



COMBINED MEDICAID 0-4 Acronyms and Glossary

Supersedes: CMA 0-4 (07/2016)

A

A & A—Veterans Administration Aid and Attendance

ABD—Aged/Blind/Disabled

ACA—Affordable Care Act

ACE—Active Corps of Executives

ACV—Action Cooperative Volunteer Program

ADH—Administrative Disqualification Hearing

ARM—Administrative Rules of Montana

ACCESS—As it relates to joint checking/savings accounts:

- Restricted—Limited access to money in an account.
- Unrestricted—Unlimited access to money in an account by one or all of the account holders.

ACTUARIALLY SOUND—For purposes of Medicaid resource eligibility, a situation where the amount expected to be paid to the holder of a payment contract within his or her lifetime (which could be a contract-for-deed, or an annuity, for example) meets or exceeds the original value of the contract. Actuarial soundness is determined by multiplying the periodic payment amount by the holder's life expectancy, and then comparing this to the value of the contract (for a contract-for-deed, the value of the contract is the original value of the contract; for an annuity, this is the purchase price of the annuity). If the total of expected payments to be received during the contract holder's lifetime is less than the original value of the contract, then the contract is not actuarially sound.

ADEQUATE NOTICE—Written notification to be received by the individual no later than the date of intended action or the date benefits would have been received. Notices must be mailed no later than two working days after CHIMES cutoff to meet adequate timeframes.

ADMINISTRATIVE MONTH—The calendar month preceding the benefit month(s) for which eligibility determination is reviewed.

ADULT—ABD: An individual age 18 or older.

ACA/Family: An individual (age 19 or older) other than a dependent child (unless such a child is the minor custodial parent of another dependent child whose needs are being met). An emancipated child is considered an adult.

ADULT CHILD—An individual whose legal or biological relationship to another is child, but who has reached the legal age of majority (18). For purposes of determining exemption of a home, a “dependent adult child” is one who is dependent upon his/her parent(s) and is claimed on the parents’ income taxes (or if the parents did not file an income tax return but could claim the child if they did file one) as a dependent.

ADVANCED PREMIUM TAX CREDIT (APTC)—The Affordable Care Act provides a new tax credit to help consumers afford health coverage purchased through the Marketplace. The consumer must purchase the health insurance through the Federally Facilitated Marketplace in order to receive the tax credit.

ADVERSE ACTION—A decision to deny, decrease, suspend or terminate the benefits.

AGED—Sixty-five (65) years of age or older.

AGED/BLIND/DISABLED (ABD) MEDICAID—Term used to reference Medicaid programs serving aged, blind and disabled individuals. ABD Medicaid uses the financial and some non-financial criteria of the SSI cash assistance program administered by the Social Security Administration. ABD programs have also been known as SS-related Medicaid.

ALERT—A system reminder to the worker to reevaluate case circumstances.

ALIEN—A person residing in the United States of America who is not a citizen.

ALIEN SPONSOR—A person or any public or private agency or organization that executed an affidavit of support (Form I-134) or similar agreement so that an alien could enter the United States.

ALIMONY—Court ordered payment made by one spouse or former spouse to another after a legal separation or divorce. Alimony is income to the recipient and, if court-ordered, an income disregard to the payer.

AMERICAN INDIAN OR ALASKA NATIVE—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ANCILLARY CHARGES—Fees for medical services (such as hospital, doctor, ambulance, prescriptions or therapy) that are not included in the cost of medical institutional care.

ANNUITY—An agreement between two parties in which one party (annuitant) transfers an asset to another party (obligor) in return for unsecured payments for the remainder of the annuitant's life. Annuities may be purchased by an individual, an employer, or as part of a court ordered settlement. The annuity contract may be a resource, and the payments are countable income.

- Commercial Annuity: A Commercial Annuity is an annuity, endowment, or life insurance contract issued by an insurance company licensed to do business under the laws of any State.
- Private Annuity: For the agreement to be classified as a private annuity, neither party can be in the business of selling annuities - that is, neither party can be an insurance company.

ANNUITY CONVERSION: Certain actions to change an annuity, such as annuitizing a previously un-annuitized annuity or change an annuity form one time to another. Automatic events that are not voluntary, such as the start of pre-arranged payments or other actions the annuity company takes are NOT considered conversions.

APPLICATION DATE—The date the completed and signed application form is received and date stamped in the County Office or central scanning, or date an electronic application arrives in the online application mailbox, or the date a client completes a telephonic application.

ASIAN—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

ASSISTANCE UNIT—Those filing unit members who are eligible to receive benefits.

ABD: Includes an aged, blind or disabled individual and his/her aged, blind, or disabled spouse.

ACA/Family: Includes eligible individuals who are tax filers, non-filers, and tax dependents.

AUTHORIZED REPRESENTATIVE—A person acting for an applicant/recipient through the individual's written authorization.

AVAILABLE—For resources: the condition of having direct or indirect access to property that can be used for the individual's needs.

For income: is actually available; the applicant/recipient has a legal interest in a liquidated sum with the legal ability to make such a sum available for support and maintenance. Includes income earned by the applicant, unearned income from any source, amounts deemed available from the applicant's ineligible spouse or alien sponsor (or parents if applicant is under 18 and blind or disabled), and the value of any support or maintenance received "in kind."

B

BCBS MT—Blue Cross Blue Shield of Montana

BEOG—Basic Educational Opportunity Grant

BIA—Bureau of Indian Affairs

BENDEX—The Social Security Administration’s Beneficiary Data Exchange System, which provides the amount of Retirement, Survivors, Disability Insurance (RSDI) and Title II Social Security benefits paid to people entered on the system. BENDEX also provides data on pensions and wages.

BENEFIT MONTH—Calendar month for which Medicaid benefits are issued.

BLACK OR AFRICAN AMERICAN—A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

BLIND ACCORDING TO SSA CRITERIA—Meets SSA’s definition of blindness for qualifying for blindness-related SSA benefits.

BOARDER—An individual who receives both food and lodging in either a commercial boarding house or in another household.

BONA FIDE—Good faith; without fraud or deceit.

BOND—A written obligation to pay a sum of money at a future specified time. A bond is a negotiable instrument.

BUDGET MONTH—The month that the financial and non-financial criteria of the unit are used to determine eligibility. Using prospective budgeting, the budget month is the same as the benefit month.

BUDGETING—Calculating the assistance unit’s eligibility for the benefit month.

BURIAL FUNDS—Burial contract, burial trust, life insurance or other burial agreements (whether irrevocable, revocable, rescindable or non-rescindable) or any other separately identifiable funds that are clearly designated for burial expenses.

BURIAL SPACES—Conventional grave sites, crypts, mausoleums, urns, and other repositories which are customarily and traditionally used for the remains of deceased persons.

BUSINESS EXPENSES—Costs directly related to the production of income.

C

CA—Conditional Assistance

CD—Certificate of Deposit

CFR—Code of Federal Regulations

CFS--Child and Family Services

CHIMES EA—Combined Healthcare Information and Montana Eligibility System-Enterprise Architecture.

CMS—Centers for Medicare and Medicaid Services. CMS is the federal agency responsible for the administration of the Medicaid and Medicare programs.

CMV—Current Market Value

COBRA—Consolidated Omnibus Budget Reconciliation Act

COLA—Cost of Living Adjustment

CS—Community Spouse

CSE--Child Support Enforcement

CSED--Child Support Enforcement Division

CSC—Client Service Coordinator

CSIMA—Community Spouse Income Maintenance Allowance

CSRMA—Community Spouse Resource Maintenance Allowance

CWS--Child Welfare Services

CALENDAR YEAR—January 1 through December 31.

CAPITAL GAINS—Increased in property value between the time purchased and the time sold; represents a financial gain to the owner.

CAPITAL LOSS—Decreases in property value between the time purchased and the time sold.

CARE AND CONTROL--The physical care, guidance or maintenance of a child or children provided by a responsible parent or caretaker relative.

CARETAKER RELATIVE—For Family-Related Medicaid purposes, an adult, age 19 or older who meets the definition of a relative and is exercising the care and control of the child(ren). An emancipated child may also be a caretaker relative.

CASE—Documents or computer data relating to a household.

CASE MANAGEMENT—Steps completed by eligibility staff or others that are managing or reviewing the case. Includes gathering and entering into the eligibility system, information needed to establish eligibility, communicating eligibility to client through notices and contacts, updating case with changes, etc.

CASE MANAGEMENT TEAM—The provider and the state representative responsible for developing a plan of care as well as locating, coordinating and monitoring the delivery of Home and Community Based Services (HCBS/Waiver) for the client.

CASE NOTE—A clear, concise, complete, objective journal entry of significant facts which justify actions taken and supports eligibility decisions.

CASH SURRENDER VALUE—The actual cash amount the insurer will pay upon cancellation of a life insurance policy. This value usually increases with the age of the policy, but is decreased by any outstanding loans against the policy.

CASH VALUE—For resources: the amount that would be received if the resource were sold or converted to cash.

For income: the amount of the income or the value assigned to the service rendered for in-kind income.

CATEGORICALLY NEEDY—An individual or couple who meet all non-financial eligibility criteria and whose income does not exceed the categorically needy income limit.

CERTIFICATE OF DEPOSIT—See “Time Deposit”.

CERTIFIED APPLICATION COUNSELOR (CAC)—Certified application counselors are available to provide information to consumers and to help facilitate consumer enrollment in Qualified Health Plans and insurance affordability programs.

CHANGE IN CIRCUMSTANCE—A reversal or variation of the fact from what was previously known.

CHILD—The legal (biological or adopted) son or daughter of a parent; this includes stepsons and stepdaughters.

CHILD SUPPORT—Court ordered payment by a non-custodial parent for the purpose of meeting his or her child(ren)’s needs.

COLLATERAL CONTACTS—Knowledgeable individuals or sources who serve to support or confirm information.

COLLECTIBLES—Any item of value, which may or may not be part of a collection, such as paintings, coins, stamps, etc.

COMMERCIAL BOARDING HOUSE—A house where paying guests are provided with meals and lodging.

COMMINGLED FUNDS—Countable and exempt funds that are combined in a bank, IIM, or other account.

COMMON LAW MARRIAGE—A legally binding marriage between a two adults who are competent to enter into marriage and who, without the benefit of a marriage license or ceremony, mutually consent and agree to a common law marriage, who then cohabit and who are reputed in the community to be husband and wife. Common law marriage is based on the couple living together for a “significant period of time,” holding themselves out as a married couple (may refer to one another as “my husband” and “my wife”, may file joint tax returns and may use the same last name), and who intend to be married. A

common law marriage must be terminated by a formal legal divorce. Common law marriage is not recognized in all states, or on some Indian reservations.

COMMUNITY SPOUSE—A spouse who is not living in a residential medical institution or nursing facility or participating in the Medicaid HCBS waiver program.

COMPENSATION—Money, real or personal property, food, shelter or services received by an individual in exchange for goods or services provided by that individual.

COMPLETE THE PROGRAM--An individual enrolled in high school or an equivalency program is considered to have completed the program if the institution has awarded a diploma or certificate of completion.

CONCILIATION--The informal process for resolving a recipient's complaint, grievance, or dispute.

CONFIDENTIAL INFORMATION—Applicant or recipient information that may only be shared for purposes of establishing eligibility, determining amount of assistance, and providing services, with related federally mandated and assisted programs and agencies under contract to the Department or operating with a Memorandum of Understanding.

CONTRACT FOR DEED—A real estate transaction where the seller carries the buyer's obligation to pay the purchase price. The seller agrees to transfer the property deed to the buyer when all payments have been made. A contract for deed is a negotiable instrument.

CONVALESCENT LEAVE—A temporary release from a residential medical facility such as Montana State Hospital, without final discharge.

COST SHARE REDUCTION (CSR)—A discount that lowers the amount a consumer has to pay out-of-pocket for deductibles, coinsurance, and, copayments. A person can get this reduction if they get health insurance through the Marketplace, their income is below a certain level, and they choose a health plan from the Silver plan category.

COUNTABLE INCOME—The total of earned and unearned income (after allowable disregards) not excluded by policy that is expected to be received by the filing unit for the budget/benefit month.

COUNTABLE INTEREST—Also known as “proportionate interest.” The fair market value of a property multiplied by an individual's percentage of ownership.

COVERAGE REQUEST DATE—The date an individual requests Medicaid coverage. This date may or may not be the same as the application date. For example, on March 12, Mary applies and is approved for Medicaid for herself, but does not request coverage for her children. Mary's application and coverage request date are both March 12. On May 9, Mary requests coverage for her children. The children's coverage request date is May 9, but the application date is March 12 (as a new application cannot be required when other family members are receiving Medicaid). Any request for retro coverage is based on the coverage request date. In this scenario, Mary's could request retro coverage for her children for

February, March and April, as those are the three months immediately preceding their coverage request date.

CREATOR—Used in terms of a trust, the person who creates a trust, also known as a "settlor" or "grantor".

CREDITABLE COVERAGE—Coverage of the individual provided under any of the following:

1. a group health plan;
2. health insurance coverage
3. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
4. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under section 1928;
5. chapter 55 of Title 10 USC (CHAMPUS);
6. a medical care program of the Indian health service or of a tribal organization;
7. a state health benefits risk pool;
8. a health plan offered under chapter 89 of Title 5 USC (Federal Employees Health Benefits Program);
9. a public health plan as defined in federal regulation; and
10. a health benefit plan under section 5(e) of the Peace Corps Act (22 USC 2504(e)).

CURRENT MARKET VALUE (CMV)—See Fair Market Value.

CURRENTLY AVAILABLE PROPERTY RESOURCES—Assets which an applicant or recipient has a legal right and reasonable practical ability to liquidate. Liquidation does not need to be possible immediately or within a given benefit month in order for an asset to be currently available.

D

DAC—Disabled Adult Child

DD—Developmentally Disabled

DDB—Disability Determination Services, a.k.a. Disability Determination Bureau

DDP—Developmental Disabilities Program

DDS—Disability Determination Services (see DDB)

DMS—Document Management System (electronic case file)

DOC—Department of Corrections

DoLI—Department of Labor and Industry

DOR—Department of Revenue

DPHHS—Department of Public Health and Human Services

DEBIT CARDS—Prepaid or electronic funds deposit account where the individual has access to available funds (including, but not limited to Direct Express, Walmart Debit cards, prepaid credit cards, etc.). The card owner can login to an online account or call the company to check their balance, view transactions and view record history.

DEEMED HOUSEHOLD—For ACA/Family: The deemed person plus their dependents living in the home who are not included in the Medicaid filing unit. Dependents who are included in either the filing unit or assistance unit cannot be included in the deemed household.

DEEMING—Considering a portion of income and resources of one person as the income and resources of a second person, whether or not actually available or contributed.

DEPENDENT CHILD— child who is:

1. under age 19; and
2. living with an adult (age 19 or older) caretaker. The caretaker may or may not be a specified relative.

For purposes of determining whether parental income is deemed from a parent to a blind or disabled child, a dependent child is a person who is under age 18 and who lives with the deemed parent or stepparent.

When deeming from a parent to a child, or from an ineligible spouse to an eligible spouse, an ineligible child for whom an ineligible child allocation may be allowed is a minor child under age 18 who is living with the deemed parent or ineligible spouse, or a student child who has not yet attained age 21, and who is the natural or adopted child or stepchild of the deemed parent or ineligible spouse.

A minor child who is living independently, and not with a parent or stepparent adult caretaker, is not considered a dependent child. However, if the child is under age 19, they are still considered a minor child for Family-related Medicaid purposes.

For purposes of determining exemption of a home, a “dependent adult child” is one who is dependent upon his/her parent(s) and is claimed on the parents’ income taxes (or would be if the parents did not but could file an income tax return) as a dependent.

DISABILITY—The physical and/or mental impairment of an individual, based on criteria set out in Social Security Administration eligibility rules. The impairment may be either temporary or permanent.

DISABLED—Permanently and totally disabled as determined by either Social Security Administration or MEDS, according to Social Security disability criteria.

DISABLED STUDENT—A disabled individual who is under age 22, and who is in a college or university at least 8 hours per week, or in grades 7-12 for at least 12 hours per week, or in a training course preparing

for a paying job for at least 12 hours per week (15 hours if shop practice is involved), or for less time than indicated for reasons beyond the student's control such as illness, the nature of his/her disability, or lack of transportation.

DISREGARD—A dollar amount designated for a specific purpose which is deducted from the filing unit's income.

ABD: \$65 and ½ of earned income, legally obligated child support payment.

ACA: A 5% disregard that is deducted from the filing unit's gross income.

Family Medically Needy: \$200 plus 25% of remaining earned income, dependent care and legally obligated child support. No disregards are allowed if GMI test is failed

DIVIDEND—A share of profits received by a stockholder or by a policyholder in a mutual insurance society.

DOCUMENT—Used as a noun, indicates a written record on system case notes of the circumstances of an event or fact. Used as a verb, indicates the act of entering in the case file actual proof or statement of proof that the contents of the record are accurate.

E

EA—Emergency Assistance

EIC/EITC—Earned Income Credit/Earned Income Tax Credit

EMHP—Extended Mental Health Plan for HMK benefits

EARNED INCOME—Employee payments received in cash or in-kind for wages, tips, commissions, or net profit from activities in which the individual is engaged as self-employed; the gross income before deductions for personal or employment expenses or garnishments.

EARNED INCOME TAX CREDIT (EITC)—An amount of money which has been either deducted from the taxes owed or paid as a refund resulting from filing a Form 1040 or 1040A Tax Return for a calendar year. EITC is disregarded as income and as a resource in the month following receipt.

ELECTRONIC CASE FILE—Electronic images contained in the Document Management System (DMS).

ELIGIBILITY FACTOR—A specific condition that a client must meet to qualify for or continue receiving benefits.

ELIGIBILITY STAFF MEMBER—The staff person who provides case management in the Field Offices of Public Assistance and Processing Centers.

ELIGIBLE—A person who meets a specific program's eligibility requirements; considered qualified to receive the program's benefits.

ELIGIBLE CHILD—ACA/Family: A child, under age 19, who is eligible to be included in the filing and assistance units.

ELIGIBLE SPOUSE—ABD: Spouse of a Medicaid applicant/recipient where neither spouse is institutionalized or waiver. If one member of a couple is institutionalized or waiver (or waiver eligibility is being determined), the applicant/recipient's spouse (whether ABD or not) is a community spouse.

EMERGENCY ASSISTANCE FOR NEEDY FAMILIES—A short-term program to assist families in an emergency caused by an unforeseen circumstance.

ENCUMBRANCE—A claim or legal debt(s) against a resource which is supported by a written document and which must be paid when the resource is sold.

ENGLISH AS A SECOND LANGUAGE (ESL)--Classroom training for those who are non-English speaking, but literate in their native tongue. It should provide them with sufficient command of the English language to compete and participate in the labor market, or to participate in training.

ENUMERATION—The act of assigning a Social Security Number (SSN).

EPSDT—Early and Periodic Screening, Diagnosis and Treatment services for individuals under age twenty-one (21), who are covered by Medicaid.

EQUITY VALUE—The current market value less any encumbrances (legal debts such as mortgages, loans, penalties, cost of sale, etc.) against the property as of the date of evaluation.

ESSENTIAL FOR DAY-TO-DAY LIVING—As stated by the caretaker relative, the item is indispensable or necessary for the survival of the assistance unit.

ESTOPPEL—A legal principle that when an individual represents a material fact to a second individual, and the second individual reasonably changes his or her position in reliance on the representation, the first individual may not deny that the condition or fact exists. All instances where estoppel may be an issue must be referred to the Office of Legal Affairs through Central Office policy specialist.

EVIDENCE—Something that furnishes proof (a document or a statement attesting to the validity of a particular event).

EX PARTE REVIEW—A review of household circumstances that is completed by the client service coordinator when a Medicaid program closes, or when other household circumstances change. The purpose of this review is to determine if the child/family qualifies for a different Medicaid program than currently open or the one being closed. Current information, already contained in the case record, is used to complete this review. Additional or updated information is requested when needed.

EXCLUDED RESOURCE—Any real or personal property that is not counted toward the general resource limitation.

EXTRA PAYCHECK—A payment (earned income) in addition to the usual number of payments made in a month. Extra paychecks are received four times a year for people paid on a weekly basis and twice a year for people paid every other week.

F

FBDE—Full Benefit Dual Eligible

FC—Foster Care

FICA—Federal Insurance Compensation Act

FMA—Family Medicaid

FMV—Fair Market Value

FAIR HEARING—An opportunity for any person whose claim for assistance has been denied, or who had other negative action taken on their case, to present convincing evidence to reverse the original decision. Another interested party to the benefits, such as a medical provider, may also request a fair hearing.

FAIR MARKET VALUE (FMV)—The gross amount of money that the sale of property would bring on the open market in the community where the property is located. Encumbrances do not affect FMV.

FEE PATENT LAND—Land located on an Indian Reservation, but not under the control of the tribe or any other government entity. The landowner may or may not be Native American. When fee patent land is to be sold, the tribe must always be given the first opportunity to purchase the land. If the tribe declines the right to purchase, the owner does not need the permission of the tribe or BIA in order to sell the property, and may sell it to anyone (does not have to be purchased by someone of Native American descent). Fee patent land is taxable land.

FEDERALLY FACILITATED MARKETPLACE (FFM)—Federal website where consumers can apply for insurance and insurance affordability programs. Also known as the Marketplace.

FILING UNIT—Those individuals whose income and resources must be considered in eligibility determination. All members of the filing unit may not be included in the assistance unit and may not receive benefits.

FINALIZE—In CHIMES, final authorization of a Medicaid determination resulting in issuance of benefits, denial of a request for coverage or closure of on-going eligibility.

FOUNDATION—Mountain Pacific Quality Health Foundation. The Foundation is the contractor to Montana Medicaid for both nursing home level of care screening and Medicaid travel. Also known as MPQHF.

FULL BENEFIT DUAL ELIGIBLE—An individual who is receiving both Medicare benefits (Part A and/or B) as well as a “full” Medicaid benefit (e.g. “regular Medicaid benefits”).

G

GARNISHMENT—A legal action to deduct a specified amount of money from an individual’s wages, unemployment compensation or other income to satisfy a creditor.

GENERAL EQUIVALENCY DIPLOMA (GED)—Training provided to individuals who require a high school education or its equivalent to obtain appropriate employment. The training prepares the individual for the GED test for a high school equivalency certificate.

GOOD CAUSE—An acceptable reason for an individual's action that overrides the penalty of that action. This reason applies to asset transfers, cooperation with CSED, Program Compliance, Third Party Liability, etc.

GRANTOR—The entity that creates a trust. The grantor may be a person, court or administrative body with legal authority to act on behalf of an individual. The grantor may be acting at the direction or request of an individual (aka donor or trustor).

GROSS EARNED INCOME—The total money the person is entitled to receive prior to any deductions including garnishment.

H

HELP—Health and Economic Livelihood Partnership (HELP) Act. Senate Bill 405 passed by the 2015 Montana Legislature to expand Medicaid to certain low-income Montanans.

HIFA—Health Insurance Flexibility and Accountability waiver

HIPAA—Health Insurance Portability and Accountability Act of 1996

HARD CARD—The Montana Access to Health card. This is a Medicaid recipient’s permanent Medicaid ID card. Each recipient receives his/her own card, and should retain the card indefinitely, even if his/her Medicaid case closes.

Health Insurance Premium Payment System (HIPPS): Payment of cost-effective individual or group health plan premiums as a Medicaid benefit. The adult Medicaid applicant/recipient must cooperate with HIPPS as a condition of his or her Medicaid eligibility.

HISPANIC OR LATINO—A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

HOME—The principal place of residence of an individual and/or his or her spouse and/or his or her dependent child(ren).

Principal place of residence (ACA/Family): the family setting in which the child lives with a caretaker relative who provides day-to-day care and control of the child.

For resource purposes: a home is the principal place of residence which is owned or being purchased and which includes any building and the land upon which it is located, the land that appertains to the home and all the buildings and/or mobile homes located thereon. A mobile home (or mobile homes) located on real property may be excluded as part of a home if lived in by the individual and/or his or her spouse and/or his or her dependent child(ren). (See definition of principal place of residence.)

HOMELESS—Neither having a fixed address nor living in a permanent dwelling.

HOUSEHOLD FURNISHINGS—Furniture, appliances, clothing and personal items owned by the filing unit.

HUB—Federal data services portal that states will use for electronic verification.

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ICF—Intermediate Care Facility

ICF/IID- Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly known as ICR/MR)

ICF/MR—Intermediate Care Facility for the Mentally Retarded (changed to ICF/IID)

IEVS—Income and Eligibility Verification System

IIM—Individual Indian Monies

INA—Immigration and Naturalization Act

IRA—Individual Retirement Account

IRS—Internal Revenue Service

IDENTIFICATION (ID) CARD—A hard plastic card that identifies the bearer, and gives a provider access to Medicaid eligibility information for that person. Possession of the card does not guarantee that the individual is actually Medicaid eligible.

INCAPACITY—A physical or mental defect, illness or impairment which is sufficiently serious as to eliminate or substantially reduce an* individual's ability to function for day-to-day activities or employment. (*the caretaker relative's ability to care for or support the child(ren) for a period expected to last at least thirty days.)

INCARCERATION—The condition of being in prison or city/county jail, or a half-way house under the control of the corrections system.

INCOME—Money (earned or unearned) received from any source.

INCOME GENERATING PROPERTY—Countable liquid resources, such as annuities, savings accounts, and CDs that generate dividends, interest, or other passive income without the active participation of the owner. ‘Income generating property’ is a characteristic of the property that is used in CHIMES to connect a resource to the income it generates.

INCOME-PRODUCING PROPERTY—Non-liquid real or personal property that, in and of itself, produces income. For example, rental property is normally considered income-producing property. ‘Income producing property’ is a characteristic of property that is used in CHIMES to connect a resource to the income it generates, as well as triggering the 6%/ \$6000 resource exclusion test (see MA 402-1).

INCUR—To become liable for something.

INCURMENT—See Spend Down

INDEMNITY INSURANCE POLICY—An insurance policy that pays a flat amount per day or per incidence only because a specific incident takes place (such as hospitalization or institutionalization), and not dependent on the insured incurring a financial obligation or expense due to the incident.

INDEPENDENT LIVING ARRANGEMENT—A living arrangement where the person is self-sufficient and does not rely upon another person or an institution to provide his/her food and/or shelter.

INDIAN LAND--Property owned jointly by the tribe or property that can be sold only with the permission of other individuals, the tribe or the Bureau of Indian Affairs.

INDIAN TRUST LAND—Reservation land, held in government trust status, owned by either the tribal governing body or individual tribal members. The land may be used by the individual owner or leased to others for farming, grazing, mineral extraction or other uses. The land cannot be sold without BIA and/or tribal approval.

INDIVIDUAL INDIAN MONEY (IIM) ACCOUNTS—Accounts, similar to bank accounts, that are administered and maintained by the Bureau of Indian Affairs (BIA) Area Office or a designated agency on the reservation. The designated official at each agency can restrict IIM Accounts.

INDIVIDUAL RETIREMENT ACCOUNT (IRA)—A tax-deferred pension or plan which sets aside money now for the needs of the person after retirement.

INELIGIBLE—Not entitled to receive benefits; does not meet one or more of the specified non-financial or financial eligibility requirements.

INELIGIBLE ALIENS—Those aliens who are not eligible for Medicaid due to the temporary nature of their admission status, the five-year ban, or not meeting Qualified Alien status.

INELIGIBLE CHILD—ABD: A dependent child (that is not blind or disabled) of a deemed parent, stepparent, or ineligible spouse, who lives in the same household as the deemed parent, step-parent, or ineligible spouse, and may* be allowed an ineligible child allocation when deeming from the parent to an eligible child or from the ineligible spouse to an eligible spouse. An ineligible child must be under 18,

if not attending school, or under 21, if a student who meets the definition of a student. *An ineligible child allocation cannot be allowed for an ineligible child who is receiving SSI benefits, TANF cash assistance or BIA General Assistance.

ACA/Family: A child (under age 19) who is not eligible for a specific Medicaid category, but who lives in the same household with their sibling/step-sibling who is eligible for that Medicaid category. The child may be an ineligible child for one category, and an eligible child for another. Examples of ineligible children include a child in a paid foster care placement.

INELIGIBLE PARENT--An eligible child's natural or adoptive parent who lives in the same household as the eligible child, but who is not eligible for the specific medical category being opened for the child.

INELIGIBLE SPOUSE—The Medicaid applicant's spouse, who is not eligible for Medicaid based on non-financial criteria (aged, blindness, disability, alien status, etc.). A spouse is not an ineligible spouse simply because s/he is not requesting or applying for Medicaid coverage.

INHERITANCE—Property received or anticipated to be received from a relative or other person by legal succession or will.

INITIAL ELIGIBILITY DETERMINATION—The act of evaluating eligibility factors for each applicant and finding each applicant eligible or ineligible.

IN-KIND INCOME— See Vendor Payments. The receipt of goods or services (including vendor payments) instead of money that may be used to provide food or shelter, and must be counted in the determination of eligibility. The receipt of good(s) or service(s) instead of money for the activities of an individual that must be evaluated to determine a value. This value is considered earned income and must be counted in the determination of eligibility if provided in the form of food or shelter.

INMATE OF A PUBLIC INSTITUTION—An individual from the date of actual incarceration in a prison, county, city or tribal jail until permanent release, bail, probation or parole. An individual released from prison or jail due to a medical emergency that would otherwise be incarcerated but for the medical emergency, is considered to be an inmate of a public institution.

INSTITUTION—An establishment that furnishes (in single or multiple facilities) food, shelter and treatment or services to four or more persons who are unrelated to the proprietor.

INSURANCE SETTLEMENTS—The money received by a person or persons from a company for damage of property or person. Insurance payments to repair or replace damaged property are considered as excluded resources and are excluded for three months. Insurance payments for personal injuries are considered as income.

INSURED—The person who is covered by an insurance policy.

INSURER—The company or association that contracts with the insured person and is responsible for the payment of benefits.

INTACT FAMILY--A filing unit consisting of both parents and their children living together in a place of residence

INTENSIVE SERVICES REVIEW COMMITTEE (ISRC)—A statewide committee of representatives designated by the DD Program to review pre-admission screening materials and determine level of care requirements for individuals referred to intensive services. The ISRC maintains a register of individuals who meet level of care requirements to be used by the statewide local screening committees for selection decisions when an opening (in the waiver program) occurs.

INTEREST—A charge for a loan, or an amount earned by an amount on deposit; usually a percentage of the amount loaned or deposited.

INTERMEDIATE CARE FACILITY (ICF)—A residential medical facility, known in federal regulations as a nursing facility, that provides health-related services above the level of room and board, and is certified and recognized under State law as a provider of such medical services. Residents must be admitted by a physician and continuously remain under a physician’s care. An ICF is licensed and monitored by DPHHS.

INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED—A facility that provides intermediate care and active treatment to the mentally retarded or otherwise developmentally disabled. An ICF/MR is licensed and monitored by DPHHS.

INTERVIEW—To question or talk with a person (face-to-face or via phone call) to obtain and give information. The Department cannot require an interview for ANY Medicaid program.

IRREGULAR INCOME—Income that is received at various time intervals or fluctuating amounts; does not follow a regular pattern.

IRREVOCABLE—That, which cannot be terminated, amended or set aside.

ITEMS OF UNUSUAL VALUE—Household goods or personal effects that have a current market value of \$500 or more that are held as investments and not used for day-to-day living, which may be countable.

J

JOINT CUSTODY—ACA/Family: Agreements where both parents share in providing maintenance, physical care and guidance for the child(ren). Flexibility is used in 50/50 custody situations. Staff work with the family to determine what is the best option for the child(ren). The child(ren) can be included in each household on an every other month, every three months, semi-annual, etc. basis.

JOINT POLICY—A life insurance policy that includes more than one person; usually covers both husband and wife, and pays out when the first of the insured individuals dies. Also known as a “first to die” policy.

JOINTLY OWNED PROPERTY—Presumed to be owned in equal shares by each of the persons holding a legal interest, unless otherwise specified in a legal document such as a deed or divorce decree. A court-

ordered right of ownership takes precedence over any contrary verbal claim or stipulation on any document.

JOINT TENANCY—Each tenant has undivided interest in the whole of the property. Upon the death of one of the tenants, the undivided interest in the property reverts to the surviving tenants. Any real property can be divided. Refusal of one party to sell does not create an excluded resource. The real property may be partitioned and is a countable resource to the applicant.

JUDGMENT PAYMENTS—Per capita payments distributed to enrolled members of Indian tribes as a result of a lawsuit made against the United States Government. Such funds, as well as the interest they accrue, must be excluded from income and resources.

K

KEOGH—A tax deferred pension or plan for a self-employed individual to set aside money now for their needs after retirement.

KNOWLEDGEABLE SOURCE—A person who has a considerable degree of familiarity of an individual or subject which has been gained through experience of or association with the individual or subject; a person who is professionally aware of the value of the property in the community or general area. For example, a real estate broker is a knowledgeable source on real property values; a person in the business of buying and selling contracts for deeds is a knowledgeable source on values of contracts for deeds.

L

LAPR—Legally Admitted to the United States for Permanent Residence

LIEAP—Low Income Energy Assistance Program

LTR--Lawful Temporary Resident

LAWFULLY RESIDING—Residing in the home with the owner's, or, if under guardianship, the owner's legal guardian's permission.

LEASE INCOME—Payment distributed in accordance with a lease agreement.

LEGAL RECORDS—Documents of transactions conforming to or permitted by law.

LEGALLY OBLIGATED—Court-ordered

LEVEL OF CARE DETERMINATION—A determination completed by a department-designated entity resulting from an assessment of functional abilities, psychosocial needs and medical conditions verifying the need for long term care services (institutional or home and community based services).

LIEN—A security interest or claim upon real or personal property to ensure satisfaction of a debt. The lien amount must be paid up in order for title to property to be transferred from one owner to another.

LIFE ESTATE--An interest in real or personal property that is limited in duration to the lifetime of its owner or some other designated person or persons. A life estate is personal property, even when it is the right to use real property.

LIFE INSURANCE—A contract (policy) where the policy owner pays premiums during his/her lifetime and the company pays the face value of the policy to the beneficiaries upon the death of the insured.

LIMITED LIABILITY COMPANY (LLC)—A business structure where owners have limited personal liability for an LLC's debts and actions. Similar to partnerships as there is management flexibility and pass-through taxation. LLC owners are called members.

LIQUID RESOURCES—Cash and other non-cash resources that can be readily converted to cash. Examples of resources that are ordinarily liquid include (but are not limited to) stocks, bonds, mutual fund shares, promissory notes, mortgages, life insurance policies, and financial institution accounts.

LIVING ARRANGEMENT—For Medicaid purposes, the situation in which an individual or couple is living: living independently, living in the household of another or living in a medical institution.

LOAN—A transaction in which money is given to another and must be repaid. See also 'Valid Loan'

LOAN VALUE—See "Cash Surrender Value"

LOCAL SCREENING COMMITTEE—Statewide committees of representatives (designated by the Developmental Disabilities Program) responsible for placement decisions when intensive service openings occur. The committees review minimal needs and services for individuals accepted for intensive services to be used by the Individual Habilitation Planning Team in developing the plan of care.

LONG TERM CARE—Extended medical care received on an in-patient basis.

LUMP SUM PAYMENT—A payment of earned or unearned money; the total amount less (1) legal fees required to make the money available; and (2) the amount designated to the payer or source for medical expenses. Earned or unearned nonrecurring income considered as income in the month received, if the payment can be prospected. Becomes a resource to the extent retained in following months.

M

MA—Medicaid

MAO—Medicaid Only

MCA—Montana Codes Annotated

MEDS—Medicaid Eligibility Disability Services

MIMS—Montana Income Maintenance System

MISTICS—Montana Integrated System to Improve Customer Services. The Montana DoLI on-line system available to eligibility system users to verify unemployment insurance benefits.

MMIS—Medicaid Management Information System

MNIL—Medically Needy Income Level

MPQHF—Mountain Pacific Quality Health Foundation. MPQHF is the contractor to Montana Medicaid for both nursing home level of care screening and Medicaid travel. Also known as “The Foundation.”

MQT—Medicaid Qualifying Trust

MR—Mentally Retarded

MSH—Montana State Hospital (formerly known as Warm Springs State Hospital)

MAINTENANCE—Providing the supplies or funds needed to live on.

MATERIALLY PARTICIPATES—Income earned is a direct result of the individual’s physical labor, services or goods produced; the individual is responsible for all aspects of the business; and, income generated is directly related to the amount of time and effort the individual participates in the business.

MEDICAID—The program that pays eligible individuals covered medical expenses

MEDICAL INSTITUTION—An establishment organized to provide medical care (including nursing and convalescent care) by professional personnel in accordance with state licensing standards. Medical institutions include institutions for mental retardation, mental disease and tuberculosis, or nursing homes.

MEDICALLY NECESSARY SERVICE—A service or item reimbursable under the Montana Medicaid program that is reasonably believed to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap or cause physical deformity or malfunction. A service or item is not medically necessary if there is another service or item that is equally safe and effective and substantially less costly including, when appropriate, no treatment at all.

Experimental services or services that the medical profession generally regards as unacceptable treatment are not medically necessary for Medicaid purposes. Experimental services are procedures, items and prescribed drugs the U.S. Department of Health and Human Services (DHHS), Medicare program or the department’s designated review organization considers experimental or investigational or procedures and items approved by the U.S. DHHS for use only in controlled studies to determine the effectiveness of such services.

MEDICALLY NEEDY (MN)—An individual or couple that is otherwise eligible for Medicaid but whose income exceeds the benefit standard for the categorically needy coverage. A medically needy case may or may not have a spend down.

MILITARY ALLOWANCES—A Family Subsistence Supplemental Allowance (FSSA) is paid to eligible service members and their families by the Department of Defense. The amount of FSSA is shown on the member's Leave and Earnings Statement (LES).

The Military Basic Allowance for Housing (BAH) is an allowance to offset the cost of housing for service members who do not receive government- provided housing. The BAH is based on civilian rental costs by pay grade, dependency status, and housing compensation based on comparable civilian housing costs.

MINERAL RIGHTS—The ownership or interest in land below the surface.

MINOR CHILD—ABD: A person who has not yet attained his or her 18th birthday.

ACA/Family: An individual who is under the age of nineteen (19), and is not living with an adult caretaker. See also "DEPENDENT CHILD".

MODIFIED ADJUSTED GROSS INCOME (MAGI)—A household's adjusted gross income plus any Social Security, interest, and foreign income.

MONTANA ACCESS TO HEALTH CARD—A Medicaid recipient's permanent hard plastic Medicaid ID card. Possession of the card does not guarantee Medicaid eligibility.

MONTH RECEIVED—The benefit month in which money may be available to the applicant or recipient or in which the person will receive the money in-hand. SSA and SSI payments are exceptions to this definition, when the payment is made at the end of a month (usually because of holiday mail) for use during the following month.

MUTUAL FUND—A company without fixed capitalization, freely buying and selling its own shares and using its capital to invest in other companies.

N

NADA—National Automobile Dealers' Association

NH—Nursing home

NATIVE HAWAIIAN OR PACIFIC ISLANDER—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

NAVIGATORS—Individuals trained to provide fair, impartial, and accurate information to assist consumers with submitting an application, clarifying differences between qualified health plans, and helping qualified individuals make informed decisions during the health plan selection process. They also must provide additional assistance to disabled consumer and those with limited English proficiency

NEGOTIABLE INSTRUMENT—A written unconditional agreement signed by a person who promises to pay a specific sum of money at a specific time or on demand to the person, company, corporation or

institution named on the note. A negotiable instrument may or may not involve the loan of money or goods

NET COUNTABLE INCOME—Includes all non-excluded earned income and all non-excluded unearned income, less applicable disregards and deductions

NET MONTHLY INCOME (NMI) STANDARDS--(Need Standard) - Levels of net countable income for each size filing unit which cannot be exceeded if the unit is to be eligible

NET PROFIT—Gross revenue less allowable business expenses

NON-EXEMPT (COUNTABLE)—Income and resources counted, in whole or in part, to determine eligibility.

NON-FILER—An individual who does not expect to file a tax return or be claimed as a dependent on someone's tax return

NON-HISPANIC/LATINO—A person who is not Hispanic or Latino according to the definition stated earlier

NON-LIQUID RESOURCES—Resources which cannot reasonably be converted to cash within 20 working days. The term may be applied to either real or personal property. A resource which has been determined to be non-liquid for any reason is not considered inaccessible or excluded simply because the value of the asset cannot be accessed in the benefit month

NON-RESCINDABLE—Cannot be voided, repealed or annulled

NOTICE OF ACTION—

1. CONTENT

Complete Notice —Written notice that includes the action the agency intends to take, the reason for the action, the agency policy and state and federal regulations supporting the action, the right to request a fair hearing, the person to contact for additional information, the availability of continued benefits and liability for such benefits if found ineligible in the hearing decision.

2. TIMELINESS

a. Adequate Notice — Written notification as stated above, to be received by the individual no later than the date of action or the date payment would have been received.

b. Timely Notice — Written notification as stated above, mailed ten (10) days prior to the date of action.

System notices are mailed the working day **after** they are sent from the system, and are not mailed on weekends or holidays.

3. Ten-day notice period — the ten (10) consecutive days immediately following the day the notice was mailed.

O

OJT—On the Job Training

OPA—Office of Public Assistance Field Services

ON-GOING ELIGIBILITY DETERMINATION—The act of evaluating each open case and finding the case eligible or ineligible.

ONE-THIRD REDUCTION RULE—Applies to an applicant or recipient for whom both food and shelter are provided by another household, individual, or entity for a full calendar month. The value of free food and shelter is considered to be one-third the monthly SSI SPA.

OTHERWISE ELIGIBLE—Means the individual is not precluded from eligibility by some other provision of Title IV-A XIX of the Social Security Act and the individual meets all the program requirements.

OVERISSUANCE— Benefits received by or for an assistance unit for which that unit was not eligible.

OWNER—In the case of a life insurance policy, the person who has the right to change the policy; normally the person who pays the premium.

P

PAB—Public Assistance Bureau

PC—Program Compliance

PCA—Program Compliance Auditor

PMV—Presumed Maximum Value

PPACA—Patient Protection and Affordable Care Act

PRUCOL—Permanently Residing Under Color of Law

PARENT—A natural, adoptive or stepparent.

PARTNERSHIP—Entities with two or more partners; may include both working and silent partners. Partnership agreement defines each partner's share of income, gains, losses, deductions and credits.

PASS—Plan to Achieve Self-Support. An agreement between a person with a disability or blindness and Social Security which allows the individual to set aside income or resource to reach a work goal.

PATIENT TRUST ACCOUNT—An account administered by a nursing home or similar facility to accommodate a patient's individual funds.

PATRONAGE DIVIDEND—A dividend or distribution that a co-operative pays to its members or investors. Patronage dividends are given based on a proportion of business profit made and are calculated according to how much each member used the co-op's services.

PAYEE—The person in whose name the benefits are issued. The payee may be the individual to whom the payment is obligated, an eligible or ineligible parent, an eligible or ineligible caretaker relative or a protective payee.

PAYMENT—The act of giving a check or warrant to the payee or the legal representative.

PENAL INSTITUTION—Any facility in which an individual may be lawfully held against his will by federal, state or local authorities.

PENSION FUND—An investment account (typically with an employer) that is intended to provide income at retirement.

PENSION PAYMENT—A sum of money paid regularly as a retirement or disability benefit.

PER CAPITA PAYMENT—Income from Indian-owned property that is distributed equally to all tribal members. This may include Indian casino profits.

PER DIEM—Per day; pertains to expenses for cost of meals and lodging.

PERJURY—A willful false statement of a material fact; swearing to what is untrue; or, incompletely answering all questions under oath.

PERSONAL CARE ATTENDANT—An individual who provides daily personal care to qualified Medicaid clients.

PERSONAL EFFECTS—Those items of personal property that are worn or carried on the person. Such items include but are not limited to clothing, jewelry, medical prosthetics, recreational equipment, musical instruments, etc.

PERSONAL INJURY INSURANCE—A policy purchased from a company whereby the company makes cash payment to the policyholder in the event of proven medical injury or accident. A personal injury insurance policy is one type of indemnity insurance policy.

PHYSICAL CARE--The attention given to the physical needs of a child or children.

PLAN OF CARE—A written plan of treatment developed on the basis of an assessment and determination of the individual's needs.

POST SECONDARY EDUCATION (PSE)--Attendance at an institution of higher education such as a 4-year college or university, a 2-year vocational technical school, or a proprietary (privately owned and managed) school.

PRE-ADMISSION SCREENING (PAS)—A screening that must be completed prior to enrolling in the Home and Community Based Services program or a nursing facility (or prior to Medicaid eligibility while residing in a nursing facility). It consists of a level of care determination and a Pre-Admission Screening and Annual Resident Review (PASARR).

PRE-ELIGIBILITY VERIFICATION (PEV)—Electronic validation of income and non-financial verifications at initial eligibility.

PREMIUM—Amount paid for an insurance contract (policy).

PRIMARY BENEFICIARY—For Social Security RSDI benefits, a person who has worked the specified number of quarters and is eligible for retirement or disability benefits in his/her own right. For a trust, the individual(s) who have first right to the benefits of the trust.

PRIMARY EVIDENCE—A document or record by an official government agency or public institution that would be accepted in a judicial proceeding as establishing the truth.

PRINCIPAL—The capital or main body of an estate or financial holding as distinguished from the interest or revenue from it.

PRINCIPAL PLACE OF RESIDENCE—A person's principal place of residence is the one property in which the individual, the individual's spouse, or the individual's dependent (minor or adult) child currently resides, or has resided in within the previous six months, provided they intend to return after temporary absences. A property ceases to be a principal place of residence if the person/family has been continuously residing off the property (including in a residential medical facility) for a period of six months or more.

PROGRAM OPERATIONS MANUAL SYSTEM OF THE SOCIAL SECURITY ADMINISTRATION (POMS)—The operating procedures for the programs administered by the Social Security Administration, including SSI.

PROGRAM REQUIREMENT—Specifications as to how eligibility factors are to be met.

PROPERTY ESSENTIAL FOR PRODUCTION OF INCOME—Can include real and personal property (for example, land, buildings, equipment and supplies, motor vehicles, and tools, etc.) used in a trade or business, non-business income-producing property (houses or apartments for rent, land other than home property, etc.) and property used to produce goods or services essential to an individual's daily activities.

PROPERTY RESOURCES--Real, personal, tangible or intangible assets owned by an applicant or recipient. Property resources include, but are not limited to real property, vehicles, mobile homes, cash, stocks, bonds, savings accounts, the cash value of life insurance, and recreational equipment.

PROPORTIONAL INTEREST—When there are two or more owners of real property, the property may be divided into equal or unequal shares (three individuals may own a whole property with the ownership interests being 50%, 25% and 25% respectively).

PRORATE—Divide or distribute benefits proportionally based on number of days eligible.

PROSPECTIVE OR PROSPECTED BUDGETING—Using the best estimate of the income and circumstances that may exist in the benefit month to determine eligibility and compute countable income.

PROTECTIVE PAYEE—The person, other than the individual to whom the payment is legally obligated, to whom payment is made and who is managing the funds for the purpose of safeguarding the health and welfare of the person to whom the payment is legally obligated.

PROVIDER—A person or business who provides goods or services to clients; usually a medical provider (e.g., physician, hospital, etc.)

PUBLIC (NON-MEDICAL) INSTITUTION—An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Q

QA—Quality Assurance

QA REVIEWER—Quality Assurance Reviewer. This is a regional reviewer position.

QC—Quality Control (a.k.a. Program Compliance)

QDWI—Qualified Disabled Working Individual

QHP—Qualified Health Plan under ACA

QI—Qualifying Individual

QMB—Qualified Medicare Beneficiary

QPEP—Qualified Presumptive Eligibility Provider

QUALIFIED ENTITY (QE)—An employee of a Montana health care facility trained to make Presumptive Eligibility determinations (QPEP).

R

RAC—Refugee Assistance Center

RCA—Refugee Cash Assistance

RMA—Refugee Medical Assistance

R & R—Resource and Referral Agency

RSDI—Retirement, Survivors and Disability Insurance

REAL PROPERTY—Land and buildings or immovable objects permanently attached thereto.

REASONABLE EXPLANATION- Any information the individual has to explain away the discrepancy in their self-attested income vs the income found in our interfaces.

REASONABLY CURRENT—Existing verification is considered to be reasonably current if used for current eligibility and no changes have been reported or are known.

RECIPIENT—A person who is eligible for and receiving benefits including a person who is under a program disqualified action.

RECONCILE—To compare two events and adjust for the difference.

REFUGEE—An alien who has been admitted to the United States under the classification of refugee. This person is required to carry a Form I-94 endorsed to show refugee status. Employment is permitted.

REGIONAL PROGRAM OFFICER—A Department employee who represents the Community Services Bureau (Senior and Long Term Care Division) for a district locality.

REGULAR MEDICAID—Standard Medicaid coverage; not QMB, SLMB or QI.

REMEDIAL EDUCATION—Training necessary to raise an individual's functional educational level to the point at which they can successfully enter employment.

RENEWAL—An at least annual review of all financial and non-financial eligibility criteria that is subject to change.

RESCIND—To make void; repeal or annul.

RESIDENT—A person who states intent to reside in Montana, who is present in the State (or temporarily absent for a reason other than establishing residence in another state), and who is not receiving assistance from another state or claiming residence in another state.

RESIDENT OF A MEDICAL INSTITUTION—An individual living in a residential medical institution to receive professional services under a physician's direction for maintenance, improvement or protection of health (e.g., a nursing home resident).

RESOURCE LIMIT—The maximum amount of countable resources the filing unit can own, have access to or be a beneficiary of, and still remain Medicaid eligible.

RESOURCES—Resources include but are not limited to all real and personal property owned by a person, as well as money or any property that can be converted into supplies, services or benefits; the means of raising money or supplies; the capabilities of raising wealth to supply necessary wants or needs; or the available means or capability of any kind.

RETROACTIVE—To make effective as of a date prior to enactment.

REVOCABLE—Can be amended, cancelled or terminated.

ROOM AND/OR BOARD INCOME—Money received for providing meals and/or rooms to people not included in the filing unit.

ROOMER—An individual living with a household and paying for lodging, but not meals.

ROYALTY—Payment to the owner of a copyright, patent or mineral right.

S

SAVE— Systematic Alien Verification for Entitlement

SCORE—Service Corps of Retired Executives

SDMI—Severely Disabling Mental Illness

SDX—State Data Exchange

SEOG—Student Education Opportunity Grant

SLMB—Special Low-Income Medicare Beneficiary

SNF—Skilled Nursing Facility

SOLQ—State On Line Query. Montana’s access to Social Security Administration information.

SPA—Standard Payment Amount (for SSI)

SSA—Social Security Administration

SSDI/SSDIB—Social Security Disability Insurance Benefits

SSI—Supplemental Security Income

SSIG—State Student Incentive Grant

SSN—Social Security Number

SSP—Self Service Portal

SUA—Standard Utility Allowance

SELF-ATTESTATION—The client’s sworn statement verifying the accuracy of information they provide, (such as income, household size, and residency) as reported on the application or as a change; may be verbal, electronic or in writing.

SELF-EMPLOYMENT—The act of engaging in a trade or business with the goal of earning a profit. As long as a profit motive exists, the business doesn’t actually have to make a profit to be considered self-employment.

SKILLED NURSING FACILITY—A nursing home licensed by Medicare to provide residential medical services to patients that require a level of medical care as defined in Federal regulations.

SOLE OWNERSHIP—When property is owned wholly and completely by one individual or entity, other than liens and other legal encumbrances.

SPECIALIZED FAMILY CARE REVIEW PANEL (SFCRP)—A state level panel of representatives designated by the Developmental Disabilities Program for determination of level of care for children referred to Specialized Family Care services. The panel prioritizes children for the services according to need and reviews proposed minimal needs and services, to assist in administrative selection decisions for service openings.

SPECIFIED CARETAKER RELATIVE—An adult (age 19 or older) living with the dependent child who is related to the child as:

1. Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece; or persons of preceding generations denoted by prefixes of “grand”, or “great”; first cousin once removed; or
2. Stepmother, stepfather, stepbrother and stepsister;
3. One who legally adopts a child or his parent, as well as the natural and other legally adopted children of such persons; and
4. Spouses of any person mentioned above even though the marriage may have been terminated by death or divorce.

SPEND DOWN—That portion of a medically needy recipient’s income that exceeds the Medically Needy Income Level for the filing unit size; the amount of medical expenses the individual is responsible for before Medicaid will begin paying any medical bills.

SPOUSE—One who would be defined as married under applicable State (or tribal) law where the individual resides. May include a common-law spouse.

STANDARD PAYMENT AMOUNT—The SSI monthly cash payment standard for qualifying individuals or couples.

STEPPARENT—The spouse of the natural or adoptive child’s parent.

STRAIGHT LIFE INSURANCE POLICY—See “Whole Life Insurance Policy.”

STRIKE—Any concerted stoppage of work by employees, including a stoppage by reason of the expiration of a collective bargaining agreement, and any concerted slow-down or other concerted interruption of operations by employees.

STUDENT—A disabled individual under age 22, or a non-disabled dependent child under age 21 who is in a college or university at least 8 hours per week, or in grades 7-12 for at least 12 hours per week, or in a training course preparing for a paying job for at least 12 hours per week (15 hours if shop practice is

involved), or for less time than indicated for reasons beyond the student's control such as illness, the nature of his/her disability, or lack of transportation. A dependent child attending school.

SUBSIDIZED--Support with partial financial payment by a governmental agency.

SWING BED—A temporary bed for long term care in an approved hospital when a nursing home bed is not available within a 25-mile radius.

T

TANF—Temporary Assistance for Needy Families

TC—TANF Cash Assistance

TMA—Family-Transitional Medicaid (Transitional Medicaid)

TPL—Third Party Liability

TPQY—Third Party Query

TAX DEPENDENT—An individual whom the Internal Revenue Service (IRS) considers to be a dependent

TAX FILER—An individual who expects to file a tax return for the initial determination or renewal year and who does not expect to be claimed as a tax dependent by another tax payer

TAX YEAR—The year on which the income taxes are based; usually the calendar year.

TEMPORARY ABSENCE—The condition created when a household member is away from the home for a specified period of time not to exceed 90 consecutive days. Individuals receiving medical services remain eligible and are not subject to the 90 days return to the home requirement.

ACA/Family: If the absent member is a child, the caretaker relative must continue to exercise the responsibility for the care and control of the child. Children attending school away from home remain eligible and are not subject to the 90 days return to the home requirement.

TENANCY BY THE ENTIRETY—The tenants are always husband and wife and each has an undivided interest in the whole of the property.

When the husband and wife are an aged/blind/disabled couple or a blind/disabled child's deemed parents, the equity in the property is a countable resource. When one spouse is not financially responsible for the other (see MA 601-2), is not a deemed parent or an alien sponsor, only one-half of the equity is a countable resource to the spouse whose resources are being used to determine Medicaid eligibility.

TENANCY IN COMMON—Each tenant (owner) has undivided possession of a distinct interest in, and title to, the whole of the property. Upon the death of one of the tenants, the interest in and title to the property descends to his/her heirs.

When an individual is a tenant in common, the equity is the individual's proportionate interest of the whole is a countable resource. Proportionate interest of the whole is not always one-half when there are two tenants or one-third when there are three tenants. Equity must be verified.

TERM INSURANCE—One of the two basic types of life insurance policies. The owner pays premiums for a specified period and the insurer agrees to pay the face value of the policy only if the insured dies within the time specified by the policy. The face value of term life insurance may decrease over the life of the policy or remain static. This type of life insurance has no cash surrender value and is not a resource to the owner, the insured or the beneficiary.

TERMINATION—To close a case and/or remove an individual from program eligibility.

THIRD PARTY LIABILITY (TPL)—The legal liability of a third party to pay for services provided. A third party is any individual, entity or program that is or may be liable to pay all or part of the medical expenses

THIRD PARTY—Any individual, entity or program that is or may be liable to pay all or part of the medical costs of injury, disease or disability of an applicant or recipient.

TIME DEPOSIT—A contract between an individual and a financial institution where the individual deposits funds for a specified period of time.

TRANSFER DATE—The date on which delivery is made on a valid transfer.

TRANSFER OF PROPERTY—Giving to another the legal or individual proportionate right or title to real or personal property or a stream of income. Transfers to joint tenancy or to tenancy in common are included in this definition. Includes such actions as selling property, giving property away, establishing a trust, contributing to a charity or other organization, removing one's name from a joint bank account, adding another's name to a deed or account, or forgiving a debt.

TRANSPORTATION—Travel by public conveyance or private vehicle to secure medically necessary examination and treatment. Transportation does not include ambulance service or specialized transportation for the disabled.

TRIAL WORK PERIOD—A period during which an SSI or SSDIB recipient may test his/her ability to work. During this period, the person is considered disabled.

TRUST—Any arrangement in which a grantor transfers property (real or personal) with the intention that it be held, managed, or administered by a trustee(s) for the benefit of the grantor or other beneficiary(ies). Trusts are managed by individuals or entities with fiduciary obligations and may include (but are not limited to):

1. escrow accounts;
2. investment accounts;
3. future medical care accounts; and

4. other similar arrangements.

A trust may or may not include the word “trust” in the document.

TRUST BENEFICIARY—The individual designated in the trust instrument as benefiting in some way from the trust. The beneficiary can be the grantor or another individual. The beneficiary is sometimes referred to as the “beneficial owner” and has a “beneficial interest” in the trust.

TRUST GRANTOR—The entity that creates the trust. The grantor may be any person, including a court or administrative body, with legal authority to act on behalf of the individual; or any person, including a court or administrative body, acting at the direction or request of the individual (aka the donor or trustor).

TRUST PRINCIPAL—The real or personal property that is the object of a trust.

TRUSTEE—Any individual(s) or entity (e.g., an insurance company or bank) that manages a trust and has fiduciary responsibilities. Sometimes referred to as the fiduciary or fiduciary owner.

TRUSTOR—The entity that creates a trust. The trustor (a.k.a. “grantor”) may be any person or entity, including a court or administrative body, with legal authority to act on behalf of the individual or any person, including a court of administrative body, acting at the direction or request of the individual (aka Grantor).

U

UC or UIB—Uneemployment Compensation or Uneemployment Insurance Benefits

USCIS—United States Citizenship & Immigration Services (formerly INS)

UNCOMPENSATED VALUE—The current market value of a resource minus the amount of compensation received by the individual in exchange for the resource (if less than the current market value).

UNEARNED INCOME—All money received that is not earned by providing goods or services (work). Unearned income includes, but is not limited to gifts, Social Security benefits, Veterans’ benefits, Workers’ Compensation payments, Unemployment Compensation payments, and returns from capital investments in which the individual himself is not actively engaged.

UNPAID PRINCIPAL—The amount that remains to be paid on an agreement or loan.

UTILITIES—The services provided for water, sewer, electricity, garbage, telephone, and heating fuel.

V

VISTA—Volunteers In Service To America

VR—Vocational Rehabilitation

VALID LOAN—A loan where the borrower expresses either orally or in writing an obligation to repay the lender. Repayment cannot be contingent on the occurrence of an uncertain event.

VEHICLE—Any conveyance used to provide transportation.

VENDOR—The person or business that provides goods or services. See also, “Provider.”

VERIFY—To check, confirm or establish whether a statement or condition is true or accurate by obtaining a copy, viewing a copy or obtaining a verbal description of the evidence.

VERIFY LAWFUL PRESENCE (VLP)—Interface with the Department of Homeland Security that verifies immigration status for Medicaid/ HMK applicants.

W

WIC--Women, Infants and Children Program

WIOA--Workforce Innovation and Opportunity Act

WoRC--Work Readiness Component

WAGES—Payment for services to a worker; remuneration on an hourly, daily, or other periodic basis or by the piece.

WARRANT--The written document (check) that authorizes the State of Montana to pay the stated amount to the specified person and which authorizes receipt of the payment.

WHOLE LIFE INSURANCE POLICY—One of two basic types of life insurance policies where the owner pays premiums during his/her lifetime and the insurer pays the face value of the policy to the beneficiaries upon the death of the insured. Usually has a cash surrender value after a period of time. Also referred to as “straight life” insurance.

WHITE—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WINDFALL—See lump sum payment.

X

Y

Z

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