

Home and Community Services



A Guide to Medicaid
Waiver Programs
in Georgia



Table of Contents

Community Alternatives	1
What is Medicaid?	3
How to Apply for Medicaid Home and Community-based (waiver) Services	3
Medicaid Home and Community-based (waiver) Programs.....	4
■ Community Care Services Program (CCSP)	6
■ Independent Care Waiver Program (ICWP)	8
■ Mental Retardation Waiver Program (MRWP) and..... Community Habilitation and Support Services (CHSS)	10
■ SOURCE	12
(Service Options Using Resources in a Community Environment)	
What Other Services Does Medicaid Cover?	14
What's Not Covered?	16
Your Rights and Responsibilities	16
Telephone Numbers and Web Sites.....	I inside back cover

Home and Community Services

A Guide to Medicaid Waiver Programs in Georgia



If you have been referred for nursing home or other institutional care, but could stay in your home or in the community with special services, and you meet other requirements, you may be eligible for **home and community-based services** through Georgia's Medicaid program.

These services are called **waiver programs**, because the Centers for Medicare and Medicaid Services (CMS) allows states to "waive" certain Medicaid requirements and pay for home and community-based services as an alternative to institutions, such as nursing homes or hospitals for people with mental retardation (ICF-MRs). Essentially, the law provides you a choice.



Under federal regulations, the total cost of providing home and community-based services may not be more than the cost of providing care in a hospital, nursing home or ICF-MR.



Georgia has several home and community-based waivers. Some of the waiver program services are: assistance with daily living activities (bathing, dressing, meals, housekeeping), help with arranging medical or support services and relief for caregivers. This booklet describes waiver programs for people who are elderly, physically disabled, have mental retardation or who have a developmental disability. For information about other waiver programs for children, such as the Deeming (Katie Beckett) or Model waivers, call the Georgia Health Partnership at 770-570-3373 (Metro Atlanta) or 866-211-0950 (Statewide).



Although different waiver programs offer different services, they have some things in common. Each program is designed to **help people who qualify for institutional care remain in the community or return to the community from nursing homes, hospitals or ICF-MRs**. Each program also requires that people be eligible for **Medicaid**. To qualify for a waiver program, you can have higher income and resources than permitted in the regular Medicaid program.

What is Medicaid?

Medicaid is a medical assistance program that helps many people who can't afford medical care pay for some or all of their medical bills. If you apply and are approved for Medicaid, you will receive a plastic Medicaid card in the mail. Medicaid will pay participating doctors, pharmacists, hospitals or other providers for your care.



If you or someone in your family needs health care, you should apply for Medicaid even if you are not sure whether you qualify or if you have been turned down in the past.

How to Apply for Medicaid Home and Community-Based (waiver) Services

If you are interested in a waiver program, contact the agency listed. If you qualify, someone will guide you through the next steps of the Medicaid application process. You will be notified within 90 days or less whether you are eligible for waiver services. If you are told that you do not qualify, you can ask for a hearing. If you are eligible for waiver services, you will be advised about when services will begin.



Medicaid Home and Community-Based (waiver) Programs

Waiver programs help people who are elderly or have disabilities and need help to live in their home or community instead of an institution such as a nursing home or ICF-MR. Each program offers several “core” services:



- service coordination (help with managing care needs and services)
- personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping)
- home health services (nursing, home health aide, and occupational, physical and speech therapy)
- emergency response systems
- respite care (caregiver relief)



Additional services are available under each program. Following are brief descriptions of the home and community waivers. Sometimes waiver services are added or changed. The agencies that handle the waiver programs can provide more detailed information about covered services.

Sometimes people may meet the criteria to receive Medicaid services under a waiver program, but may not receive services immediately. Funding for the programs is limited, and only a certain number of people can receive services based on available funds. This means there are nearly always people on the waiting lists for the home and community-based waivers.

A person may be selected from the waiting list based on the severity of need, the availability of informal/family support, the length of time on the waiting list and a person’s continued eligibility for the level of care provided in a nursing home or ICF-MR.

It is important to **be sure that information about your condition and situation is accurate**. You have the right to correct or update information that may affect your placement on the waiting list.



Community Care Services Program (CCSP)

This program provides home and community-based services to people who are **elderly and/or functionally impaired or have disabilities**. The program helps eligible recipients return to the community from nursing homes or remain in their own homes, the homes of caregivers or in other community settings as long as possible. Individuals served through the CCSP must be eligible for Medicaid and meet these criteria:



- Qualify for the level of care provided by a nursing home;
- Have limitations which make it difficult to perform normal daily living activities and live independently; and
- Have health needs that can be met in the community with services offered by the program and within established individual cost guidelines. The individual cost is estimated based on the projected care plan.



Some additional CCSP services are adult day health care, alternative living services (personal care home) and home delivered meals.

To apply for CCSP, contact the Area Agency on Aging serving your area:

Northwest Georgia RDC (Rome).....	800-759-2963
Legacy Link, Inc. (Gainesville).....	800-845-5465
Atlanta Regional Commission (Atlanta)	404-463-3100
Southern Crescent RDC (Franklin)	866-854-5652
Northeast GA RDC (Athens).....	800-474-7540
Lower Chattahoochee RDC (Columbus).....	800-249-7468
Middle Georgia RDC (Macon)	888-548-1456
Central Savannah River RDC (Augusta)...	888-922-4464
Heart of Georgia Altamaha RDC (Baxley)	888-367-9913
Southwest Georgia Council on Aging (Albany)	800-282-6612
Southeast Georgia RDC (Waycross)	888-732-4464
Coastal Georgia (Brunswick).....	800-580-6860

Independent Care Waiver Program (ICWP)

This program offers services that help a limited number of **adult Medicaid recipients with physical disabilities** live in their own homes or in the community instead of a hospital or nursing home. ICWP services also are available for persons with traumatic brain injuries (TBI).



Independent Care is for eligible Medicaid recipients who have severe physical disabilities, are between the ages of 21 and 64 when they apply and meet the criteria below:

- Capable of directing their own services (individuals with a traumatic brain injury do not have to meet this criteria);
- Have a severe physical impairment and/or TBI that substantially limits one or more activities of daily living and requires the assistance of another individual;
- Medically stable but currently in a hospital or nursing facility or at risk of placement because community-based support services are not available; and
- Certified for a level of care appropriate for placement in a hospital or nursing facility.



Other factors, including: risk of placement in an institution, length of time on the waiting list, availability of a support system, ability to live independently and an estimated cost of care (based on the projected care plan) also help determine whether eligible applicants can receive waiver services.



In addition to the core services, ICWP covers specialized medical equipment and supplies, counseling and home modification. ICWP does not pay for room and board.

You, your case manager and your family and/or friends work together as a planning team to establish a plan of care. The plan assesses your present circumstances, strengths, needs, goals, services required, a listing of the providers selected and projected budget. Funds must be available to serve you for the plan to be approved by the state Medicaid agency.

To apply for ICWP, contact the Georgia Health Partnership (GHP) at 678-527-3632 or 1-800-982-0411. GHP will ask you questions over the phone, have you submit an application and schedule an in-person assessment. Based on the information provided, you may be eligible for ICWP and approved to receive services as funding becomes available.



Mental Retardation Waiver Program (MRWP) and Community Habilitation and Support Services Waiver (CHSS)

The Mental Retardation Waiver Program and Community Habilitation Support Services offer home and community-based services for **people who have mental retardation or a developmental disability**. A diagnosis of **developmental disability** includes mental retardation or other closely related conditions such as cerebral palsy, epilepsy, autism or neurological problems that require the level of care provided in an intermediate care facility for people who have mental retardation (ICF-MR).



Seven regional boards with responsibility for mental health, mental retardation and substance abuse services (under the supervision of the Georgia Department of Human Resources) determine eligibility for the MRWP and CHSS programs and coordinate service delivery with approved Medicaid providers.



In addition to core services, MRWP covers day habilitation and supported employment, residential training and supervision, specialized medical equipment and supplies, vehicle adaptations and home modifications. Under the CHSS program, you can choose a single qualified Medicaid provider for a comprehensive package of services.

To apply for MRWP or CHSS, contact your regional Board of Mental Health, Mental Retardation and Substance Abuse:



Region 1 North

MHDDAD Regional Office (Cartersville) ..770-387-5411

Region 2 Metro

MHDDAD Regional Office (Atlanta).....404-463-6367

Region 3 West Central

MHDDAD Regional Office770-254-7474

Region 4 Central

MHDDAD Regional Office (Dublin).....478-274-7912

Region 5 East Central

MHDDAD Regional Office (Augusta).....707-667-4833

Region 6 Southwest

MHDDAD Regional Office (Albany).....229-430-3017

Region 7 Southeast

MHDDAD Regional Office (Brunswick).....912-280-6893

SOURCE

In specified areas of the state, a program called SOURCE (Service Options Using Resources in a Community Environment), links primary medical care with many long-term health services in a person's home or community to prevent hospital and nursing home care or speed the return to the community from a nursing home or hospital.



SOURCE serves **frail elderly and disabled Georgians** who are eligible for SSI /Medicaid (Supplemental Security Income). People under the age of 65 are eligible if they have a significant disability and are receiving SSI /Medicaid.

An assessment helps to determine how much care a participant needs. An individual care plan is designed based on the need for medical monitoring and assistance with functional tasks. Family members and other informal caregivers as well as staff from support agencies participate in care plans. In addition to the core services, SOURCE offers home delivered meals, adult day health care, personal care home and 24-hour medical access.



The program is currently available in the Albany, Atlanta, Augusta, Baxley/Hinesville, Blue Ridge, Columbus, Gainesville, Sandersville, Savannah and Waycross areas, and participants must be a resident of one of the 117 counties served by the program. There is no waiting list for the SOURCE program.



To apply for SOURCE, call the number listed below for the program serving your county:

Albany-Albany ARC229-888-6852

Counties: Baker, Calhoun, Clay, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Atlanta- Atlanta SOURCE404-728-4973

Counties: DeKalb, Fulton

Blue Ridge-United Health System - Pruitt.....706-632-9263

770-925-1143

Counties: Butts, Cherokee, Clayton, Cobb, Douglas, Fannin, Fayette, Gilmer, Gwinnett, Henry, Lumpkin, Murray, Paulding, Pickens, Rockdale, Towns, Union

Butler-SOURCE Care Management478-862-5886

Counties: Bibb, Bleckley, Burke, Columbia, Crawford, Crisp, Dodge, Dooly, Glascock, Greene, Hancock, Harris, Houston, Jefferson, Johnson, Lauren, Lincoln, McDuffie, Macon, Marion, Peach, Pulaski, Quitman, Randolph, Richmond, Schley, Stewart, Sumter, Talbot, Taliaferro, Taylor, Twiggs, Upson, Warren, Washington, Webster, Wilkes, Wilkinson

Columbus-Columbus Regional Healthcare System.....706-660-6345

Counties: Chattahoochee, Harris, Muscogee

Gainesville-Legacy Link, Inc.....770-538-2650

Counties: Banks, Dawson, Franklin, Habersham, Hall, Hart, Stephens, White

Savannah-Candler Health System.....912-234-2186

Appling, Bacon, Bryan, Bulloch, Chatham, Effingham, Evans, Jeff Davis, Liberty, Long, McIntosh, Tattnall, Toombs

Waycross-Diversified Resources, Inc.....912-285-3089

Counties: Atkinson, Ben Hill, Berrien, Brantley, Brooks, Camden, Charlton, Clinch, Coffee, Cook, Echols, Glynn, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware, Wilcox

For more information, please call 404-651-6889.

What Other Services Does Medicaid Cover?



It's always a good idea to ask your doctor or pharmacist whether Medicaid covers the specific service or item you need. There are some limits to these services, and some may require you or your doctor to get permission first. (This is called prior approval.)

Following are basic Medicaid services. Additional services are offered by each of the waiver programs. Your caseworker can provide more information about other available services.

In general, Medicaid covers these services:

- Doctors' and nurses' office visits (when you visit a doctor or nurse for check-ups, lab tests, exams or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)
- Outpatient hospital services (services you receive in a hospital, even though you do not stay in the hospital overnight)
- Nursing facilities (nursing homes)
- Emergency ambulance services
- Emergency dental care for adults; comprehensive dental care for individuals under age 21



- Non-emergency transportation (to get to and from medical appointments if you don't have any other means of transportation)
- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)
- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)
- Hospice care services provided by a Medicaid hospice provider



Some other services covered by Medicaid include:

- Case management
- Diagnostic, screening and preventive services
- Laboratory services
- Medicare cost sharing
- Mental health clinic services
- Orthotics and prosthetics (artificial limbs and replacement devices)
- Podiatry services
- Therapy services (physical, occupational and speech)
- County Public Health Departments
- Dialysis and services for end-stage renal (kidney) disease



What's Not Covered?

Some services are not covered by Medicaid. These include: private duty nursing, services given by a relative or member of your household, cosmetic surgery, disposables (such as adult diapers or bandages), experimental items and chiropractic services among others. If you're not sure what Medicaid covers, ask your provider or call the Georgia Health Partnership at 770-570-3373 (Metro Atlanta) or 866-211-0950 (Statewide).



Your Rights and Responsibilities

Once you are eligible for Medicaid, you are guaranteed certain rights, but with rights come responsibilities.

Your Rights

- You have the right to timely and adequate notice. You must receive notice in writing before Medicaid takes any action to end your Medicaid eligibility or change the services you receive.

You have the right to a fair hearing if you disagree with a decision regarding your Medicaid eligibility or if you feel



that Medicaid has not served your medical needs properly. To request a hearing, contact your county Department of Family and Children Services (DFCS) office within 10 days after you have received a notice about eligibility or services.



- You have a right not to be discriminated against because of political beliefs, religion, disability, race, color, sex, national origin or age. If you are applying for someone else, these rights and responsibilities apply to that person. To report eligibility or provider discrimination, call 1-800-533-0686.

Your Responsibilities

- You are responsible for providing true and complete information about your circumstances, including your income, the size of your family, your current address, and other information that helps Medicaid decide whether or not you continue to be eligible for Medicaid services.
- You are responsible for reporting changes in your circumstances. If your income, resources, living arrangements, family size, or other circumstances change, they could affect your eligibility. It is your responsibility to let your caseworker or the Social Security Administration (SSA) know about these changes within 10 days of the change.



- If you receive payments from any other type of insurance or health-related benefit, you must inform your caseworker of these payments within 10 days. These payments may come from private health, dental or vision insurance; Medicare; CHAMPUS; or any payment for an accident or injury. Be sure to report any of these sources of insurance to your caseworker when you apply for Medicaid. You must also report any money you have received or may receive in the future from an injury or accident caused by another person or liable party.



Helpful Telephone Numbers and Web Sites



To find out more about Medicaid eligibility, contact your county DFCS office. Look in the government pages of your telephone book for **Department of Family and Children Services**.

To locate a **county health department**, call **404-657-2700** or look in the government pages.

To locate the **Area Agency on Aging** that serves your community, call **404-657-5258**.

To locate a **Social Security Administration office** near you, call **1-800-772-1213**.

For questions about your **Medicaid card**, call **770-570-3373** or **866-211-0950**.

To learn more about your nursing home rights and options, contact the **Long Term Care Ombudsman** at **888-454-5826**.

To learn more about **Georgia Medicaid**, stop by your local library and log onto the Internet. The web site address is **www.ghp.georgia.gov**.





**A Publication of
The Georgia Department of Community Health
404-463-8365**

bhurd@dch.state.ga.us