

DEFINITIONS AND ACRONYMS

A-200 DEFINITIONS AND USE OF TERMS

Absent Parent - a child's parent who is not residing in the home, AKA Non-Custodial parent.

Actual Income Budgeting - actual income amounts are used for calculating benefits when a full month has passed and an eligibility determination is made for prior medical months.

Adequate Notice - a written notice which includes a statement of what action(s) will be taken, the reason for the intended action(s), and the specific manual reference(s) that supports the change, the right to a fair hearing and any change in federal or state law that requires the action(s).

Advance Notice - adequate written notice which must be mailed at least 13 days before taking an action that would adversely affect eligibility of an ongoing or open case.

Advance Premium Tax Credit (APTC) - payment of the tax credits which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan (QHP) through an exchange in accordance with the Affordable Care Act.

Adverse Action - any action resulting in reduction or termination of benefits. Denied cases do not require adverse action.

Affordable Care Act (ACA) - the Patient Protection and Affordable Care Act of 2010 - reforms that improve access to affordable health coverage for everyone and protect consumers from abusive insurance company practices. The law allows all Americans to make health insurance choices that work for them while guaranteeing access to care for our most vulnerable, and provides new ways to bring down costs and improve quality of care.

Affordable Insurance Exchanges - see Exchange

Annual Open Enrollment Period - the period each year during which a qualified individual may enroll or change coverage in a Qualified Health Plan (QHP) through the exchange.

Annualize - to average income over a 12-month period.

Annuity - a fixed sum of money payable yearly or at other regular intervals.

Appeal - an applicant/client request for a fair hearing concerning an action to reduce, deny or terminate eligibility.

Applicant - an individual who is seeking a medical eligibility determination for himself or herself through an application submission or a transfer from another agency or insurance affordability program.

Application - the action by which the individual indicates in writing, by phone or electronically the desire to apply for medical assistance.

Application Date - the date a properly signed application is received.

Assets - all items owned by an individual that have a monetary value.

Assignment - the legal transfer of an individual's rights to benefits to the Nevada Division of Welfare and Supportive Services. This includes child/spousal and third party liability (TPL).

Assistance Unit - a group of individuals whose income, resources and needs are considered as a unit for the purpose of determining eligibility.

Tax-filer – Rules associated to the household that determine the assistance unit members based on tax filing status of the members.

Non-Filer – Rules associated to the household that determine the assistance unit members based on relationship.

Authorized Representative (AR) – a person or organization acting responsibly for a client in the various aspects of the application and redetermination process.

Bendex (Beneficiary Data Exchange) - a computer match from SSA giving Social Security and Medicare information on DWSS clients.

Beneficiary - an individual who has been determined eligible and is currently receiving Medicaid.

Benefit Month - any month for which eligibility has been determined.

Budget (Income) Month - the calendar month from which income and household composition are used to determine eligibility.

Budgeting - a procedure used to determine eligibility based on a calculation of income and circumstances which exists, or are expected to exist, in the month benefits are authorized.

Capital Gain - financial profit from the sale or transfer of capital assets.

A-200²

DEFINITIONS AND ACRONYMS
DEFINITIONS AND USE OF TERMS
Applicant – Capital Gain

Division of Welfare and Supportive Services

Medical Assistance Manual

MTL 01/13 13 Oct 01

Caretaker Relative - relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care and who is one of the following—

1. The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
2. The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
3. Another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative;

Cash Surrender Value (CSV) - the cash surrender value of an insurance policy or like financial instrument.

Child Support - money that is:

1. Ordered by a court of competent jurisdiction on behalf of a minor child or
2. Paid by the non-custodial parent, including voluntary payments.

Child Support Enforcement Program (CSEP) - CSEP in Nevada is responsible for the administration and oversight of child support enforcement activity.

Collateral Contact - person with no vested interest who the case manager can contact to verify client information.

Common Law Marriage - relationship in which the parties are free to marry, are living together, and hold out to the public that they are husband and wife. Nevada does not recognize common law marriage. Tribal marriages are legally recognized marriages.

Confidential Address Program (CAP) - Program administered through the Secretary of State's office that provides protection to victims of domestic violence who are referred by a domestic violence advocacy group.

Continued Benefits - continuing or restoring benefits to the level authorized immediately before the notice of adverse action pending the outcome of a hearing.

Conversion - A process completed to change a client's eligibility from one category to another, e.g., SSI to State Institutional case.

Cost of Living Adjustment (COLA) - yearly increase in benefits received from programs such as Social Security, VA, and pension benefits.

Cost Sharing - any expenditure required by or on behalf of an enrollee with respect to essential health benefits; such term includes deductibles, coinsurance, copayments, or similar charges but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.

Custodial Parent (CST) - parent who has physical and/or legal custody of child(ren).

Dependent Child/Children - a child or dependent child up to the age of 19. A dependent child is used in determining relationship and eligibility for the parent/caretaker group.

Deputy Attorney General (DAG) - the attorney representing the Division in legal matters.

Derivative Citizenship - United States citizenship that is claimed by a person born outside of the U.S. to one or both U.S. citizen parents.

Diversion Payments - financial assistance payments designed to meet an immediate emergency need and which prevents the family from requiring ongoing cash assistance in accordance with Nevada's or another state's policy provisions. In Nevada, this is the Self-Sufficiency Grant (SSG) Program.

Division of Health Care Financing and Policy (DHCFP) - Agency within the Department of Health and Human Services that is responsible for the administration of the Medicaid program.

Division of Welfare and Supportive Services (DWSS) - Agency within the Department of Health and Human Services that is responsible for determining eligibility for public assistance programs including Medicaid.

Domestic Partners - domestic partnership is not a marriage but rather a new type of civil contract that is recognized in Nevada. Domestic Partners are considered "spouses" and have the same rights, protections and benefits as are granted to and imposed upon spouses. The Nevada office of the Secretary of State shall issue a certificate of domestic partnership. Any reference to a certificate of marriage shall be deemed a reference to the registration of domestic partnership.

Earned Income - earned income encompasses income in cash or in-kind earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which s/he is engaged as a self-employed individual or as an employee.

Earned Income Tax Credits (EITC) - payments from IRS to persons with tax dependents and gross monthly earnings at or below levels established by the IRS.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) - services offered through Medicaid Support Services for Medicaid eligible children. This program is known as the Healthy Kids Program.

Electronic Account - an electronic file that includes all information collected and generated by the State regarding each individual's Medicaid eligibility and enrollment, including all documentation.

Eligibility Determination - an approval or denial of eligibility including redetermination or termination of eligibility.

Emancipated Minor – a person who is:

- under age 18 who has been married and the marriage has not been annulled; or
- a child under age 18 that has been emancipated by a court decree.

Equity - the fair market value of an item minus all money owed on it and the cost associated with its sale or transfer.

Exchange - a governmental agency or non-profit entity that meets applicable standards and makes Qualified Health Plans (QHPs) available to qualified individuals and qualified employers. Unless otherwise identified, this term refers to state exchanges, regional exchanges, subsidiary exchanges, and a federally-facilitated exchange.

Fair Hearing - a meeting conducted by a state hearing officer with any applicant or client who disagrees with and wishes to appeal some action taken on his or her case.

Fair Market Value (FMV) - amount of money an item would bring if sold in the current local market.

Family Preservation Program (FPP) - administered by the Division of Mental Health and Developmental Services (MHDS); provides assistance to children with profound or severe mental retardation or children under age 6 with developmental delays using TANF funds.

Family Size - the number of persons counted as members of an individual's household. In the case of determining the family size of a pregnant woman, the pregnant woman is counted as herself plus the number of infants she is expected to deliver.

FAMIS (Family Assistance Management Information System) - specific federal design requirements which must be included in all new automated systems.

Federal Benefit Rate (FBR) - the maximum dollar amount paid to an aged, blind, or disabled person who receives Social Security Disability benefits under SSI.

Federal Poverty Level (FPL) - the minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

Fluctuating Income - income in which the amount varies because of an increase or decrease in hours worked, rate of pay, or inclusion of a bonus.

Good Cause - term used to indicate that a client had an acceptable reason for not complying with a program requirement.

Guardianship – person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.

Home Based Waiver (HBW) - a Medicaid program which provides non-medical services in the client's home to help them maintain independence, as an alternative to nursing home placement.

Household Income - the sum of the MAGI-based income of all individual's in the assistance unit.

Housing and Urban Development (HUD) - Federal housing agency providing funds to assist needy families/elderly/disabled individuals with housing/shelter costs/mortgages (e.g., the family pays a percentage of the rent/mortgage based on income).

Ineligible Non-Citizen - a non-citizen living in the United States without proper approval from USCIS (United States Citizenship & Immigration Service).

Immigrant - a non-citizen who is abandoning their residence in a foreign country to live in the United States as a permanent or temporary legal resident.

Inaccessible Resources - resources not legally available to the client.

Incapacitated (INCAP) - individuals temporarily unable, due to illness/injury, to make decisions, be in attendance at interview, or sign documents. Also applies to an individual determined to be incapacitated/disabled by a certified physician(s), Social Security Administration, Veteran's Administration, Vocational Rehabilitation or any other agency utilizing Social Security criteria.

Incompetent - an individual who has been declared permanently or on a long-term basis to be incapable of making legally binding decisions due to physical/mental illness or injury. This term also applies to minor children unable to make legally binding decisions until they are an adult. Statements from certified physicians, social workers, vocational rehabilitation counselors, Social Security Administration, Veterans Administration, etc., court orders, and observation are means of verifying incompetence.

Individual Case Identifier (ICI) Number - the additional state unique identification number assigned to each NOMADS account.

A-200⁶

DEFINITIONS AND ACRONYMS

DEFINITIONS AND USE OF TERMS

Federal Poverty Level (FPL) – Individual Case Identifier (ICI) Number

Division of Welfare and Supportive Services

Medical Assistance Manual

MTL 14/01 14 Mar 01

Individual Development Account (IDA) - Federal funds that match the amount of earnings of low-income working individuals and families which are intended to improve the economic independence and stability of individuals and families and to promote and support the transition to economic self-sufficiency.

Information Memorandum (IM) - Informational memo issues by the chief providing field staff information and clarification regarding current policies.

In-kind Contribution - any gain or benefit to a person which is not in the form of money payable directly to the client such as clothing, public housing, or food.

Inquiry - an application form which is not signed by the applicant or their authorized representative and/or legal guardian. This can also refer to a call from a client or their representative regarding their case and/or benefits.

Institution for Mental Disease (IMD) - a hospital, nursing facility or other institution of more than 16 beds which is **primarily** engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Individuals are severely psychotic, emotionally ill, suicidal and a danger to themselves, others or property. In Nevada, IMDs are commonly referred to as "psychiatric hospitals."

Institution of Higher Education - usually requires a high school diploma or equivalency certificate such as GED to enter. (E.g., business, technical, trade, beauty or vocational school, or enrolled in regular curriculum at a college or university that offers degree programs regardless of whether a high school diploma is required. This includes correspondence and off-campus home-study enrollment.)

Insurance Affordability Program - a program that is one of the following:

1. A State Medicaid program.
2. A State children's health insurance program (Nevada Check-Up).
3. A State basic health program established under the Affordable Care Act.
4. A program that makes coverage in a qualified health plan through the exchange with advance payments of the premium tax credit (APTC).
5. A program that makes available coverage in a qualified health plan through the exchange with cost-sharing reductions established under the Affordable Care Act.

Intake - the eligibility determination process for an application for medical assistance.

Intentional Program Violation (IPV) - Disqualification due to a purposeful or willful misstatement of information by a client in order to receive more benefits to which they are not entitled.

Investigations and Recovery (I&R) - Unit responsible for investigations, recovery of overpayments and prosecution.

JTPA - (Changed to Workforce Investment Act of 1998) Job Training Partnership Act is a federal program offering job training.

Katie Beckett - a Medicaid eligible category for at-home medical care of disabled children who are ineligible for SSI due to income and/or resources of the parents.

Legal Parents - mother, by having given birth to the child, or by proof of adoption; father, by proof of adoption, legal document, court adjudication, or his declaration of paternity.

Lump Sum Payment - a financial settlement which often involves funds accumulated over an extended period of time.

Managed Care Health Plans - primary managed health care given through specified medical providers. Recipients must enroll in the health plans or receive regular Medicaid coverage.

Managed Health Care Plans - expanded health care services/choices for Medicaid recipients.

Managing Conservator - a person designated by a court to have daily legal responsibility for a child.

Medicaid - State-paid insurance for low-income eligible individuals, families, pregnant women and children.

Medicaid Card - an account card provided to approved Medicaid beneficiaries to use for allowable and necessary medical services.

Medicaid Enrolled Health Plan (Primary Care Network/PCN) - the Medicaid Enrolled Health Plan is an alternative to the regular Medicaid program. When a recipient enrolls, they may only use doctors at the health plan facility. The health plan does not limit necessary doctor visits and prescriptions.

Medical Review Team (MRT) - Medicaid staff involved in making a disability determination.

Medical Support - the non-custodial parent may be ordered to obtain health insurance for their children who receive Medicaid when it is available at a reasonable cost. Available at a reasonable cost is usually defined as being available through the employer.

Medicare - medical "insurance" program administered by the Social Security Administration.

Medicare Part A - Hospital coverage. Individuals who paid Medicare taxes while working may receive this coverage for free.

Medicare Part B - Medical services coverage. Individuals pay a premium each month for Medicare Part B coverage.

Medicare Part D – Prescription drug coverage. Individuals pay a premium each month for this coverage.

Minimum Essential Coverage - The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, Nevada Check-Up, TRICARE and certain other coverage.

Minor Child - a person under 19 years old.

Minor Parent - an individual who is under the age of 19, has never been married, and is pregnant or the natural parent of a dependent child.

Modified Adjusted Gross Income (MAGI) - MAGI is a methodology for how income is counted and how household composition and family size are determined. MAGI is not a number on a tax return.

Non-Applicant - an individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or beneficiary's household to determine eligibility for such applicant or beneficiary.

Non-Custodial Parent (NCP) - parent absent from the home or the parent without physical custody.

Notice of Decision (NOD) - notice sent to advise the household of a case decision.

Patient Liability (P/L) - a recipient's share of medical costs while residing in a medical facility or receiving at-home care.

Pending Case - a case in which an application has been registered and an eligibility determination has not yet been made.

Personal Needs Allowance - an amount of income institutionalized Medicaid recipients are allowed to keep to meet their own needs.

Pickle - a Medicaid coverage group-Public Law 94-566, Pickle Amendment

Policy Transmittal - Memo issued by DWSS Administration containing new or revised policy information. The policy changes are effective with the issuance of the PT until next manual update can be made.

Post-Medical (PM) - Medicaid coverage that is extended for four months after ineligibility for Medicaid is caused by receipt of spousal support.

Postpartum Period - begins on the date the pregnancy ends, extends 60 days, and then ends on the last day of the month in which the 60-day period ends.

Power of Attorney - a written statement allowing one person to act for another person. A power of attorney may be authorized generally for the management of a special business or enterprise or more often specifically for the accomplishment of a particular transaction. There is no court involvement or supervision in the appointment. The statement does not have to be notarized.

Standard or Non-Durable Power of Attorney - automatically becomes null and void when the appointing individual becomes incompetent.

Durable Power of Attorney - continues in effect even when the appointing individual becomes incompetent.

The power of attorney document should clearly specify if it is a durable power of attorney.

Prepaid Burial Insurance - insurance that pays for a specific funeral arrangement. Also known as preneed plan or prepaid funeral agreement.

Primary Care Network (PCN) - Medicaid enrolled health plan provider.

Prior Medical - medical assistance available for the 3 months prior to the current Medicaid application.

Processing Time Limits - number of days the case manager has to complete a particular action.

Prudent Person Principle - reasonable decision made by staff based on the best information available and common sense in a particular situation.

Public Administrator (PA) - a county official named guardian to handle an incompetent person's affairs.

Public Laws (P.L.) - Laws enacted by specific congressional acts.

Qualified Health Plan (QHP) - a health plan that has in effect a certification that it meets the standards described, issued or recognized by the exchange.

A-200¹⁰

DEFINITIONS AND ACRONYMS

DEFINITIONS AND USE OF TERMS

Policy Transmittal-Qualified Health Plan (QHP)

Division of Welfare and Supportive Services

Medical Assistance Manual

MTL 14/01 14 Mar 01

Qualified Non-Citizen Sponsor - someone who signed or signs a legal affidavit or statement agreeing to support a non-citizen as a condition of their entry into the United States. This definition includes the sponsor's spouse who lives with them even if they were not married when the legal affidavit was signed.

Quality Control (QC) (aka PRE - Program Review and Evaluation) – DWSS staff who conduct and complete federally-mandated reviews and report their findings to policy-setting officials and the federal government. This unit also participates in training activities and corrective action to ensure program integrity is maintained for the programs administered by the Nevada State Division of Welfare and Supportive Services.

Questionable Information - information that could be considered contradictory or incomplete.

Railroad Retirement - the Railroad Retirement Board (RRB) is an agency of the United States government administering a social insurance program providing retirement benefits to railroad workers. The RRB serves U.S. railroad workers and their families, and administers retirement, survivor, unemployment, and sickness benefits. Railroad workers do not pay money into Social Security, nor do they receive Social Security benefits. In connection with the retirement program, the RRB has administrative responsibilities for railroad workers' Medicare coverage.

Real Property - land and any improvements on it.

Redetermination (RD) - a review or redetermination of Medicaid eligibility which is required annually.

Reinstatement - term used regarding the process of reinstating cases that were denied/terminated.

Residential Treatment Centers (RTC) - specialize in treating children with conduct, personality and emotional disorders, depression, hyperactivity, academic failure, and/or mild learning disabilities. Medicaid will pay for services provided in the RTC if the referral resulted from a "Healthy Kids" screening and the admission was prior authorized/certified by Medicaid's Peer Review Organization (PRO).

Resources - assets, both real and personal, which an individual owns and can, apply, either directly or by sale, to meet basic needs of food, clothing, shelter and medical costs.

Retirement, Survivor, Disability Insurance (Title II) (RSDI) - benefits administered by the Social Security Administration based on funds paid into the Social Security system. Benefits administered under Title II are not based on need.

Review - an optional case evaluative review by the case manager, supervisor, manager or investigations, based on reported/unreported changes, other client circumstances, a future action date for updating purposes, etc.

Rights and Responsibilities - the client's instructions about their rights and responsibilities and associated penalties. They are located on the application form/addendum.

Royalty - a payment to an individual for permitting another to use or market his property (such as mineral rights, patents, or copyrights).

Seamless Case - a case consisting of more than one program.

Self-employment Income - earned or unearned income available from one's own business, trade, or profession rather than from an employer.

Sibling - brother or sister.

Special Enrollment Period - a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a Qualified Health Plan (QHP) through the exchange outside of the initial and annual open enrollment periods.

Spousal Support - alimony or maintenance support for a spouse or former spouse.

State Data Exchange (SDX) - SSI information received from Social Security.

State Online Query (SOLQ) - a real-time online access to SSA's Social Security Number (SSN) verification service and retrieval of Title II and/or Title XVI data. SOLQ enables Nevada to rapidly obtain information needed to qualify individuals for programs.

State Supplementary Payment - funds paid in addition to the federal SSI payment. SSP amounts differ from state to state.

State Wage Information Collection Agency (SWICA) - unemployment compensation and/or quarterly wage reporting; this data has been determined to be effective and timely in providing employment related income and eligibility data.

Supplemental Security Income (SSI) - a needs-based benefit administered by the Social Security Administration providing monthly income to certain aged, blind, and disabled individuals.

Tax Dependent - has the same meaning as the term "dependent", an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year.

Term Life Insurance - life insurance with no cash or loan value.

Terminated - terminology used for stopping benefits.

Termination Month - the last month in which DWSS issued a Medicaid benefit.

Third Party - person or organization outside of the household.

A-200¹²

DEFINITIONS AND ACRONYMS

DEFINITIONS AND USE OF TERMS

Rights and Responsibilities – Third Party

Third-Party Liability (TPL) - a source of payment for medical expenses other than the recipient or DWSS.

Transitional Medicaid (TM) - Medicaid insurance coverage extended for a maximum of 12 months after termination of certain Medicaid cases because of new or increased earnings.

Tribal Marriage - marriages conducted under the provisions of the laws established by each Tribe. These marriages are legally recognized in Nevada.

Trust - property held by one person for the benefit of another. All trusts are sent to the Chief of Eligibility and Payments for evaluation.

Unearned Income - income received without performing work-related activities, including benefits from other programs.

Universal Life - life insurance which may or may not have a cash surrender value.

Unusual Medical Expense (UME) - The VA considers unusual medical expenses when determining some needs-based pension and compensation payments. Unusual medical expenses may include expenses of the veteran or surviving spouse and any dependents of that individual.

Unusual medical expenses may result in a lump sum payment, an increase in the ongoing VA pension or compensation payment, or both.

Vendor Payments - payment made directly to the client's creditor or person providing the service by a person or organization outside the household.

Veteran's Administration (VA) - the entity that administers veteran's benefits.

Whole Life Insurance — life insurance policy that has a cash surrender value. Loans may be taken out against whole life policies.

Withdrawal - a voluntary written retraction of an application.

A-210 ACRONYMS

A&A - Aid and Attendance

AAU – Administrative Adjudications Unit

ACA - Affordable Care Act

ADSD- Aging and Disability Services Division

AGCF - Adult Group Care Facility - Aid codes GC & HG

AMPS - Application Modernization & Productivity Services

APTC - Advance Payments of the Premium Tax Credit

AR - Authorized Representative

AU - Assistance Unit

BE - Best Estimate

Bendex - Beneficiary Data Exchange

BDA - Bureau of Disability Adjudication - Rehabilitation Division

BIA - Bureau of Indian Affairs

CAP - Confidential address program

CCS - Crippled Children's Services

CHRT – Centralized Hearing Representative Team

CMS - Centers for Medicare and Medicaid Services

COBRA - Consolidated Omnibus Budget Reconciliation Act of 1985

COLA - Cost of Living Adjustment

CSEP - Child Support Enforcement Program

CST - Custodial Parent

CSV - Cash Surrender Value

CWS - Child Welfare Services

DAG - Deputy Attorney General

DCFS - Division of Child and Family Services

DETR - Department of Employment, Training and Rehabilitation

DHCFP - Division of Health Care Financing and Policy

DHHS - Department of Health and Human Services

A-210¹

DEFINITIONS AND ACRONYMS

ACRONYMS

A & A - DHHS

Division of Welfare and Supportive Services

Medical Assistance Manual

MTL 14/01 14 Mar 01

DHR - The Nevada Department of Human Resources (State)

DIC - Dependency and Indemnity Compensation

DWSS - Division of Welfare and Supportive Services

E&P - Eligibility and Payments

E&T - Employment and Training Program

EAP - Energy Assistance Program

EITC - Earned Income Tax Credits

EITS - Enterprise Information Technology Services

EM - Emergency Medical Assistance

EOB - Explanation of Benefits

EPSDT - Early Periodic Screening, Diagnosis, and Treatment

ESI - Employer Subsidized Insurance

FA - Future Action

FAMIS - Family Assistance Management Information System

FBR - Federal Benefit Rate

FEMA - Federal Emergency Management Agency

FFS - Fee-for-Service

FMV - Fair Market Value

FPL - Federal Poverty Level

FPP - Family Preservation Program

FSS - Family Services Specialist

GA - General Assistance

HB - Housebound

HCBW – Home and Community Based Waiver

HHS - Health and Human Services (federal)

HOH - Head of Household

HUD - Housing and Urban Development

I&R - Investigations and Recovery

ICF - Intermediate Care Facility

ICF/MR - Intermediate Care Facility for the Mentally Retarded
ICI - Individual Case Identifier Number
IDA - Individual Development Account
IGA - Indian General Assistance
IM - Informational Memorandum
IMD - Institution for Mental Disease
INCAP - Incapacitated
IPV - Intentional Program Violation
IRS - Internal Revenue Service
IRWE - Income related work expense
JTPA - (Changed to Workforce Investment Act of 1998) Job Training Partnership Act
KIDS - Kids Insurance Database System
MAABD - Medical Assistance to the Aged, Blind and Disabled
MAGI - Modified Adjusted Gross Income
MCB - Medicaid Breast and Cervical Cancer Program
MCO - Managed Care Organization
MER - Medicaid Estate Recovery
MHDS - Division of Mental Health and Developmental Services
MMIS - Medicaid Management Information System
MRT - Medical Review Team
MSP - Medicare Savings Program
NCP - Non-Custodial Parent
NCU - Nevada Check Up
NF - Nursing Facility
NMO - Nevada Medicaid Office - Location: DHCFP
NOD - Notice of Decision
NOMADS - Nevada Operations of Multi-Automated Data Systems
OBRA - Omnibus Budget Reconciliation Act of '86; '87; '89 and '90
P&P - Policy and Procedures

A-210³

DEFINITIONS AND ACRONYMS

ACRONYMS

ICF/MR – P & P

Division of Welfare and Supportive Services

Medical Assistance Manual

MTL 01/13 13 Oct 01

- PA** - Public Administrator
- PAR** - Payment Authorization Request
- PCN** - Primary Care Network
- PIN** - Personal Identification Number
- PL** - Patient Liability
- P.L.** - Public Law
- PM** - Post-Medical
- PNA** - Personal Needs Allowance
- PRE** - Program Review and Evaluation (aka QC)
- PRO** - Medicaid's Peer Review Organization
- PRWORA** - Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- PT** - Policy Transmittal
- QC** - Quality Control (aka PRE)
- QDWI** - Qualified Disabled Working Individual
- QHP** - Qualified Health Plan
- QMB** - Qualified Medicare Beneficiaries
- RD** - Redetermination
- RRB** - Railroad Retirement Board
- RSDI** - Retirement, Survivor, Disability Insurance (Title II)
- RTC** - Residential Treatment Center
- SAVE** - Systematic Alien Verification for Entitlements
- SCHIP** - State Children's Health Insurance Program
- SDX** - State Data Exchange
- SGA** - Substantial Gainful Activity
- SLMB** - Special Low-Income Medicare Beneficiary
- SNAP** - Supplemental Nutrition Assistance Program
- SNF** - Skilled Nursing Facility
- SOLQ** - State Online Query

SSA - Social Security Administration
SSHIX - Silver State Health Insurance Exchange
SSI - Supplemental Security Income
SSN - Social Security Number
SSP - State Supplementary Payment
SWICA - State Wage Information Collection Agency
TANF - Temporary Assistance for Needy Families
TITLE XIX - Also known as Medicaid
TM - Transitional Medicaid
TPL - Third-Party Liability
TR - Treasury Report
UME - Unusual Medical Expense
UPI - Unique Person Identifier
UR - Utilization Review
USCIS - United States Citizenship & Immigration Service
UTL - Unable to Locate
VA - Veteran's Administration