

2131 - COMMUNITY CARE SERVICES PROGRAM

POLICY STATEMENT	<p>Community Care Services Program (CCSP) is a Class of Assistance (COA) designed to provide in home and community-based services to individuals. These individuals meet the criteria for nursing home placement but choose to remain in a residential home situation.</p>
BASIC CONSIDERATIONS	<p>To be eligible under the CCSP COA, an A/R must meet the following conditions:</p> <ul style="list-style-type: none">• The A/R is admitted to CCSP and receiving a waived service(s).• The A/R resides in a residential home situation, such as his/her own home, another person's home or a personal care home.• The A/R meets the Length of Stay (LOS) and Level of Care (LOC) eligibility criteria.• The A/R meets all other basic and financial eligibility criteria. <p>NOTE: There is no age requirement for participation in CCSP. A client is not required to be homebound to receive CCSP services.</p> <p>CCSP Medicaid recipients receive certain <i>waivered</i> services not normally covered by Medicaid, including the following:</p> <ul style="list-style-type: none">• Adult Day Health• Alternate Living Services (personal care home placement)• Emergency Response System• Home Health Services/Home Delivered Services• Personal Support Services• Respite Care <p>NOTE: To maintain continuous eligibility for CCSP Medicaid, a client must receive waived services each calendar month.</p> <p>Individuals who express an interest in Community Care services are to be referred to the Area Agency on Aging for assessment. The telephone screening specialist assesses the individual's suitability for community-based care in lieu of nursing home placement. If the individual meets the CCSP eligibility criteria, the A/R's name is placed on the CCSP waiting list. When funds become available, the individual is referred to the Care Coordination Agency for a face-to-face assessment.</p>

**BASIC
CONSIDERATIONS
(cont.)**

- If the individual is determined eligible at the face-to-face assessment, s/he is admitted to CCSP.
- The care coordinator arranges for the provision of the CCSP waived services to the recipient.
- CCSP is a budgeted program, therefore, it is limited to a certain number of clients statewide.

NOTE: The date the first waived service is provided to the CCSP recipient is the service date.

PROCEDURES

Follow the steps below to determine ABD Medicaid eligibility under the CCSP COA.

- Step 1** Accept the A/R's Medicaid application.
- Step 2** Conduct an interview.
- Step 3** Verify that the A/R is under CCSP care coordinator and receiving waived service(s) by receipt of the Community Care Communicator (CCC). The CCC should indicate the beginning date of care coordination and the service date.
- Step 4** Determine basic eligibility, including Length of Stay (LOS) and Level of Care (LOC). Refer to the **Chapter 2200, Basic Eligibility Criteria**.
- Step 5** Determine financial eligibility.
- See **Chapter 2500, ABD Financial Responsibility and Budgeting**, for procedures on whose resources to consider and the resource limit to use in determining resource eligibility.
 - Complete a Medicaid CAP budget to determine income eligibility. Refer to the **Section 2510, Medicaid CAP Budgeting**.
- Step 6** Determine the A/R's cost share for CCSP services. Refer to **Section 2559, Patient Liability/Cost Share** and **Section 2553, Protection of Income**.

**PROCEDURES
(cont.)**

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| Step 7 | Approve CCSP Medicaid if the A/R meets all the above eligibility criteria.

NOTE: DO NOT approve Medicaid under the CCSP class of assistance for any month earlier than the month of the service date. |
| Step 8 | Notify the A/R of case disposition and cost share. |
| Step 9 | Notify the care coordinator of the disposition and cost share on the CCC or by entering the care coordinator's name and address in the system as the Authorized Representative. This will enable the care coordinator to receive system generated notices giving dates of eligibility and cost share information. |
| Step 10 | <p>Complete a review of the case in the month in which the CCSP LOC expires as indicated in Field 41, L.O.S, of the LOC form.</p> <ul style="list-style-type: none">• If a new LOC form extending the stay is received from the CCSP care coordinator, continue Medicaid eligibility under the CCSP COA.• If the new LOC form stating that the LOC has NOT been extended is received from the care coordinator OR a new LOC form is not received from the CCSP care coordinator by the end of the month the LOC expires, complete a CMD. Refer to the Section 2052, Continuing Medicaid Determination. Notify the CCSP care coordinator of the outcome of the CMD and any change in cost share. <p>NOTE: If LOC form or CCC is not received within two weeks from the end of the approved CCSP stay, send a CCC to the care coordinator requesting information on whether the stay has been extended.</p> <p>NOTE: If Medicaid eligibility is terminated as a result of the CMD and a new LOC form is subsequently received within 30 days of the termination date on the system, reopen the case as closed in error. If a new LOC form is received more than 30 days after the system termination date, process a new application. The month the new LOC form is signed is the earliest month for which the case can be reopened under the CCSP COA.</p> |

PROCEDURES**(cont.)****CCSP Temporarily
In a NH**

If a CCSP A/R temporarily enters a NH (30 days or less), they may continue as CCSP if the NH is enrolled as a CCSP provider. The NH stay would be billed as respite care. The MES would not make any changes in the system based on the temporary NH stay. Change to NH COA if the A/R remains for more than 30 days.

**Joint CCSP and
Hospice Eligibility**

A CCSP recipient may elect to receive Hospice services along with CCSP. Hospice is paid directly by DCH without any Hospice information entered into DFCS' computer system. A/R should remain in CCSP COA. If A/R was in Hospice COA, switch to CCSP. See Appendix I, SUCCESS Functions, for instructions.

**Special
Considerations**

A disabled child may be eligible for a \$30 SSI personal needs allowance from SSA if s/he meets the following criteria:

- Is disabled
- Received SSI benefits (limited to PNA) while in a medical treatment facility
- Is ineligible for SSI solely because of deemed income or resources of the parents
- Is currently eligible for Medicaid under one of the following COAs:
 - TEFRA/Katie Beckett (Section 2133)
 - CCSP (Section 2131)
 - Is receiving services under GAPP (Section 2933)

If the child meets the above criteria, refer the parent(s) to SSA to continue the SSI \$30 PNA payment and Medicaid. Continue to maintain the child under the COA above unless the child no longer meets the criteria for that program.