



***DELAWARE HEALTH
AND SOCIAL SERVICES***

DIVISION OF
DEVELOPMENTAL DISABILITIES SERVICES

DDDS RESOURCE MAILBOX	PURPOSE
ddds_opd_questions@delaware.gov	Training related questions, requests to create Relias accounts for staff, assistance with registration for live training classes.
ddds_providerauthcommittee@delaware.gov	Submit applications to provide HCBS services, either as a new DDDS provider or as an existing provider who wishes to add services.
dhss_dms_dmsprocure@delaware.gov	Questions related to DHSS RFPs and the use of the Bonfire portal to submit RFP responses.
dhss_ddds_contract_admin@delaware.gov	Questions related to provider contracts
dhss_ddds_day_employment@delaware.gov	Providers may use this email address (and should also be sure to copy applicable Day staff) for any business-related emails, especially those of a time sensitive nature. Examples of business-related emails include authorization requests, unit adjustments, etc.
dhss_ddds_exceptions_ncc@delaware.gov	Submit exception requests for any day, residential, supported living, or BA/RN consultative service for individuals supported in New Castle County.



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DDDS RESOURCE MAILBOX	PURPOSE
dhss_ddds_exceptions_kent@delaware.gov	Submit exception requests for any day, residential, supported living, or BA/RN consultative service for individuals supported in Kent County.
dhss_ddds_exceptions_sussex@delaware.gov	Submit exception requests for any day, residential, supported living, or BA/RN consultative service for individuals supported in Sussex County.
DHSS_DDDS_HCBSInvoices@delaware.gov	Submit HCBS Invoices for state-funded service recipients and Site Cost Reimbursement.
DHSS_DDDS_Engagement_Requests@delaware.gov	To request DDDS staff attendance at a community event or to present information about DDDS services.
DHSS_DDDS_CDMSProject@delaware.gov	Questions regarding the Client Data Management System (CDMS) Project
DDDS_ECRSRequest@delaware.gov	Submit User Authorization Request Form for DDDS or Provider staff needing access established in the Therap Oversight Account. Requests for a referral for an individual to be made to a provider who will begin provision of services (who has not been enrolled with the provider previously).