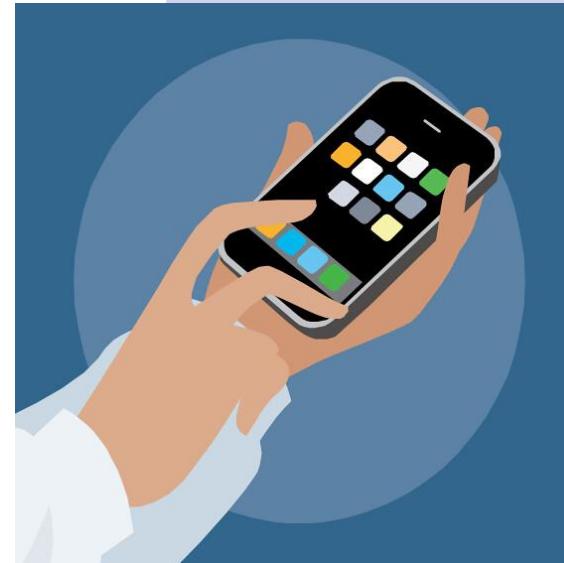


How do I request services from DDA?

If eligible, access to paid services starts with a request for services and a completed CARE assessment.

No case manager? Contact the Service & Request Information Line:

- In King County call 1-800-974-4428 or email R2ServiceRequestB@dshs.wa.gov
- In Snohomish County call 1-800-567-5582 or email R2ServiceRequestA@dshs.wa.gov
- Clients can also request services online at <https://www.dshs.wa.gov/dda/service-and-information-request>



When you contact DDA to request services, include the client's name, date of birth, and (if known) the service being requested. A case manager will contact the client/family to schedule an assessment.



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