

## Appendix: Medi-Cal Glossary of Terms

**ABD = Aged, Blind, and Disabled.** This term, which comes from the federal Medicaid Act, refers to eligibility or services for beneficiaries who are elderly or blind, or have a disability. These beneficiaries are now often referred to as **SPD** or **Seniors and People with Disabilities**.

**ADA = Americans with Disabilities Act.** This is a federal law that protects the rights of people who have physical or mental disabilities. It covers employment, services (e.g. police and 911 services), public accommodations, and many other areas.

**Aid Paid Pending =** When a person is appealing a decision of the state Medicaid agency, she may be able to have her Medicaid continue in effect while the appeal is in progress.

**ALJ = Administrative Law Judge.** An ALJ is a type of judge who listens to and decides the appeals of Medicaid cases when a person is denied something she asked for under the program or disagrees with a decision concerning her Medi-Cal eligibility or benefits.

**Amount, duration, & scope =** This phrase comes from the federal Medicaid law. Medicaid services must be sufficient in amount, duration, and scope to reasonably achieve their purpose. Also, a state may not arbitrarily deny or reduce the amount, duration, or scope of services solely based on a diagnosis, or type of illness or condition.

**Block grant =** Under some federal housing programs, TANF, and other programs, the federal government gives a set amount of money to each state for that program for the year. The rules for states to spend the money may not be as strict as for entitlement programs. The amount of money that the government spends may or may not fill all of the need under that program. (Compare to “entitlement.”)

**Capitation =** Under managed care, the state Medicaid program may pay a set, monthly amount to a managed care plan to provide services to a particular Medicaid beneficiary. A managed care plan generally receives the same amount whether the beneficiary uses lots of services or none in any particular month. (Compare to “Fee for Service.”)

**CDHCS or DHCS = California Department of Health Care Services.** This is the state agency which oversees the Medi-Cal program. It is formerly known as the Department of Health Services.

**CFR = Code of Federal Regulations.** The CFR has the regulations that fill in some of the areas not clearly spelled out in the Medicaid law. The regulations for the Medicaid program are in Title 42 of the CFR.

**CMS = Centers for Medicare and Medicaid Services.** CMS is the federal agency that oversees both the Medicare and Medicaid programs. CMS is part of the Department of Health and Human Services. CMS used to be called HCFA.

**Comparability =** a principle of Medicaid that requires that certain groups of Medicaid beneficiaries do not receive fewer or inferior services to the services than other groups of beneficiaries receive.

Comparability can be important so that a state does not “play favorites” with groups of beneficiaries.

**Cost-sharing** = the part of the cost of care that a person has to pay herself. Cost-sharing includes co-payments, coinsurance, premiums, and deductibles.

**DD = Developmental Disability.** Developmental disabilities are ones that usually begin in childhood and affect a person’s physical or mental development. Mental retardation and autism are examples of developmental disabilities.

**DHS or CDHS = California Department of Health Services.** This is the former name of the state agency that oversees the Medi-Cal program. After July 1, 2007, this agency’s name was changed to the California Department of Health Care Services (CDHCS).

**Dual eligibles** = People who have both Medicaid and Medicare coverage. They are sometimes also called “Medi-Medis.”

**Entitlement** = Under an entitlement program, the government must give a person the program and its benefits if she is eligible. A state may not have waiting lists or refuse to cover a person who is otherwise eligible. If more people need an entitlement program, the government must come up with more money to give them services. If the need goes down, the cost to the government should also go down. A person’s right to the program and its benefits is a property right under an entitlement program. This is important because this property right cannot be taken away without due process of law.

**EPSDT = Early and Periodic Screening, Diagnosis, and Treatment.** EPSDT is a part of every state Medicaid program and covers all children and youth up to age 21. Under EPSDT, a state must cover certain services and levels of services that the state may not be required to cover for adults. See Chapter 12 for the important physical and mental health care for children under EPSDT.

**EW = Eligibility Worker.** The EW is responsible for determining a person’s eligibility for the Medi-Cal program and keeping the beneficiary’s file up-to-date.

**Fair hearing** = The informal process in front of a judge where a person can challenge an action that the state Medicaid program took. A fair hearing or “state hearing” is like a “mini-trial,” but much simpler and more informal than a court proceeding.

**FFP = Federal Financial Participation.** The Medicaid program is funded in part by the federal government and partly by states. The federal government pays at least 50% of the costs of program in each state, but it pays more in poorer states. The percentage at which the federal government pays a particular state for Medicaid covered services (50% to 83%) is the FMAP (Federal Medical Assistance Percentage). California’s FMAP is 50% for most Medi-Cal services.

**FFS = Fee for Service.** The traditional Medicaid program, before managed care came around, paid health care providers for each service that a recipient got. A provider is paid according to the number and complexity of services given. (Compare to “Capitation.”)

**FPL = Federal Poverty Level.** Each year, the federal government sets a new amount of income as the official poverty level. The amount is based on the size of a family. A family living at the poverty level is said to have income at 100% of the FPL. If the family's income is twice that much, the family is said to have income at 200% of the FPL.

**Freedom of choice =** In Medicaid, when a person is not in a managed care plan, a beneficiary may choose her own health care providers from those who agree to participate in the Medicaid program.

**Healthy Families =** This program provides health coverage to California children who are in families with income too high for free (i.e. no share of cost) Medi-Cal and that income is no higher than 250% of the federal poverty level. Healthy Families is California's program under the federal State Children's Health Insurance Program (SCHIP).

**HHS = U.S. Department of Health and Human Services.** HHS is the federal cabinet-level agency that oversees the Medicaid program. (Also: DHHS)

**HMO = Health Maintenance Organization.** An HMO is one form of managed care. In an HMO, a person usually has a doctor or nurse practitioner who is the person's primary care provider (PCP). The PCP provides most of the person's care and decides when a person may go to a specialist. A person must get all of her health care services through the HMO.

**IDEA = Individuals with Disabilities Education Act.** This federal law protects the rights of children to get a free and appropriate public education.

**LPR = Legal Permanent Resident.** An LPR is a person who is a citizen of another country, but who has permission to live in the U.S. indefinitely. An LPR will have a plastic card, often called a "green card," showing that she has the right to be in the U.S.

**LTC = Long-Term Care.** These are facilities, like nursing homes or "rest homes," or services that an elderly person or a person with a disability may need to take care of their daily needs, probably for years or maybe the rest of a person's life.

**Managed care =** a way of organizing the way a person gets health care which limits a person's access to health care services and specialists in order to cut down on unnecessary care. Managed care is supposed to make health care cost less because people only get what they really need.

**Mandatory beneficiaries =** The Medicaid law requires that states cover certain low-income children, elderly, pregnant women, and people with disabilities.

**Medicaid =** a program funded by the federal and state governments to cover health care to low-income children, elderly, pregnant women, and people with disabilities. To be eligible, a person must have low-income and few resources.

**Medical necessity =** A requirement that for Medicaid to cover the cost of medical treatment, the person must medically need it. Medicaid does not pay for treatment that a person just wants, but does not need.

**Medically needy** = Categories of Medicaid beneficiaries who are similar to mandatory beneficiaries (categorically needy), but have a little higher income. Medically needy beneficiaries may need to “spend down” to be eligible for Medicaid.

**Medicare** = A federal program to provide health care coverage for people who are elderly or have a disability. Medicare eligibility does not require a person to be low-income, but it generally requires a history of working.

**Notice of Action** = A letter that a beneficiary receives which describes an action that the state or the Medicaid program will take regarding the beneficiary’s Medicaid eligibility or coverage for services. A beneficiary should get a notice of action whenever she is denied a service (the whole thing or only part of it) or denied eligibility for the program.

**OCR = Office of Civil Rights** = Federal office within the Department of Health and Human Services which is charged with enforcement of Title VI of the Civil Rights Act of 1964.

**Optional beneficiaries** = certain groups of elderly, pregnant women, children, and people with disabilities which a state may decide to include in its Medicaid program.

**Presumptive eligibility** = a state may use procedures that give immediate eligibility to pregnant women, children, and women with breast or cervical cancer before the state gets a completed application. By providing the immediate coverage, a person can get necessary, immediately needed medical care, and providers can be guaranteed payment.

**Prior authorization** = for some services or prescription medications, a health care provider must first get permission from the Medicaid program before providing the service or medication. If the health care provider does not get the permission first, Medicaid does not pay for the service or drug.

**PRUCOL = Permanently Residing in the U.S. Under the Color of Law** = A category for government benefits, not immigration, purposes that allows some immigrants to receive government benefits, including full-scope Medi-Cal. Individuals may fall under a specifically listed PRUCOL category or may claim PRUCOL status because they have a good faith belief that the immigration authorities know they are in the U.S. and are not taking steps to remove them from the U.S.

**Qualified Immigrant** = After the welfare reform in 1996, states may provide public benefits to certain categories of immigrants (“qualified immigrants”) and deny benefits to other immigrants. For some benefits, qualified immigrants may need to wait until they have been in the U.S. for five years before they can get those benefits.

**Reasonable promptness** = Medicaid services and eligibility determinations must be provided within this appropriate amount of time.

**Resources** = The things that a person owns that are not income. Resources can include real property (land and houses), bank accounts, household furnishings, automobiles, stocks and bonds, and burial plots. If a resource is “exempt,” that means that it is not counted when the state is trying to figure out a person’s Medicaid eligibility.

**RMA = Refugee Medical Assistance** = A program of medical assistance available to needy refugees who are not eligible for Medi-Cal.

**SCHIP = CHIP = State Children's Health Insurance Program.** The federal government created SCHIP in 1997. SCHIP covers low-income children in families who have higher income than under Medicaid. Every state has a SCHIP, but each calls it something different.

**SNF = Skilled Nursing Facility.** This is a nursing home or other facility which provides a high level of nursing care to the residents.

**SPD = Seniors and People with Disabilities** = This is the more up-to-date, preferred term for aged, blind, and disabled (ABD) beneficiaries that are described in the Medicaid laws.

**Spendedown** = In states that have medically needy programs, a person may need to spend some of her income or resources before she becomes eligible for Medicaid. The state sets a period of time to do the spenddown. The spenddown period may be as short as one month or as long as six months.

**SSA = Social Security Administration.** This is the federal agency that oversees Social Security Retirement and Disability benefits and SSI benefits. A person can also apply for Medicare at the SSA office.

**SSI = Supplemental Security Income.** Also called Title XVI. SSI is a federal program which provides cash assistance to low-income elderly and people with disabilities. Unlike Social Security (or Title II) benefits, SSI does not require a work history. To be eligible for SSI, a person must be low-income and have few resources.

**TANF = Temporary Assistance for Needy Families.** TANF is the federal program of block grants that replaced the AFDC welfare program in 1996. TANF programs provide cash grants to needy families with children.

**Undocumented person** = a noncitizen who does not have legal permission to live in the U.S.

**USC = United States Citizen.** This is a person who is a citizen of the United States either by birth or through the naturalization process.

**Waiver** = Permission from the federal government for a state to ignore or bend certain Medicaid laws in order to offer different services or cover different groups of people and still receive matching money from the federal government.

**§ = Section.** This refers to a section of a law or a regulation.