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300 - ADMINISTRATIVE ORGANIZATION

POLICY STATEMENT	The Division of Aging Services, DHR, administers the CCSP in coordination with the Division of Medical Assistance (DMA) of the Department of Community Health (DCH) and other Divisions of DHR. The Division contracts with Area Agencies on Aging (AAA) to administer the CCSP locally.
POLICY BASICS	The Division of Aging Services designates the AAA to serve as lead agency for the CCSP in each planning and service areas.
PROCEDURES	<p>The AAA is the gateway or community focal point through which aging programs are planned and coordinated.</p> <p>Implementation of the CCSP depends on coordination and communication of:</p> <ul style="list-style-type: none">• State DFCS, DHR, and county DFCS eligibility caseworkers and Adult Protective Services caseworkers• Division of Mental Health, Mental Retardation, and Substance Abuse (DMHMRSA), DHR, the Regional Boards, and regional/local treatment facilities• Office of Regulatory Services, DHR• Physicians• CCSP care coordinators• Service providers.
REFERENCES	Appendix 300, Job Descriptions

310 - DEPARTMENT OF HUMAN RESOURCES

POLICY STATEMENT	The Department of Human Resources (DHR) is the state agency responsible for the delivery of health and social services.
POLICY BASICS	<p>DHR was created by the Georgia General Assembly in the Governmental Reorganization Act of 1972. The agency is comprised of the following five divisions and is responsible for general administration:</p> <ul style="list-style-type: none">• Aging Services• Public Health• Mental Health/Mental Retardation/Substance Abuse• Family and Children Services• Rehabilitation Services. <p>Other sections of the Department include the following:</p> <ul style="list-style-type: none">• Commissioner's Office• Policy and Government Services• Office of Audits• Office of Regulatory Services• Office of Human Resource Management• Office of Planning and Budget Services• Office of Communications• Office of Fraud and Abuse• Office of Adoptions• Office of Technology and Support• Office of Financial Services

POLICY BASICS (contd.)	The DHR Commissioner is appointed by and accountable to the State Board of Human Resources. This 15-member board is appointed by the Governor to provide general oversight of the agency's activities by establishing policy, approving agency goals and objectives and other appropriate activities.
REFERENCES	DHR Administrative Procedures Manual, Volume I

312 - DIVISION OF AGING SERVICES - COMMUNITY CARE SECTION

POLICY STATEMENT	The Community Care Services Program Section, Division of Aging Services, DHR, plans and oversees administration of the CCSP.
POLICY BASICS	Within the Division of Aging Services, the Community Care Services Program section serves as the Community Care Unit required by the 1982 Community Care and Services for the Elderly Act.
PROCEDURES	<p>Major responsibilities of the Community Care Services Program Section include the following:</p> <ul style="list-style-type: none">• Developing policies and procedures necessary for planning and oversight of program implementation• Developing uniform client assessment criteria• Developing definitions and standards for services• Allocating service benefits and care coordination funding to each planning and service area• Monitoring expenditures in all areas of the state to assure that services are delivered within budget• Developing technical assistance and training packages for area agency staff, care coordinators, and local service provider staff• Promoting involvement of public and private agencies .
REFERENCES	1982 Georgia Community Care and Services for the Elderly Act, 49-6-62, O.C.G.A; Appendix 300, Job Descriptions

**314 - DIVISION OF MENTAL HEALTH,
MENTAL RETARDATION & SUBSTANCE ABUSE**

POLICY STATEMENT	The Division of Mental Health, Mental Retardation and Substance Abuse (DMHMRSA) assures Georgians access to quality treatment, training, support, and prevention services.
POLICY BASICS	<p>The Division of MHMRSA serves people of all ages and those with the most severe mental illnesses, mental retardation and substance abuse problems. Georgia's 13 MHMRSA regional boards are the contact points for people needing mental health services. The regional boards are responsible for planning, coordination, contracting for services and evaluating all publicly supported hospital and community programs.</p> <p>Services are provided statewide through 8 state hospitals, and through contracts with 35 MHMRSA Community Service Boards. In addition to providing treatment and support services, community programs screen people for admission to state hospitals and give follow-up care when they are discharged.</p>
PROCEDURES	Care coordinators refer CCSP clients to the regional boards, if applicable. These 13 regional boards assure local coordination of mental health services and other, appropriate community-based mental health, mental retardation and substance abuse services.
REFERENCES	Chapter 600, Care Coordination; Chapter 700, Care Management; Appendix 1100, MHMRSA Regional Boards/Community Service Boards/ Facility System

316 - DIVISION OF FAMILY AND CHILDREN SERVICES

POLICY STATEMENT	The Division of Family and Children Services provides: 1) Medicaid eligibility determination for CCSP clients not eligible for SSI; and, 2) response by Adult Protective Services (APS) workers to reports of abuse, neglect, and exploitation of elderly or disabled adults.
POLICY BASICS	<p>1. Medicaid eligibility determination:</p> <p>DCH, the agency responsible for funding the CCSP, contracts with DFCS to provide Medicaid eligibility determinations for clients who do not receive Supplemental Security Income (SSI). SSI recipients usually receive SSI Medicaid.</p> <p>NOTE: The Social Security Administration determines eligibility for SSI.</p> <p>2. APS Eligibility:</p> <p>An APS-eligible client meets the following criteria:</p> <ul style="list-style-type: none"> • 18 years or older • Alone, without capable, interested others • Incapable of self-protection (physical or mental) • In danger or threat of danger or harm. <p>There are no income or residency requirements to be eligible for APS.</p> <p>NOTE: Client consent is required prior to providing service and for ongoing APS. APS intervention without client consent is limited to situations when a person is unable to care for or protect him/herself.</p>
PROCEDURES	<p>DFCS Medicaid eligibility specialists are responsible for these activities:</p> <ul style="list-style-type: none"> • Determining Medicaid eligibility locally, through the DFCS office located in the county of a client's residence • Determining client's cost share, if MAO/PMAO • Communicating with care coordinator through Care Coordinator Communicator (CCC) form.

PROCEDURES (contd.)	<p>DFCS social services case managers are responsible for these activities:</p> <ul style="list-style-type: none">• Assisting with the completion of a DMA-6 Form, required for nursing home entry, if there is no other responsible person willing or able to assist.• Investigating allegations of adult abuse, neglect or exploitation except for disabled or elderly adults who are residents of long term care facilities. <p>NOTE: ORS and/or LTCO investigate allegations of adult abuse, neglect or exploitation in LTC facilities.</p> <p>CCSP care coordinators and local APS caseworkers may serve the same client. To avoid duplication of services, however, coordination between the two service providers is necessary.</p>
REFERENCES	<p>Appendix 100, Forms and Instructions; Appendix 700, Medicaid Classes of Assistance; Georgia's Uniform Guide for Elderly and/or Disabled Adults 8/1997</p>

320 - DEPARTMENT OF COMMUNITY HEALTH

POLICY STATEMENT	The Department of Community Health (DCH) administers Medicaid funds and programs through the Division of Medical Assistance (DMA) and DCH's fiscal agent.
POLICY BASICS	<p>DMA coordinates with DHR and the Division of Aging Services and performs the following activities:</p> <ul style="list-style-type: none"> • Establishes the level of care criteria for nursing facility placement • Applies to HCFA for the 1915(c) Home and Community-Based Services Waiver Program which funds the CCSP • Assures adherence to all federal regulations governing the 1915(c) Home and Community-Based Services Waiver Program. • Develops policies and procedures necessary for program implementation.
PROCEDURES	The DMA of DCH is responsible for the following activities:
Medicaid Division	<ul style="list-style-type: none"> • Enrolls, re-enrolls, contracts with providers and recoups Medicaid funds and terminates providers when necessary • Develops policies and procedures for CCSP providers • Establishes and approves reimbursement rates paid to providers • Reimburses Medicaid service providers • Assists providers with billing problems • Conducts utilization review (UR) of CCSP providers to assure medical necessity for continued care and effectiveness of care is being rendered. <p>DCH contracts with a fiscal agent to pay Medicaid providers including those who provide CCSP service(s) and to operate the Provider Enrollment Unit. The fiscal agent trains Medicaid providers in the billing process and reimburses them for authorized services. The fiscal agent also operates the Billing</p>

PROCEDURES (contd.)	Inquiry Unit to assist Medicaid providers with questions related to billing and medical eligibility.
Provider Enrollment Unit	<p>The fiscal agent's Provider Enrollment Unit distributes information (manuals and applications) about enrollment requirements to interested, prospective Medicaid providers. The phone number of the Enrollment Unit is (800) 766-4456 or (404) 298-1228.</p> <p>After a prospective provider successfully completes the application requirements, the Division of Aging Services reviews and recommends the prospective provider to the Division of Medical Assistance, which approves the issuance of a Medicaid provider number by the fiscal agent.</p>
REFERENCES	DMA

322 - SERVICE PROVIDERS

POLICY STATEMENT	Service providers furnish direct services to CCSP clients.
POLICY BASICS	<p>Service providers include:</p> <ul style="list-style-type: none"> • Medicaid (Title XIX) waived service providers • Medicare (Title XVIII) service providers • Older Americans Act (Title III) providers • Social Services Block Grant (SSBG) providers • Community Services Block Grant (CSBG) providers • Other community-based or voluntary service providers.
PROCEDURES	<p>DMA contracts with providers to furnish CCSP services. Providers are responsible for the following activities:</p> <ul style="list-style-type: none"> • Developing a Provider Care Plan for every client served • Supplying services indicated on the Provider Care Plan • Giving care coordinator information affecting the Provider Care Plan • Communicating with care coordination utilizing the Community Care Notification Form (CCNF), Form 6500 • Supervising care delivery as specified in provider service manuals • Obtaining approval from the care coordinator before changing duration, frequency, or scope of CCSP services and following up with a completed CCNF • Communicating with care coordinator regarding failure of a MAO /or potential MAO client to pay required cost share • Assisting CCSP clients in obtaining a DMA-6 Form when they plan to enter a nursing facility
PROCEDURES (contd.)	<ul style="list-style-type: none"> • Attending Network Meetings held by local Area

	<p>Agencies on Aging</p> <ul style="list-style-type: none"> • Sending a completed Provider Inquiry Form (DMA-520) to DMA to resolve billing problems (Appendix C-3 of Billing Manual) • Adhering to CCSP and DMA rules and regulations. <p>Activities <i>not appropriate</i> for CCSP providers include:</p> <ul style="list-style-type: none"> • Soliciting clients from other providers • Soliciting the delivery of all services with one provider when a client receives two or more services • Refusing to provide the full range of activities required for a particular CCSP service type. <p>EXAMPLE: The HDS provider must provide skilled nursing and therapies and medical social work; the ADH provider must provide two levels of care and the activities associated with each level; clients needing both PSS and PSSX must receive these services from the same provider.</p>
REFERENCES	CCSP Provider Manual

330 - PHYSICIANS

POLICY STATEMENT	CCSP services directly relate to each client's medical condition. The client's physician is a participant in the care coordination process.
POLICY BASICS	The client's physician is familiar with the client's specific health service needs, provides required medical information and consultation to the care coordinator.
PROCEDURES	<p>To assist the care coordinator in determining the level of care and the needed services, the physician provides the following:</p> <ul style="list-style-type: none">• Consultation if questions regarding a client's medical status exist• Additional medical information and completion of forms for assessment and reassessment• Signature on the Community Care Services Program Level of Care page, to validate care plan and level of care• Service orders• Certification that client's condition can or cannot be managed by CCSP and/or Home Health services.
REFERENCES	Chapter 600, Care Coordination; Appendix 100, Forms and Instructions

340 - AREA AGENCIES ON AGING

POLICY STATEMENT	The Area Agency on Aging (AAA) is the Lead Agency, the gateway or focal point at the community level, and is the administrative entity responsible for coordinating and implementing the local CCSP. Care coordination is provided by AAAs either directly or through subcontracts.
POLICY BASICS	<p>Area Agencies on Aging were created by the 1973 amendments to the Older Americans Act in Title III, Section 304(b), which authorized State Units on Aging to divide the state into planning and service areas and designate Area Agencies on Aging. The AAA's primary role is to develop a comprehensive service delivery system responsive to persons 60+ and focusing on the provision of community-based and in-home services with appropriate linkages to institutional care.</p> <p>The AAAs prepare Area Plans which identify and prioritize needs of the elderly and specify which services will be provided to meet those needs. The AAAs submit these plans to the Division of Aging Services for approval.</p> <p>AAAs in Georgia are either public agencies located within quasi-governmental planning agencies called Regional Development Commissions (RDCs) or private non-profit agencies with a free-standing board of directors. AAAs located in RDCs, cannot, by state law, provide direct services; therefore, care coordination services, with the exception of intake and screening, must be subcontracted. Non- profit AAAs may directly provide care coordination services.</p>
PROCEDURES	<p>The AAA is responsible for the following CCSP activities:</p> <ul style="list-style-type: none"> • Assures DHR's administrative policies and procedures regarding conflicts of interest are followed • Administers the CCSP program at the local level • Educates the community about available services • Develops and implements the Area Plan on Aging which includes the CCSP plan • Assures that the CCSP is accessible to the community
PROCEDURES (contd.)	<ul style="list-style-type: none"> • Promotes community care for eligible individuals

- Promotes the development of a comprehensive service delivery system with a continuum of care
- Coordinates community care services for its PSA
- Administers the care coordination function
- Determines and adjusts the number of clients to be served in the PSA based on the service benefit allocation
- Manages CCSP services benefits for its PSA
- Reviews and comments on applications from potential CCSP providers in the PSA
- Requests written approval from the Division of Aging Services for any variances in policies and procedures; for example, before employing or contracting with an individual who does not meet care coordinator qualifications
- Makes site visits, as appropriate, to CCSP service providers.

The AAA is responsible for following CCSP activities that are not reimbursed by Medicaid, or allowable under care coordination administrative functions:

- Monitoring care coordinator activities and record keeping
- Assisting providers with billing problems unless it concerns Service Authorization Forms (SAFs)
- Area Plan development
- Public education:
 - a. Speaking engagements
 - b. Health fairs
- Advocacy
- Providing enrollment information for potential CCSP providers

PROCEDURES (contd.)

- Reviewing potential provider enrollment applications

	<ul style="list-style-type: none">• Provider working agreement negotiation• Representation on boards and councils in support of CCSP• Information and Referral, including Nationwide Eldercare Locator Hotline• Resource development.
REFERENCES	Appendix 300, Job Descriptions; Georgia DHR Administrative Policy and Procedures Manual, Part IV.L., Section II

342 - LEAD AGENCY PROGRAMMATIC REPORT

POLICY STATEMENT	The AAA is required to submit a monthly programmatic report and a quarterly status report of the CCSP waiting list to the Division of Aging Services.
POLICY BASICS	<p>The CCSP Lead Agency Programmatic Report provides programmatic information regarding care coordination activities.</p> <p>The Division of Aging Services uses report information to:</p> <ul style="list-style-type: none"> • Complete federal and state reports • Determine if program objectives are being met • Calculate and track whether programmatic budget limitations are being observed • Provide information to legislators, advocates and others • Determine statewide how many clients may be added to the program. <p>The CCSP Waiting List Quarterly Status Report provides information regarding waiting list activities.</p> <p>The Division of Aging Services uses report information to determine:</p> <ul style="list-style-type: none"> • The number on waiting list at the end of the quarter • The number on the waiting list at the end of the quarter receiving non-CCSP services • The average time clients were on the waiting list prior to CCSP admission.
PROCEDURES	The AAA may delegate completion of these report to the care coordination agency or the care coordination agency collects programmatic report and waiting list data and provides it to the AAA for completion.
REFERENCES	<p>Appendix 100, Forms and Instructions:</p> <p>CCSP Lead Agency Programmatic Report;</p> <p>CCSP Waiting List Quarterly Status Report</p>

344 - NETWORK MEETINGS

POLICY STATEMENT	Each AAA conducts quarterly meetings for participants involved in CCSP service delivery.
POLICY BASICS	<p>The following participants attend network meetings:</p> <ul style="list-style-type: none">• Appropriate AAA staff• Care coordinators and/or supervisors• Service providers• DFCS eligibility and APS caseworkers• DMH aging coordinators• Hospital discharge planners• Division of Aging Services CCSP specialist• Other interested persons. <p>The Division of Aging Services requires that AAAs maintain a record of network meetings to document the:</p> <ul style="list-style-type: none">• Meeting agenda• Attendance sheets• Minutes (to be distributed to participants)• Copies of handouts• Other material related to the meeting.
PROCEDURES	AAAs determine a meeting date, time, and place for network meetings. To allow for planning and agenda additions, AAAs should send agendas to all participants with enough advance notice that participants have time to add items prior to the meeting.

PROCEDURES (contd.)	<p>Network meetings are held to:</p> <ul style="list-style-type: none">• Identify problems and their resolution• Present unique or problematic cases• Clarify policies and procedures• Report on status of budgets, waiting list, and allocations• Discuss issues of common concern. <p>The following information is disseminated by the AAA at network meetings:</p> <ul style="list-style-type: none">• Agenda• Name and contact information of CCSP staff and areas served• Number of clients by county on twelve-month basis• Monthly service authorization summary by service (See Section 1130, AIMS Reports)• The PSA Programmatic Report, or a summary program report• Provider listing by service and counties served (introduce new providers, services provided and counties served).
REFERENCES	Appendix 300, Job Descriptions

346 - ADVOCACY

POLICY STATEMENT	The AAA assures that the service delivery system is responsive to the needs of the target population.
POLICY BASICS	<p>AAAs have the primary role at the community level in advocating for the elderly.</p> <p>The AAA determines what advocacy initiatives are required to assist in meeting the needs of CCSP clients.</p> <p>AAAs have the primary role at the community level in advocating for the elderly.</p>
PROCEDURES	<p>The care coordinator advocates for a client by completing the following activities:</p> <ul style="list-style-type: none"> • Implementing clients=Comprehensive Care Plans • Assuring that clients receive the most appropriate services • Informing AAA staff of gaps in service, services in greatest demand, areas where informal support groups are needed, and service areas which need volunteers • Communicating to the AAA staff any problems that may surface in regard to client care and well being.
REFERENCES	Chapter 700, Care Management; Appendix 300, Job Descriptions