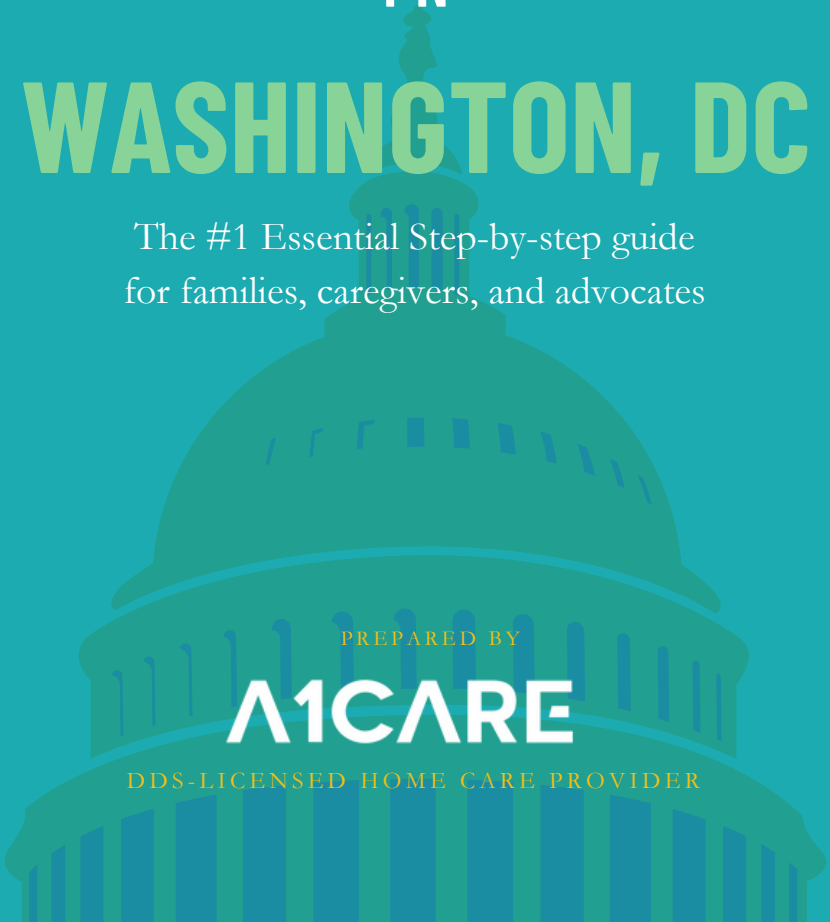
NEW EDITION

NAVIGATING DDS SERVICES IN WASHINGTON, DC

The #1 Essential Step-by-step guide
for families, caregivers, and advocates



PREPARED BY

A1CARE

DDS-LICENSED HOME CARE PROVIDER

Quick overview: What this guide covers

This guide walks you through everything a family needs to know to apply for and use DDS (Department on Disability Services / Developmental Disabilities Administration) services in Washington, D.C., from first eligibility steps to getting services started, choosing providers, and practical tips to speed up the process.

Key topics:

- Who is eligible and the intake process
- Medicaid/HCBS waivers and how they work
- Waiting lists and priorities
- How referrals and admissions work (what DDS and providers do)
- What documents you must gather and a printable checklist
- How to choose a provider and what to expect at intake
- How to escalate problems, file complaints, and ask for appeals
- Useful contacts and sample referral language

Short primer:
Who runs these services?

The District of Columbia's Department on Disability Services (DDS) oversees services for adults with developmental and intellectual disabilities through the Developmental Disabilities Administration (DDA).

Many in-home services are funded through federal Home & Community-Based Services (HCBS) waivers that the DDA/DDS administers in DC.

Step 1: Confirm eligibility (first phone call)

1. **Call DDS / DDA intake:** the Intake & Eligibility team will tell you the exact application steps and can mail or email the Intake Application. The main DDS phone is: **(202)730-1700**.
2. **Basic eligibility requirements** (what they'll check):
    - DC residency and U.S. citizenship/immigration status (if required).
    - Age (some waivers are for adults 18+).
    - The applicant must meet the clinical "level of care" and Medicaid eligibility for many waivers. The HCBS waiver has specific age and Medicaid eligibility rules. Click the following link to read more about the HCBS waiver program dds.dc.gov

Pro tip: Ask DDS at the first call: "Can you email the Intake Application and the list of required documents?" That gives you a concrete checklist to work from.

Step 2: Gather required documents (checklist)

Before you submit the Intake Application, collect these items — this speeds the process:
Essential documents:

- [ ] Proof of DC residency (utility bill, lease)
- [ ] Photo ID (state ID, passport) for the applicant (and guardian if applicable)
- [ ] Social Security number (if available)
- [ ] Medicaid card or application confirmation (if Medicaid already approved)
- [ ] Recent medical documentation or physician statement describing diagnosis and functional needs (if available)
- [ ] Existing Individualized Education Program (IEP) or school/therapy records (helpful but not required)
- [ ] Guardianship or power-of-attorney documents (if someone else signs)
- [ ] Any prior assessments, discharge summaries, or care plans from hospitals or providers

Printable checklist: (You can turn the list above into a one-page checklist to bring to appointments.)

Step 3: Submit the Intake Application & what happens next

1. Submit the Intake Application to DDS (online or mail depending on current DDS instructions). An Intake & Eligibility Coordinator will help you through eligibility determination. Expect DDS to acknowledge receipt and schedule an assessment or request more documents.
2. Medical / functional assessment: DDS will determine whether the person meets the level of care for DDA services and which waiver(s), if any, they are eligible for (e.g., IDD waiver, IFS, EPD depending on programs offered).

3. Medicaid eligibility: If you're not already on Medicaid, DDS/partner agencies will advise on the Medicaid application process (Medicaid eligibility is required for most HCBS waivers). The process can run in parallel or be coordinated.

Timeline note: Processing times vary. If you face long waits, see the "Waiting lists" section below for actionable steps.

Step 4: Understand HCBS waivers and service choices

- **What is an HCBS waiver?** It lets eligible people receive services in home and community settings instead of institutional care; waivers define allowable services and funding limits. DC operates several waiver programs and service options that shape which supports are available (personal care, respite, community support, transportation, etc.). dds.dc.govMedicaid

- Choose person-centered services: After eligibility and waiver assignment, you'll work with a Service Coordinator and a team to create a person-centered plan describing the supports your family wants and needs.

- Ask specifics: For each recommended service, ask: What is the service code name? How many authorized hours per month? How long is the authorization valid? Who will bill (the provider or family first)?

Step 5: Referrals, provider selection, and admissions

1. How referrals work: DDS or a Service Coordinator can send a referral to a provider (many DDS referrals are electronic). Providers respond to referrals per DDS processes and the MCIS referral portal (DDS has procedures for MCIS referrals—providers may get an automated link to accept).

2. Choosing a provider: Consider:
    - Licensing and DDS approval (ask for provider's DDS license number).
    - Experience serving the specific disability needs you have.
    - EVV (Electronic Visit Verification) and documentation systems—essential for compliance.
    - Speed of onboarding (if you need services fast, ask how quickly they can start — some reputable private providers offer expedited starts).
    - Policies on staff screening, training, and backup coverage.

1. See Previous Page
2. See Previous Page
3. Provider response & admission: Once a provider accepts a referral, they complete intake, match caregivers, confirm scheduling, and begin services. Keep a clear written record of start dates, hours authorized, and the first caregiver(s) assigned.

TIP: If speed is crucial (discharge from hospital or urgent respite), explicitly state "URGENT — discharge date: [date]" in the referral and ask the Service Coordinator to mark the referral urgent.

Waiting lists, priorities & what to do if there's a delay

DC maintains waiting list procedures for certain waivers (for example, the HCBS IDD waiver) with published policies. Understand whether the waiver you applied for has an active waiting list and the criteria for movement off the list.

If you hit a waiting list:

- Ask for interim/local funded services (sometimes local funds or other programs can provide interim support).
- Document urgent needs in writing (this can help prioritize someone with immediate risk).
- Keep regular contact with your Service Coordinator and request status updates.
- Consider private-pay or subscription options temporarily (if affordable), then transition to DDS authorization when available.

What to expect at the first provider visit / initial care plan

When a provider begins services, expect:

- An intake visit or call to gather baseline info.
- A home safety assessment and notes on equipment or adaptations needed.
- An initial care plan listing goals, daily routines, medications (if any), mobility support, and emergency contacts.
- A schedule for caregiver shifts and an explanation of EVV sign-in/sign-out.
- A single point of contact at the agency (Care Coordinator) for questions, schedule edits, and incidents.

Document everything: Keep a binder (paper or digital) with service authorizations, invoices, care plans, and EVV reports.

Billing, authorizations & EVV (how payments and audits work)

- **Authorizations:** DDS/waiver authorizations specify what services and hours are payable. Ensure the provider bills under the correct waiver code and that you keep copies of authorization notices.

- **EVV:** Electronic Visit Verification is required for many home services—caregivers clock in/out via app or device, and those records are used for invoicing and audits. Ask the provider how you'll receive visit summaries.

Problems, complaints, and appeals — what to do?

If something goes wrong:

1. Try to resolve directly with the provider (projected corrective action, new caregiver, or schedule changes).
2. Contact your Service Coordinator at DDS—document the complaint by email so there is a record.
3. Escalate to DDS intake or Quality Assurance/Compliance units if needed (contact details provided at the end). DDS publishes grievance and waiting list policies; use those resources if necessary.

Practical strategies to speed up approvals and starts (actionable tips)

- Complete paperwork fully on first submission — missing docs cause delays.
- Attach medical statements from a treating clinician describing need and functional limitations — that helps level-of-care decisions.
- Request temporary private support while waivers are processed (consider subscription-style private providers who can start quickly).
- Keep an organized file of every call, date, and name of the DDS staff member you spoke with.
- Ask for a Service Coordinator immediately and copy them on communications.

Sample referral email (copy-paste)

Subject: URGENT Referral — [Client Full Name], DOB [MM/DD/YYYY] — [Waiver or Service Requested]

Body:

Hello [Service Coordinator Name],

Please find this referral for [Client Full Name], DOB [MM/DD/YYYY]. The client has [brief diagnosis/needs]. Requested service: [e.g., respite care, personal care assistance]. Authorization documents and medical statements are attached. We request an urgent start due to [reason, e.g., hospital discharge on MM/DD].

Provider contact: A1 Care — referrals@mya1care.com — (202) 240-7078.

Thank you,
[Your name, relationship, contact info]

Resources & contacts (start here)

- **DDS Main Phone:** (202) 730-1700 — general info and intake. Click Here to Learn More
- **How to Apply for DDA Services (Intake application & process):** DDS "How to Apply for DDA Services." Click Here to Learn More
- **HCBS Waiver information:** DDS Waiver Program pages (eligibility and services). Click Here to Learn More
- **Waiting list policy & procedures:** DDS waiting list publications (HCBS IDD Waiver policy). Click Here to Learn More
- **Referral & Admission Process and provider guidance:** DDS referral and provider pages & MCIS referral guide. Click Here to Learn More

FAQ (short answers)

Q: How long does the whole process take?
A: It varies. Intake and eligibility reviews can take weeks; waiver approvals can take longer and sometimes have waiting lists. Gather documents early and ask for interim supports if you have urgent needs. Learn More

Q: Can I use a private provider while waiting for DDS?
A: Yes — many families use private-pay or subscription care temporarily. If DDS later authorizes services and you want the same provider, coordinate billing and authorization with the provider and DDS. (Ask DDS/your provider how they handle retroactive authorizations.)

Q: Who pays the caregiver?
A: If services are authorized under a DDS waiver, the provider bills Medicaid/DDS as specified. For private-pay, the family arranges payment with the provider.

Final checklist (one-page)

- Called DDS intake: (202) 730-1700 and requested Intake Application. Learn More
- Collected ID, proof of DC residency, medical statements, Medicaid info.
- Submitted Intake Application and confirmed receipt. Learn More
- Asked about waiver type & waiting list status. Learn More
- Requested Service Coordinator contact and set follow-up dates.
- Considered private short-term support if urgent (document start & invoices).
- When referred, confirm provider's DDS license, EVV system, and start date. Learn More

Want help from A1 Care?

If you'd like, A1 Care can:

- Walk you through the Intake Application step by step,
- Serve as a rapid-start provider if you need immediate coverage, and
- Coordinate with your Service Coordinator to reduce delays.

Refer a client now: referrals@mya1care.com | (202) 240-7078.

(We confirm receipt within 2 business hours and can often start services within 48 hours for urgent cases.)

Notes & legalese

This guide summarizes public DDS resources and general processes; it is informational and not legal advice. Policies, contact points, and forms may change — always confirm details with DDS directly. Official DDS webpages and publications were used as sources for eligibility, waiver rules, referral, and waiting list policies. Learn More