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 Division of Aging Services, a division of the Department of Human Resources, administers CCSP.

What services are available through this program?

**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
- 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

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

**Emergency Response Services**
- In-home electronic support system providing two-way communication between isolated persons and a medical control center
- Service available 24 hours a day, seven days a week

**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

**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:** The care coordinator and RN complete a home assessment and determine together with the individual, caregiver and physician 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.

AgeWise Information

www.agewiseconnection.com
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. 2009 SSI limits are $674/month for an individual and $1,011/month for a couple.

- **Medical Assistance Only**
  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 $2,022 per month.

- **Cost Share**
  A person’s monthly income determines how much cost share must be paid each month. The amount may be as high as all of the income over the SSI amount of $674 per month. However, a CCSP Medicaid-eligible person may divert some of his or her income to a legal spouse who is not in an institution. In order to divert income, the legal spouse’s gross income cannot exceed $2,739 per month including the amount diverted.

- **Resource Limit**
  An individual may have up to $2,000 in resources and be eligible for CCSP. If both persons in a couple are enrolled in CCSP, they may have up to $3,000 in combined resources. In addition, an individual may have up to $10,000 designated for burial. 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 $111,560 or less. The CCSP client must transfer assets in his or her name in excess of $2,000 to the community spouse within one year from the month Medicaid eligibility begins.

- **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.