

## Glossary of Mental Health, Health and Housing Terms

**Accountable Care Organization (ACO)**: An organization of health care providers that participate in the Medicare fee-for-service program and that agree to be accountable for the quality, cost, and overall care of assigned Medicare beneficiaries, especially with respect to primary care.

**Assisted Outpatient Therapy (AOT or Kendra’s Law)**: New York State has enacted legislation that provides for court-ordered *assisted outpatient treatment (AOT)* for certain people with mental illness who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. The law took effect on November 8, 1999, and was renewed for five years in 2005. Governor David Paterson signed a bill in 2010 extending the law to June 30, 2015.

**Assertive Community Treatment (ACT)**: An Evidence-Based Practice Model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional mental health services. The ACT team provides services directly to an individual that are tailored to meet his or her specific needs. ACT teams are multi-disciplinary and include members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation.

**Centers for Medicare and Medicaid Services (CMS)**: The Federal agency within HHS that administers the Medicare and Medicaid programs, including the Medicaid drug rebate program and the Medicare Part D prescription drug benefit.

**Cost of Living Adjustment (COLA)**: 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.

**Commission on Quality of Care and Advocacy for Persons with Disabilities (CQC)**: The Commission serves people with mental, physical, and sensory disabilities by providing independent oversight of the quality and cost-effectiveness of services provided to individuals with mental disabilities, and by promoting public policies that meet the needs and advance the rights of all persons with disabilities in New York State.

**Department of Health and Human Services (HHS)**: The Federal government’s principal agency for protecting the health of all Americans and providing essential human services. HHS works closely with state and local governments. The Department’s programs are administered by 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies.

**Dual Eligibles:** Low-income seniors and younger persons with disabilities who are enrolled in both the Medicare and Medicaid programs. Dual eligibles rely on Medicaid to pay Medicare premiums and cost-sharing and to cover critical benefits Medicare does not cover, such as long term care. Please see [The Kaiser Family Foundation for more information.](#)

**Federal Medical Assistance Percentage (FMAP):** Federal funds paid to the state to reimburse part of the cost of medical services covered by the Medicaid program. Generally determined annually, the FMAP is designed so that the federal government pays a larger portion of Medicaid costs in states with lower per capita incomes relative to the national average (and vice versa for states with higher per capita incomes). New York's FMAP is 50%.

**Federal Poverty Guidelines (often referred to as Poverty Level):** A simplification of poverty thresholds determined by HHS and used for administrative purposes, such as eligibility for federal programs such as Medicaid.

**Federal 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.

**Fee-for-Service Medicaid:** Traditional Medicaid insurance coverage for adults. The state directly pays the healthcare providers set fees for services provided to eligible beneficiaries.

**Health Insurance Portability and Accountability Act (HIPAA):** The Federal Health Insurance Portability and Accountability Act of 1996 established a national framework for security standards and protection of confidentiality with regards to health care data and information. For more information on HIPAA and how it relates to NY, please see OMH's [How-To-Guide.](#)

**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. They have historically emphasized preventative care.

**Health Resources and Services Administration (HRSA):** The primary Federal agency within HHS responsible for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprising six bureaus and 13 offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities. HRSA maintains databases that protect against health care malpractice and health care waste, fraud and abuse.

**Healthy New York:** Assists small business owners in providing their employees and their employees' families with the health insurance they need and deserve. In addition, uninsured

sole proprietors and workers whose employers do not provide health insurance may also purchase comprehensive coverage directly through the Healthy NY program.

**Kendra's Law**: New York State has enacted legislation that provides for court-ordered *assisted outpatient treatment (AOT)* for certain people with mental illness who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. The law took effect on November 8, 1999, and was renewed for five years in 2005. Governor David Paterson signed a bill in 2010 extending the law to June 30, 2015.

**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 joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid is the nation's principal safety-net health insurance program. States can define their own Medicaid eligibility criteria and scope of services covered by programs within broad federal guidelines. See also the [Kaiser Family Foundation](#) for more information.

**Medicaid Buy-In Program for Working People with Disabilities**: Offers Medicaid coverage to people with disabilities who are working, and earning more than the allowable limits for regular Medicaid, the opportunity to retain their health care coverage through Medicaid. This program allows working people with disabilities to earn more income without the risk of losing vital health care coverage. To qualify for the Medicaid Buy-In program for Working People with Disabilities you must:

- Be a resident of New York State;
- Be at least 16 years of age (coverage up to 65 years of age);
- Have a disability as defined by the Social Security Administration;
- Be engaged in paid work (includes part-time and full-time work);
- Have a gross income that may be as high as \$55,188 for an individual and \$73,884 for a couple; and
- Have non-exempt resources that do not exceed the Medicaid resource level of \$13,800 for an individual and \$20,100 for a couple.

**Medicaid Excess Income Program (Spend-Down)**: A program that applies to persons who are categorically eligible for Medicaid, but are over the monthly income limit (excess income). If you are eligible for Medicaid except for having excess income and you can show that you have medical bills equal to your excess income in a particular month, Medicaid will pay your additional medical bills beyond that for the rest of that month.

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

**Medicare Part A:** The Medicare Hospital Insurance program pays for hospital, nursing home, home health and hospice services. Enrollment in Part A is automatic for those who are eligible.

**Medicare Part B:** The Medicare Supplemental Medical Insurance Program is an optional coverage of medically-necessary services like doctors' services, outpatient care, home health services, and other medical services. Part B also covers some preventive services.

**Medicare Part C (Combination of Part A and Part B):** A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. MA Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

**Medicare Part D:** Voluntary Prescription Drug Benefit Program. All Medicare beneficiaries are eligible to enroll. This is an 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. There are four types Medicare Savings Programs:

**Qualified Medicare Beneficiary Program (QMB):** You must be eligible for Part A to qualify. Enrollment in Part A isn't required.

**Specified Low-Income Medicare Beneficiary Program (SLMB):** You must be eligible for Part A to qualify. Enrollment in Part A isn't required. If you have income from working, you may qualify for SLMB benefits even if your income is higher than the limits in the chart below.

**Qualified Individual (Q1-1):** You must be eligible for Part A to qualify, and you must apply every year for QI benefits. QI applications are granted on a first-come, first-served basis, with priority given to people who got QI benefits the previous year. *QI benefits aren't available to people who qualify for Medicaid.*

**Qualified Disabled and Working Individuals (QDWI) Program:** The QDWI program helps pay the Part A premium. You may qualify if you:

- Are a working disabled person under age 65
- Lost your premium-free Medicare Part A when you went back to work
- Aren't getting medical assistance from your state
- Meet the income and resource limits required by your state

**\*[Income and resource limits for Medicare Savings Programs](#)**

**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.

**Mental Health America (MHA)**: MHA (formerly known as the National Mental Health Association) is a nonprofit dedicated to helping all people live mentally healthier lives. MHA has over 320 affiliates nationwide and represents a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis.

**Mental Health Association in New York State (MHANYS)**: MHANYS is a 501(c)(3) not-for-profit organization with 31 local affiliate MHAs serving 54 counties in New York State. MHANYS and the affiliate network work to promote mental health and recovery, encourage empowerment in mental health service recipients, eliminate discrimination, raise public awareness with education, and advocate for equality and opportunity for all. MHANYS works to ensure available and accessible mental health services for all New Yorkers.

**New Yorkers for Alternatives to the Death Penalty (NYADP)**: NYADP (formerly New Yorkers Against the Death Penalty) is a nonprofit, nonpartisan organization that in 2008 expanded its mission after the effective abolition of capital punishment in New York. NYADP supports effective, rational, and humane approaches to the problem of violent crime in a post-death penalty abolition environment. NYADP collaborates with a wide variety of individuals and organizations (crime victims, members of law enforcement, family members of the incarcerated, mental health advocates, clergy, etc) to achieve these objectives.

**New York Association of Psychiatric Rehabilitative Services (NYAPRS)**: NYAPRS is a statewide coalition of people who use and/or provide recovery oriented community based mental services. NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses, and those with trauma-related conditions by promoting their recovery, rehabilitation and rights so that all people can participate freely in the opportunities of society.

**New York Child and Adolescent Telepsychiatry (NYCAT) Program**: This initiative is currently funded to address child psychiatric consultation needs in areas with health care shortages.

**Office of Mental Health (OMH)**: OMH operates psychiatric centers across New York, and also regulates, certifies and oversees more than 2,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.

**OMH Balanced Scorecard**: Measures and reports on 1) outcomes experienced by individuals served in New York's public mental health system, 1) results of public mental health efforts undertaken by OMH, and 3) critical indicators of organizational performance.

**Personalized Recovery Oriented Services (PROS)**: A comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery.

**Preferred Drug List (PDL)**: All drugs covered by Medicaid remain available under the Preferred Drug Program. The program encourages doctors to prescribe drugs that are “preferred” because they are safe, effective and less costly. However, when a doctor prescribes a “non-preferred” drug on the PDL, they will need to get special approval through a prior authorization process. The program only affects certain drugs in some drug classes.

**Preferred Drug Program (PDP)**: Promotes the use of less expensive, equally effective prescription drugs when medically appropriate. Preferred drug programs are used in the private sector, in other state Medicaid programs and in the Medicare Part D drug program. The Department of Health has contracted with First Health Services Corporation to assist with management of the PDP. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.

**Prior Approval Review**: The process for applying for certification (license) from OMH.

**Protection and Advocacy for Individuals with Mental Illness (PAIMI)**: A federal program administered by the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities to assist individuals with a diagnosis of serious mental illness with advocacy related services. Although the program places a priority on individuals who live in a facility providing care and treatment, it can also serve individuals who live in the community.

**Special Housing Unit (SHU)**: SHUs are designated cellblocks or freestanding buildings in maximum-security and some medium-security prisons. The majority of SHUs are located in old-style maximum-security prisons, where cells tend to be dank and dimly lit, as the only natural light comes from windows across a corridor. Most SHU cells have bars on the front or back of the cell; others are far more isolating, with three concrete walls and a thick metal door.

**Social Security Disability Insurance Program (SSDI)**: SSDI pays benefits to you and certain members of your family if you are "insured," meaning that you worked long enough and paid Social Security taxes. It pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. Federal law requires this very strict definition of disability.

**Suicide Prevention Education and Awareness Kits (SPEAK)**: A statewide public awareness and education program that is part of New York's larger suicide prevention effort. It includes information kits designed to help you become aware of the facts about suicide, help you become familiar with its warning signs, and show you how to help someone who may be considering suicide.

**State Pharmaceutical Assistance Program (SPAP)**: A state-administered program that provides assistance with pharmaceutical benefits to disabled, indigent, low-income elderly, or other financially vulnerable persons that wrap around the Part D program. These programs rely on

state, local and private funding rather than federal funding. New York's program is the [Elderly Pharmaceutical Insurance Coverage \(EPIC\)](#). EPIC helps seniors pay for their prescription drugs. Most enrollees have Medicare Part D or other drug coverage, and use EPIC to lower their drug costs even more by helping them pay the deductibles and co-payments required by their other drug plan. EPIC also helps members pay for Medicare Part D premiums.

[Supplemental Security Income \(SSI\)](#): Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind and disabled people who have little or no income. It provides cash to meet basic needs for food, clothing and shelter.

[Timothy's Law](#): Mandates that insurance providers covering any health care services must also provide coverage for mental health and substance abuse services, and that coverage and cost must be 'on par' with all other health care services covered under such policy. It prohibits insurance companies from limiting coverage for mental illness.

### ***Housing Terms***

[Affordable Housing](#): Housing that costs no more than 30% of a household's income.

[Chronic Homelessness](#): Describes a person's housing status when they have been either homeless (no transitional housing) for one year *or* have had at least four episodes of homelessness within the past three years.

[OMH Residential Programs](#): OMH funds and oversees a large array of adult housing resources and residential habilitation programs in New York State, including congregate treatment, licensed apartments, single room residences, and supported housing:

***Congregate Treatment***: Licensed transitional, rehabilitative residential programs that teach skills, offer support, and help residents achieve the highest level of independence possible. These residences are single-site facilities, with private or shared bedrooms, for up to 48 individuals. Meals are provided, as well as on-site rehabilitative services and 24 hour staff coverage.

***Congregate Support***: Single-site residential programs that provide support designed to improve or maintain an individual's ability to live as independently as possible and eventually access generic housing. Interventions are provided consistent with the resident's desire, tolerance, and capacity to participate in services. Staff is on-site 24 hours per day.

***CR/SRO (Community Residence/Single Room Occupancy)***: Service enriched, licensed, extended stay housing with on-site services for individuals who want private living units, but who have minimal self-maintenance and socialization skills. Living units are usually designed as studio apartments or as suites with single bedrooms around shared living spaces. A CR/SRO must maintain 24 hour front desk security and make services available (i.e., case management, life skills training, etc.).



**SP/SRO (Supported/Single Room Occupancy):** Provides long-term or permanent housing where residents can access the support services they require to live successfully in the community. There is no OMH certification or licensing process. An SP/SRO can be located in a building existing solely as a SP/SRO, or integrated into a building that serves other population groups. Front desk coverage is provided 24 hours per day. However, other 24 hour staffing is not required. An SP/SRO must make services available to residents.

**Apartment Treatment:** Provide a high level of support and skills training to individuals in apartment settings. This licensed program is designed to be transitional in nature, with an average length of stay of 18 months. Apartment sites are usually scattered-site rental units located in the community. Staff works on-site with each resident, providing rehabilitative and supportive services designed to improve an individual's ability to live as independently as possible, and eventually access more independent housing options.

**SOCR (State-Operated Community Residence):** Licensed residential program designed to provide a therapeutic living environment for residents with mental illness. SOCR assists residents to develop skills necessary for successful reintegration into the community at a pace commensurate with their levels of functioning. The program is both rehabilitative and transitional in nature and provides access to necessary treatment services.

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

**Section 8 Housing Choice Vouchers:** The Housing Choice Voucher Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes and apartments. The family then pays 30% of household income as the difference between the contract rent approved for the owner and the amount subsidized by the program. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program.

\*For a list of Public Housing Agencies in New York, see  
<http://www.hud.gov/offices/pih/pha/contacts/states/ny.cfm>

**Shelter Plus Care Program:** A federal program that provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program.

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

**Supportive Housing:** Supportive housing is permanent, affordable housing where support services are offered on-site to help homeless, disabled and low-income people live independently in the community. Tenants have leases or lease-like agreements; apartments are affordable; rent cannot exceed a third of tenants' income; and property management and



services are provided by not-for-profit organizations. [OMH's Supported Housing Program Implementation Guidelines](#).