THE COMMUNITY CARE SERVICES PROGRAM

What is the Community Care Services Program?

The Community Care Services Program (CCSP) helps people who are elderly and/or functionally impaired to live in their homes and communities. For elderly and/or functionally impaired people, 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?

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, personal care, and supervision

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
- Personal care and help with meals

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

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

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
  NOTE: Alzheimer's and dementia are physical conditions.
- Unmet need for care
- Approval of care plan by applicant /client'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 (LOC) certification for nursing home placement
- Medicaid eligible or potentially eligible after admission to CCSP
- Client chooses community-based, rather than institutional services
- Health and safety needs can be met by CCSP
- Participation in one waiver program at a time
- Neither Medicare home health services nor hospice (Medicare or Medicaid) meets their needs
- Home Delivered Meals is not the only service need
- The home environment is free of illegal behavior and threats of bodily harm to other persons.

A client is not required to be homebound to receive CCSP services.

(over)

How does an individual obtain Community Care Services?

Step 1: The individual contacts the Area Agency on Aging for an assessment.

Step 2: If the individual is eligible for CCSP, the care coordinator determines which services the applicant needs.

How are services arranged?

Step 1: The care coordinator arranges for CCSP service agencies to provide the needed services. Service agencies are approved Medicaid providers who bill the Department of Community Health directly for services rendered to Community Care participants. Care coordinators also arrange for services through other service agencies and fund sources.

Step 2: If the individual is not a Medicaid recipient, she/he applies for Medicaid at the county Department of Family and Children Services.

Step 3: The care coordinator maintains regular contact with the Community Care participants to assure that services are appropriate and that individuals' needs are met.

What are the financial eligibility requirements?

The following information summarizes the financial eligibility criteria for the CCSP:

- SSI category: Persons who receive Supplemental Security Income (SSI) and are eligible for medical assistance. The Social Security Administration takes applications for SSI.

- Medical Assistance Only (MAO) Category: Persons who do not receive cash benefits under the SSI program, but may qualify for medical assistance under another Medicaid category. The county Departments of Family and Children Services take applications for MAO. MAO participants may have to pay toward the cost of services.

	SSI Income Limits:*	**CCSP Medicaid/ MAO Income Limits:**	**SSI and CCSP Medicaid Resource Limits:**
Individual	Below $579/ Month	$1,737/month	$2,000 or less
Couple (both in CCSP)	Below $869/ Month	$1,737/month per individual	$3,000 or less
Individual in CCSP, But married	Below $869/ Month	$1,737/month	$2,000 or less for SSI $97,100 (combined) or less for CCSP Medicaid

*These limits change when Social Security Administration increases Social Security and SSI.

- A CCSP Medicaid eligible person may divert up to $2,377.50 per month of income to a legal spouse who is neither in the CCSP nor an institution. The legal spouse's income is deducted from the $2377.50 limit before determining the amount of income to divert.

- If the CCSP Medicaid applicant has a spouse who is neither in CCSP nor an institution, the assets of the spouse MUST be considered in the eligibility determination. The combined total of countable assets of the individual and the spouse must be $97,100 or less. The CCSP client must transfer assets in his/her name in excess of $2,000 to the community spouse within one year from the month Medicaid eligibility begins.