HHS- The Department of Health and Human Services (HHS) is the federal agency that administers over 100 programs, including Medicare, Medicaid, and TANF, and promulgates regulations under congressional authority. For more information visit HHS.gov.

HOMESTEAD- Under SSI/Medicaid resource rules, an individual's home is an excluded resource for purposes of determining SSI/Medicaid resource eligibility. The home is defined as property in which the individual has an ownership interest and that serves as his or her principal place of residence. It can include the shelter in which he or she lives; the land on which the shelter is located; and related buildings on such land. An individual's principal place of residence is the dwelling the individual considers his or her established or principal home and to which, if absent, *he or she intends to return*. It can be real or personal property, fixed or mobile, and located on land or water. POMS SI 01130.100.

IADLs- Instrumental Activities of Daily Living (IADLs) include, but are not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community. 42 U.S.C. § 1396n(k)(6).

ICF/ID- Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/ID) is an optional state Medicaid benefit, offered by all states, to individuals in need of and receiving, active treatment services. ICF/IDs provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence. 42 C.F.R. § 440.150.

ISM- In Kind Support and Maintenance (ISM) is unearned income in the form of food or shelter or both. SSI eligibility and payment amounts are determined by whether a recipient is receiving ISM and the value of the ISM. The SSA uses two rules for determining the value of ISM—the one-third reduction rule and the presumed value rule. POMS SI 00835.001.

LTCSSS- Long Term Care Supports and Supports and Services (LTCSS) are medical and non-medical services (such as assistance with ADLs) that can be provided in an institutional, home or

community settings to individuals who have a chronic illness or disability. For more information visit longtermcare.gov.

MAGI- Modified Adjusted Gross Income (MAGI) is gross income adjusted for deductions and then modified by adding some deductions including tax-exempt social security, interest or foreign income back in. MAGI is used to calculate cost assistance for individuals enrolled in the health care marketplace under the ACA. POMS HI 001101.010. For more information visit IRS.gov. and HealthCare.gov.

MEDICAID EXPANSION- The ACA provides states with the ability to expand their state Medicaid programs to cover adults under 65 with income up to 138% of the FPL. Originally, Medicaid expansion was mandated under the ACA, but in *NFIB v. Sebelius*, 132 S.Ct. 2566 (2012), the Supreme Court held that expansion is optional for the states. States who expand Medicaid by using this income-only criteria have all budget increases attributed to expansion paid 100% by the federal government from 2014-2016, instead of the usual cost-sharing provision in 42 U.S.C. § 1396a. Federal cost-sharing is expected to be reduced to a minimum of 90% by 2020 under the ACA. Currently Medicaid expansion has been adopted by 30 and the District of Columbia. Nineteen states have chosen not to expand Medicaid at this time, and expansion is currently in discussion in one state. 42 U.S.C. § 1396a(a)(10)(A)(i). For more information visit Healthcare.gov.

MEDICAID MCOs- Medicaid Managed Care Organizations (MCOs) are entities contracted by the States that agree to provide comprehensive services to Medicaid beneficiaries. Approximately 80% of Medicaid enrollees are served through a managed care delivery system. MCOs serve beneficiaries on a risk basis through a network of employed or affiliated providers. The term MCO generally includes HMOs, PPOs, and Point of Service plans. For more information visit Medicaid.gov.

MEDICAID- A joint federal and state program that provides health coverage for people with low incomes and limited resources. Though federal law requires states to cover certain mandatory populations and provide mandatory benefits, states have flexibility in providing

coverage to other populations and can choose to provide optional benefits. Medicaid is the only federal public benefits program which covers the costs of long term non-acute care (custodial care). 42 U.S.C. Ch. 7, Subchapter XIX. For more information visit Medicaid.gov.

MEDICARE WAITING PERIOD FOR SSDI AND CDB RECIPIENTS- SSDI entitlement begins after a 5-month waiting period following the onset of a disability. CDB eligibility begins immediately after the application is approved. Both SSDI and CDB recipients will receive Medicare benefits, but not until 24 months after they have been receiving their respective benefits. No waiting period is required for individuals who have End Stage Renal Disease or ALS (Lou Gehrig's disease), or those who were previously entitled to a period of disability and became disabled again within five years following the month the previous disability ended. SS Handbook 502.

MEDICAID WAIVERS- States may use federally approved waivers to test new or existing ways to deliver and pay for health care services in Medicaid and CHIP. The term "waiver" refers to a deviation in the existing state Medicaid plan. There are four primary types of waivers and demonstration projects: § 1115 Research & Demonstration Projects; § 1915(b) Managed Care Waivers; § 1915(c) HCBS Waivers; and Concurrent § 1915(b) and 1915(c) Waivers. For more information visit Medicaid.gov.

MEDICALLY NECESSARY- Under Medicare, medically necessary is defined as health care services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. 42 U.S.C. § 1395y(a)(1)(A). For more information visit Medicare.gov.

MEDICARE- An exclusively federal program (unlike Medicaid) that provides health care insurance to individuals ages 65 and older, people with disabilities, people with ALS and those with End Stage Renal Disease. 42 U.S.C. Ch. 7, Subchapter XVIII. Medicare is not free and not all individuals are eligible. Individuals who did not pay Medicare taxes while working canpurchase Medicare benefits. Medicare does not pay for long term care, but

does cover brehabilitative stays in a nursing home or rehabilitation center. For more information visit Medicare.gov.

MEDICARE ADVANTAGE PROGRAM- Created under the Balanced Budget Act of 1997, the Medicare Advantage Program (a.k.a. Medicare Part C) is a type of Medicare health plan offered by private companies that contracted with Medicare to provide Part A and B benefits. The program provides an alternative means of financing or receiving Medicare coverage, and includes HMOs, PPOs, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. Advantage programs may provide more benefits than traditional parts A and B but are often less advantageous for the disability and aged communities due to strict limits on coverage for LTCSS. 42 U.S.C. Ch. 7, Subchapter XVIII, Part C.

MEDICARE OPEN ENROLLMENT PERIOD- The Medicare Open Enrollment Period is between October 15 and December 7 every year, and is the time period when Medicare recipients can change their Medicare health plans and prescription drug coverage. For more information visit cms.gov.

MEDICARE PART A- Covers hospital care, SNF care, nursing home care, hospice, and home health services. Part A is funded by payroll deduction taxes. 42 U.S.C. Ch. 7, Subchapter XVIII, Part A.

MEDICARE PART B- Part B, which is optional, primarily provides physician services, and covers medically necessary and preventative services such as clinical research, ambulance services, durable medical equipment, inpatient and outpatient mental health, limited outpatient prescription drugs, and getting a second opinion before surgery, among other things. Part B requires a payment of a monthly premium of $104.90 in 2015-16. The premium is typically deducted from the recipient's monthly Social Security check. 42 U.S.C. Ch. 7, Subchapter XVIII, Part B.

MEDICARE PART D- In 2003, the Medicare Prescription Drug, Improvement and