

Glossary of Mental Health and Public Policy Related Terms

Some Medicaid, Medicare, Spend Down, and Eligibility Terms

C.O.L.A. (Cost of Living Adjustment): adjustments usually provided on an annual basis that reflect changes in the amount that consumers spend to maintain a certain standard of living. The “cost of living” (cost of food, shelter, clothing, etc.) rises every year. The Federal government adjusts payments for benefit programs, including disability, to keep up with these rising costs.

ConnPACE: Health insurance administered by the Department of Social Services (DSS) providing coverage for most prescription medicines and insulin supplies for Connecticut residents aged 65 or older, or aged 18 or older and with a disability, who meet certain income level requirements

Federal Match: Federal funds paid to the state to reimburse part of the cost of medical services covered by the Medicaid program. CT is paid 50% of what is spent for most services.

Fee-for-Service Medicaid: Traditional Medicaid insurance coverage for adults that is administered directly by the Department of Social Services. The state directly pays the healthcare providers set fees for services provided to eligible beneficiaries.

Health Maintenance Organization (HMO): A form of managed care in which the beneficiary must receive all of care from participating providers and usually a referral from your primary care physician is required before seeing a specialist.

HUSKY: Health insurance administered by the Connecticut Department of Social Services (DSS) covering uninsured CT residents of ALL income levels who are children and teenagers under 19 (with the exception of specific groups who may be eligible for HUSKY A until the age of 21) and their parents or relative caregivers, and pregnant women who meet specific income limits. This plan pays for doctor visits, prescriptions, vision and dental care and is administered through private insurance companies; beneficiaries sign up for one of the following two plans:

HUSKY A plans cover the lowest brackets of income and have no premiums or co-pays.

HUSKY B plans may have premiums and/or co-pays based on increasing income brackets.

Behavioral Health Partnership (BHP): The Partnership that manages the HUSKY’s mental health and substance abuse plan.

Managed Care: An insurance plan structured as a cost containment system through a third party that manages the utilization of health benefits by (a) restricting the type, level, and frequency of treatment; (b) limiting the access to care; and (c) controlling the level of reimbursement for services. Plans cover a specific network of participating physicians, hospitals and other providers; some plans allow beneficiaries to see in-network providers only while others allow beneficiaries to go outside the network for a larger share of the cost.

Medicaid: A federal insurance program that provides free or low cost health and long-term care coverage to certain categories of low-income Americans. States can define their own Medicaid eligibility criteria and scope of services covered by programs within broad federal guidelines.

Medicaid to the “Aged, Blind, Disabled” (MABD): Medicaid coverage provided to people over the age of 65, disabled, or blind. To qualify, persons must be between 60 - 80 % of the Federal Poverty Level depending on geographical area and the applicability of earned income disregards, or qualify by incurring high medical expenses (see “spend-down”). Persons eligible for Medicaid under the MABD category are often among the most vulnerable and medically needy populations in Connecticut.

Medicare: Health insurance provided by the federal government for people aged 65 or older, or under age 65 with certain disabilities.

Medicare Part A: Hospital coverage provided by directly by Medicare.

Medicare Part B: Optional Medical coverage provided directly by Medicare; allows access to any provider.

Medicare Part C (Combination of Part A and Part B): Hospital and medical coverage provided by Medicare-approved, private insurance companies with limited access to providers and varying costs, both depending on you individual plan; most plans cover prescription drugs.

Medicare Part D: Optional prescription drug coverage provided by private insurance companies allowing limited access to various prescription drugs; all companies must cover medically necessary drugs.

Medicare Savings Programs: Programs that help qualified individuals pay all or some cost sharing costs:

Qualified Medicare Beneficiary Program (QMB): Pays premiums, deductibles, and co-insurance for Medicare parts A and B. To qualify, monthly income must be at or below the FPL; and personal assets, including cash, bank accounts, stocks, and bonds, cannot exceed \$4,000 for an individual and \$6,000 for a couple.

Specified Low-Income Medicare Beneficiary Program (SLMB): Pays the Medicare Part B monthly premium. To qualify, the individual must be eligible for Medicare Part A (even if not enrolled); income must be between 100% and 120% of the FPL; and personal assets, including cash, bank accounts, stocks, and bonds, cannot exceed \$4,000 for an individual and \$6,000 for a couple.

Qualified Individual (Q1-1), also known as Additional Low-Income Medicare Beneficiary Program): A limited expansion of SLMB that requires state Medicaid programs to pay the Medicare Part B premium for individuals who are otherwise not eligible for Medicaid. To qualify, monthly income must be between 120% and 135% of the FPL (no asset limit). **NOTE—**the state receives 100% federal money to cover the cost of this benefit—there is no requirement for a state match. However, Congress only appropriated a limited amount of funds for each state to pay for this expansion, which means that once a state’s funding is gone, even eligible individuals will not be able to get into the program.

Mental Health Parity: Requiring comparable mental health and physical health care insurance coverage by health insurance companies.

Poverty Threshold: Federal income limits that set the “line” at which an individual or family unit is considered impoverished; determined by the Census Bureau annually and used for statistical purposes.

Poverty Guidelines (often referred to as Poverty Level): A simplification of poverty thresholds determined by the federal Dept. of Health and Human Services and used for administrative purposes, such as eligibility for federal programs such as Medicaid.

Spend-down: A program that applies to “Aged, Blind, and Disabled” persons who are categorically eligible for Medicaid, but are over the monthly income limit. They must incur enough medical bills within a six month period to “spend down” the Medicaid income limits to qualify for Medicaid. This process is cumbersome because of onerous documentation requirements, and people often go without needed health care and prescriptions.

State Health Care Mandates: requirements that a commercial insurance company or health plan cover (or offer coverage for) specific providers, benefits and patient populations in a particular state.

Wraparound Fund (Medicare Part D Supplemental Needs Fund): Ensures that Medicare beneficiaries who are also enrolled in ConnPACE or Medicaid do not pay co-pays or other higher cost-sharing amounts as a result of Medicare Part D (2005 legislation).

Some Housing Terms

Affordable Housing: Housing that costs no more than 30-40% of a household’s income.

Chronic Homelessness: Describes a person’s housing status when they have been either homeless (and not resided in transitional housing) for one year *or* have had at least four episodes of homelessness within the past three years.

CT’s Supportive Housing Pilot’s Initiative (often referred to as Pilot’s Program): The State’s second collaborative initiative to create supportive housing. The Pilots program is financing the creation of supportive housing units in scattered and single site projects. Projects may serve both families and single adults. A portion of the units are targeted to persons with disabilities experiencing homelessness (www.ctpartnershiphousing.com).

Reaching Home Campaign (RHC): A campaign to build the political and civic support necessary to end long-term homelessness in Connecticut; the goal is to create 10,000 new units of permanent supportive housing by 2014 (www.ctreachinghome.org).

Rental Assistance Program (RAP): The major state-funded program for assisting very-low-income families to afford decent, safe, and sanitary housing in the private market. Participants are free to choose any private rental housing that meets the requirements of the program, as described below. RAP certificates are funded through the Department of Social Services (DSS) and are administered statewide by DSS and its agent (J. D’Amelia & Associates), who subcontracts program operation to seven local Public Housing Authorities (PHAs) and one Community Action Agency throughout CT. In general, to qualify for a RAP, the family’s income may not exceed 50% of the median income for the county or

metropolitan area in which the family chooses to live. CT has adopted the median income levels published by HUD, and these vary by location throughout the state (www.ct.gov/dss).

Respite Program: A DMHAS program providing short-term residential care for clients who are homeless, awaiting acceptance to services, or are leaving the hospital (www.ct.gov/dmhas).

Scattered-Site Housing: Housing units that are not located at one single location.

Section 8: A federally funded (Housing and Urban Development) Rental Assistance Program in which a participant pays 30% - 40% of his/her adjusted gross income for rent and the remainder of the rent is paid by one of two Section 8 programs (www.housinglink.org):

Project-Based Assistance: This rental assistance stays with the property so that a renter moving into the building pays 30% of his/her adjusted income and the remainder of the rent is subsidized. The renter has the rental assistance as long as he/she lives in the building and remains income-eligible. This type is usually owned and managed by private parties, either for-profit or non-profit.

Tenant-Based Assistance: "Portable" rental assistance issued in the form of a voucher that can be used for housing in the private market that meets their affordability limit. The voucher holder/household is required to pay 30% - 40% of adjusted gross income. The administrator (usually a local housing authority) pays the rental property the difference between the tenant's payment and the gross rent amount.

Shelter Care Plus: A federal subsidy program that provides rent subsidies for permanent supportive housing for homeless persons with mental illness, HIV/AIDS and/or substance use (www.ctpartnershiphousing.com).

Single-Site Housing: Housing units that are located within one building or area.

Supervised Housing: DMHAS housing with 24/7 on-site or immediately accessible staff members who provide intensive services to individuals residing in the community. Program activities include assistance, counseling, and skill-building for: daily living; community integration; education assistance and counseling; personal financial management and budgeting; services referrals; meal preparation; communication skills; and use of leisure time. All DMHAS clients are eligible for this program; leases are often held by various agencies, but can be transferred into tenants' names, dependent upon the willingness of the landlord, and not DMHAS. In other cases, DMHAS provides housing resource coordination to assist tenants in finding safe, affordable housing under their own lease.

Supported Housing: DMHAS housing (mostly scattered site) that, through community support programs, provide a range of activities for individuals with severe mental illnesses or co-occurring disorders, specifically rehabilitative and skill-building instruction or counseling pertaining to: daily living, community living, and self-care skills; interpersonal relationships; education on alleviating/managing psychiatric disorders; assistance in gaining access to services, benefits, crisis support; and related activities intended to increase an individual's independence in accordance with their rehabilitative plan. This housing does not provide 24/7, on-site support services. DMHAS holds the leases for these units, but it is possible for tenants to hold their own lease, per DMHAS' authority.

Supportive Housing: Permanent, independent and affordable housing combined with on-site or visiting case management and access to a range of flexible support and employment services (www.ctreachinghome.org).

Supportive Services: Assistance available to residents to help them maintain residential stability and/or improve health, wellness, independent living skills, income, employment, social skills and overall quality of life.

Transitional Housing: Housing that has a time limitation, typically a maximum of two years, which prepares and supports residents for permanent housing.

Criminal Justice Terms

Accelerated Rehabilitation (AR): Program that give persons charged with a crime or motor vehicle violation for the first time a second chance. The person is placed on probation for up to two years. If probation is completed satisfactorily, the charges are dismissed.

Alternative Incarceration Center (AIC): Community based programs that provide monitoring, supervision and services to people who would otherwise be incarcerated.

Court Support Services Division (CSSD): A division of the Administrative Operations Division of the state Judicial Branch that provides pre-trial services, family services and offender sentencing and supervision options. CSSD consists of Intake/Assessment/Referral (IAR) units, which conduct comprehensive evaluations and referrals, and Supervision Units, which focus on effective supervision of clients involved with the court system. Two separate, but parallel, service delivery systems operate - one for adults and one for juveniles. The state has been divided into five regions for the delivery of services. (www.jud.state.ct.us/Publications/es201.pdf).

Crisis Intervention Teams (CIT): Police program comprised of designated officers who are called upon to respond to mental disturbance calls and crises, such as attempted suicides. These officers participate in 40 hours of specialized training under the instructional supervision of experienced law enforcement professionals, mental health providers, family advocates, and mental health consumer groups. Officers trained under this program are skilled in de-escalating potentially volatile situations, gathering relevant history, and assessing medication information and the individual's social support system (www.cableweb.org).

Day Reporting Programs: Intermediate sanction programs are innovations that serve as a step between the security and punishment of prisons and jails and the supervision without the security offered in probation and parole. Such programs as intensive supervision, house arrest, and electronic monitoring are becoming accepted alternatives to incarceration. Day Reporting Centers are another intermediate sanction that is gaining popularity. Among the services commonly provided by Day Reporting Centers are: support, treatment, or referral for treatment for such problems as substance abuse, mental health, education, vocational training, and job placement (<http://www.fdle.state.fl.us/fcjei/SLP%20papers/Diggs.pdf>).

Family With Service Needs (FWSN): A family that includes a child, who (a) runs away without just cause, (b) is beyond the control of his/her parents/guardian, (c) has engaged in indecent or immoral conduct, and/or (d) is a truant or continuously defiant of school rules and regulations.

Jail: A correctional facility designed to detain individuals pending judicial hearings or to provide brief periods of incarceration, generally less than one year, for sentenced inmates. Jails are typically operated by local or county jurisdictions.

Jail Diversion Program: A program funded by DMHAS that provides court-based services to individuals with serious mental illnesses (and often co-occurring substance use disorders) who have come in contact with the criminal justice system by connecting them with community-based treatment and support services. Individuals can be "diverted" - either from arrest or a longer-term period of incarceration (<http://www.ct.gov/dmhas/LIB/dmhas/publications/jaildiversion.pdf>).

Jail Re-interview Program: When a person who has been arrested for a low-level offense is in jail, waiting for arraignment, and cannot make bail, parole officers will assess his or her needs, including for mental health and substance abuse treatment. If the person is a client of DMHAS, parole officers can recommend to the judge that the person receive treatment and supervision in the community.

Mental Health Parole Officers: Specially trained parole officers who provide intensive supervision of previously incarcerated persons with mental illness. These officers will work with community based providers and others to assist persons with mental illness with successful community re-entry while finishing out their sentence (<http://www.ct.gov/doc/cwp/view.asp?a=1503&q=265536>).

Mental Health Probation Officers (Connecticut): These specially trained probation officers provide intensive supervision for clients with identified mental health diagnoses and work collaboratively with DMHAS staff to ensure access to an expanded service continuum for psychiatric and co-occurring disorders. The mental health officers will be sited in eight towns: Bridgeport, Hartford, Meriden/Middletown, New Britain, New Haven, New London, Norwich and Waterbury and they will work collaboratively on treatment teams with DMHAS providers and clinicians (http://www.jud.ct.gov/CSSD/pub/chron_0207.pdf).

Mobile Crisis Team: Teams composed of mental health service professionals who provide on-scene responses in mental health emergencies (www.consensusproject.org).

Parole: A process whereby inmates can be released from incarceration and transferred to community supervision prior to the end of their sentence, given exceptional behavior and rehabilitation during incarceration and a comprehensive review by a parole board. Parole has been abolished in a number of states in recent years.

Prebooking Diversion: Response strategy through which a police officer can avoid detaining and filing criminal charges against a person with a possible mental illness by making an immediate referral to community mental health services or directly transporting the individual to a designated hospital or drop-off center.

Presentence Investigation Report: A report prepared by a probation officer to provide the sentencing judge with thorough background information on the offender to be sentenced (www.consensusproject.org).

Pretrial Diversion: A dispositional option in which the prosecutor offers a person charged with a criminal offense an alternative to having the case prosecuted in the traditional criminal proceedings, with the charges dismissed or reduced upon successful completion of the diversion period (www.consensusproject.org).

Prison: A correctional facility that houses inmates generally sentenced to a period of incarceration exceeding one year. Prisons are typically operated by state corrections agencies, although private companies also operate prisons in some states.

Probation: A chance to remain free (or serve only a short time) given by a judge to a person convicted of a crime instead of being sent to jail or prison, provided the person can be good. Probation is only given under specific court-ordered terms, such as performing public service work, staying away from liquor, paying a fine, maintaining good behavior, getting mental therapy, and reporting regularly to a probation officer. Violation of probation terms will usually result in the person being sent to jail for the normal term. Repeat criminals are normally not eligible for probation.

Reentry: The process of prisoners reentering society after a period of incarceration in a prison, jail, or detention facility.

Residential Alternative Incarceration Center: A community-based residential program that provides intensive monitoring, supervision and services to persons with severe and persistent mental illness who would otherwise be incarcerated. Attempts to site these centers in communities have failed due to stigma and community fears about mental illness.

Recidivism/Recidivate: The return of a released ex-inmate to custody in a correctional facility. Typically results from either an arrest for a new crime or from a technical violation such as failure to meet conditions of release (probation/parole) (www.consensusproject.org).

Technical (Parole) Violations: Any violations of the conditions for parole other than the conviction of a new felony.

Other

Young Adult Services (YAS): interdepartmental program administered by DMHAS of services for young adults who are recovering from behavioral health disorders focusing on the early identification, referral, transition, and access to a range of age and developmentally appropriate clinical and support services for clients, most of whom are “aging out” of DCF care. The statewide YAS program is currently funded to provide both inpatient and outpatient services at one state-operated psychiatric hospital and ten Local Mental Health Authorities (*Young Adult Services: Current Status and Future Directions*, DMHAS).

Long Term Care: A variety of care and services over an extended period of time that can be provided in many settings including: in your home; at other sites in your community; in a managed residential setting; or in an institutional setting.

Memorandum of Understanding (MOU): an agreement between entities, usually state agencies, which clearly defines goals, roles and responsibilities, and serves as a guideline for shared activities.

Olmstead v. L.C. and E. W. Ruling: A 1999 US Supreme Court ruling in the case Olmstead v. L.C. and E.W. that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The unjustified segregation of people in institutions, when community placement is appropriate, constitutes a form of discrimination prohibited by Title II [of the ADA]."

Community-Based Treatment: Treatment that focuses on the community services offered to an individual through a system of community support. Individuals with mental illness can remain citizens of their community if given support and access to mainstream resources such as housing and vocational opportunities (www.consensusproject.org).

Harm Reduction: The strategy of "meeting people where they are at" by providing services to an individual, based on their specific needs and ability to adhere to service requirements. This method is most commonly used with individuals who struggle with substance use or other addictive behaviors (www.ctpartnershiphousing.com).