# Medicaid Terms and Definitions

# *http://www.thedesk.info/what-is-medicaid/medicaid-terms/*

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## Categorically Eligible

This means that you belong to a group, such as children or people with disabilities that must be covered by Medicaid according to the law. However, you might have too much money or assets to get Medicaid even if you belong to this group. This means that you are eligible because you belong to the group, but you do not necessarily need Medicaid. States can choose to expand these groups to help more people get services. This is usually done through waivers.

## Categorically Needy

This refers to people who belong to any of the groups that Medicaid has to cover by law. This includes people with low incomes, elderly people, children, and people with disabilities. The difference between categorically eligible and categorically needy is that categorically needy people DO need Medicaid services, and they automatically qualify for them. These rules apply to Medicaid in every state. State plans must cover people who are categorically needy if they want to receive money from the federal government.

## Dual Eligible

People who are dual eligible can get both Medicaid and Medicare. Some plans have rules about people who are dual eligible, so the services you can get may be different than regular Medicaid services. Usually, what happens is that Medicaid will step in to help cover any services you need that are not already covered by Medicare. Many plans have very specific rules about people who are dual eligible and what they can and cannot get, so make sure you ask specific questions about this.

## HCBS waivers

These are Home- and Community-Based Services waivers. These are programs to help states pay for care for people with disabilities in their homes and communities rather than in institutions or state hospitals. Using a waiver, states can change the rules of basic Medicaid to help pay for services not covered by other state programs. Waivers are usually directed at groups of people who might need extra services, like people with disabilities or older adults.

## Intermediate Care

This is a lower level of care than nursing care. It is provided in an intermediate care facility (sometimes called an ICF/MR) unless services can be provided at home. “Intermediate” means in-between, so intermediate care is between primary care (which is basic doctor and dentist visits) and nursing care, which is more like hospital care.

## Medically Fragile

This means that you are in stable condition but depend on regular treatments, medicines, or equipment to live. It also usually means that you need help with daily activities. This is a long-term condition that results from some kinds of illness or from some disabilities. States sometimes have waivers designed to provide care for children or adults considered medically fragile.

## Medically Needy

Medically needy means that you might have too much money to qualify for Medicaid, but you also have health expenses that are higher than average. States might let you get Medicaid because the cost of your care lowers your income to levels that would otherwise make you eligible. Sometimes this is linked to “spend-down” rules that tell how much your care has to cost you, compared to how much money you make, before you can get Medicaid.

## Nursing Care

This is the level of care above intermediate care. It is usually given in a nursing home unless it can be done at your home. Nursing care requires support from nurses or other trained staff, help with medicine, regular supervision, and help moving around and doing daily activities.

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## Self-Direction

## Many programs now put people with disabilities in charge of their own care. Sometimes this means working with family and state agencies to make a care plan or person-centered plan. Sometimes it can mean hiring, paying, and managing your own personal care attendant and having Medicaid pay you back the money. Self-direction is a good option for many people because it lets you have more control over what services you get and where you get them.

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## Special Needs

Special needs is a term used in some Medicaid programs to include people who need more than basic health services. Sometimes this means almost anything, but sometimes it is very specific. If you think you are eligible for a program that is for people with special needs, ask your state agency what this means where you live.

### Contact The Medicaid Reference Desk

1825 K Street NW, Suite 1200  
Washington, DC 20006  
(800) 433-5255 |   
[contact@thedesk.info](mailto:contact@thedesk.info)

## Washington, D.C. Medicaid Facts: From Kaiser Family Foundation Medicaid Fact Sheet (2009)

There are 33,200 people with disabilities using Medicaid in Washington, D.C. The district spent $19,289 on each Medicaid recipient with a disability in 2007. 20% of the people in the district who are covered by Medicaid have a disability, which is higher than the national percentage of 15%.

# [Washington, D.C. Basic Medicaid Programs](http://www.thedesk.info/states-and-territories/washington-d-c-basic-medicaid-programs/)

## Health Services for Children with Special Needs

This program covers children who have disabilities or might develop disabilities, or those who have more needs than most children. This includes any children who receive SSI, and also any children whose needs meet the requirements for SSI whether or not they already receive payments. This program does not pay for services for children who reside in nursing facilities or intermediate care facilities, and it does not cover people participating in an HCBS waiver program.

* **Health:** dental, durable medical equipment, early and periodic screening, diagnosis, and treatment, family planning, hearing, hospice, hospital services, immunization, mental health, substance abuse treatment, laboratory, pharmacy, physician, skilled nursing facility, emergency transportation, vision, x-ray
* **Home:**home health care
* **Social Services:**case management

## Non-Emergency Transportation Program

This program can help pay for transportation to and from routine, scheduled doctor’s appointments and related medical errands. Some people who are also eligible for Medicare will not be covered.

* **Community:**transportation (medical)

# [Washington, D.C. HCBS Waiver Programs](http://www.thedesk.info/states-and-territories/dc-hcbs-waiver-programs/)

## Developmental Disabilities (MR/DD) waiver

Adults with disabilities may be covered under this waiver if they require an intermediate care facility level of care but wish to receive services in the community instead of in an institution.

**Level of Care:**Intermediate

* **Health:**skilled nursing, therapies
* **Home:**homemaker services, chore services, respite care, personal care

## Elderly and Disabled waiver

This waiver is similar to the developmental disabilities waiver, except that adults with physical disabilities (18 and older) or older adults without disabilities to need a higher level of care to qualify.

**Ages:**18 and older (physical disabilities) or 65 and older (people with and without disabilities)

**Level of Care:**nursing

* **Health:**personal emergency response systems
* **Home:**personal care, respite care, homemaker services

**Finding Services**

The Direct Care Alliance, Inc.

http://www.directcarealliance.org/

The Direct Care Alliance is the national advocacy voice of direct care workers in long-term care. Millions of Americans rely on direct care workers (home care aides, personal care attendants, personal assistants, nursing assistants, direct support professionals and others) for help with essentials like getting out of bed, getting dressed and getting to work or to church – not to mention sensitive tasks like cleaning a trachea tube. These intimate interactions form highly personal yet professional bonds between direct care workers and those they assist, but too many barriers can get in the way of doing the job right. Low wages, poor benefits, insufficient training, and a lack of respect contribute to sky-high turnover rates. The Direct Care Alliance is working to remove these barriers.

4 West 43rd Street, Unit 610

New York, NY 10036

phone: (212) 730-0741

info@directcarealliance.org

Family Voices

http://www.familyvoices.org/

Family Voices aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities. Through our national network, we provide families tools to make informed decisions, advocate for improved public and private policies, build partnerships among professionals and families, and serve as a trusted resource on health care.

3701 San Mateo Blvd. NE. Suite 103

Albuquerque, NM 87110

(505) 872-4774 or (888) 835-5669

Childcare Aware

http://childcareaware.org/

Child Care Aware© is the nation's most respected hub of information for parents and child care providers. Child Care Aware® helps families learn more about the elements of quality child care and how to locate programs in their communities. Child Care Aware® also provides child care providers with access to resources for their child care programs. Our toll-free referral line is staffed by highly-trained and friendly Child Care Consumer Education Specialists who offer both parents and providers invaluable information about child care, and referrals to local Child Care Resource and Referral agencies where they can receive individualized assistance. By providing reliable information about quality child care and referrals to community resources, Child Care Aware® is a critical national link between parents and child care providers.

DC Child Care Connection

1725 Eye Street NW, Suite 1000

Washington, DC, 20006

Phone: (202) 862-1111

Through the Looking Glass

http://www.lookingglass.org/

Through the Looking Glass is a nationally recognized center that has pioneered research, training, and services for families in which a child, parent or grandparent has a disability or medical issue. TLG is a disability community based nonprofit organization, which emerged from the independent living movement, and was founded in 1982 in Berkeley, California. Our mission is "To create, demonstrate and encourage non-pathological and empowering resources and model early intervention services for families with disability issues in parent or child which integrate expertise derived from personal disability experience and disability culture."

3075 Adeline St., Ste. 120

Berkeley, CA 94703

Phone: 1.800.644.2666 TTY: 510.848,1005

ARCH National Respite Network and Resource Center

http://archrespite.org/

The mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs in the United States; to help families locate respite and crisis care services in their communities; and to serve as a strong voice for respite in all forums.

The ARCH National Respite Network includes the National Respite Locator, a service to help caregivers and professionals locate respite services in their community, the National Respite Coalition, a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels, and the Lifespan Respite Technical Assistance Center, funded by the Administration for Community Living, Administration on Aging in the US Department of Health and Human Services.

Dr. Chantelle Teasdell; chantelle.teasdell@dc.gov

Linda Irizarry; linda.irizarry@dc.gov

D.C. Caregivers' Institute

DCOA/ADRC

1134 11th Street, NW, Third Floor

Washington, DC 20001

Center for Personal Assistance Services

http://pascenter.org/

The following is from pascenter.org

States have the option of offering personal care services (PCS) as a Medicaid benefit. States have considerable discretion in defining PCS but programs typically involve non-medical assistance with activities of daily living (e.g., bathing and eating) for participants with disabilities and chronic conditions.

Unlike waivers, the PCS benefit must be available to all categorically eligible groups but states can opt to include the medically needy (those who spend down to the state standard because of medical expenses).

DC Medicaid pays for personal care aides, who help with bathing and cooking

Contact: DC Department of Human Services (202) 442-5912

## The following is a list of all District of Columbia 1915(c) Waivers by name - complete with a description, contact information and web link.

## Waiver name: MR/DD

## Description: This waiver allows adults with MR/DD who meet the ICF/MR level of care to remain living at home and in the community. Services include: homemaker, chore aides, personal care aide, therapies, skilled nursing, and respite care.

## Contact: (202) 730-1700

## http://mrdda.dc.gov/services.asp?id=service

## Waiver name: Elderly/Disabled

## Description: This waiver allows physically disabled adults aged 18+ who meet nursing facility level of care to remain living at home and in the community. Services offered under this program include: personal care aide, respite care, homemaking, and personal emergency response.

## Contact:(202) 671-4200

## http://dhs.dc.gov/node/119062

The following is background and contact information about state agencies involved with Personal Assistance Services:

**Medicaid Agency**

Medicaid is health insurance that helps many people who can't afford medical care pay for some or all of their medical bills. Medicaid is paid for by Federal and State funds. There is an organization in each state government that is responsible for administering Medicaid in that state. Each state sets its own guidelines regarding who can receive services (eligibility) and what services are covered under Medicaid.

Federal law states that Medicaid eligibility is limited to people who fall into specified categories, which cover five broad groups of people: pregnant women, children and teenagers, seniors, people with disabilities and people who are blind. Within these groups, certain eligibility requirements must be met, for example, your income and resources (like bank accounts, property, or other items that can be sold for cash) and whether you are a U.S. citizen or a lawfully admitted immigrant. The rules for counting income and resources vary from state to state and from group to group. There are special rules for those who live in nursing homes and for disabled children living at home.

Many different sorts of services and support are available through Medicaid and these also vary from state to state. You can use the contact details below to find out more about Medicaid coverage in each state.

Contact: DC Dept of Health 825 North Capitol St, NE. 5th Floor, Washington, DC 20002; 202-442-5988; http://dchealth.dc.gov/index.asp

**Mental Health Services**

The federal government provides many resources for the prevention and treatment of mental health problems, including providing money to states so they can provide a range of community-based mental health treatment and support services to adults and children. Decisions about the treatment and care of people with emotional problems and mental illness are made at the local and state levels so the types of services that are available, and how those services are funded, vary from state to state.

The Mental Health Agency in each state can provide information about what services are available locally, including information about admission, care, treatment, release and patient follow-up in public or private psychiatric residential facilities. The Mental Health Agency may also have contact details for the local chapters of self-help organizations that have information about any other services that are available locally.

Contact: Department of Mental Health Services. 77 P Street, NE, 4th Floor. Washington DC; 202-442-5988; http://dchealth.dc.gov/index.asp

## State Unit on Aging

The Older Americans Act (OAA) is the primary vehicle for organizing and providing Home and Community-Based Services for older people and their families. All individuals 60 years of age and older are eligible for services under the OAA, although priority attention is given to those who are in greatest need.

The U.S. Administration on Aging administers the OAA. For a state to receive federal funds to implement to OAA, the Governor has to appoint a State Unit on Aging. State Units on Aging develop a statewide aging plan of how services and supports will be provided. Many states have divided the state into Area Agencies on Aging (AAAs) to administer OAA programs (13 states and Territories have single planning areas). In most cases, the AAA assesses the needs of older people although they do not provide direct services (they subcontract with other organizations).

There are 6 main types of services that may be available in states; (1) services to help people stay in their homes (e.g. chore and personal care services), (2) nutrition services, (3) preventive health services, (4) The National Family Caregiver Support Program (funded for the first time in 2000) to help people caring for spouses, parents, older relatives and friends as well as grandparents caring for grandchildren and caregivers of people 18 and under with mental retardation or developmental difficulties (5) protection for the rights of vulnerable older people (e.g. pension counseling programs) and (6) services to Native Americans.

To find local services and contact local Area Agencies on Aging, either contact the State Unit on Aging or call the ‘Eldercare Locator’ (a national toll-free service to help callers find services that may help them). The Eldercare Locator number is 1-800-677-1116.

Contact: DC Office on Aging. One Judiciary Square - 9th Floor. 441 Fourth Street, N.W. Washington, DC 20001; http://dcoa.dc.gov/dcoa/site/default.asp

## Protection and Advocacy Agency

The Federal Government funds Protection and Advocacy (P&A) agencies in each state. These agencies are mandated by Congress to provide legal representation and other advocacy services, under all federal and state laws, to all people with disabilities. All P&As maintain a presence in facilities that care for people with disabilities, where they monitor, investigate and attempt to remedy adverse conditions. They help ensure people with disabilities have full access to educational programs, financial entitlements, health and long-term care, housing and employment opportunities.

Each P&A has a program to safeguard the rights of specific groups of people. For example: Protection and Advocacy for Individuals with Mental Illness (PAIMI); Protection and Advocacy for Individual Rights (PAIR); and Client Assistance Programs (CAP).

Contact: University Legal Services. 220 I Street, NE, Suite 130. Washington, DC 20002; 202-547-0198; http://www.dcpanda.org

## Home Health Agencies

Medicaid Home Health services can be provided to Medicaid participants other than those eligible for institutional care. All states offer Medicaid Home Health and they can vary the amount, scope and duration of benefits offered (so long as they remain sufficient to reasonably achieve their purpose and are the same for all eligibility groups). Examples of services provided are skilled nursing care to help with Activities of Daily Living (ADL) and therapies.

Home Health services include preparation of meals, light housekeeping, marketing, help with bathing/grooming, and assistance with exercises. The program also offers limited, temporary 24-hour emergency services for people who are at risk of institutionalization.

Contact: Home Care Partners, Office of Aging; (202) 638-2382

## State Personal Care Programs

States have the option of offering personal care services (PCS) as a Medicaid benefit. States have considerable discretion in defining PCS but programs typically involve non-medical assistance with activities of daily living (e.g., bathing and eating) for participants with disabilities and chronic conditions.

Unlike waivers, the PCS benefit must be available to all categorically eligible groups but states can opt to include the medically needy (those who spend down to the state standard because of medical expenses).

Contact: DC Department of Human Services (202) 442-5912; http://www.dhs.dc.gov/dhs/cwp/view,a,3,Q,613301.asp