

3. Acronyms & Definitions

3.1 Acronyms

AAC	Application Assistance Center
AAP	Adoption Assistance Program
ABD	Aged, Blind, or Disabled
ABD-MN	Aged, Blind, or Disabled - Medically Needy
ACA	Affordable Care Act
AE	Accelerated Enrollment
AFDC-MN	Aid to Families with Dependent Children - Medically Needy
APD	Ability to Pay
APTC	Advanced Premium Tax Credit
AR	Authorized Representative
BAC	Benefit Assistance Center
BCCTP	Breast and Cervical Cancer Treatment Program
BCW	Benefits CalWIN
BIC	Benefits Identification Card
BRE	Business Rules Engine
BSC	Benefit Service Center
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalWIN	California Work Opportunity and Responsibility to Kids Information Network
CalWORKs	California Work Opportunity and Responsibility to Kids
CAP	Cash Assistance for Immigrant Program
CATS	CalWIN Application and Triage Support
CBS	Continuing Benefit Services
CCHIP	County Children's Health Initiative Program
CDB	Central Data Base
CE	Continuous Eligibility
CEC	Continuous Eligibility for Children
CHDP	Child Health and Disability Prevention Program

CHIP	Children's Health Initiative Program
CIC	Change in Circumstance
CIN	Client Index Number
COLA	Cost of Living Adjustment
CPP	Consumer Protection Program
CSR	Cost Sharing Reduction
CSRA	Community Spouse Resource Allowance
CSV	Cash Surrender Value
CWES	CalWORKs Employment Services
DAC	Disabled Adult Child
DACA	Deferred Action for Childhood Arrivals
DDSD	Disability, Determination, Service Division
DE	Deemed Eligibility
DER	Determination Eligibility Response
DHCS	Department of Health Care Services
DIB	Disability Insurance Benefits
EAS	Eligibility and Assistance Standards Manual
ECD	External Change Data
EDBC	Eligibility Determination Benefit Calculation
EDD	Employment Development Department
EDR	Eligibility Determination Request
EDS	Electronic Data System
eHIT	Electronic Health Information Transfer
eICT	Electronic Inter County Transfer
EMA	Entrant Medical Assistance
EPO	Exclusive Provider Organization
ERD	External Referral Data
FC	Foster Care
FFY	Former Foster Youth
FPL	Federal Poverty Level
GA	General Assistance
HCO	Health Care Options
HCR	Health Care Reform

HIC	Medicare Health Insurance Claim Number
HIPP	Health Insurance Premium Payment
HIPPA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPE	Hospital Presumptive Eligibility
IAP	Insurance Affordability Program
IDM	Integrated Document Management
IEVS	Income Eligibility Verification System
IHSS	In-Home Supportive Services
IRS	Internal Revenue Service
ISM	In-Kind Support and Maintenance
JPD	Juvenile Probation Department
LOA	Letter of Authorization
LTC	Long Term Care
MAGI	Modified Adjusted Gross Income
MBA	Medi-Cal Benefits Assistance
MBSAC	Minimum Basic Standard of Adequate Care
MCAP	Medi-Cal Access Program
MCIEP	Medi-Cal Inmate Eligibility Program
MEC	Minimum Essential Coverage
MEDS	Medi-Cal Eligibility Data System
MEPM	Medi-Cal Eligibility Procedures Manual
MFBU	Medi-Cal Family Budget Unit
MI	Medically indigent
MIA	Medically Indigent Adult
MMCHP	Medi-Cal Managed Care Health Plan
MN	Medically Needy
MSP	Medicare Savings Program
OHC	Other Health Coverage
ORR	Office of Refugee Resettlement
OSDI	Old-Age, Survivors and Disability Insurance Benefits
Other PA	Other Public Assistance
OTLICP	Optional Targeted Low Income Children Program

PA	Public Assistance
PCP	Primary Care Provider
PE	Presumptive Eligibility
PHP	Prepaid Health Plan
PMV	Presumed Maximum Value
PPO	Preferred Provider Organization
PRUCOL	Permanently Residing Under Color of Law
QHP	Qualified Health Plan
QI-1	Qualified Individual Program
QMB	Qualified Medicare Beneficiary
RD	Redetermination
RMA	Refugee Medical Assistance
RSDI	Retirement, Survivors, and Disability Insurance
SARC	San Andreas Regional Center
SAVE	Systematic Alien Verification for Entitlements
SAWS	Statewide Automated Welfare System
SCI	Statewide Client Index
SCR	Service Center Representative
SDI	State Disability Insurance
SDX	State Data Exchange
SLMB	Specified Low Income Medicare Beneficiary
SOC	Share of Cost
SSA	Social Security Administration
SSI/SSP	Supplemental Security Income/State Supplemental Program
SSN	Social Security Number
TCVAP	Trafficking and Crime Victims Assistance Program
TMC	Transitional Medi-Cal
TMT	Task Management Tool
TPL	Third Party Liability
UIB	Unemployment Insurance Benefits
USCIS	U.S. Citizenship and Immigration Services
VOLAG	Voluntary Agency
VTR	Value of One-Third Reduction

WDP	Working Disabled Program
WIC	Women, Infants, and Children

3.2 Definitions

3.2.1 Adequate Consideration

Adequate consideration means the receipt of cash or property in exchange for other property which is fair and reasonable under the circumstances considering the net market value of the property which is sold, converted or transferred.

3.2.2 Adult

Non-MAGI MC Adult:

- A person who is 21 years of age or older.
- A blind or disabled MN person who is 18 to 21 years of age living in the home of a parent and not currently enrolled in school.
- An AFDC-MN or MI person who is 18 to 21 years of age, who is not living in the home of a parent or caretaker relative, and who is not claimed as a tax dependent by parent(s).

MAGI MC Adult:

- A person 19 years old or older.
- Blind or disabled person who is 19 years old or older without Medicare.

3.2.3 Adverse Action

Adverse action means an action taken by a county department which discontinues MC eligibility or increases an MFBU's share of cost. The following must not be considered to be an adverse action:

- Discontinuance due to any of the following reasons:
 - Death, for a one-person MFBU.
 - The whereabouts of the client is unknown and the post office has returned county department mail directed to the client indicating no forwarding address. Ex Parte rules must be followed prior to taking any adverse actions.

- Admission to an institution which renders the client ineligible.
- The client also has MC eligibility under another identity or category or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken.
- Receipt of the client's clear and signed written statement that does either of the following:
 - States the client no longer wishes MC benefits, or
 - Gives information that requires discontinuance and includes the client's acknowledgment that this must be the consequence of supplying such information.
- An increase in an MFBU's share of cost due to either of the following:
 - The voluntary inclusion of individuals who had been voluntarily excluded from the MFBU, or
 - Receipt of the client's clear and signed statement which gives information that requires an increase in the share of cost and includes the client's acknowledgment that this must be the consequence of supplying such information.

3.2.4 Aid Category

Aid category means the specific classification under which a person is eligible to receive MC.

3.2.5 Aid Code

Aid code means the two-digit number which indicates the aid category under which a person is eligible.

3.2.6 Average Private Pay Rate

The monthly average private pay rate for nursing facility level of care is furnished by the Department of Health Services. It is used to determine the period of ineligibility for transfers of nonexempt property without adequate consideration.

3.2.7 Beginning Date of Aid

The first day the person is eligible to receive MC benefits. The client may submit an application but meet eligibility in a following month, the beginning date of aid is the 1st day of the month eligibility begins.

3.2.8 Benefits Identification Card

The BIC is a permanent plastic card that is tied to the client's MEDS record. The BIC is issued by EDS to:

- All MC eligible clients,
- All Ineligible Members and Responsible Relatives whose medical expenses can be applied to family members *in the same MFBU with a share of cost*.



Note:

APTC clients should not receive a BIC, unless they are part of a household with a SOC MC.

3.2.9 Board and Care

Board and care means receipt of board, room, personal care and designated supplemental services related to individual needs in one of the following non-medical protective living environments certified in accordance with EAS 46-325.3 for a full calendar month:

- A licensed residential care facility.
- The home of a relative or legally appointed guardian or conservator, other than the home of a spouse or the home of a parent for a blind or disabled child.
- A home in which a child is placed by a court under Welfare and Institutions Code 727 (a).
- An exclusive use home approved by a licensed home finding agency.

3.2.10 Burial Insurance

Burial insurance means insurance which by its terms can only be used to pay the burial expenses of the insured.

3.2.11 CalWORKs

The CalWORKs provides a cash grant and MC to children, deprived of parental support or care, and their eligible relatives.

3.2.12 Cash Grant

Cash grant means the money payment made to a person eligible for CalWORKs, RCA, AFDC-Foster Care, CAPI, or SSI/SSP.

3.2.13 Cash-Linked MC

There are some cash aid programs that include MC (i.e. CalWORKs, SSI/SSP).

3.2.14 Share of Cost Certification—Effective Date

For share-of-cost clients, the date the client met the obligation for his/her share of cost.

3.2.15 Certification for MC

Certification for MC means the determination by the county department or the DHCS that a person is eligible for MC and:

- Has no share-of-cost.
- Has met the share-of-cost, or
- Is in long term care and has a share of cost which is less than the cost of long-term care at the MC rate. (This statement does not apply to super-liability cases.)

3.2.16 Change in Circumstance

A CIC occurs whenever the client reports a change in a data element that requires a RD of eligibility; this allows the MC RD due date to be reset for a new 12-month period.

3.2.17 Child

A child is:

- A person under the age of 21 (for Non-MAGI MC, refer to Adult for exceptions) or under 19 (for MAGI MC),
- An unborn child is considered a child for MC purposes.

3.2.18 Child Health and Disability Prevention Program (CHDP)

CHDP is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

3.2.19 Coinsurance

After the deductible is met, the coinsurance begins to cover a portion of the covered services. Before the deductible is met, the client is responsible for the full cost of each service. Depending on the plan, the deductible may range from 10% to 40% and may or may not be included in the yearly out-of-pocket maximum.



Example:

If the health insurance plan's allowable amount for an office visit is \$100 and the client met the deductible for the year, then the client's coinsurance payment is 20%, and he/she would pay \$20 while the insurance pays the rest.

3.2.20 Community Spouse

A person who is:

1. Married to an institutionalized spouse, AND
2. Is not an inpatient in a nursing facility or medical institution, AND
3. For income purposes, is married to a person with LTC status (the month following the month of institutionalization).



Note:

A Community Spouse may reside in a Board and Care facility

3.2.21 Community Spouse Resource Allowance

The CSRA is the amount of combined non-exempt community and separate property, belonging to either or both the institutionalized and community spouse, which the community spouse is allowed to retain when the institutionalized spouse applies for MC.

3.2.22 Competent/Competency

Competent is the ability to act on one's own behalf in business and in personal matters.

3.2.23 Continuous Period of Institutionalization

A “Continuous Period of Institutionalization” is 30 or more consecutive days of inpatient medical care in a medical institution or nursing facility. A “Continuous Period of Institutionalization” begins when an institutionalized person is expected to remain an inpatient for 30 consecutive days and ends when the institutionalized person is no longer an inpatient for a full calendar month. “Continuous Period of Institutionalization” is a term applicable only to LTC individuals who have a community spouse.

3.2.24 Conversion of Property

Conversion of property means changing property from one form to another without changing ownership.

3.2.25 Copayment

The fixed amount (i.e. \$15 per visit) the client pays for a covered healthcare service (usually when he/she receives the services). The amount may vary by the type of covered service. A visit to the doctor may require a copayment; however, annual wellness visits (preventive care) do not require a copayment. Depending on the plan, the copayment may or may not count toward the yearly out-of-pocket maximum.

3.2.26 Deductible

The fixed amount some plans require the client to pay before the plan begins to pay its share for covered services. The client will pay full price for visits until the deductible is met and the insurance covers a portion, leaving the client only the copayment amount. Deductibles do not apply to preventive care services, which are free.

3.2.27 Derivative Relatives

The term “victim” includes both the primary (direct) victim and certain eligible family members, called “derivative relatives.” Derivative relatives are those who have filed or are preparing to file for T Visa or U Visa, or are taking steps to meet the conditions for federal benefits eligibility. ORR does not issue separate certification letters to derivative relatives of trafficking victims. Their eligibility for federal benefits begins when the primary victim receives his or her ORR certification.

3.2.28 Determination Eligibility Response

A DER is an inbound transaction sent from CalHEERS to CalWIN. There are two types of inbound DERs:

- A *Solicited* DER is a transaction that started in CalWIN; the DER is in response to an EDR sent from CalWIN either by the EW or Batch transaction (i.e. auto BRE at Renewal).
- An *Unsolicited* DER is a transaction that started in CalHEERS. CalHEERS sends *Unsolicited* DERs to the External Referral Data subsystem for new applications or External Change Data subsystem for existing cases. *Unsolicited* DERs occur when:
 - When changes to eligibility are entered directly in CalHEERS (by an EW, a Covered CA SCR, or a client).
 - When CalHEERS COLA is updated.
 - When CalHEERS receives the report from the IRS of clients who received APTC but did not file taxes for the benefit year.

3.2.29 Diligent Search

Diligent search is a set of procedures to be used as guidelines in determining eligibility for individuals who are comatose, incompetent, amnesiac or deceased and there is no friend, guardian, or relative available to supply the information necessary for a MC eligibility determination.

3.2.30 Eligibility Quality Control

Eligibility quality control means both of the following:

- Federally mandated review of MC cases to ensure proper determination of eligibility, and
- State mandated review of MC cases within individual counties to ensure proper determination of eligibility.

3.2.31 Eligibility Determination Request

An EDR is an outbound transaction sent from CalWIN to CalHEERS. EDRs are sent when:

- An initial CalWIN application is submitted, requesting a MAGI MC determination.
- Case information changes that may affect eligibility.
- There is a change, qualifying event, or required redetermination.

3.2.32 Encumbrance

An encumbrance is an obligation for which property is security, as evidenced by a written document from the institution or person holding the encumbrance, e.g., a mortgage.

3.2.33 Family Member

- Family member means the following individuals living in the home.
 - A child or sibling children.
 - The parents married or unmarried of the sibling children.
 - The stepparents of the sibling children.
 - The separate children of either unmarried parent or of the parent or stepparent.
- If there are no children, family member means a single person or a married couple.

3.2.34 Heirloom

Heirloom means any item of personal property, other than cash and securities, which has substantially sentimental value, has been owned by a family for at least two generations and is intended to be retained by the family in succeeding generations.

3.2.35 Home

Home means real or personal property, fixed or mobile, located on land or water, in which a person or family lives.

3.2.36 Horizontal Integration

Horizontal Integration allows clients to submit an application for CF and CW without having to respond to questions already asked through the Covered CA process. Clients who request CF and/or CW when applying for MC through the Covered CA website are redirected to MyBCW.

3.2.37 In-Home Supportive Services

IHSS is the social services program which provides necessary personal and domestic care so that aged, blind and disabled individuals may remain in their own homes.

3.2.38 In-Kind Support and Maintenance

ISM of food or shelter given to the applicant or received by the applicant by someone having no legal responsibility to provide for the applicant. Shelter includes room, rent, gas, electricity, water, sewer and garbage collection services.

3.2.39 Inmate

Inmate means a person living or being cared for in an institution. Excluded from this definition are individuals residing at a facility for vocational training or educational purposes, and individuals temporarily in an institution pending more suitable arrangements, such as children in a local agency facility pending foster care placement.

3.2.40 Institution

Institution means an establishment which provides food and shelter to four or more individuals unrelated to the owner and also provides some treatment or other services.

3.2.41 Institution — Medical

Medical institution is any public or private acute care hospital, acute psychiatric hospital, intermediate care facility, skilled nursing facility, or other medical facility licensed by an officially designated state standard setting authority.

3.2.42 Institution — Mental Diseases

An institution for mental diseases means an institution primarily engaged in providing diagnosis, treatment or care for individuals with mental illness.

3.2.43 Institution — Non-medical

Non-medical institution means any institution providing non-medical residential care, custodial care, custody or restraint. This includes penal institutions.

3.2.44 Institution — Private

A private institution means a privately owned or non-profit facility managed and controlled by an individual, private association or corporation.

3.2.45 Institution — Public

Public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Excluded from this definition are medical facilities and publicly operated community residences designed to serve and serving no more than sixteen individuals.

3.2.46 Institution — Tuberculosis

Tuberculosis institution means an institution which is primarily engaged in providing diagnosis, treatment or care of individuals with tuberculosis, including medical attention, nursing care and related services.

3.2.47 Institutionalized Individual

An institutionalized individual is one who is residing in a nursing facility or medical institution and is receiving nursing facility level of care.

3.2.48 Institutionalized Spouse

Beginning with the date of admission into a nursing facility or medical institution, an institutionalized spouse is one who is all of the following:

- Applying for MC.
- Is expected to remain in the nursing facility for a continuous period of at least 30 consecutive days as verified by a signed and dated statement from his/her physician. (Refer to “Continuous Period of Institutionalization”.)
- Is married to a community spouse.
- Is not AFDC-MN.

3.2.49 Life Insurance

Life insurance means a contract for which premiums are paid during the life time of the insured, and on which the insuring company pays the face amount of the policy to the client upon the death of the insured. Life insurance may also be purchased by a single premium or by letting dividends accumulate.

- **CSV** — The CSV is the amount of money per \$1,000 which can be obtained by the owner of a life insurance policy. A loan may be made against the CSV.

The value of the CSV varies daily and may usually be obtained by viewing charts which accompany the policy.

- **Face Value** — The face value is the amount which the policy is worth if all premiums have been paid upon the death of the insured client.
- **Term Insurance** — Term insurance is insurance which is payable only upon the death of the owner for which the insurance is purchased. There is no CSV.
- **Whole Life Insurance** — Whole Life Insurance has a cash surrender value.

3.2.50 Limited Service Status

Limited service status means that the client's use of the MC card is limited because of enrollment in a non-comprehensive PHP, improper utilization of service, application as a child under Section 50147.1 or participation in a pilot project conducted by the Department.

3.2.51 Linked

Linked means meeting the SSI/SSP requirements of age, blindness or disability or the CalWORKs requirements of deprivation of parental support or care.

3.2.52 Long-Term Care Facility

A medical institution or nursing facility.

3.2.53 Long-Term Care Status

LTC status means inpatient medical care which lasts for more than the month of admission and is expected to last for at least one full calendar month after the month of admission. "LTC Status" is a term applicable only to LTC individuals who do not have a community spouse.

3.2.54 Marriage

Marriage means the state of being married, including a legal common law marriage, as defined in Section 4100 et seq., Chapter 2, Division 4, Part 5, Title I, California Civil Code. California does not recognize a common law marriage, unless the marriage occurred in a state where it was considered legal.

3.2.55 Medi-Cal (MC)

Medi-Cal (MC) is the name of California's federally mandated medical assistance program and the medical benefits available under that program. The federal name is Medicaid, some states use this name.

3.2.56 MC Family Budget Unit

MFBU means the individuals who will be included in the MC eligibility and share of cost determination.

3.2.57 MC Only Eligibility

MC only eligibility means a person's or family's eligibility for MC benefits which has been determined independently of an eligibility determination for any other cash aid or benefit program.

3.2.58 Medically Indigent Person or Family

A person or family eligible under the Medically Indigent program.

3.2.59 Medically Needy Person or Family

A person or family eligible under the Medically Needy program.

3.2.60 Medicare

A federally financed program under Title XVIII of the Social Security Act, which provides hospital insurance (Part A), health insurance (Part B), and prescription drug coverage (Part D) for the aged, 65 and over, blind or disabled. It also covers some individuals eligible for Social Security disability payments and for certain individuals who need dialysis or transportation.

3.2.61 Medicare Savings Program

MSP include the QMB, SLMB and QI programs.

3.2.62 Minimum Basic Standard of Adequate Care

MCSAC means the amount necessary to provide a CalWORKs family with basic needs.

3.2.63 Minor Consent Services

Minor consent services means services related to:

- Sexual assault.
- Drug or alcohol abuse for children 12 years of age or older.
- Pregnancy.
- Family planning.
- Sexually transmitted diseases designated by the Director for children 12 years of age or older.
- Mental health care for children 12 years of age or older who are mature enough to participate intelligently and which is needed to prevent the children from seriously harming themselves or others, or because the children are the alleged victims of incest or child abuse.

3.2.64 Multiple Dwelling Unit

Multiple dwelling unit means any dwelling with more than one separate living unit; a unit which normally would include a bathroom and a kitchen as a minimum.

3.2.65 Next Friend of the Alien

A person who appears in a lawsuit to act for the benefit of an alien under the age of 16, incapacitated or incompetent, who has suffered substantial physical or mental abuse as a result of being a victim of qualifying criminal activity. The next friend is not a party to the legal proceedings and is not appointed as a guardian.

3.2.66 Nonrecurring Lump Sum Payment

Nonrecurring lump sum payment means a payment accrued over more than one calendar month and not expected to be received again in the future. It does not include the amount of the monthly benefit normally attributable to the month for which eligibility is being determined.

3.2.67 Nursing Facility

A nursing facility is a skilled nursing or an intermediate care facility.

3.2.68 Nursing Facility Level of Care

Nursing facility level of care is received by inpatients in skilled nursing facilities, in intermediate care facilities, in sub-acute care facilities, in the distinct-part of distinct part facilities and when an inpatient is receiving either skilled nursing or intermediate care in a swing-bed hospital. Nursing facility level of care is commonly known to MC providers as “long-term care.”

3.2.69 Obligate

Obligate means to incur a cost for health care services.

3.2.70 Other Public Assistance (Other PA) Recipient

Other PA recipient means a person eligible for MC under one of the categories in the other PA programs, such as IHSS and Four-Month Continuing.

3.2.71 Out-of-Pocket Limit

The maximum amount the client will pay per year for medical services before the health plan pays 100% of the cost for services. This limit protects clients from extensive medical expenses in a given year; most copayments, deductibles and coinsurance payments are counted toward the Out-of-Pocket Limit.

3.2.72 Overpayment

Overpayment means the receipt of MC benefits where there is no entitlement to all or portion of the benefits received.

3.2.73 Parent

Parent means the natural or adoptive parent of a child.

3.2.74 Parents — Unmarried

Unmarried parents are parents who are living together with their common child and the parents are not married to each other.

3.2.75 Parent — Minor

Minor parent means a person who meets the definition of a child and who has children living with them.

3.2.76 Patient

Patient means a person receiving individual professional services directed by a licensed practitioner of the healing arts towards maintenance, improvement, or protection of health, or the alleviation of disability or pain.

3.2.77 Individuals Living in the Home

- Individuals living in the home means all of the following:
 - Individuals physically present in the home.
 - Individuals temporarily absent from the home because of hospitalization, visiting, vacation, trips in connection with work, or because of similar reasons as limited by 4.
 - Individuals away at school or vocational training who will resume living in the home as evidenced by the person returning home for vacations, weekends and at other times.
- A temporary absence is normally one in which the person leaves and returns to the home in the same month or the following month.
- A child temporarily absent from the home is considered to be living in the home as long as the parent continues to have responsibility for the care and control of the child. A parent continues to have responsibility for the care and control of a child until the court removes this responsibility or the parent voluntarily relinquishes it.
- An 18- to 21-year-old minor parent living on the parent's property must not be considered to be living in the parent's home if both of the following conditions exist:
 - The 18- to 21-year-old or minor parent does not receive any support from the parents, and
 - The building that the 18- to 21-year-old or minor parent lives in what would be considered other real property of the parents.
- A person whose institutional status results in ineligibility for MC must not be considered to be living in the home during any full month of institutionalization.

3.2.78 Premium

The amount the client pays every month to the health plan to maintain health insurance coverage.

3.2.79 Prepaid Health Plan

- Prepaid health plan means any health care service plan as defined in Health and Safety Code Section 1345 (f) which:
 - Is licensed as a health care service plan by the Commissioner of Corporations pursuant to the Knox-Keene Health Care Service Plan Act of 1975, Chapter 2.2, commencing with Section 1340, Division 2, Health and Safety Code, or has an application for licensure pending and was registered under the Knox-Mills Health Plan Act prior to its repeal in Chapter 941, Statutes of 1975.
 - Meets the requirements for participation in the Medicaid Program, Title XIX of the Social Security Act.
 - Has a contract with the Department to furnish directly or indirectly health services to MC clients on a predetermined periodic rate basis.
- The term “prepaid health plan” does not include any pilot program contract entered into pursuant to Article 7, commencing with Section 14490, Chapter 8, Part 3, Division 9, Welfare and Institutions Code.

3.2.80 Prepaid Health Plan — Comprehensive

Comprehensive prepaid health plan means a prepaid health plan that is required by contract with the Department to provide the full scope of benefits available under the MC program.

3.2.81 Presumed Maximum Value

PMV is 1/3 of the SSI payment rate (but not the combined SSI/SSP payment) plus \$20 dollars.

3.2.82 Property — Community

Community property means property acquired by either spouse during marriage, unless the property was acquired as separate property or with funds that can be identified as separate property.

3.2.83 Property — Personal

Personal property means possessions or interests, exclusive of real property, which may be easily transported or stored; including but not limited to cash on hand, bank accounts, notes, mortgages, deeds of trust, cash surrender value of life insurance, motor vehicles, uncollected judgments, an interest in a firm in receivership, a lawsuit, patents and copyrights.

3.2.84 Property — Real

Real property means land and improvements which generally include any immovable property attached to the land and any oil, mineral, timber or other rights related to the land.

3.2.85 Property — Separate

Separate property means any item that is considered separate property under California Property Law. Generally, separate property is property acquired by an individual by any method prior to marriage, after obtaining an interlocutory or final judgment of dissolution, or while voluntarily separated; or at any time by gift or inheritance, or purchases made with funds that are separate property or with funds from the sale of separate property.

3.2.86 Property — Share of Community

For the purpose of determining MC eligibility, share of community property is to be treated as if each spouse owns one-half of the community property.

3.2.87 Provider

The term provider includes institutions and/or individuals whose primary current activity is the direct delivery of health care services to a client of the Medicare and/or MC programs, including pharmacies. The provider must meet certain program standards and be licensed and/or certified to provide inpatient or outpatient services.

3.2.88 Public Assistance Recipient

PA recipient means a person or family receiving assistance under the CalWORKs, SSI/SSP, Refugee Resettlement Program or Cuban Haitian Entrant Program programs.

3.2.89 Public Funds

Public funds are monies provided by local, state or federal government.

3.2.90 Publicly Operated Community Residence

- Publicly operated community residence means a facility designed and planned to serve no more than 16 residents which is actually serving 16 or fewer residents. The facility provides food and shelter and must provide some additional services such as:
 - Social services.

- Help with personal activities.
- Training in socialization and life skills.
- Excluded from this definition are:
 - Residential facilities located on the grounds or immediately adjacent to any large institution or multi-purpose complex.
 - Educational or vocational training facilities.
 - Correctional or holding facilities for individuals detained under the penal system.
 - Medical treatment facilities.

3.2.91 Reapplication

Reapplication means an application for MC-only eligibility made in the same county as a previous application, if the previous application was denied or withdrawn, or MC-only eligibility based on the previous application has been discontinued for more than 12 months.

3.2.92 Redetermination

Redetermination means the review of a person's or family's MC eligibility.

3.2.93 Relative

Relative means a mother, father, grandfather, grandmother, son, daughter, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, niece, half-brother, half-sister, any such person of a preceding or succeeding generation denoted by a prefix of grand, great or great-great or the suffix in-law.

3.2.94 Caretaker Relative

Caretaker relative means a relative who provides care and supervision to a child, if there is no natural or adoptive parent in the home.

3.2.95 Repayment

Repayment means the liquidation of an overpayment in response to issuance of demands and recovery thereof by the Department of Social Services.

3.2.96 Rescind/Rescission

Rescind/Rescission refers to the reversal of discontinuance or denial.

A denial of an application or discontinuance of benefits must be rescinded in the following situations:

- An Appeals decision orders such action,
- The County determines that the denial/discontinuance was in error.

For Discontinuance only:

- If the client complies within the month of discontinuance.
- If the client provides all necessary information and verifications required within the 90-day cure period to make a MC eligibility determination.

3.2.97 Residence

Residence means the place in which a person or family lives or is physically present if the person or family has no present intention of leaving.

3.2.98 Responsible Relative

Responsible relative means a relative who is responsible by law to contribute to the cost of health care services received by a MC client.

3.2.99 Severe form of trafficking in individuals

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3.2.100 Share-of-Cost

Share-of-cost means a person's or family's net income in excess of their maintenance need which must be paid or obligated toward the cost of health care services before the person or family may be certified.

3.2.101 Share of Encumbrances

Share of encumbrances means that portion of the encumbrances attributed to each portion of jointly owned property.

3.2.102 Skilled Nursing Care/Facility

A health facility or a distinct part of a hospital which provides skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis. It provides 24-hour care and, as a minimum, includes nursing, dietary, pharmaceutical services and an activity program.

3.2.103 Soft Pause

Soft pause is applied to clients who are discontinued from certain MAGI MC aid codes to allow time for a review of other medical programs they may be eligible for including but not limited to Non-MAGI MC, MCAP, and CCHIP.

3.2.104 Spousal/Parental Deeming

When a portion of the ineligible spouse's income is provided to the spouse/child(ren).

3.2.105 State Data Exchange

SDX means the data system by which the Federal Government provides information to the State regarding the eligibility of SSI/SSP applicants and recipients.

3.2.106 Stepparent

Stepparent means a person who is married to the parent of a child and who is not the other parent of the child.

3.2.107 Substantial Gainful Activity

Work that involves doing significant and productive physical or mental duties, and is done, or intended, for pay or profit.

3.2.108 Supplemental Security Income/State Supplemental Program

SSI/SSP means the federal and state payments, respectively, which are based on need, and are paid to aged, blind or disabled individuals.

3.2.109 Tax Filing Household

For MC purposes, the tax filing household includes the individuals that are included on one Form 1040 when filing taxes with the IRS.

3.2.110 Tax Filer

A tax filer is an individual who:

- Intends to file a tax return (IRS Form 1040)
- Does not expect to be claimed as a tax dependent by someone else

For MC purposes, a Primary Tax Filer is the primary individual filing the 1040 form with the IRS. In the case of clients filing Married Filing Jointly, the clients identify one spouse as the primary tax filer.

3.2.111 Dependent

Tax Dependent

A *tax dependent* is a person, other than the tax filer or the tax filer's spouse whom the tax filer claims as a dependent.

Coverage Dependent

A *coverage dependent* is a child (biological or adopted) who is under age 26 and can continue receiving health insurance coverage on the parent's employer-sponsored health plan.

3.2.112 Therapeutic Wages

Therapeutic wages are wages earned by the individual when all of the following conditions are met:

- A physician who does not have a financial interest in the long-term care facility in which the individual resides, and who is in charge of the individual's case prescribes this work as therapy for the individual, and
- The individual must be employed by the same long-term care facility in which he or she resides, and
- The individual's employment does not displace any existing employees, and
- The individual has resided in a long-term care facility continuously since September 1979.

3.2.113 Third Party Liability

The responsibility of insurers for payment of the trauma sustained by recipients as a result of claims which are connected with injuries or fault or negligence of third parties (e.g., auto accident claim).

3.2.114 Title II Disregard Person

“Title II disregard person” means a person who is no longer receiving Title XVI due to a cost of living increase in RSDI benefits under Title II.

3.2.115 Title II (Social Security Act)

Title II benefits are the monthly benefits that a client receives for an approved disability claim from the SSA. A form of Title II benefits is Federal RSDI, formerly known as OASDI.

3.2.116 Title XVI (Social Security Act)

Social Security Disability Title XVI Benefits, also known as SSI, include benefit payments made to the blind, the elderly and/or completely disabled individuals who have a demonstrated financial need.

3.2.117 Title XVIII (Social Security Act)

Medicare program - provides hospital, health and drug assistance for individuals 65 and over, blind or disabled.

3.2.118 Title XIX (Social Security Act)

Medicaid/MC Program—provides medical assistance for individuals medically needy, and individuals with nominal/negative income.

3.2.119 Transfer of Property

Transfer of property means a change in ownership whereby a person no longer holds title to, or beneficial interest in, property.

3.2.120 Unconditionally Available Income

Income that is available to the client (i.e. UIB, DIB, and RSDI).

3.2.121 U.S. Citizenship and Immigration Services

USCIS, formerly known as INS, is the branch of the United States Government that administers regulations regarding aliens in the United States.

3.2.122 Value of the One-Third Reduction

VTR is 1/3 of the SSI payment (not the combined SSI/SSP payment).

3.2.123 Verification

Verification means the process of obtaining acceptable evidence which substantiates statements made by an applicant/client.