

TERM or ABBREVIATION	DEFINITION
A & A	<u>Aid and Attendance</u> - The VA pays a medical benefit to certain vets, spouses of disabled vets and surviving spouses who are in need of nursing home care. Refer to Section 2499, "VA Aid and Attendance".
AA	<u>Adoption Assistance</u> – subsidy paid to adoptive parents through state and/or federal funds. See Sections 2817 and 2895.
ABD MEDICAID	<u>Aged, Blind and Disabled Medicaid</u> – Medical assistance for aged, blind or disabled individuals who are not eligible for SSI. These individuals receive Medicaid only.
ABD-MTF	<u>Aid to Aged, Blind, or Disabled-Medicaid Treatment Facility</u> - a class of medical assistance; covers ABD Medicaid nursing home recipients who received vendor payments in 12/73, <u>and</u> who have remained eligible under AABD standards. Previously referred to as "Grandfathered". Individuals covered under this COA are now eligible under the Nursing Home COA due to resource policy simplification effective in 1992.
ABON	<u>Assistance Based on Need</u> - a money payment based on financial need and funded <u>solely</u> by state or local finds (no federal or private funds involved).
AFA	<u>Application for Assistance</u> – the SUCCESS generated application for assistance. Obsolete as of 09/5/2017.
ADEQUATE NOTICE	Notification to the A/R of initial approval or a change in Medicaid eligibility or patient liability/cost share. Adequate notice must include the action taken, the effective date and a manual reference as a basis for the action.
AFDC	<u>Aid to Families with Dependent Children</u> - state administered cash assistance program for low-income families with dependent children under age 18. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 eliminated the open-ended entitlement of AFDC. The PRWORA created the Temporary Assistance to Needy Families (TANF) block grant. However, some AFDC policies and procedures continue to be used in Medicaid classes of assistance for Children in Placement.
Alliant	<u>Alliant</u> - a private organization which contracts with DCH to determine whether individuals are suitable candidates for institutionalized care. Alliant determines the LOC for certain Medicaid A/Rs in Georgia. See Section 2240.

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ALLOCATION	The amount set aside to provide for the needs of an ineligible child/spouse from the income of an ineligible spouse or ineligible parent before deeming the spouse/parent's income to the Medicaid individual/child. The allocation amount is determined by subtracting the ineligible child's adjusted gross income from the living allowance for an ineligible child. Refer to Living Allowance.
AMN	<u>ABD Medically Needy</u> - an ABD COA. To be considered under this COA, an A/R's income and/or resources must exceed the limits for all other comparable COAs.
AMNIL	<u>ABD Medically Needy Income Level</u> - the MNIL used for the ABD Medically Needy (AMN) COA. Refer to MNIL.
APPLICATION	The action by which an individual indicates <u>in writing</u> his desire to receive assistance. The "date" of an application is the date a signed application is <u>received</u> by a local DFCS office or DCH.
A/R	<u>Applicant/Recipient</u> - applicant or recipient of public assistance or medical assistance only.
Assets	<p><u>Assets include both income and resources, including income and resources which the A/R or spouse is entitled to but does not receive because of action by:</u></p> <ul style="list-style-type: none"> • <u>The A/R or spouse</u> • <u>A person, including a court or administrative body, with legal authority to act in place of or on behalf of the A/R or spouse</u> • <u>Any person, including any court or administrative body, acting at the direction or upon the request of the A/R or spouse.</u>
AU	<u>Assistance Unit</u> – a group or individual(s) applying for or receiving benefits.
AV	<u>Actual Value</u> of ISM - The AV or PMV, whichever is less, is unearned income.
BAD	<u>Begin Authorization Date</u> - the first day of Medicaid eligibility for an AMN A/R., or the day the AMN spenddown is met.
BENDEX	<u>Beneficiary Data Exchange System</u> – A file that contains RSDI benefit information on individuals who are current or past recipients of public assistance.

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BLINDNESS	<p>Blindness is defined under Title XVI in the same medical terms as blindness is defined under Title II, namely, a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens, or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.</p> <p>Unlike the Title II DIB Program, there is no duration requirement for blindness under Title XVI. If a Title XVI claimant is found to be otherwise eligible and is blind, he is eligible regardless of the anticipated duration of his blindness, i.e., the 12-month duration requirement does not apply when "blindness" is established.</p> <p>Also, unlike Title II, a blind individual is eligible for SSI payments even if he is engaging in substantial gainful activity provided, he meets the other requirements for eligibility, e.g., income and resources specifications.</p>
BOARDER	An individual to whom lodging and meals are furnished and who pays a reasonable compensation for lodging and meals.
BONA FIDE EFFORT TO SELL	Real or personal property, which would be countable resources are excluded while an A/R is making an effort to sell said property. Refer to Section 2304, "Treatment of Resources for ABD Medicaid".
BG	<u>Budget Group</u> – A term that includes the AU members and the financially responsible parents who live with them. The budget group may also include other individuals who meet Family Medicaid relationship requirements.
CASH VALUE	The value of a liquid resource.
CCSP	<u>Community Care Services Program</u> - an ABD COA available to A/R's who are suitable candidates for NH care. Refer to Section 2131, "Elderly Disabled Wavier Program".
CHAMPUS/TriCare	TriCare provides medical care insurance for dependents of military personnel, dependents of deceased veterans, and retired military personnel and their dependents, a TPR.

TERM or ABBREVIATION	DEFINITION
CHILD	An individual who is neither married nor the head of household and is (1) under the age of 18, or (2) under the age of 22 and a student regularly attending a school, college, or university or a course of vocational or technical training designed to prepare him/her for gainful employment.
CLIENT ID	A randomly assigned number identifying an A/R or other household member in Gateway.
CMD	<u>Continuing Medicaid Determination</u> - formerly referred to as "ex parte" redetermination. A recipient's Medicaid eligibility cannot be terminated without considering eligibility under <u>all</u> COAs, including AMN.
CMS	<u>Centers for Medicare and Medicaid Services</u> – The section within the Department of Health and Human Services (HHS) which has the primary administrative responsibility for the Medicaid program. Formerly known as the Health Care Finance Administration (HCFA).
CMV	<u>Current Market Value</u> - the resale value of a non-liquid resource. Also, refer to Equity Value (EV), Fair Market Value (FMV), and Uncompensated Value (UV).
COA	<u>Class of Assistance</u>
COLA	<u>Cost of Living Adjustment</u> - an increase in RSDI or SSI benefits based on a rise in the cost of living, usually received every January.
COLOR OF LAW	Term applied to certain aliens residing in the U.S. in a status other than lawfully admitted for permanent residence.
COMMON LAW MARRIAGE	In the state of Georgia, a common law marriage is formed if both persons involved satisfy the following three conditions: (1) they are both free to marry, (2) they live together for at least one night and (3) they hold forth to the community as married. The common law marriage must have existed prior to 1/1/97 to be considered a marital relationship.
COMMINGLED FUNDS	The inclusion or combining of both excluded and non-excluded assets within a single financial account.
COMMUNITY SPOUSE	The legal spouse of an ABD A/R in Living Arrangement D who lives in the community.

TERM or ABBREVIATION	DEFINITION
CONVERTED INDIVIDUAL	Individual who was receiving AABD in 12/73 and who was automatically converted to SSI in 1/74; <u>not</u> to be confused with "Grandfathered". Refer to "Grandfathered".
COST SHARE	The amount of available income an EDWP recipient has to pay towards community care services received. This is comparable to patient liability for a NH recipient.
COUPLE	A man and woman who are married and living together. Non-legal marriages established on or after January 1, 1997, are not recognized in Georgia. Refer to Section 2502, Deeming.
CSE	<u>Child Support Enforcement</u> – administers the federal requirements to establish a program to enforce the obligation of absent parents to support their children.
CSV	<u>Cash Surrender Value</u> of a life insurance policy - the equity value, or the amount of money an owner of a policy will receive upon "cashing in" a policy. The CSV may or may not be an excluded resource.
CWFC	<u>Child Welfare Foster Care</u> – Children in Placement Medicaid COA funded through IV-B.
DAC	<u>Disabled Adult Child</u> - an adult child (18 years old or older) who receives RSDI disability on his/her parent's account.
DAS	<u>Disability Adjudication Section</u> - SSA section responsible for establishing disability for RSDI and SSI A/Rs.
DCH	<u>Department of Community Health</u> – agency responsible for maximizing the state's health care purchasing power, planning coverage for uninsured Georgians, coordinating health planning for state agencies and insuring individuals under the State Health Benefit Plan and various Medicaid programs and DCH initiatives.
DEEMING	Procedure which takes into account the income and resources of the responsible relative(s) of SSI and ABD Medicaid A/Rs.
DEEMED INCOME	The amount of income of a non-recipient that is budgeted as unearned income to the AU.
DEEMOR	The spouse with whom a LA-A or B A/R lives or the parent(s) with whom a child lives in LA-A, B, or C.

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DEPENDENT FAMILY MEMBER	<p>The spouse or dependent relative who lives on the A/R's homeplace during the A/R's absence from the homeplace.</p> <p>A relative is defined as one of the following:</p> <p>spouse, son, daughter, grandson, granddaughter, stepson, stepdaughter, in-laws, mother, father, stepmother, stepfather, grandmother, grandfather, aunt, uncle, sister, brother, stepsister, stepbrother, half-sister, half-brother, niece, nephew, cousin.</p> <p>Dependency may be found where the relative alleges <u>any</u> reasonable degree of reliance on the A/R's home place. Reasonable factors of dependency would be age, medical reasons, financial circumstances, etc. The degree of dependency is not <u>material</u> in this context. For example, it is not necessary to ascribe a dollar limitation for determining whether financial dependency exists.</p>
DFACS or DFCS	<p><u>Division (Department) of Family and Children Services</u> - state/local agency under contract with DMA to determine a non-SSI A/R's eligibility for Medicaid</p>
DISABILITY	<p>Disability is defined under Title XVI in the same medical terms as under Title II, namely an inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.</p> <p>Unlike the Title II DIB program, Title XVI provides for a finding of disability in the case of a child under the age of 18 (who is neither married nor the head of a household) if he suffers from any medically determinable physical or mental impairment of "comparable severity," i.e., comparable to that which would prevent an adult from engaging in substantial gainful activity. Childhood disability will be determined solely upon consideration of medical factors.</p>
DMA	<p><u>Division of Medical Assistance</u> – the division under DCH responsible for administering the Medicaid program in Georgia.</p>
EDD	<p><u>Eligibility Determination Document</u> - SUCCESS generated interview document. (Obsolete as of 2017)</p>

TERM or ABBREVIATION	DEFINITION
EDD	<u>Estimated Date of Delivery</u> – the date pregnancy is expected to terminate.
EDWP (CCSP)	<u>Elderly Disabled Waiver Program</u> formally known as <u>Community Care Services Program</u> - an ABD COA available to A/R's who are suitable candidates for NH care. Refer to Section 2131, "Elderly Disabled Waiver Program".
ELIGIBLE CHILD	The SSA term used for a child who is applying for or receiving SSI. The comparable ABD Medicaid term is Medicaid Child. Refer to Section 2502, Deeming.
ELIGIBLE COUPLE	The SSA term used for a couple when both spouses are applying for or receiving SSI. The comparable ABD Medicaid term is Medicaid Couple. Refer to Section 2502, Deeming.
ELIGIBLE INDIVIDUAL	The SSA term used for an adult who is not currently in a marital relationship who is applying for or receiving SSI. The comparable ABD Medicaid term is Medicaid Individual.
ELIGIBLE INDIVIDUAL WITH AN INELIGIBLE SPOUSE	The SSA term used for an Eligible Individual who lives with his/her Ineligible Spouse. The comparable ABD Medicaid term is Medicaid Individual with an Ineligible Spouse.
EMA	<u>Emergency Medical Assistance</u> – provides medical coverage to individuals who meet all requirements for a Medicaid COA except for citizenship/alienage and enumeration requirements and who require or have received an emergency medical service.
ESSENTIAL PERSON	An ineligible spouse whose needs were included in his/her eligible spouse's AABD grant in 12/73.
EV	<u>Equity Value</u> – CMV/FMV <u>less any outstanding loans, mortgages, or other encumbrances on the asset</u> . Generally used as the countable value of a non-excluded resource. Similar to the Uncompensated Value (UV) which refers to transferred assets.
ELE	<u>Express Lane Eligibility-</u> Enrollment strategy which begins with consent to an ELE determination for a child(ren)'s potential Medicaid eligibility and ends with notification to the Assistance Unit (AU) of its eligibility status.
EXTENDED CARE	Skilled NH care for Medicare recipients admitted to Medicare approved SNFs within 30 days of discharge from a hospital.

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FBR	<u>Federal Benefit Rate</u> - maximum SSI benefit based on the A/R's living arrangement and marital relationship. The FBR is used as the income limit in determining eligibility for SSI and some ABD COAs.
FCI	<u>Federal Countable Income</u> - net income, consisting of gross income less income exclusions and deductions that is budgeted to determine eligibility when using the FBR as the income limit.
FICM	<u>Family Independence Case Manager</u> – DFCS employee responsible for determining an A/R's eligibility for TANF, Food Stamps and Medicaid.
FM	<u>Family Medicaid</u> - provides Medicaid benefits for low-income families and individuals who are not receiving SSI or any ABD Medicaid COA. Benefits are provided through a variety of COAs, each with its own specific eligibility criteria.
FM-MN	<u>Family Medicaid Medically Needy</u> – provides Medicaid coverage for children under 18 years of age and pregnant women whose BG income exceeds limits for all Family Medicaid COAs and PeachCare for Kids.
FMV	<u>The Fair Market Value is the same as the Current Market Value (CMV). It is the value of an asset at the time it is transferred, or its value determined for resource eligibility. The FMV is an estimate of the value of an asset, if sold at the prevailing price at the time it was actually transferred or on the month(s) of request for Medicaid eligibility (if it is to be considered as a resource). Refer to “Uncompensated Value (UV)” and “Equity Value (EV)”.</u>
FPL	<u>Federal Poverty Level</u> - the monthly income amounts upon which the income limits for QMB are based.
FV	<u>Face Value</u> of a life insurance policy - the amount of money the beneficiary will receive upon the death of the insured.

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GRANDFATHERED	Status given to persons exempted from a change in regulations as follows: (1) Persons in MTFs who have been continuously eligible under AABD regulations since 12/73 (see MTF-AABD). (2) Non-residents residing in LA-D and receiving Georgia Medicaid continuously prior to implementation of Georgia residency regulations in 2/80. (3) Persons receiving Medicaid continuously since prior to the transfer of assets policy effective 3/1/81. (4) Persons eligible before 7/1/84.
HIPP	Health Insurance Premium Payment – the purchase by DMA of a Medicaid individual's private health insurance if it is determined to be cost effective. Refer to Section 2230.
HOLDING OUT	Marital relationship of two persons of the opposite sex who are not legally married, but who live together and present themselves to the community as husband and wife. Refer to Section 2502.
IBON	<u>Income Based on Need</u> - payments based on financial need and which are made from partial or total federal funds, or from private charitable organizations, such as TANF, VA pensions and Salvation Army grants. IBON is not entitled to the \$20 general deduction. Also, refer to Assistance Based on Need (ABON).
ICWP	<u>Independent Care Waiver Program</u> - the COA that provides Medicaid to individuals receiving in-home care through DMA approved providers. Refer to Section 2139, Independent Care Waiver Program.
ICF	<u>Intermediate Care Facility</u> - an institution furnishing, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who, because of their mental or physical condition, require care and services (beyond the level of room and board) which can be made available to them only through institutional facilities. Considered to be LA-D.
ICF-MR	<u>Intermediate Care Facility for the Mentally Retarded</u> - an institution which provides diagnosis, treatment, or rehabilitation to mentally retarded persons or persons with related conditions in a protected residential setting which offers ongoing evaluation, planning, twenty-four hour supervision, and coordination and integration of health or rehabilitative services. Considered to be LA-D.

TERM or ABBREVIATION	DEFINITION
IEVS	<u>Income Eligibility Verification System</u> - periodic federally mandated system matches with other state and federal agencies, such as the Department of Labor and Social Security Administration.
IMMEDIATE FAMILY MEMBER	Family members of A/Rs determined eligible under an FBR COA for the purpose of determining some burial resource exclusions. Includes the A/R's spouse, minor and adult children, stepchildren, and adopted children, brothers, sisters, parents, adoptive parents, and the spouses of those persons. Dependency and living in the same household are not factors. Immediate family does not include the members of an ineligible spouse's family unless they are also within the appropriate degree of relationship to the eligible individual as defined above.
INDIVIDUAL	An A/R who is not currently in a marital relationship.
INELIGIBLE CHILD	A child under 18, or 22 if a student, who is not applying for or receiving Public Assistance (SSI, TANF or other IBON) or any category of Medicaid.
INELIGIBLE SPOUSE	The spouse of an SSI or ABD Medicaid A/R who is not applying for or receiving SSI or ABD Medicaid.
INS	<u>Immigration and Naturalization Service</u> see USCIS
IRA	<u>Individual Retirement Account</u> - private pension accounts held by financial institutions or investment firms.
IRA	<u>Interstate Residency Agreement</u> - an agreement between two states, whereby each state agrees to waive the state residency requirement for NH A/Rs who are under 18 or who became incapable to state intent prior to age 18. Refer to Section 2225, Residency.
IRS	<u>Internal Revenue Service</u> - an interface system that provides data on leads for investigating possible unreported/unearned income and undisclosed resources. Information is given to the state via a tape match with the IRS files. This is a mandated IEVS match.

TERM or ABBREVIATION	DEFINITION
ISM or S&M	<u>In-kind Support and Maintenance</u> (Support and Maintenance) - unearned income provided to an A/R in the form of food or shelter. Refer to Section 2430, Living Arrangement and In-kind Support and Maintenance.
LA	<u>Living Arrangement</u> - an A/R's LA establishes which income and resource limit to use and whether to develop ISM.
LEGAL MARRIAGE	A marriage that is formed under common law criteria or a legal ceremony.
LEGAL SPOUSE	A person who is married to another person by means of a legal ceremony or common law.
LIM	<u>Low-Income Medicaid</u> – provides Medicaid benefits for children up to age 18 and adults who are not receiving SSI.
LIVING ALLOWANCE	A specified amount used to determine the amount of income allocated to an ineligible child from the income of an ineligible spouse or parent(s) before deeming the spouse/parent's income to the Medicaid individual or Medicaid child(ren).
LOC	<u>Level of Care</u> - an eligibility requirement for all LA-D A/Rs. LOC verifies the mental/physical need for services received by an A/R residing in LA-D. Refer to Section 2240, Level of Care.
LOS	<u>Length of Stay</u> - an eligibility requirement for most LA-D A/Rs. Generally, an A/R must have been in LA-D for 30 continuous days to meet the LOS requirement. Refer to Section 2235, Length of Stay.
LTC	Long Term Care
MAGI	Modified Adjusted Gross Income (MAGI)-used to budget all applications and periodic renewals of financial eligibility for Parent/Caretaker with Child(ren), Children Under 19 Years of Age, Pregnant Women Medicaid, PeachCare for Kids® (PCK) and Planning for Healthy Babies® (P4HB).
MARITAL RELATIONSHIP	A relationship where two persons live together and hold forth to the community as married. The relationship does not have to be a legal marriage to be considered a marital relationship.
MAO	<u>Medical Assistance Only</u> - medical assistance for individuals who receive Medicaid through an ABD or Family Medicaid COA.
MBR	<u>Master Benefits Record</u> - the SSA response to a DFCS "query card" request for verification of an A/R's RSDI benefits. Contains data not on BENDEX or SDX.
MCCA	<u>Medicare Catastrophic Coverage Act</u> - the law that abolished the penalty of Medicaid ineligibility for transferring resources.

TERM or ABBREVIATION	DEFINITION
MEDICAID	Title XIX of the Social Security Act that provides grants to states for the establishment of medical assistance programs for low-income individuals and families.
MEDICAID CAP	The income limit used to determine income eligibility for an ABD Medicaid A/R in LA-D under certain COAs.
MEDICAID DESIGNEE	DFCS employee who has been designated to communicate by phone with the DMA.
MEDICAID NUMBER	A '111' or '222' number assigned to each Medicaid recipient that must be presented to Medicaid providers for the submission of claims. Refer to Appendix C, Medicaid Issuance.
MEDICARE	<p>A federal health insurance program administered by the SSA for people 65 or older and certain disabled people.</p> <p>PART A - Hospital insurance. There is no premium for this coverage for persons who have adequate credits for work under Social Security.</p> <p>PART B - Supplemental medical insurance. Eligible persons must pay a monthly premium.</p>
MIL	<u>Minimum Income Level</u> - a MSS term for the figure that ensures that an individual converted from AABD to SSI will not suffer a reduction in income (AABD/SGA plus FCI).
MMIS	<u>Medicaid Management Information System</u> - DMA's computer system.
MNIL	<u>Medically Needy Income Level</u> - the income level used to determine the spenddown under Medically Needy. Based on 133% of the TANF Family Maximum.
MONTH OF AUTHORIZATION	The month an application is approved for assistance.
MQT	<u>Medicaid Qualifying Trust</u> - A trust that meets the following conditions is considered to be a MQT: (1) The trust was set up by the A/R or deemor (2) with the A/R or deemor named as beneficiary and (3) contains the A/R's or deemor's own assets. Refer to Section 2336, Trust Property, Medicaid Qualifying.

TERM or ABBREVIATION	DEFINITION
MTF	<u>Medical Treatment Facility</u> - refers to any in-patient facility that renders medical treatment, such as a private and public general hospital, mental hospital or NH. See Title XIX MTFs.
MSS	<u>Mandatory State Supplement</u> - federally required state supplement payments to those converted individuals who would have had less income under SSI than they would have had if the AABD program had continued. The program is administered by SSA.
NCF or NF	<u>Nursing Care Facility</u> - a term which encompasses all NH levels of care: SNF, ICF and ICF-MR.
NH	<u>Nursing Home</u>
NON-RESTRICTED ACCESS	A term indicating that each co-owner of a jointly owned checking or savings account may withdraw funds without the signature(s) of the other co-owner(s), thereby making the entire account a countable resource to each co-owner.
NOW/COMP	New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP)- A COA that provides in home and community-based services to Medicaid eligible mentally retarded and developmentally disabled individuals. Refer to Section 2132 New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP).
PATIENT FUND ACCOUNT	An individual account set up by the NH for the convenience of the patient, whereby the patient may deposit his/her cash on hand until needed. All cash in a patient's account on the first day of the month is considered a resource for the entire month.
PE	<u>Presumptive Eligibility</u> – allows Qualified Providers, authorized by DMA, to make temporary determinations of Medicaid eligibility for pregnant women who meet income criteria.
PL	<u>Public Law</u> - A congressional law that creates a given COA, such as Public Law 94-566 (Pickle).
PL	<u>Patient Liability</u> - the portion of a Medicaid recipient's income that s/he is required to pay toward the cost of NH care.

TERM or ABBREVIATION	DEFINITION
PNA	<u>Personal Needs Allowance</u> - A specific amount of an A/R's income that s/he is allowed to retain prior to applying the remainder toward the cost of their patient liability or cost share.
PMV	<u>Presumed Maximum Value</u> - a limitation placed on the value of ISM that can be counted as unearned income to an individual residing in LA-A. The PMV is equivalent to one-third the FBR for LA-A plus the \$20 general deduction.
POMS	<u>Program Operations Manual System</u> - SSA's manual containing procedural instructions and policies for all SSA programs. Prior to POMS, the SSI Manual was referred to as the SSI Claims Manual (CM).
PR	<u>Personal Representative</u> - a person who is in a position to know the financial and non-financial circumstances of the A/R, but who is not necessarily "financially responsible" for the A/R. A PR may make application for the A/R.
PRIOR MONTH	Any one of the three months prior to the month of application for SSI, ABD or Family Medicaid. Refer to Section 2053, Retroactive Medicaid.
PRO-RATA SHARE	The amount of household expenses divided by the number of people in the household. An amount used to determine an A/R's LA and amount of inside ISM.
PSI	<u>Policy Studies, Inc.</u> - Contract agency through DCH/DMA responsible for administering the PeachCare for Kids program. See Section 2194.
QDWI	<u>Qualified Disabled Working Individuals</u> - a "non-Medicaid" COA under which recipients are entitled only to Medicaid payment of their monthly Part A Medicare Premium.
QMB	<u>Qualified Medicare Beneficiaries</u> - a "non-Medicaid" COA under which recipients are entitled to limited Medicaid services, such as payment by Medicaid of their Medicare Premiums, deductibles, and co-insurance.
RESTRICTED ACCESS	A term indicating that the signatures of all co-owners of a checking or savings account are required for each co-owner to withdraw funds. "Restricted" accounts are not resources unless the only co-owners are spouses or parents and their minor children.

TERM or ABBREVIATION	DEFINITION
RETROACTIVE MONTHS	The three months prior to the month of application for SSI, ABD or Family Medicaid.
RR	<u>Railroad Retirement</u> - a benefit paid to disabled or retired employees of the railroad. Widow(er)s of former RR employees may also qualify for RR.
RSDI	<u>Retirement, Survivors, Disability Insurance</u> - the program of cash benefits administered by SSA. Entitlement is based upon the individual's employment history. Also known as OASDI.
RSM	<u>Right from the State Medicaid</u> – provides Medicaid to eligible children through the month in which the child turns 19 years of age and to pregnant women who meet all RSM eligibility criteria.
SCI	<u>State Countable Income</u> - December 1973 gross income less all AABD income exclusions and deductions. The "net income" used in computing AABD state grant amounts.
SDX	<u>State Data Exchange</u> - SSA interface system that provides information about SSI transactions. Information is provided through Federal SDX tapes and is available through SUCCESS inquiry.
SGA	<u>State Grant Amount</u> - the amount of cash assistance (not in excess of 6/73 standards of \$99) received by AABD recipients in 12/73.
SLMB	<u>Specified Low-Income Medicare Beneficiaries</u> - a "non-Medicaid" COA that provides only for payment of the recipient's monthly Part B Medicare premium.
SOP	<u>Standard of Promptness</u> - the maximum number of days allowed to dispose of an application. Refer to Sections 2060, ABD Application Processing, and 2065, Family Medicaid Application Processing.
SPECIAL AGE 72 BENEFITS	A special monthly SSA cash payment made to a man who attained age 72 before 1972 or a woman who attained age 72 before 1970 who has worked under Social Security but has not earned enough quarters to be eligible for regular Social Security benefits. Also referred to as Prouty Benefits.

TERM or ABBREVIATION	DEFINITION
SMEU	<u>State Medical Eligibility Unit</u> - the unit responsible for making disability decisions for ABD Medicaid A/R's under age 65 if disability is not determined by DAS.
SNF	<u>Skilled Nursing Facility</u> - a nursing facility that provides more nursing care than an ICF. Refer to ICF (Intermediate Care Facility). Also, refer to Extended Care.
SNR	<u>Special Needs Reduction</u> - a MSS term that applies to the amount of decrease in an AABD/SGA caused by a reduction or termination of a special need, such as personal care.
SPOUSAL IMPOVERISHMENT POLICIES	Policies that apply to legal spouses when one spouse enters LA-D and the other spouse remains in the community. These policies include the following: (1) a substantial couple resource limit, (2) a provision for the LA-D spouse to transfer excess resources to the community spouse and (3) a provision allowing the LA-D spouse to divert a sizeable amount of income to the community spouse in the patient liability/cost share budget.
SPOUSE	A legal spouse is a member of a couple who has been married by legal ceremony. Refer to Section 2502 for the definition of a legal spouse prior to January 1, 1997.
SSA	<u>Social Security Administration</u> - the federal agency responsible for administering and providing RSDI, SSI, and Medicare to eligible individuals.
SSN	<u>Social Security Number</u> - The furnishing of a SSN is an eligibility requirement for all A/Rs except for individuals applying for EMA.
STATE BUY-IN	An automatic procedure whereby Medicaid pays the Medicare premiums of Medicaid eligible individuals. SSA bills DMA directly. The procedure should begin the second month following the month an individual is approved for Medicaid.
SSI	<u>Supplemental Security Income</u> - Title XVI of the Social Security Act provides for a federally administered cash assistance program based on financial need for low-income individuals who are aged, blind, or disabled. Considered IBON.

TERM or ABBREVIATION	DEFINITION
SUCCESS	<u>System for the Uniform Calculation and Consolidation of Economic Support Services</u> – an integrated computer system that records information and generates benefits to AUs. (Obsolete as of 2017)
SXC	<u>SXC Health Solutions, Incorporated-</u> The private contractor handling pharmacy claims and drug prior approval requests for DMA’s pharmacy program. (Obsolete, OPTUM has replaced this vendor.
TANF	<u>Temporary Assistance to Needy Families</u> – Replaced AFDC as a cash assistance program for needy families.
TEFRA	<u>Tax Equity and Fiscal Responsibility Act-</u> The law that provides for a transfer of resources penalty of an unlimited number of months of Medicaid ineligibility for <u>recipients</u> who have been continuously eligible for Medicaid since on or before 6/30/88 but not prior to 7/01/84.
THIRTY CONTINUOUS DAYS	The length of time an individual is required to remain (or is expected to remain) in an LA-D situation in order to meet the Length of Stay (LOS) basic eligibility requirement. Refer to Section 2235, Length of Stay.
TIMELY NOTICE	A 12-day advance notification to advise recipients that benefits will be decreased or terminated unless they appeal before the expiration of the notice. Timely notice must include all information required for an adequate notice. Refer to Adequate Notice.
TITLE XIX (19)	The section of the Social Security Act that provides grants to states for the purpose of establishing medical assistance programs for low-income individuals and families.
TPR	<u>Termination of Parental Rights</u> – A court order which terminates the parent’s rights and obligations with respect to the child and all rights and obligations of the child to the parent, including the rights of inheritance. Refer to the Foster Care Manual, Section 1013.9, for more information.
TPR/TPL	<u>Third Party Resource/Third Party Liability</u> - a medical benefit that provides for full or partial payment of a medical service(s) by Medicaid. Refer to Section 2230, Third Party Resources.
UCB	<u>Unemployment Compensation Benefit</u> – benefits administered by the Department of Labor to eligible unemployed benefits.

TERM OR ABBREVIATION	DEFINITION
USCIS	<u>United States Citizenship and Immigration Services</u> - Agency within the Federal government that administers immigration services including permanent residence, naturalization, and asylum.
UV	<u>Uncompensated value is the difference between the FMV/CMV at the time of transfer (less any outstanding loans, mortgages, or other encumbrances on the asset) and the amount received for the asset.</u>
VA	<u>Veterans Administration</u> - the federal agency that provides VA benefits to some military veterans and their dependents and/or survivors.
VTR	<u>Value of the One-Third Reduction</u> - a one-third reduction in the value of the FBR for LA-A, or the difference between the FBR for LA-A and LA-B. The VTR takes into account ISM received by an A/R residing in LA-B. Refer to Section 2430, Living Arrangement and In-kind Support and Maintenance.
WHMP	<u>Women's Health Medicaid Program</u> – a Medicaid program for women diagnosed with breast and/or cervical cancer. This program is administered by the public health departments and their partner providers and offers the full range of Medicaid covered services to eligible women. Also known as the Breast and Cervical Cancer Prevention and Treatment Program.