

Article 8
Eligibility and Payment Manual

Glossary

Agency Conference: An informal meeting between the Agency and the client to discuss the grievance in an attempt to arrive at an early resolution.

Appeal: A formal request, by an applicant or recipient, or his designated representative for a fair hearing before the Division, because he is aggrieved by any agency action or policy as it affects his situation.

Applicant: A person who submits a written application for participation in the Public Welfare Programs which contains at least the applicant's name and address and signature of a representative member of the household or the household's authorized representative.

Application: An application for welfare assistance occurs when an application form for one of the aid programs is filled out by or in behalf of a potential recipient. The application form must be signed by or witnessed for the applicant and filed with the welfare office.

Application Date: The date that a signed, complete application is received in the welfare office.

Assistance Program: A program of categorical aid under which money payments are made to, or on behalf of, eligible persons.

Assistance Unit: An assistance unit means persons whose needs, income and assets are considered in the financial assistance payment.

Assurance: A contractual agreement submitted as part of the State's Plan of Operation in which a State or local agency legally agrees to administer the Public Welfare Programs in accordance with Civil Rights Act of 1964 and the Food Stamp Program Regulations.

Beneficiary Earnings Exchange: Any computerized comparison of two or more records (earned) (beer) automated systems of record, or a system of record with non-federal records for the purpose of establishing or verifying eligibility with respect to cash or in-kind assistance or payment under Federal Benefit Program.

Beneficiary Data Exchange: See Glossary for Beer.
(Unearned) (Bendex)

Bilingual Capability: A sufficient number of appropriate bilingual personnel or materials are available in language minority areas.

Blindness Legal: A person is eligible for aid to the blind who has central visual acuity of 20/200 or less in the better eye with correcting lenses or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees. A peripheral field loss in which the visual field efficiency is reduced to 30 percent or less may be considered equally disabling, as may certain other ocular conditions which do not necessarily involve field loss but which constitute a severe handicap.

Burial Plan: A burial plan, through and insurance company or bank has no cash surrender value. It will not be payable, on death, to the recipient's beneficiaries or estate. Any proceeds go directly for funeral expense

Caretaker, Needy: A needy parent or specified relative who has responsibility for the care of children for whom AFDC is requested or received.

Caretaker, Non-Needy: A parent or specified relative who has responsibility for the care of children for who AFDC is requested or received, but whose income or other resources are sufficient for his own needs, or whose needs are met in another assistance grant.

Categorical Aid: Money payment or service provided under an assistance program authorized by the Social Security Act. Current programs are AFDC, OAA, AB and APTD.

Central Registry: Designated area for all Fair Hearing coordination, monitoring and tracking, and record keeping.

Certification Office: The office responsible for determining the eligibility of applicants and notifying the issuance unit of its determination.

Child Support Collections: The assigned amount that the Child Enforcement Agency collects from an absent parent or spouse on a monthly support obligation.

Civil Rights Act and Regulations: Title VI of the Civil Rights Act of 1964 and other authorities as outlined in section II of the Civil Rights and Enforcement.

Combination Household: A household in which more than one assistance grant is received by the assistance unit.

Common-Law Marriage: Wherein a man and woman make their decision to live as husband and wife. There is no law available recognizing this relationship legally. Other terms used includes, live-in mate, lovers, common-law husband, common-law wife.

Complainant: Any person or group of persons that allege discrimination in the delivery of program benefits on the basis of race, color, national origin, age, sex, handicap, political beliefs, or religion by a State or local Agency.

Complaint: The expression by a client, or his designated representative, of dissatisfaction with regard to the administration of an assistance program as it affects his situation.

Demand Letter: A letter advising the household of an overissuance of benefits and the method of collecting repayments for claim.

Deprivation: Continued absence of either or both parents from the home, death or disability of a parent which deprives a child or children of parental care and control.

Director, Civil Rights and Equal Employment Opportunity (CR) Division: The Director of the entity in FNS that develops and coordinates the civil rights policy in the Agency and advises the FNS Administrator on the civil rights compliance status of the Agency.

Disability, Permanent: Consists of major impairments which are expected to continue throughout the lifetime of the individual.

Disability, Total: Implies that permanent physical and/or emotional impairments result in the inability of an individual to perform those functions required to carry on a substantial gainful activity, or perform housekeeping functions.

Discrimination: Any action(s) or lack of actions(s) by persons administering the Public Welfare Programs which adversely affects the opportunity to participate in the program or benefits received by those eligible based on race, color, national origin, age, sex, handicap, political beliefs, or religion.

Fair Hearing: A hearing conducted by a hearing officer to enable the client and the Division to present all evidence necessary to render a fair and impartial decision on an appeal.

Federal Assistance: Any funding, property, or aid which is provided to a State agency for the purpose of providing program benefits to participants.

Financial Assistance: Assistance under the Aid to Families with Dependent Children (AFDC), Old Age Assistance (OAA), Aid to the Blind (AB), Aid to the Permanent and totally Disabled (APTD), and/or the General Assistance (GA) program.

Foster Care, Adult: Placement of a recipient of OAA, AB or APTD, who cannot live alone in a family setting for care and supervision as an alternative for institutional care.

Good Cause: Circumstances beyond the individual's control, such as, but not limited to, illness, illness of another household member requiring the presence of the individual, a household emergency, communication problems, or unavailability of transportation.

Grassroots Organization: Any organization at the local level which interacts with applicants or participants, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of a minority organization (NAACP), or other similar group.

Group Hearings: A series of individual requests for hearing involving a sole issue.

Incapacitated Parent: Father or mother applying for or receiving AFDC, who is unable to support or care for the child because of a major physical or mental impairment.

Income, Earned: Cash or kind received by the client as salary, wages, or profit from continuing activities engaged in as an employee or self-employed person.

Income Eligibility Verification: IEVS utilizes computer matching methods to system(IEVS) verify recipients' Earned and Unearned Income to determine their eligibility for federal assistance.

Income in Kind: Goods, services, or facilities provided at not cost to the client and which meet in whole or in part a recognized budgetary need.

Income, Net: Earned income less allowable work expenses, disregards and allowance.

Income, Other: All cash payments received by the client which are not designated as a part of the personal property reserve and are not based upon current work activity by the client.

Inpatient: An individual admitted to a public or private institution for planned medical treatment or nursing care directed toward restoration or improvement of health, or for whom palliative medical measures are prescribed.

Inquiry: A request for information about any program administered by the Division, without a stated desire to apply for assistance or service.

Insurance, Burial: Burial insurance is the same as life insurance. It has a face value, cash surrender value, beneficiaries, etc. It is treated just the same as any other life insurance. It is really a life insurance policy with the proceeds simply earmarked by the client for his funeral expenses.

Issuance Agent: An entity to whom the responsibility for issuing Public Welfare Programs benefits has been delegated by an appropriate agency of the State.

Job Opportunity Basic: The Job Opportunity Basic Skills (JOBS) has skills (JOBS) its purpose the provision of opportunities for certain members of AFDC families to secure employment or training to prepare them to secure and hold jobs in order to become self supporting. Manpower Services are provided by the Department of Labor. JOBS Program provides pre-referral services, child care and continuing and supportive services.

Local Agency: The county or municipal government to which the State agency has delegated administrative responsibility for the Public Welfare Programs in a project area.

Management Evaluation (ME): The reviews conducted by States at the project area level to determine whether State agencies are administering and operating the Public Welfare Programs in accordance with program and civil rights requirements.

Medicaid: The medical assistance program under Title XIX of the Social Security Act. This act makes federal

money available to states to provide medical care to citizens who haven't enough money otherwise to provide their own medical needs. The MEDICAID program is administered by the Medicaid Section of the Division of Social Services.

Medicare: An insurance program, unrelated to need, administered by the Social Security Administration. Title XVIII of the Social Security Act provides a comprehensive program of medical and hospitalization insurance for persons 65 years and older. This is MEDICARE, and it is administered by the Federal government.

Minority: A person or group of persons belonging to the protected classes covered by Title VI of the Civil Rights Act of 1964 and later specified by the Office of Management and Budget to include:

- (1) American Indian or Alaskan Native;
- (2) Asian or Pacific Islander;
- (3) Black (not of Hispanic Origin); and
- (4) Hispanic

Monthly Cut-Off Date: The date the basic and initial action forms must be in central office for the monthly run. This date falls on the next to last Thursday in each month.

Need: A condition resulting from lack of income or other resources resulting in a person's being below the level of the need standards established by the Welfare Division.

Needs Basic: Human needs relating to shelter and personal maintenance. These are specifically defined in the personal needs and shelter scales established for each of the categorical aid programs.

Noncompliance: The finding that any civil rights requirement as interpreted by this Instruction and program regulations has not been satisfied.

Office of Minority Affairs (OMA): The organizational unit under the Secretary of Agriculture which reports to the Assistance Secretary for Administration that has the authority to develop and administer a comprehensive program to assure equal opportunity for all persons in all aspects of USDA programs under the Civil Rights Act and regulations.

Payee: The person whose name appears on an assistance grant as payee.

Payee, Representative: The person to whom a protective payment is made on behalf of a recipient mentally or physically unable to handle his own payment.

Participants: Those persons whom the State agency has certified as eligible to receive Public Welfare Programs benefits.

Person, Essential: Any needy person in the household who provides services that the recipient would otherwise have to purchase, or without which the recipient could not remain in his own home. Step-parent is the only individual that may be recognized as essential in the AFDC unit.

Property, Personal: All assets other than real property.

Property, Real: Land, houses, mobile homes, and immovable property attached to the land. Agency policy classifies real property into two classes: 1) Property occupied as a home; 2) Other real property.

Protective Payment: Assistance payment to a substitute payee for a recipient of OAA, AFDC, AB, APTD, who is unable to manage his own assistance payments.

Quality Control Review: An examination of methods and decisions in case actions to determine if they are in accordance with State and Federal Policy.

Redetermination: A periodic review of all variable factors of eligibility affecting AFDC eligibility and payment amount; e.g. continued absence income (including child and spousal support).

Relative Liable: A person responsible, by law or court order, for the support of spouse, children, or needy parents.

Relative, Responsible: A relative who, by law, has the duty to support a recipient, but may not have the financial ability to do so.

Resources: Real or personal property, income, services or goods available, or any other asset to which a money value may be attached.

Systematic Alien Verification For Entitlement (SAVE): Social Security System for Aliens.

Standards of Assistance: Standards set by the Division used in determining need, income, resources and the amount of assistance.

State Wage Information Collection Agency (EARNED): See Glossary for Beer/Bendex.

Termination: Discontinuing assistance payments.

Verification: Documentary evidence in the possession of the client, on file as a part of public record, or in possession of another individual, agency or institution, which is used to support the client's statements regarding factors of eligibility.

Overpayment: Overpayment is the amount of difference between what the assistance unit received and what should be received.

MEDICAID/MIP PROGRAMS

Medical Assistance: Payments for medical services covered under the Medicaid Program, Medically Indigent Program, and the Catastrophic Illness Assistance Program.

Scope of Services: Services covered under the Guam Medicaid State Plan, Medically Indigent Program and the Catastrophic Illness Assistance Program Rules and Regulations.

Eligibility:

Medicaid is available to the Categorically Needy only. **Categorically Needy** as defined in 42 CFR, Section 436, "means aged, blind, or disabled individuals or families and children (1) who are otherwise eligible for Medicaid and (2) who meet the financial eligibility requirements for OAA (Old Age Assistance), AFDC (Aid to Families with Dependent Children), AB (Aid to the Blind), or APTD (Aid to the Permanently and Totally Disabled).

Medically Indigent Program (MIP): assistance is available to low-income households who meet residency, income and resource standards indicated under Public Law 18-31.

Free Care is available under the Medically Indigent Program (MIP) for Parkinsonism Dementia or Amyotrophic Lateral Sclerosis, Tuberculosis, End State Renal Disease, and provisions of Insulin Injection for

diabetic individuals without regard to income and resources.

Catastrophic Illness Assistance Program is available to those individuals whose medical cost is more than the household's liability standard based on their household size and annualized income or resources, whichever is greater. Cost refers to the amount over and above the portion covered by the household medical insurance, Medicare, Medicaid and the Medically Indigent Program.

The following are situations constituting denial of medical claims (bills) by the Bureau of Health Care and Financing for the Medicaid, Medically Indigent Program, Free Care Programs, and the Catastrophic Illness Assistance Programs.

- (1) Claims for patients who are not eligible to the medical assistance programs.
- (2) Claims which are not covered by the appropriate medical assistance programs.
- (3) Reimbursement request by patients for bills already paid by them.
- (4) Claims for services provided without prior authorizations. (Prior authorizations are required).
- (5) Claims for services covered by a third party such as insurance companies or some other person who pays for the bill.
- (6) Co-payments required from recipients.
- (7) Claims which are not submitted within the established time limitation period.
- (8) Claims provided to service providers who do not have an agreement with the appropriate medical assistance programs.