



COMPASS

Community Partner Handbook



Georgia Department of Human Services
COMPASS Community Partner Handbook

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Introduction

Georgia COMPASS is designed as a single point of access for Georgians to screen for potential eligibility for twelve different benefits, complete online applications, report changes and check their benefits.

The role of each Community Partner is vital to the goal of the Division of Family and Children Services (DFCS) to make COMPASS available to those in need in our communities. By serving as a partner site, you are helping us provide our mutual customers with a choice of access points in the community, therefore increasing participation, service and self-sufficiency.

The COMPASS Community Partner Handbook is designed to supplement the Community Partner Training Module available online. More information about becoming a registered COMPASS Community Partner is available by visiting <https://compass.ga.gov> and clicking below the Partner/Provider Icon.

Georgia Department of Human Services

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and families' access to services that promote self-sufficiency and independence, and protect Georgia's vulnerable children and adults.

Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.

- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.



COMPASS Community Partner Levels

Georgia COMPASS Community Partners are organizations such as state, county and local government agencies, Georgia Department of Human Services (DHS) agencies/divisions, or agencies contracted with DHS to provide direct community services to the citizens of Georgia and charitable organizations.

Community Partnerships are designated as a Self-Service Site, Assisted Service Site or Umbrella Organization. The designation determines the level of services provided, access to case file information and reporting capabilities.

All Assisted Service Sites and Self-Service Sites must be registered through an Umbrella Organization. Umbrella Organizations must be registered through the COMPASS Community Partner Project Manager.

Registered Community Partners are prohibited from charging neither a fee nor requesting/accepting donations for providing services agreed to in the Community Partner Agreement.

Umbrella Organization – Umbrella Organizations are organizations such as state, county and local government agencies, DHS agencies/divisions, and agencies contracted with DHS to provide direct community services to the citizens of Georgia. The Umbrella Organization registers Assisted Service and Self-Service Sites and is legally responsible for compliance with all requirements for agencies registered with them. In addition, the Umbrella Organization may provide the same services provided

by the Assisted Service Site. Umbrella Organizations are listed in COMPASS as a Community Partner Resource.

Assisted Service Site – The Assisted Service Site provides assistance to the customer with completion of their Georgia COMPASS application, review and/or change. Assisted Service Sites are listed in COMPASS as a Community Partner Resource. Assisted Service Sites are organizations such as:

- State, county and local government agencies
- DHS agencies/divisions
- Agencies contracted with DHS to provide direct community services to the citizens of Georgia
- Charitable organizations. For the purposes of this agreement, “Charitable Organization” is defined as any voluntary health, welfare or educational agency that is: (1) a private, self-governing, non-profit organization chartered or authorized to do business in the State of Georgia by the Office of the Secretary of State; (2) exempt from taxation; and (3) one to which contributions are authorized as deductible by Section 170 of the United States Internal Revenue Code, as amended.

Services offered at an Assisted Service Site may include providing:

- Informational handouts
- Paper applications as requested by customers
- Access to telephones to call the Contact Center
- Computers to apply for assistance, renew benefits, report changes and check benefits online
- Printers for COMPASS documents
- Fax machines to transmit applications and other documents to DHS
- Copy machine services for related documents
- Explanation of the application process
- Assistance to customers in submitting their application, renewing benefits, reporting changes, verification information and/or documentation
- Assistance to customers in completing the Georgia COMPASS submission
- Benefit inquiry for customers.

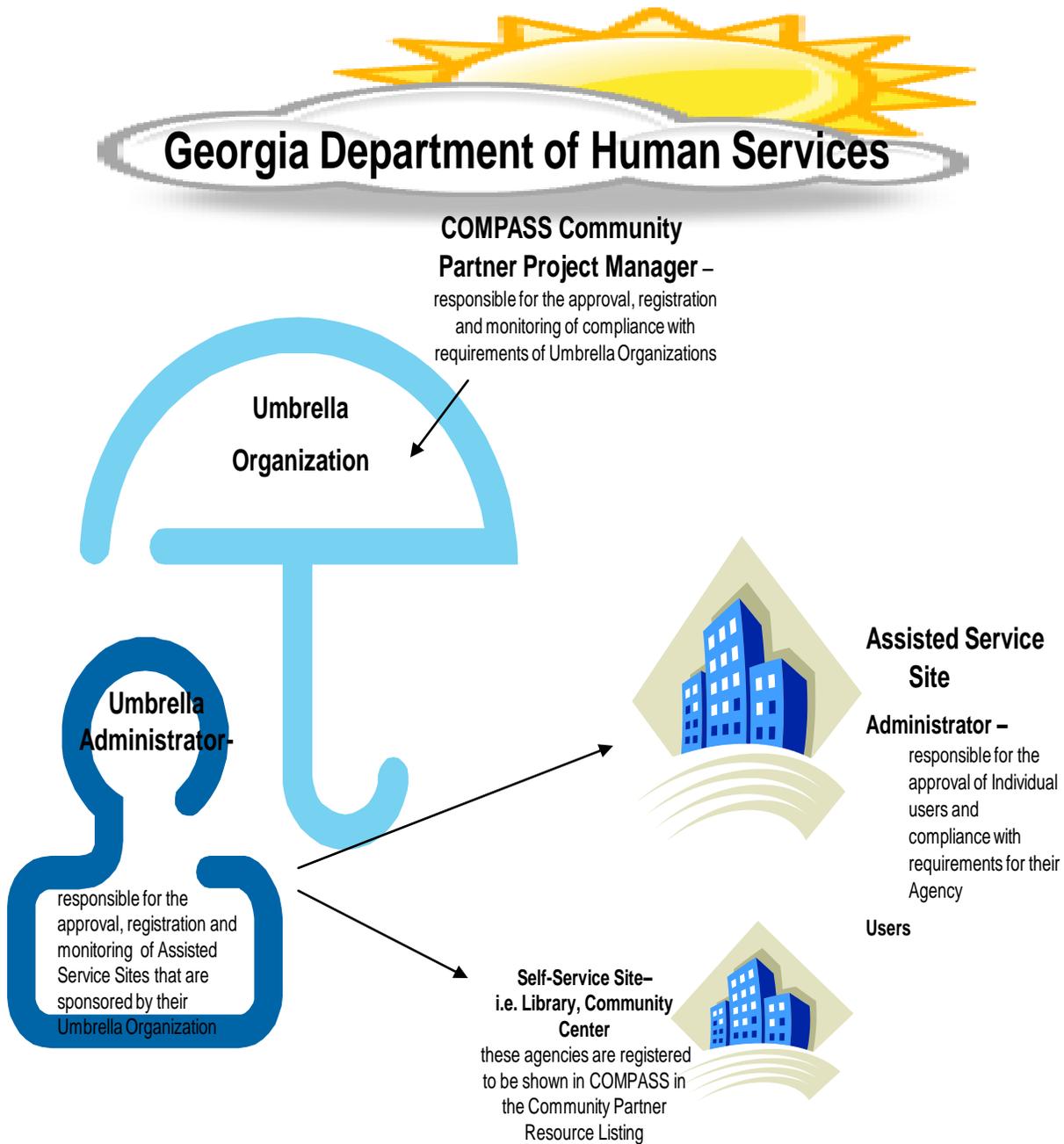
Self Service Site – The Self-Service Site provides the customer with the ability to apply online, renew benefits, report changes and check benefits, but does not provide staff assistance to the customer with completion or submission of COMPASS applications, documents, etc. Self-Service Sites are not required to be registered through an Umbrella Organization, but a Self-Service Site may choose to be registered through an Umbrella Organization in order to be listed in COMPASS as a Community Partner Resource.

Services offered at a Self-Service Site may include the services performed by the Assisted Service Site except for the following:

COMPASS Community Partner Handbook

- Assistance to customers in submitting their application, renewing benefits, reporting changes, verification information and/or documentation
- Assistance to customers in completing the Georgia COMPASS submission
- Benefit inquiry for customers

Hierarchical Structure



Completion of Community Partner Agreement and Annexes

Community Partner registration forms are obtained from the COMPASS Community Partner Project Manager – contact information is located at <https://compass.ga.gov> on the COMPASS Community Partner Homepage.

COMPASS
Common Point of Access to Social Services

GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family & Children Services

Georgia.gov > Agencies & Organizations > Department of Human Services > DFCS > COMPASS

Para ver este website en Español haga [clic aquí](#).

Welcome to COMPASS!

COMPASS is a quick and easy way for people in Georgia to get answers to questions about health and human services. Please click on a picture below to choose the tool you would like to use.

To avoid errors when using COMPASS, please do not use the Forward, Back or Stop buttons on your browser. Instead, click on the COMPASS pictures and links to move from page to page.

Please keep in mind that this website works best with Internet Explorer version 5.5 or higher. If you have trouble while using COMPASS, please call the Online Services hotline at 1-800-869-1150. [For answers to common questions, click here.](#)

If you need help using Georgia COMPASS, there are Community Partners who can assist you with this process. [Click here to see a list of available resources in your area.](#)

Am I Eligible?	Apply for Benefits	Application Status Check	MyCOMPASS Account	Partners/Providers
Click on the picture to see if you might be eligible for Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid, Child Care, WIC, Energy Assistance, Food Assistance, Child Support Services, Mental Health & Substance Abuse Services, Aging Services, Community Services Block Grant Funds, or Housing Assistance.	Click on the picture to apply online for Food Stamps, Medicaid, TANF, or Child Care and Parent Services (CAPS).	Click on the picture to check the status of your application that you submitted online. Application status check is available between the hours of 7AM and 7PM.	Click on the picture to view information about your benefits or to report a change to your local agency.	Click on the picture to log on as a Community Partner.
If you are a COMPASS Worker click here .			Please Note: If you created a username and password to submit an application online, you cannot use this same username and password to report changes. You will need to create a new username and password.	Click here for more information about becoming a registered Community Partner.

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

COMPASS Community Partner Handbook

Examples of COMPASS Community Partner forms and instructions for their completion are included in Appendix B. Forms for use by the sites are located on the COMPASS Community Partner Dashboard – the forms for daily use must be downloaded from the link. Do not use the examples included in Appendix B.

The screenshot displays the COMPASS Community Partner Dashboard. The main area contains a registration form with the following fields:

- Web ID#:
- Applicant Last Name:
- Status:
- Applicant First Name:
- Date of Birth: Ex: mm/dd/yyyy
- Applicant SSN: - -
- Start Date: Ex: mm/dd/yyyy
- End Date: Ex: mm/dd/yyyy

A large black arrow points from the 'End Date' field towards the right-hand navigation menu. The navigation menu on the right includes:

- Georgia Legal Services Program
United Way 211
Life Line Across America
- [Learn More About](#)
Expand to learn more about programs.
- [Links to Online Forms](#)
Expand to view forms to print or download.
- [Manage My Account](#)
Expand to view account management options.
- [Agency Admin Options](#)
Expand to view administrative functions.

At the bottom, there is a section titled "Applications You Recently Saved" with a warning: "Expand to view applications you recently saved. Please note incomplete applications will be purged after 30 days and incomplete renewals will be purged after 24 hours."

Required Training

The Computer-Based Training (CBT) for Community Partners is located on the [Becoming a Registered COMPASS Community Partner](https://compass.ga.gov) page at <https://compass.ga.gov>. All training MUST be completed prior to approval as a COMPASS user. A training log must be completed and retained, validating the completion of the required training. The log must contain the name of the individual and date the training was completed.

The CBT consists of five modules:

1. Introduction
2. Navigation
3. Administrative Tasks - topics include the User Agreement and Password Reset
4. The COMPASS Community Partner Dashboard – topics include Announcements, Perform a Benefit Inquiry, Report A Change, Application Search, Recently Saved Applications, Recently Submitted Applications, Application Status Check, and Using Reports to Manage Your Work.
5. Conclusion

In addition to the above training, each Community Partner must review the following information prior to enrolling. The administrator for the agency must review the following with each individual **prior** to registration as an individual user:

- Health Information Portability and Accountability Act (HIPAA) and Confidentiality
- Use of the Am I Eligible Screening Tool
- The application process for public assistance programs
- Security Awareness
- Americans with Disabilities Act (ADA)
- Civil Rights
- Mandated Reporting

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The HIPAA Business Associate Agreement (Annex A of the COMPASS Community Partner Agreement) specifies compliance with the HIPAA Privacy Rule and Security Rule. Prior to approving individuals as COMPASS users, the administrator must ensure that all individuals understand and agree that their use or disclosure of any person's protected health information received from or on behalf of DHS will be governed by the Business Associate Agreement and that they, as individual users, must abide by HIPAA.

For additional information, access <http://www.hhs.gov/ocr/privacy>.

Security Awareness

The COMPASS Individual User Agreement outlines access to confidential information and the terms and conditions of being allowed access to the COMPASS system.

Individual users are required to protect the confidentiality of information concerning or provided by our customers. All customers have the right to a confidential relationship with the department and its authorized partners. Consider all information provided by our customers, active, denied or inactive, to be confidential department material.

Individual users will not access case information for people of personal interest to them or for members of their families. Individual users are held responsible for information security, especially involving the access, transport or storing of sensitive and confidential information. Fulfillment of security responsibilities are mandatory and violations may be cause for action, up to and including civil penalties or criminal penalties under federal and state laws.

If individuals have questions or concerns about safeguarding of confidential case file information or an intended use or disclosure of such information, they must contact their administrator.

Americans with Disabilities Act

Registered Community Partners must comply with all applicable provisions of the ADA and any relevant federal and state laws, rules and regulations regarding the availability/accessibility of services provided in the Community Partner Agreement for customers with disabilities.

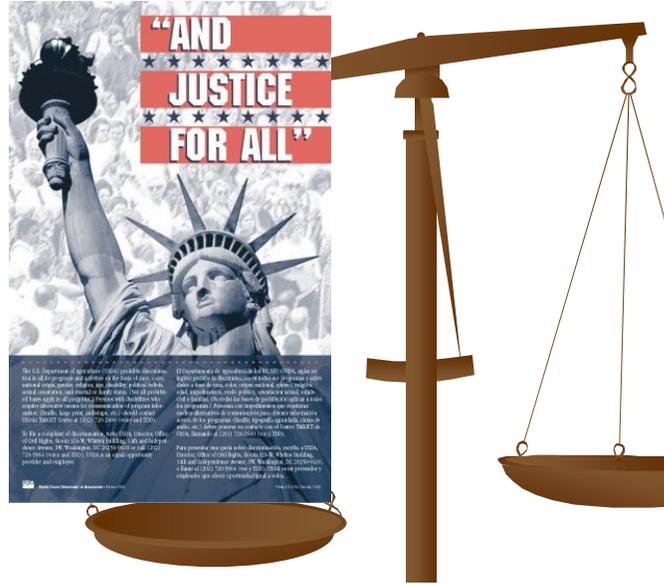
For general ADA information, answers to specific technical questions, free ADA materials, or information about filing a complaint, call 1-800-514-0301 or TTY 1-800-514-0383 or by accessing <http://www.ada.gov>.

Civil Rights

Registered Community Partners must ensure that all civil rights requirements are met. All applicants and recipients are granted civil rights in accordance with Federal laws and U.S. Department of Agriculture (USDA), Food and Nutrition Services (FNS) policy that services will be provided without discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

Community Partners must make available the non discrimination information available at <http://www.fns.usda.gov/cr/justice.htm>. If this web page is not accessible to customers, then the "And Justice for All", poster must be posted in a lobby area for customers to read. The Supplemental Nutrition Assistance Program (SNAP) version must be used.

Prominently display the “And Justice for All” poster



Mandated Reporting

Community Partners are required to immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Georgia Abuse Hotline on the statewide toll-free telephone number (1-800- 422-4453). This requirement is binding upon the Community Partner and its officers, agents, and employees, as required by O.C.G.A. §19-7-5 (child abuse) and O.C.G.A. §30-5-4 (elder abuse).

Monitoring and Compliance

The Umbrella Organization and/or DHS/DFCS will monitor the Community Partner's compliance with the terms and conditions of customer consent or authorization relating to information concerning applicant and recipient households and assistance groups. In addition to ensuring that the requirements such as the completion of the Individual User Agreements and required training are met, a sample of customer transactions will be validated. Monitoring will occur and will include on-site visits, computerized surveillance, desk reviews and other means deemed necessary by DHS/DFCS and/or the Umbrella Organization. Monitoring by DHS/DFCS and/or the Umbrella Organization may occur without notification and for any reason.

The Community Partner must be monitored once a year. Compliance may be monitored on a more frequent basis. The COMPASS Community Partner Compliance Monitoring Checklist is completed during the review.

See Appendix B Forms for instructions on completing the COMPASS Community Partner Compliance Monitoring Checklist.

Obtaining Community Partner Access

Georgia COMPASS Community Partners are organizations such as state, county and local government agencies, Georgia Department of Human Services (DHS) agencies/divisions, or agencies contracted with DHS to provide direct community services to the citizens of Georgia and charitable organizations. Organizations that meet this criterion and would like to inquire about becoming a registered COMPASS Community Partner can contact the COMPASS Community Partner Project Manager by email at compasscp@dhr.state.ga.us , by phone at 706.871.7246 or by U.S. Mail at Georgia Division of Family and Children Services, C/O COMPASS Community Partner Project Manager, PO Box 2277, Augusta, Georgia 30903-2277.

Charitable Organizations must include in the request the specific need for registration as a COMPASS Community Partner; for example, data validation for grant application. In addition, include the name of the Umbrella Organization that has agreed to sponsor your organization if that has already been established.

Note: For the purposes of registering as a COMPASS Community Partner, “Charitable Organization” is defined as any voluntary health, welfare or educational agency that is: (1) a private, self-governing, non-profit organization chartered or authorized to do business in the State of Georgia by the Office of the Secretary of State; (2) exempt from taxation; and (3) one to which contributions are authorized as deductible by Section 170 of the United States Internal Revenue Code, as amended.

Umbrella Organizations: Upon approval of the Community Partner Agreement and Annexes, the COMPASS Community Partner Project Manager will submit the name(s) of the Umbrella Organization and administrator(s) to add to the system. The COMPASS Community Partner Project Manager will notify the administrators when they have been issued a user ID and can access the COMPASS Community Partner Dashboard. Once the notification has been received the Administrator must access the Community Partner module and electronically sign the Georgia COMPASS Community Partner User Agreement Form. The Umbrella Organization administrator can then proceed with adding additional users for the Umbrella Organization.

Upon termination of an administrator the COMPASS Community Partner Project Manager must be contacted to request deactivation of the individual.

COMPASS Community Partner Handbook

Georgia COMPASS Community Partner User Agreement

The value and sensitivity of client information is protected by law and by the strict policies of the Georgia Department of Human Services (hereinafter "Department"). The intent of these laws and policies is to protect the client against the unauthorized disclosure of confidential information, and to ensure that the information is used solely for the purpose for which it was gathered.

For the purposes of this agreement confidential information includes, but is not limited to records, information and communications of the Department and the Organization that identify clients being assisted with the COMPASS Application, Renewal of Benefits, Reporting of Changes or Benefit Inquiry.

As a condition to receiving a system log in ID and password and being allowed access to the COMPASS system, and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions.

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose these codes to anyone, write the codes down, or allow anyone to access the system using my ID or password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my ID and password, even if such action was made by another due to my intentional or negligent act or omission.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another user's password.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password and notify my site administrator.
6. I have completed Confidentiality/Security Training.
7. I will not access or request any information that is not necessary for the performance of my job.
8. I must obtain a signed, completed Transaction Authorization Form from the individual I am assisting before I complete any transaction on COMPASS.
9. I will not access case information on people of personal interest to me or members of my family.
10. I will not access, use or disclose any CONFIDENTIAL information unless required to do so in the official capacity of my employment or contract.
11. I understand that I have no right or ownership interest in any information available to me on the Department's system.
12. I will not leave a computer application unless it is secured to the extent that no one else will be able to access, use, or view the data.
13. I will comply with all policies and procedures and other rules of the Department relating to CONFIDENTIALITY of information and passwords.
14. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
15. I agree that disclosure of CONFIDENTIAL information is prohibited indefinitely, even after the termination of employment or business relationship, unless specifically waived in writing by the Department.

Electronic Signature
I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* I have read and understand this entire nondisclosure Agreement and agree to abide by it. I understand that if I violate any of the above-mentioned terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to the Department. I understand that criminal prosecution will be initiated if I knowingly and intentionally disclose the information to any unauthorized individuals or use the data for fraudulent purposes.

* First Name: Middle Initial: * Last Name:

Secret Question
Multiple choice question that the user must answer if computer administrator of COMPASS system asks questions that relate to the system. The user must answer the question correctly.

Assisted Service Sites: The administrator of the Umbrella Organization sponsoring the Assisted Service Sites will submit the approved COMPASS Community Partner Agreement and Designation of COMPASS Administrator Form to the COMPASS Community Partner Coordinator to add the Assisted Service Site and administrator to the COMPASS system. A confirmation email will be sent to the administrator of the Umbrella Organization when the administrator for the Assisted Service Site has been added along with the User ID and Password. The administrator of the Umbrella Organization will notify the administrator of the Assisted Service Site that they have been added and can proceed with logging into the system and adding the additional users for the Assisted Service Site.

The Umbrella Organization must contact the COMPASS Community Partner Project Manager or Designee by email prior to the process of enrolling an Assisted Service Site. Specify the following information for the organization requesting registration: organization name, address, website address, reason for requesting registration as COMPASS Community Partner and counties covered. The COMPASS Community Partner Project Manager will ensure that the state/local/regional DFCS offices do not have any concerns/issues with the prospective COMPASS Community Partner. The Umbrella Organization will be notified of the finding. Once notification is received the process to enroll the Assisted Service Site can begin.

Note: User access must be deactivated upon termination of employment. Upon termination of employment for an agency administrator, a request for the deactivation of the individual's access must be submitted to the administrator of the Umbrella Organization.

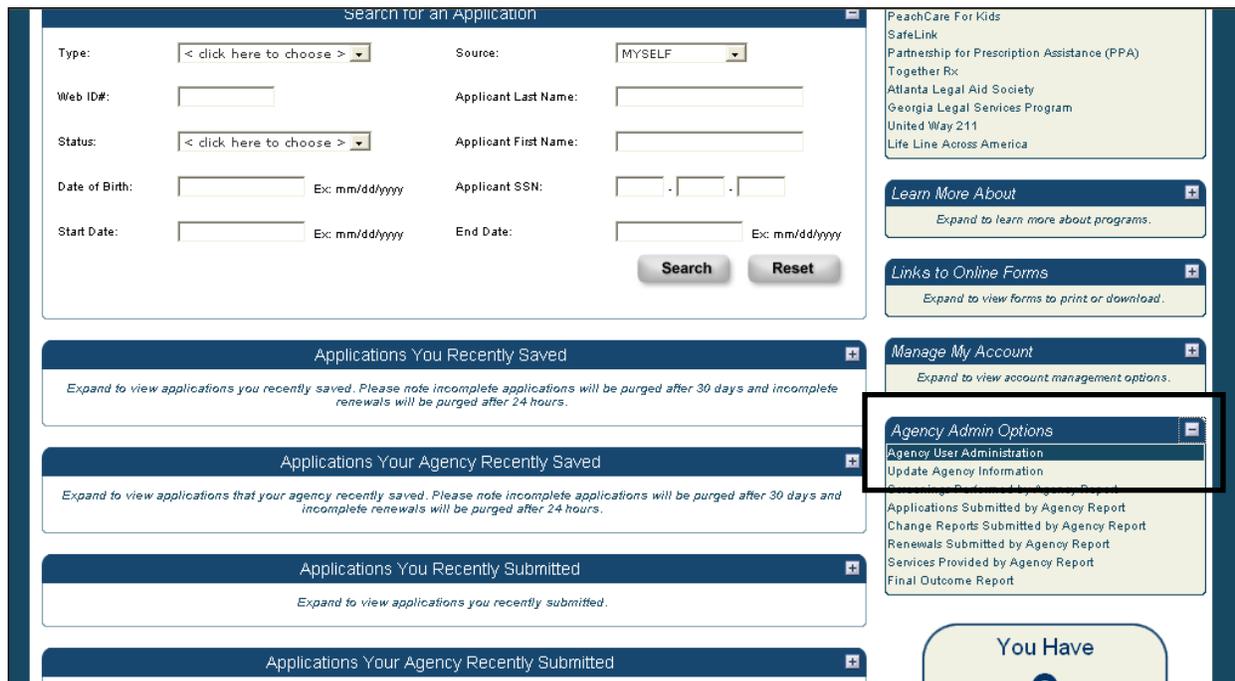
Self-Service Sites: Self-Service Sites will not have access to the COMPASS Community Partners Module. Self-Service Sites will be added to the COMPASS Community Partner Resource Listing upon approval of their submitted COMPASS Community Partner Agreement and Annexes.

COMPASS Community Partner Dashboard

The standard internet browser for the State is Internet Explorer (IE). COMPASS was built for the Internet Explorer (IE) browser. Dashboard formatting may vary if other browsers such as Chrome are used.

Agency User Administration

The Agency User Administration feature is accessed through the Agency Admin Options. Agency administrators can add new users and update information on existing users.



Click on the "Add" button below to create a new user or search for an existing user. The administrator for an Assisted Service Site can only search for, add users, and update existing information for their agency.

COMPASS Community Partner Handbook

Agency User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own agency.

User Search Criteria

First Name: Last Name: User ID:

Active: Agency:

WARNING! THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

User Information

* First Name: Middle Initial: * Last Name:

Address Line 1:

City: State: Zip Code:

* Phone Number: * Email Address:

Account Information

Please enter the account details in the fields below. Please note that you will need to provide the User ID and password to the user. The first time the new user logs in to the system, they will be required to agree to the Georgia COMPASS User Agreement, create secret questions and answers for account recovery, and create a new password. Accounts will automatically be deactivated after 45 days of inactivity.

* User ID: This must be 6 to 15 letters and/or numbers.

* Password: This must be 8 to 15 characters long. To create a secure password, you must use letters and at least one number.

* Retype Password: This must be 8 to 15 characters long. To create a secure password, you must use letters and at least one number.

Agency:

Upon termination of a Community Partner user, the Account Information for that user must be updated and the Active Status changed to "No". Upon termination of employment for an agency administrator, a request for the deactivation of the individual's access must be submitted to the administrator of the Umbrella Organization.

Note - the user must have the Active Status changed to "No" even if moving to another partner agency. The individual will have to go through the registration process at the new agency and will be assigned a new User ID and password.

COMPASS Community Partner Handbook

Agency User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own agency. **Add**

User Search Criteria

First Name: Last Name: User ID:

Active: Agency: **Search** **Reset**

User Search Results

User ID	First Name	Last Name	Active	Agency	Last Login Date	Update
sjones	Susan	Jones	Yes	DHR	N/A	Edit

User Information

* First Name: Middle Initial: * Last Name:

Address Line 1:

City: State: Zip Code:

* Phone Number: * Email Address:

Account Information

Active:


Back **Update**

Maintenance of Organization Information Listed on COMPASS

The administrator for a site can access the 'Update Agency Information' feature in the 'Agency Admin Options' section of the COMPASS Community Partner Dashboard. This section allows the Community Partner to update the information that is displayed in the link for available resources in the community on the COMPASS Homepage <https://compass.ga.gov>. This information is displayed to citizens when searching for Community Partners using COMPASS.

Search for an Application

Type: Source:

Web ID#: Applicant Last Name:

Status: Applicant First Name:

Date of Birth: Ex: mm/dd/yyyy Applicant SSN: - -

Start Date: Ex: mm/dd/yyyy End Date: Ex: mm/dd/yyyy

Applications You Recently Saved

Expand to view applications you recently saved. Please note incomplete applications will be purged after 30 days and incomplete renewals will be purged after 24 hours.

Applications Your Agency Recently Saved

Expand to view applications that your agency recently saved. Please note incomplete applications will be purged after 30 days and incomplete renewals will be purged after 24 hours.

Applications You Recently Submitted

Expand to view applications you recently submitted.

Applications Your Agency Recently Submitted

Expand to view applications your agency recently submitted.

SafeLink
Partnership for Prescription Assistance (PPA)
Together Rx
Atlanta Legal Aid Society
Georgia Legal Services Program
United Way 211
Life Line Across America

Learn More About

Expand to learn more about programs.

Links to Online Forms

Expand to view forms to print or download.

Manage My Account

Expand to view account management options.

Agency Admin Options

- Agency User Administration
- Update Agency Information
- Screenings Performed by Agency Report
- Applications Submitted by Agency Report
- Change Reports Submitted by Agency Report
- Renewals Submitted by Agency Report
- Services Provided by Agency Report

WARNING! THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

You Have

0

Applications that will expire in the next 5 days. [Click here to view your saved applications.](#)

Your Agency Has

0

Applications that will expire in the next 5 days. [Click here to view your agency's saved applications.](#)

COMPASS Screening Tool

The COMPASS Screening Tool is completed with all applicants to determine the services they may be potentially eligible to receive based upon the information they reported that day. It is their choice to apply for these benefits or any others not indicated on the Screening Tool's result page. The customer will have to apply for the benefits to receive a final decision about services.

The Screening Tool provides a list of potential services. Clicking on a service name takes the user to a FACT sheet/statement about that service, provided by www.Georgia.Gov, the Official Portal for the State of Georgia.

COMPASS
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GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family & Children Services

[Georgia.gov](#) > [Agencies & Organizations](#) > [Department of Human Services](#) > [DFCS](#) > COMPASS

Print Help

Below are the services for which you can screen. You may select one or all of the services listed below. It is recommended that you screen for all services. Once you have checked off the services you would like to screen for, click on the 'Next' button below.

Please select the services for which you would like to screen:

<input type="checkbox"/> Screen for <u>ALL</u> services in COMPASS	<input type="checkbox"/> Food Stamp Benefits
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Child Care
<input type="checkbox"/> TANF	<input type="checkbox"/> Energy Assistance (LIHEAP)
<input type="checkbox"/> Aging Services	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Child Support
<input type="checkbox"/> Food and Nutrition Services (WIC , TEFAP , CSFP)	<input type="checkbox"/> Local Community Based Services (CSBG)
<input type="checkbox"/> Homeless Prevention or Assistance	

Back Next

Applications and Renewals Submitted Through the COMPASS Community Partner Dashboard

Applications and renewals started through the COMPASS Community Partner Dashboard tie the customer and COMPASS Community Partner together until the transaction is processed by DFCS. Applications and renewals saved by a COMPASS Community Partner can only be accessed and completed through the Dashboard.

An incomplete transaction has not been submitted. Incomplete applications are purged after 30 days. Incomplete renewals are purged after 24 hours. Customers cannot use the 'Create an Account' feature to save and submit the application or renewal at a later date from another site. Customers who apply through a COMPASS Community Partner also cannot utilize the 'Application Status Check' feature of COMPASS.

The screenshot displays the COMPASS Community Partner Dashboard interface, which is organized into several functional sections:

- Access MyCOMPASS Account:** This section provides instructions on how to use the account to check benefit information, renew benefits, or report changes. It requires the user to provide the Head of Household's Client ID and/or Child Care Case Number, along with the Head of Household's Date of Birth and SSN. A "Submit" button is located at the bottom of this section.
- Search for an Application:** This section allows users to search for applications based on various criteria, including Type, Source (set to MYSELF), Web ID#, Applicant Last Name, Status, Applicant First Name, Date of Birth, Applicant SSN, Start Date, and End Date. Search and Reset buttons are provided at the bottom.
- My Shortcuts:** This section offers quick access to "Start a Screening Survey" and "Start an Application for Services".
- Reporting:** This section provides a summary of key metrics, including the number of screenings performed, applications submitted, change reports submitted, renewals submitted, services provided, household member demographics, incomplete applications, and final outcome reports.
- Additional Resources:** This section lists various support resources such as PeachCare For Kids, SafeLink, Partnership for Prescription Assistance (PPA), Together Rx, Atlanta Legal Aid Society, Georgia Legal Services Program, United Way 211, and Life Line Across America.
- Learn More About:** This section includes a link to "Expand to learn more about programs."
- Links to Online Forms:** This section includes a link to "Expand to view forms to print or download."

Changes

Applicants and recipients are obligated to report changes to DFCS. An all-inclusive list of changes that can be submitted through COMPASS is provided in this section. All other changes must be reported by calling the Call Center 1-877-423-4746 or contacting the local DFCS office.

Recipient changes that have occurred or that will occur within the next 30 days are reported by using the 'Access MyCOMPASS Account' selection on the COMPASS Community Partner Dashboard. Changes that occur prior to the eligibility determination must be reported directly to the DFCS office.

Once client information is submitted, 'Review Benefits by Program' or 'Report A Change' can be accessed.

COMPASS
Common Point of Access to Social Services

GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family & Children Services

Georgia.gov > Agencies & Organizations > Department of Human Services > DFCS > COMPASS

Hello, You are logged in. [Logout](#)

Report Changes

Welcome to MyCOMPASS!
Welcome to MyCOMPASS. MyCOMPASS allows you to manage your current benefits on-line. If you haven't used a computer very much and would like to practice before you get started, [click here](#).
If you have any questions, please call the Online Service hotline at 1-800-869-1150.

Check Your Benefits
Below is a summary of all the programs that you are currently receiving or have received in the last 60 days. To see more details of a program, click on the view details button next to the program.

Review Your Benefits by Program

Benefit Type	Case Number	Case Status	View Details	Review Date
Food Stamps		Active		09/30/2008
Medicaid		Active		08/31/2008
TANF		Active		08/31/2008

Renew Your Benefits for Food Stamps, Medicaid, and/or TANF
Click on the button below to begin a renewal application for the programs you are eligible to renew, which may be Food Stamps, Medicaid, and/or TANF. Please note that once you click on the button below, you will have 24 hours to complete the renewal. You can save and continue the renewal. However, if you are unable to submit the renewal within 24 hours, you will be required to start the online application over again.
Once your renewal is submitted, we will determine whether or not you are eligible to continue receiving benefits. If you fail to submit a renewal application after the review date, your case will be closed and you will no longer receive those benefits.

Renew My Benefits

Back to Dashboard

The following changes can be submitted on COMPASS (this list is all-inclusive):

- address or phone number
- adding/removing an individual
- death of an individual in the assistance unit
- pregnancy

- wages/employment: started/ended/changed a current job (including self-employment)
- other income (Unemployment, Child Support, Social Security, etc)
- rent/mortgage and/or utility bills
- dependent care expenses
- resources (vehicles, real estate, bank accounts, life insurance, etc.)
- new health insurance coverage

Welcome to Report My Changes!

As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you'll need to mail, fax or bring proof to your worker within 10 days of when your worker asks for it. Without this proof, your changes cannot be made and your benefits may end. [Click here to read more about the kinds of proof you may need to give to your worker.](#)

Reporting Changes Through COMPASS

Please check the boxes for all of the changes that you want to report through COMPASS.

- Your address or phone number has changed
- You want to add someone to your home
- You want to remove someone from your home
- Someone in your home died
- Someone has had a change in pregnancy
- Someone started or ended a job or has a change to a current job (including self employment)
- Someone had a change in another type of income other than a job or self-employment (Unemployment, Child Support, Social Security, etc...)
- Your household's rent/mortgage or utility bills changed
- Someone's dependent care payments changed
- Someone has had a change in their resources (vehicles, real estate, bank accounts, life insurance, burial, other)
- You want to add new Health Insurance Coverage. (Please note: you will not be able to report change to existing health insurance policies. You must contact Online Service at 1-800-869-1150 to report a change to an existing health insurance policy)

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. If you have a change that will happen after Thursday May 19, 2011, you should wait to report the change.

Reporting Other Changes

There are a few types of changes that you can't report through COMPASS at this time. To report one of the changes listed here, call the Online Services hotline at 1-800-869-1150.

- You would like to add, remove, or update your Authorized Representatives.
- Someone had a change in the child support payments that he or she makes.
- Someone who is 60 or older, blind or disabled had a change in medical bills or health insurance payments.
- Someone had a change in his or her health insurance coverage.
- Someone had a change in his or her medical bills.
- Someone has recently sold or transferred resources.

Reports

Umbrella Organizations can produce a variety of reports for their registered Assisted Service Sites based on the criteria they select. They can choose to run one report listing all agencies may be worded as ALL, or can run a report for a particular site by selecting Click Here to Choose. Assisted Service Sites can only access reports for their agency/organization.

You must provide the Head of Household's Client ID and/or Child Care Case Number as well as the Head of Household's Date of Birth and SSN in the fields below. If the client has not provided an SSN for their case, do not enter any value into the field. In order to view Food Stamp, Medicaid, and TANF benefit information you must provide a Client ID. In order to view Child Care benefit information you must provide a Child Care Case Number.

Client ID: And/Or Child Care Case Number:

* Date of Birth: Ex: mm/dd/yyyy Applicant SSN: - -

Submit

Search for an Application

Type: Source:

Web ID#: Applicant Last Name:

Status: Applicant First Name:

Date of Birth: Ex: mm/dd/yyyy Applicant SSN: - -

Start Date: Ex: mm/dd/yyyy End Date: Ex: mm/dd/yyyy

Search **Reset**

Applications You Recently Saved

Reporting

- Number of Screenings Performed
- Number of Applications Submitted
- Number of Change Reports Submitted
- Number of Renewals Submitted
- Number of Services Provided
- Household Member Demographics for Submitted Applications
- Incomplete Applications
- Final Outcome Report

Additional Resources

Expand to view additional resources.

Learn More About

Expand to learn more about programs.

Links to Online Forms

Expand to view forms to print or download.

Manage My Account

Expand to view account management options.

Agency Admin Options

- Agency User Administration
- Screenings Performed by Agency Report
- Applications Submitted by Agency Report
- Change Reports Submitted by Agency Report
- Renewals Submitted by Agency Report

COMMUNITY PARTNERS

Georgia Department of Human Services Division of Family & Children Services

User: Crystal Estok Location: DHR Logout

Report Criteria

Source: County:

* From: Ex: mm/dd/yyyy * To: Ex: mm/dd/yyyy

Back **Search**

WARNING: THIS SYSTEM CONTAINS GOVERNMENT DATA, UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

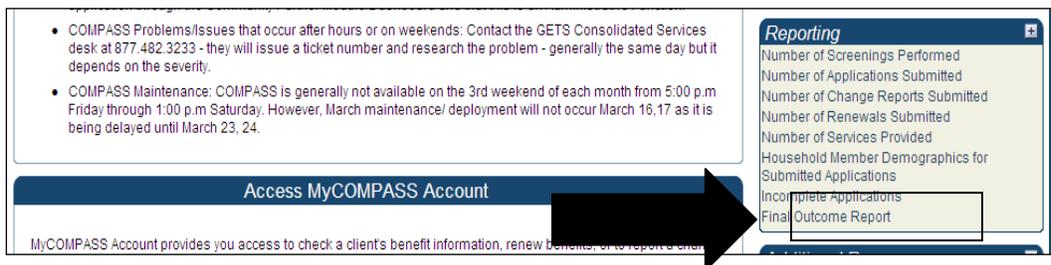
COMPASS Community Partner Handbook

The reports will not list sites if there are no results for that site that meet the selected criteria.

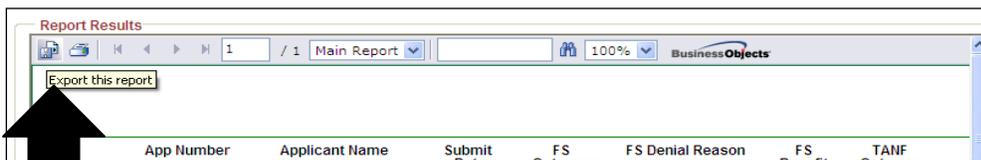


Saving the Final Outcome Report

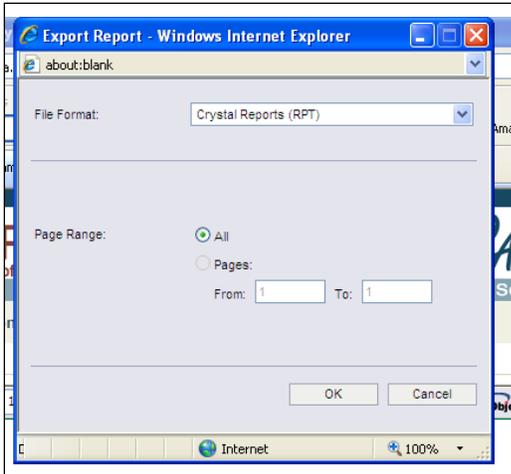
The Outcome Report is NOT archived at this time. The report must be saved monthly.



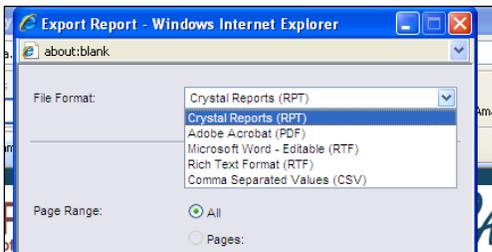
To save the report, the report must be exported.



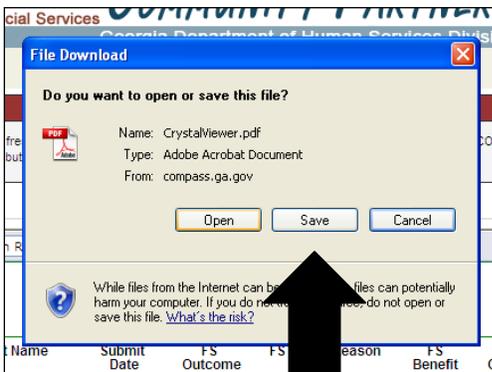
COMPASS Community Partner Handbook



There are multiple saving options for the file format. Adobe Acrobat saves the entire report as originally displayed. However, if Comma Separated Values (CSV) is chosen the data will be exported to an Excel Spreadsheet that can be edited.



Save the document.



Renewals

A renewal is a periodic review of eligibility for individuals currently receiving assistance. Time frames for renewals vary by program. A renewal is also known as a review, a recertification or a redetermination.

Renewals are submitted through the 'Access MYCOMPASS Account' feature. The renewal icon is available on the 20th of the month preceding the month the renewal is due. For example, a December renewal can be submitted on or after November 20th. Renewals started on COMPASS can be saved and the process can continue later, but the renewal must be submitted within 24 hours. If the renewal is not submitted within 24 hours, the renewal is purged and the process must start over again.

The renewal process begins by clicking on the 'Renew My Benefits' icon.

The 'Check All' option allows the user to renew all programs at one time.

Welcome to Renew My Benefits

There are a few things that you should know before you get started:

- During the Renewal process, you will see data from your case pre-populated on the screens. Please review the information that is presented and confirm that it is correct. If you need to make any changes, you will be able to make updates on the screens.
- If you are renewing Food Stamps or TANF, you may be required to have a telephone interview.
- If an interview is needed, please submit your renewal at least 1 day in advance of the interview.
- You will have 24 hours to complete the renewal. If you are unable to submit the renewal within 24 hours, you will be required to start the online form over.
- In this application, we will ask you questions about the people in your home, your money and your bills. To answer these questions, it's a good idea to have your pay stubs or benefit check stubs with you, as well as the bills you pay each month for housing, utilities and child care. If you'd like to see a list of the items you may want to gather before you start your application, [click here](#).

Which Benefits Would You Like to Renew?

The first step is to review the benefits that you would like to renew. If you wish to renew a program listed below please check the box next to that program. Then click the "Next" button at the bottom of the page. If you do not wish to renew any of the benefits, click on the "Back to MyCOMPASS" button to return to the MyCOMPASS Account home page.

Check all

Food Stamp Program

Temporary Assistance for Needy Families (TANF)

Family Medicaid

Application Processing Standards

Child and Parent Services (CAPS), Child Care

The Standard of Promptness (SOP) for completing a Child Care application is 30 days beginning with the date of application.

Food Stamps (FS)

The SOP to determine eligibility for Food Stamps is the opportunity to participate; defined as the Assistance Unit (AU) having their Electronic Benefits Transfer (EBT) card, Personal Identification Number (PIN #), and benefits available in their EBT account by the 7th day for expedited applications and the 30th day for unexpedited applications following the date of application. For FS denials, the SOP is 30 days.

Medicaid

The SOP for completing the Classes of Assistance varies by program:

- Pregnant Women and Newborn Medicaid – 10 days beginning with the date of application
- Emergency Medical Assistance for Pregnant Women (non-citizens) – 45 days beginning with the date of application.
- Other Classes of Family Medicaid – 45 days beginning with the date of application
- Medicaid for Aged or Blind Applicants – 45 days beginning with the date of application
- Medicaid for Disabled Applicants – 60 days beginning with the date of application
- Q-Track Medicaid – 10 working days beginning with the date of application.

Temporary Assistance for Needy Families (TANF)

The SOP for completing a TANF application is 45 days. The first day of the 45 day count is the date of application.

Note: The only exception to this rule is if the applicant applies before the birth of a child and there is no other eligible child in the assistance unit. A TANF application is accepted from a pregnant applicant when the expected date of delivery (EDD) is within 45 days of the date of application and the applicant is expected to be eligible upon the birth of the child.

All three sections of Step 2 must be completed. Click on Continue.

Scan Your Documents

DHS
Georgia Department of Human Services

Division of Family & Children Services

You have selected a Citizenship/Identification document.

Follow the instructions below to upload your Birth Certificate document. [Help](#)

Step 2 of 3: Click the browse button to select your Birth Certificate

File: [Browse...](#)

Who is this document for?

Friday Morning

Do you have another Birth Certificate for a different person?

YES NO

[Skip](#) [Exit](#) [Continue](#)

Information provided on georgia.gov portal websites is intended to allow the public convenient access to state government services and

The document must be formatted as a PDF, JPEG, TIFF or PNG file.

When finished, review the scanned documents and click on the Submit button.

Scan Your Documents

DHS
Georgia Department of Human Services

Division of Family & Children Services

Step 3 of 3: Review the list of documents you have scanned. [Help](#)

<u>Document</u>	<u>Household Member</u>
Birth Certificate	Friday Morning

Click "Add More" to submit more documents at this time.

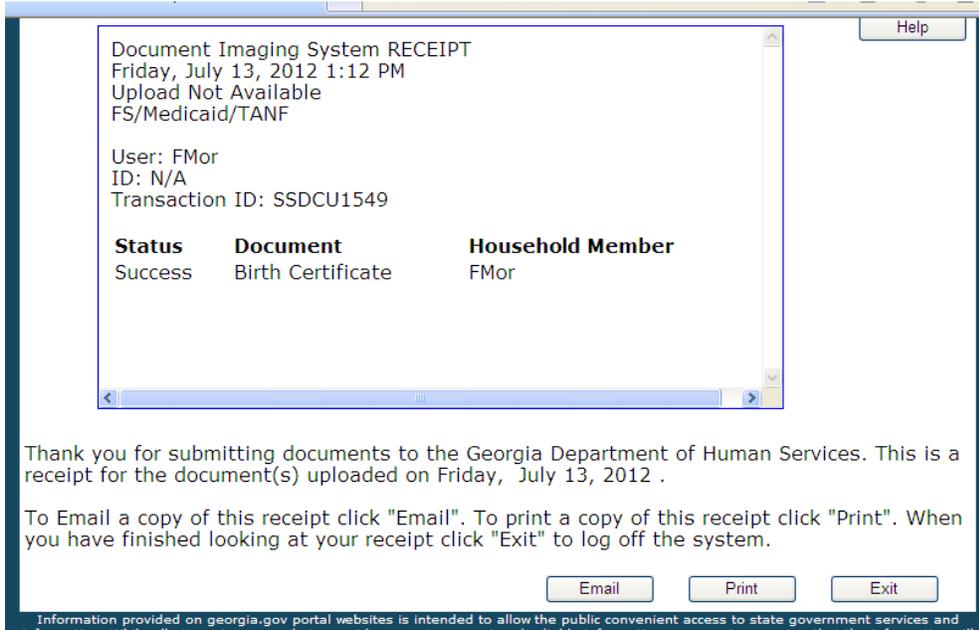
Click "Submit" if all your documents have been scanned.

[Add More](#) [Submit](#)

Information provided on georgia.gov portal websites is intended to allow the public convenient access to state government services and

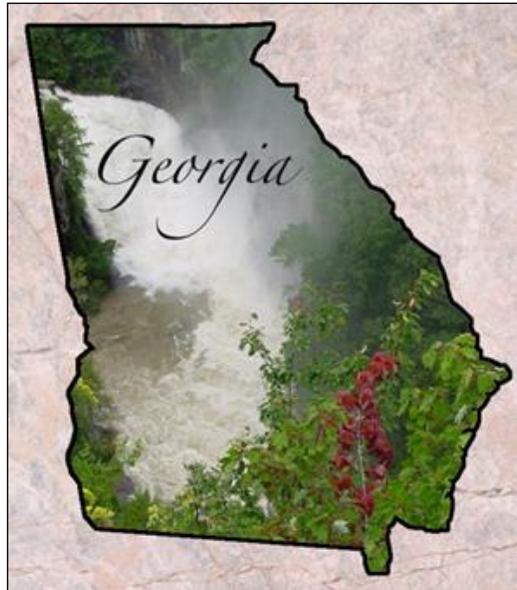
COMPASS Community Partner Handbook

The receipt can be emailed to the applicant.



Distribution of Submitted Transactions

Georgia is one state. Our goal is to ensure timely and accurate completion of work to meet the needs of our citizens. Work will be distributed as necessary, and the interview and processing of a transaction submitted may be completed by a case manager who works in a County/Region other than the one in which the applicant or recipient lives.



Problem Resolution

Most customers' can find answers to their questions about their benefits by accessing their 'MyCOMPASS Accounts'. Information provided in the 'MyCOMPASS Account' includes current residential address, mailing address, phone number, assistance unit members, renewal dates, amount of benefits, and denial/closure reasons (if applicable).

Customers can register online at www.EBTaccount.JPMorgan.com to find answers to questions about EBT. With the creation of an account the client can check their balance, review transaction history and change their PIN number.

If those two resources do not provide resolution, the customer can find answers to their questions about benefits, report a change, or receive help for issues with navigating COMPASS and Document Imaging by calling the Call Center at 1-877-423-4746, Prompt #2.

Natural/Manmade Disasters and Emergency Services

In the case of a natural or manmade disaster that necessitates a change in the normal business process, COMPASS Community Partners will be notified of special programs, policies, and needs via the 'Announcement Section' on the COMPASS Community Partner Dashboard. Necessary forms will be made available through the Links to Online Forms section.

The screenshot displays a web interface for searching applications. At the top, there are input fields for 'Number', 'Date of Birth' (with an example 'mm/dd/yyyy'), and 'Applicant SSN', followed by a 'Submit' button. Below this is a 'Search for an Application' section with a dropdown menu for 'Type' and a 'Source' dropdown set to 'MYSELF'. Further down are fields for 'Web ID#', 'Applicant Last Name', 'Status' (with a dropdown), 'Applicant First Name', and another 'Date of Birth' field. On the right side, there is a sidebar with several links: 'Learn More About', 'Links to Online Forms' (highlighted with a black box and an arrow pointing from the search area), 'Manage My Account', and 'Agency Admin Options'. Each link has a small icon and a sub-link text: 'Expand to view forms to print or download.', 'Expand to view account management options.', and 'Expand to view administrative functions.' respectively. At the bottom of the sidebar, the text 'You Have' is partially visible.

Appendix A Glossary of COMPASS Dashboard Terms

Appendix A Glossary of COMPASS Dashboard Terms

Access MYCOMPASS Account

MyCOMPASS Account provides access to check a client's benefit information, renew benefits and report a change. This access is only available to individuals receiving at least one service.

Applicant

The name of the person who is submitting the application for services, as listed in the Information About You segment of the application. This is usually the head of household's name.

Application

The process of requesting assistance; the action by which an applicant indicates a desire to receive assistance.

AU Number (Assistance Unit Number)

The number assigned by the SUCCESS system to the Food Stamps, Medicaid and/or TANF case. Each case is assigned a unique AU number. This number can be found on notices from DFCS.

CAPS (Childcare and Parent Services)

The child care assistance program.

Child Care Case Number

The number assigned by the MAXSTAR system to the case. This number can be found on Child Care Certificates and notices from DFCS. A new Child Care Case Number is assigned with each application for Childcare and Parent Services.

Client ID (Client Identification)

The number assigned by the SUCCESS system to each individual AU member for Food Stamps, Medicaid and/or TANF. The client ID number for the Head of Household can be found on notices from DFCS. The client ID number is needed to create a MYCOMPASS account.

Date of Application

The date of application is the filing date, or the date the application is signed and submitted through COMPASS. If the application is submitted after 5:00 p.m., over the weekend or on a holiday, the filing date is the next business day.

Demographics

Race information is limited to data in SUCCESS. The following races are the only options available: Native American, Black, White, Pacific Islander/Alaskan, and Asian.

Hispanic and Latino are ethnic codes in SUCCESS and are not captured for the Demographics report.

GRG (Grandparents Raising Grandchildren)

The program that assists grandparents who are raising grandchildren in their homes. All divisions and offices within the Department of Human Services are collaborating to explore ways to help strengthen families headed by grandparents.

Medicaid

Medicaid is a federal and state funded health insurance program for certain low-income and needy individuals and families.

Renewal

For individuals already receiving assistance, a renewal is a periodic review of eligibility. Time frames for renewals vary by program (category). A renewal is also known as an eligibility review, recertification or redetermination.

Status Column

The current state of the transaction:

- Incomplete – Applications and renewals are saved and not yet submitted. Incomplete applications are purged after 30 days and incomplete renewals are purged after 24 hours.
- Submitted – When the client has clicked the submit button on the application, renewal or change.
- Received – Transmission of the transaction was successful. Note: the status of renewals will not change from received. Renewal details must be obtained through Access MyCOMPASS Account.
- Error – Transmission of the transaction was not successful.
- Posted – This is when the application has been submitted to the system but a response has not been received. Please disregard this status.
- Purged – Transaction was not submitted within 30 days. The transaction no longer exists.
- Archived – The user account corresponding to the application, the application or both were purged.

Status Check

The current status of the received transaction. Note: applications may have a status of invalid – this occurs when the applicant is already a recipient for the application type submitted or when a previously submitted application is pending for the application type submitted.

TANF (Temporary Assistance for Needy Families)

The program that provides cash assistance and support families with dependent children in their efforts to attain self-sufficiency.

View Details

This [More Information](#) feature is only available for approved applications.

Web ID #

The tracking number assigned by the COMPASS system to each transaction.

Appendix B Forms

Appendix B Forms

COMPASS Community Partner forms and instructions for their completion are included in this appendix.

COMPASS Community Partner Registration forms are obtained from the COMPASS Community Partner Project Manager. The COMPASS Community Partner can be contacted by email at compasscp@dhr.state.ga.us, by phone at 706.871.7246 or by U.S. Mail at Georgia Division of Family and Children Services, C/O COMPASS Community Partner Project Manager, P.O. Box 2277, Augusta, Georgia 30903-2277. All other forms are accessed from the [COMPASS Community Partner Dashboard](#) available to registered COMPASS Community Partners.

The COMPASS Community Partner cannot keep copies of forms or any other documents that contain information that was obtained during the process of submitting COMPASS transactions. It is a good practice to keep a copy of the submission page that states the transaction tracking number and the Scan Document receipt for the submission of Uploaded Documents.

Authorization of a Designee to act on behalf of the organization and sign the COMPASS Community Partner Agreement must be approved in writing by Director of the organization. The written statement authorizing the Designee to sign on behalf of the Director must be attached to the COMPASS Community Partner Agreement.

- Form 1 COMPASS Community Partner Agreement
 - Annex A HIPAA Business Associate Agreement
 - Annex B Form 2 Designation of COMPASS Administrator
 - Annex C Form 3 COMPASS Individual User Agreement
 - Annex D Form 4 COMPASS Transaction Authorization

Form 5 COMPASS Community Partner Registration Checklist

Form 6 COMPASS Community Partner Compliance Monitoring Checklist

Form 7 COMPASS Access User Request

COMPASS Poster

COMPASS Logo

Form 1 - COMPASS Community Partner Agreement

Instructions for Completion

COMPASS Community Partner Agreement:

If registering as an Assisted or Self-Service Site, state the name of the Umbrella Organization that has agreed to sponsor/register the site in the first paragraph of page 1.

There are four sections in the agreement that must be completed:

- Section I. Specify the information for the organization as it should be shown on COMPASS.
- Section II. Specify the access level that the organization is requesting by checking the applicable box.
- Section III. 1. List the name, phone number and email address for the COMPASS Administrator for the organization, and the name, phone number and email address for an Alternate Contact person.
- Complete the signature section on page 7. If requesting registration as an Assisted or Self-Service Site, complete section i of the signature section. The Umbrella Organization sponsoring the registration completes section ii. If requesting registration as an Umbrella Organization, complete only section ii of the signature section.

Authorization of a Designee to act on behalf of the organization and sign the COMPASS Community Partner Agreement must be approved in writing by Director of the organization. The written statement authorizing the Designee to sign on behalf of the Director must be attached to the COMPASS Community Partner Agreement.

COMPASS
Common Point of Access to Social Services

GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family & Children Services

Georgia.gov > Agencies & Organizations > Department of Human Services > DFCS > COMPASS

Para ver este website en Español haga [clic aquí](#).

Welcome to COMPASS!

COMPASS is a quick and easy way for people in Georgia to get answers to questions about health and human services. Please click on a picture below to choose the tool you would like to use.

To avoid errors when using COMPASS, please do not use the Forward, Back or Stop buttons on your browser. Instead, click on the COMPASS pictures and links to move from page to page.

Please keep in mind that this website works best with Internet Explorer version 5.5 or higher. If you have trouble while using COMPASS, please call the Online Services hotline at 1-800-869-1150. [For answers to common questions, click here.](#)

If you need help using Georgia COMPASS, there are Community Partners who can assist you with this process. [Click here to see a list of available resources in your area.](#)

Am I Eligible?	Apply for Benefits	Application Status Check	MyCOMPASS Account	Partners/Providers
Click on the picture to see if you might be eligible for Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid, Child Care, WIC, Energy Assistance, Food Assistance, Child Support Services, Mental Health & Substance Abuse Services, Aging Services, Community Services Block Grant Funds, or Housing Assistance.	Click on the picture to apply online for Food Stamps, Medicaid, TANF, or Child Care and Parent Services (CAPS).	Click on the picture to check the status of your application that you submitted online. Application status check is available between the hours of 7AM and 7PM.	Click on the picture to view information about your benefits or to report a change to your local agency.	Click on the picture to log on as a Community Partner.
If you are a COMPASS Worker click here .			Please Note: If you created a username and password to submit an application online, you cannot use this same username and password to report changes. You will need to create a new username and password.	Click here for more information about becoming a registered Community Partner.

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- Umbrella Organizations requesting registration can fax, scan or email the completed package (COMPASS Community Partner Agreement and Annexes A, B, C and D) to the COMPASS Community Partner Project Manager in order to initiate the registration process.
- The Umbrella Organization must contact the COMPASS Community Partner Project Manager or Designee by email prior to the process of registering an Assisted Service Site. Specify the following information for the organization requesting registration: organization name, address, website address, reason for requesting registration as COMPASS Community Partner and counties covered. The COMPASS Community Partner Project Manager will ensure that the state/local/regional DFCS offices do not have any concerns/issues with the prospective COMPASS Community Partner. The Umbrella Organization will be

notified of the finding. Once notification is received the process to enroll the Assisted Service Site can begin.

- Assisted and Self-Service Sites can fax, scan or email completed registration packages (COMPASS Community Partner Agreement and Annexes A, B, C and D) to the COMPASS Administrator for the Umbrella Organization sponsoring the registration in order to initiate the registration process.
- **The COMPASS Community Partner Agreement and Annexes A, B, C and D with original signatures must be received prior to registration and final approval as an Umbrella Organization, or Assisted or Self-Service Site.**
- Upon approval of an Assisted or Self-Service Site a copy of the APPROVED COMPASS Community Partner Agreement must be faxed, scanned or emailed to the COMPASS Community Partner Project Manager.
- A new COMPASS Community Partner Agreement and Annexes A, B, C and D must be completed if the registered COMPASS Community Partner merges with another organization or begins doing business with a name other than the name used when originally registered



Georgia Department of Human Services
COMPASS Community Partner Agreement

This agreement shall begin on _____ (*Enter today's date as MM/DD/YY*). The agreement between the Department of Human Services (hereinafter "Department"), Division of Family and Children Services (DFCS) and/or _____ (*Enter the complete name of the Umbrella Organization*) (hereinafter "Umbrella Organization") will remain in effect unless terminated by either party with proper notice as described in this document.

(Enter the complete name of the organization requesting registration as a Community Partner) located at _____
(Enter the physical site address of the Organization), agrees to serve as an access point for applicants and recipients of Georgia Common Point of Access to Social Services (COMPASS) services. For purposes of this Agreement, Georgia COMPASS services include Food Stamps, Temporary Assistance for Needy Families, Medicaid and Child Care programs administered by the Department.

Community Partners must complete sections I, II and III:

I. Specify the following information for your organization as it should be listed on COMPASS:

- Agency/Organization
- Physical Address
- Zip Code
- Counties Covered by Your Organization
- Phone Number
- Fax Number
- Days of Week Open
- Hours of Business
- Languages Spoken in addition to English
- Website Address
- Email Address

II. Community Partners are designated as a Umbrella Organization, Assisted Service Site or Self-Service Site. The designation determines the level of services provided, access to case file information, and reporting capabilities.

The access level of our organization is (*choose one level*):

Umbrella Organization – The Umbrella Organization registers the Assisted Service and Self-Service Sites and is legally responsible for the usage and compliance with all requirements for all agencies that are registered with their Umbrella Organization. Umbrella Organizations are organizations such as state, county and local government agencies, DHS agencies/divisions, and agencies contracted with DHS to provide direct community services to the citizens of Georgia. In addition, the Umbrella Organization may provide the same services provided by the Assisted Service Site.

Assisted Service Site – The Assisted Service site provides assistance to customers upon request with the completion of their Georgia COMPASS application, review and/or change. Assisted Service Sites are organizations such as:

COMPASS Community Partner Handbook

- State, county and local government agencies
- DHS agencies/divisions
- Agencies contracted with DHS to provide direct community services to the citizens of Georgia
- Charitable organizations. For the purpose of this agreement, 'Charitable Organization' is defined as any voluntary health, welfare or educational agency that is: (1) a private, self-governing, non-profit organization chartered or authorized to do business in the State of Georgia by the Office of the Secretary of State; (2) exempt from taxation; and (3) one to which contributions are authorized as deductible by Section 170 of the United States Internal Revenue Code, as amended.

The Umbrella Organization is responsible for ensuring that an entity complies with all applicable requirements prior to registering it as an Assisted Service site.

Services offered at an Assisted Service Site may include providing:

- Informational handouts
- Paper applications as requested by customers
- Access to telephones to call the Call Center
- Computers to apply for assistance, renew benefit, report changes and check benefits online
- Printers for COMPASS documents
- Fax machine to transmit applications and other documents to DHS
- Copy machine services for related documents
- Explanation of the application process
- Assistance to customers in submitting their application, renewing benefits, reporting changes, verification information and/or documentation
- Assistance to customers in completing the Georgia COMPASS submission
- Benefit inquiry for customers.

O Self-Service Site – The Self-Service site offers the customer the ability to apply, renew benefits, report changes and check benefits online, but does not provide staff assistance to the customer with the completion or submission of COMPASS applications, documents, etc. Self-Service sites do not have to be registered; however, if registered and serving the general public in the community, the site would be listed on COMPASS. To register, the Self-Service site must be registered through an Umbrella Organization.

Services offered at a self-service site may include the services performed by the Assisted Service Site, with the EXCEPTION of providing the following:

- Assistance to customers in submitting their application, renewing benefits, reporting changes, verification information and/or documentation
- Assistance to customers in completing the Georgia COMPASS submission
- Benefit inquiry for customers

The Self-Service and Assisted Service Sites, and Umbrella Organization shall:

- Be liable for and indemnify, defend, and hold harmless the Department and its officers, agents and employees from all claims, suits, judgments, awards of money damages, attorney's fees, and court costs, arising out of any negligent act or omission by the Community Partner, its agents, employees, and if applicable, subcontractors during the performance of this Agreement, including subsequent amendments thereof. The Community Partner's inability to evaluate its liability or its evaluation of liability shall not excuse the Community Partner's duty to comply with this paragraph. Note: this paragraph is not applicable to state agencies.
- Ensure that customers are aware that they are a COMPASS Community Partner by displaying a COMPASS sign in the store front window or other appropriate area as agreed upon between the

Department and the Community Partner. Brochures, paper applications and other informational COMPASS materials shall be made available to customers.

- Be prohibited from charging a fee or requesting/accepting donations for providing the services agreed to in this agreement. The Department is not responsible for any loss or costs that may be incurred by the Community Partner. The Department will not provide any equipment such as, but not limited to, internet service, fax, phone, computer, paper, toner and other general supplies.
- Comply with all applicable provisions of the Americans with Disabilities Act (ADA) and any relevant federal and state laws, rules and regulations regarding the availability/accessibility of services provided in this Agreement for customers with disabilities.
- Ensure that any publicity given to the program or services provided herein identify the Department as a sponsoring agency. Publicity materials include, but are not limited to, signs, notices, information pamphlets, press releases, brochures, radio or television announcements, or other similar information prepared by or for the Community Partner. Prior approval for the materials must be received from the Department's managing programmatic division/office. All media and public information materials must also be approved by the Commissioner's Office of Communications. In addition, the Community Partner shall not display the Department's name or logo in any manner, including, but not limited to, display on Community Partner's letterhead or physical plant, without the prior written authorization of the Commissioner of the Department. Notwithstanding the previous paragraph, if the Community Partner is a county Board of Health, the Office of Communications must be notified prior to major publicity and/or media campaigns developed by or for the board-operated programs which identify the Department as a sponsoring agency. This is to enable the Commissioner's Office of Communications to support the effort and to respond in a timely manner to inquiries to the Department that might result. In addition, the Community Partner shall not display the Department's name or logo in any manner, including, but not limited to, display on Community Partner letterhead or physical plant, without the prior written authorization of the Commissioner of the Department.

The Assisted Service Site and Umbrella Organization shall:

- Ensure that all civil rights requirements are met. All applicants and recipients are granted civil rights in accordance with Federal laws and US Department of Agriculture (USDA), Food and Nutrition Services policy that services will be provided without discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs or disability. The nondiscrimination poster, "And Justice for All", is posted at <http://www.fns.usda.gov/cr/justice.htm>. If this web page is not accessible to customers, then the "And Justice for All", poster shall be posted in a lobby area for customers to read. The Supplemental Nutrition Assistance Program (SNAP) version must be used.
- Only use confidential customer case file information to assist the applicant, the recipient, or Department or their respective duly authorized representatives, with the completion of the application process for Georgia COMPASS benefits or services, and conducting an investigation into Performance of this Agreement or the administration of Georgia COMPASS programs. Community Partner will only disclose confidential customer case file information to the applicant, the recipient, or Department, or their respective duly authorized representatives only for those purposes set forth in this section. If Community Partner has questions or concerns about safeguarding of confidential case file information or an intended use or disclosure of such information, Community Partner must contact the appropriate COMPASS contact person, or designee. Community Partner agrees not to implement an intended use or disclosure unless approved by DHS. Community Partner agrees to notify the appropriate COMPASS Contact Person within 48 hours of the receipt of verbal or written requests for case file information. No information obtained from a customer's record may be shared with individuals or organizations. All such requests should be referred to DHS for review and action.

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- Comply with Health Insurance Portability and Accountability Act (HIPAA): It is understood and agreed that the Department is a "covered entity" as defined by HIPAA of 1996 and the federal "Standards for Privacy of Individually Identifiable Health Information" promulgated thereunder at 45 CFR Parts 160 and 164. Further, it is agreed that as a business associate of the Department that its use or disclosure of any person's protected health information received from or on behalf of the Department will be governed by the Business Associate Agreement, attached hereto as Annex A, which the Contractor agrees to by signing this contract. Such Business Associate Agreement is executed and is effective simultaneously with this contract/amendment. However, the Business Associate Agreement will survive this contract/amendment pursuant to Section 4.3 d of the Business Associate Agreement.
- Participate in training as provided by Department in the following areas: (1) the use or disclosure of confidential case file information, including information governed by the Health Insurance Portability and Accountability Act of 1996 and its implementing federal regulations; (2) the availability for public assistance benefits and services administered by Department; (3) the application process for public assistance programs; (4) Department's Georgia COMPASS initiative and Community Partner's role in the initiative, and (5) Department's Security Awareness training. The Community Partner agrees to on-site visits as established by the Department.
- Be held responsible for information security, especially involving the access, transport or storing of sensitive and confidential information. Fulfillment of security responsibilities shall be mandatory and violations may be cause for action, up to and including civil penalties or criminal penalties under Federal and State laws.
- Immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Georgia Abuse Hotline on the statewide toll-free telephone number (1-800- 422-4453). This requirement is binding upon Community Partner and its officers, agents, and employees, as required by O.C.G.A. §19-7-5 (child abuse) and O.C.G.A. §30-5-4 (elder abuse).

Department shall:

- Provide limited access to confidential customer case file information. This access will be granted solely to the Umbrella Organization and Assisted Service Community Partner in their limited role of assisting with the administration of Georgia COMPASS services. The Umbrella Organization will monitor Community Partner's compliance with the terms and conditions of customer consent or authorization relating to information concerning applicant and recipient households and assistance groups. Monitoring will occur by but not be limited to, on-site visits, computerized surveillance, desk reviews and other means deemed necessary by Department and/or Umbrella Organization.
- Offer training to Community Partners that is sufficient to operate the program, maintain confidentiality and adhere to all applicable rules and regulations.
- Complete the eligibility determination process on completed applications and renewals received from Community Partner site, including notification of the eligibility decision, the availability of hearing rights, and how fair hearings may be requested.

III. Contact Information

1. Community Partner COMPASS Administrator name:

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Administrator phone number and extension, if applicable:

Administrator email address:

Alternate contact name:

Alternate contact phone number and extension, if applicable:

Alternate contact email address:

1. The contact information for the Division of Family and Children Services COMPASS Community Partner Project Manager is:

Crystal Eskola
Division of Family and Children Services
COMPASS Community Partner Project Manager
P.O. Box 2277
Augusta, Georgia 30903-2277
Telephone Number: 706-871-7246

The COMPASS Community Partner Project Manager will be available to assist Community Partner in its performance of this Agreement on an “as needed” basis during Department’s normal business hours and days of operation. All contact with Department by the Community Partner must be through the Umbrella Organization contact person.

The contact person, or the designee, shall be responsible for informing the appropriate local DHS/DFCS office of performance concerns of which the Community Partner becomes aware in the performance of its duties and responsibilities, and for providing in a timely manner the appropriate local Division of Family and Children office with original or copies of documentation required by this Agreement, and for being available to Department for consultation and assistance, as required by Department or as agreed to by Community Partner, during Community Partner’s normal business hours and days of operation.

Any section, subsection, paragraph, term, condition, provision or other part (hereinafter collectively referred to as “part”) of this Agreement that is judged, held, found, or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of this Agreement, and the remainder of this Agreement shall continue to be of full force and effect. Any agreement of the parties to amend, modify, eliminate, or otherwise change any part of this Agreement shall not affect any other part of this Agreement, and the remainder of this Agreement shall continue to be of full force and effect.

Termination of this agreement may occur for but not be limited to:

- Default or for cause. This agreement may be terminated for cause, in whole or in part, at any time by the Department or Umbrella Organization for failure of the other party to comply with the terms of the Agreement or to perform any of the provisions hereof. Should the Department and/or Umbrella Organization exercise its right to terminate this agreement under the provisions of this paragraph, the termination shall be accomplished in writing and specify the reason and

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termination date. The above remedies are in addition to any other remedies provided by law or terms of this agreement.

- Convenience: This agreement may be cancelled or terminated by either of the parties without cause. This Agreement may be terminated by the Community Partner for any reason upon 60 days prior written notice to the Department and/or Umbrella Organization. This Agreement may be terminated by the Department for any reason upon 30 days prior written notice to the Community Partner.
- Notwithstanding any other provisions of the above, this agreement may be immediately terminated without any opportunity to cure, if any of the following events occurs:
 - A. Community Partner becomes insolvent or liquidation or dissolution or a sale of the Community Partner's assets begins.
 - B. Community Partner violates or fails to comply with any applicable provision of federal or state law or regulation.
 - C. Community Partner knowingly provides fraudulent, misleading or misrepresentative information to any consumer/customer/client of the Department or to the Department.
 - D. A voluntary or involuntary bankruptcy petition is filed by or against the Community Partner under the U.S. Bankruptcy Code or any similar petition under any state insolvency law.

Annex Inclusions:

Annex A – HIPAA Business Associate Agreement

Annex B – Form 2 Designation of COMPASS Administrator

Annex C – Form 3 COMPASS Individual User Agreement

Annex D – Form 4 COMPASS Transaction Authorization Form

By completing and signing this document, DHS and/or the Umbrella Organization reserve the right to accept or reject the request of the undersigned to become a registered Georgia COMPASS Community Partner. Acceptance by DHS and/or the Umbrella Organization will be performed through the execution of this document. When executed by DHS and/or the Umbrella Organization, the undersigned must abide by all terms and conditions listed above.

SIGNATURES

1. Umbrella Organization

Printed Name of Umbrella Organization _____

**Printed Name of the Umbrella
Organization Director, Administrator or
Designee** _____

**Signature of the Umbrella Organization
Director, Administrator or
Designee** _____

_____ **Date**

2. Assisted Service or Self-Service Site

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Printed Name of Assisted Service or Self-Service Site _____

Printed Name of the Executive or Designee of Assisted Service or Self-Service Site _____

Signature of the Executive or Designee of Assisted Service or Self-Service Site _____ **Date** _____

3. Department of Human Services

Printed Name of the DHS Designee If registering an Umbrella Organization _____

Signature of the DHS Designee If registering an Umbrella Organization _____ **Date** _____

Annex A – HIPAA Business Associate Agreement

Instructions for Completion

Annex A – The **HIPAA Business Associate Agreement** is for informational purposes only. Read and adhered to the requirements but do not submit with the registration packet.

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HIPAA BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (hereinafter referred to as "Agreement"), effective the day and year first written above, is made and entered into by and between the Georgia Department of Human Services (hereinafter referred to as "DHS") and the Contractor (hereinafter referred to as "Business Associate").

WHEREAS, DHS is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to obtain satisfactory assurances that its Business Associates will provide appropriate safeguards to ensure the security, confidentiality and integrity of Protected Health Information ("PHI") that a business associate may receive or create on behalf of DHS pursuant to this Contract and to document those assurances by entering into Business Associate Agreements with certain entities that provide functions, activities, or services involving the use of PHI;

WHEREAS, Business Associate may provide functions, activities, or services involving the use of PHI;

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements contained herein, compliance with the HIPAA Privacy Rule and Security Rule, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, DHS and Business Associate (each individually a "Party" and collectively the "Parties") hereby agree as follows:

1. DEFINITIONS

- 1.1 "**Privacy and Security Rules**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E; and upon the enforcement date as specified by the regulation, the Health Insurance Reform: Security Standards at 45 C.F.R. parts 160, 162 and 164.
- 1.2 Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules, including without limitation those set forth at 45 CFR Parts 160.103 and 164.501.

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

2.1 Unless otherwise Required by Law, Business Associate agrees:

- 2.1.1 **Nondisclosure.** That it will not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement or as required by law.
- 2.1.2 **Safeguards.** To establish, maintain and use appropriate administrative, physical and technical safeguards to reasonably protect the confidentiality, integrity and security of the PHI and prevent use or disclosure of the PHI other than as provided for by this Agreement; and upon the enforcement date as specified by the Privacy and Security Rules under HIPAA, implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that Business Associate creates, receives, maintains, or transmits on behalf of DHS in its capacity as a Business Associate.
- 2.1.3 **Mitigation.** To mitigate, to the extent practicable, and in cooperation and consultation with DHS, any harmful effect that is known to Business Associate of a use or disclosure of PHI or Security Incident by Business Associate in violation of the requirements of this Agreement.
- 2.1.4 **Compliance of Agents.** That its agents or subbusiness Associates, including subcontractors, are subject to the same obligations that apply to Business Associate under this Agreement and Business Associate agrees to ensure that its agents or subbusiness, including subcontractors, Associates comply with the conditions, restrictions, prohibitions and other limitations regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Business Associate under this Agreement. Business Associate also agrees to ensure that any agents or subbusiness Associates, including subcontractors, to whom it provides Electronic Protected Health Information agrees to implement reasonable and appropriate safeguards to protect it.
- 2.1.5 **Report Unpermitted Disclosure of PHI.** To report to DHS any use or disclosure of PHI that is not provided for by this Agreement of which it becomes aware. Business Associate also agrees to report to DHS any Security Incident related to Electronic Protected Health Information of which Business Associate becomes aware. Business Associate agrees to make such report to DHS in writing in such form as DHS may require within twenty-four (24) hours after Business Associate becomes aware.
- 2.1.6 **Amendments.** To make any amendment(s) to PHI in a Designated Record Set that DHS directs or agrees to pursuant to 45 CFR 164.526 at the request of DHS or an Individual, within five (5) business days after request of DHS or of the Individual. Business Associate also agrees to provide DHS with written confirmation of the amendment in such format and within such time as DHS may require.
- 2.1.7 **Access.** To provide access to PHI in a Designated Record Set to DHS upon request, within five (5) business days after such request, or, as directed by DHS, to an Individual in order to meet the requirements of 45 C.F.R. § 164.524. Associate also agrees to provide DHS with written confirmation that access has been granted in such format and within such time as DHS may require.
- 2.1.8 **Disclose Practices, Books, and Records.** To give DHS, the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or their designees access to Business Associate's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of DHS within five (5) business days after DHS, the Secretary or their designees request such access or otherwise as DHS, the Secretary or their designees may require for purposes of the Secretary determining DHS's compliance with the Privacy and Security Rules. Business Associate also agrees to make such information available for review, inspection and copying by DHS, the Secretary or their designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to DHS, the Secretary or their designees in such form, format or manner as DHS, the Secretary or their designees may require.
- 2.1.9 **Document Disclosures.** To document all disclosures of PHI and information related to such disclosures as would be required for DHS to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with the requirements of the Privacy and Security Rules.
- 2.1.10 **Release Documentation of Disclosures.** To provide to DHS or to an Individual, information collected in accordance with Section 2.1.9 of this Agreement, above, to permit DHS to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy and Security Rules.
- 2.1.11 **Respond to Requests from Individuals.** Except as this Agreement or any other agreement between DHS and Business Associate may otherwise provide, in the event Business Associate receives an access, amendment, accounting of disclosure, or other similar request directly from an Individual, Business Associate will redirect the Individual to DHS.

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2.1.12 **Ownership.** To the extent permitted by law, any and all PHI provided to or created by Business Associate shall remain the property of DHS, and Business Associate's use, possession or knowledge of PHI does not cause Business Associate to have any right, title, ownership or interest in the PHI, including de-identified information.

2.2 **Permitted Uses and Disclosures by Business Associate**

2.2.1 **Functions and Activities on Behalf of DHS.** Except as limited in this Agreement, Business Associate may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy and Security Rules if done by DHS or the minimum necessary policies of DHS. All other uses or disclosures by Business Associate not authorized by the Agreement or by specific instruction of DHS are prohibited.

2.2.2 **Business Associate's Management and Administration.** Except as otherwise limited by this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

2.2.3 **Disclosure by Business Associate Required by Law or With Reasonable Assurances.** Except as otherwise limited by this Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate and to carry out its legal responsibilities, provided that disclosure is Required By Law, or provided that the Business Associate obtains reasonable assurances from the person or entity to whom the Protected Health Information is disclosed that: 1) the Protected Health Information will be held confidentially; 2) the Protected Health Information will be used or further disclosed only as Required By Law or for the purpose(s) for which it was disclosed to the person or entity; and 3) the person or entity will notify Business Associate of any instances of which the person or entity is aware in which the confidentiality of the information has been breached.

2.2.4 **Data Aggregation Services.** Except as otherwise limited by this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B).

2.2.5 **Report Violations of Law.** Business Associate may Use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

3. **OBLIGATIONS OF DHS**

3.1 **Inform Business Associate of Privacy/Security Practices and Restrictions.**

3.1.1 Security Rules if, and to the extent that, DHS determines in the exercise of its sole discretion that such limitation will affect Business Associate's use or disclosure of PHI.

3.1.2 DHS will notify Business Associate of any change in, or revocation of, permission by an Individual to use or disclose PHI to the extent that DHS determines in the exercise of its sole discretion that such change or revocation will affect Business Associate's use or disclosure of PHI.

3.1.3 DHS will notify Business Associate of any restriction regarding its use or disclosure of PHI that DHS has agreed to in accordance with the Privacy and Security Rules if, and to the extent that, DHS determines in the exercise of its sole discretion that such restriction will affect Business Associate's use or disclosure of PHI.

3.2 **Permissible Request by DHS.** DHS shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy and Security Rules if done by DHS.

4. **TERM AND TERMINATION**

Term. The Term of this Agreement shall commence on the day and year first written above, and shall terminate when all of the PHI provided by DHS to Business Associate, or created or received by Business Associate on behalf of DHS, is destroyed or returned to DHS, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Annex.

Termination for Cause. Upon DHS's knowledge of a material breach by Business Associate, DHS shall either:

- Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by DHS;
- Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
- If neither termination nor cure is feasible, DHS shall report the violation to the Secretary.

4.3 **Effect of Termination.**

- Except as provided in paragraph (b) of this Section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from DHS, or created or received by Business Associate on behalf of DHS. This provision shall apply to PHI that is in the possession of subbusiness Associates or agents, including subcontractors, of Business Associate. Neither Business Associate nor its agents nor subbusiness Associates including subcontractors, shall retain copies of the PHI.
- In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall send DHS detailed written notice of the specific reasons why it believes such return or destruction is not feasible and the factual basis for such determination, including the existence of any conditions or circumstances which make such return or disclosure infeasible. If DHS determines, in the exercise of its sole discretion, that the return or destruction of such PHI is not feasible, Business Associate agrees that it will limit its further use or disclosure of PHI only to those purposes DHS may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional action as DHS may require for the protection of patient privacy or the safeguarding, security and protection of such PHI.
- If neither termination nor cure is feasible, DHS shall report the violation to the Secretary.
- Section 4.3 of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

5. **MISCELLANEOUS.**

5.1 **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule or Security Rule means the section as in affect or as amended.

5.2 **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for DHS to comply with the requirements of the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191

5.3 **Survival.** The respective rights and obligations of Business Associate under Section 4 of this Agreement shall survive the termination of this Agreement.

5.4 **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit DHS to comply with applicable state and federal laws, rules and regulations, and the Privacy and Security Rules, and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable federal laws, rules and regulations and the laws of the State of Georgia shall supersede the Privacy and Security Rules if, and to the extent that, they impose additional

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requirements, have requirements that are more stringent than or provide greater protection of patient privacy or the security or safeguarding of PHI than those of HIPAA and its Privacy and Security Rules.

- 5.5 Scope.** The Parties agree that the terms of this Agreement apply to any relationship or agreement, existing now or arising in the future, between Business Associate and DHS related to use and/or disclosure of PHI.
- 5.6 Entire Agreement.** This Agreement is the complete and exclusive statement of the understanding of the parties with respect to the subject matter hereof and hereby supersedes any prior written or verbal proposals, agreements, understandings or discussions with respect to same. This Agreement shall not be limited in any way by any provisions in the Contract. This Agreement may not be modified or amended except by written agreement executed by authorized representatives of both parties.
- 5.7 Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.
- 5.8 Severability.** In the event that any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
- 5.9 Choice of Law.** This Agreement shall be governed by the laws of the State of Georgia.
- 5.10 Full Force and Effect.** All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Annex, shall remain in full force and effect.
- 5.11 Business Associate Assurances.** The Business Associate agrees that it will comply with all provisions of HIPAA and the federal "Standards for Privacy of Individually Identifiable Health Information" promulgated thereunder at 45 CFR Parts 160 and 164, subparts A and E; and upon the enforcement date as specified by the regulation, the Health Insurance Reform: Security Standards at 45 C.F.R. parts 160, 162 and 164, and that it assures to DHS that it will provide appropriate safeguards of Protected Health Information ("PHI") as an entity that provides functions, activities, or services involving the use of PHI.

Annex B – Form 2 Designation of COMPASS Administrator

Instructions for Completion

Annex B – Form 2 **Designation of COMPASS Administrator** must be printed, signed and included in the packet for Umbrella Organization and Assisted Service Sites requesting registration. More than one administrator may be designated for an agency, and the designated individual must be a member of the organization's staff.

Responsibilities of the administrator include but are not limited to identifying and registering individual users for the organization and monitoring the security of information.

The Administrator of Umbrella Organizations must complete a Compliance review with each registered service sites at least once a year. Compliance may be monitored on a more frequent basis.

Information regarding administrator responsibilities can be found in the Community Partner Agreement and the Required Training section of this handbook.



Georgia Department of Human Services
Designation of COMPASS Administrator

As specified in the Community Partner Agreement entered into by and between the State of Georgia, Department of Human Services (DHS) and the undersigned _____ (Insert Name of Organization), henceforth referred to as the Organization. The Organization hereby designates the individual below to act as the Organization's COMPASS Administrator.

The COMPASS Administrator, henceforth referred to as the Administrator, must be a member of the Organization's staff. The Administrator shall be responsible for identifying the Individual Users authorized to access COMPASS. The Administrator shall (1) obtain required User Agreement and ensure training has been completed by each Individual User; (2) ensure that all information about each Individual User is current, accurate and complete. This information must be maintained for 5 years. (3) inactivate Individual Users within 3 business days when User leaves the employment of the Organization/Agency or if a Breach of Confidentiality is suspected or reported. When a Breach of Confidentiality is suspected or reported the Individual User will remain inactive until the issue is resolved and (4) take such actions as DHS may direct or require ensuring the security of the COMPASS system.

The Administrator shall be held responsible for the monitoring of information security at the Service Site, especially involving the access, transport or storing of sensitive and confidential information. Monitoring will occur using on-site visits, computerized surveillance, desk reviews and by other means deemed necessary by the Department and/or the Organization.

The Organization must notify the DFCS COMPASS Community Partner Project Manager in writing of any change in its COMPASS Administrator designation within 3 business days of the change. The Organization must execute a new "Designation of COMPASS Administrator" form for each new COMPASS Administrator. DHS has the right to terminate the rights of any COMPASS Administrator and to require the Organization to designate a new COMPASS Administrator. Notwithstanding authorization by a COMPASS Administrator, DHS reserves the right to terminate any authorized users access to COMPASS at any time, with or without cause, without notice and without penalty.

Organization (By an Authorized Representative) COMPASS Administrator

Print Organization Name (Legal Entity Name)

Print Name

Organization FEIN (Tax ID Number)

Signature

Print Name of Authorized Representative of
Organization

Print Title

Signature of Authorized Representative

Date

Annex C – Form 3 COMPASS Individual User Agreement

Instructions for Completion

Annex C – Form 3 the **COMPASS Individual User Agreement** must be printed, signed and included in the packet for all designated COMPASS administrators requesting designation (Annex B) and each individual user in the agency.

Note: The designated administrators for each organization are responsible for the completion and maintenance of the Individual User Agreements for their site. Individual User Agreements must be completed **after** the required training. Each individual requesting access to COMPASS must sign the Individual User Agreement. The agreement must be signed by the user and approved by the supervisor prior to submission for access to COMPASS. Individual User Agreements must be retained for five years after the deactivation of individual user access.



Georgia Department of Human Services
COMPASS Individual User Agreement

The value and sensitivity of client information is protected by law and by the strict policies of the Georgia Department of Human Services (hereinafter "Department"). The intent of these laws and policies is to protect the client against the unauthorized disclosure of confidential information, and to ensure that the information is used solely for the purpose for which it was gathered.

For the purposes of this agreement confidential information includes, but is not limited to records, information and communications of the Department and the Organization that identify clients being assisted with the COMPASS Application, Renewal of Benefits, Reporting of Changes or Benefit Inquiry.

As a condition to receiving a system log in ID and password and being allowed access to the COMPASS system, and /or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions.

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose these codes to anyone, write the codes down, or allow anyone to access the system using my ID or password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my ID and password, even if such action was made by another due to my intentional or negligent act or omission.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another user's password.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password and notify my site administrator.
6. I have completed Confidentiality/Security Training.
7. I will not access or request any information that is not necessary for the performance of my job.
8. I must obtain a signed, completed COMPASS Transaction Authorization Form from the individual I am assisting before I complete any transaction on COMPASS.
9. I will not access case information on people of personal interest to me or members of my family.
10. I will not access, use or disclose any CONFIDENTIAL information unless required to do so in the official capacity of my employment or contract.
11. I understand that I have no right or ownership interest in any information available to me on the Department's system.
12. I will not leave a computer application unless it is secured to the extent that no one else will be able to access, use, or view the data.

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- 13. I will comply with all policies and procedures and other rules of the Department relating to CONFIDENTIALITY of information and passwords.
- 14. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
- 15. I agree that disclosure of CONFIDENTIAL information is prohibited indefinitely, even after the termination of employment or business relationship, unless specifically waived in writing by the Department.

I have read and understand this entire nondisclosure Agreement and agree to abide by it. I understand that if I violate any of the above-mentioned terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to the Department. I understand that criminal prosecution will be initiated if I knowingly and intentionally disclose the information to any unauthorized individuals or use the data for fraudulent purposes.

(User's Name – PLEASE PRINT)

(Date)

(Email Address)

(Employee ID Number – if applicable)

(User's Signature)

(Supervisor's Name/Title) – PLEASE PRINT

(Date)

(Supervisor's Signature)

(Organization Name)

(Telephone Number)

(Address)

(City/State/Zip)

Annex D – Form 4 COMPASS Transaction Authorization Form

Instructions for Completion

Annex D – Form 4 the **COMPASS Transaction Authorization Form** is part of the Community Partner Agreement. This form does not have to be submitted with the packet for organizations requesting registration.

This form is used to confirm authorization from the individual the organization is assisting with COMPASS services. This form **MUST** be completed and retained for a period of three years from the date such authorization is received. This is the **only** authorization form that is acceptable for COMPASS transactions. The applicable boxes for each form must be completed. It is not acceptable to have individuals sign blank Transaction Authorization Forms.

The authorization period varies by service. The authorization will remain in effect as follows:

- COMPASS Applications - for the period necessary to complete all transactions on matters related to the application
- Renewal/Review of Benefit on COMPASS – for the period necessary to complete all transactions on matters related to the review
- Report a Change – for the period necessary to complete all transactions on matters related to the change
- Benefit Inquiry – for one year unless an earlier expiration date is specified.

The authorization must comply with DHS/DFCS policies and must be available to the DHS/DFCS contact person or designated representatives, as necessary, during normal business hours for review and comparison against inquiries made on the COMPASS system. The authorization must be retained and available for a period of three years from the date such authorization is received from the applicant, recipient, or authorized household representative.

This form is available in English, Burmese, Korean, Mandarin Chinese, Spanish, and Vietnamese.



Georgia Department of Human Services
COMPASS Transaction Authorization

I hereby request and authorize: _____
(Name of the Service Site) (Date)

To aid me with, and to use any medical, health, or other protected health information that I disclose to its employees, volunteers, or agents for the sole purpose of assisting me with, the following:

- COMPASS Application – Specify program
 Food Stamps Medicaid Temporary Assistance for Needy Families (TANF) Child Care
- COMPASS Renewal of Benefit – Specify program
 Food Stamps Medicaid Temporary Assistance for Needy Families (TANF) Child Care
- COMPASS Report a Change
- COMPASS Benefit Inquiry

I understand I will still be responsible for the acknowledgement and electronic signatures required. I will also submit the transaction on COMPASS.

I understand that the federal Privacy Rule as defined by the Health Insurance Portability and Accountability Act (HIPAA) does not protect the privacy of information if redisclosed, and therefore request that all information if obtained by this Service Site be held strictly confidential and not be further released. I further understand that my eligibility for benefits is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for:

- COMPASS Application – the period necessary to complete all transactions on matters related to the application
- COMPASS Renewal/Review of Benefit – the period necessary to complete all transactions on matters related to the renewal/review
- COMPASS Report a Change – the period necessary to complete all transactions on matters related to the change
- COMPASS Benefit Inquiry – one year, unless I specify an earlier expiration date here: _____

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Name of Individual Authorizing the Transaction)

(Signature of Individual Authorizing the Transaction)

(Individual's Date of Birth)

(Client ID Number or Child Care Case Number if Authorizing **Renewal, Report a Change** or **Benefit Inquiry**)

COMPASS Community Partner Handbook

(Name of Organization Representative)

(Signature of Organization Representative)

(Date)

The authorization shall comply with Department policies and must be available to Department contact person or designated representatives, as necessary, during normal business hours for review and comparison against inquiries made on the COMPASS system for a period of three years from the date such authorization is received from the applicant, recipient, or authorized household representative.

Form 5 - COMPASS Community Partner Registration Checklist

Instructions for Completion

Form 5 - The **COMPASS Community Partner Registration Form** is completed by DHS prior to approving an Umbrella Organization and by the Umbrella Organization prior to approving the Assisted Service Site as a Registered Community Partner.

A site visit will be made by the administrator of the approving organization prior to the execution of the Community Partner Agreement and registration of the Umbrella Organization or Assisted Service Site. Site visits may also occur when an issue or concern arises, for monitoring as agreed upon in the Agreement, or at any time without notice.



Georgia Department of Human Services
COMPASS Community Partner Registration Form

A site visit will be made prior to execution of the Community Partner Agreement (henceforth 'Agreement') and registration of the Assisted Service Site (henceforth 'Site'). Site visits may also occur when, but are not limited to, an issue or concern arises in addition to monitoring as agreed upon in the Agreement.

Umbrella Organization or Assisted Service Site:

Date of site visit:

	Yes	No	N/A
General public is served? If no, annotate in comment section below.			
Is information specified in Section 1 of the Community Partner Agreement correct for the site? If no, annotate needed changes in comment section below.			
Does site have COMPASS signage and brochures including but not limited to, the nondiscrimination poster 'And Justice for All'?			
Computer, fax and phone available for COMPASS users? If not, document in comment section below.			
Is site a charitable organization? The agency must meet the following criteria to be defined as 'Charitable Organization' <ul style="list-style-type: none"> • a private, self-governing, non-profit organization chartered or authorized to do business in the State of Georgia by the Office of the Secretary of State • exempt from taxation; • one to which contributions are authorized as deductible by Section 170 of the United States Internal Revenue Code, as amended. 			
Has a COMPASS Individual User Agreement been completed by each individual requesting a system log in ID? Only check yes if each individual requesting a system log in ID has been trained on:			

<ul style="list-style-type: none"> • Health Information Portability and Accountability Act (HIPAA) and Confidentiality • the availability for public assistance benefits and services administered by Department and proper completion of the <u>Am I Eligible</u> screening tool on COMPASS • the application process for public assistance programs • Security Awareness • Americans with Disabilities Act (ADA) • Civil Rights • Mandated Reporting • And completed the five computer based training modules 			

Comments:

Printed name and signature of DHS or Umbrella Organization Administrator conducting the visit:

Printed name and signature of Service Site representative present at review:

Form 6 - COMPASS Community Partner Compliance Monitoring Checklist

Instructions for Completion

Form 6 - The COMPASS Community Partner Compliance Monitoring Checklist is completed when monitoring the Community Partner's compliance with the terms and conditions of customer consent or authorization relating to information concerning applicant and recipient households and assistance groups. In addition to ensuring that the requirements such as the completion of the Individual User Agreements and required training are met, a sample of customer transactions will be validated.

The Community Partner must be monitored once a year. Compliance may be monitored on a more frequent basis.

The COMPASS Community Partner Compliance Monitoring Checklist is completed during the review. The form is signed by both the DHS Administrator conducting the review and the Umbrella Organization Administrator or Designee when monitoring the Umbrella Organization. The form is signed by either the Umbrella Organization Administrator or Designee conducting the review and the Site Representative when monitoring the Assisted and Self-Service Sites.

The completion of the COMPASS Individual User Agreement serves as the 'security form and verification of security training' for each agency user. Reminder: All training **MUST** be completed prior to approval as a COMPASS Individual User. A training log must be completed and retained, validating the completion of the required training. The log must contain the name of the individual and date the training was completed. Ensure that users being added to the system have been trained.

The 'validation of COMPASS Transaction Authorization Forms that were completed' is the comparison of the information submitted/accessed via COMPASS to the completed COMPASS Transaction Authorization Form. The transaction type, period of authorization, customer information, and date must validate the transaction submitted/accessed via COMPASS. The Administrator for the Umbrella Organization or Designee will request the sample based upon actual transactions submitted during the previous year.

Ensure that the information the service site knows about the applicant/recipient they are assisting is the same information being provided on COMPASS. The site must notify the Department if the customer case information in its possession, custody, or control is inconsistent with Department's information. Examples of inconsistencies that would need to be reported to the Department include but is not limited to:

- an applicant/recipient states their rent is \$600 but the COMPASS Community Partner has a copy of the lease/rent receipt stating \$250
- an applicant/recipient does not report the father of the children as being in the home but the COMPASS Community Partner has information stating he is there.



Georgia Department of Human Services
COMPASS Community Partner Compliance Monitoring Checklist

Compliance will be monitored once a year. Compliance may be monitored on a more frequent basis.

Date of execution of Community Partner Agreement or last compliance validation:

Date of compliance validation (today's date):

Section A: General Compliance

	Yes	No	N/A
Is the information posted for the site in the Community Partner Resource Listing on COMPASS correct for the site? If no, annotate needed changes in comment section below. Document date changes made to COMPASS.			
Does site have COMPASS signage and brochures including but not limited to, the nondiscrimination poster 'And Justice for All'? If the answer is no, document corrective action taken in comment section below.			
Are computers, fax machines and phone available for COMPASS users? If not, document in comment section below.			
Is the site a charitable organization? If yes, the agency must continue to meet the following criteria to be defined as 'Charitable Organization' <ul style="list-style-type: none"> • a private, self-governing, non-profit organization chartered or authorized to do business in the State of Georgia by the Office of the Secretary of State • exempt from taxation; • one to which contributions are authorized as deductible by Section 170 of the United States Internal Revenue Code, as amended. 			
Is a plan for information security in place, especially involving the access, transport or storing of sensitive and confidential information in place? This includes the storage of the COMPASS Transaction Authorization Forms. Keep in mind that at any time specific forms will			

have to be produced for monitoring purposes, etc. If the answer is no, document corrective action taken in comment section below.			
Are COMPASS Transaction Authorization Forms retained for three years from date of completion? If the answer is no, document corrective action taken in comment section below.			
Are correct security forms and verification of security training on file for each user? Compare active users to COMPASS Individual User Agreement forms on file. Have new users added been trained? A training log must be completed and retained, validating the completion of the required training. The log must contain the name of the individual and date the training was completed. Have terminated employees been inactivated in the system? If the answer is no to either question, document corrective action taken in comment section below.			
Does the site notify the Department if the customer case information in its possession, custody, or control is inconsistent with Department's information? Ensure that the information the applicant/recipient is reporting on COMPASS is consistent with the information known to the Community Partner. If the answer is no, document corrective action taken in comment section below.			

Comment Section:

Section B: Validation of COMPASS Transaction Authorization Forms:

A sample of the transactions that were completed within the six month period prior to the month of review must be validated. Attach review sheet or list below the transactions that were validated.

Printed name and signature of Administrator or Designee conducting the compliance monitoring:

Section C: FOR DHS ONLY – Complete with review of Umbrella Organization

List registered Assisted Service Sites, date of last validation

A sample of the COMPASS Community Partner Compliance Monitoring visits that were completed within the six month period prior to the month of review must be validated. Attach copy of validation.

COMPASS Poster



www.compass.ga.gov



Allows you to see if you qualify for a wide range of DHS services.



Allows you to apply for DHS programs online without leaving your home.



Allows you to get the status of your online application.



Allows you to Check your Benefits and Report Changes online.



COMPASS is a new way to apply for the Georgia Department of Human Services (DHS) social service programs without having to leave the comfort of your home.

The website www.compass.ga.gov serves as a single point of entry for a wide range of programs.

Using the information and tools available, families, individuals, medical providers, community-based organizations and others can work together to ensure that Georgians are quickly connected to the programs they need.

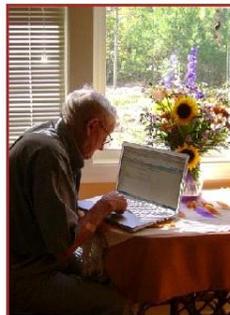
Georgia COMPASS

You can access the following programs and services through the COMPASS website at:

www.compass.ga.gov

- Food Stamps
- Childcare
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Mental and Substance Abuse
- Aging Services
- Energy Assistance
- Child Support

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Georgia COMPASS uses the internet to provide convenient, confidential access to information about Georgia's Department of Human Services (DHS) social service programs.

COMPASS Logo

