

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

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DDS TRANSMITTAL#21-09

то:	All Developmental Disabilities Administration (DDA) Providers
FROM:	Hakima Muhammad, Operations Program Manager 24M
DATE:	December 22, 2021
RE:	Requirement to enter Employment and Children/Marital Information Status

The Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), releases this guidance on the requirement for DDA providers to update DDS MCIS database with employment information and children/marital data for supported persons. This information is needed by **Friday, December 31, 2021** to calculate the contributions to costs of care. Provider compliance is required in alignment with the Contributions to Costs of DDA Residential Supports Policy which becomes effective January 1, 2022.

Please use the following link to log into <u>MCIS provider portal</u> to update supported persons' employment and children/marital information. Listed below are screen shots to aid with data input.

Children/Marital Data Input

Step 1: Enter Person's name in MCIS						
Step 2: Click on "Person" tab	\rightarrow	Profile	Perso	on	Provider	
Step 3: Click on left panel \rightarrow		ldren /Mari ormation	tal			

Step 4: Answer the questions listed below and click the "Save" icon

DDSTool Person Child and Marital Status				
Applicant Data Card		Cancel Save		
Children Information				
Children: O Yes O No				
Marital Information				
Marital Status/ Domestic Partner:	⊖Yes ⊖No			

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Step 5: if "**Yes**" has been selected in **Step 4**, the following data fields will generate for your completion

DDSTool Person Child and Marital Status					
Applicant Data Card		Cancel Save			
Children Information					
Children: Yes O No					
Same Household:	Gender:	Date of Birth:			
⊖Yes ⊖No	○ Male ○ Female				
⊖Yes ⊖No	○ Male ○ Female				
⊖Yes ⊖No	⊖ Male ⊖ Female				
⊖Yes ⊖No	○ Male ○ Female				
⊖Yes ⊖No	○ Male ○ Female				
Marital Information					
Marital Status/ Domestic Partner	:	○Yes ○No			

Employment Data Input

Step 1: Enter Person's name in MCISStep 2: Click on "**Person**" tab \rightarrow ProfilePersonProviderStep 3: Click on left panel \rightarrow New

Step 4: Answer the questions listed below and click the "Save" icon

Employment details					Save	Cancel
*Employer Name:		*Job Title:				
Address1:		Address2:				
City:		State:				
Zip:						
*Contact person at place of Employment:		*Contact person Telephone number:				
*Start Date of Employment:		End Date of Employment:				
*Employment Type: P	Please select one option \checkmark	Number of Hours per Week:				
*Hourly Rate:		*Monthly Net Income:				
*Gross Income(Annual Salary):		Hours Supported per Week:				
*Does person have health insurance from employer?: P	Please select one option \checkmark	*Is job coaching support afforded?:	Please select one option \checkmark)		
*Is there additional employment income from another source?: \bigcirc $_{\text{No}}$						
Attach most recent paystub: Choose File No file chosen						
Monthly Net Income:		Updated On:		U	pdated By:	

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