OFFICE OF LEGISLATIVE RESEARCH
Objective Research for Connecticut's Legislature

ResearchReport

Medicaid Glossary

By: Mary Fitzpatrick, Legislative Analyst II
February 6, 2017 | 2017-R-0053

Issue

This report provides a glossary of acronyms associated with Connecticut's Medicaid program. The table includes their terms and definitions. It also includes links to relevant information.

Table 1: Medicaid Glossary

Term or Acronym	Definition or Explanation	Relevant Links (if applicable)
ABI	Acquired brain injury: The state has two Medicaid waivers serving individuals with acquired brain injuries (ABI I and ABI II)	CGS § 17b-260a
ASO	Administrative Service Organizations: an entity that performs administrative services for Connecticut's Medicaid program. Among other things, the law authorizes the Department of Social Services (DSS) to contract with ASOs to coordinate care, provide customer service, and credential providers.	CGS § 17b-261m
BIP	Balancing Incentive Program: From October 2011 to September 2015, this program provided enhanced federal Medicaid matching funds for states to increase access to non-institutional long term services and supports.	
CHCPE	Connecticut Home Care Program for Elders: provides a variety of community-based services to frail seniors and individuals under 65 with neurological diseases to avoid unnecessary or premature institutionalization. Parts of CHCPE are Medicaid-funded (both through a waiver and the Medicaid state plan), while other parts are funded with state funds only.	CGS § 17b-342
CHN-CT	Community Health Network of Connecticut: the medical ASO for Connecticut's Medicaid program	CGS § 17b-261m
CMS	Centers for Medicare and Medicaid Services: the federal agency that administers Medicaid, Medicare, and the State Children's Health Insurance Program.	CMS webpage
CSPA	Community spouse protected amount: If a spouse is living in a nursing home, federal Medicaid law allows the spouse living in the community to keep some of the couple's assets to ensure that he or she does not become impoverished	42 USC § 1396r-5(f)(2)

DSS	Department of Social Services: Connecticut's state Medicaid agency	CGS § 17b-2
FMAP	Federal Medical Assistance Percentages: the percentage rates used to determine the portion of a state's Medicaid spending that will be paid for with federal funds. The determination is generally based on the state's average per-capita income relative to the national average.	42 USC § 1396d(b)
HCBS	Home and Community Based Services: services delivered to a Medicaid recipient at home or in the community that enable the recipient to avoid institutionalization. Some HCBS services may be available through the Medicaid state plan and states may also establish Medicaid waiver programs, known as 1915 (c) waivers, to provide these services to certain populations.	42 USC § 1396n(c)
LTSS	Long term services and supports include services that provide Medicaid recipients with assistance with daily living activities. LTSS include, but are not limited to, nursing services, personal care services, transportation, and supported employment, as well as assistance provided by a family caregiver.	
MAGI	Modified adjusted gross income: income eligibility rules used for certain Medicaid coverage groups that are standardized across all states.	42 CFR 435.603
MAPOC	Medical Assistance Program Oversight Council: The law charges this council with monitoring and advising DSS on various aspects of the Medicaid program. MAPOC includes legislators, consumers, advocates, health care providers, ASO representatives, and state agency personnel. It generally meets monthly and also has subcommittees that meet separately.	CGS § 17b-28 MAPOC website
MFP	Money Follows the Person: a demonstration project funded through a federal grant awarded to DSS in 2007. The federal MFP program permits states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings.	
MMNA	Minimum monthly needs allowance: a portion of an institutionalized individual's income reserved for his or her spouse living in the community (i.e., not applied toward the cost of the institutionalized individual's care).	42 USC § 1396r-5(d)(3)
NCQA	National Committee for Quality Assurance: a nonprofit organization that provides accreditation for person centered medical homes (see below).	NCQA website
NEMT	Non Emergency Medical Transportation: a benefit states are required to make available to enable Medicaid recipients to travel to and from covered medical services	
PCMH	Person Centered Medical Homes: an approach to primary care delivery in which primary care providers develop long-term partnerships with their patients and, among other things, coordinate their care.	
PNA	Personal needs allowance: Medicaid recipients who receive institutional care must apply a portion of their monthly income toward their care costs, but may keep a portion (the PNA) to pay for incidentals.	CGS § 17b-272
SPA	State Plan Amendment: an amendment to the Medicaid state plan, which is an agreement between a state and the federal government describing how that state administers its Medicaid program.	CMS webpage on State Plan Amendments; DSS page on SPAs

MF:cym