The Community Care Services Program (CCSP) is a Medicaid home and community based waiver services program that provides community-based social, health and support services to eligible consumers as an alternative to placement in a nursing home. The Georgia Department of Community Health’s (DCH) Division of Medicaid contracts with Georgia’s 12 Area Agencies on Aging (AAAs) to administer the program statewide.

Available Services

Eligible consumers may receive a combination of Medicaid-funded CCSP and other community services. The care coordinator assesses eligibility for CCSP, develops a consumer-focused comprehensive plan of care in collaboration with the primary physician and based on identified needs, and arranges for the delivery of services. The care coordinator monitors the services delivered to the program participant. Available services include the following:

- **Adult Day Health** – Medically supervised group day program at an adult day health center, which can include physical, occupational or speech therapy.
- **Alternative Living Services** – State licensed personal care homes, providing 24-hour personal care supervision.
- **Emergency Response Services** – In-home, 24-hour electronic two-way communication system that calls for help in an emergency.
- **Home-delivered Meals** – Nutritionally balanced meals delivered to the home.
- **Home-delivered Services** – Skilled nursing and therapy services provided in the home as a continuation of the member’s home health benefit.
- **Out-of-Home Respite Care** – Temporary relief for the primary care giver responsible for full-time care, provided in a personal care home or an adult day health center.
- **Personal Support Services** – In-home services such as personal care, meal preparation, light housekeeping, shopping and in-home respite services.
Summary of Eligibility Criteria for CCSP Services

- Functional impairment caused by physical limitations.
- Approval by a physician of the need for an intermediate level of nursing home care (LOC) and development of a care plan.
- Medicaid eligible or potentially eligible based on a financial screening.
- Medicaid eligible after admission to CCSP.
- Client chooses to receive services in the home and community rather than in a nursing home.
- Participation in one waiver program at a time.

NOTE: Alzheimer’s and other types of dementia are physical conditions.

Steps for CCSP Eligibility Screening

Step 1: If you want to request CCSP services, contact your Area Agency on Aging (AAA) for an assessment. The toll-free, statewide phone number is 866-55-AGING (866-552-4464).

Step 2: If the screening shows that you need a nursing home level of care and you are financially eligible for Medicaid for long term care, your name will be placed on a waiting list based on your unmet need for care. Your place on the waiting list will be based on a Determination of Need (DON) score that will be determined during the screening.

Step 3: When your name comes to the top of the waiting list, the CCSP care coordination agency for your area will contact you to schedule an in-home assessment to determine the level of care you require and to develop a care plan. As part of the assessment, the nurse and/or care coordinator will work with you and your caregiver to develop a care plan.

Step 4: After your need for a nursing home level of care is confirmed and certified by your physician, the CCSP care coordinator will arrange the start of the services developed as part of your care plan, which can be in your own home or in a personal care home, with certain services also offered at an adult day health center.

Frequently Asked Questions

Q. I am not a Medicaid member, but I have limited income and assets and need services. Am I eligible to participate in CCSP?
A. The 12 Area Agencies on Aging (AAA) are the single point of entry (gateway) to local and statewide aging information, resources and referral for services. Contact your local AAA for assistance in determining your eligibility for CCSP or other community resources. The AAA will screen you for financial eligibility for Medicaid, but the final determination of your Medicaid eligibility is determined by Georgia’s Division of Family and Children Services (DFCS) in the Department of Human Services.
Q. How much do CCSP services cost?
A. Based on Medicaid income limits, some eligible individuals pay some of the cost of their services while others do not.

Q. Is there a waiting list for CCSP services?
A. Admission to CCSP is based on available funding determined by the state legislature. Priority is given to those most in need of services.

Q. How long will I be eligible to receive CCSP services?
A. Services are dependent on the individual’s continued financial eligibility for the program and their continued need for a nursing home level of care.

For More Information:

Use the following link to see this information online at: