

A-200 DEFINITIONS

A

Absent Parent – A child's parent who does not live in the same home as the child.

Act 421 Children's Medicaid Option (TEFRA) – An eligibility group for individuals under the age of 19 who have disabilities and meet institutional level-of-care requirements, regardless of parental income and resources.

Adequate Notice – 1. A written notice mailed to the enrollee no later than the time action is taken upon a case. 2. A written notice of adverse action mailed to the enrollee no later than the date the action is to be taken. No opportunity to rebut the decision.

Administrative renewal – Automatic recertification of SNAP-eligible children.

Adult Day Health Care Facility – A facility that treats the health and support needs of elderly or disabled adults in a home-like setting during scheduled daytime hours.

Adult Day Health Care Waiver – A non-residential program that can be an alternative to nursing home care for people who do not need care 24 hours a day, 7 days a week.

Adult Group – An eligibility group for individuals age 19 through 64 established by the Affordable Care Act (ACA) of 2010.

Advance Notice (Timely Notice) – A written notice of adverse action mailed to the enrollee prior to taking the action and giving the enrollee an opportunity to rebut the decision or to appeal the proposed action.

Adverse Action – Agency action that results in a denial, reduction, or termination of benefits.

Agency Representative – An individual employed or designated by the Louisiana Medicaid program to initiate the application process and/or determine eligibility.

Allocated Resource – The amount of countable couple resources that may be transferred to the community spouse or to another person for the benefit of the community spouse. These resources are not counted in the determination of continuing eligibility of the institutionalized spouse.

Allocation of Income – A process by which income is designated for individuals not

included in the income unit.

Appeal – 1. A request for a fair hearing concerning a proposed agency action, a completed agency action, or failure of the agency to make a timely determination.
2. A legal proceeding in which the applicant/enrollee and the Medicaid agency representative presents the case being appealed in front of an impartial hearing officer. (see **Fair Hearing**.)

Applicant – An individual who is requesting assistance from the agency.

Application – A formal request for benefits made to the agency in writing and signed by the applicant or someone acting on behalf of the applicant. The application may be received by mail, phone, fax, in person, or electronically.

Application Center – A place that provides outreach to individuals and families by assisting in completing an initial application for Medicaid.

Application Date – The date a signed application is received by telephone, mail, fax, in person, or electronically in the local Medicaid office or agency representative's office. A local Medicaid office or agency representative's office is defined as a local or regional Medicaid office, the LaCHIP Processing Office, the Medicaid Director's office, family planning eligibility office, or a certified Medicaid application center. A long-term care nursing facility is not considered a certified Medicaid application center.

Assets – All of the income and resources belonging to the individual and the individual's spouse.

Assistance Unit – Enrollees included in a medical assistance certification who are receiving Medicaid.

Authorized Representative – One or more individuals designated by an applicant/enrollee (verbally or by use of a designation form) to act on his/her behalf with respect to a specific Medicaid application or renewal. (see **Responsible Person**.)

Auto Notices – The automated notice system that produces system generated forms or notices based on a transaction in LaMEDS.

Automated Renewal – Automated renewal process for programs that have a low chance of change in income and resources.

Available Resource – A resource to which the resource unit has legal access.

B

Basic Needs – Food, clothing, and shelter.

Basic Needs Allowance – Relating to enrollees of HCBS, an allowance equal to three times the SSI (FBR).

Blood Products Litigants – Former SSI recipients who lost eligibility for cash assistance because of a payment made under the *Susan Walker vs. Bayer Corporation et al.* settlement.

Breast and Cervical Cancer Program – A program that provides full Medicaid benefits to uninsured women who are identified through the CDC National Breast and Cervical Cancer Early Detection Program, and diagnosed with either breast or cervical cancer or a pre-cancerous condition in need of treatment.

Budgeting – Performing specific steps and calculations to establish income eligibility for Medicaid.

Burial Insurance – Insurance that can be used to pay the burial expenses of the insured, that lists the covered services for the burial, and will have no cash surrender value if the policy was issued prior to 1978. If policy was issued after 1978, it may have a small cash surrender value of 3 percent.

Burial Space – A gravesite, crypt, mausoleum, urn, vault, casket, headstone, or other repository that is customarily and traditionally used for the remains of a deceased person.

Buy-In Program – A Medicaid program, known as “buy-in,” that pays Medicare Part A and Part B premiums for selected groups of Medicaid enrollees. The purpose of “buy-in” is to reduce Medicaid expenditures for certain enrollees by purchasing Medicare coverage, thus shifting Medicaid expenditures to Medicare.

C

Caretaker Relative – A 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.

Cash Surrender Value – The amount of cash that a life insurance policy is worth upon surrender of the policy to the insurance company.

Category – Classification of applicants/enrollees based upon certain identifying

requirements/categories: Aged (A), Blind (B), Parent and Caretaker Relative (C & M), Pregnant Women, Disabled (D), Medicare Beneficiaries (Q), Refugee (E), Tuberculosis Infected (TB), and Adults.

Certification – 1. The determination that the applicant's circumstances are within the standards for eligibility. 2. The identifying case and eligibility information maintained by the LaMEDS.

Certification Period – The length of time an enrollee is certified for benefits.

Children's Choice Waiver – A waiver that offers supplemental support to individuals 0 to 20 years of age with intellectual and/or developmental disabilities (defined as disabled according to SSI criteria), who currently live at home with their families, or who will leave an institutional setting to return home.

Collateral Contact – A third party (related or unrelated) who verifies an applicant/enrollee's circumstances.

Combined Countable Couple Resources – The total assets/resources (separate and jointly owned community property) owned by a couple included in the resource unit for a determination of eligibility.

Community Choices Waiver – Provides services in the home/community to seniors or adults with onset disabilities as an alternative to nursing facility care.

Community Property – Property acquired with community funds during a marriage that may be held in the name of one or both members of the couple.

Community Spouse – The legal husband or wife of an institutionalized individual who is not in a medical institution, nursing home or receiving Home and Community-Based Services and were living together in the same household with the institutionalized spouse.

Compensation – All money, real or personal property, food, shelter or services received at or after the time of transfer in exchange for an asset if the compensation was provided pursuant to a binding (legally enforceable) agreement in effect at the time of the transfer.

Constructively Received – Counting income or resources which could be received but have been refused.

Continued Medicaid – The temporary continuation of Medicaid benefits for former PCR enrollees through Transitional Medicaid.

Contractor – An individual or business entity that has entered into a legally binding contract with Medicaid.

Converted – Enrollees certified in the Aged, Blind and Disabled categories who retained Medicaid benefits and began receiving SSI benefits effective January 1, 1974. These are type cases 01/001, 02/001, and 04/001.

Cost Effectiveness – In the Recovery and Premium Assistance unit, the process whereby Medicaid balances and weighs that which it may reasonably expect to recover, against the time and expense of recovery. Application of the provision will be deemed cost effective when the amount reasonably expected to be recovered exceeds the costs of recovery and is greater than \$1,000.

Countable Income – Income remaining after all allowable deductions and exclusions specific to the program have been applied.

Countable Resource – A resource that is countable when determining resource eligibility.

Countable Value – The amount of a resource counted toward the resource limit.

Couple – Two individuals who are legally married or living together and holding out as a married couple or who presents to the community as a husband or wife in a non-legal relationship.

Curator – Any person acting under legal authority for an applicant/enrollee who is an interdict.

Current Market Value – The amount for which a resource can be expected to sell on the open market in the particular geographic area involved.

D

Date of Entry – The date a non-citizen has entered the United States according to documentation from the USCIS (formerly known as the BCIS and also INS).

Decertification – The loss of eligibility to participate as a Medicaid provider, or for a license to operate a Medical facility licensed by LDH.

Deemed Eligible – A child born to a woman eligible for Medicaid benefits on the date the child is born.

Deemed Income – In SSI-related cases, income from an ineligible individual such as a parent or spouse which is presumed to be available to an applicant/enrollee whether or not the income is actually made available. This income is considered in determining income eligibility.

Deemed Resource – In SSI-related cases, a resource from an ineligible individual such as a parent or spouse which is presumed to be available to an applicant/enrollee whether or not the resource is actually made available. This resource is considered in determining resource eligibility.

Dependent – An individual who is the financial responsibility of a member of the income unit and could be counted as a tax dependent if income tax is filed.

Discharge – Release from the care of a medical facility such as a nursing facility or hospital.

E

Earned Income – Income in cash or in-kind received in the form of wages, salary, commissions, or profit from activities in which an individual is actively engaged as an employee or from self-employment.

Earned Income Credit – Payments from the IRS to persons with tax dependents whose gross monthly earnings are at or below levels established by the IRS.

Enrollee – An enrollee is anyone for whom Medicaid eligibility has been established and for whom a case has been added to the LaMEDS eligibility file.

Equity – The fair market value of a resource, less any amount owed.

Estate – The gross (total value) estate of the deceased as determined by Louisiana succession law and any interest in any property, whether moveable or immovable, corporeal or incorporeal.

Estate Recovery – The process by which the state seeks recovery of Medicaid payments from the applicant/enrollee's estate for long-term care facility services, home and community based services, and related hospital and prescription drug services received by the enrollee aged 55 and over.

Excluded Resource – A resource that is not counted in determining eligibility.

Exploitation – The illegal or improper use of funds, assets, or property, or the improper

use of a power of attorney or guardianship.

Extended Medicaid – Medicaid coverage for those individuals who lose for SSI or Mandatory State Supplement (MSS) eligibility and meet all eligibility requirements for PICKLE, DAC, DW/W, EW/W, or DW/W with no SGA programs.

Extortion – Taking something of value from a person by force, intimidation, or abuse of legal or official authority.

F

Fair Hearing – A legal proceeding in which the applicant/enrollee and Medicaid agency representative presents the case being appealed in front of an impartial hearing officer.

Fair Market Value – An estimate of the value of an asset, if sold at the prevailing price at the time it was actually transferred.

Family Opportunity Act – A buy-in program for children with disabilities whose family's gross income is at or below 300% FPL.

Federal Benefit Rate – The maximum SSI payment.

Fiscal Intermediary – The contractor, managed by the MES section, which processes claims, issues payments to providers, handles provider inquiries and complaints, provides training for providers, and issues medical eligibility cards to enrollees.

For the Sole Benefit of – This phrase means to benefit one person only.

Former Foster Care Children – Individuals under 26 years of age, who were receiving Medicaid and were in foster care under the responsibility of the state at the time of their 18th birthday.

Fraud – The willful intent to obtain ineligible benefits or payments.

G

Good Cause – An acceptable reason to defer the requirement to cooperate for certain eligibility factors.

Grandfathered – Relating to MSS enrollees, the process by which individuals were enrolled in the Aged, Blind, and Disabled categories. The Medicaid benefits and LTC

vendor payments were continued (as of January 1, 1974) based on income and resource criteria established by the state, as opposed to SSI income and resource criteria.

Gross Income – Income before applying any deductions or exclusions.

H

Heir – A descendant in the first degree (parent, sibling, or child, biological or adopted).

Home – Property in which the enrollee has an ownership interest that serves as their principal place of residence.

Home and Community Based Services Waiver – Services provided by certain Medicaid programs to individuals living in the community rather than in a long-term care facility.

Homestead – One or more tracts of land, with a residence on one tract and a field, pasture or garden on the others, not exceeding 200 acres. Includes rural or urban buildings and improvements owned and occupied by the decedent, or a residence including a mobile home owned and occupied by the decedent, or a residence regardless of whether the homeowner owns the land upon which the home or mobile home is sited. This same homestead shall be the primary residence that served as a bona fide home and which was occupied by the enrollee immediately prior to the enrollee's admission to a long-term care facility or when the enrollee began receiving home and community based services.

Hospital Presumptive Eligibility – Designated hospitals are qualified to make presumptive Medicaid eligibility determinations based on preliminary, self-attested information obtained from individuals seeking medical assistance.

Household Goods – Items of personal property customarily found in the home and used in connection with the maintenance, use, and occupancy of the home.

I

Illegal Non-citizen– A non-citizen who has not been lawfully admitted to the United States.

Income – A gain or recurrent benefit measured in money.

Income Unit – The individuals whose income, resources, and needs are considered in

determining eligibility.

Incurred Medical Expense – A paid or unpaid bill incurred for medical care that is not covered by third party insurance or Medicaid, which are obligated to be paid by the applicant/enrollee.

Individual – The individual applicant/enrollee, the spouse acting on behalf of the applicant/enrollee, or a court or administrative body with legal authority to act on behalf of the individual or at the direction or request of the individual or the individual's spouse.

Ineligible Individual – A non-categorically eligible child, parent, or spouse who lives in the home with an SSI-related Medicaid applicant/enrollee.

Ineligible Non-Citizen – A non-citizen admitted to the United States for a temporary or specified time who is eligible only for emergency medical services if eligibility requirements are met.

In-kind Income – Third party payments which do not result in an individual's direct receipt of a basic need (food, clothing or shelter), but provides an in-kind item that an individual can apply to meet his/her basic needs by sale or conversion.

In-kind Support and Maintenance – Third party payments that result directly in an individual's fulfillment of a basic need such as food, clothing, and shelter.

Institution – A medical hospital or a long-term care facility (nursing facility, ICF/IID, or group home).

Institutionalized Individual – A person that is likely to reside in a medical institution whereby payment is based on a level of care provided in a nursing facility; or who receives home and community based services for a continuous period of institutionalization.

Institutionalized Spouse – An individual who is legally married that meets the definition of an institutionalized individual.

Interdict – Any person determined by a court of law to be incompetent to take care of his/her own person or to administer his/her estate.

Intranet – A private network, accessible only to an organization's staff and other authorized users.

Intrinsic Value – Something that has value in and of itself (i.e., property).

L

LaCHIP Affordable Plan – A cost-sharing program that provides assistance to uninsured children with family income in excess of regular LaCHIP limits.

LaCHIP Phase IV – An expansion of the SCHIP, designed to provide coverage to low income, uninsured mothers who are not otherwise eligible for other Medicaid programs. The program focuses on care for the prenatal child, from conception through birth, in an effort to reduce the occurrence of premature deliveries and costly emergency care for drop-in deliveries.

Legal Guardian – A person who has been granted custody of a minor by court order.

Local Governing Entity (LGE) – Regional districts and authorities that are collaborating with LDH to perform the level of care assessments.

Long-term Care (LTC) Facility – A nursing facility, ICF/IID, or psychiatric hospital.

Look-Back Date – The earliest date on which a penalty for transferring assets for less than fair market value can be assessed.

Louisiana Children's Health Insurance Program (LaCHIP) – A Medicaid program that provides health benefits for eligible uninsured children up to age 19.

Louisiana Health Insurance Premium Payment (LaHIPP) – A program which pays for employer sponsored group health insurance for Medicaid eligible persons when it is determined to be cost effective. “Cost effective”, as applicable to this program, means that it would cost less for Medicaid to pay the health insurance premium for the enrollee than it would be to pay for the cost of the same person’s medical expenses if they didn’t have insurance.

Louisiana Medicaid Eligibility Determination System (LAMEDS) – The management information system for LDH that maintains records of individuals eligible for Medicaid. The system supports eligibility data for all current programs and transmits the eligibility information to the MES.

Louisiana State Health Insurance Information Program – Provides education and advocacy through local sponsoring organizations to both retired and pre-retirement age seniors as well as their families. The program offers free and confidential help with Medicare, private health insurance to supplement Medicare, and long-term care insurance options. Counselors have information on other resources, agencies and organizations that provide services to seniors.

Lump Sum – A non-recurring cash payment.

M

Maintenance Needs Allowance – The maximum amount of income that can be allocated to a long-term care community spouse and/or legal dependents.

Mandatory State Supplement – A payment made to aged and disabled grandfathered enrollees who at the time did not have income for living expenses to allow them an amount equal to the SSI income standard.

Mass Change – Occurs when the federal or state government initiates a change in a program or a requirement that affects all cases with certain characteristics.

Medicaid Enterprise System – Fiscal Intermediary for the State of Louisiana.

Medicaid Purchase Plan – This program provides affordable health coverage to working individuals, age 16 to 65, who meet the Social Security disability criteria. These individuals must also meet special income and resource limits.

Medically Needy Program – A federally funded program that provides full Medicaid coverage for up to six (6) months.

Medical Support – Payment of costs for medical care ordered by a court or by an administrative process established under state law.

Medicare Savings Program – A group of Medicaid programs (QMB, SLMB, QI and QDWI) administered by Louisiana Medicaid that may assist low income seniors and people with disabilities with the payment of their Medicare premiums, and in some cases, their deductibles and co-payments.

Minimal Essential Coverage – Any insurance that meets the Affordable Care Act requirement for having health coverage.

N

Need – Living at or below the income and resource eligibility standards for Medicaid.

New Admission – A first time admission to a medical facility or a readmission, after an absence of 30 days or more, when the absence was not due to hospitalization.

New Opportunities Waiver – A Medicaid program that allows qualifying individuals with developmental disabilities, age 3 and older, to have more choices and more flexibility when it comes to the services they receive through Louisiana Medicaid.

Non-Citizen – An individual who is not a U.S. citizen.

Non-Citizen Sponsor – An individual or organization that agreed to provide certain support to a non-citizen as a condition of the non-citizen's entry into the United States as a permanent resident.

Non-Excluded Resource – Any resource that is counted toward the resource limit or which would have counted, in whole or part, toward the resource limit, if the resource had been retained.

Non-Qualified Non-Citizen – Non-citizens who do not meet qualified non-citizen status, which also includes illegal/undocumented non-citizens.

Nursing Facility – A facility that provides intermediate or skilled nursing care .

O

Office of Aging and Adult Services – Oversees long-term care programs, e.g. nursing facility and waivers, that serve senior citizens and individuals with adult-onset disabilities.

Office for Citizens with Developmental Disabilities – Serves as the Single Point of Entry into the developmental services system and oversees public and private residential service and other services for people with intellectual and/or developmental disabilities.

P

Parent and Caretaker Relatives – A relative of a dependent child by blood, adoption, or marriage with whom the child is living (formerly considered under LIFC program).

Patient Liability – The amount an enrollee residing in a facility is responsible for paying to the long-term care provider for LTC facility services.

Payee – The individual in whose name an application is opened and a case is certified.

Personal Care Needs – An amount allowed for a LTC enrollee to cover the cost of personal items not covered by the facility fee.

Personal Effects – Items of personal property which are worn or carried by an individual or which have special significance to him/her. Personal effects are excluded resources.

Program of All Inclusive Care for the Elderly – A community-based alternative to placement in a nursing facility and includes a complete “managed care” type benefit that combines medical, social, and long-term care services. This program is designed for the elderly and frail or individuals with disabilities acquired as an adult.

Protected Income – The \$90.00 VA improved pension benefit that is received by certain single VA individuals residing in long-term care facilities.

Provider – An individual or group that provides medical services.

Provisional Medicaid – Provides coverage to individuals with disabilities or age 65 or older whose income is below the FBR and resources that meet the SSI limits.

Prudent Person – An individual who uses good judgment or common sense in handling practical matters. The prudent person concept shall be used by eligibility staff in administering the Medicaid program to determine the reasonableness of an action or decision based upon his or her knowledge of an experience with the Medicaid program. Eligibility staff must be prudent when the circumstances of a particular case indicate the need for further inquiry. Additional verification or substantiation should be obtained whenever the information provided by the applicant or enrollee is incomplete, unclear, or contradictory.

Q

Qualified Medicare Beneficiary Only – An individual who is eligible for Medicaid payment only for Medicare Part A and/or B premiums, Medicare deductibles and Medicare co-insurance for Medicare covered services, not eligible for full Medicaid coverage. Formerly referred to as “pure QMB”.

Qualified Medicare Beneficiary Plus – An individual who is eligible for the same benefits as QMB Only and full benefit Medicaid in another program. Formerly referred to as “dual QMB.”

Qualified Non-Citizen – A non-citizen entering the U.S. on or after August 22, 1996, who is eligible only for emergency medical services until the residency requirement for

consideration of full Medicaid coverage is met or unless they are not subject to the five (5) year bar.

Qualifying Individual – A Medicaid program whereby individuals are eligible for payment of Medicare Part B premiums.

R

Recipient – An individual enrolled in Medicaid who actually received a health service and whereby Medicaid has reimbursed the provider for the service.

Regular Renewal – A renewal by telephone, mail, or electronically submitted application.

Renewal – A periodic evaluation of a certified Medicaid case to determine continued eligibility. This process was formerly referred to as “redetermination process.”

Residential Options Waiver – Assists in transitioning individuals with intellectual and developmental disabilities from Intermediate Care Facilities to their own home in the community.

Resource – Cash or other liquid asset, or any real or personal property that an individual (or spouse) owns and could be converted to cash.

Resource Unit – The individual(s) whose resources must be considered in determining eligibility.

Responsible Person – One or more individuals designated by an applicant/enrollee (verbally or by use of a designation form) to act on his/her behalf with respect to a specific Medicaid application or renewal. See **Authorized Representative**.

Retroactive – 1. Determining eligibility up to three (3) months prior to month of application. 2. Period of eligibility up to three (3) months prior to the month of application.

S

Sanction – Denial of benefits for failure to comply with an eligibility requirement (e.g. cooperating with Support Enforcement.)

Separate Resource – A resource acquired by an individual outside of marriage, by

either prior ownership or inheritance, and held separately and legally identifiable as owned solely by the individual.

Settlor – The person who creates a trust.

Shared Resources – Resources acquired during the marriage including community assets which may be held in the name of one or both members of the couple.

Siblings – Minor children living in the home who are brothers and sisters, including natural or biological, adopted, or half brothers and sisters.

Specified Low-Income Medicare Beneficiary Only – A Medicaid program that pays Medicare Part B premiums without, full Medicaid benefits.

Specified Low-Income Medicare Beneficiary Plus – An individual who is eligible for the same benefits as SLMB Only and full benefit Medicaid in another program.

Special Income Level – The LTC program income standard. The SIL is equal to three (3) times the SSI FBR. Previously referred to as “CAP.”

Spousal Impoverishment Income Allocation – The portion of the institutionalized spouse's income that may be given to the community spouse.

Spousal Impoverishment Resource Standard – The maximum allowable amount of a couple's combined countable resources allocated for the use and maintenance of the community spouse.

Spouse – An individual who is legally married to another individual.

Stepparent – An individual living in the home who is the legal spouse of the child's parent but is not the child's natural, legal, or adoptive parent.

Stepsibling – Minor children that have no parent in common who have been joined by marriage.

Streamlined Renewal – A review made by the Agency without the active involvement of the enrollee. Streamlined renewals are not allowed for premium based programs.

Supplemental Security Income – A federal income supplement program designed to help aged, blind, and disabled individuals who have little or no income.

Support and Maintenance – Refer to **In-Kind Support and Maintenance**.

Swing Bed Services – Skilled nursing facility services provided in a hospital.

T

Take Charge Plus – A program with coverage limited to family planning-related services for men and women.

Third Party – An individual, institution, corporation, or agency that is responsible for all or part of the medical costs for Medicaid enrollees.

Third Party Query – A request to the SSA for verification of information from their records.

Title II – The portion of the Social Security Act that provides for entitlement to benefits based on earnings, known as RSDI.

Title IV-A – The portion of the Social Security Act that provided for the TANF program that, in Louisiana, is called FITAP.

Title IV-D – The portion of the Social Security Act that provides for Support Enforcement Services.

Title IV-E – The portion of the Social Security Act that provides for Foster Care and Adoption Assistance.

Title V – The portion of the Social Security Act that provides for the Maternal and Child Health Block Grant.

Title X – The portion of the Social Security Act that provides for family planning services.

Title XVI – The portion of the Social Security Act that provides for SSI.

Title XVIII – The portion of the Social Security Act that provides for Medicare.

Title XIX – The portion of the Social Security Act that provides for Medicaid.

Title XX – The portion of the Social Security Act that provides for social services.

Title XXI – The portion of the Social Security Act that provides for the Children's Health Insurance Program.

Transitional Medicaid – Provides continued Medicaid coverage for a parent or

caretakers who loses coverage in PCR because of an increase in MAGI from employment.

Tuberculosis Infected – Individuals who have been diagnosed with active Tuberculosis (TB) or suspected of being infected with TB.

Tutor – The legal guardian of a minor and of the minor's property.

U

Unavailable Resource – A resource that is not legally available to the resource unit.

Uncompensated Value – The difference between the fair market value of an asset at the time of transfer (less any outstanding loans, mortgages, or other encumbrances on the asset), and the amount of compensation received by the individual or spouse in exchange for the asset.

Undue Hardship – Compelling circumstances that would result in placing an unreasonable burden on an heir.

Unearned Income – All income, cash or in-kind, that is not earned income.

Usufruct – The right to use property that is owned by another, and right to income that property produces.

V

Valid Loan/Valid Debt – A legally binding agreement made in good faith.

Valuable Consideration – When an individual receives in exchange for his or her right or interest in an asset some act, object, service, or other benefit which has a tangible or intrinsic value to the individual that is roughly equivalent to or greater than the value of the transferred asset.

Vehicle – Passenger car or other mode of transportation used to provide necessary transportation.

Vendor Payment – Payment made by a third party including Medicaid on behalf of an applicant/enrollee.

W

Waiver Service – Home and community-based services offered as an alternative to institutional services.

Wire Third Party Query System (WTPY) - A federally mandated computer match with the Social Security Administration (SSA)

Y

Youth Aging Out of Foster Care – An individual who is under 21 years of age and who, on the individual's 18th birthday, was in foster care under the responsibility of the state.