



Opportunity is knocking....



Learn what's behind the door of the Affordable Care Act
and what it can do for **YOU**.

Getting Health Insurance –

It's **EASY**, it's **FAST** and
it's tailored just for **YOU!!**

Leader's Guide

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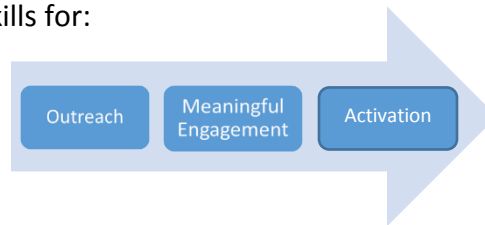


Introduction to the Finding Healthy Me Leader's Guide

Hello and welcome to the *Finding Healthy Me – Leader's Guide!!*

Have you heard about the ACA – Affordable Care Act? Okay – the Affordable Care Act may not be at the top of your list of things you would like to learn. What if you were told that learning about the Affordable Care Act would provide you with the information and skills you need to help support people you serve access health insurance and decrease the disparity in their life span?

This Leader's Guide will supply you with information to support those people you are serving to access health insurance and provide you with critical information that you need to know about the Affordable Care Act, Covered California, Medi-Cal and creative strategies to eliminate **churn** – including using your skills for:

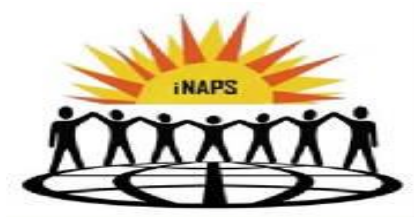


Keep in mind that the Participant Handbook is designed to be used when you are working one on one with a participant, in a group setting with several participants and also for a participant to take home and complete the enrollment process on their own. **YOU** can turn this into a fun and engaging experience with the people you are serving.

The development and dispersion of the *Finding Healthy Me Participant Handbook and Leader's Guide* were made possible through a grant awarded to iNAPS (International Association of Peer Supports) and Resilience Inc. from SAMHSA – Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) – 2016 Peer Education Efforts Regarding the Implementation and Support of the Affordable Care Act (ACA).

We hope that you find this information helpful.

iNAPS and Resilience, Inc.



7.18.16 Edition



An Overview of the Affordable Care Act....








Refer to Participant Handbook – page 3

It is important for you to have familiarity with the Affordable Care Act (ACA) and understand the benefits a participant can receive from enrolling in health insurance.

The federal Patient Protection and Affordable Care Act, signed March 23, 2010, and as amended by the Health Care and Education Reconciliation Act, signed March 31, 2010, is also referred to as the Affordable Care Act (ACA), or simply as “federal health reform.” The ACA is responsible for the most sweeping reforms of the United States healthcare system since the 1965 passage of Medicare and Medicaid.

There are several key provisions in the ACA which include:

<ul style="list-style-type: none"> • Expand access to insurance coverage. 	<ul style="list-style-type: none"> ○ The ACA aims to provide health insurance coverage to the millions of uninsured people by expanding both private and public insurance.
<ul style="list-style-type: none"> • Increase participant insurance protections. 	<ul style="list-style-type: none"> ○ The ACA enacted several insurance reforms to accomplish things like – prohibiting monetary caps on insurance coverage and excluding people with existing conditions.
<ul style="list-style-type: none"> • Emphasize prevention and wellness. 	<ul style="list-style-type: none"> ○ The ACA now contains provisions to prevent illness and focus on wellness by creating a Prevention and Public Health Fund. The Prevention and Public Health Fund provides grants for states for prevention activities.
<ul style="list-style-type: none"> • Improve health quality and system performance. 	<ul style="list-style-type: none"> ○ The ACA now contains several provisions related to improving quality and system performance.
<ul style="list-style-type: none"> • Curb rising health care costs. 	<ul style="list-style-type: none"> ○ Key provisions of the ACA intended to address rising health care costs and provide more oversight of health insurance premiums and practices.



The information contained in the Participant Handbook is structured to dispel common misperceptions of the ACA, focus on easy, affordable access and conveying that all plans require coverage of essential health benefit categories.

The Overview of the Affordable Care Act information contained in the Participant Handbook is critical information that is helpful for participants to know. This information helps the participant to understand the WIIFM (What's In It For Me) and why enrolling in health insurance is important!!

It's up to YOU to reinforce the importance of how the ACA and enrolling in health insurance will benefit participants!! So – help participants find out what is behind the door of the Affordable Care Act and what it can do for them!!



How will we help and support you?

Refer to Participant Handbook – page 4

There are a variety of ways to help support participants at this point. Some participants may be in a place to jump right in and begin the enrollment process to obtain health insurance, while others may take a more cautious approach and take their time. Either way, your role is to support them in this process and provide participants with information to guide their own decisions.

The Participant Handbook is designed to be used in different ways:



OR



1. The Participant Handbook can be used for informational purposes so that the participant becomes educated on the ACA and the health insurance enrollment process. Whether you are supporting an individual on a one to one basis or reviewing the handbook in a group setting, the Participant Handbook will assist participants to get comfortable with the information and process. Once you have provided the information it is important to listen, engage and support the individual(s) you are serving.

2. If given the opportunity and the time permits while supporting a participant on a one to one basis, you can support the participant to begin filling out the enrollment application, using the Participant Handbook as a guide for the application enrollment steps. The application itself can be intimidating based on its length. The Participant Handbook provides an overview for each step which will assist the participant in understanding the purpose of each step without being overwhelmed.

3. A participant may decide after hearing the information about the ACA and the health insurance enrollment process, that completing this process is something they would prefer to do at home or with a family member or trusted friend. The Participant Handbook is “portable” and designed to be used as a resource for participants that prefer to complete this process independently.

Remember, people will be in different phases in their recovery and resilience. Meet the participant where they are and support them to move forward at their own pace. A participant may be at the early stage of their recovery and just starting to take part in their self-care. Listen to the participant, help identify the right motivator(s) and what is important to the participant that connects them to their self-care. Understanding that what motivates one person, may not motivate another – each participant will be unique. You can use the Participant Handbook to begin to build the participant’s knowledge and confidence so that they will not only pursue enrolling in health insurance but also take control of their overall health.



What you need to proceed.




Refer to Participant Handbook – page 5

It is important to be able to convey to the participants that you are supporting that the information they will be entering into the health insurance enrollment application – is completely safeguarded. The enrollment application does ask for several pieces of information and participants must be comfortable and reassured that this information will be kept completely confidential.



For a participant to continue with the enrollment process, they will need to have certain documentation available. This includes:

<ul style="list-style-type: none"> • Identification Documentation. 	<ul style="list-style-type: none"> ○ The Assembly Bill 1733 breaks down barriers for people experiencing homelessness to get needed identification documentation which will in turn result in the ability to access services – including enrolling in health insurance. The typical fees that are usually charged for obtaining a birth certificate (\$25.00) and a Photo ID (\$28.00 or \$8.00) – are being waived. Both pieces of documentation require the participant to complete an affidavit form from the State of California, attesting to their homeless status. You can support the participant with completing these forms and they should be accessible from your organization.
<ul style="list-style-type: none"> • Social Security Number. 	<ul style="list-style-type: none"> ○ The actual card is not needed, but the number will be needed.
<ul style="list-style-type: none"> • Proof of citizenship or legal residency. 	<ul style="list-style-type: none"> ○ As noted above, there is a way for participants to obtain a certified birth certificate.
<ul style="list-style-type: none"> • Employer/Income verification. 	<ul style="list-style-type: none"> ○ If a participant is not employed and not receiving an income, not having this information will not be a barrier to get health insurance.
<ul style="list-style-type: none"> • Federal Tax Information. 	<ul style="list-style-type: none"> ○ This information will be applicable if the participant has filed income tax. If the participant has not filed taxes, this will not be a barrier to get health insurance.
<ul style="list-style-type: none"> • Information about any health insurance that the participant or family member currently has through an employer. 	<ul style="list-style-type: none"> ○ This is only applicable if the participant or a family member in the household currently carries health insurance through an employer.



The Easy Enrollment Process.

Refer to Participant Handbook – page 6

When you look at the application – don't get overwhelmed. The health insurance enrollment process is much easier than it looks – which is the same message to convey to the people you are supporting. The flowchart in the Participant Handbook depicts an easy to follow, step-by-step enrollment process.

California is a state with Medicaid Expansion. As a result, California created their own Market Exchange which is called "Covered California." Through Covered California, participants will have access to Medi-Cal (which is California's version of Medicaid). Medi-Cal provides free or low cost health insurance coverage for individuals and their families.



For a participant that is eligible for Medi-Cal, it will also allow the participant access to a health home. Under the health home model, the individual will be supported by Providers that operate under a "whole person" philosophy. The Health Home Providers will integrate and coordinate all primary, acute, behavioral health and long-term services and supports to treat the whole person. The core elements of a health home include: comprehensive care management; care coordination; health promotion; transitional and follow-up care and referrals to community and social support services.

Submitting one application will determine whether the participant is eligible for Medi-Cal. If the participant is not sure if they are Medi-Cal eligible – there are two ways that may help the participant determine their eligibility status.

First Way	Look at Attachment F of the enrollment application. This is an income schedule that identifies who is eligible for Medi-Cal based on annual household income and the number of people in your household.
Second Way	If the participant meets the requirements regarding chronic health conditions or a persistent mental health condition.

As noted on the flowchart in the Participant Handbook, there are many ways to enroll, including:



Online



Telephone



Fax



Mail



In-Person



Remember, each participant will have their own decision to make in regard to which method of enrollment is best for them. Support their decision.

Once the enrollment process is complete, it will take some time before the participant becomes aware of the type of insurance they qualify for.





The Streamlined Application.

Refer to Participant Handbook – page 7

The enrollment application looks more intimidating than it actually is. The application is lengthy and has several attachments. Even though the application is lengthy, if the participant has the information needed to complete the enrollment application, it is relatively easy.

It is important to engage the participant and encourage them to complete the health insurance enrollment application. If requested, you can also support the participant in completing the enrollment application. All participants will have unique issues which may result in the need for expert assistance in order to complete the application.

What happens if you are asked a question in which you do not know the answer? Don't panic.....there's help available!!

<p>Need immediate assistance?</p> 	<p>Call 1-800-300-1506.</p>
<p>Do you have the time to schedule an appointment with a Certified Enrollment Counselor?</p> <ol style="list-style-type: none"> 1. Go online.  2. Set appointment.  3. Have meeting.  	<p>You can support the participant by going online and identifying the geographically closest Certified Enrollment Counselor and schedule a time to meet. Go to the Covered California website, click on "Find Local Help to Enroll." Then click on "Find a Certified Enroller." Enter the zip code of your organization or the zip code of the participant (wherever the meeting will take place). You must also enter the mile range you desire to find a Certified Enrollment Counselor and the preferred language that you wish the Certified Enrollment Counselor to speak. You will be given any Certified Enrollment Counselor that meets the criteria you entered.</p>



IMPORTANT

It is possible that a participant will not have all of the information needed in order to complete the enrollment application. If this is the case, either use the information above to get additional support or have the participant submit the application. This is important because when the submitted application is reviewed, if information is missing – the reviewer will call the participant (or authorized representative) to get the missing information.



Application Attachments.

Refer to Participant Handbook – page 9

What?? There's even more to the application??



Yes – but don't fret!!



There are five attachments to the enrollment application (Attachments A through F). It is important that each participant review these attachments to see which ones (if any) apply to them. Attachment E is the only attachment that contains information needed to complete Step 2 in the enrollment application.

What is an Authorized Representative and Why Should I Have One?



Refer to Participant Handbook – page 10

There are many benefits for a participant (as described below) when they elect to identify an Authorized Representative.

Federal regulations indicate that participants may designate an Authorized Representative to:

Act on their behalf by signing an application on the individual's behalf.

Submit an update or respond to a redetermination.

Receive copies of the individual's notices and other communications from Covered California.

Act on behalf of the individual in all other matters with Covered California.

In addition:

An Authorized Representative is valid until the participant modifies the authorization.

The participant must notify the Authorized Representative and Covered California that the representative is no longer authorized to act on the participant's behalf.

An Authorized Representative notifies the participant and Covered California that they no longer are acting in such capacity.

When a participant elects to identify a relative or trusted friend as an Authorized Representative – it allows access to another person to help support the participant complete the enrollment process and maintain their eligibility.



A word of caution – YOU should not be identified as a participant's Authorized Representative for a participant that is being supported through your organization.



You Have Rights.

KNOW YOUR RIGHTS

Refer to Participant Handbook – page 11

It is important for participants to know that as a result of having health insurance – they will have access to a primary care physician and/or health home. Having access to a person that can be called their “doctor” can be very reassuring. In addition, when a participant understands that he or she has rights regarding their health care....this can be very empowering and help support their desire to maintain control over their health. These rights include those that have been added as a result of the creation of the Affordable Care Act.



Whenever possible, review with the participant(s) the rights related to their health care and their doctor. This is important information and can support them to take the lead in their health care, as well as understand that they have choices when it comes to who provides their health support. Participants should be aware that they have the right to ask questions of their doctor, be informed about different treatment options and that they can elect to change doctors. It’s their choice and their right!!

Important Contacts and Resources.



Refer to Participant Handbook – page 12

Although these resources are identified in the Participant Handbook, this additional description information is beneficial for everyone. You never know when you may need resources – so take a few minutes to review the information below and become aware of what resources are available.

California Department of Managed Care - Californians have the strongest “patient's rights” laws in the nation. DMHC’s Help Center is available to explain your health care rights and help you understand how to use your health care benefits. The Help Center can also resolve problems you may have with your health plan.

California Department of Insurance – The California Department of Insurance provides insurance protection for all Californians. This includes being able to file a complaint regarding an insurance issue, learn about health insurance and different types of insurance (not limited to health insurance), learn about laws and regulations, administrative hearings and public programs.



Health Consumer Alliance – Helping Californians get the health care they need. The Health Consumer Alliance provides information about health insurance and services. They have “consumer brochures” on a variety of topics and in 14 different languages.

Health Insurance Counseling and Advocacy Program – HICAP provides free and objective information and counseling about Medicare. Volunteer counselors can help people understand specific rights and health care options. HICAP also offers free educational presentations to groups of Medicare beneficiaries, their families and/or providers on a variety of Medicare and other health insurance related topics.

Medi-Cal Managed Care Ombudsman – The Medi-Cal Managed Care Ombudsman Office helps solve problems from a neutral standpoint to ensure that members receive all medically necessary covered services for which plans are contractually responsible.

California Health Benefit Exchange – The California Health Benefit Exchange supports Covered California.

Healthcare.gov – This is the health insurance website operated under the United States government.

U.S. Department of Labor COBRA and U.S. Department of Labor HIPAA – The DOL’s mission is to foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights.

Health Services Advisory Group – HSAG’s mission is to make healthcare better by providing healthcare quality expertise to those who deliver care and those who receive care and provides tools and resources for patients, families and caregivers to be advocates for their own health.

Office of the Patient Advocate – OPA’s mission is to improve California health care quality and advocate for consumer interests by publically reporting data for informed decision making. OPA produces Health Care Quality Report Cards and Complaint Data Reports.



What is CHURN and how it can be eliminated.

Refer to Participant Handbook – page 10

Churn is a term that is commonly associated with a participant that cycles in and out of health care insurance eligibility.

The concept of churn is concerning because it results in a loss of health insurance coverage and continuity of care. This can have a significant impact on a participant that has any health challenges. When a participant goes in and out of eligibility it can:

Cause the participant to miss appointments with a doctor.

Cause test results to not be read.

Cause medical conditions to go untreated.

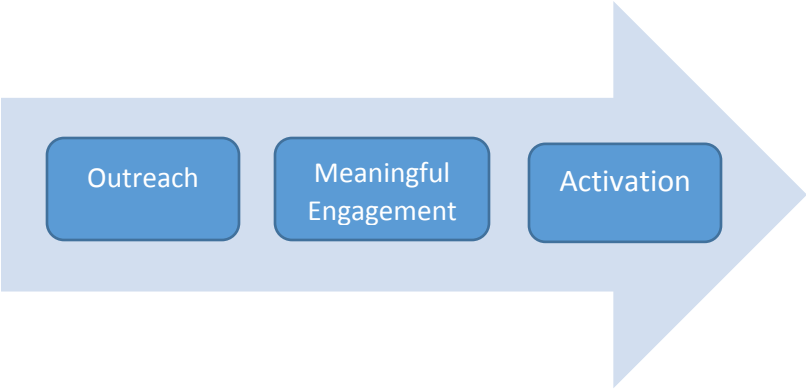
Increase visits to the Emergency Room

When a person does not have health insurance one of the only options is to go to the Emergency Room – which is not an effective alternative to going to a primary care physician.

Cycling in and out of health insurance eligibility can lessen the incentive for a participant to invest in their own long term health and wellness.

So, how can YOU help support a participant from entering this cycle of churn?

There are many ways – here are a few:



Support a participant from the level of Outreach through Activation:

- **Outreach.** Outreach is an activity of providing services to any population who might not have access to those services. Outreach implies going to the person and not waiting for the person to come to you. That's right – this means that YOU will take an active role at making the first contact by saying "Hello." One effective way of reducing churn is to have strong outreach abilities – as an individual and as an organization. This is not an easy task and may require many attempts to support a person in who is vulnerable in the community. Don't give up in your efforts – keep trying!!

KEEP TRYING!

- **Meaningful Engagement.** Having truly meaningful engagement with a participant where they are at is critical to supporting them to the path of recovery and resilience. This meaningful engagement can begin to build the participant's knowledge regarding health insurance enrollment and its benefits, but can also lead to taking control of their overall health.



- **Activation.** Engagement and activation are two different things. A participant can be engaged but not truly activated. For example, a participant can enroll in health insurance – that's engagement. When a participant begins to be involved in their own self-care, collaborates with healthcare providers and makes decisions about their medical care – the participant has reached the level of activation.

Activation

As a peer, it is important for you to:

- **Role Model.** You can play a crucial role in being able to share your own story related to health insurance enrollment and the benefits of maintaining health insurance. Also, think about some things that may have helped support your health. Did someone help you make your first appointment with your doctor – and maybe even go to that appointment with you? If so, this is a perfect opportunity to role model those skills.
- **Provide Encouragement.** Providing encouragement is an important motivator for participants. We know that every participant may be at a different place in their recovery and resilience. What motivates one person may not motivate another. So, use the Five Steps of Resilience to support the participant to the level of activation.
 - Five Steps of Resilience include Optimism, Facing Fears, Belonging, Community of Wellness and Spirituality. (See Appendix A)
- **Provide Guidance.** Be prepared with the information a participant needs and the skills and ability to guide the participant through the health insurance enrollment process and access to necessary community resources.



- **Be Proactive!!** Support participants when they are about to experience any type of change that could impact their health insurance eligibility. For example, if a participant becomes employed or unemployed – based on their income – a change in health insurance eligibility may result. Having this information and supporting the participant through this change can make the difference between losing health insurance eligibility and having to start from square one or maintaining continuity of care.
- **Continuous communication and bridging to additional support Services.** Continuous communication and engagement play a strong role in eliminating churn. And, when a participant has the ability to get connected to the support services that they need the most – the chance of an episode of churn is reduced.
- **Promote Health and Wellness.** It has been known for over two decades that the life expectancy of a person with a mental health challenge can be at least 20% less than the population as a whole. Why is this happening?

One explanation is that there is a higher occurrence of risk factors for many chronic diseases and some types of cancer for individuals with a mental health challenge.



Let's take a closer look:



Several lifestyle factors can have a significant impact resulting in increased risk factors for people with a mental illness. For example:

Lifestyle Factor:	Risk Factor:
Low rate of exercise.	Higher rate of obesity.
High rate of smoking.	Higher rates of hypertension, high plasma cholesterol and triglycerides, diabetes and obesity.
Poor nutritional habits.	Higher rates of hypertension, high plasma cholesterol and triglycerides, diabetes and obesity.

What is the first thing that pops into your head when you look at the risk factors associated with the lifestyle factors? The risk factors can be prevented!!

Promoting health and wellness through the Eight Dimensions of Wellness:

Did you know that integrating the Eight Dimensions of Wellness into our everyday life is a practical way to start developing healthy habits that can have a positive impact on a person's physical and mental health? This includes looking at these areas of Wellness: Emotional, Environmental, Financial, Intellectual, Physical, Occupational, Physical, Social and Spiritual. (See Appendix B). A participant that develops healthy habits and who is in the driver's seat of their health and wellness will greatly reduce the chance of a churn episode and lower the life expectancy disparity.



Let's make a plan.

Refer to Participant Handbook – page 13

The outward focus of the Participant Handbook is to encourage the participant to learn about what the Affordable Care Act can do for them and enroll in health insurance. During this time you are supporting a participant in this engagement activity – but what is going to help support the participant to the level of activation and continue to move forward with other health goals? What can help reduce the health disparities that are prevalent among people that have mental health challenges?

The Resilience Action Plan – of course!!

The Resilience Action Plan is not designed to take the place of a participant's "Service Plan" or "Treatment Plan." The Resilience Action Plan is a simplified planning tool that can be used for generating one short term goal and solution that the participant wants to focus on. It is completely participant driven. The metaphor of a garden in the Resilience Action Plan – which makes it very inviting and fun to use.

The Resilience Action Plan can be used when working with a participant on a one to one basis, with a group of participants or even a tool that the participant can use on their own. Effectively using the Resilience Action Plan is yet another way to help eliminate churn. Continuous use of the Resilience Action Plan helps support a participant stay at the level of activation.

So – depending on where the participant is at – their short term goal or solution may be to actually start to collect the documents that are needed to enroll in health insurance. Or – if the participant has successfully enrolled in health insurance – maybe the goal or solution is for them to make an appointment with their health home or primary care physician – or any one of a number of ideas identified in the Participant Handbook. When a goal or solution is achieved – celebrate the accomplishment and encourage the development of another goal.



Glossary

Here is a list of terms that you may find helpful to know:

Term:	Definition:
Appeal	A request to your health plan asking that it solve a problem or change a decision because you are not satisfied. An appeal is sometimes called a complaint or grievance.
Arbitration	A way to solve disputes between health plans and participants (patients) without filing a formal lawsuit and going to court. In arbitration, the health plan and the participant select an independent person to settle the dispute, instead of a judge or jury.
Authorization or Pre-Authorization	The process of getting approval from your health plan or medical group before you get services (also called approval or prior approval).
Benefit	A service covered by your health insurance.
Benefit Package	All the services covered by your health insurance.
Claim	A request to your health plan to pay a bill for a health care service. Usually your provider files the claim. You can file a claim yourself if you paid for the service up-front.
Complaint	A request to your health plan asking it to solve a problem or change a decision because you are not satisfied. A complaint is sometimes called a grievance or appeal.
Consent Form	A form you sign that says you agree to receive a certain health care service or treatment, and you are aware of any potential side effects that may occur.
Co-payment/Co-pay	A fee you pay each time you see the doctor, get other services or fill a prescription.
Deductible	The amount you must pay for covered health services each year before your health plan starts to pay.
Dependent	A person who is covered by another person's health plan, such as a child or a spouse.
Enrollee	A person who is enrolled in a health plan. An enrollee is also called a member or a subscriber.
Essential Health Benefits (EHB)	The comprehensive set of benefits that the ACA requires all health plans to include, but are not limited to: Ambulatory patient services (such as doctor visits and outpatient surgery); Emergency services; Hospitalization; Maternity and newborn care; Mental health and substance use disorder services (including behavioral health treatment); Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services (including dental and vision care).
Evidence of Coverage	A written guide to the services your health plan covers and does not cover and what you pay for services. An EOC is also called a contract or letter of entitlement.



Term:	Definition:
Exchange	A new health coverage marketplace in which individuals and small businesses can shop for and purchase competitively priced qualified health plans. California's Exchange market place is known as Covered California.
Exclusions	Medical services that a health plan will not pay for. These are usually listed in your Evidence of Coverage.
Formulary/Drug Formulary	A list of prescription drugs that your health plan covers.
Grievance	A request to your health plan, asking your plan to solve a problem or change a decision. A grievance is sometimes called an appeal or a complaint.
Group Health Insurance	Health insurance that you get through a group, such as an employer or union.
Health Maintenance Organization (HMO)	An HMO is a kind of health insurance that has a list of providers, such as doctors, medical groups, and labs. You must get all of your health care from the providers on the list. This is called a network.
Medi-Cal/Medicaid	Health care for people with low income qualify. Medicaid is paid for by the federal government, but each state runs its own program. In California, Medicaid is called Medi-Cal.
Medical Group	A group of doctors who have a business together and contract with a health plan to provide services to the plan's members.
Medicare	A federal health insurance program for people 65 and older and some people who are permanently disabled.
Member	A person who is enrolled in a health plan (also called an enrollee or subscriber).
Network	All the doctors, labs, hospitals, and other providers that have contracts with a health plan to provide health care services to the plan's members.
Open Enrollment Period	The time period when you must decide either to stay in your current health plan or to join another health plan. Many employers offer open enrollment for a month every year in the Fall.
Pre-existing Condition	A health condition for which you received medical advice, diagnosis, or care in a specific period of time before you joined a health plan.
Preferred Provider Organization (PPO)	A PPO is a preferred provider organization. A PPO is a good plan for people who want to see providers without prior approval from their health plan or medical group and who do not want to choose a primary care doctor.
Premium	A monthly fee your health plan charges for your health insurance. You may pay part of the premium and your employer or union may pay the rest.
Preventive Care	Health care to prevent illness, such a flu shots and mammograms.
Primary Care	General health care services, such as a check-up or treatment for a cold or ear infection. You usually get your primary care from a family practice doctor or internal medicine doctor who is your primary care doctor. Children usually get their primary care from a pediatrician.
Primary Care Provider/Physician (PCP)	Your main doctor, who provides most of your care. IN an HMO, your PCP coordinates all your health care services and treatments and sends you to a specialist when you need one.
Prior Approval/Prior Authorization	The process of getting approval from your health plan or medical group before you get services.



Term:	Definition:
Provider	A professional person, medical group, clinic, lab, hospital, or other health facility licensed by the state to provide health care services.
Qualified Health Plan (QHP)	A health plan that is sold through an exchange. The ACA requires Exchanges to certify that Qualified Health Plans meet certain minimum standards.
Second Opinion	Advice you get from a second doctor after the first doctor has made a diagnosis or recommended a certain treatment and you want to make sure it is the right diagnosis or decision for you.
Specialist	A doctor who has extra training in a certain medical field, such as an orthopedist (for bones) or a cardiologist (for your heart).
Subscriber	A person who is enrolled in a health plan (also called an enrollee or member).

YOU'VE
got
 THIS!



Appendix A

Providing encouragement is an important motivator for participants. We know that every participant may be at a different place in their recovery and resilience. What motivates one person may not motivate another. So, use the Five Steps of Resilience to support the participant to the level of activation.



The Five Steps of Resilience:

- **Optimism:**
 - Optimism is a pervasive expectation and explanatory style that one's life events and circumstances will turn out positive and favorably; it's a glass half-full perspective.
- **Facing Fears:**
 - One way to overcome the fear of something is to go out and do it! If we stay in fear we will lose our opportunity to increase our boundaries and grow our resilience.
- **Belonging:**
 - We all have a need to "belong." Developing close relationships is a way to fulfill our need to belong. If we are willing to make the commitment to develop relationships, we strengthen and reinforce our resilience.
- **Spiritual Connections:**
 - People can use effective ways to connect and sustain their spirit. For some people, their source may be a higher power, nature, the arts, music or even the universe. When we develop and sustain spiritual practices, we also develop and sustain our resilience.
- **Community of Wellness:**
 - Having optimism, facing fears, acquiring a sense of belonging, and making spiritual connections are what enhance community wellness, thereby strengthening resilience. When we participate by giving back and receiving in communities, we fortify our resilience and enrich our wellness.



Appendix B

Integrating the Eight Dimensions of Wellness into our everyday life is a practical way to start developing healthy habits that can have a positive impact on a person's physical and mental health.

The Eight Dimensions of Wellness.

- Emotional Wellness:
 - Coping effectively with life and creating satisfying relationships.
- Environmental Wellness:
 - Good health by occupying pleasant, stimulating environments that support well-being.
- Financial Wellness:
 - Satisfaction with current and future financial situations.
- Intellectual Wellness:
 - Recognizing creative abilities and finding ways to expand knowledge and skills.
- Occupational Wellness:
 - Personal satisfaction and enrichment from one's work.
- Physical Wellness:
 - Recognizing the need for physical activity, healthy foods and sleep.
- Social Wellness:
 - Developing a sense of connection, belonging and a well-developed support system.
- Spiritual Wellness:
 - Expanding a sense of purpose and meaning in life.

