



Clyde L. Reese, III Esq., Commissioner

Georgia Department of Human Services • Division of Aging Services • Dr. James Bulot, Division Director  
Two Peachtree Street, NW • Suite 9- 270 • Atlanta, Georgia 30303-3142 • 404/657-5258 • Fax: 404-657-5285

**MEMORANDUM**

**TO:** Potential Providers for the Community Care Services Program

**FROM:** Shirley Miller, Section Manager  
Division of Aging Services  
Community Care Services Program

**SUBJECT:** Pre-Enrollment: CCSP Applicant Technical Assistance Training

Thank you for requesting information about the Community Care Services Program (CCSP). Before submitting an application to enroll in the CCSP, you are required to attend **Pre-Enrollment: CCSP Applicant Technical Assistance**. This training is conducted at Two Peachtree Street, NW, Atlanta, and is scheduled from 9:00 AM to 4:00 PM. There is a fee of \$25.00 *per participant*. The fee is non-refundable, but may be applied toward the future training that is held within a one year period.

Due to space limitations, the number of participants at the training is limited to no more than two (2) individuals from each agency. The CCSP staff recommends that the agency administrator or the individual responsible for completing the enrollment application attend the training.

Please complete the attached **Registration Form** and mail it to the address indicated. Only those individuals whose names have been submitted on the registration form may attend the training. If it is necessary to substitute one representative for another after you have registered, please make the CCSP aware of this change within 24 hours of the scheduled training.

In addition, please mail a **copy of your business license** and/or unrestricted permit issued by the Department of Community Health, Healthcare Facility Regulation Division (formerly Office of Regulatory Services) that indicates your agency has been in business for at least the past twelve (12) months. Please note that registrations are accepted on a “first come, first served” basis. After the CCSP receives your registration, business license, and/or HFR permit, you will be notified of the date of the next available scheduled training.

Prior to the training please read and become familiar with Sections 601.1 and 601.2 of *Part II – Chapters 600 – 1000 Policies and Procedures for Community Care Services (CCSP) General Manual*. You may obtain copies of the CCSP Provider Manuals by downloading them on line at [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal). Please bring your CCSP Provider Manuals with you to the training.

During the training, the CCSP staff will provide instructions to help you complete the *CCSP Medicaid Provider Enrollment Application* and the *Department of Community Health, Division of Medical Assistance, Provider Enrollment Application*. You will receive copies of both applications during this training.

If you need additional information, please call the Division of Aging Services at 404-657-5307 or 404-657-5258.

**COMMUNITY CARE SERVICES PROGRAM  
PRE-ENROLLMENT: CCSP APPLICANT TECHNICAL ASSISTANCE**

**GENERAL INFORMATION**

**Provide a picture ID to present to Security Personnel** at Two Peachtree Street when you attend Pre-Enrollment: CCSP Applicant Technical Assistance. Security will issue you a visitor's badge and direct you to the appropriate classroom.

**Prior to attending the training, read and be familiar with the following manuals.**

The CCSP Provider Manuals are available on-line at the following web site:  
[www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal).

1. *Part I – Policies and Procedures for Medicaid/Peachcare for Kids, Georgia Department of Community Health*
2. *Part II – Chapters 600 – 1000 Policies and Procedures for Community Care Services (CCSP) General Manual*
3. Each service specific CCSP provider manual for which application will be made
4. *Chapter 290-5-35, Rules and Regulations for Personal Care Homes* (if applicable)
5. *Chapter 290-5-54, Rules and Regulations for Private Home Care Providers* (if applicable)
6. *Chapter 290-5-45, Rules and Regulations for Disaster Preparedness Plans*

**To download the manuals:**

- a. Click on Provider Information.
- b. Click on Provider Manuals.
- c. Provider Manuals are listed alphabetically; download the CCSP provider manuals that are applicable to the CCSP service for which your agency is making application.

**What to expect at Pre-Enrollment CCSP Applicant Technical Assistance:**

- > CCSP Pre-Enrollment Training Manual
- > Overview of the Community Care Services Program (CCSP)
- > Instructions to complete both the DCH and CCSP Provider Enrollment Applications
- > Review of the CCSP Enrollment Process
- > Guidelines and worksheet for writing required policies and procedures
- > Technical assistance from CCSP staff
- > Opportunity to meet and network with other potential CCSP providers

**COMMUNITY CARE SERVICES PROGRAM  
PRE-ENROLLMENT: CCSP APPLICANT TECHNICAL ASSISTANCE**

**REGISTRATION FORM**

Agency/Facility \_\_\_\_\_

Person Attending & Title \_\_\_\_\_

Person Attending & Title \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_

**All Applicants:**

> **Submit a copy of your current business license** or other legal document to demonstrate that your agency has been in business for at least the past twelve (12) consecutive months.

> **Make check/money order (\$25 per participant, maximum two per agency) payable to: *DAS Healthy Aging Trust Fund.***

> **Mail Registration Form, payment and required attachments to:**

Georgia Department of Human Services  
Division of Aging Services/CCSP  
Two Peachtree Street, NW, Suite 9.405  
Atlanta, Georgia 30303-3142

**CCSP service(s) for which applying:**

- |   |  |
|---|--|
| _____ Adult Day Health Services ****        | _____ Home Delivered Services **                       |
| _____ Alternative Living Services – Family  | _____ Out-of-Home Respite Care Services *              |
| _____ Alternative Living Services – Group * | _____ Personal Support Services *                      |
| _____ Emergency Response Services ***       | _____ Skilled Nursing by Private Home Care Providers * |
| _____ Home Delivered Meals ****             |  |

\* Submit a copy of the unrestricted license/permit issued by the Department of Community Health, Healthcare Facility Regulation Division (HFR)

\*\* Submit a copy of Medicare Certification, Medicaid Home Health Provider Number, and unrestricted license/permit issued by the Department of Community Health, Healthcare Facility Regulation Division (HFR)

\*\*\* Submit a copy of the Low Voltage Contractor License

\*\*\*\* Submit a copy of the current Food Service Permit, if applicable