



There are multiple ways a person can become eligible for Medicaid. And once enrolled, the program uses different funds to facilitate and support needed services. The following terms are commonly used to describe how Medicaid is funded, and eligibility standards that allow individuals to enroll in the program.

#### Aged, Blind, Disabled

Aged, Blind, Disabled (ABD) is a full-coverage Medicaid eligibility classification and program for low-income adults who are either 65 and older, blind, or disabled (as determined by Social Security).<sup>1</sup>

#### Categorically Needy

Categorically needy is one pathway for Medicaid eligibility for people who are either financially needy with children, financially needy and pregnant, or an Aged, Blind, Disabled (ABD) individual. The base for covered services under categorically needy is much wider than for other types of Medicaid eligibility.<sup>2</sup>

#### Continuous Eligibility

Often implemented for children through the Children's Health Insurance Program (CHIP), continuous eligibility refers to an approach to Medicaid enrollment that allows for an individual to continue to receive Medicaid coverage and care — even if financial changes would otherwise change that eligibility.<sup>3</sup>

#### Dual Eligibility

Dual eligibility refers to an individual's eligibility to enroll in both Medicaid and Medicare programs. Individuals who are eligible for both programs are commonly referred to as duals or dual eligible individuals.<sup>4</sup>

#### Federal Financial Participation (FFP)

Also commonly referred to as Federal Medical Assistance Percentages (FMAP), Federal Financial Participation (FFP) is the matching funds the federal government provides to states to facilitate and support Medicaid and other social services. Financial percentage rates for the Medicaid program vary from state to state; however, the minimum match required for the federal government is 50%.<sup>5</sup>

#### Federal Poverty Level (FPL)

The federal poverty level (FPL) is an annual assessment of an individual's total yearly income to determine social service coverage and other benefits, such as Medicaid or CHIP eligibility. The FPL can increase or decrease on a year-to-year basis, and eligibility depends on family size as well as total income, with an FPL that grows as an individual's family size grows.<sup>6</sup>

#### Federal Fiscal Year (FFY)

The Federal Fiscal Year (FFY), which runs from October 1 to September 30, is the calendar for the U.S. government budget. Federal Medicaid and all social service funding operates within the FFY, and all grants, budgets, fees and other financial actions are scheduled to occur within this timeframe.<sup>7</sup>

#### Financially Needy

Financial need is one pathway to qualifying for Medicaid eligibility. As the name suggests, financial necessity eligibility for Medicaid or Children's Health Insurance Program (CHIP) is based upon annual earnings against the federal poverty level (FPL). Financially needy individuals are one of the most common types of Medicaid beneficiaries.<sup>8</sup>

#### Medically Needy

Medically needy is a Medicaid eligibility pathway for individuals who have significant health needs, but may have incomes that are too high to qualify for Medicaid based on financial need. Medically needy individuals have the ability to become eligible by "spending down" the amount of income that's above a state's medically needy threshold.<sup>9</sup>

#### Poverty Level Groups (PLG)

Poverty level groups (PLGs) refer to federal thresholds used to determine federal program eligibility. In terms of Medicaid, the phrase "poverty level groups" is often used to define the different thresholds and groups of individuals based upon Medicaid eligibility.<sup>10</sup>

#### Presumptive Eligibility

Presumptive eligibility allows uninsured children temporary access to Medicaid or Children's Health Insurance Program (CHIP) services before their applications are fully approved. Qualified entities approved by the state can determine a child's eligibility immediately, giving them access to needed services.<sup>11</sup>

#### Read the Full Glossary

**These financial- and eligibility-related terms are a small selection of terms available in the UnitedHealthcare Community & State Medicaid Glossary. Read more at [uhccs.com/Medicaid-glossary](https://uhccs.com/Medicaid-glossary).**

#### Sources

<sup>1</sup> [https://assets.aarp.org/rgcenter/health/2003\\_14\\_abd.pdf](https://assets.aarp.org/rgcenter/health/2003_14_abd.pdf)

<sup>2</sup> <https://aspe.hhs.gov/report/historical-and-projected-trends-medicaid/appendix-b-%E2%80%9393-medicaid-program-requirements>

<sup>3</sup> <https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html>

<sup>4</sup> <https://www.aarpmedicareplans.com/medicare-education/medicare-medicaid-dual-eligibility.html>

<sup>5</sup> <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/>

<sup>6</sup> <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

<sup>7</sup> <https://www.thebalance.com/fiscal-year-definition-federal-budget-examples-3305794>

<sup>8</sup> <https://www.medicaid.gov/medicaid/eligibility/index.html>

<sup>9</sup> <https://www.medicaid.gov/medicaid/eligibility/index.html>

<sup>10</sup> <https://www.kff.org/wp-content/uploads/2013/05/mrbglossary.pdf>

<sup>11</sup> <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>

This glossary is intended to be informational only and relates to terms used commonly in Medicaid programs and design. In most cases, terms are derived from publicly available sources. Terms covered in this glossary are subject to change and may have alternate definitions when used in relation to other programs or products, or by other sources or companies.