

2131 - COMMUNITY CARE SERVICES PROGRAM**POLICY STATEMENT**

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.

**BASIC
CONSIDERATIONS**

To be eligible under the CCSP COA an A/R must meet the following conditions:

- The A/R is placed in a CCSP slot and is receiving waiver 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) basic eligibility criteria.
- The A/R meets all other basic and financial eligibility criteria.

NOTE: There are no age requirements for participation in CCSP. A client is not required to be homebound to receive CCSP services.

CCSP Medicaid recipients receive certain *waivered* services not normally covered by Medicaid, including the following:

- Adult Day Rehabilitation
- Alternate Living Services (personal care home placement)
- Emergency Response System
- Home Delivered Services
- Homemaker Aid
- Respite Care.

NOTE: To maintain continuous eligibility for CCSP Medicaid, a client must receive a waived service each calendar month.

Individuals who express an interest in Community Care services should be referred to the Community Care Assessment Team (AT) for their Agency Area on Aging (AAA). The AT assesses the individual's suitability for community based care in lieu of nursing home placement and initiates completion of Form 5588 to obtain a LOC.

**BASIC
CONSIDERATIONS
(cont.)**

CCSP is limited to a certain number of *slots* statewide.

- The individual determined suitable by the AT for community care is placed under the case management of a CCSP care coordinator as soon as a slot becomes available.
- The care coordinator arranges for the provision of the CCSP waived services to the recipient.

NOTE: The state of Tennessee is a Medicaid waiver state.

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 a face-to-face interview.
- Step 3** Verify that the A/R is under CCSP case management and receiving waived service(s) by receipt of the Community Care Communicator, Form 5590. The Form 5590 should indicate the beginning date of case management date and the slot 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 the **Chapter 2559, Patient Liability/Cost Share**.

**PROCEDURES
(cont.)**

- Step 7** Approve Medicaid on the system using the CCSP COA 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 slot date.

- Step 8** | Notify the A/R of case disposition and cost share via the system.
- Step 9** | Notify the care coordinator of the disposition and cost share on Form 5590 (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** | Complete a review of the case in the month in which the CCSP stay expires as indicated in Field 41, L.O.S, of Form 5588.
- If a new Form 5588 extending the stay is received from the CCSP care coordinator, continue Medicaid eligibility under the CCSP COA.
 - If a Form 5590 stating that the stay has **NOT** been extended is received from the care coordinator OR a new Form 5588 is not received from the CCSP care coordinator by the end of the month the stay 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.
- NOTE:** If Form 5588 or 5590 is not received by 2 weeks from the end of the approved CCSP stay, send a Form 5590 to the care coordinator requesting information on whether the stay has been extended.
- NOTE:** If Medicaid eligibility is terminated as a result of the CMD and a new Form 5588 is subsequently received within 30 days of the termination date on the system, reopen the case as closed in error. If a new Form 5588 is received more than 30 days after the system termination date, process a new application. The month the new Form 5588 is signed is the **earliest** month for which the case can be reopened under the CCSP COA.