

**CLIENT:**

A person who is an APPLICANT or ENROLLEE.

**CLOTHING AND PERSONAL NEEDS ALLOWANCE:****MA:**

The amount of monthly income institutionalized clients may retain or receive for their day to day expenses.

**CO-INSURANCE:**

An insured person's share of the cost of treatment. For example, if an insurance policy covers 80% of the cost, the co-insurance amount is 20%.

**CO-PAYMENT:**

A fixed amount that an insured person is required to pay for each episode of a particular treatment, medical supply, or equipment. For example, a policy might require a \$5 co-payment for each prescription while the insurance pays the remainder.

**COBRA COVERAGE:**

A provision of the Consolidated Omnibus Budget Reconciliation Act (COBRA) which requires employers to allow former employees to continue coverage through the employer's group plan for 18 months after the employment has ended (29 months if the employee is disabled). In most cases, the former employee must pay the full cost of COBRA coverage.

**COLA:**

Cost of Living Adjustment. An increase in income to compensate for inflation. COLAs are usually made annually.

**COMBINED APPLICATION FORM (CAF):**

A form on which people can apply for multiple programs administered by DHS, including GENERAL ASSISTANCE (GA), GENERAL ASSISTANCE MEDICAL CARE (GAMC), FOOD SUPPORT, MINNESOTA FAMILY INVESTMENT PLAN (MFIP), MEDICAL ASSISTANCE (MA), MINNESOTA SUPPLEMENTAL AID (MSA), Emergency Assistance (EA), and EMERGENCY MEDICAL ASSISTANCE (EMA).

**COMMUNITY ALTERNATIVE CARE (CAC):**

A federally approved home and community based services WAIVER program for chronically ill people under age 65. See §0907.23.07 (MA Waiver Programs: CAC).

**COMMUNITY SPOUSE:**

A person who does NOT reside in a medical institution, LTCF, or receive EW services whose spouse DOES reside in a medical institution, LTCF, or receives EW services and meets the definition of a LONG TERM CARE SPOUSE. A community spouse may or may not receive MA.

**COMPREHENSIVE COVERAGE:****MINNESOTACARE:**

A term used by insurance companies to describe a broad range of covered services including the diagnosis and treatment of most illnesses and injuries. Coverage may vary under individual policies.

**CONSERVATOR:**

A person, official, or institution designated to protect the interests of an incompetent person. A conservator has some, but not all, of the duties and powers of a legal guardian and is not counted in the person's household for any of the HEALTH CARE PROGRAMS.

**CONTINUED ABSENCE:****MA:**

A BASIS OF ELIGIBILITY for PARENTS and RELATIVE CARETAKERS of a DEPENDENT CHILD. See §0907.19.07 (MA Families & Children: AFDC-Related Adults).

**CONTINUOUS ENROLLMENT:****MINNESOTACARE:**

Enrollment in MINNESOTACARE, MA, or GAMC with a break in coverage of less than 1 calendar month.

**CONTINUOUS PERIOD OF INSTITUTIONALIZATION:****MA:**

A stay in a medical or LONG TERM CARE FACILITY which is expected to last at least 30 consecutive days from the date of entry. Count the date of entry and the date of discharge to determine whether a stay has lasted at least 30 consecutive days. A new continuous period of institutionalization begins after a client re-enters an institution after having been discharged for at least 30 consecutive days.

**CONTRACT FOR DEED:**

A conditional sales contract for purchase of real estate. The contract is held by a private party as opposed to a lending institution. Consider contracts for deed to be

PERSONAL PROPERTY. See §0909.13.05 (Contracts for Deed).

COUNTY AGENCY:

The local human services office responsible for determining eligibility for MA and GAMC. Some county agencies also determine eligibility for MinnesotaCare.

COUNTY OF FINANCIAL RESPONSIBILITY:

The county responsible for the county costs of an ENROLLEE's MA or GAMC.

CUSTODIAL PARENT:

A PARENT who has physical custody of his or her CHILD.

CUTOFF DATE:

The date by which information must be entered in MAXIS or MMIS to effect a change for the following month.

DECLARATION OF PARENTAGE (DOP):

A form printed by the Minnesota Department of Health, Vital Records Section, that serves as an ACKNOWLEDGMENT OF PATERNITY. This form may be signed before or after the child's birth. However, to be valid, it must be executed before 8-1-95. Effective 8-1-95, clients must use the RECOGNITION OF PARENTAGE (DHS 3159). Notarized signatures of both parents must be on the form.

DEDUCTIBLE:

The amount of health care expenses an insured person is required to incur before benefits are payable under a health insurance policy. For example, if an insured person has a \$1,000 deductible, he or she must incur \$1,000 in medical costs before the policy begins paying benefits.

DEDUCTION:

MA and GAMC:

An amount of income not counted in the computation of a person's income because its use or intended use is for certain specific expenses. For example, employed people are allowed a deduction for DEPENDENT CARE.

**DEED:**

Legal document which conveys ownership of property between parties.

**DEEM:**

To count the income or ASSETS of 1 person when determining the eligibility of another. See §0908.07 (Household Composition: Deeming).

**DEEMED SSI RECIPIENT:****MA:**

An individual who for Medicaid purposes is considered to be receiving SSI. This includes people eligible under 1619(a) and (b); children eligible under the TEFRA waiver; people eligible for the Pickle disregard; Disabled Adult Children; Disabled Widows and Widowers; and people not receiving SSI payment because of recoupment or 1-month suspension due to excess income. See the following sections:

§0907.21.07.03 (MA Basis: 1619 A and B)

§0907.23.09 (MA Waiver Programs: TEFRA)

§0911.09.15.01 (Income from RSDI and SSI--MA/GAMC)

§0912.05.17 (Widow and Widower's Disregard)

§0912.05.19 (Disabled Adult Children Disregard)

§0912.05.21 (Disabled Widow/Widower's Deduction)

§0912.05.23 (Pickle Disregard)