GLOSSARY

Adverse Action:	Denial of entrance into, termination or reduction of services from CCSP.
Affiliated Computer Services:	Current fiscal agent of DMA, responsible for CCSP claims processing.
Aggregate Cost:	Average cost for providing CCSP to all CCSP clients during a fiscal year.
Anniversary Date:	Date CCSP client initially receives a CCSP waivered service which is reimbursed by Medicaid. Defined by Services Begin Date on the client's SAF.
Applicant:	Consumer who indicates a desire to participate in the Community Care Services Program.
Area Agency on Aging:	Gateway through which aging programs are funded and integrated. There is one AAA for each designated Planning and Service Area.
Authorized Representative:	Individual designated by the client to represent his or her interests; may be an attorney, paralegal, friend, or family member.
Care Coordinator:	Care coordinators are either registered nurses or social services workers employed by the AAA or its subcontract agency. They screen, assess, reassess clients and coordinate and evaluate CCSP client service delivery. Care coordinators implement care plans, arrange for clients to receive services and evaluate effectiveness of services and interventions in meeting care plan goals.
Caregiver:	Individual primarily responsible for the care of another person.
Care Plan:	Treatment and service order plan developed for a CCSP-eligible client to improve or maintain client’s functional ability.
Centers for Medicare and Medicaid Services:	Federal agency that oversees Medicare and Medicaid.
Client Health Assessment Tool:	A software application designed for use by information and referral agencies who perform health assessments for their

clients.

Community Care Services Program:	Title XIX Medicaid waivered community-based services available to functionally impaired persons as an alternative to care in a nursing facility.
Cost Share (client liability):	Financial liability assigned to each Medical Assistance Only (MAO) client calculated by the county Department of Family and Children Services (DFCS).
Deauthorization:	Automated procedure which compares CCSP Medicaid waivered services authorized monthly by the care coordinator to CCSP provider payment data from the Department of Medical Assistance (DMA). Deauthorization reduces amount authorized on the SAF to equal the amount billed and paid.
DFCS/DFACS:	State Division of Family & Children Services and county Departments of Family & Children Services, both part of DHR.
DHR:	The Department of Human Resources is the state agency responsible for the delivery of health and social services. There are 5 divisions: Aging Services, Public Health, Mental Health/ Developmental Disabilities/Addictive Diseases, Family and Children Services and Rehabilitation Services.
DMA:	Division of Medical Assistance, within the Georgia Department of Community Health. Jointly funded, federal/state healthcare assistance program serving primarily low income individuals; children, pregnant women, the elderly, blind and disabled.
DMA-6:	Form entitled "Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for Mentally Retarded". Used to request from the Georgia Medical Care Foundation (GMCF) pre-admission approval of a level of care certification needed for admission to a Medicaid nursing facility.
DMA-613:	Form used to screen a client's mental health status. Needed for admission to a Medicaid nursing facility.
Diagnostic Related Group:	A diagnostic group used for reimbursement purposes by the DMA and medical insurance companies.
Fair Hearing:	Process that occurs when an applicant/client appeals an adverse action.

Final Appeal:	Review of an adverse decision in a CCSP case by the DHR Legal Services Office (LSO). Consists of a review of the entire initial hearing record and any additional material submitted at the time of the hearing request. The LSO may provide for taking of additional testimony, argument, or evidence in a final appeal review.
Fiscal Year:	Funding and reporting period of twelve months. State fiscal year (SFY) begins July 1 and ends June 30. Federal fiscal year (FFY) begins October 1 and ends September 30.
Formal Support Services:	Services paid by Medicare, Medicaid, insurance and other government fund sources.
Functionally Impaired:	Condition of having physical or cognitive limitations that restrict an individual's capacity to live independently.
Home Delivered Services:	Skilled services provided to CCSP clients, including home health aides, skilled nursing, physical, occupational, and speech therapies and medical social services.
Homebound:	Designation of an individual whose medical or mental ability is impaired to the point that the client CCSP applicant/client cannot leave home without assistance. An individual does not have to be bedridden to be considered homebound. However, the client's home must be the most appropriate setting to provide the services necessary to meet the medical needs of the patient.
Initial Care Plan:	First treatment and order plan developed for a new client entering the CCSP for the first time or after reinstatement.
Informal Support Services:	Services provided by family, friends or church organizations.
Information Technology:	Section of DHR responsible for CCSP Aging Information Management System (AIMS).
Lead Agency:	A local AAA under contract with the Division of Aging Services, DHR, to manage care coordination of CCSP within a PSA.
Level of Care:	Determination based on the same medical criteria the DMA uses to determine individual Intermediate LOC certification for a nursing facility and cannot exceed 12 months without re-determination. A care coordinator (RN) has the authority to make this determination in the CCSP.

Length of Stay:	1. Period of time a person is certified for a level of care. 2. Period of time a client is enrolled in a program. 3. Clients meet LOS requirement when they have received 32 consecutive days in case management.
Medical Assistance Only:	Medicaid benefits for individuals who are not eligible for cash assistance such as SSI.
Manual Transmittal:	Care coordination manual revisions produced by DAS and numbered sequentially with date displayed in footer at the bottom of the page.
Minimum Data Set:	A comprehensive assessment of nursing home residents to measure physical, functional and cognitive loss. It is a federal mandate for facilities participating in Medicaid or Medicare programs.
MDS-HC	Minimum Data Set-Home Care, a comprehensive, standardized instrument for evaluating the needs, strengths, and preferences of elderly clients in home care agencies. Compatible with the congressionally mandated MDS used in nursing homes.
Non-skilled Services:	Services not required to be administered by skilled nurses or skilled rehabilitation personnel, (e.g., administration of eye drops and ointments are usually non-skilled services).

Nutrition Screening Initiative: A form used to determine if a client is at nutritional risk.

Older Americans Act:	Federal law for the provision of services to people 60 years of age or older.
Personal Support Aide:	Person providing Personal Support Service that may include a combination of basic personal care activities, respite care and homemaking services to CCSP clients.
Physician:	A doctor of medicine or doctor of osteopathy fully licensed to practice medicine.
Planning and Service Area:	Designated by the Division of Aging Services (DAS) designates areas of the state. In each area the DAS designates an AAA to plan, coordinate and advocate for regional community service systems.
Potential Medical Assistance Only:	Individuals who appear to meet all financial criteria for MAO but have not been determined eligible for Medicaid by DFCS.
Primary Diagnosis:	The primary or most important reason for the care provided.

Referral Source:	Agencies or individuals that refer individuals for CCSP services.
Secondary Diagnosis:	An additional medical condition which may affect client's health status but is not used by the care coordinator to determine client's appropriateness for the CCSP.
Service Episode:	Period of Medicaid-reimbursed, CCSP services which start with a Services Begin Date and stop with a Services End Date.
Skilled Services:	Services required to be administered by skilled nurses or therapists (e.g., administration of intravenous feedings, intramuscular injections are usually skilled services).
Social Services Block Grant:	Funds used by DFCS and Division of Aging Services contractors to provide various social services to individuals.
Supplemental Security Income:	A federally administered cash assistance program based on financial need for low income individuals who are aged, blind or disabled; funded by Title XVI of the Social Security Act.
Title III:	Section of the Older Americans Act which provides various social and health related services to individuals 60 years of age and older.
Title XIX:	Section of the Social Security Act which funds Medicaid; includes funding for waivered services for in the CCSP.
Unduplicated Clients:	Number of clients who received a CCSP, Medicaid waivered service reimbursed by Medicaid during a state fiscal year
Utilization Review:	A review conducted by the Division of Medical Assistance to determine the medical necessity for continued care, and the effectiveness of that care, for each CCSP client.
Waiting List:	The AAA or care coordination agency establishes a waiting list for clients waiting for initial assessments when CCSP funds are not available for additional clients.
Waivered Services:	Services specifically designated for the CCSP and reimbursable by Medicaid. Waivered services include: Adult Day Health, Alternative Living Services, Emergency Response System, Home Delivered Meals, Home Delivered Services, Medical Social Services, Personal Support Services and Out-Of-Home Respite Care.