

Community Care Services Program (CCSP)
Potential Provider Information

I. Eligibility Requirements for being a CCSP Provider

Any provider agency applying to be a CCSP Medicaid Provider must meet the following criteria:

- a. Provider agency must have the legal right to conduct business in the State of Georgia (i.e., current business license or other proof of legal authorization)
- b. Must have a current, non-restrictive license (for CCSP services ALS-G, HDS, PSS) issued by the Georgia Department of Community Health, Healthcare Facility Regulation Division (HFR)
- c. Must maintain business premises in Georgia that are appropriate to conduct CCSP business
- d. Must have been in business in the service for which application is being made a minimum of 12 consecutive months prior to making application.**
- e. Must attend *CCSP Provider Pre-Enrollment Training* and *New Provider Training* prior to CCSP Medicaid enrollment. Participation in both trainings is **by DAS CCSP invitation only.**
- f. The DAS CCSP state office must receive both completed applications (*Department of Community Health Medicaid Provider Enrollment Application* and the *CCSP Medicaid Provider Enrollment Application*).
- g. A 147c letter from the IRS is needed to verify the tax identification number.
- h. The provider enrollment fee of \$500 for criminal background check is required.
- i. In order for a provider to be issued a CCSP Medicaid number, both DAS CCSP and DCH must approve the provider application.
- j. If applicable, the provider agency must have a satisfactory site visit (ADH, ALS-G).

NOTE: Enrollment in the CCSP does not guarantee client referrals. CCSP clients always have choice of providers.

II. CCSP Provider Agency Enrollment Application Process

- a. **Pre-Enrollment CCSP Provider Technical Assistance Training** <http://www.aging.dhr.georgia.gov>
Select Programs, CCSP. Under Publications, download the *CCSP Provider Pre-Enrollment and Registration Form*. Mail it, a copy of the current, non-restricted license issued by HFR (PSS, HDS, and ALS-G applicants), and enclose a check or money order for \$25.00 per person (limit two people per agency), payable to:

DAS Healthy Aging Training Trust Fund:
Georgia Department of Human Services
Division of Aging Services/CCSP
Two Peachtree Street, NW, Suite 9.405
Atlanta, Georgia 30303-3142

Provider participation is on a first come, first served basis, and is **by DAS CCSP invitation only.**

Disclaimer: After successful completion at Pre-Enrollment Training, the potential applicant completes the Medicaid application at: <http://www.mmis.georgia.gov>. The printed and completed document **MUST** be submitted with the CCSP application with the accompanying HP tracking number.

A Specialist will review the process for the completion of the Medicaid application at the CCSP Pre-Enrollment Training.

