



EPD WAIVER PROGRAM PARTICIPANT HANDBOOK

*A User's Guide
for the Elderly &
Persons with
Physical
Disabilities
(EPD) Waiver
Program*

**District of Columbia Department of Health Care Finance
899 N. Capitol Street, NE, Washington, DC 20002
Sixth Floor
Phone (202) 442-5988
www.dhcf.dc.gov**

EPD Waiver Participant Handbook

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Notice of Non-Discrimination

The District of Columbia Department of Health Care Finance does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income and place of residence or business. Sexual harassment is a form of discrimination which is prohibited by Title VII of the Civil Rights Act of 1964. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subjected to disciplinary action.



DHCF Director's Welcome Letter

Dear Participant,

Welcome to the Elderly and Persons with Physical Disabilities (EPD) Waiver Program!

The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for the residents of the District of Columbia. Through a combination of health programs, the Department of Health Care Finance provides health insurance to one out of three District residents. The largest of these programs is the Medicaid program, a partnership program offered in cooperation with the Federal Government.

The EPD Waiver is a special Medicaid program that provides community-based services to the elderly and persons with physical disabilities who, without these services, are at risk of going into a nursing home. EPD Waiver services have well served more than three thousand elders and persons with physical disabilities every year at a cost less than nursing home care.

This participant handbook provides useful information such as:

- What a Medicaid Waiver is;
- What the EPD Waiver program is;
- A description of services offered under the EPD Waiver;
- What to do if you have a problem accessing EPD Waiver services; and
- A description of your rights and responsibilities.

I encourage each participant to use this handbook as a resource for accessing information and services related to your health care needs. Your health is our top priority, and this handbook is one tool we have developed to help you be your healthiest!

Sincerely,

Wayne Turnage, Director
Department of Health Care Finance

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Introduction

The purpose of the EPD Waiver Participant Handbook (User's Guide) is to provide a wide range of resources for participants and their families. In broad terms, the Department of Health Care Finance, which manages Medicaid in the District of Columbia, wants waiver participants to understand the EPD Waiver: what to expect, what to do if things don't go as planned, and how to be your own best advocate.

As an EPD Waiver participant, you will know how personal care aide (PCA) services are provided, when homemaker services or chore services best suit your needs, or if assisted living is the best option for you, and how to ask for respite services. You may also benefit from medically needed Environmental Accessible Adaptations (EAA) service to your home and medical emergency services that include Personal Emergency Response Service (PERS). Most importantly, you will know about what to expect from your case manager and how to work together with your case manager, who makes sure that the right services are provided for your comfort and benefit according to the requirements of the EPD Waiver program.

This handbook is intended to serve as a reference guide on things you need to know about EPD Waiver services, including a description of the waiver services; your rights and responsibilities as an EPD Waiver participant; and how you can file a complaint, grievance, or fair hearing. Other items have been included such as a listing of EPD Waiver providers, the services they provide, their contact information, and other community resources.

Your Rights and Responsibilities

Whenever you receive Medicaid services, you have a **right** to:

- Be treated with respect and dignity.
- Know that when you talk with your doctors and other providers the conversation is private.
- Have an illness or treatment explained to you in a language you can understand.
- Receive free interpretation and translation services if you need them.
- Receive or refuse oral interpretation services.
- Participate in decisions about your care.
- Receive a full, clear, and understandable explanation of treatment options and risks of each option so you can make an informed decision.

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- Refuse treatment or care.
- Be free of physical and chemical restraints, except for emergency situations.
- Be able to see your medical records and to request that they be fixed if they are wrong.
- Choose a primary care provider who participates in DC Medicaid.
- Request a Fair Hearing if you believe Medicaid was wrong in denying, reducing suspending, or stopping a service or item.
- Have an opportunity to seek counsel for a fair hearing.
- Obtain medical care without unnecessary delay.
- Develop an advance directive to choose not to have or continue any life-sustaining treatment.
- Receive a copy of this EPD Waiver Participant Handbook.
- Get an explanation of prior authorization procedures.
- Receive information about Medicaid service providers, health care workers, Medicaid funded facilities, and your rights and responsibilities as a program participant.
- Make recommendations about DHCF's member rights and responsibilities policy.
- Have knowledge of available choices of providers, to participate in your care planning from admission to discharge, and to be informed in a reasonable time of anticipated discharge and/or transfer of services.

You are responsible for:

- Participating in monthly case management assessments with your case manager.
- Treating those providing your care with respect and dignity.
- Following the rules of the D.C. Medicaid Program and the EPD Waiver benefit.
- Following instructions you receive from your doctors and other medical providers.
- Going to appointments you schedule or that Medicaid schedules for you and arrive to the appointment on time.
- Asking for more explanation if you do not understand your doctor's instructions.
- Going to the Emergency Room only if you have a medical emergency.
- Trying to understand your health problems and participating in developing treatment goals.
- Helping your doctor in getting medical records from providers who have treated you in the past.
- Telling Medicaid if you were injured as a result of an accident or at work.

- Reporting to the Economic Security Administration (ESA) (formerly the Income Maintenance Administration (IMA) and your health care providers if you or a family member has other health insurance – it is okay to have other health insurance with Medicaid, but it’s important to let ESA know you have it.
- Telling ESA and your case manager if you change your address.
- Notifying the provider if you are unavailable for scheduled visits.

Office of the Health Care Ombudsman and Bill of Rights

An “Ombudsman” is a person who looks into problems, makes recommendations for solutions, and helps you solve the problem.

The District of Columbia’s Office of the Health Care Ombudsman and Bill of Rights is there to:

- Tell you about and help you understand your health care rights and responsibilities;
- Help you solve problems with health care coverage, access to health care, and issues regarding health care bills;
- Advocate for you until your health care needs are addressed and fixed;
- Guide you towards the appropriate private and government agencies when needed;
- Help you in appeals processes; and
- Track health care problems and report patterns in order to help fix what is causing the problems.

The Office of the Health Care Ombudsman and Bill of Rights is an important source of help for any Medicaid participant. In fact, it can help any DC resident with health insurance issues including people with Medicare, private health insurance, or other types of health insurance.

The phone number of the Office of the Health Care Ombudsman and Bill of Rights is 1-877-685-6391. You can call that phone number or go to the Office of the Health Care Ombudsman and Bill of Rights website at: <http://healthcareombudsman.dc.gov> for more information.

Accommodating Language and Communication Needs:

- When you call to schedule an appointment with your case manager, home health agency, doctor, or other health care provider, inform them that you need an interpreter/translator for your appointment.
- Your provider should request an interpreter/translation services (including services for the hearing-impaired) and make sure an interpreter is available over the telephone or in person during your appointment. You will not be charged for this service.
- If you ask for an interpreter and do not get one or if you are blind/visually impaired and need services, please contact the Office of the Health Care Ombudsman and Bill of Rights at 1-877-685-6391.

What is Long Term Care?

Long Term Care is a range of services and supports you may need to meet your health or personal care needs over a long period of time. Most long-term care is not medical care; rather, it is assistance with performing routine activities of daily living such as bathing, transferring, toileting, dressing, feeding, and maintaining bowel and bladder control.

What is a Medicaid Waiver?

A waiver is a special program designed by a state to cover needed home and community-based services (HCBS) as an alternative to receiving care in an institution such as a nursing home. To become a waiver participant, a person must qualify by meeting certain criteria.

Medicaid Waivers are driven by individual choice. The participant/representative must select the provider(s) of needed services. Freedom of Choice means each participant has the option to select any provider for any service for which they are eligible.

Waiver services do not replace family systems and/or other community systems. These services add to the participant's family and social supports.

Every state that operates a Waiver Program must meet certain federal rules and regulations in order to receive federal funding. These rules direct the District to:

- Assure the health and well-being of individuals enrolled in the Waiver program;
- Assure that all the service providers are qualified;
- Assure that individuals have a choice of who will provide their Waiver services.
- Assure that individuals participate in developing their service plans.

What is the EPD Waiver Program?

The EPD Waiver is a home and community-based program designed to provide the elderly and persons with physical disabilities with quality health care services in the comfort of their homes and community.

People are enrolled in the EPD Waiver on a first-come, first-served basis, and the EPD Waiver program currently has a waiting list. The waiting list is on a first-come, first-served basis.

EPD Waiver Eligibility Requirements

You must meet the following eligibility requirements for enrollment into the EPD Waiver Program:

- ✓ Be a District of Columbia resident;
- ✓ Be a U.S. citizen or qualified alien;
- ✓ Be DC Medicaid eligible with income of less than 300% of SSI (for 2013 the income is limit is \$2,130.00 per month or \$25,560 per year);
- ✓ Have no more than \$4,000 in countable assets.
- ✓ Require assistance with activities of daily living (bathing, grooming, etc.);
- ✓ Be elderly (65 years of age or older);
- ✓ Be 18 to 64 years old and diagnosed as having a physical disability;

- ✓ Meet the “Level of Care” (LOC) established for the EPD Waiver. This means your assessed needs are significant enough for you to require consistent supports and services;
- ✓ Determined Medicaid eligible and maintain your Medicaid eligibility – more information on this is on the DC Department of Human Services website (<http://dhs.dc.gov>) at the Economic Security Administration (ESA) and the Medicaid application can be found here: <http://dhs.dc.gov/dhs.dc.gov/service/medicaid-assistance> or call (202) 698-3900.
- ✓ Choose home and community-based services rather than institutional services such as those services provided through the District’s nursing home and specialty hospital programs.

EPD Waiver Services Highlights:

Case Management Services: (All EPD participants are required to have a Case Manager)

- Case management services help the participant in many ways to get services that support choice, independence, dignity, and confidentiality; and to manage and coordinate services with the participant, family members and friends of the individual, other waiver providers, and medical personnel.
- The EPD Waiver case managers are required to have at least one monthly visit each month and/or contacts with each participant assigned to their caseloads.

Homemaker Services

- Homemaker services consist of general household activities (meal preparation and routine household care) provided by a trained homemaker when the person regularly responsible for these activities is temporarily absent, and/or when the participant is unable to perform these tasks by himself/herself.
- Homemaker services DO NOT include hands-on personal care.
- Allowable services include grocery shopping, meal preparation, limited general housecleaning, providing escort services (not transportation) for medical appointments, and running necessary errands such as dropping off prescriptions and/or picking up medication, or mailing utility payments.

Respite Services

- Respite services provide temporary assistance with activities of daily living for up to 480 hours/year when the primary caregiver is absent.
- Respite can be provided hourly or daily.

Chore Aide Services

- Chore Aide services DO NOT include hands-on personal care.
- Allowable tasks include heavy cleaning intended to ensure a clean, sanitary and safe environment is maintained.
- Chore Aide Services DO NOT include homemaker tasks such as meal preparation, shopping or running errands.

Personal Care Aide Services (PCA)

- PCA services are hands-on direct care assistance.
- Allowable tasks may include assistance with bathing, grooming, assistance with toileting, reading, recording and recording vital signs, documenting\charting health care monitoring information, meal preparation, accompanying participant to medically-related appointments.

Personal Emergency Response System (PERS)

- Electronic system that allows an individual to get help in an emergency from a friend, relative or an emergency service provider.
- PERS cannot be provided to an individual who is unable to understand and/or fails to demonstrate proper use of the equipment.
- Installed by approved PERS providers.

Assisted Living

- Assisted Living consists of a licensed home in which participants 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.
- Services include personal care and supportive services (homemaker, chore, attendant services, and meal preparation).
- Includes 24-hour on-site supervision
- Services do not include ROOM and BOARD expenses.

Environmental Accessibility Adaptation Services (EAA)

- EAA services include physical adaptations to a home that are necessary to ensure the health, welfare, and safety of an EPD Waiver participant or, enable the individual to function with greater independence in the home.
- EAA services do not cover services that are not of direct medical/remedial need, ex. carpeting, roof repair, or air conditioning.
- Maximum allowable cost per participants is ten thousand dollars (\$10,000).
- This is a one-time service.

Participant Directed Services (PDS) – (under development)

- PDS services also known as consumer-directed or self-directed services will allow participants to maintain their independence and determine who they want to provide some of their services including PCA. Participants will recruit, hire, supervise, and discharge qualified direct care workers who perform person care services under this category. Participants will also be able to purchase allowable goods and services using a participant-directed individual budget.

Roles: Who Does What?

Each member of the EPD Waiver Team plays a significant and specific role in providing appropriate waiver services in a home or community based setting.

Case Manager

The case manager helps the participant in many ways. The case manager is the primary person who assists the prospective participant with the EPD Waiver application process

Case managers screen and assess applicants and participants to determine whether they are in need of EPD Waiver services. The initial screening includes a comprehensive assessment of functional skills, medical history, family/community supports, home safety and other areas that is completed within 48 hours of a referral for program enrollment.

Case managers also coordinate EPD Waiver services with other Medicaid and Non-Medicaid services, such as referrals for transportation programs, durable medical equipment, Medicaid state plan services, doctor visits, and nursing home care. While a case manager cannot provide

medical, financial, legal, or other services, case managers can help with referrals to these services. A case manager can communicate with other providers about a participant's goals and progress, identify and resolve problems, and make referrals or linkages to community resources. Maintaining a cooperative relationship with a case manager is a very important part of the participant's care and well-being.

After a person is accepted into the EPD Waiver, a case manager will make monthly visits and phone contacts with the participant. The monthly visits are important to ensuring a participant is receiving services appropriate for their needs. It is very important that the participant allows the case manager to complete required visits.

Homemaker

A homemaker is someone who can assist with household tasks that need to be done when you live in the community. A homemaker can perform the following services: grocery shopping, meal preparation, general housekeeping (cleaning bathrooms, vacuuming, dusting, mopping and sweeping floors, making beds, wiping appliances, and washing and ironing clothes), can run errands to pick up medicine, and provide escort services (not transportation) to and from medical appointments.

An EPD Waiver participant may select an individual or a family member (as long as that person is not the spouse or legally responsible person) to provide homemaker services. That individual must complete and be responsible for the same education and training requirements as all other EPD Waiver homemakers.

Personal Care Aide (PCA)

A personal care aide (PCA) is someone who provides limited hands-on care.

A PCA follows the instructions prescribed by a physician or Advanced Practice Nurse and follows the participant's plan of care. A PCA performs specific allowable tasks that are on the participant's plan of care. The PCA should have a daily schedule that reflects specific allowable tasks that occur in the natural context of daily living.

HOW TO ENROLL IN THE EPD WAIVER

When a waiting list is in effect the following steps/processes are in place:

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The First Step: Getting on the Waiting List

Contact the DHCF/EPD Waiver Unit by calling **202-442-5988** to be added to the waiting list. Once contact is made, a representative from the EPD Unit will gather needed contact information from you and place your name and contact information on our EPD Waiver waiting list.

Please note that your name is placed on the waiting list based on a first come first serve basis, and you will be sent notice of available slots based on the order in which names were received.

The Second Step: Selecting a Case Management Agency

- Once an opening/slot in the EPD Waiver becomes available, the EPD Waiver Unit will send you a letter. The letter will ask you to respond within a certain number of days from the date on the letter.
- The letter provides you information of who to contact if you need assistance in getting through the enrollment process. The EPD Waiver Unit is always available to answer questions or refer you to other agencies that can assist you in getting through the enrollment process.
- The notice of available slot/opening letter sent to you will also have a list of approved Case Management service providers. You **must** select a **Case Management service provider**.
- Once you have selected a Case Management service provider you must contact the Aging & Disability Resource Center (ADRC) or the EPD Waiver Unit to confirm your selection. The EPD Waiver Unit will send a letter to the Case Management service provider that you selected which will authorize them to contact you and begin intake and assessment.
- A Case Management agency cannot start working with you until they get the authorization notice from the EPD Waiver Unit.
- **If you do not respond by the date indicated on the notice of available slot/opening your name will be removed from the waiting list.**

The Third Step: Assessment of Your Needs and Application for the EPD Waiver

- A case manager from the Case Management agency will contact you within two business days of receipt of the notice from the EPD Unit to make an appointment for an intake assessment and complete the EPD Waiver application in your home.
- The case manager will go to your home to complete the intake assessment and to assist you in completing the EPD Waiver application. This visit will take about three hours. In addition to performing the intake assessment, the case manager will explain the EPD Waiver Program to you and go over all of the forms and documents you need to sign. The case manager will also tell you about all of the services that are offered, and together, with any family and/or friends you choose to be a part of the planning process, help you develop an appropriate person-centered individualized service plan (ISP). Your ISP is an agreement between you and the Case Management agency to identify the types of services you need, help you select the providers who will perform your services, and how often the services will be provided under the EPD Waiver. All of the service providers have met specialized Medicaid qualifications to be able to offer services in the EPD Waiver. The case manager will also help identify Non-Medicaid services and coordinate referrals for services that you may benefit from.
- The outcomes from your intake meeting will be a completed intake assessment, and all information needed to start the EPD Waiver application process. By the time you finish your intake assessment meeting, you will have:
 - met your case manager;
 - an intake assessment that will help to determine if you qualify for the EPD Waiver;
 - been informed about all services available under the EPD Waiver
 - become familiar with EPD Waiver forms;
 - know which providers will provide your services and recommended frequency and duration of the services;
 - know about additional community resources.

- Apart from your intake assessment meeting, the EPD Waiver Unit will work with other designated agencies to obtain a review for a level of care (LOC) evaluation. If the EPD Waiver Unit finds your application is missing information, it will notify your Case Management agency to ask them to complete the application and submit the missing information. Your case manager may need your help with getting all of the information required to obtain a LOC.

The Fourth Step: Determination of Your Financial and Other Medicaid Eligibility

Once your EPD Waiver application is complete, within 7 calendar days, the EPD Unit will send it to the Economic Security Administration (ESA) to process your application for eligibility. This may take up to 45 days if all of the information is in the package. If ESA finds additional information is needed for the application, ESA will notify you US mail to tell you if any information is needed from you. You may contact your case manager for assistance to help you gather and submit the information. After the information is submitted to ESA, your application may take up to 45 days for ESA to process.

Once your eligibility to enroll in the EPD Waiver has been approved, the EPD Waiver Unit will conduct a final review before authorization of the services you request under the EPD Waiver. This review is done to confirm that you need the services your case manager has requested on your behalf. Upon completing this process a letter is sent to you and to your Case Management agency that confirms all services that you can receive through the EPD Waiver.

As always, the EPD Waiver Unit is available, however, your case manager, who is the link to all of your services and information, should be your primary contact.

If you feel any of your providers are not meeting your needs or serving you well, you may request a different provider by calling DHCF's EPD Waiver Program Unit at 202-442-5988, and DHCF staff will help you transfer your services to another provider that you choose.

Yearly Recertification

How to make sure your EPD Waiver enrollment continues each year

- You will receive notification from ESA at least 90 days before your annual recertification is due.
- Call your case manager as soon as you receive the 90-day notice from ESA.

- Work with your case manager to get all of the information you need for your annual recertification, such as:
 - Medical assessments,
 - Income verification;
 - Asset verification;
 - Completed and signed recertification application

Freedom of Choice

If you meet the eligibility requirements for the EPD Waiver, you have the freedom of choice to decide whether you want to receive services in a home and community-based setting or in an institutional setting, such as a nursing home. The Freedom of Choice document is one of the papers you must sign at the time of your intake assessment. The EPD Waiver requires a signed document at the beginning of the EPD Waiver enrollment to clearly show that you have chosen to participate in the EPD Waiver or receive institutional services.

Your case manager is required to inform you and /or your authorized representative all the possible options (after a complete assessment of needs and a level of care evaluation) so that you can make an informed choice.

Freedom of Choice has three different components:

1. To choose whether to participate in the EPD Waiver Program;
2. To choose a provider for case management and other available services; and
3. To choose from the range of EPD Waiver services, based on your assessed needs.

If your case manager does not provide you with all of the Freedom of Choice information and options, you and/or your appropriate legal representative can request a Fair Hearing.

Complaints/Grievances, and Fair Hearings

Your case manager provider and the DC Government can both assist you to file a complaint about the care or services you receive from the EPD Waiver provider.

Your rights during the complaints/grievances, and fair hearings processes are as follows:

- You have the right to a fair hearing and may request a hearing no more than ninety (90) days from the postmark of the letter notifying you of the action taken by the D.C. Government and/or EPD Waiver providers .

- You have the right to keep receiving a benefit while your fair hearing is being reviewed. To keep your benefit during a fair hearing, you must request a fair hearing before the effective date of the action. .
- You have the right to have someone from the DC Health Care Ombudsman help you through the grievance process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or other representative.
- You have a right to have accommodations made for any special health care need you have.
- You have a right to adequate TTY/TDD capabilities, and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the complaint/grievance or fair hearing.

You may choose how you would like to file a complaint as described below:

Complaints to Your Provider

What do you do when your PCA doesn't show up? What do you do when you think you're not getting the services or the care that's listed in your ISP? Call your case manager! Many times, your case manager can be a helpful resource to resolve a concern. Here are some helpful steps to resolve situations quickly:

1. Call your case manager and remember to provide him/her with your name and phone number, as well as a description of what is wrong.
2. If the case manager is part of the concern, call the provider and ask to speak to the nursing coordinator or the provider agency director, and remember to tell him or her your name and phone number, as well as a description of what is wrong.

Complaints to DHCF (DC Medicaid)

DHCF is available and happy to help EPD Waiver Program participants and answer your questions, address your concerns, and ensure your needs are met and your rights are respected.

Call DHCF (DC Medicaid) at **202-442-5988** and ask for the EPD Waiver Program Unit. Remember to give your name and phone number, as well as a description of what is wrong.

Complaints to the DC Health Care Ombudsman

The mission of the Office of Health Care Ombudsman and Bill of Rights is to ensure the safety and well-being of District consumers' health care services through advocacy, education and community outreach. To contact the DC Health Care Ombudsman, call **1-877-685-6391**. Remember to give your name and phone number, as well as a description of what is wrong.

Fair Hearings

You have a right to request a Fair Hearing with the DC Office of Administrative Hearings and you may call or make your request in writing to:

DC Office of Administrative Hearings
441 4th Street, NW, Suite 450 North
Washington, DC 20001
Telephone Number: 202-442-9094

Avoid Medicaid Fraud

Fraud is a big problem in all kinds of health care... including Medicaid!

42 CFR Section 455.2(3) – states:

“Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes fraud under applicable Federal or State law.”

This means that saying, doing, or writing something that is not true, so that someone can get something they aren't supposed to have, like money, is fraud. People receiving Medicaid services or providers of Medicaid services can be involved in Medicaid fraud.

For example, fraud happens when a doctor or other health care provider:

- Sends a bill to the Medicaid program for a service they didn't really give to a patient;
- Sends a bill to the Medicaid program for a service that is different from the one they gave the patient, so they can be paid more; or
- Gives a service the patient didn't really need, so they can bill the Medicaid program for it.

Sometimes people who have Medicaid can be involved in fraud too. This can happen when someone who has Medicaid:

- Allows someone else to use their Medicaid card or Medicaid number;
- Gets Medicaid by not telling the full truth about things like where they live or how much money they have; or
- Pretends to need a service so that a health care provider can send a bill to Medicaid and receive payment for the services.
- Sign a timesheet for a PCA although the PCA did not show up for work or left early.

Sometimes people even offer money to people on Medicaid, so they can use their Medicaid number. Not only could you lose your Medicaid benefits, you may be legally liable for fraud.

Fraud hurts many other people, too. When the Medicaid program pays for things that are not really needed, it doesn't have the money to pay for care that people really do need. Doctors, dentists, or health care aides don't get paid what they deserve because people who are involved in fraud are taking away money that the Medicaid program could use to pay them better. And, while Medicaid fraud may seem like a "victimless crime" – it is a crime – people who commit Medicaid fraud are stealing from the Medicaid program and the people who depend on it.

If you think you know about some things that may be Medicaid fraud, please report it to the District of Columbia Medicaid Fraud Hotline: **1-877-632-2873**.

The person you help may be yourself!

Important Things to Know

Mail You Might Receive

- Notification letter to tell you that a spot is open on the waiting list for a limited time.
- When you may need to provide additional information to ESA.
- When your initial eligibility to participate in the EPD Waiver Program has been approved.

- Once services are approved for the EPD Waiver Program, and you can begin receiving services.
- When it's time to recertify and update your eligibility for the EPD Waiver Program.
- When your eligibility is updated.
- If you do not recertify your eligibility.

If you get a bill for a covered Medicaid service:

As an EPD Waiver Program participant, you should not have to pay for the care you receive. Remember to always take your Medicaid ID card to all health care appointments. If you do get a bill for medical care while you are participating in the EPD Waiver Program, contact the provider and remind them that they must bill Medicaid for the services they provided you. If additional assistance is needed contact your EPD case manager.

If you have other insurance

Medicaid is always the payer of last resort. Please let your case manager know if you have any other type of insurance including Medicare.

If you have both Medicaid and Medicare

You will be considered to be a “dually enrolled” participant. Please let your case manager know and provide him/her with your Medicare number.

When you move:

You must inform your Case Manager, and ESA of your new address and telephone number.

How you can request a Provider Transfer:

Remember that you can change your service provider at any time if you are not happy with the service you are receiving. This is called a “transfer”.

Transfers to a different provider happen at an EPD Waiver participant's request, at the request of a provider, or when the provider no longer offers a particular service you need.

Here are the steps you need to follow when you want to request a provider transfer:

1. Contact your case manager or your Case Management agency.
2. Your case manager will ask you for the name of the new provider you want.
3. Your case manager or Case Management agency is responsible for coordinating a transfer to the agency of your choice within 2 business days.

Discharge from a Provider Agency:

Just as you have a choice and a right to change your service providers, your service provider can also decide to discharge you from their agency as long as they give you a 30 day notice and continue to provide services until you have selected a new provider. If a provider agency decides it no longer wants to provide services a notice of discharge with an explanation is provided.

The notice shall include but is not limited to the following:

- Decision to terminate the services;
- Reason for termination of services;
- Copy of waiver standards that support the termination decision;
- Copy of the directory of other waiver providers; and
- Information on the recipient's right to a Fair Hearing and instructions for obtaining a Fair Hearing.

You will be discharged from the EPD Waiver if:

- you are abusive to the PCA or other staff
- your income exceeds Medicaid Waiver limits
- you are no longer eligible for care in the program
- you move out of the District of Columbia
- you transfer to a different Medicaid Waiver program
- you go into an institution, such as a nursing home, for more than the allowable timeframes.
- you request to be discharged from the program

Additional Information

Important Phone Numbers:

DHCF/DC Medicaid: 202-442-5988, <http://dhcf.dc.gov>

MEDICARE: 1-800-MEDICARE (1-800-633-4227)

DC Office on Aging: 202-724-5622, TTY 202-724-8925, <http://dcoa.dc.gov>

Aging and Disability Resource Center (ADRC): 202-535-1444, <http://dcoa.dc.gov/DC/DCOA>

Economic Security Administration (ESA): 202-576-8962, TTY 202-576-8962,
<http://dhs.dc.gov/node/117352>

Social Security Administration (SSA): 1-800-772-1213, TTY 1-800-325-0778,
<http://www.ssa.gov>

Health Regulation & Licensing Administration (HRLA): 202-442-5833

Advance Directives

An advance directive, also known as a living will, is a legal document that gives instructions to your family and health care providers, about what health care you want in case you become so hurt or sick that you cannot speak for yourself. It lets you decide what kind of care you want in different situations and it assigns someone you know to act for you if you can't talk. You can cancel an advance directive at any time.

Developing an advance directive is responsible; it makes your wishes clear to your family, friends, and health care professionals, and avoids confusion later on.

One source of help in developing an advance directive is the Neighborhood Legal Services Program call **(202) 269-5100** or visit the website at: www.nlsp.org. An advance directive is a legal document, and needs to be signed by witnesses to make sure you wanted it.

If you do develop an advance directive, give it to your doctor so it is a part of your medical record.

Notice of Privacy Practices

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003
(Internal Form 36)

If you do not speak and/or read English, please call (202) 442-5988 between 8:15 a.m. and 4:45 p.m. A representative will assist you.

25 | *EPD Waiver services do not replace family systems and/or other community systems. These services add to the participant's family and social supports. (September 2013)*

Si usted no habla y/o lee Inglés, por favor llame al 202 442-5988 entre 8:15 a.m. y 4:45 p.m. Un representante le asistirá. **-SPANISH**

Si vous ne parlez pas et /ou lire en anglais, s'il vous plaît appelez (202) 442-5988 08:15 a.m. - 4:45 p.m. Un représentant vous aidera. **-FRENCH**

如果您不會說或看不懂英文，請在早上八點到下午六點之間，來電協助熱線 202-442-5988，服務代表會協助您。 **-CHINESE**

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Nếu bạn khôn nói/đọc được tiếng Anh, xin gọi Đường Dây Trợ Giúp tại số 202-442-5988 từ 8 giờ sáng đến 6 giờ tối, sẽ có một đạI diện giúp cho bạn. **-VIETNAMESE**

만약 귀하께서 이 편지를 읽지 못하면, 회원 서비스 부서로 (전화 번호: 202-442-5988) 연락하십시오. (한국어) - **KOREAN**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Department of Health Care Finance (DHCF) keeps your Protected Health Information (PHI) confidential. The Economic Security Administration (ESA) approved you for Medicaid. ESA then sent information about you to DHCF. DHCF uses this information to pay for your health care.

Your PHI includes your name, address, birth date, and phone number. It also includes your social security number, Medicare number (if any), and health insurance policy information. It may include information about your health condition.

The claims by health care providers include your diagnoses. The claims list your medical treatment and supplies. Claims also include physician’s statements, x-rays, and lab test results. Your PHI is this information too.

26 | *EPD Waiver services do not replace family systems and/or other community systems. These services add to the participant’s family and social supports. (September 2013)*

The law requires us to keep your PHI private. We must provide you with this Notice of our legal duties and privacy practices. The law requires DHCF to abide by this Notice

USE OF YOUR PHI:

We use your PHI to allow a doctor or nurse to treat you. We allow a business office to process payment for your medical services with your PHI. Administrative personnel reviewing the quality of the care you receive use your PHI too. This Notice also governs how DHCF and the Economic Security Administration will use and disclose your health information to each other.

We may also use and/or disclose your PHI without your permission when permitted by law:

Treatment: To a health care provider to treat you. (EXAMPLE: DHCF may share your PHI with a clinical laboratory.)

Payment: To pay claims for services delivered to you. (EXAMPLE: DHCF shares your PHI with a claims processor. The contractor verifies that you received treatment.)

Health Care Operations: To perform health care operations including:

- Assessing health care quality
- Reviewing accreditation, certification, licensing and credentialing
- Conducting medical reviews, audits, and legal services
- Underwriting and other insurance functions

Previous Provider: To your current or past health care provider

Public Health and Benefit Activities: For the following kinds of public health/interest activities:

- For public health
- For health care oversight
- For research
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- As authorized by DC workers' compensation laws

Avoid Harm or Other Law Enforcement Activities: We may disclose your PHI:

- To stop a serious threat to health or safety
- In response to court/administrative orders
- To law enforcement officials
- To the military and intelligence activities
- To correctional institutions

Communication: Contact you personally to keep you informed. (EXAMPLE: DHCF may send appointment reminders or information about other treatment opportunities to you.)

**AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI
NOT MENTIONED IN THIS NOTICE:**

DHCF will only use or disclose your PHI for purposes this Notice mentions. DHCF will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing any time. You may contact the DHCF Privacy Officer at the address listed at the end of this Notice.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights with respect to your PHI. In writing, you may:

- Ask us to limit how your PHI is used or given out. We are not required to agree to your request. If we do agree, we will honor it.
- Ask DHCF to talk to you in a different manner.
- Generally, see and copy your PHI. You may ask that any refusal to do so be reviewed. You may be charged a reasonable fee for copies.
- Ask DHCF to change your PHI. We may not make your requested changes. If so, we will tell you why we cannot change your PHI. You may respond in writing to any denial. You may ask that both our denial and your response be added to your PHI.
- Get a listing of certain entities that received your PHI from DHCF after April 14, 2003. This list will not include a listing of disclosures made for treatment or payment. Nor will it include disclosures for healthcare operations, information you authorized us to provide, and government functions.
- Request a paper copy of this Notice of Privacy Practices.

**CONCERNS OR COMPLAINTS
ABOUT THE USE OR DISCLOSURE OF YOUR PHI:**

For more information about our privacy practices, you may contact the Agency Privacy Officer or the District Privacy & Security Official at either of the following addresses.

DHCF Privacy Officer
DC Department of Health Care Finance
899 North Capitol Street NE
6th Floor
Washington, DC 20002
Voice: (202) 442-5988
Fax: (202) 442-4790
E-mail: dhcfprivacy@dc.gov

DC Private & Security Official
DC Office of Health Care Privacy and
Confidentiality
in the Office of the Attorney General
1350 Pennsylvania Avenue, NW, Suite 307
Washington, DC 20004
Voice: (202) 727-8001
Fax: (202) 727-0246
E-mail: dcprivacy@dc.gov

You may also contact the Privacy Officer for additional copies of this Notice. You have the right to complain to us. You may also complain to the U. S. Department of Health and Human Services. Complaints will not cause you any harm. To complain to us, please contact DHCF at either of the District offices. You also may send a written complaint to the Secretary of the U. S. Department of Health and Human Services at the following address:

Office for Civil Rights – Region III
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441
Hotline (800) 368-1019
FAX (215) 861-4431
TDD (215) 861-4440
TTY: (886) 788-4989

E-mail: ocrmail@hhs.gov

CHANGES TO THIS NOTICE:

We reserve the right to change the terms of this Notice. If we change the terms of this Notice, we will post a revised notice in the DHCF offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <http://www.dhcf.dc.gov>.

What Some Words Mean

Advance Directive: A written, legal document that you sign to let others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself.

Advanced Practice Nurse (APN): A nurse with advanced training who can authorize EPD services.

Advocate: A person who helps you get the health care and other services you need.

Appeal: An appeal is a special kind of complaint to make if you disagree with a decision to deny a request for health care services. You may also make this kind of complaint if you disagree with a decision to stop, suspend, or reduce services you are receiving.

Beneficiary (Participant): Someone who receives health care through Medicaid.

Case Manager: Someone who has special training, who helps EPD participants get the care and information s/he needs to stay healthy.

Chore Aide: A trained person hired by a Home Health Agency to provide heavy home cleaning. A chore aide cannot provide hands-on personal care, meal preparation, grocery shopping, or respite services.

Coercion: Make someone do something.

Complaint: an expression of dissatisfaction or a formal charge of wrong doing brought against a person. This may include but may not be limited to: complaints about denial or reduction of services; results of an eligibility determination; quality of care; restriction of individual rights, and violations of privacy or confidentiality.

Comprehensive Assessment: A complete review of the individual in his or her environment, including the general health of the individual.

Department of Health Care Finance (DHCF): The single State Medicaid agency.

Durable Medical Equipment (DME): Special medical equipment your doctor may prescribe for you to use.

Economic Security Administration (ESA): The District agency that processes your Medicaid eligibility. It was formerly called the Income Maintenance Administration (IMA).

Elderly and Persons with Disabilities (EPD):Waiver: The name of a Medicaid Waiver program that provides special services for the elderly and persons with disabilities.

Fair Hearing: If you file a grievance/complaint, you can ask for a hearing with DC's Office of Administrative Hearings.

Freedom of Choice: When you choose whether you want to be in the EPD Waiver and receive services in a home-based setting or receive care in an institutional setting, such as a nursing home.

Grievance: a presentation setting forth a claim for relief sought; an allegation that something imposes an illegal obligation or denies some legal right that causes injustice.

Handbook: This book that gives you information about the EPD Waiver Program and services.

Hearing-impaired: If you cannot hear well or if you are deaf.

Homemaker: Someone who performs household chores for a Waiver participant, such as laundry, grocery shopping, cleaning, and/or meal preparation.

Interpretation/Translation Services: Help from the District when you need to talk to someone who speaks your language, or if you need help talking with your doctor or hospital or to understand what is written in English or another language that you don't speak.

Individualized Service Plan (ISP): The agreement between the Case Manager and the EPD Waiver participant on which services s/he will receive and how the services will be given. This is an important part of the EPD Waiver Program.

Level of Care (LOC): A prescription signed by your doctor or advanced practice nurse that shows your eligibility for which services you will receive, how often, and how long you should get the services, sets treatment goals, and tells you about how to get community resources.

Medicaid Identification Card: The card that lets your doctors, hospitals, drug stores, and others know that you are enrolled in DC Medicaid.

Participant: Someone who is enrolled in the Elderly and Persons with Disabilities (EPD) Waiver.

Participant Directed Services (PDS): Also known as consumer-directed or self-directed services will allow participants to maintain their independence and determine who they want to provide some of their services including PCA.

Personal Care Aide: A trained person who is at least 18 years old and provides assistance with bathing, grooming, dressing, toileting, eating to an enrolled participant.

Pharmacy (drug store): Place where you pick up your prescribed medication.

Prescription: Medicine that your doctor orders for you; you must take it to the pharmacy/drugstore to have them fill it, and then pick it up when it's ready.

Primary Care Physician (PCP): The doctor that takes care of you most of the time.

Provider Directory: A list of all providers who are eligible to offer services in the EPD Waiver Program.

Providers: Case Managers, Homemakers, Chore Aides, and Personal Care Aides, as well as doctors, nurses, and other people who take care of your health.

Recertification: An annual process that is a requirement for continued participation in the EPD Waiver Program and Medicaid. If this does not happen by a deadline, you may be discharged from the EPD Waiver Program.

Referral: When your doctor gives you a written note with information for the services you need.

Retaliation: To harm someone because of something they did.

Screening: A test that your doctor or other health care provider may do to see if you are healthy. This could be a hearing test, vision test, or another type of test.

Services: The care you get from your doctor or other health care providers.

Specialist: A doctor who is trained to give a special kind of care, like an ear, nose and throat doctor or a foot doctor.

Specialty Care: Health care provided by doctors or nurses trained to give a specific kind of health care.

Transportation Services: Help from Metro Access or Medicaid to get to an appointment, which can include bus or metro vouchers, vouchers to pay for a taxi, wheelchair vans, or ambulances. The type of transportation you get depends on your medical needs and Medicaid eligibility.

Visually Impaired: If you cannot see well or if you are blind.

EPD WAIVER PROVIDERS

A.B.A. HOME HEALTH CARE

821 KENNEDY STREET NW
Washington, DC 20011
Telephone: (202) 722-1725
Fax: (202) 722-1726
Contact: John Foretia/Phillip Akwar

SERVICES:
Case Management
Homemaker
Respite
Personal Care Aide

ALLIANCE HOME HEALTH CARE & EQUIPMENT

7826 Eastern Avenue, NW #406
Washington, DC 20012
Telephone: (202) 545-1630
Fax: (202) 545-1645
Contact: Eskender Molaligne

SERVICES:
Case Management
Personal Care Aide

ASAP SERVICES CORPORATION

201 15th Street, SE
Washington, DC 20003
Telephone: (202) 293-2931
Fax: (202) 293-3480
Contact: George H. Purcell II/Gerard Seabrooks

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

BERHAN HOME HEALTH CARE AGENCY

7826 Eastern Avenue, NW, Suite LL16
Washington, DC 20012
Telephone: (202) 723-1100
Fax: (202) 723-3271
Contact: Fessha Mollalign

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

CAPITAL VIEW HOME HEALTH CARE

1025 Thomas Jefferson Street, NW
Suite 180G
Washington, DC 20007
Telephone: (202) 299-1109
Fax: (202) 299-1108
Contact: Dr. Belai/Hannah George

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

FAMILY AND HEALTHCARE SOLUTIONS

6210 North Capitol Street, NW Suite B
Washington, DC 20011
Telephone: (202) 621-7329
Fax: (202) 621-7369
Contact: Sylvie Fomundam/Roger Momjah

SERVICES:
Case Management

GUARDIAN MEDICAL MONITORING

18000 WEST EIGHT MILE ROAD
Southfield, MI 48075
Telephone: 1-888-349-2400
Fax: 1-877-205-3621
Contact: David Crawford

SERVICES: (PERS)
Personal Emergency Response System

HMI HOME HEALTH DIVISION

1025 VERMONT AVE, NW SUITE 810
Washington, DC 20005
Telephone: (202) 829-1111
Fax: (202) 829-9192
Contact: Venus Ray

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

HUMAN TOUCH HOME HEALTH CARE AGENCY, INC.

1416 9th Street, NW
Washington, DC 20001

SERVICES:
Case Management

Telephone: (202) 483-9111
Fax: (202) 483-8181
Contact: Steve Yimaj/Karen Bush

Chore
Homemaker
Respite
Personal Care Aide

IDEAL NURSING SERVICES

820 UPSHUR STREET, N.W.
Washington, D.C. 20011
Telephone: (202) 723-0304
Fax: (202) 723-0367
Contact: Carol Grant-Gordon/Judith Forbes

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

IMMACULATE HEALTHCARE SERVICES, INC.

1818 NEW YORK AVE., N.E. #228
Washington, D.C. 20002
Telephone: (202) 832-8340
Fax: (202) 832-8341
Contact: Rosemarie Sesay/Sarah Reid

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

J.D. NURSING AND MANAGEMENT SERVICE

7826 Eastern Avenue, NW Suite LL18A
Washington, D.C. 20012
Telephone: (202) 722-7776
Fax: (202) 722-7785
Contact: James Ibe/Comfort Bogunjoko

SERVICES:
Case Management
Homemaker
Personal Care Aide

JOYE ASSISTED LIVING SERVICE

5131 Call Place, SE
Washington, D.C. 20019
Telephone: (202) 758-0309
Fax: (202) 758-0309
Contact: Gloria Richardson

SERVICES:
Assisted Living

KBC NURSING AGENCY AND HOME HEALTH CARE, INC.

7506 GEORGIA AVENUE, NW
Washington, D.C. 20012
Telephone: (202) 291-6973
Fax: (202) 291-7018
Contact: Christine Williams/Johanna Tingem

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

LIFE LINE, INC.

*111 Lawrence Street
Framingham, MA 01702
Telephone: 1-(508) 988-1298
Fax: 1-(508) 988-1763
Contact: Cindy Dikun*

*SERVICES: (PERS)
Personal Emergency Response Systems*

LINK TO LIFE

*297 North Street
Pittsfield, MA 01201
Telephone: 1-800-338-4176
Fax: 1-877-442-2323
Contact: Julie Murphy/Janice Casey/Jeanette Casey*

*SERVICES:
Personal Emergency Response System*

LISNER LOUISE DICKSON HURT HOME

*5425 Western Avenue, NW
Washington, DC 20015
Telephone: 202-966-6667ext. 3309
FAX: 202-362-0360
Contact: Sue Hargreaves/Lisa Harfoot*

*SERVICES:
Assisted Living*

NURSING ENTERPRISES, INC.

*5101 Wisconsin Avenue, NW
Suite 250
Washington, D.C. 20016
Telephone: (202) 832-0100/ (202) 526-2400
Fax: (202) 832-0203
Contact: Myrtle Gomez/Donald Teekasingh*

*SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide*

NURSING UNLIMITED SERVICES

*1328 G STREET, SE
Washington, D.C. 20003
Telephone: (202) 547-2949
Fax: (202) 547-5227
Contact: Teresa Okala*

*SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide*

PREMIER HEALTH SERVICES

7600 Georgia Avenue, NW

SERVICES:

Suite 323
Washington, D.C. 20012
Telephone: (202) 723-3060
Fax: (202) 723-3065
CONTACT: *Obioma Arungwa*

Case Management
Chore
Homemaker
Respite
Personal Care Aide

PREMIUM SELECT HOME CARE, INC.

5513 Illinois Ave., NW
Washington, D.C. 20011
Telephone: (202) 882-9310
Fax: (202) 882-9374
Contact: *Linda H. Davis*

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

PRESTIGE HEALTH CARE RESOURCES

6011 Emerson St., #209
Bladensburg, MD 20710
Telephone: (240)644-3578
Fax: (202) 204-5757
Contact: *John Saye Smith, Jr.*

SERVICES:
Case Management

PROFESSIONAL HEALTHCARE RESOURCES, INC.

1010 WISCONSIN AVE., NW
SUITE 300
Washington, D.C. 20007
Telephone: (202) 955-8355
Fax: (202) 587-1395
Contact: *Patricia Kelley*

SERVICES:
Chore
Homemaker
Respite
Personal Care Aide

T & N RELIABLE NURSING CARE

3500 18th Street, NE
Washington, DC 20018
Telephone: (202) 529-6510
Fax: (202) 529-6570
Contact: *Agnes NKeng*

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

ULTIMATE HOME HEALTH SERVICES

7418 9TH St. NW
Washington, DC 20012

SERVICES:
Case Management

TELEPHONE: 240-755-5582
Fax NO. (877)-442-1442
Contact: Eburn Williams

UNIVERSAL HEALTHCARE, INC.

1453 Pennsylvania Avenue, SE
2nd Floor
Washington, DC 20003
Telephone: (202) 548-0588
Fax: (202) 548-0589
Contact: Vondella McLaughlin/Teresa Lewis

SERVICES:
Case Management

VMT HOME HEALTH AGENCY

4201 CONNECTICUT AVENUE, N.W.
SUITE #200
Washington, D.C. 20008
Telephone: (202) 282-3005
Fax: (202) 282-3109
Contact: Tippi Hampton/Aisha Harris

SERVICES:
Case Management
Chore
Homemaker
Respite
Personal Care Aide

VTM HEALTH SERVICES

143 Kennedy St., NW, Suite 10
Washington, DC 20011
Telephone: (202)450-3608
Fax: (202)-290-3487
Contact: Naomi H. Mandishona

SERVICES:
Case Management

WASHINGTON HOSPITAL CENTER - MEDICAL HOUSE CALL PROGRAM

100 IRVING STREET, N.W.
Room #EB 3114
Washington, D.C. 20010
Telephone: (202) 877-0576
Fax: (202) 877-6630
Contact: Eric De Jonge/Maria Copeland

SERVICES:
Case Management

Community Resource Guide

38 | EPD Waiver services do not replace family systems and/or other community systems. These services add to the participant's family and social supports. (September 2013)

DC Office on Aging

500 K Street, NE
Washington, DC 20002
(202) 724-5622

DC Office on Aging's Aging and Disability Resource Center (DCOA/ADRC)

DC Department of Human Services
500 K Street, NE
Washington, DC 20002
(202) 724-5506

Housing:

District of Columbia Housing Authority
1133 North Capitol Street, NE
Washington, DC 20002
(202) 535-1000

Human Rights:

DC Office of Human Rights
441 4th Street, NW, Suite 570N
Washington, DC 20001
(202) 727-4559
Fax (202) 727-9589

DC Adult Protective Services

2146 24th Place NE
Washington, DC 20018
(202) 541-3950

Energy Assistance:

Energy Programs Consortium
1232 31st Street, NW, 3rd Floor
Washington, DC 20007
(202) 246-5817
Contact: Lynne Snyder

DC Energy Office Hotline

2000 14th St. NW, Ste. 300E
Washington, DC 20009

(202) 673-6750

Adult Education:

**UDC- Institute of Gerontology
Academy of Lifetime Learning
4200 Connecticut Avenue, NW, Building 52
Washington, DC 20008
(202) 274-6697
Legal Services:
Legal Counsel for the Elderly- AARP**

DC Long Term Care Ombudsman Office

**601 E Street, NW, Room A-4
Washington, DC 20049
(202) 434-2140
Home & Community-Based Services Hotline 202-434-2160**

Emmaus Services for the Aging

**Long Term Ombudsman Program
1426 9th Street, NW
Washington, DC 20001
(202) 745-1200**

GW Health Insurance Counseling Project

**2136 Pennsylvania Avenue, NW
Washington, DC 20052
(202) 994-6266
HICP provides free health insurance information, education and counseling services**

University Legal Services Housing Protection and Advocacy

**220 Eye Street, NE
Ste. 130
Washington, DC 20002
(202) 547-4747**

Employment and Job Training

**The Older Workers Employment and Training Program (OWETP)
D.C. Office on Aging
500 K Street**

Washington, DC 20002
(202) 724-3662

DC Department on Disability Services Rehabilitation Services

1125 15th Street, NW
Washington, DC 20005
(202) 730-1700

Food

Meals on Wheels
4025 Minnesota Avenue, NE
Washington, DC 20019
(202) 388-4280

New York Avenue Meals on Wheels

1313 New York Avenue, NW
Washington, DC 20016
(202) 393-3949

Parishes United Meals on Wheels

4520 126 Street, NW
Washington, DC 20017
(202) 635-8985

Upper Northwest Meals on Wheels

6100 Georgia Avenue, NW
Washington, DC 20011
(202) 723-5617

Washington Urban League Senior Center- Aging Services

2900 Newton Street, NE
Washington, DC 20018
(202) 529-8701

**SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps):
Economic Security Administration**

- Anacostia 2100 Martin Luther King Avenue, SE (202) 645-4614
- Congress Heights 4001 South Capitol Street, SW (202) 645-4546

- Fort Davis 3851 Alabama Avenue, SE (202) 645-4500
- H Street 645 1-1 Street, NE (202) 698-4350
- Taylor Street 1207 Taylor Street, NW (202) 576-8000

Transportation

Call 'N' Ride

2601 18th Street, NE
Washington, DC 20018
(202) 635-3970

Washington Elderly Handicapped Transportation Service (WEHTS)

2601 18th Street, NE
Washington, DC 20018
(202) 635-8866

Metro ID Cards for People with Disabilities

600 5th Street, NW
Washington, DC 20001
(202) 962-1558

Mental Health Services

DC Department of Mental Health
64 New York Avenue, NE
4th Floor
Washington, DC 20002
(202) 673-7440

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