



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

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DDS TRANSMITTAL# 21-02

TO: All Developmental Disabilities Administration (DDA) Providers

FROM: Winslow Woodland, Deputy Director, Developmental Disabilities Administration (DDA) *WGW*
Kirk Dobson, Deputy Director, Quality Assurance and Performance Management Administration (QAPMA) *KD*

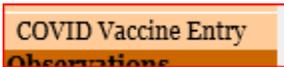
DATE: March 11, 2021

RE: Requirement to Enter COVID-19 Vaccination Status into MCIS for People Supported by DDA

The Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), releases this transmittal to highlight the requirement for DDA providers to upload vaccination information for the people they support into the DDS MCIS system. Effective March 11, 2021, providers should upload relevant vaccination information into the MCIS system for all DDA supported people that have received the COVID-19 vaccine prior to this transmittal. In addition, providers should continuously update vaccination information for each person supported within 48 hours of vaccination, in the MCIS system. The following information details the process for uploading vaccination information into the MCIS system:

MCIS COVID Vaccine Entry Guide

1. Enter the last name of the person into search field
2. Click on Person tab in the middle
3. From the menu on the left, click on "COVID vaccine entry" under the Medical Info tab



4. Once open click "New" > this generates a blank form with the following questions



Respond to all applicable questions

Has this person received a COVID vaccine? Yes or No

>>> Yes will generate the following:

Click the name of the vaccine, enter the date(s), and upload vaccination card (If only the first dose has been received, then enter that the date. The date of the second does can be entered once received)

- Moderna 1st dose (enter the date) 2nd dose (enter the date) “ Upload vaccination card”
- Pfizer 1st dose (enter the date) 2nd dose(enter the date) “ Upload vaccination card”
- Johnson & Johnson Date entry “ Upload vaccination card”

1. Has this person received a COVID vaccine? Yes No

	1st Dose	2nd Dose	
<input type="radio"/> Johnson & Johnson:	<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>
<input type="radio"/> Moderna:	<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>
<input type="radio"/> Pfizer:	<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>

Click save after entering vaccination dates.

Select Is Vaccinated	Vaccine Type	Entered by	Entered Date
<input type="radio"/> Yes	Moderna	dds Provider (Provier)	3/6/2021 8:09:08 AM

Click Browse to upload vaccination card. Click save afterwards.

1. Has this person received a COVID vaccine? Yes No

	1st Dose	2nd Dose	
<input checked="" type="radio"/> Moderna:	<input type="text" value="2/1/2021"/>	<input type="text"/>	<input type="button" value="Browse..."/>

Document	Uploaded By	Uploaded On
MCISOpenDocument2.docx	dds Provider	3/6/2021 8:09:08 AM

>>> No will generate the following question

Does this person want to be vaccinated? Yes or No

>>> Yes will generate the following questions (Click response that applies or indicate other)

1. Has this person received a COVID vaccine? Yes No

2. Does this person want to be vaccinated? Yes No

Difficulty getting an appointment

Guardian didn't sign consent

I am COVID positive or was COVID positive within the past 60 days

I have an appointment scheduled

Other

Appointment Date:

- I have an appointment scheduled “enter appointment date”
- Difficulty getting an appointment
- Guardian didn't sign consent
- I am COVID positive or was COVID positive within the past 60 days
- Other “Type in response if above options doesn't apply”
-

>>>No will generate
Person refused or Other

1. Has this person received a COVID vaccine? Yes No

2. Does this person want to be vaccinated? Yes No

Other

Person Refused

3. Was the person/Guardian or decision maker educated by Clinician 'Medical Director/ DON / RN'? Yes No

Date entry of vaccination education

Upload completed refusal form name and signature of educator 'Medical Director or DON or RN'

Other

- If Other, “Indicate reason why the person doesn't want to be vaccinated other than a refusal”
 - >>> Other, indicate reason in text box if not a refusal.
- Person refused
 - >>>Person refused will generate the following question

Was the person/guardian or decision maker educated by Clinician “Medical Director/ DON / RN”? Yes or No

>>> Yes will generate the following questions

- (enter the date) of vaccination education.
- Upload completed refusal form name and signature of educator “Medical Director, DON, or RN”

>>>No will generate the following question:

- **Explain why the person/ guardian or decision maker wasn't educated.** "Indicate reason why education didn't occur".

*****To enter 2nd dose date after previous saved entry. Follow steps below:**

- Click on previously saved form
- Click edit
- Enter 2nd vaccination date
- Upload Vaccination card "ensure it shows 2nd vaccination record"
- Click save.

1. Has this person received a COVID vaccine? Yes No

	1st Dose	2nd Dose
<input checked="" type="radio"/> Moderna:	2/1/2021	3/1/2021

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*****To enter vaccination after previous refusal entry. Follow steps below:**

- Do not edit previously saved form
- Start a new vaccination form
- Click on New
- follow vaccination entry steps described above