

Case Management Providers

- ASAP Services Corporation
Telephone: (202) 293-2931
- Berhan Home Health Care Agency
Telephone: (202) 723-1100
- Dynamic Visions Home Health Services
Telephone: (202) 541-9270
- Family and Child Services of Washington, D.C., Inc.
Telephone: (202) 328-3270
- Greater Washington Urban League
Telephone: (202) 529-8701
- Ideal Nursing Services
Telephone: (202) 723-0304
- Immaculate Health Care Services, Inc.
Telephone: (202) 832-8340
- Human Touch Home Care
Telephone: (202) 483-9111
- Nursing Enterprises, Inc.
Telephone: (202) 526-2400 or (202) 832-0100
- Nursing Unlimited Services
Telephone: (202) 547-2949
- Premium Select Home Care, Inc.
Telephone: (202) 882-9310
- Professional Healthcare Resources, Inc.
Telephone: (202) 289-1201/(202) 955-8355
- Spectrum Home Health Care Services
Telephone: (202) 723-9444
- Tri-State Home Health & Equipment Services
Telephone: (202) 462-5401
- United Planning Organization
Telephone: (202) 610-0466
- VMT Home Health Agency
Telephone: (202) 282-3004
- Washington Hospital Center-Medical House Call Program
Telephone: (202) 877-0218

Direct Care Providers

- ASAP Service Corporation
Telephone: (202) 293-2931
- Berhan Home Health Care Agency
Telephone: (202) 723-1100
- Dynamic Visions Home Health Services
Telephone: (202) 541-9270
- Human Touch Home Care
Telephone: (202) 483-9111
- Ideal Nursing Services
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- Tri-State Home Health & Equipment Services
Telephone: (202) 462-5401
- VMT Home Health Agency
Telephone: (202) 282-3004

PERS Providers

- Guardian Medical Monitoring
Telephone: 1-888-349-2400
- Link to Life
Telephone: 1-800-338-4176
- Pioneer Medical Systems
Telephone: (301) 989-3435

Medical Assistance Admin. Telephone #:

202-442-5912 202-442-9054
202-442-8993 202-442-9055

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

District of Columbia
Department of Health

HOME-BASED AND COMMUNITY-BASED WAIVER...

**FOR THE
ELDERLY**



**AND
INDIVIDUALS
WITH
PHYSICAL
DISABILITIES**



Medical Assistance Administration
Office on Disabilities and Aging

Robert Maruca,
Senior Deputy Director



Government of the District of Columbia
Anthony A. Williams, Mayor

Home- and community-based waivers (HCBS) afford individuals quality health care in the comfort of their homes, in familiar surroundings, and with the desired and established routines.

Waivers are choice programs; thus the individual/representative must select the provider(s) of service(s).

Individuals are enrolled in a waiver on a first-come, first-served basis. Whenever the annual ceiling is achieved, individuals will be placed on a waiting list.

ELIGIBILITY CRITERIA FOR THE WAIVER ARE:

(1) D.C. MEDICAID ELIGIBLE WITH INCOME OF 300% OF SSI;

(2) REQUIRE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (BATHING, GROOMING, ETC.);

(3) ELDERLY (65 YEARS OF AGE OR OLDER); OR

(4) 18 TO 64 YEARS OLD AND DIAGNOSED AS HAVING A PHYSICAL DISABILITY.

THE FOLLOWING SERVICES WERE APPROVED UNDER THE WAIVER

- (1) Case Management Services** - Screens and evaluates the individual to be in need of HCBS services; helps the individual to obtain services that support choice, independence, dignity, and confidentiality; manages and coordinates the services with the individual, family members, other waiver providers, and medical personnel.
- (2) Personal Care Aide Services** - Provide assistance with bathing, grooming, dressing, toileting, eating, and ambulating. May also assist with errands, meal preparation, and light housekeeping
- (3) Respite Services** - Provision of companionship, supervision, and/or assistance with activities of daily living for waiver consumers in the temporary absence of the primary caregiver with whom the client resides. The individual must notify the case manager and direct care provider in advance when respite services are needed. Services are limited to 480 hours per year.
- (4) Homemaker Services** - General household activities such as meal preparation, housekeeping, and running errands. Homemakers DO NOT provide any hands-on personal care.
- (5) Chore Services** - One-time, non-medical household tasks, such as, washing floors, windows, and walls, trash removal, and re-arranging furniture in order to provide safe access and egress. Chore Aides DO NOT provide hands-on personal care, meal preparation, grocery shopping, or respite services.
- (6) Personal Emergency Response Services (PERS)** - A system that summons assistance from a friend, relative, or an emergency services provider (police, fire, or ambulance). Each system is comprised of three basic units: (a) Portable help button; (b) Console or receiving base; and (c) Response center. PERS will not be provided to an individual who is unable to understand and/or demonstrates proper use of the system.
- (7) Environmental Accessibility Adaptation Services (EAA)** - Physical adaptations (bathroom rails, stair climber, porch lift, small wooden ramp, specialized electric and plumbing systems necessary to accommodate medical equipment and supplies) which are necessary to ensure the health, safety, and welfare of the individual. EAA DOES NOT include carpeting, roof repair, or air conditioning. Individuals must first apply through the Handicap Accessibility Improvement Program of the D.C. Department of Housing and Community Development.
- (8) Consumer-Directed Attendant Care-** Individual will be able to hire, train, supervise, and terminate the aide who provides services. **This service will be available in 2005.**
- (9) Assisted Living Services** - An environment in which individuals can live in and have access to and receive all of the services that they need in order to maintain as much independence as possible. The resident's choice for independence must be balanced against the safety of the resident and other persons in the facility. **This service will be available in 2005.**