



## **CCSP Emergency Back-up Agency**

If you require the use of an Emergency Back-up Agency, Continuum Fiscal Service (CFS) can pay them on your behalf. To request these payments, fax, mail or email a copy of the Emergency Back-up Agency Form along with a Form W-9 completed by the agency.

Then submit the invoice to be paid along with a completed Request for Emergency Back-up Agency Payment form to CFS. The form must be signed by you authorizing the payment.

We will process payments by following the Payment Schedule.

Please note—when requesting a payment amount, the amount cannot exceed the remaining amount listed in the Service Authorization, we will only be able to pay what is available in the Service Authorization.

**Continuum Fiscal Services**  
**260 Peachtree Street, NW Suite 1500 Atlanta, GA 30303**  
**Phone: 678-974-7942 FAX: 404-888-9142**  
**Info@ContinuumFS.com**



**Georgia Community Care Services Program (CCSP)  
Emergency Back-up Agency Form**

Consumer/Participant Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Consumer/Participant Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Your agency provided services for the above named consumer for the following service date(s):

\_\_\_\_\_

This consumer/participant is in Consumer Direction option of the Community Care Services Program. Your agency will be paid for the services you provided through the fiscal intermediary, Continuum Fiscal Services. Prior to first payment, please fax a W-9 to Continuum (contact information below).

Your agency will need to provide an invoice that includes the service dates and hours worked; and the total cost for the above services. Please send the invoice to the Consumer/Representative. The Consumer/Representative will then submit the invoice, along with the Request for Emergency Back-up Agency Payment Form to Continuum Fiscal Services.

Payments are made within 30 days of receipt of the authorizing documents and invoice.

If you have any questions or concerns regarding the payment for these services, please contact Continuum.

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Atlanta, GA 30303  
Phone: 678-974-7942  
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### Request for Emergency Back-up Agency Payment

<b>Consumer/Participants Name</b>	
<b>Employer Name</b>	<b>Month/Year</b>

**Payment Instructions:**

**Make check payable to:** \_\_\_\_\_

**Emergency Back-up Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

Invoice/ Service Date	Invoice Number	Service Code	Description	Total Amount
<i>Reminder: Attach a copy of the agency invoice.</i>			<b>Total Check Amount</b>	

**By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have endorsed and/or approve this payment request in accordance with CCSP program regulations. I understand that payment of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State law for any false claims, statements or documents or concealment of a material fact. Misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.**

\_\_\_\_\_  
Participant or Representative Signature

\_\_\_\_\_  
Date

Return completed form to: **Continuum Fiscal Services, 260 Peachtree Street, NW, Suite 1500, Atlanta, GA 30303** or by fax to (404) 888-9142.