Community Care Services Program – Atlanta Region

What is the Community Care Services Program?
The Community Care Services Program (CCSP) helps Medicaid-eligible people who are elderly and/or functionally impaired to continue living in their homes and communities. CCSP offers community-based care as an alternative to nursing home placement. The Department of Community Health administers and operates the CCSP.

What services are available through this program?

Adult Day Health
- Daytime care and supervision in an adult day center
- Nursing and medical social services
- Planned therapeutic activities
- Physical, speech and occupational therapy
- Meals, including prescribed diets

Alternative Living Services
- Alternative residence for persons unable to remain independent in their own homes
- Meals, supportive care and supervision in an approved personal care home

Emergency Response Services
- 24 hour, seven day per week in-home electronic communication system

Home-Delivered Services
- Skilled nursing services
- Physical, speech and occupational therapy
- Medical social services and home health aide assistance

Out-of-Home Respite Care
- Out-of-home overnight respite care in an approved facility with 24-hour supervision
- Out-of-home respite care in an approved facility

Personal Support Services
- Assistance with meal preparation, hygiene and nutrition
- Light housekeeping, shopping and other support services
- In-home respite care provided by an aide

Consumer-Directed Personal Support Services Option
Same as personal support services except:
- Consumer hires and supervises worker of choice (cannot typically be a family member)
- Clients enrolled in the option are required to choose a Financial Management Services provider that will issue paychecks and adhere to federal and state tax laws on behalf of the client

Home-Delivered Meals
- Prepared outside the home and delivered to the client

Who is eligible for Community Care Services?
The eligibility criteria for CCSP include the following:
- Functional impairment caused by physical limitations which includes Alzheimer’s and dementia.
- Unmet need for care
- Approval of care plan by applicant’s physician
- Services fall within the average annual cost of Medicaid reimbursed care provided in a nursing facility
- Approval of an intermediate level of care certification for nursing home placement
- Medicaid-eligible or potentially eligible after admission to CCSP
- Individual chooses community-based, rather than institutional services
- Health and safety needs can be met by CCSP
- Participation in no other Medicaid Waiver program at the same time
- Medicare home health services or hospice does not meet their needs
- Home delivered meals is not the only service needed
- The home environment is free of illegal behavior and threats of bodily harm to other persons.

An individual is not required to be homebound to receive CCSP services.

How does an individual obtain Community Care Services?

Step 1: The individual contacts the local Area Agency on Aging to complete a telephone screening.

Step 2: If the individual is eligible for CCSP, they are either placed on the waiting list or referred immediately to Care Coordination for a home assessment.

Step 3: A representative from the care coordinator agency will meet together with the individual, caregiver and physician to determine which services are needed. Services are provided by Medicaid-approved agencies actively enrolled in the CCSP. If the individual is not already a Medicaid recipient, an application is completed and submitted to the Department of Family and Children Services through the care coordinator.

Step 4: The care coordinator maintains regular contact with the individual and caregivers to assure that services are appropriate and their needs are met.

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What are the financial eligibility requirements?

- **Supplemental Security Income**
  Persons who receive Supplemental Security Income (SSI) and are eligible for medical assistance automatically meet financial eligibility for CCSP. 2017 SSI Limits are $735/month for an individual and $1,103/month for a couple.

- **Medicaid Assistance**
  Persons who do not receive SSI may qualify for medical assistance under another Medicaid category. These participants may have to pay toward the cost of services. To qualify for CCSP a person may have a gross income of up to $2,205 per month, or set up a Qualified Income Trust if the income is over this amount.

- **Cost Share**
  A person’s monthly income determines how much they will pay towards the cost of services each month. The amount may be as high as all of the income over $735 per month for a single individual. However, the cost share amount could be different for a married couple as the CCSP Medicaid-eligible person may potentially be able to divert some of his or her income to a legal spouse who is neither in CCSP nor in an institution. The Department of Family and Children Services will determine the exact monthly cost share.

- **Resource Limit**
  A single person may have up to $2,000 in resources and in addition may have up to $10,000 more if designated for burial (life insurance will count towards the burial amount). For a married couple, if a CCSP client has a spouse who is neither in CCSP nor an institution, the total combined assets of the individual and the spouse must be $121,220 or less. The CCSP client must transfer the assets in his or her name in excess of $2,000 to the community spouse within one year from the month Medicaid eligibility begins. If both persons in a couple are enrolled in CCSP and/or an institution, they may have only up to $3,000 in combined resources.

- **Medicaid Estate Recovery**
  Medicaid Estate Recovery applies for individuals enrolled in CCSP who own their own home. Please call the intake unit at 404.463.3333 for more information or the Medicaid Estate Recovery office at 770.916.0328.